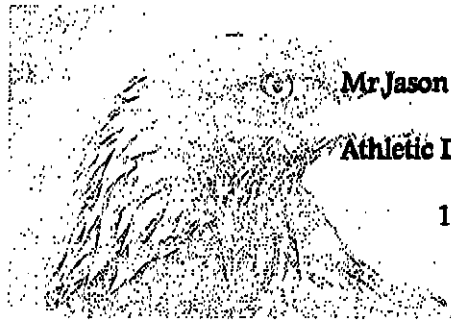


Cleveland Hill UFSD

Department of Athletics

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Cleveland Hill School District: CONCUSSION GUIDELINES AND PROCEDURES

Education

Concussion education should be provided for all administrators, teachers, coaches, school nurses, and athletic trainers. Education of parents should be accomplished through preseason meetings for sports and/ or information sheets provided to parents. Education should include, but not be limited to the definition of concussion, signs and symptoms of concussion, how concussions may occur, why concussions are not detected with CT Scans or MRI's, management of the injury and the protocol for return to school and return to activity or interscholastic athletics. The protocols will cover all students returning to school after suffering a concussion regardless if the accident occurred outside of school or while participating in a school activity.

Concussion Management Team

The District will assemble a concussion management team (CMT). The CMT will consist of Jason Przybysz, Athletic Director, Katherine McKenzie, ATC, Mark Costanza, MD and Debra Czuprynski, RN, school nurse. The District's CMT should coordinate training for all physical education teachers and coaches. Training will consist of a mandatory approved course on concussion management on a biennial basis and the certificate will be kept on file at the school. Training should include: signs and symptoms of concussions, post concussion and second impact syndromes, return to play and school protocols, and available area resources for concussion management and treatment.

Particular emphasis should be placed on the fact that no athlete will be allowed to return to play the day of injury and also that all athletes should obtain appropriate medical clearance prior to returning to play or school. The CMT will act as a liaison for any student returning to school and/or play following a concussion. The CMT will review and/or design an appropriate plan for the student while the student is recovering.

ImPACT

ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing) will be used on every athlete to establish a baseline and will then be used as a tool for Return to participation (RTP). A retest of ImPACT will be completed and compared with baseline pre-season ImPACT test results that all athletes will have on file. This post-concussive assessment must also occur prior to advancement to Phase 5 (generally at the conclusion of Phase 4).

SCAT 3

The Sport Concussion Assessment Tool 3 (SCAT 3) will be used for immediate assessment by the ATC. Coaches will be trained to use the tool in the event that a concussion is suspected and the ATC is not present. District accident/incident reports are to be filled out by adult present at the time of injury and submitted to the school nurse.

Concussion Management Protocol

Return to play

Return to play following a concussion involves a stepwise progression once the individual is symptom free. There are many risks to premature return to play including: a greater risk for a second concussion because of a lower concussion threshold, second impact syndrome (abnormal brain blood flow that can result in death), exacerbation of any current symptoms, and possibly increased risk for additional injury due to alteration in balance. These New York State Public High School Athletic Association (NYSPSHAA) current returns to play recommendations are based on the most recent international expert opinion.* No student athlete should return to play while

symptomatic. Students are prohibited from returning to play the day the concussion is sustained. If there is any doubt as to whether a student has sustained a concussion, it should be treated as a concussion. Once the student athlete is symptom free at rest for 24 hours and has a signed release by the treating clinician, she/he may begin the return to play progression below (provided there are no other mitigating circumstances).

Phase 1- low impact, non-strenuous, light aerobic activity such as walking or riding a stationary bike. If tolerated without return of symptoms over a 24-hour period proceed to;

Phase 2- higher impact, higher exertion, and moderate aerobic activity such as running or jumping rope. No resistance training. If tolerated without return of symptoms over a 24 hour period proceed to;

Phase 3- Sport specific non-contact activity. Low resistance weight training with a spotter. If tolerated without return of symptoms over a 24 hour period proceed to;

Phase 4- Sport specific activity, non-contact drills. Higher resistance weight training with a spotter. If tolerated without return of symptoms over a 24 hour period proceed to;

Phase 5- Full contact training drills and intense aerobic activity. If tolerated without return of symptoms over a 24 hour period proceed to;

Phase 6- Return to full activities without restrictions.

Each phase should take 24 hours so that an athlete would take approximately one week to proceed through the full rehabilitation protocol once they are asymptomatic at rest and with provocative exercise. If any post concussion symptoms occur while in the stepwise program, then the student should drop back to the previous asymptomatic level and try to progress again after a further 24-hour period of rest has passed.

[These NYSPHSAA current return to play recommendations are based on the most recent international expert opinion.*]

Approved by: 
Mark Costanza, MD

Approved by: 
Katherine McKenzie, ATC

Date: 8/21/17