

BURNT HILLS-BALLSTON LAKE CENTRAL SCHOOL DISTRICT

Concussion Management Plan

BH-BL Athletic Department

July 2022

(Updated March 2023)

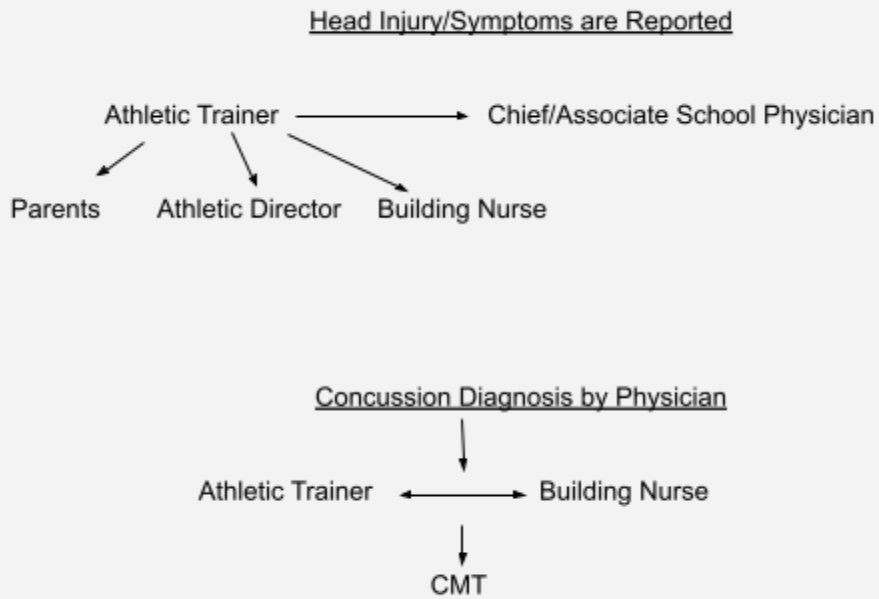
In accordance with the NYSPHSAA guidelines as well as the NYS Concussion Management and Awareness Act of 2011, the Board of Education of the BURNT HILLS-BALLSTON LAKE CSD will adhere to the following plan as it relates to the management of mild traumatic brain injuries (concussions).

The Board of Education of the BURNT HILLS-BALLSTON LAKE CSD recognizes that concussions and head injuries are commonly reported in children and adolescents who participate in sports and physical activity. Therefore, the District adopts the following plan to assist in the proper evaluation and management of head injuries.

Concussions are defined as mild traumatic brain injuries that occur as a result of trauma to the head, jaw or from a violent snapping of the neck. Recovery from concussions is unpredictable and will vary greatly between individuals. Physical and mental rest along with a properly supervised return-to-play, return-to-P.E., and return-to-school protocols are necessary to ensure complete recovery.

Any student demonstrating signs and symptoms of a concussion while participating in a school sponsored class, extracurricular activity or interscholastic athletic event shall be removed from the event or activity and be evaluated by the school physician, athletic trainer or school nurse, if possible. In the event that a school health care provider is not available, the district will refer any concussed student to their primary care physician or emergency room, if necessary. Communication of the injury to all involved parties is essential. The basic concussion communication protocol is outlined in Figure 1.

Figure 1: Athletic/PE Concussion Communication Protocol



Once the school nurse is notified of a concussion diagnosis, the school's concussion management team (CMT) (see Figure 2) will be notified to assist the student with the return protocols. Compliance and adherence of these protocols are necessary to ensure a student's complete recovery.

**Figure 2: Concussion Management Team
(CMT)**

The Burnt Hills-Ballston Lake Central Schools CMT will be comprised of the following individuals:

- Chief School Physician/Associate School Physician
- Athletic Trainer
- Middle School and High School Nurses
- Athletic Director
- Middle School and High School Assistant Principals(as needed)
- Athletic Coaches (as needed)
- Physical Education teachers (as needed)
- Guidance Counselors (as needed)
- Academic teachers (as needed)
- Outside resources (medical specialists/counselors) (as needed)

RETURN PROTOCOLS

Return from a concussion has three stages:

1. Return to School
2. Return to Physical Education
3. Return to Athletic Play

1. Return to School Protocol

In order to ensure a full recovery from a concussion, students must also follow a Return to School Protocol as well. The Return to School progression involves a gradual return to the academic demands of the school day. Any student returning to school following a concussion diagnosis must have a proper medical release from a physician. However, the chief school physician only will make the final decision with regards to any return to interscholastic athletic activity. Any student who continues to exhibit concussion related signs or symptoms upon return to any school activity must be removed from participation and re-evaluated by their primary care physician or chief school physician.

Because recovery from concussions is highly variable and based on several factors, not all students will follow the same progression. However, the individual needs of each student will be taken into consideration when a student is released to return to school by either their primary care physician or Chief/Associate School Physician.

When a student is medically cleared to return to school, the CMT members pertinent to the individual student's academic needs will be contacted and notified of their medical status and any restrictions. The CMT will continue to assist in a student's academic recovery until fully medically released by a physician.

The amount of time needed to accomplish each step will vary between individuals and will be directed by the physician.

2. Return to Physical Education Protocol

Following a concussion diagnosis, any student returning to physical education classes must also have a proper medical release from a physician. Upon receiving a physician's release, the school nurse will clear a student to return to physical education classes. Students returning to physical education must also follow a return to PE progression.

Step	Goal	Suggested Activities	Activities to Avoid
1	Low impact, non-strenuous, light aerobic activity in a SAFE environment	Walking, Stationary bike, light yoga	<ul style="list-style-type: none"> Resistance Training Anything that rapidly increases heart rate Contact/Collision
2	Medium impact, higher exertion, and moderate aerobic activity in a SAFE environment	Jogging, yoga, elliptical machine	<ul style="list-style-type: none"> Resistance Training Anything that rapidly increases heart rate Contact/Collision
3	Unit specific non-contact activity in a SAFE environment Activity can be modified for Individual work	Individual skill work relevant to unit and curriculum benchmarks <u>ES</u> : locomotor skills, throwing, catching <u>MS/HS</u> : Low resistance weight training with a spotter	<ul style="list-style-type: none"> Contact/Collision
4	Unit specific non-contact activity in a SAFE environment Activity can be modified for Individual OR Partner work	Individual OR Partner skill work relevant to unit and curriculum benchmarks <u>ES</u> : throw and catch with a partner using safe equipment, rhythm activity, station work in own work area <u>MS/HS</u> : Higher resistance weight training with a spotter	<ul style="list-style-type: none"> Contact/Collision
5	Unit specific activity in a SAFE environment Activity can be modified for Small Group work	Small Group skill work <u>ES</u> : station work, small side volley games <u>MS/HS</u> : small side games. Suggest maybe "Leadup games" vs. small side games* A "leadup" game isolates one or more of the skills, rules, and/or strategies used to play. *For example, this could mean 2 students working on a skill on the side away from the other students.	<ul style="list-style-type: none"> Contact/Collision

3. Return to Play Protocol

A proper Return to Play Protocol following a concussion ensures that a student can return to physical activity safely while also decreasing the risk of re-injury. Protecting students from Post Concussion and Second Impact Syndromes is vital. Return to play is a stepwise progression that a student will undergo after: 1) an appropriate resolution of symptoms has occurred for at least 24 hours and 2) medical

clearance has been given by the athlete's private physician following a post injury ImPACT® test (see Figure 3) .

A student athlete should be symptom free and back in school before they attend any practices or games. Students may not be required to attend practice during the Return to Play period, although they may attend as a spectator if they are symptom free.

The Athletic Trainer, under the direction of the Chief/Associate School Physician, will administer the Return to Play Protocol. Each step in the progression should take 24 hours. If any symptoms are present at the beginning of the RTP the student can not progress to step 2 until symptom free. If symptoms are present anytime during the progression the student must return to the previous step and wait for symptoms to subside. The student's parents and Chief/Associate School Physician will be notified in such an event. Following a successful completion of the progression, the student will be cleared to resume full athletic/physical activity without restriction by the Chief/Associate School Physician.

Post Impact Testing – If an athlete fails the test he/she will be referred back to the physician for clearance. If an athlete passes the test he/she will proceed to the following steps:

Stage		Aim	Activity	Goal of each step
1		Symptom-limited activity	Daily activities that do not provoke symptoms	Gradual reintroduction of work/school activities
2		Light aerobic exercise	Walking or stationary cycling at slow to medium pace. No resistance training	Increase heart rate
3		Sport-specific exercise	Running or skating drills. No head impact activities	Add movement
4		Non-contact training drills	Harder training drills, e.g., passing drills. May start progressive resistance training	Exercise, coordination and increased thinking
5		Full contact practice	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6			Return to sport	Normal game play

*The above progression is based upon current recommendations from NYS Education Department

**Figure 3: Neurocognitive Baseline Testing
(ImPACT®)**

Students who participate in interscholastic athletics may, depending upon the sport, be subject to neurocognitive baseline testing prior to the start of their sport season with parent consent. Testing will be done using the "Immediate Post-Concussion Assessment and Cognitive Testing" (ImPACT®) system to collect data on a student's baseline cognitive functions and reaction time. Results of the baseline testing will be shared with parents.

In the event that a student sustains a concussion, he or she will be tested again post injury to help determine cognitive recovery. Post injury testing will only occur after a student's symptoms have completely resolved and before any return to physical activity is permitted.

Baseline and post injury testing is conducted at the high school by the school's certified athletic trainer. Baseline testing for certain sports will occur during a student's freshman and junior years. Interpretation of the test results is done by the Chief/Associate school physician. Only those students who demonstrate satisfactory results as determined by the Chief/Associate school physician, will be allowed to begin the return to play protocol.

SUMMARY: Diagnosis and Clearance of Concussion Guidance

Where injury occurred	Who can diagnose	Who can clear to return to <u>school activities</u>, inclusive of PE	Who has final clearance for student to return to <u>athletic activities</u>	Additional Information
School Athletic Activities (interscholastic sports)	Physician Per Concussion Management and Awareness Act	Physician Per Concussion Management and Awareness Act	District Medical Director* Per Commissioner's Regulation part 136.5(d)(2)	Must be symptom free for 24 hours prior to return to Athletic Activities (interscholastic sports) Per Concussion Management and Awareness Act
School during non-Athletic activities	Physician Nurse Practitioner Physician Assistant Per Title VIII of Education Law	Physician Nurse Practitioner Physician Assistant Or Designee (e.g., Neuropsychologist) Per Title VIII of Education Law	District Medical Director* Per Commissioner's Regulation part 136.5(d)(2)	School must follow private health care provider orders Per Concussion Management and Awareness Act
Outside of school	Physician Nurse Practitioner Physician Assistant Per Title VIII of Education Law	Physician Nurse Practitioner Physician Assistant or Designee (e.g., Neuropsychologist) Per Title VIII of Education Law	District Medical Director* Per Commissioner's Regulation part 136.5(d)(2)	School must follow private health care provider orders Per Concussion Management and Awareness Act