

**The Ursuline School**

**CONCUSSION MANAGEMENT POLICY**

Administrative Regulations:

It is the policy of The Ursuline School to ensure that students who have suffered traumatic brain injury (concussion injury) receive support and services necessary to remain safe, and to the best extent possible, maintain their baseline health status during the school year.

Attachments:

Concussion Management Guidelines

Concussion Evaluations

Concussion Evaluation Checklist Part A

Physician Evaluation Post Concussion (Initial) Part B

Physician Evaluation Post Concussion (Final) Part C

Return to Physical Education – Parent Letter

Signs & Symptoms of Concussions – NYSPHSAA

ImPACT (Immediate Post Concussion Assessment and Cognitive Testing)

ImPACT Program Description

Parent Consent for Cognitive Testing

**Concussion Management Guidelines**

Purpose: To assess the severity of injury and to guide the safe return to sports participation, physical education, and regular classroom activities.

Medical information regarding concussions has advanced dramatically over the past few years. The Ursuline School has therefore adopted the following policy of Concussion Management

1.Coach/Nurse completes in triplicate the On Site Evaluation Checklist – Part A and distributes as follows:

1. To Coach, Athletic Director, or Assistant to follow up with an email or phone call
2. To Student (along with Physician Evaluation Form – Initial, Part B

-Student/parent is advised by coach/nurse (the person who has completed the On Site Evaluation Form – Part A to see a physician as soon as possible

-Student’s physician completes the Evaluation Form – Part B. This form is to be returned to the Health Office as soon as possible

c. To the Athletic Office

2. Coach completes accident/injury report within 24 hours of injury and submits to the Athletic Office

3. School Nurse mails home Concussion Packet to parent(s)/guardian(s)

4. Student may not participate in sports/practice/game until a medical note (Physician Evaluation Form – Final, Part C) is provided by student’s physician and guidelines followed below.

5. Final determination as to when a student/athlete may return to sports and/or physical education classes shall be made by the Health Office after completion of a review of all required information.

6. Coach/PE staff will be advised by school nurse when return to sports/PE status is granted.

7. Student/Athlete may participate in the Gradual Return to Play Plan to resume sports/practices/games/PE when approved by the Health Office based on the following guidelines:

a. First/Any Concussion

-Under no circumstances can an athlete who sustained a concussion participate in school sports/practices/games/PE for a minimum of 10 days following a concussive episode

b. Second or Multiple Concussions

-Completion of Physician Evaluation Form – Part C

-Will be evaluated on a case-by-case basis and may require more advanced testing

8. Coaches/Athletic Director are not to accept medical, health-related or clearance letters. All medical, health-related or clearance letters must be submitted to the Health Office.

9. At any time if a student presents with ongoing symptoms, any school personnel can question any physician clearance note, removing a student from sports/practice/game/PE. Should there be any reoccurrence of symptoms, a re-evaluation by a physician/practitioner is necessary to determine when the student can return to play.

10. The School will use ImPACT (Immediate Post Concussion Assessment and Cognitive Testing) to assist in determining an athlete’s ability to return to play as part of our concussion management plan for the 2012-2013 school year.

PLAN OF ACTION FOR IMPLEMENTATION OF ImPACT PROGRAM

1. Each coach will be responsible for obtaining consent for baseline ImPACT testing and making sure the affected student-athlete is retested following an injury.
2. Steps following a suspected concussive injury:\
3. Incident report completed by coach
4. Coach or Athletic Director contacts parent to set up 2nd ImPACT test for student
5. Student takes 2nd ImPACT test on the 7th or 8th day
6. Physician reads secondary ImPACT exam between the 7th-10th day
7. Student returns Part C to school nurse
8. Nurse faxes Part C and MBTI Follow Up Form to physician for medical clearance
9. Physician returns signed MBTI Follow up Form to Nurse
10. Student is eligible for Gradual Return to Play Process

NYSPHSAA RECOMMENDED RETURN TO PHYSICAL ACTIVITY PROTOCOLS

1. First Day – Low impact, non-strenuous, light aerobic activity. If tolerated without return of symptoms over a 24 hour period proceed to
2. Second Day – Higher impact, higher exertion and moderate aerobic activity such as running or jumping rope. If tolerated without return of symptoms over a 24 hour period proceed to
3. Third Day - Sport specific non-contact activity. If tolerated without return of symptoms over a 24 hour period proceed to
4. Fourth Day – Sport Specific activity, non-contact drills. If tolerated without return of symptoms over a 24 hour period proceed to
5. Fifth Day – Full contact training drills and intense aerobic activity. If tolerated without return of symptoms over a 24 hour period proceed to
6. Sixth Day – Return to full activities without restrictions

Attachments:

On Site Concussion Evaluation Checklist – Part A

ImPACT Info Sheet & Parent Consent Form

Concussion Packet:

1. Parent Letter to Return to PE/Sports
2. Physician Evaluation Forms – Part B & Part C
3. CDC Fact Sheet (Parents & Athletes)