

The Board of Education of the Johnson City Central School District recognizes that concussions and head injuries are one of the most commonly reported injuries in children and adolescents who participate in sports and recreational activity. Therefore, the District adopts the following policy and guidelines to assist in the proper evaluation and management of head injuries.

A concussion is a mild traumatic brain injury. Concussion occurs when normal brain functioning is disrupted by a blow or jolt to the head. Recovery from a concussion will vary on a case-by-case basis. Avoiding re-injury and overexertion until fully recovered are the cornerstones of proper concussion management.

Any student demonstrating signs, symptoms or behaviors consistent with a concussion while participating in a school-sponsored class, extracurricular activity, or interscholastic athletic activity shall be removed from the contest or activity immediately and be evaluated as soon as possible by an appropriate health care professional. The District shall notify the student's parents or guardians and recommend appropriate monitoring to parents or guardians. The student shall not return to any type of physical activity until released by an appropriate health care professional. The school's chief medical officer will have the final decision on return to activity, including physical education class and after-school interscholastic sports. Any student who continues to have signs or symptoms upon return to activity must be removed from play and reevaluated by an appropriate health care professional.

A. Education

Concussion education shall be provided for all administrators, teachers, coaches, school nurses, athletic trainers and guidance counselors. In addition, concussion education for administrators, teachers and guidance counselors will be provided on a biennial basis. Education of parents and students shall be accomplished through pre-season meetings for sports and/or information sheets, the school's website and district newsletter. Education shall 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.

B. Concussion in the Classroom

Students recovering from a concussion can experience significant academic difficulties due to impaired cognitive abilities. Mental exertion and environmental stimulation can aggravate concussion symptoms, such as headache and fatigue, which in turn can prolong recovery. Accordingly, academic accommodations shall be made available to the student recovering from concussion, both to ensure academic progress, and to set the conditions for optimal medical recovery.

Depending on the severity and duration of concussion-related symptoms and associated academic difficulties, a 504 plan may need to be developed and implemented. Collaboration and communication with the medical providers treating the concussed student will foster development of an appropriate academic plan which may include extra-classroom activities (i.e., field trips). Accommodations and activity restrictions will need to be modified according to the student's particular symptoms and the speed of recovery from injury.

C. Concussion Management Team

The District will assemble a concussion management team (CMT). The CMT will consist of the Director of Health and Athletics; School Nurse (building); Guidance 6-12; Music Coordinator; Athletic Trainer; Administrator; and teacher. 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. The District's CMT shall coordinate concussion training and monitor the current policy.

D. Concussion Management Protocol

1) Concussion management documentation must be completed at the time of injury, or immediately upon learning of the injury.

2) Return to Activity:

Return to play/activity 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. No student shall return to activity while symptomatic. Students are prohibited from returning to activity the day the concussion is sustained. If there is any doubt as to whether a student has sustained a concussion, it shall be treated as a concussion.

Student Athletes: Once the student 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).

3) Return to Play/Activity Protocol

Day 1: No physical/exertional activity until medically cleared and asymptomatic for 24 hours.

Day 2: Begin low impact activity such as walking, stationary bike, etc.

Day 3: Initiate aerobic activity fundamental to specific sport such as skating, running, etc.

Day 4: Begin non-contact skill drills specific to sport such as dribbling, ground balls, batting, etc.

Day 5: Full contact in practice setting.

Each step shall take 24 hours so that a student 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 shall drop back to the previous asymptomatic level and try to progress again after a further 24-hour period of rest has passed.