

Tully Central School District

Concussion Administrative Procedures & Guidelines

Education

Symptoms of a concussion are the result of a temporary change in the brain's function. In most cases, the symptoms of a concussion generally resolve over a short period of time; however, in some cases, symptoms will last for weeks or longer. Children and adolescents are more susceptible to concussions and take longer than adults to recover.

It is imperative that any student who is suspected of having a concussion is removed from athletic activity (e.g. recess, PE class, sports) and remains out of such activities until evaluated and cleared by a physician which will initiate the return to play protocol.

Concussion symptoms include, but are not limited to:

- Decreased or absent memory of events to or immediately after the injury, or difficulty retaining new information.
- Confusion or appears dazed.
- Headache or head pressure
- Loss of consciousness
- Balance difficulties, dizziness, or clumsy movements.
- Double or blurry vision.
- Sensitivity to light and/or sound.
- Nausea, vomiting and/or loss of appetite.
- Irritability, sadness or other changes in personality.
- Feeling sluggish, foggy or light headed.
- Concentration or focusing problems.
- Drowsiness.
- Fatigue and/or sleep issues- sleeping more or less than usual.

Students who develop any of the following signs, or if signs and symptoms worsen, should be seen and evaluated immediately at the nearest hospital emergency room.

- Headaches that worsen.
- Seizures.
- Looks drowsy and/or cannot be awakened.
- Repeated vomiting.
- Slurred speech.
- Unable to recognize people or places.
- Weakness or numbing in arms or legs, facial drooping.
- Unsteady gait.
- Change in pupil size in one eye.
- Significant irritability.
- Any loss of consciousness
- Suspicion for skull fracture: blood draining from ear or clear fluid from the nose.

Return to Play Protocol

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. The State's current return 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).

Day 1: No exertion 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 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.