

BLOOMFIELD PUBLIC SCHOOLS
Bloomfield, Connecticut

ADMINISTRATIVE REGULATION

No. 5141.7(a)

**RE: Concussions
 Student Sports
 Students**

A. Duties of the Athletic Director or Administrator in Charge of Athletics:

1. Annually, each spring, the Athletic Director or the administrator in charge of athletics, if there is no Athletic Director, shall review, with the District's Medical Advisor and athletic trainer, any changes that have been made regarding the management of concussion injuries.
2. By the conclusion of the school year, the Athletic Director or administrator in charge of athletics will identify the competitive sport activities in the District for which compliance with the concussion policy is required. A list of competitive sports activities and the District's policy and procedures will be distributed to all members of the coaching staff.
3. The Athletic Director or the administrator in charge of athletics, if there is no Athletic Director, shall be responsible for determining that all coaches of intramurals or interscholastic sports have fulfilled the required initial training and subsequent follow-up regarding concussions prior to the coach's commencement of his/her assignment.
4. The Athletic Director or administrator in charge of athletics will ensure the implementation of baseline testing, through the implementation of the ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) Program.* Subject to the availability of financial resources, District athletes will receive "baseline" testing prior to the start of the sports season and should be done for individual athletes at least every other year.

**ImPACT is a 20 minute computerized concussion evaluation system that has been scientifically validated and has become a standard tool used in comprehensive clinical management of concussions for athletes of all ages. Information is available at <http://www.impacttest.com/>. This computerized neurocognitive testing program is available online.*

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No. 5141.7(b)

B. Training of Coaches

All coaches shall undergo training in head injuries and concussion management as required by state statute in a program approved by the State Board of Education. The Connecticut State Board of Education's ***"Concussion Education Plan and Guidelines for Connecticut Schools"*** provides guidance on this topic. In addition, the Centers for Disease Control and Prevention (CDC) has made available a tool kit, *"Heads Up: Concussion in High School Sports,"* which can provide additional information for coaches, athletes, and parents.

C. Parent/Student Information Sheet

On a yearly basis, a concussion consent and information sheet shall be signed and returned by the student athlete and the athlete's parent/guardian prior to the student athlete's initiating practice or competition. This information sheet may be incorporated into the parent permission sheet which permits students to participate in extracurricular athletics. Beginning with the school year commencing July 1, 2015, the District will utilize the informed consent form developed or approved and made available by the State Board of Education.

D. Coaches Responsibility

1. Based on mechanism of injury, observation, history and unusual behavior and reactions of the athlete, even without loss of consciousness, assume a concussion has occurred if the head was hit and even the mildest of symptoms occur. The student athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be immediately removed from play.
2. If confusion, unusual behavior or responsiveness, deteriorating condition, loss of consciousness, or concern about neck and spine injury exists, the athlete should be referred at once for emergency care.
3. If no emergency is apparent, the athlete should be monitored every 5 to 10 minutes regarding mental status, attention, balance, behavior, speech and memory until stable over a few hours. If appropriate medical care is not available, an athlete even with mild symptoms should be sent for medical evaluation.
4. Upon removal from the athletic activity, the coach or other qualified school employee shall notify the athlete's parent/guardian that the student athlete has exhibited the signs, symptoms or behaviors consistent with a concussion or has been diagnosed with a concussion. Every reasonable effort shall be made to immediately provide such notification, but not later than twenty-four hours after such removal.

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ADMINISTRATIVE REGULATION

No. 5141.7(c)

D. Parent/Student Information Sheet (continued)

5. No athlete suspected of having a concussion should return to the same practice or contest, even if symptoms clear in 15 minutes, no sooner than twenty-four hours after removal and only after the athlete and his/her parent/guardian completes the State Board of Education concussion education plan and the athlete receives written clearance from a licensed health care professional trained in the evaluation and management of concussions.

E. Return to Play after Concussions

1. A student athlete who has been removed from play may not participate in any supervised team activities involving physical exertion, including, but not limited to practices, games, or competitions, sooner than twenty-four hours* after such athlete was removed from play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussions and receives a written clearance to return to play from that health care provider.
2. After medical clearance, the return to play by the athlete should follow a step-wise protocol with provisions for delayed return to play based on return of any signs or symptoms.
3. The medical clearance return to play protocol is as follows:
 - a. No exertional activity until asymptomatic.
 - b. When the athlete appears clear, begin low-impact activity such as walking, stationary bike, etc.
 - c. Initiate aerobic activity fundamental to the specific sport such as skating, or running and may also begin progressive strength training activities.
 - d. Begin non-contact skill drills specific to sport such as dribbling, fielding, batting, etc.
 - e. Full contact in practice setting.
 - f. If athlete remains asymptomatic, he/she may return to game/play.



HEADS UP: CONCUSSION IN YOUTH SPORTS
A Fact Sheet for COACHES

To download the coaches fact sheet in Spanish, please visit:
<http://www.cdc.gov/concussion/HeadsUp/youth.html>

THE FACTS

- A concussion is a **brain injury**.
- All concussions are **serious**.
- Concussions can occur **without** loss of consciousness.
- Concussions can occur **in any sport**.
- Recognition and proper management of concussions when they **first occur** can help prevent further injury or even death.

WHAT IS A CONCUSSION?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a ding, getting your bell rung, or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost.

The potential for concussions is greatest in athletic environments where collisions are common.¹ Concussions can occur, however, in **any** organized or unorganized sport or recreational activity. As many as 3.8 million sports- and recreation-related concussions occur in the United States each year.²

RECOGNIZING A POSSIBLE CONCUSSION

To help recognize a concussion, you should watch for the following two things among your athletes:

1. A forceful blow to the head or body that results in rapid movement of the head.
-and-
2. Any change in the athlete's behavior, thinking, or physical functioning. (See the signs and symptoms of concussion.)

SIGNS AND SYMPTOMS

SIGNS OBSERVED BY COACHING STAFF
<ul style="list-style-type: none">▪ Appears dazed or stunned▪ Is confused about assignment or position▪ Forgets sports plays▪ Is unsure of game, score, or opponent▪ Moves clumsily▪ Answers questions slowly▪ Loses consciousness (even briefly)▪ Shows behavior or personality changes▪ Can't recall events prior to hit or fall▪ Can't recall events after hit or fall
SYMPTOMS REPORTED BY ATHLETE
<ul style="list-style-type: none">▪ Headache or pressure in head▪ Nausea or vomiting▪ Balance problems or dizziness▪ Double or blurry vision▪ Sensitivity to light▪ Sensitivity to noise▪ Feeling sluggish, hazy, foggy, or groggy▪ Concentration or memory problems▪ Confusion▪ Does not feel right

Adapted from Lovell et al. 2004

Athletes who experience any of these signs or symptoms after a bump or blow to the head should be kept from play until given permission to return to play by a health care professional with experience in evaluating for concussion. Signs and symptoms of concussion can last from several minutes to days, weeks, months, or even longer in some cases.

Remember, you can't see a concussion and some athletes may not experience and/or report symptoms until hours or days after the injury. If you have any suspicion that your athlete has a concussion, you should keep the athlete out of the game or practice.

PREVENTION AND PREPARATION

As a coach, you can play a key role in preventing concussions and responding to them properly when they occur. Here are some steps you can take to ensure the best outcome for your athletes and the team:

- **Educate athletes and parents about concussion.** Talk with athletes and their parents about the dangers and potential long-term consequences of concussion. For more information on long-term effects of concussion, view the following online video clip: http://www.cdc.gov/ncipc/tbi/Coaches_Tool_Kit.htm#Video. Explain your concerns about concussion and your expectations of safe play to athletes, parents, and assistant coaches. Pass out the concussion fact sheets for athletes and for parents at the beginning of the season and again if a concussion occurs.
- **Insist that safety comes first.**
 - Teach athletes safe playing techniques and encourage them to follow the rules of play.
 - Encourage athletes to practice good sportsmanship at all times.
 - Make sure athletes wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
 - Review the athlete fact sheet with your team to help them recognize the signs and symptoms of a concussion.

Check with your youth sports league or administrator about concussion policies. Concussion policy statements can be developed to include the leagues commitment to safety, a brief description of concussion, and information on when athletes can safely return to play following a concussion (i.e., an athlete with known or suspected concussion should be kept from play until evaluated and given permission to return by a health care professional). Parents and athletes should sign the concussion policy statement at the beginning of the sports season.

- **Teach athletes and parents that it's not smart to play with a concussion.** Sometimes players and parents wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let athletes persuade you that they're just fine after they have sustained any bump or blow to the head. Ask if players have ever had a concussion.
- **Prevent long-term problems.** A repeat concussion that occurs before the brain recovers from the first usually within a short period of time (hours, days, or weeks) can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in brain swelling, permanent brain damage, and even death. This more serious condition is called *second impact syndrome*.^{4,5} Keep athletes with known or suspected concussion from play until they have been evaluated and given permission to return to play by a health care professional with experience in evaluating for concussion. Remind your athletes: It's better to miss one game than the whole season.

ACTION PLAN

WHAT SHOULD A COACH DO WHEN A CONCUSSION IS SUSPECTED?

1. **Remove the athlete from play.** Look for the signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head. Athletes who experience signs or symptoms of concussion should not be allowed to return to play. When in doubt, keep the athlete out of play.
2. **Ensure that the athlete is evaluated right away by an appropriate health care professional.** Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods that they can use to assess the severity of concussions. As a coach, recording the following information can help health care professionals in assessing the athlete after the injury:
 - Cause of the injury and force of the hit or blow to the head
 - Any loss of consciousness (passed out/knocked out) and if so, for how long
 - Any memory loss immediately following the injury
 - Any seizures immediately following the injury
 - Number of previous concussions (if any)
3. **Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion.** Make sure they know that the athlete should be seen by a health care professional experienced in evaluating for concussion.
4. **Allow the athlete to return to play only with permission from a health care professional with experience in evaluating for concussion.** A repeat concussion that occurs before the brain recovers from the first can slow recovery or increase the likelihood of having long-term problems. Prevent common long-term problems and the rare second impact syndrome by delaying the athletes return to the activity until the player receives appropriate medical evaluation and approval for return to play.

If you think your athlete has sustained a concussion take him/her out of play, and seek the advice of a health care professional experienced in evaluating for concussion.

For more information and to order additional materials **free-of-charge**, visit:
<http://www.cdc.gov/concussion/HeadsUp/youth.html>

For more detailed information on concussion and traumatic brain injury, visit:
<http://www.cdc.gov/ncipc/tbi/TBI.htm>

REFERENCES

1. Powell JW. Cerebral concussion: causes, effects, and risks in sports. *Journal of Athletic Training* 2001; 36(3):307-311.
2. Langlois JA, Rutland-Brown W, Wald M. The epidemiology and impact of traumatic brain injury: a brief overview. *Journal of Head Trauma Rehabilitation* 2006; 21(5):375-378.
3. Lovell MR, Collins MW, Iverson GL, Johnston KM, Bradley JP. Grade 1 or ding concussions in high school athletes. *The American Journal of Sports Medicine* 2004; 32(1):47-54.
4. Institute of Medicine (US). Is soccer bad for children's heads? Summary of the IOM Workshop on Neuropsychological Consequences of Head Impact in Youth Soccer. Washington (DC): National Academy Press; 2002.
5. Centers for Disease Control and Prevention (CDC). Sports-related recurrent brain injuries-United States. *Morbidity and Mortality Weekly Report* 1997; 46(10):224-227. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/00046702.htm>

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR DISEASE CONTROL AND PREVENTION

Content Source: National Center for Injury Prevention and Control, Division of Injury Response

Page Located on the Web at <http://www.cdc.gov/concussion/index.html>

Fact Sheet for Student Athletes

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head.
- Can change the way your brain normally works.
- Can range from mild to severe.
- Can occur during practices or games in any sport.
- Can happen even if you haven't been knocked out.
- Can be serious even if you've just been "dinged" or had your "bell rung."

How can I prevent a concussion?

It's different for every sport. But there are steps you can take to protect yourself from concussion.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Use the proper sports equipment, including personal protective equipment (such as helmets)
- In order for equipment to protect you, it must be:
 - Appropriate for the game, position, and activity
 - Well maintained
 - Properly fitted
 - Used every time you play

How do I know if I've had a concussion?

You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up days or weeks after the injury. It's best to see a health care professional if you think you might have a concussion. An undiagnosed concussion can affect your ability to do schoolwork and other everyday activities. It also raises your risk for additional serious injury.

What are the symptoms of a concussion?

- Nausea (feeling that you might vomit)
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light or noise
- Headache
- Feeling sluggish
- Feeling foggy or groggy
- Concentration or memory problems (forgetting game plays)
- Confusion

What should I do if I think I have a concussion?

- **Tell your coaches and your parents.** Never ignore a bump, blow, or jolt to the head. Also tell your coach if one of your teammates might have a concussion.
- **Get a medical checkup.** A health care professional can tell you if you have had a concussion and when you are OK to return to play.
- **Give yourself time to recover.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to suffer another concussion.

Bloomfield Board of Education
Student & Parent – Concussion Education Plan & Consent Form

NOTE: This document was developed to provide coaches, students, and their parents/guardians with an annual review of current and relevant information regarding concussions and head injuries. A new form is required to be read, signed, dated and kept on file by their associated school district annually to comply with Public Act No. 14-66 AN ACT CONCERNING STUDENT ATHLETES AND CONCUSSIONS.

A concussion is the immediate and transient alteration of neurological function in the brain caused by mechanical acceleration and deceleration forces.

Part I – SIGNS AND SYMPTOMS OF A CONCUSSION

– A concussion should be suspected if any one or more of the following signs or symptoms are present, OR if the coach/evaluator is unsure.

1. Signs of a concussion may include (what the athlete looks like):

- | | |
|---|--|
| • Confusion/disorientation/irritability | • Act silly/combative/aggressive |
| • Trouble resting/getting comfortable | • Repeatedly ask same questions |
| • Lack of concentration | • Dazed appearance |
| • Slow response/drowsiness | • Restless/irritable |
| • Incoherent/ slurred speech | • Constant attempts to return to play |
| • Slow/clumsy movements | • Constant motion |
| • Loss of consciousness | • Disproportionate/inappropriate reactions |
| • Amnesia/memory problems | • Balance problems |

2. Symptoms of a concussion may include (what the athlete reports):

- | | |
|----------------------------|--|
| • Headache or dizziness | • Oversensitivity to sound/light/touch |
| • Nausea or vomiting | • Ringing in ears |
| • Blurred or double vision | • Feeling foggy or groggy |

Note: Public Act No. 14-66 requires that a coach MUST immediately remove a student- athlete from participating in any intramural or interscholastic athletic activity who (A) is observed to exhibit signs, symptoms or behaviors consistent with a concussion following a suspected blow to the head or body, or (B) is diagnosed with a concussion, regardless of when such concussion or head injury may have occurred. **Upon removal of the athlete a qualified school employee must notify the parent or legal guardian within 24 hours that the student athletes has exhibited the signs and symptoms of a concussion.**

Part II – RETURN TO PARTICIPATION (RTP)

Currently, it is impossible to accurately predict how long concussions will last. There must be full recovery before someone is allowed to return to participation. Connecticut Law now requires that no athlete may resume participation until they have received written medical clearance from a licensed health care professional (Physician, Physician Assistant, Advanced Practice Registered Nurse, Athletic Trainer) trained in the evaluation and management of concussions.

Concussion Management Requirements:

1. No athlete SHALL return to participation (RTP) on the same day of concussion.
2. Any loss of consciousness, vomiting or seizures the athlete MUST be immediately transported to the hospital.

Concussion Management Requirements: (continued)

3. Close observation of an athlete **MUST** continue following a concussion. This should be monitored for an appropriate amount of time following the injury to ensure that there is no escalation of symptoms.
4. Any athlete with signs or symptoms related to a concussion **MUST** be evaluated from a licensed health care professional (Physician, Physicians' Assistant, Advanced Practice Registered Nurse, Athletic Trainer) trained in the evaluation and management of concussions.
5. The athlete **MUST** obtain an initial written clearance from one of the licensed health care professionals mentioned above directing them into a well-defined RTP stepped protocol similar to one outlined below. If at any time signs or symptoms should return during the RTP progression the athlete should cease activity*.
6. After the RTP protocol has been successfully administered (no longer exhibits any signs or symptoms or behaviors consistent with concussions), final written medical clearance is required by one of the licensed health care professionals mentioned above for them to fully return to unrestricted participation in practices and competitions.

Medical Clearance RTP protocol (Recommended one full day between steps)²

Rehabilitation stage	Functional exercise at each stage of rehabilitation	Objective of each stage
1. No activity	Complete physical and cognitive rest until asymptomatic. School may need to be modified.	Recovery
2. Light aerobic activity	Walking, swimming or stationary cycling keeping intensity, <70% of maximal exertion; no resistance training.	Increase Heart Rate
3. Sport Specific Exercise	Skating drills in ice hockey, running drills in soccer; no head impact activities.	Add Movement
4. Non-contact Training drills	Progression to more complex training drills, i.e., passing drills in football and ice hockey; may start progressive resistance training.	Exercise, coordination and cognitive load
5. Full Contact Practice	Following final medical clearance, participate in normal training activities.	Restore confidence and assess functional skills by coaching staff

*If at any time signs or symptoms should worsen during the RTP progression the athlete should stop activity that day. If the athlete's symptoms are gone the next day, she/he may resume the RTP progression at the last step completed in which no symptoms were present. If symptoms return and don't resolve, the athlete should be referred back to their medical provider.

Part III – HEAD INJURIES

- Injuries to the head includes:
 - Concussions: (See above information). There are several head injuries associated with concussions which can be severe in nature including:
 - a) Second impact Syndrome - Athletes who sustain a concussion, and return to play prior to being recovered from the concussion, are also at risk for Second Impact Syndrome (SIS), a rare but life-altering condition that can result in rapid brain swelling, permanent brain damage or death; and
 - b) Post-Concussion Syndrome - A group of physical, cognitive, and emotional problems that can persist for weeks, months, or indefinitely after a concussion.
 - Scalp Injury: Most head injuries only damage the scalp (a cut, scrape, bruise or swelling)... Big lumps (bruises) can occur with minor injuries because there is a large blood supply to the scalp. For the same reason, small cuts on the head may bleed a lot. Bruises on the forehead sometimes cause black eyes 1 to 3 days later because the blood spreads downward by gravity;

Part III – HEAD INJURIES (continued)

- Skull Fracture: Only 1% to 2% of children with head injuries will get a skull fracture. Usually there are no other symptoms except for a headache at the site where the head was hit. Most skull fractures occur without any injury to the brain and they heal easily;
- Brain Injuries are rare but are recognized by the presence of the following symptoms:
 - (1) difficult to awaken, or keep awake or (2) confused thinking and talking, or (3) slurred speech, or (4) weakness of arms or legs or (5) unsteady walking (American Academy of Pediatrics – Healthy Children, 2010).

Part IV – STUDENT, PARENT/GUARDIAN REQUIREMENT

Starting with the 2015-2016 school year, and each school year thereafter, P.A. 14-66 prohibits a student athlete to participate in any intramural or interscholastic athletic activity unless the student and his/her parent/guardian (1) reads written materials, (2) views online training or videos, or (3) attends in-person training regarding the concussion education plan.

Part V – APPLICABLE SCHOOL BOARD CONCUSSION POLICIES

Board Policy #5141.7, “Student Sports – Concussions,” and its accompanying procedures, appendices and forms constitute the Board of Education’s School Concussion Policy. They contain information on the following topics:

- the recognition of signs and symptoms of concussion,
- the means of obtaining proper medical treatment for a person suspected of sustaining a concussion,
- the nature and risks of a concussion, including the danger in continuing to engage in athletic activity after sustaining a concussion,
- the proper procedures for allowing a student who has sustained a concussion to return to athletic activity, and
- current best practices in the prevention and treatment of concussion.

I have read and understand this document the “Student/Parent - Concussion Education Plan & Consent Form” and understand the severities associated with concussions and the need for immediate treatment of such injuries. I further understand my responsibilities to be informed and participate in the concussion education plan as described in Part IV above.

Student name: _____ **Date** _____ **Signature** _____
(Print Name)

Parent name: _____ **Date** _____ **Signature** _____
(Print Name)

References:

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http://journals.lww.com/cjsportsmed/Fulltext/2009/05000/Consensus_Statement_on_Concussion_in_Sport_3rd.1.aspx.
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5. American Academy of Pediatrics – Healthy Children. *Symptom check: Head Injury*. Retrieved on June 16, 2010.
<http://www.healthychildren.org/english/tips-tools/symptom-checker/pages/Head-Injury.aspx>

Resources:

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