



**BEACON CITY SCHOOL DISTRICT  
ADMINISTRATIVE OFFICES**

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## **Concussion Management Policy** **Beacon City School District**

The following concussion management policy shall be followed for all students in the Beacon City School District that display signs or symptoms of a concussion. This includes interscholastic athletes as well as students in physical education classes. This policy is based on the Concussion Management and Awareness Act that went into effect on July 1, 2012 for all public schools and charter schools, and was revised based on 2023 NYS guidelines. The items listed below are required for school districts to be in compliance with the law. Some of the items are specifically spelled out in the law and others have been recommended by the State Education Department and the Department of Health and approved by the State Education Department.

### **The Concussion Management Team**

The concussion management team shall guide, implement and periodically review the program. The team will include the following individuals:

- Director of Physical Education, Athletics and Health services
- School Nurse
- School Chief Medical Officer
- Athletic Trainer
- Such individuals as may be directed by the Superintendent of Schools

### **Parent and Student Awareness of Concussion Management**

The Beacon City School District will provide Concussion Management and Awareness information to parents and students. Information will be made available in written documents and sign off on the BCSD Permission to Participate Form. Concussion management and awareness information, the school district concussion policy will be made available on the Beacon School District website: [www.beaconk12.org](http://www.beaconk12.org).

## **Concussion Training**

Every school coach, physical education teacher, nurse, and athletic trainer will be required to complete an approved course on concussion management on a biennial basis.

School coaches and physical education teachers must complete the Center for Disease Control Online Concussion Training for:

Coaches. <https://www.cdc.gov/headsup/schoolprofessionals/training/index.html>

School nurses and certified athletic trainers must complete level appropriate Concussion Training. <https://www.cdc.gov/headsup/highschoolsports/index.html>

At the end of the course, participants will receive a certificate to verify that they have completed it.

## **Removal from Athletics**

Immediate removal from athletic activities is required if any pupil has sustained or is believed to have sustained a mild traumatic brain injury.

- No students will be allowed to resume athletic activity until they have been symptom free for 24 hours and have been evaluated by and received written and signed authorization from a licensed physician. For interscholastic athletics, clearance must come from the School Chief Medical Officer.
- Such authorization must be kept in the student's permanent health record.
- Schools shall follow directives issued by the student's treating physician, unless otherwise directed by the School Chief Medical Officer.

## **On Field Evaluation**

During practices and contests, athletes demonstrating signs and symptoms of a concussion should be evaluated by the coach and/or athletic trainer. If determined there is a possible concussion, the athlete should not be permitted to continue any activity at which now the athlete must follow all protocols and procedures as outlined in this policy.

Sideline and Training room evaluation:

- 1- Any athlete that suffers loss of consciousness (LOC) is treated as a medical emergency. Do not move the athlete. Maintain head stabilization. Call 911 and transport.
- 2- At the time of suspected concussion, safely remove the athlete from play and administer one of the following assessments:
  - Initial Concussion Checklist (see attached)
  - Sports Concussion Assessment tool (SCAT-6) (see attached)
- 3- Observe the athlete and re-evaluate every 5-10 minutes.
- 4- No athlete will return to play (RTP) on the same day regardless if signs and symptoms return to normal.
- 5- If conditions deteriorate upon re-evaluation the athlete should be referred at once for emergency care (911).
- 6- Continue to re-evaluate until parents are called and the athlete picked up.
- 7- Instruct parents that the athlete needs to be medically evaluated by a physician or go to the emergency room and give them a concussion information packet (see attached).

## **In-School Management (Post Injury)**

The student or student athlete is to report to the school nurse at the beginning of the first day back to school.

School nurses will document the injury in the students file and will notify the Guidance/Teachers/Athletic trainer that the athlete has suffered a concussion.

School nurses will notify the student's teachers of the concussion and provide post-concussion symptoms guideline sheet (see attached). Based on physician orders, the student may need special accommodations.

## **Physical Education/Recess**

Physical Education (PE) must report to the nurse any student that experiences a head injury or if they exhibit signs or symptoms of one. Any student, including athletes, who were reported to the nurse as exhibiting signs and symptoms of a head injury must be out of physical education class for a minimum of seven days if diagnosed with a concussion and must have a physician's note to return to class. If the student is on an athletic team they must follow the Return to Play Protocol.

A gradual return to activity is recommended when returning to physical education based on athletes symptoms. At no time should a student with a concussion be given cognitive activities (reading/writing) to substitute for PE class. Students should not be excluded from recess but should be supervised to ensure they do not participate in exertional activities that present a risk of falls, collisions, or impact.

## **Definition of Concussion**

A concussion is a reaction by the brain to a jolt or force that can be transmitted to the head by an impact or blow occurring anywhere on the body. Essentially a concussion results from the brain moving back and forth or twisting rapidly inside the skull. Many people assume that concussions involve the loss of consciousness, but in most cases a person with a concussion never loses consciousness.

## **Pediatric Concussive Injury**

Concussions in a child & an adult athlete differ, children are not "little adults". Children are more susceptible to concussions and take longer to recover than adults. They are actively developing and respond differently, have different needs, & face different expectations after an injury. An appreciation of these differences and their implications is crucial for providing optimal care to the young athlete after concussion. Children ages (5-18) years old should not be returned to playing or training until clinically symptom free. Because of the physiological response during childhood to head trauma, a conservative return to play approach is recommended.

## **Complications of Concussions**

1- Second impact syndrome- A second concussion can show the same symptoms of the initial concussion. This is a medical emergency and can cause brain damage or death. Most cases of this are athletes under 20 years old.

2- Post-concussion syndrome- Symptoms can last for months, athletes with persistent symptoms MUST follow up with a Neurologist.

## Defining the Nature of a Concussive Head Injury

1. Concussions may be caused either by a direct blow to the head, face or neck or elsewhere on the body with an impulse-like force transmitted to the head.
2. Concussions typically result in the rapid onset of short-lived impairment of neurologic function that resolves spontaneously.
3. Concussions may result in neuropathological changes, but the acute clinical symptoms largely reflect a functional disturbance rather than structural changes.
4. Concussions result in a graded set of clinical syndromes that may or may not involve loss of consciousness. Resolution of the clinical and cognitive symptoms typically follows a sequential course.
5. Concussions are typically associated with grossly normal structural neuroimaging studies.

## Concussion Management

A player should never return to play when showing ANY symptoms or signs of a concussion.

1. The player will not be allowed to return to play in the current game or practice on the same day.
2. The player will not be left alone; and regular monitoring for deterioration is essential over the initial few hours following injury. Once the athlete is released to the parent following a contest or practice, it becomes the responsibility of the parent to monitor the athlete.
3. The player should be medically evaluated following the injury using the Concussion checklist or Scat-6 on the sideline or in the trainer's office.
4. The athlete must be picked up by a parent or guardian.
5. The incident must be reported to the nurse's office and the accident report must be filled out.
6. A follow up call will be made by a member of the concussion management team to check the status of the athlete.
7. Return to play must follow a medically supervised step by step plan currently recommended by New York State Public High School Athletic Association (NYSPHSAA).
8. Student's MUST be cleared by a physician to begin the Return to Play Protocol in order to return to athletics.

## Return to Play Protocol

In the first few days following the injury, it is important to emphasize to the athletes that physical and cognitive rest is recommended. Activities that require concentration and attention may worsen symptoms and result in a delayed recovery.

**The Return to Play Protocol follows the six step process below (also see attached checklist):**

This progression will be over 7-10 days for return to play with a MINIMUM of 7 days.

1. No physical activity. If there are no symptoms, proceed to the next level.
2. Light aerobic exercise such as walking, or stationary biking (non-athletic activity).
3. Moderate aerobic activity.

4. Sport specific exercise (ex-skating in hockey, running in soccer etc.).
5. Non-contact drills.
6. Full contact training and/or exertional testing *after medical clearance*.
7. Game play.

With this progression the athlete should continue to the next level after 24 hours and if asymptomatic at the current level. If any post concussion symptoms occur, the athlete should drop back to the previous level and try to progress again after 24 hours. Athletes should be symptom free without the use of any medication to mask the pain. The Return to Play protocol will be monitored by the Athletic Trainer.

The above policy will be followed by all health care professionals (athletic trainers, nurses, school physicians), coaches and teachers in the Beacon City School District that are responsible for the supervision of student athletes. **The Concussion Management /Return to Play Protocol MUST be followed in order to return an athlete to play after a concussion, even if the athlete presents with a prescription stating they may start playing sooner from their primary care physician or emergency room physician.** If an athlete presents a prescription from a concussion specialist MD, it will be reviewed by the district's Medical Director and a determination will be made to what level the athlete may proceed with.

Prior to returning to play, the athlete is required to have the Return to Play Form signed by the following: School Physician, Athletic Trainer, School Nurse, and Athletic Director.

**BEACON CITY SCHOOL DISTRICT**  
**POST-CONCUSSION GUIDELINES FOR TEACHERS**

Your student, \_\_\_\_\_ has suffered a concussion. Below is the information regarding some of the signs/symptoms that he/she/they might be experiencing. If any of these signs/symptoms are present in the student, please excuse them from class and have them escorted to the Nurse's office.

\*Please Notify the Athletic Trainer or Nurse if a student reports ANY signs/symptoms during class and assist them in a gradual return to the classroom.

\*Following a concussion, a child may exhibit cognitive, emotional, and/or physical symptoms. An injured child may not have all of these symptoms, but rather experience a combination of symptoms, including:

**Physical symptoms**

Headache  
Nausea or vomiting  
Feeling dizzy  
Excessive sleepiness or being harder to wake than usual  
Fatigue or weakness  
Complaints about blurred or double vision or other changes in eye movement  
Hypersensitivity to sound and light  
Ringing in the ears or difficulty hearing  
Difficulty with balance that you didn't notice before

**Cognitive symptoms**

Changes in memory (losing details, forgetting to do things)  
Confusion  
Mental fatigue  
Changes in performance at school  
New difficulty concentrating or staying with a task  
Having trouble finding the words to express him or herself or talking much more than is characteristic  
Change in personality

**Emotional symptoms**

Irritability  
Depression  
Anxiety  
Change in personality

## Return To Play Protocol (RTP)

Stage 1 - Rest until symptom-free (asymptomatic) and physician clearance.

Stage 2 - Fast walking/stationary bike for 15-20 minutes under supervision.

- Any signs/symptoms stop for the day and start Stage 2 over again after symptoms are gone for 24 hours.
- When asymptomatic for 24 hours after clean completion of Stage 2, proceed to Stage 3.
- If symptomatic post exertion within 24 hours, rest until asymptomatic and start Stage 2 over again.

Stage 3 - Jogging/running for 20 minutes.

- Any return in signs/symptoms, stop.
- When asymptomatic for 24 hours proceed to Stage 4.
- If symptomatic post exertion within 24 hours, rest until asymptomatic and start Stage 3 over again.

Stage 4 - Non-Contact Sports Drills for 30-45 minutes.

- Any return of signs/symptoms, stop.
- If asymptomatic for 24 hours, then proceed to Stage 5.
- If symptomatic post exertion within 24 hours, rest until asymptomatic & start again with Stage 4.

Stage 5 - Full Participation in practice without contact

- Any return of signs/symptoms, stop.
- When asymptomatic for 24 hours proceed to Stage 6.
- If symptomatic post exertion within 24 hours, rest until asymptomatic & start again with Stage 5.

Stage 6 - Full Practice No Restrictions

- Any return of signs/symptoms, stop.
- When asymptomatic for 24 hours proceed to Stage 7.
- If symptomatic post exertion within 24 hours, rest until asymptomatic & start again with Stage 6.

Stage 7 - Cleared for RTP - No Restrictions for Competition by School Physician and Athletic Trainer.

# Beacon City School District CONCUSSION HOME INSTRUCTIONS

\_\_\_\_\_ has/may have sustained a concussion during \_\_\_\_\_ today. In some instances, the signs and symptoms of a concussion do not become obvious until several hours or even days after the initial injury. Please watch for the following signs and symptoms:

1. Headache (especially one that increases in intensity)
2. Nausea and vomiting\*
3. Mental confusion/behavioral changes
4. Dizziness
5. Memory loss
6. Ringing in the ears
7. Changes in gait or balance
8. Blurry or double vision\*
9. Slurred speech\*
10. Changes in the level of consciousness (difficulty awakening)\*
11. Seizure activity\*
12. Decreased or irregular pulse or respiration\*

\*Seek medical attention at the nearest emergency department.

*Things that are okay:*

- Use ice packs as needed
- Eat a light diet
- Go to sleep (rest is important)
- Return to school if ready
- Use a computer
- Bright lights/loud noise
- Eat spicy foods

*Things that are NOT okay:*

- Physical activity/driving
- Watch TV/video games
- Listen to music or use phone
- Heavy reading

*Don't have to do:*

- Check eyes with flashlight
- Wake up every hour
- Test reflexes

Your child must be seen by a **PHYSICIAN** and provide a written note from the physician in order to begin the Return to play protocol and be cleared to return to athletics. Have your child report to the Athletic Trainer or Nurse upon return to school for follow up care. If you have any questions or concerns contact the Athletic Trainer or Nurse at 845-838-6900.

Instructions provided by: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

# PHYSICIAN REFERRAL FORM / CONCUSSION

Athlete's Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Sport(s) \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

Physician Diagnosis  
\_\_\_\_\_

## Return to Play (RTP) Sport Recommendations

- No physical activity at this time.
- Initiate RTP today starting at stage \_\_\_\_.
- Follow up visit required prior to final return to full competition clearance.
- May return to full competition on \_\_\_\_/\_\_\_\_/\_\_\_\_ if successfully completes RTP protocol.

## Return to Learn (RTL) School Recommendations

- No restrictions at school.
- No gym class
- Out of school

Physician Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_