

TRUMANSBURG CENTRAL SCHOOL DISTRICT  
"A Great Place to Learn, Live and Grow"  
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### Concussion Protocol

The following guidelines are intended to guide the evaluation and management of any student who is suspected of having suffered a concussion.

These are based on the Zurich Guidelines for Return-To-Play after Sports Concussion. \*  
(This also follows protocol established in accordance to National Federation of State High School Association, NYS Athletic Administration and NYS Public High School Athletic Association).

ImPACT testing will be done for athletes participating in contact sports prior to the season to obtain a baseline. This testing should be done every two years on an individual athlete, or retaken if concussed.

An athlete who has a concussion may exhibit the following :

1. symptoms- headache, dizziness, double or fuzzy vision, confusion, sensitivity to light or noise
2. physical signs- loss of consciousness, amnesia, nausea/vomiting
3. behavior changes- irritability
4. cognitive- slowed reaction time, feels foggy, sluggish, concentration/memory problems

When a player shows ANY symptoms or signs of a concussion they will be removed from the game and evaluated by the athletic trainer or school nurse using the concussion checklist (attached) which will be submitted to the school physician. **The player will NOT be allowed to return to play in the current game or practice.**

- A. The player should not be left alone, and regular monitoring for deterioration is essential over the initial few hours following injury.
- B. Concussion hand out will be given to student and parent.
- C. Athletic trainer or nurse will send notice to family and MD regarding head injury and treatment.
- D. ImPACT re-testing to be done on first day that athlete is symptom free
- E. Return to play must follow a medically supervised stepwise process:  
The cornerstone of proper concussion management is rest until all symptoms resolve and then a graded program of exertion before return to sport, involving the following steps:
  1. No exertional activity until symptom-free. When player is symptom-free, start progression with the following:  
Day 1: Light aerobic exercise such as walking or stationary cycling, no resistance training  
Day 2: Sport specific exercise-for example, skating in hockey, running in soccer; progressive addition of resistance training at steps C and D.  
Day 3: Non-contact training drills  
Day 4: Retake ImPACT and compare results with baseline  
Day 5: Full contact training in practice setting (May occur after ImPACT results on Day 4)  
Day 6: Return to competition (May occur after ImPACT results on Day 4)

If any post-concussion symptoms recur, the athlete should drop back to the previous level and try to progress again after 24 hours. The student/athlete should also be monitored for recurrence of symptoms due to mental exertion, such as reading working on a computer, or taking a test. Return to play decision is a medical one and should be made by a professional with specific expertise in the management of concussions. If return to play is given by primary MD/ER, and the athletic director, coach, or school nurse still have concerns or student is exhibiting symptoms, school nurse will follow up with school physician regarding return to play. If athlete is still symptomatic after four days, ImPACT testing should be done.

2. Players who exhibit severe symptoms including any of the following "red flags" require immediate transport to an emergency room or immediate physician evaluation:

- A. Seizures
- B. Prolonged loss of consciousness over 1 minute
- C. Repeated vomiting
- D. Focal neurologic signs (asymmetric use of body or face)
- E. Increasing confusion or irritability
- F. Neck pain
- G. Decreasing level of consciousness or can't be awakened
- H. Can't recognize people or places

- McCrory, Paul, Consensus Statement on Concussion in Sport 3<sup>rd</sup> International Conference on Concussion in Sport held in Zurich, Nov. 2008

Trumansburg Family Health Center

MD Signature Michelle Flynn Date: 8/10/2011