

# Guidelines for Concussion Management In Schools 2018

The University of the State of New York  
The State Education Department  
Office of Student Support Services



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## Foreword

The purpose of this document is to provide school district personnel, parents/guardians, students, and private health providers with information on concussion management in school settings. It explains the purpose of a concussion management program in schools and provides guidance for developing an effective program including planning, implementation, and follow-up protocols. This will assist in identifying a student with a potential concussion and ensure that a student who has been diagnosed with a concussion receives the appropriate care and attention at school to aid in his/her recovery.

Every attempt has been made to ensure that the information and resources contained in this document reflect best practice in the fields of medicine and nursing practice. Local educational agencies should review these guidelines with their counsel as necessary to incorporate the guidance with district policy.

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# Concussion Overview

Concussion is a type of traumatic brain injury (TBI) and is sometimes referred to as a mild TBI. Concussions are injuries to the brain that occur as the result of a fall, motor vehicle accident, or any other activity that results in an impact to the head or body.

According to the Centers for Disease Control and Prevention (CDC), *Morbidity and Mortality Weekly Report (MMWR), Surveillance Summaries* [March 17, 2017/ 66(9); 1-16]:

- An estimated 661,349 people under age 15 were treated at a hospital or emergency department or died from a head injury in 2013.

In New York State for 2012 to 2014, on average:

- Approximately 48,357 children under the age of 19 visited the emergency room for traumatic brain injury and approximately 2,157 were hospitalized.

A concussion is a reaction by the brain to a force transmitted to the head from 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.

The symptoms of a concussion result from a temporary change in the brain's function causing a short-term impairment of brain function. The signs of a concussion may occur immediately or evolve over minutes or days. There is a range of symptoms from a concussion, and students with concussions may display very different signs and symptoms.

In most cases, the symptoms of a concussion generally resolve over a brief period ranging from a few days or weeks; however, in some cases symptoms can last for several weeks or months. In a small number of cases, or in cases of re-injury during the recovery phase, permanent brain injury is possible. Children and adolescents are more susceptible to concussions and take longer than adults to fully recover. Therefore, it is imperative that any student who is suspected of having sustained a concussion be immediately removed from cognitive, athletic activity and other physical activities and remain out of cognitive, athletic and other physical activities until evaluated **and** cleared to return to activity by a licensed health care provider. Athletic activities are defined by commissioner's regulations, see below. Physical activities are all other types of physical movement that raise the heart rate, such as PE class, recess etc. Cognitive activities are those that stimulate activity in the brain and may occur with or without physical movement.

## Legislative Background

The Concussion Management and Awareness Act, ( Chapter 496 of the Laws of 2011) requires the Commissioner of Education, in conjunction with the Commissioner of Health, to promulgate rules and regulations related to students who sustain a concussion, also known as a mild traumatic brain injury (MTBI), at school and at any district-sponsored event or related activity. Among other mandates, the law requires that school coaches, physical education teachers, nurses, and certified athletic trainers complete a New York State Education Department (NYSED) approved course on concussions and concussion management every two years. This course must address guidelines for a student's return to school and certain school activities after sustaining a concussion regardless of whether the concussion occurred outside of school. Additionally, , the law requires that students who sustained, or are suspected to have sustained, a concussion during **Athletic Activities (interscholastic sports)** are to be immediately removed from such activities. Such students may not return to **Athletic Activities (interscholastic sports)** until they have been symptom-free for a minimum of 24 hours and have been evaluated by and receive written and signed authorization to return to activities from a duly licensed physician. Although nonpublic schools are not required to, but are strongly encouraged to adopt such policies, when participating in interschool athletics with public school districts, nonpublic schools should check with their governing athletic body (e.g., New York State Public High School Athletic Association, NYSPHAA; or Public School Athletic League, PSAL) to see if complying with the Concussion Management and Awareness Act is a condition of participation.

All public schools are required to employ a director of school health services, commonly referred to as the medical director, who is a physician or nurse practitioner. (Education Law Article 19 §902). In instances where a school district affiliates itself with a medical practice for its required health and welfare services, one physician or nurse practitioner within that medical practice is to be designated the medical director. The medical director should be consulted when developing district policies and protocols for health-related matters such as concussion management.

In accordance with the Concussion Management and Awareness Act, NYSED has promulgated Commissioner's regulations regarding concussion management and awareness which can be found at Section 136.5 of Title 8 of the New York Code of Rules and Regulations [8 N.Y.C.R.R.] In accordance with those regulations, a school shall require the immediate removal from athletic activities of any pupil who has sustained, or who is believed to have sustained, a mild traumatic brain injury. If there is any doubt as to whether a pupil has sustained a concussion, it shall be presumed that the pupil has been so injured until proven otherwise. No such pupil shall resume athletic activity until the pupil has been symptom free for not less than twenty-four hours and has been evaluated by and received written and signed authorization from a licensed physician; and for extra class athletic activities, has received clearance from the medical director to participate in such activity. [8NYCRR 136.5 (d)]



Extra-class periods of physical education (PE) means those sessions organized for instruction and practice in skills, attitudes, and knowledge through participation in individual, group, and team activities organized on an intramural, extramural, or interschool athletic basis to supplement regular physical education class instruction [8NYCRR 135.1(h)].

# Policy and Protocol Development

Local boards of education are strongly advised to develop a written concussion management policy. This policy should reference the district's protocols, written collaboratively with the district medical director to give direction to staff involved in the identification of a potential concussion. These policies and protocols assist a student who will return to school and need accommodations after being diagnosed with a concussion. Policies should provide clear protocols, but permit accommodations for individual student needs, as determined by the student's healthcare provider and/or district medical director. When developing concussion management plans, districts should promote an environment where reporting signs and symptoms of a concussion is required and important.

The New York State Education Department (NYSED) and the New York State Department of Health (NYSDOH) recommend the following be included in a district's policy on concussion management:

- A commitment to implement strategies that reduce the risk of head injuries in the school setting and during district sponsored events. A specific list of preventative strategies should be included in a guidance document appended to the board policy.
- A procedure and treatment plan developed by the district medical director and other licensed healthcare professionals employed by the district, to be utilized by district staff who may respond to a person with a head injury. The procedure and treatment plan should be appended to the board policy.
- A procedure to ensure that school nurses, certified athletic trainers, physical education teachers, and coaches have completed the NYSED-approved, **required** training course (See *Guidelines for the Team* beginning on page 16 for each profession). Additionally, the policy should address the education needs of teachers and other appropriate staff, students, and parents/guardians, as needed.
- A procedure for a coordinated communication plan among appropriate staff to ensure that private provider orders for post-concussion management are implemented and followed, and for students to resume participation in athletic activities with district medical director approval.
- A procedure for periodic review of the concussion management policy.

# Prevention and Safety

Protecting students from head injuries is one of the most important ways to prevent a concussion. Although the risk of a concussion may always be present with certain types of activities, to minimize the risk, districts should ensure that (where appropriate) education, proper equipment, and supervision to minimize the risk is provided to district staff, students, and parents/guardians. Instruction should include:

- ✓ signs and symptoms of concussions:
- ✓ how such injuries occur: and
- ✓ possible long-term effects resulting from such injury.

It is imperative that students know the symptoms of a concussion and to inform appropriate personnel, even if they believe they have sustained the mildest of concussions. This information should be reviewed periodically with student athletes throughout each season. Emphasis must be placed on the need for medical evaluation should such an injury occur to prevent persisting symptoms of a concussion and following the guidelines for return to school and activities. Providing supporting written material is advisable. Additionally, the Concussion Management and Awareness Act requires that consent forms (required for participation in interscholastic athletics) contain information on concussions and/or reference how to obtain information on concussions from the NYSED and NYSDOH websites. This information is available at [New York State Education Department- School Health Services](#), [New York State Department of Health Bureau of Injury Prevention- Traumatic Brain Injury](#)

It is extremely important that all students be made aware of the importance of reporting any symptoms of a concussion to their parent/guardian and/or appropriate district staff. District staff members must follow district emergency protocols and procedures for any student reporting signs and symptoms of injury or illness. The [Required NYS School Health Examination Form](#) and the [Sample Recommended NYSED Interval Health History for Athletics](#) completed prior to each sports season both require notation of previous concussion.

School personnel should be aware of the types of activities that present a higher than average risk for concussion. These activities include, but are not limited to:

- ✓ interscholastic athletics,
- ✓ extramural activities,
- ✓ physical education classes and recess.

Districts should evaluate the physical design of their facilities and their emergency safety plans to identify potential risks for falls or other injuries. Recess should include adult supervision, with all playground equipment in good repair, and play surfaces composed of approved child safety materials. Physical education programs should include:

- ✓ Plans that emphasize safety practices.
- ✓ Lessons on the need for and correct use of safety equipment.
- ✓ Review of rules of play prior to taking part in the physical activity and enforced throughout the duration thereof.

Commissioner's regulation §135.4(c)(4) requires that each school district operating a high school employ a director of physical education who shall have certification in physical education and administrative and supervisory service. Such director shall provide leadership and supervision for the class instruction, intramural activities, and interschool athletic competition in the total physical education program. Where there are extenuating circumstances, a member of the physical education staff may be designated for such responsibilities, upon approval of the Commissioner. School districts may share the services of a director of physical education.

It is strongly recommended that the physical education (PE) director and/or the athletic director (AD) of a school district ensure that:

1. all interscholastic athletic competition rules are followed,
2. appropriate safety equipment is used, and
3. rules of sportsmanship are enforced.

PE directors should instruct and encourage PE teachers, coaches, and student athletes from initiating contact to another player with their head or to the head of another player. Players should be proactively instructed on sport-specific safe body alignment and encouraged to be aware of what is going on around them. These practices will reduce the number of unexpected body hits that may result in a concussion and/or neck injury. In addition, proper instruction should include the rules of the sport, defining unsportsmanlike like conduct, and enforcing penalties for deliberate violations.

# Identification

Any student who is observed to, or is suspected of, suffering a significant blow to the head or body, has fallen from any height, or collides hard with another person or object, may have sustained a concussion. Such injuries can occur in Athletic Activities (interscholastic sports) recess, PE and other classes. Symptoms of a concussion may appear immediately, may become evident in a few hours, or evolve and worsen over a few days. Concussions may also occur at places other than school. Therefore, district staff members who observe a student displaying signs and/or symptoms of a concussion, or learn of a head injury from the student, should have the student accompanied to the school health office. If there isn't a school nurse, or he/she is unavailable, the school should contact the parent/guardian to pick up their child and strongly recommend they have their child evaluated by a medical professional (i.e. physician assistant, nurse practitioner, or physician- an evaluation by a physician is required if the injury occurred during Athletic Activities (interscholastic sports) see Table 1 for more information. The parent/guardian should be provided written information about concussion. Such written information is available on the

- [Centers for Disease Control and Prevention's -HEADS UP to schools-parents](#)

At no point in time should a student who is suspected of suffering a concussion be left alone or out of eyesight of the school personnel responsible for the student. This includes sitting on the team bench unattended or lying down in a separate room in the health office or locker room. The reason for this is that concussion symptoms may be evolving, and at any time the student may need further assistance or transportation for emergency medical care.

Students who are suspected of having suffered a concussion outside of school, or in school but **not occurring during Athletic Activities (interscholastic sports)** should be seen by a healthcare provider who may be a physician, nurse practitioner or physician assistant for diagnosis. Such healthcare providers may choose to refer the student to a specialist as needed. Districts should be cognizant of the various constraints that many students' families face. This is in contrast for students who **suffer or are suspected as having suffered a concussion during Athletic Activities (interscholastic sports)**. Per the Concussion Management and Awareness Act such student's evaluation and clearance authorizing return to Athletic Activities (interscholastic sports) must be performed, written, and signed by a duly licensed physician. Such written clearance must be sent to school for review by the district medical director and is to be kept in the student's cumulative health record. Although districts may assist parents/guardians with finding an appropriate healthcare provider, they **should not require** students to see a district-chosen provider for a fee to be cleared to return to Athletic Activities (interscholastic sports).

## Symptoms

Symptoms of a concussion include, but are not necessarily limited to:

- Amnesia (e.g., decreased or absent memory of events prior to or immediately after the injury, or difficulty retaining new information)
- Confusion or appearing dazed
- Headache or head pressure
- Loss of consciousness
- Balance difficulty or 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, groggy, or lightheaded
- Concentration or focusing problems
- Slowed reaction times, drowsiness
- Fatigue and/or sleep issues (e.g., sleeping more or less than usual)

Students who develop any of the following signs, or if the above listed symptoms worsen, must 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
- Dilated or pinpoint pupils, or change in pupil size of one eye
- Significant irritability
- Any loss of consciousness
- Suspicion of skull fracture: blood draining from ear, or clear fluid from nose

## Sideline Assessment and Neurocognitive Testing

Districts may choose to allow school staff who are appropriate licensed or certified healthcare professionals and are credentialed to use validated neurocognitive computerized testing concussion assessment tools such as Impact (Immediate Post Concussion Assessment & Cognitive Testing), CogSport (also

known as Axon), Headminders, and ANAM (Automated Neuropsychological Assessment Metrics); can review and obtain baseline and post-concussion performance data. Districts may also choose to allow trained school personnel or licensed health professionals as indicated by test, to use sideline assessment tools such as SCAT 5 (Sport Concussion Assessment Tool 5), SAC (Standardized Assessment of Concussion), K-D Test, or BESS (Balance Error Scoring System). When choosing to use assessment tests and tools, it is important that districts are cognizant of credentialing requirements of assessors, required testing conditions, along with conditions and time intervals required for post-concussion testing. The school district must seek authorization from the parent/guardian prior to the testing. Additionally, parents/guardians should be given a copy of the results upon request.

**Neurocognitive computerized tests and sideline assessments may assist district staff in determining the severity of a student’s symptoms. However, they are not a replacement for a medical evaluation to diagnose a concussion. All students with a suspected concussion are to be removed from athletic activities and physical activities. Results from assessment tools or tests completed at school should be provided to healthcare providers to aid in the diagnosis and treatment of students.**

## Diagnosis

In New York State, the diagnosis of a concussion remains within the scope of practice of the following healthcare providers: physicians, nurse practitioners, and physician assistants. These healthcare professionals may refer the student to other specialists once a diagnosis of concussion is made.

As part of their licensure in accordance with the New York State Education Department's Board of Regents rules, licensed healthcare professionals are to remain current on best practices in their fields. Healthcare providers who are not familiar with *current* best practice on concussion management are strongly encouraged to seek out professional development updates. One such resource from the Centers for Disease Control and Prevention (CDC) is a free online course: [Online Concussion Training for Healthcare Providers](#) . This section provides a general overview of current best practice to familiarize district healthcare professionals and should not be utilized as a replacement for professional development education.

It cannot be emphasized enough that any student suspected of having a concussion – either based on the disclosure of a head injury, observed or reported symptoms, or by sustaining a significant blow to the head or body – **must** be removed from cognitive, athletic and/or physical activities (e.g., PE class, recess), and observed until an evaluation can be completed by a healthcare provider. In accordance with the Concussion Management and Awareness Act, students removed from school ***Athletic Activities (interscholastic sports)*** for a suspected concussion must be evaluated by and receive written and signed authorization from a physician to return to school ***Athletic Activities (interscholastic sports)***.

Evaluation by a healthcare provider of a student suspected of having a concussion should include a thorough health history and a detailed account of the injury. The (CDC) recommends that physicians, nurse practitioners, and physician assistants use the [Acute Concussion Evaluation Form- Clinicians](#) to conduct an initial evaluation.

The CDC recommends evaluation of three areas:

- Characteristics of the injury
- Type and severity of cognitive and physical symptoms
- Risk factors that may prolong recovery

**Please note - *the activity/location where the injury occurred*** determines who can diagnose and clear a student to return to school activities. This is outlined in Table 1.



**Table 1- Diagnosis and Clearance of Concussions**

<b>Where injury occurred</b>	<b>Who can diagnose</b>	<b>Who can clear to return to school activities</b>	<b>Who has final clearance for student to return to athletic activities</b>	<b>Additional Information</b>
School Athletic Activities (interscholastic sports)	Physician  Per Concussion Management and Awareness Act	Physician  Per Concussion Management and Awareness Act	District Medical Director*  Per Commissioner's Regulation part 136.5(d)(2)	Must be symptom free for 24 hours prior to return to Athletic Activities (interscholastic sports)  Per Concussion Management and Awareness Act
School during non-Athletic Activities (interscholastic sports)	Physician Nurse Practitioner Physician Assistant  Per Title VIII of Education Law	Physician Nurse Practitioner Physician Assistant Or Designee (e.g. Neuropsychologist)  Per Title VIII of Education Law	District Medical Director*  Per Commissioner's Regulation part 136.5(d)(2)	School must follow private health care provider orders  Per Concussion Management and Awareness Act
Outside of school	Physician Nurse Practitioner Physician Assistant  Per Title VIII of Education Law	Physician Nurse Practitioner Physician Assistant or Designee (e.g. Neuropsychologist)  Per Title VIII of Education Law	District Medical Director*  Per Commissioner's Regulation part 136.5(d)(2)	School must follow private health care provider orders  Per Concussion Management and Awareness Act

\*The district medical director is the final person to clear a student to return to athletic activities (interscholastic sports). **It is at the discretion of the district medical director to accept a private health care provider clearance or to require the student to complete a gradual return to play protocol prior to permitting the student to return to participation in interscholastic athletics.**

### Injury Characteristics

The student, and/or the parent/guardian or district staff member who observed the injury, should be asked about the following as part of an initial evaluation:

- Description of the injury
- Cause of the injury
- Student's memory before and after the injury
- If any loss of consciousness occurred
- Physical pains and/or soreness directly after injury

## Symptoms

Students should be assessed for symptoms of a concussion including, but not limited to, those listed previously.

## Risk Factors to Recovery

According to the *Consensus Statement on Concussion in Sport-the 5<sup>th</sup> International Conference October 2016*, students with these conditions are at a higher risk for prolonged recovery from a concussion:

- History of concussion, especially if currently recovering from an earlier concussion
- Personal and/or family history of migraine headaches
- History of learning disabilities or developmental disorders
- History of depression, anxiety, or mood disorders

Students, whose symptoms worsen or generally show no reduction after 7-14 days or sooner depending on symptom severity, should be considered for referral to a neuropsychologist, neurologist, physiatrist, or other medical specialist in traumatic brain injury.

# Post Concussion Management

Students who have been diagnosed with a concussion require both physical and cognitive rest as determined by the treating healthcare provider. How long that rest is, and what activities may or may not be permitted will be different for each student. Delay in instituting healthcare provider orders for such rest may prolong recovery from a concussion. Private healthcare provider's orders for avoidance of cognitive and physical activity and graduated return to activity should be followed and monitored both at home and at school. Districts should consult their medical director if further discussion and/or clarification is needed regarding a private healthcare provider's orders, or in the absence of private healthcare provider orders.

Children and adolescents are at increased risk of protracted recovery and severe, potential permanent disability (e.g., early dementia also known as chronic traumatic encephalopathy), or even death if they sustain another concussion before fully recovering from the first concussion. Therefore, it is imperative that a student is fully recovered before resuming activities that may result in another concussion. Best practice warrants that, whenever there is a question of safety, a healthcare provider err on the side of caution.

## Cognitive Rest

Cognitive rest requires that the student avoid participation in, or exposure to, activities that require concentration or mental stimulation including, but not limited to:

- Computers and video games
- Television viewing
- Driving
- Texting
- Reading or writing
- Studying or homework
- Taking a test or completing significant projects
- Participation in band, chorus, plays, etc.
- Employment
- Loud music
- Bright lights

Parents/guardians, teachers, and other district staff should watch for signs of concussion symptoms such as fatigue, irritability, headaches, blurred vision, or dizziness; reappearing with any type of mental activity or stimulation. If any these signs and symptoms occur, the student should cease the activity. Return of symptoms should guide whether the student should participate in an activity. See

pp. 14-16 for further information on concussion symptoms and how they may manifest as behaviors in school.

*Most consensus and agreement statements for managing sports related concussion recommend that athletes rest until they become symptom-free. Accordingly, prescribed rest is one of the most widely used interventions in this population. The basis for recommending physical and cognitive rest is that rest may ease discomfort during the acute recovery period by mitigating post-concussion symptoms and/or that rest may promote recovery by minimizing brain energy demands following concussion.*

*There is currently insufficient evidence that prescribing complete rest achieves these objectives. After a brief period of rest during the acute phase (24–48 hours) after injury, patients can be encouraged to become gradually and progressively more active while staying below their cognitive and physical symptom-exacerbation thresholds (i.e., activity level should not bring on or worsen their symptoms). It is reasonable for athletes to avoid vigorous exertion while they are recovering. The exact amount and duration of rest is not yet well defined in the literature and requires further study.<sup>1</sup>*

Initially a student with a concussion may only be able to attend school for a few hours per day and/or need rest periods during the day. Students may exhibit increased difficulties with focusing, memory, learning additional information, and/or an increase in irritability or impulsivity. School personnel particularly teachers, including home tutors, should have clear directions on the student's gradual return to academic activities. They should be instructed that any activity may cause the student to become fatigued easily and the student should be allowed to rest, as needed. They should also be reminded that even lights and noise (such as walking between classes in crowded hallway or cafeteria) may cause a recurrence of concussion symptoms.

The CDC Heads Up program has resources to assist teachers on accommodations for students with concussion, [Helping Students Recover from a Concussion: Classroom Tips for Teachers](#). Examples of accommodations include but are not limited to, eliminating homework, shortened classroom assignments, lengthened time to complete assignments. See page 32 for more information on accommodating students with concussions in the classroom.

Teachers will need to be instructed to listen to the student's report of a symptom and watch for clues reflecting a return of symptoms. If a student complains of return of symptoms they must cease the activity. If a school nurse is available, they should be seen in the health office. If a school nurse is not available, the parent/guardian should be notified. Teachers and other school personnel who do not cease activities with return of symptoms may inadvertently

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<sup>1</sup> McCrory P, et al. Br J Sports Med 2017;0:1–10. doi:10.1136/bjsports-2017-097699

prolong the student's recovery- therefore it is imperative that student complaints are acted on (e.g. blurry vision, headaches etc.).

Districts should have policies and/or procedures in place for transitioning students back to academic activities as ordered by the healthcare provider, and for making accommodations for missed tests and/or assignments. Administrators should review with teaching staff methods to provide short term accommodations aligned with provider recommendations for students diagnosed with a concussion. The district medical director may develop a return to cognitive activities protocol for students with concussions whose provider does not provide direction on limitations or needed accommodations.

In some situations, a 504 plan may be appropriate for students whose concussion symptoms are significant or last 6 months or longer. Section 504 is part of the Rehabilitation Act of 1973 and is designed to protect the rights of individuals with disabilities in programs and activities that receive Federal financial assistance from the U.S. Department of Education. Section 504 requires a school district to provide a "free appropriate public education" (FAPE) to each qualified student with a disability who is in the school district's jurisdiction, regardless of the nature or severity of the disability. Under Section 504, FAPE consists of the provision of regular or special education and related aids and services designed to meet the student's individual educational needs as adequately as the needs of nondisabled students are met. More information is available on Section 504 law at the [US Department of Education Office of Civil Rights Protecting Students with Disabilities Q&A](#) on Section 504 which includes information on addressing temporary impairments such as concussions

## Return to Academic Activities

After an initial period of complete rest lasting approximately 24-48 hours, a healthcare provider may clear a student to begin a gradual return to academic (aka cognitive) activities. This may or may not coincide with the student's return to physical activities. The healthcare provider should give clear orders on the gradual activity protocol for that the district must follow. If a district has concerns or questions about the private healthcare provider's orders, the district medical director should contact that provider to discuss and clarify

Even with classroom accommodations, a student with a concussion will need to **gradually** return to all academic activities. Current research suggests that some level of sub symptoms with activity is acceptable; however, symptoms should not be made worse (e.g., no more than 1 to 2 points on a 10 point scale). Therefore, schools will need to follow provider orders on return to activities. Students should be monitored by district staff daily following each progressive level of physical activity, for any return of signs and symptoms of concussion. A gradual

progression should be followed based on private healthcare provider’s or other specialist’s orders and recommendations.

Students with concussions may become fatigued easily and may need time to rest in school. Classroom teachers should delay testing a child diagnosed with a concussion until cleared by their provider for return to full academic activities. Generally, school principals are permitted to authorize certain testing accommodations for students who incur an injury within 30 days prior to state test administration. Principals should refer to test manuals available at [Test Access and Accommodations for Students with Disabilities](#) for information on the procedures they must follow in authorizing such accommodations. These manuals also provide information on the provisions for a student to be medically excused from a State test, as well as opportunities for make ups.

**Table 2- Graduated return to school strategy** <sup>2</sup>

Stage	Aim	Activity	Goal of each step
1	Daily activities at home that do not give the child symptoms	Typical activities of the child during the day as long as they do not increase symptoms (e.g., reading, texting, screen time). Start with 5–15 min at a time and gradually build up	Gradual return to typical activities
2	School activities	Homework, reading or other cognitive activities outside of the classroom	Increase tolerance to cognitive work
3	Return to school part-time	Gradual introduction of schoolwork. May need to start with a partial school day or with increased breaks during the day	Increase academic activities
4	Return to school full-time	Gradually progress school activities until a full day can be tolerated	Return to full academic and catch up on missed work

## Physical Rest

Physical rest includes getting adequate sleep, taking frequent rest periods or naps, and avoiding physical activity that requires exertion. Some activities that should be avoided include, but are not limited to:

- Ones that result in contact and collision and are elevated risk for re-injury
- High speed and/or intense exercise and/or sports
- Any activity that results in an increased heart rate or increased head pressure (e.g., straining or strength training)

Students may find that they need to rest during the school day and should be allowed to do so if needed. Every student will be different and should be treated individually. One student may be able to attend school full days without difficulties,

<sup>2</sup> McCrory P, et al. Br J Sports Med 2017;0:1–10. doi:10.1136/bjsports-2017-097699

while another may find lights, noise and other stimulation causes fatigue and needs rest periodically.

As with cognitive rest, after a period of no physical activity for the first 24-48 hours, a private healthcare provider may choose to clear the student to begin a graduated return to physical activities. The healthcare provider should give clear orders on the gradual activity protocol that the district must follow.

*As stated earlier, most consensus and agreement statements for managing sports related concussion recommend that athletes rest until they become symptom-free. Accordingly, prescribed rest is one of the most widely used interventions in this population. The basis for recommending physical and cognitive rest is that rest may ease discomfort during the acute recovery period by mitigating post-concussion symptoms and/or that rest may promote recovery by minimizing brain energy demands following concussion.*<sup>3</sup>

Staff members should report any observed return of signs and symptoms to the school nurse, certified athletic trainer, or administration in accordance with district policy.

## Return to Physical Activities

A gradual return to physical activity typically is done by progressing a student through levels of activity that increase in duration and/or intensity. Gradual return to activity should occur with the introduction of new activity level every 24 hours. If any post-concussion symptoms return, the student should stop the activity and drop back to the previous level of activity. Current research suggests that some level of symptoms with activity is acceptable. Therefore, schools will need to follow provider orders on return to activities. Students should be monitored by district staff daily following each progressive level of physical activity, for any return of signs and symptoms of concussion. A gradual progression should be followed based on private healthcare provider's or other specialist's orders and recommendations.

*After a brief period of initial rest (24–48 hours), symptom-limited activity can be begun while staying below a cognitive and physical exacerbation threshold (stage 1). Once concussion-related symptoms have resolved, the athlete should continue to proceed to the next level if he/she meets all the criteria (e.g., activity, heart rate, duration of exercise, etc.) without a recurrence of concussion-related symptoms. Generally, each step should take 24 hours, so that athletes would take a minimum of 1 week to proceed through the full rehabilitation protocol once they are asymptomatic at rest. However, the time frame for RTS may vary with player age, history, level of sport, etc., and management must be individualized.*

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<sup>3</sup> McCrory P, et al. Br J Sports Med 2017;0:1–10. doi:10.1136/bjsports-2017-097699

*In athletes who experience prolonged symptoms and resultant inactivity, each step may take longer than 24 hours simply because of limitations in physical conditioning and recovery strategies outlined above. This specific issue of the role of symptom-limited exercise prescription in the setting of prolonged recovery is discussed in an accompanying systematic review. If any concussion-related symptoms occur during the stepwise approach, the athlete should drop back to the previous asymptomatic level and attempt to progress again after being free of concussion-related symptoms for a further 24-hour period at the lower level.*<sup>4</sup>

**Table 3- Graduated return to sport strategy**<sup>5</sup>

Stage	Aim	Activity	Goal of each step
1	Symptom-limited activity	Daily activities that do not provoke symptoms	Gradual reintroduction of work/school activities
2	Light aerobic exercise	Walking or stationary cycling at slow to medium pace. No resistance training	Increase heart rate
3	Sport-specific exercise	Running or skating drills. No head impact activities	Add movement
4	Non-contact training drills	Harder training drills, e.g., passing drills. May start progressive resistance training	Exercise, coordination and increased thinking
5	Full contact practice	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6		Return to sport	Normal game play

NOTE: An initial period of 24–48 hours of both relative physical rest and cognitive rest is recommended before beginning the RTS progression.

There should be at least 24 hours (or longer) for each step of the progression. If any symptoms worsen during exercise, the athlete should go back to the previous step. Resistance training should be added only in the later stages (stage 3 or 4 at the earliest). If symptoms are persistent (e.g., more than 10–14 days in adults or more than 1 month in children) the athlete should be referred to a health care professional who is an expert in the management of concussions.

If a district has concerns or questions about the private healthcare provider’s orders, the district medical director or his/her designee should contact that provider to discuss and clarify. The district medical director may develop a return to physical activity protocol for students with concussions whose provider does not provide direction on limitations or needed accommodations. Additionally, the district medical director has the final authority to clear students to participate in or return to extra-class activities (interscholastic athletics or intramurals) in accordance with 8NYCRR 135.4(c)(7)(i). See Table 1.

Students may feel upset about having to limit activities, or having difficulties keeping up in school. Students should be reassured that the situation is most likely

<sup>4</sup> Br J Sports Med 2017; 0:1–10. doi:10.1136/bjsports-2017-097699McCroly P, et al. 2017.

<sup>5</sup> McCroly P, et al.



temporary, that the goal is to help the student get back to full activity as soon as it is safe, and to avoid activities which will delay their recovery. Students should be informed that the concussion will resolve more quickly when they follow their healthcare provider's orders as supported by numerous studies. Students will need encouragement and support at home and school until symptoms fully resolve.

When returning to Athletic Activities (interscholastic sports), once the district receives the written clearance from a physician the student will need to be approved to return to Athletic Activities (interscholastic sports) by the medical director, regardless of whether the medical director is a physician or a nurse practitioner.

# The Concussion Management Team

Concussion management requires a coordinated, collective effort among district personnel along with parent(s)/guardian(s) to monitor an individual student's progress. They should advocate for academic and physical accommodations as appropriate, to reduce delays in a student's ability to return to full activities.

A school concussion management team can be a useful strategy to achieve coordination between all parties. School districts/buildings may choose to form a concussion management team to oversee and implement the school district's concussion policies and protocols. Per the Concussion Management and Awareness Act, this team may include, but is not limited to:

- Student
- Parents/Guardians
- School Administration/ Pupil Personnel Services Staff
- Medical Director
- Private Healthcare provider and other Specialists
- School Nurse(s)
- Director of Physical Education and/or Athletic Director
- Certified athletic trainer
- Physical Education Teacher/Coaches
- Teacher

Whether the district has a formal concussion management team, district staff in collaboration with the private healthcare provider, the student, and the student's family play a substantial role in assisting the student to recovery. The following section outlines the vital role every member of the team contributes to ensuring students are healthy, safe, and achieving their maximum potential. The primary focus of all members should be the student's health and recovery.

Education Law §902 requires districts to employ a medical director who must be either a physician or nurse practitioner. In instances where a school district affiliates itself with a medical practice for its required health and welfare services, one physician or nurse practitioner within that medical practice is to be designated the medical director. Additionally, Education Law §902, allows districts to employ school nurses who are registered professional nurses (RN). If districts also choose to employ licensed practical nurses (LPN) they should be cognizant that LPNs are not independent practitioners and must work under the direction of the RN, medical director, or other appropriate licensed healthcare professional<sup>6</sup>. LPNs' scope of practice does not permit them to assess or triage; therefore, they cannot be the healthcare professional assessing and triaging injured students or assessing a student's progress in return to school activities.

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<sup>6</sup> [Education Law Article 139 section 6902\(2\)](#)

(See [NYS Board for Nursing, Nursing Guide to Practice](#) pp. 36-37)

The Commissioner's regulations at 8 NYCRR §135.4(c)(4)(iii) requires districts that operate a high school to employ a director of physical education. The director of physical education shall have certification in physical education and administrative and supervisory service. Such director shall provide leadership and supervision for the class instruction, intramural activities, and interschool athletic competition in the total physical education program. Where there are extenuating circumstances, a member of the physical education staff may be designated for such responsibilities, upon approval of the Commissioner. School districts may share the services of a director of physical education according to Commissioner's Regulation 135.4.

Districts may also employ certified athletic trainers at the secondary school level. Athletic trainers employed by secondary schools must be certified athletic trainers according to 8 NYCRR §135.4(7) and must be supervised by a physician in accordance with Education Law Article 162 § 8351. [NYSED Office of Professions, Athletic Trainers](#)

## Student

Students should be encouraged to communicate any symptoms promptly to district staff and/or parents/guardians, since a concussion is primarily diagnosed by reported and/or observed signs and symptoms. It is the information provided by the student about their signs and symptoms that guide the other members of the team in transitioning the student back to activities. The amount and type of feedback reported by the student will be dependent on age and other factors. Therefore, it is recommended that students:

- Be educated about the prevention of head injuries.
- Be familiar with signs and symptoms that must be reported to the coach, certified athletic trainer, school nurse, parent/guardian, or other staff.
- Be made aware of the risk of concussion and be encouraged to tell their coach, parent/guardian, certified athletic trainer, school nurse or other staff members about injuries and symptoms they are experiencing.
- Be educated about the risk of severe injury, permanent disability, and even death that can occur with re-injury by resuming normal activities before recovering from a concussion.
- Follow instructions from their private healthcare provider.
- Be encouraged to ask for help and to inform teachers of difficulties they experience in class and when completing assignments.
- Encourage classmates and teammates to report injuries.
- Promote an environment where reporting signs and symptoms of a concussion is considered acceptable.

## Parent/Guardian

Parent/guardians play an integral role in assisting their child and are the primary advocate for their child. When their child is diagnosed with a concussion, it is important that the parent/guardian communicates with both the healthcare provider and the school. Understandably this is a stressful time for the parent/guardian as they are concerned about their child's well-being. Therefore, it is recommended that parents/guardians:

- Be familiar with the signs and symptoms of concussions. This may be accomplished by reading pamphlets, Web-based resources, and/or attending meetings prior to their child's involvement in interscholastic athletics.
- Be familiar with the Concussion Management and Awareness Act's requirement that any student believed to have suffered a concussion must immediately be removed from Athletic Activities (interscholastic sports).
- Be familiar with any concussion policies or protocols implemented by the school district and understand these policies are in place to protect their child.
- Be made aware that concussion symptoms that are not addressed can prolong concussion recovery.
- Provide any forms and written orders from the healthcare provider to the school in a timely manner.
- Monitor their child's physical and mental health as they transition back to full activity after sustaining a concussion.
- Report concerns to their child's private healthcare provider and the school, as necessary.
- Communicate with the school to assist in transitioning their child back to school after sustaining a concussion.
- Communicate with school staff if their child is experiencing significant fatigue or other symptoms at the end of the school day.
- Follow the private healthcare provider orders at home for return to activities.

## School Administrator/ Pupil Personnel Services Staff (PPS)

The school administrator and/or their designee, such as PPS staff, should ensure that the district's policies on concussion management are followed. The administrator may choose to designate a formal concussion management team to oversee that district policies are enforced, and protocols are implemented. Therefore, administrators should:

- Review the district's concussion management policy with all staff.
- Arrange for professional development sessions regarding concussion management for staff and/or parent meetings.
- Provide emergency communication devices for school activities.
- Provide guidance to district staff on districtwide policies and protocols for emergency care and transport of students suspected of sustaining a concussion.
- Develop plans to meet the needs of individual students diagnosed with a concussion in accordance with healthcare provider orders, and after consultation with the medical director, school nurse, or certified athletic trainer.
- Enforce district concussion management policies and protocols.
- Assign a staff member as a liaison to the parent/guardian. The liaison should contact the parent/guardian on a regular basis with information about their child's progress at school.
- Encourage parent/guardian to communicate to appointed district staff if their child is experiencing significant fatigue or other symptoms at the end of the day.
- Invite parent/guardian participation in determining their child's needs at school.
- Encourage parent/guardian to communicate with the private healthcare provider on the status of their child and their progress with return to school activity.
- Where appropriate, ask a parent/guardian to sign FERPA (Family Educational Rights and Privacy Act) release for district staff to provide information regarding the student's progress to the private healthcare provider.

## Medical Director

The district medical director who is a physician or nurse practitioner public school districts must employ to oversee school health services, plays a very important role in setting protocols and procedures related to identifying students who may have sustained a concussion, along with post-concussion management in school. Therefore, the medical director should:

- Collaborate with district administration in developing concussion management policies and protocols.
- Assist district staff by acting as a liaison to the student's healthcare provider and contacting that provider as necessary to discuss or clarify orders and plan of care.
- Attend 504 and CSE meetings when requested by 504 or CSE director.
- Review all healthcare providers' written clearance for students to begin graduated physical and cognitive activity unless the medical director chooses to delegate this to the school nurse or certified athletic trainer. If this task is delegated, the medical director should provide concise written protocols for the school nurse or certified athletic trainer to follow when accepting a private healthcare provider's clearance. Such protocols should specify the type of symptoms, medical history, and concussion severity, etc. that the medical director will need to personally review. This protocol may include permitting the school nurse or certified athletic trainer to act as the medical director's delegate to inform appropriate district staff of the student's return to activity.
- Clear all students returning to extra-class Athletic Activities (interscholastic sports) in accordance with Commissioner's regulations. This can be done at the discretion of the medical director either by reviewing a private healthcare provider's clearance, or personally assessing the student.
- Implement district policy on return to activities.
- Work with the Concussion Management Team to monitor the progress of individual students with protracted recovery, multiple concussions, and atypical recovery.
- Encourage school health personnel (school nurses, certified athletic trainers, and other licensed healthcare professionals) to collaborate and communicate with each other about any student who is suspected of having or is diagnosed with a concussion.
- Become educated in the use and interpretation of neurocognitive testing (e.g., IMPACT, Headminders, and ANAM), if such tests are utilized by the school district.
- Participate in professional development activities as needed to maintain knowledge base and keep practice current on concussion management.

## Private Healthcare providers/ Specialists

The private healthcare provider is vital to all the other Concussion Management Team members by providing orders and guidance that determine when the student can begin transitioning back to school and activities.

Due to the different laws that govern confidentiality of information, private healthcare providers and other specialists need to be aware that while they are governed by HIPAA (Health Insurance Portability and Accountability Act), districts are governed by FERPA. To send information to the district regarding the student, the provider will need parent/guardian consent. Likewise, a district must require a parent/guardian consent to release information to the provider. Further information on how these laws interact is available in the [Joint Guidance on the Application of HIPAA and FERPA to student health records](#)

Therefore, the provider should:

- Provide orders regarding restrictions and monitoring for specific symptoms that the provider should be made aware of by family and/or district staff members.
- Provide the district with a graduated return to both academic and physical activities schedule to follow or approve use of the district's graduated return to activity schedule if deemed appropriate.
- Readily communicate with the school nurse, certified athletic trainer, or medical director to clarify orders.
- Provide written signed orders to the district within 48 hours of giving verbal orders to school healthcare professionals.
- Provide written clearance for return to full activities. For a student to return to academic and Athletic Activities (interscholastic sports) after he or she sustained a concussion during school Athletic Activities (interscholastic sports), an evaluation must be completed by, written, and signed by a licensed physician to meet the requirements of the Concussion Management and Awareness Act.



## School Nurse

The school nurse (RN) is often the person who communicates with the private healthcare provider, medical director, parent/guardian, and district staff. Often, he/she is the district staff member who collects written documentation and orders from the healthcare provider. The school nurse also plays an integral role in identifying a student with a potential concussion. Additionally, they assess the student's progress in returning to school activities based on private healthcare provider orders or district protocol. Therefore, the school nurse should:

- Perform baseline validated neurocognitive computerized tests if permitted by district policy and credentialed in their use.
- Assess students who have suffered a significant fall or blow to the head or body for signs and symptoms of a concussion. Observe for late onset of signs and symptoms and refer as appropriate.
- Assess the student to determine if any signs and symptoms of concussion warrant emergency transport to the nearest hospital emergency room per district policy.
- Refer parents/guardians of students believed to have sustained a concussion to have the student evaluated by a healthcare provider. Alert parent/guardians of need for a physician evaluation if the concussion was sustained during Athletic Activities (interscholastic sports).
- Provide parents/guardians with oral and/or written instructions (best practice is to provide both) on observing the student for concussive complications that warrant immediate emergency care.
- Assist in the implementation of the private healthcare provider's or other specialist's requests for accommodations.
- Use the private healthcare provider's or other specialist's orders to develop an emergency care plan for staff to follow.
- Monitor and assess the student's return to school activities, assessing the student's progress with each step and communicating with the private healthcare provider or other specialist, medical director, certified athletic trainer, parent/guardian, and appropriate district staff when necessary.
- Collaborate with the district concussion management team in creating accommodations as requested by the private healthcare provider or other specialist if it is determined that a 504 plan is necessary.
- Review a private healthcare provider's or other specialist's written statement to clear a student to return to academic and/or physical activities (if the district's medical director has written a policy delegating this to the school nurse). Such protocols should specify the type of symptoms, medical history, and concussion severity etc. that the medical director will need to personally review. This protocol may include permitting the school nurse to act as the medical director's delegate to inform appropriate district staff of the student's return to activity.
- Perform post-concussion assessments or use validated neurocognitive computerized tests or other assessment tools, if credentialed or trained in

- their use, and provide the results to the private healthcare provider and/or district medical director to aid him/her in determining the student's status.
- Educate students and staff in concussion management and prevention.

School nurses must complete the Department-approved course\* for school nurses and athletic trainers every two (2) years. NYSED has approved the free web-based course, [CDC Heads Up to Clinicians Training Course](#)

Licensed healthcare professionals are encouraged to seek out further professional development on concussions.

*\*Note: This is not a NYS specific training video, therefore the scope of practice of certified athletic trainers and school nurses in NYS may differ from what is described in the training. Registered professional nurses, licensed practical nurses, and certified athletic trainers practicing in NYS must follow NYS laws regarding licensing and scope of practice.*

## Director of Physical Education and/or Athletic Director

The director of physical education (PE) provides leadership and supervision for PE class instruction, intramural activities, and interscholastic athletic competition within a school district's total physical education program. In some districts, there may be an athletic director solely in charge of the interscholastic athletic program. The director of physical education and/or the athletic director must be aware of district policies regarding concussion management. They should educate PE teachers, coaches, parents/guardians, and students about such policies. The director of PE and/or the athletic director often act as the liaison between district staff and coaches. Therefore, the director of PE and/or athletic director should:

- Ensure that pre-season consent forms include information from the NYSED Web site as required by the Concussion Management and Awareness Act, as well as information about the district's policies and protocols for concussion management.
- Offer annual educational programs to parents/guardians and student athletes that educate them about concussions.
- Inform the school nurse, certified athletic trainer, or medical director of any student who is suspected of having a concussion.
- Ensure that any student identified as potentially having a concussion is not permitted to participate in any Athletic Activities (interscholastic sports) until written clearance is received from the district medical director.
- Ensure that game officials, coaches, PE teachers, or parent/guardian are not permitted to determine whether a student with a suspected head injury can continue to play.
- Educate coaches each sports season on the school district's policies on concussions and care of injured students during interscholastic athletics, including when to arrange for emergency medical transport.
- Ensure NYSPHAA (New York State Public High School Athletic Association), PSAL (Public School Athletic League), and other NYS athletic associations' policies are followed and enforced for interscholastic athletics.
- Support staff implementation of graduated return to athletics protocol.
- Enforce district policies on concussions including training requirements for coaches, PE teachers, and certified athletic trainers in accordance with Commissioner's Regulation 135.4.
- If the district medical director has authorized the school nurse or certified athletic trainer to review and accept a private provider's clearance, that written policy should be made readily available to the athletic director, PE teachers, and coaches.

## Certified Athletic Trainer

A certified athletic trainer under the supervision of a qualified physician can assist the medical director and director of PE by identifying a student with a potential concussion. The certified athletic trainer can also evaluate the student diagnosed with a concussion in their progress in return to Athletic Activities (interscholastic sports) based on private healthcare provider orders and/or district protocol. They also play an integral role in ensuring the student athlete receives appropriate post-concussion care as directed by the student's healthcare provider. Therefore, certified athletic trainers should:

- Oversee student athletes taking baseline validated standardized computerized tests if permitted by district policy and credentialed in their use.
- Evaluate student athletes who may have suffered a significant fall or blow to the head or body for signs and symptoms of a concussion when present at athletic events. Observe for late onset of signs and symptoms and refer as appropriate.
- Evaluate the student to determine if any signs and symptoms of concussion warrant emergency transport to the nearest hospital emergency room per district policy.
- Refer parents/guardians of student athletes believed to have sustained a concussion to their healthcare provider for evaluation.
- Provide parents/guardians with oral and/or written instructions (best practice is to provide both) on observing the student for concussive complications that warrant immediate emergency care.
- Assist in implementation of the private healthcare provider's or other specialists' requests for accommodations.
- Monitor the student's return to school activities, evaluating the student's progress with each step, and communicating with the private healthcare provider or other specialist, medical director, school nurse, parent/guardian and appropriate district staff.
- Communicate with school personnel on a student's return to activity progress.
- Review a private physician's written statement to clear a student for return to activities (if the district's medical director has written a policy delegating this to the certified athletic trainer). Such protocols should specify the type of symptoms, medical history, and concussion severity etc. that the medical director will need to personally review. This protocol may include permitting the school nurse or certified athletic trainer to act as the medical director's delegate to inform appropriate district staff of the student's return to activity.
- May perform post-concussion observations or oversee student athletes taking validated standardized computerized tests if credentialed or trained in their use, and provide the results to the private healthcare provider and/or district medical director to aid him/her in determining the student's status.
- Educate students and staff in concussion management and prevention.

Certified athletic trainers in secondary schools must complete the Department-approved course\* for school nurses and certified athletic trainers every two (2) years.

NYSED has approved the free web-based course [CDC Heads Up to Clinicians Training Course](#).

Licensed healthcare professionals are encouraged to seek out further professional development on concussions.

*\*Note: This is not a NYS specific training video, therefore the scope of practice of certified athletic trainers and school nurses in NYS may differ from what is described in the training. Registered professional nurses, licensed practical nurses, and certified athletic trainers practicing in NYS must follow NYS laws regarding licensing and scope of practice.*

## Physical Education Teacher/ Coaches

Concussions often occur during Athletic Activities (interscholastic sports). Coaches are typically the only district staff at all interscholastic athletic practices and competitions. It is essential that coaches and physical education (PE) teachers are familiar with potential causes of concussions along with the signs and symptoms. Coaches and physical education teachers should always put the safety of the student first. Therefore, PE teachers and coaches should:

- Remove any student who has taken a significant blow to head or body or presents with signs and symptoms of a head injury immediately from play because the Concussion Awareness Management Act requires immediate removal of any student believed to have sustained a concussion.
- Contact the school nurse or certified athletic trainer (if available) for assistance with any student injury.
- Send any student exhibiting signs and symptoms of a more significant concussion (see page 5) to the nearest hospital emergency room via emergency medical services (EMS) or as per district policy.
- Inform the parent/guardian of the need for evaluation by their healthcare provider. The coach should provide the parent/guardian with written educational materials on concussions along with the district's concussion management policy.
- Inform the PE director, certified athletic trainer, the school nurse and/or medical director of the student's potential concussion. This is necessary to ensure that the student does not engage in activities at school that may complicate the student's condition prior to having written clearance by a healthcare provider.
- Ensure that students diagnosed with a concussion do not participate in any Athletic Activities (interscholastic sports) until, in conjunction with the student's physician, the PE teacher/coach has received written authorization from the medical director or their designee that the student has been cleared to participate.
- Assist the medical director, school nurse, and/or athletic trainer in the gradual return to activity protocols in accordance with district policy.
- Ensure that students diagnosed with a concussion do not substitute mental activities for physical activities unless healthcare provider clears the student to do so (e.g., Due to the need for cognitive rest, a student should not be required to write a report if they are not permitted to participate in PE class by their healthcare provider).

Complete the Department-approved course for coaches and PE teachers every two years. NYSED has approved the course [Concussion in Sports Training Course](#) these professions, which is a free web-based course that has been developed by the CDC and the National Federation of State High School Associations. District athletic personnel are encouraged to seek out further professional development on concussions.

## Teacher

Teachers can assist students in their recovery from a concussion by making accommodations that minimize aggravating symptoms so that the student has sufficient cognitive rest. Teachers should refer to district protocols and private healthcare provider orders in determining academic accommodations. Section 504 plans may need to be considered for some students with severe symptoms requiring an extended time frame for accommodations (see p. 10 for more information on 504 plans). Students spend most of the school day in classrooms. Therefore, Teachers should:

- Review the district’s concussion management policy.
- Attend professional development sessions regarding concussion management.
- Review the emergency care plan for the student with a concussion with the school nurse or medical director.
- Know signs and symptoms to observe for that warrant the student ceasing the activity and sending the student to the health office.
- Provide accommodations to the student in the classroom in alignment with the healthcare provider’s orders and direction from administration.
- Communicate with the assigned school liaison or directly to the parent/guardian about observations of the student in the classroom, including any concussive symptoms.
- Invite parent/guardian participation in determining their child’s needs at school.

Table 4 provides some of the areas of difficulties a student with a concussion may have, along with suggested accommodations.

**Table 4**<sup>7</sup>

<b>Problem Area</b>	<b>Problem Description</b>	<b>Accommodations</b>
<b>Expression</b>	<b>Word Retrieval:</b> May have trouble thinking of specific words (word finding problems) or expressing the specifics of their symptoms or functional difficulties	<ul style="list-style-type: none"> <li>• Allow students time to express themselves</li> <li>• Ask questions about specific symptoms and problems (i.e., are you having headaches?)</li> </ul>
<b>Comprehension</b>	<b>Spoken:</b> <ul style="list-style-type: none"> <li>• May become confused if too much information is presented at once or too quickly</li> <li>• May need extra time processing information to understand what others are saying</li> <li>• May have trouble following complex multi-step directions</li> <li>• May take longer than expected to respond to a question</li> </ul>	<ul style="list-style-type: none"> <li>• Speak slowly and clearly</li> <li>• Use short sentences</li> <li>• Repeat complex sentences when necessary</li> <li>• Allow time for students to process and comprehend</li> <li>• Provide both spoken and written instructions and directions</li> </ul>

<sup>7</sup> Adapted from the Center for Disease Control and Prevention, *Heads Up Facts for Physicians About Mild Traumatic Brain Injury*.

	<p><b>Written:</b></p> <ul style="list-style-type: none"> <li>• May read slowly</li> <li>• May have trouble reading material in complex formats or with small print</li> <li>• May have trouble filling out forms</li> </ul>	<ul style="list-style-type: none"> <li>• Allow students extra time to read and complete forms</li> <li>• Provide written material in simple formats and large print when possible</li> <li>• Have someone read the items and fill out the forms for students who are having trouble</li> <li>• Provide word prompts</li> <li>• Use of multiple choice responses need to be distinctly different.</li> </ul>
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More information on classroom accommodations can be found at:  
[Upstate Medical University Concussion in the Classroom](#)



# Resources

[American Association of Neurological Surgeons](#)

accessed 3/22/18

[Brain Injury Association of New York State](#)

accessed 3/22/18

[BrainSTEPS Pennsylvania- Strategies for Teaching Educators, Parents, & Students](#)

Accessed 3/22/18

[CDC Heads Up](#)

accessed 3/22/18 6/8/17

[Child Health Plus](#)

accessed 3/22/18

[2016 Consensus Statement on Concussion in Sport – The 5th International Conference](#)

accessed 3/22/18

[NYS Local Departments of Social Services](#)

accessed 3/22/18

[Nationwide Children’s Hospital- An Educator’s Guide to Concussions in the Classroom](#)

accessed 3/22/18

[NYS Department of Health TBI and Concussions](#)

accessed 3/22/18

[New York State Public High School Athletic Association, Safety and Research](#)

accessed 3/22/18

[Upstate Medical University Concussion in the Classroom](#)

accessed 3/22/18