Cleveland Hill UFSD

CONCUSSION GUIDELINES AND PROCEDURES

Mr. Jason Przybysz
Director Athletics, Physical Education and Health
716-836-7200
105 Mapleview Rd
Cheektowaga,NY 14225

Cleveland Hill School District: CONCUSSION GUIDELINES AND PROCEDURES

Education

Concussion education shall be provided for all administrators, teachers, coaches, school nurses, and athletic trainers. Education of parents should be accomplished through preseason meetings for sports and/ or information sheets provided to parents. Education will include, but not be limited to the definition of concussion, signs and symptoms of concussion, how concussions may occur, why concussions are not detected with CT Scans or MRI's, management of the injury and the protocol for return to school and return to activity or interscholastic athletics. The protocols will cover all students returning to school after suffering a concussion regardless if the accident occurred outside of school or while participating in a school activity.

Cleveland Hill Concussion Management Team Goals and Procedure

The District will assemble a concussion management team (CMT). The purpose of CMT is to formulate and review concussion procedures annually, utilizing best practice standards. Educate school personnel including; interscholastic athletic personnel (coaches, trainers, clinicians), physical education teachers, school nurses, administrators, teachers and staff as well as families in current concussion management procedures. All school personnel will assist with recognition of an individual with a concussion, apply guidelines for appropriate response, understand the dangers of inappropriate actions and following correct procedures for return to school and sport participation are desired outcomes.

Medical management of concussions is evolving. There is a significant amount of research into sport-related concussion and how to best manage head injuries. Cleveland Hill UFSD seeks to provide education and best practices for all personnel working with our students. Providing a safe return to activity after an injury is of the highest priority, especially after a concussion. In order to effectively and consistently

manage these injuries, procedures have been developed to aid in ensuring that concussed students are identified, treated and referred appropriately; receive appropriate follow-up medical care, academic assistance and are fully recovered prior to returning to pre-concussion level of activity.

The District's CMT should coordinate training for all physical education teachers and coaches. Training will consist of a mandatory approved course on concussion management on a biennial basis and the certificate will be kept on file at the school. Training should include: signs and symptoms of concussions, post concussion and second impact syndromes, return to play and school protocols, and available area resources for concussion management and treatment. Particular emphasis should be placed on the fact that no athlete will be allowed to return to play the day of injury and also that all athletes should obtain appropriate medical clearance prior to returning to play or school.

Cleveland Hill Concussion Management Team

Mark Costanza - MD; Cleveland Hill Medical Director
Michael Lobuzzetta - Principal, Cleveland Hill High School
Jason Przybysz - Director of Athletics, Physical Education and Health
Erin Lepsch - RN, Cleveland Hill School Nurse.
Merle Cortellucci - MS, ATC, Athletic Training Manager UBMD Orthopedics and Sports Medicine

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I. Concussion Prevention:

A. Although concussions may always be present in athletics, the Cleveland Hill UFSD can help to minimize the risk by:

1. Education of school personnel; Interscholastic athletic personnel (coaches), physical education teachers, school nurses, teachers, administrators, supervisors/support staff and parents/guardians.
    - Ensure proper fitted equipment
    - Check that equipment hasn't been modified or altered
    - Obey safety regulations and training progressions
    - Play with good sportsmanship
2. Concussion information can be found:
    - The Cleveland Hill UFSD Concussion Guidelines and Procedures
    - NYSPHSAA website: www.nysphsaa.org
    - NYS Education Department website: www.nysed.gov
    - Center for Disease Control website: www.cdc.gov/concussion
    - Cleveland Hill Parent, Athlete and Coaches preseason meetings
        - Cleveland Hill website: clevehill.org

II. Recognition of Concussion:

A. Common signs and symptoms of concussion

1. Signs (observed by others):

a. Individual appears:

i. Dazed or stunned
ii. Confused (about assignment, plays, etc.)
iii. Forgets plays
iv. Unsure about game, score, opponent
v. Moves clumsily (altered coordination)

b. Individual may also exhibit:

i. Balance problems
ii. Personality change
iii. Responds slowly to questions
iv. Forgets events prior to hit
v. Forgets events after the hit

vi. Loss of consciousness (any duration)

2. Symptoms (reported by individual)

i. Headache
ii. Fatigue
iii. Nausea or vomiting
iv. Double or blurry vision
v. Sensitive to light or noise
vi. Sluggishness
vii. Fogginess
viii. Problems concentrating
ix. Problems remembering

These signs and symptoms are indicative of probable concussion. Other causes for symptoms should also be considered.

B. Cognitive impairment (altered or diminished cognitive function)

1. General cognitive status can be determined by interactions and observation.
   a. UB Orthopedic and Sports Medicine Athletic Trainer may utilize advanced testing techniques.
   b. Nursing Personnel who identify individuals with potential concussions should refer the child to their Primary Care Physician for evaluation.
   c. Assessment tools SCAT 6

SCAT 6

The Sport Concussion Assessment Tool 3 (SCAT 6) will be used for immediate assessment by the ATC. Coaches will be trained to use the tool in the event that a concussion is suspected and the ATC is not present. District accident/incident reports are to be filled out by an adult present at the time of injury and submitted to the school nurse.

III. Management and Referral Guidelines:

A. Suggested Guidelines for Management of any head injury.

1. Any student with a loss of consciousness (LOC) of any duration should be transported immediately to the nearest emergency department via emergency vehicle.
2. Any student who has symptoms of a concussion, who is not stable (ie: condition is changing or deteriorating), should be transported immediately to the nearest emergency department via emergency vehicle.
3. Any student who exhibits any of the following symptoms should be transported immediately to the nearest emergency department via emergency vehicle.
   - Deterioration of neurological function
   - Decreasing level of consciousness

- Decreasing or irregularity in respirations
- Decreasing or irregularity in pulse
- Unequal, dilated or pupils not reacting
- Any signs or symptoms of associated injuries; spine or skull fracture or bleeding
- Mental status changes: lethargy, difficulty maintaining arousal, confusion or agitation
- Seizure activity
- Cranial nerve deficits

4. Any student experiencing residual symptoms may be transported by ambulance for evaluation in the emergency department.

IV. Procedures for the Athletic Trainer, Coach(es), and School Nurse:
(Students participating in interscholastic sports)

A. When available, the ATC will assess the injury or provide guidance to the coach if unable to personally attend to the athlete.
   1. Immediate referral to the athlete's primary care physician or to the hospital when medically appropriate.
      - Notify the athlete's parent(s)/guardian(s).
      - The coach should notify the school nurse and the Athletic Director of the injury so that the school nurse can initiate appropriate follow-up in school immediately upon the athlete's return to school.
   2. The Athletic staff may continue to provide coordinated care with the school nurse (RN) for the duration of the injury.
   3. The school nurse may communicate with the athlete's guidance counselor regarding the athlete's neurocognitive and recovery status, if needed.

B. Recognize/Remove/Refer
   1. Recognize Concussion
      - All coaches should become familiar with the signs and symptoms of concussion that are described in Section I.
      - When no ATC present, All coaches should use the NYSPHSAA Concussion Checklist if there is any concern that a concussion may have taken place.
   2. Remove from Activity
      - If a coach suspects the athlete has sustained a concussion, the athlete should be removed from the activity until further evaluation.
      - Any athlete who exhibits signs or symptoms of a concussion should be removed immediately, observed, and SHOULD NOT be allowed to return to activity that day.
   3. Refer the Athlete for Medical Evaluation
      - Coaches and ATC should report all head injuries to the Cleveland Hill UFSD Athletic Director and School Nurse as soon as possible.

This will begin medical observation, management, coordination of home instructions, academic modification (if needed in school) and follow-up care.

- If available coaches should seek the assistance of the Athletic Trainer (home or away).
- If the Cleveland Hill ATC is unavailable the coach is responsible for notifying the athlete's parent(s)/guardian(s) of the injury and to make arrangements to meet the student.

Nursing Personnel:
Students sustaining injury to the head during the school day:

1. The student should not be moved until a clear history of the mechanism of injury is obtained.
2. If mechanism of injury is uncertain or unknown, or concern with injury to the neck/spine exists, EMS may be contacted; the nurse should remain with the student, with careful attention to assessment of airway, breathing and maintenance of c-spine stabilization.
3. Nursing assessment of the student should be conducted.
4. Parent(s)/Guardian(s) should be contacted.
5. Serial vital sign and neurostatus assessment should be completed.
6. Any student with head injury in school is referred to their physician for evaluation.
7. Nurse should provide head injury recommendations to the parent/guardian.
8. Documentation of the above should be made.

V. Guidelines for Physical Education Staff:

1. Summon school nurse to the area of incident. Identify the student by name and describe what happened to include the fact that the student may have sustained a head injury.
2. Do not move the student
3. Remove unnecessary traffic to the area. Afford privacy to the student.
4. Enact School District Emergency Action Plan (Hold In-Place)
5. Stay with the student until the nurse arrives.
6. Be prepared to report the mechanism of injury.
7. Remain with the student with careful attention to airway, breathing and maintenance of c-spine stabilization.
8. Complete incident report as indicated for injury.

VI. Follow-up Care for the Student During the School Day:

A. Responsibilities of the school nurse after notification of student's head injury:

1. Student may be instructed to report to the school nurse upon returning to school. At that point, the school nurse should:
    i. Assess the student's neurologic status utilizing the NYSPHSAA Checklist.

ii. If needed, refer to the school psychologist/guidance counselor to develop a plan for academic return to school.
iii. If needed, refer for 504/CSE for accommodations based on severity of injury and needs for academic support.

2. Indicate the students' condition on email to notify related teachers and guidance counselors, including the administrative team.
3. If needed, develop an Individualized Health Care Plan for the student and share with staff accordingly.
4. Notify the student's physical education teacher that the student is removed from all physical activities until further notice and as ordered by the treating physician.
5. If the nurse receives notification of a student-athlete who has sustained a concussion from someone other than the school personnel (athlete's parent/guardian, athlete, physician note), the Athletic Department and relevant staff should be notified, so that an appointment for follow-up can be made.
6. Monitor the student during the school day.

B. Responsibilities of student's guidance counselor
1. If needed, recommend appropriate academic accommodations for students who are exhibiting symptoms of post-concussion syndrome.
2. Communicate with the school health office to provide the most effective care for the student.

VII. Return to Play (RTP) and Physical Education Procedures for Student Athletes:

A. Returning to participation in Physical Education:
1. Non-athlete will resume Physical Education once a physician has cleared them.
2. No return to play protocol is necessary for a non-athlete returning to Physical Education.

B. Returning to participation on the same day of injury.
1. As previously mentioned in this document an athlete who exhibits signs or symptoms of a concussion, SHOULD NOT be permitted to return to play on the same day of the injury. Any athlete who denies symptoms but raises concerns of the staff should be held out of activity.
2. "When in doubt hold them out".

C. Return to Play

Return to play following a concussion involves a stepwise progression once the individual is symptom free. There are many risks to premature return to play including: a greater risk for a second concussion because of a lower concussion threshold, second impact syndrome (abnormal brain blood flow that can result in death), exacerbation of any current symptoms, and possibly increased risk for additional injury due to alteration in balance. These New York State Public High School Athletic Association (NYSPSHAA) current returns to play recommendations are based on the most recent international expert opinion.* No student athlete should return to play while symptomatic. Students are prohibited from returning to play the day the concussion is sustained. If there is any doubt as to whether a student has sustained a concussion, it

should be treated as a concussion. Once the student athlete is symptom free at rest for 24 hours and has a signed release by the treating Physician, the athlete may begin the return to play progression below (provided there are no other mitigating circumstances).

Phase 1- low impact, non-strenuous, light aerobic activity such as walking or riding a stationary bike. If tolerated without return of symptoms over a 24-hour period proceed to;

Phase 2- higher impact, higher exertion, and moderate aerobic activity such as running or jumping rope. No resistance training. If tolerated without return of symptoms over a 24 hour period proceed to;

Phase 3- Sport specific non-contact activity. Low resistance weight training with a spotter. If tolerated without return of symptoms over a 24 hour period proceed to;

Phase 4- Sport specific activity, non-contact drills. Higher resistance weight training with a spotter. If tolerated without return of symptoms over a 24 hour period proceed to;

Phase 5- Full contact training drills and intense aerobic activity. If tolerated without return of symptoms over a 24 hour period proceed to;

Phase 6- Return to full activities without restrictions.

Each phase should take 24 hours so that an athlete would take approximately one week to proceed through the full rehabilitation protocol once they are asymptomatic at rest and with provocative exercise. If any post concussion symptoms occur while in the stepwise program, then the student should drop back to the previous asymptomatic level and try to progress again after a further 24-hour period of rest has passed. [These NYSPHSAA current return to play recommendations are based on the most recent international expert opinion.*]

Approved by the Cleveland Hill UFSD Concussion Management Team:

Marl Cortellucci MD — Cleveland Hill UFSD Physician — 4-19-2026 (Date)

Marla Cortellucci — Athletic Trainer or Supervisor — 04/14/2026 (Date)

[signature] — Cleveland Hill UFSD High School Principal — 4/20/26 (Date)

[signature] — Cleveland Hill UFSD Director of Athletics — 4/20/26 (Date)

[signature] — Cleveland Hill UFSD High School Nurse — 4/20/26 (Date)