The Region 15 Board of Education recognizes that concussions and head injuries are commonly reported injuries in children and adolescents who participate in sports and recreational activities and can have serious consequences if not managed carefully.

The Board understands that the proper and continuing education of coaches, physical educators, other school personnel, parent/guardians, and student athletes is essential not only to preventing head injuries, but also in recognizing the related symptoms in order to see treatment. The Board also recognizes that concussions can impact the academic ability of students during rehabilitation and management of the injury.

Legal References
Report by Commissioner of Public Health.

Adopted: 11 June 2018
**Region 15’s Administrative Regulations Regarding Concussion Management And Training For Athletic Coaches**

For purposes of these administrative regulations concerning training regarding concussions and head injuries, the term “coach” means any person who holds or is issued a coaching permit by the Connecticut State Department of Education and who is hired by the Region 15 Board of Education to coach intramural or interscholastic athletics.

**Mandatory Training Concerning Concussions**

1. Any coach of intramural or interscholastic athletics, who holds or is issued a coaching permit, must, before commencing his/her coaching assignment for the season, complete an initial training course concerning concussions, which are a type of brain injury. This training course must be approved by the State Department of Education.

2. Coaches must provide proof of initial course completion to the Athletic Director or his/her designee prior to commencing their coaching assignments for the season in which they coach.

3. One year after receiving an initial training, and every year thereafter, coaches must review current and relevant information regarding concussions prior to commencing their coaching assignments for the season. This current and relevant information shall be that approved by the State Department of Education. Coaches need not review this information in the year they are required to take a refresher course, as discussed below.

4. Coaches must complete a refresher course concerning concussions and head injuries not later than five (5) years after receiving their initial training course, and once every five (5) years thereafter. Coaches must provide proof of refresher course completion to the Athletic Director or his/her designee prior to commencing their coaching assignments for the season in which they coach.

5. The Board shall consider a coach as having successfully completed the initial training course regarding concussions and head injuries if such coach completes a course that is offered by the governing authority for intramural and interscholastic athletics and is substantially similar, as determined by the Department of Education, to the training course required by subsection 1 of these administrative regulations, provided such substantially similar course is completed on or after January 1, 2010, but prior to the date the State Board of Education approves the training course discussed in subsection 1 of these administrative regulations.

**Concussion Management**

1. Any coach of any intramural or interscholastic athletics shall immediately remove a student athlete from participating in any intramural or interscholastic athletic activity who:

   a. is observed to exhibit signs, symptoms or behaviors consistent with a concussion following an observed or suspected blow to the head or body; or
   
b. is diagnosed with a concussion, regardless of when such concussion may have occurred.
2. Upon removal from participation, a school principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, or coach shall notify the student athlete's parent or legal guardian that the student athlete has exhibited such signs, symptoms or behaviors consistent with a concussion or has been diagnosed with a concussion. Such principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, or coach shall provide such notification not later than twenty-four (24) hours after such removal and shall make a reasonable effort to provide such notification immediately after such removal.

3. The coach shall not permit such student athlete to participate in any supervised team activities involving physical exertion, including, but not limited to, practices, games or competitions, until such student athlete receives written clearance to participate in such supervised team activities involving physical exertion from a licensed health care professional trained in the evaluation and management of concussions.

4. Following receipt of clearance, the coach shall not permit such student athlete to participate in any full, unrestricted supervised team activities without limitations on contact or physical exertion, including, but not limited to, practices, games or competitions, until such student athlete:
   a. no longer exhibits signs, symptoms or behaviors consistent with a concussion at rest or with exertion; and
   b. receives written clearance to participate in such full, unrestricted supervised team activities from a licensed health care professional trained in the evaluation and management of concussions.

5. The Board shall prohibit a student athlete from participating in any intramural or interscholastic athletic activity unless the student athlete, and a parent or guardian of such athlete, receives training regarding the concussion education plan developed or approved by the State Board of Education by:
   a. reading written materials;
   b. viewing online training videos; or
   c. attending in-person training regarding the concussion education plan developed or approved by the State Board of Education.

6. The Board shall annually provide each participating student athlete's parent or legal guardian with a copy of an informed consent form approved by the State Board of Education and obtain the parent or guardian's signature, attesting to the fact that such parent or guardian has received a copy of such form and authorizes the student athlete to participate in the athletic activity.

Reporting Requirements

1. The school principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, or coach who informs a student athlete's parent or guardian of the possible occurrence of a concussion shall also report such incident to the nurse supervisor or designee.
2. The nurse supervisor, or designee, shall follow-up on the incident with the student and/or the 
student’s parent or guardian and maintain a record of all incidents of diagnosed concussions. 
Such record shall include, if known:
   
a. The nature and extent of the concussion; and
b. The circumstances in which the student sustained the concussion.

3. The nurse supervisor, or designee, shall annually provide such record to the State Board of 
Education.

Miscellaneous

1. For purposes of these administrative regulations, “licensed health care professional” means a 
physician licensed pursuant to Chapter 370 of the Connecticut General Statutes, a physician 
assistant licensed pursuant to Chapter 370 of the Connecticut General Statutes, an advanced 
practice registered nurse licensed pursuant to Chapter 378 of the Connecticut General Statutes, 
or an athletic trainer licensed pursuant to Chapter 375a of the Connecticut General Statutes.

2. Should a coach fail to adhere to the requirements of these administrative regulations, the coach 
may be subject to discipline up to and including termination, as well as permit revocation by the 
State Board of Education.

Legal References

   Report by Commissioner of Public Health.

Adopted: 11 June 2018
What is a Concussion?
National Athletic Trainers Association (NATA) - A concussion is a “trauma induced alteration in mental status that may or may not involve loss of consciousness.”

Centers for Disease Control and Prevention (CDC) - “A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, stretching and damaging the brain cells and creating chemical changes in the brain.” -CDC, Heads Up: Concussion.  http://www.cdc.gov/headsup/basics/concussion_whatis.html

“Even a ‘ding,’ ‘getting your bell rung,’ or what seems to be mild bump or blow to the head can be serious.” -CDC, Heads Up: Concussion Fact Sheet For Coaches http://www.cdc.gov/headsup/pdfs/custom/headsupconcussion_fact_sheet_coaches.pdf

Section 1. Signs and Symptoms of a Concussion: Overview
A concussion should be suspected if any one or more of the following signs or symptoms are present, or if the coach/evaluator is unsure, following an impact or suspected impact as described in the CDC definition above.

Signs of a concussion may include (i.e. what the athlete displays/looks like to an observer):
- Confusion/disorientation/irritability
- Trouble resting/getting comfortable
- Lack of concentration
- Slow response/drowsiness
- Incoherent/slurred speech
- Slow/clumsy movements
- Loss of consciousness
- Amnesia/memory problems
- Acts silly, combative or aggressive
- Repeatedly asks the same questions
- Dazed appearance
- Restless/irritable
- Constant attempts to return to play
- Constant motion
- Disproportionate/inappropriate reactions
- Balance problems

Symptoms of a concussion may include (i.e. what the athlete reports)
- Headache or dizziness
- Nausea or vomiting
- Blurred or double vision
- Oversensitivity to sound/light/touch
- Ringing in ears
- Feeling foggy or groggy

State law requires that a coach MUST immediately remove a student-athlete from participating in any intramural or interscholastic athletic activity who: a) is observed to exhibit signs, symptoms or behaviors consistent with a concussion following a suspected blow to the head or body, or b) is diagnosed with a concussion, regardless of when such concussion or head injury may have occurred. Upon removal of the athlete, a qualified school employee must notify the parent or legal guardian within 24 hours that the student athlete has exhibited signs and symptoms of a concussion.
Section 2. Return to Play (RTP) Protocol Overview
Currently, it is impossible to accurately predict how long an individual’s concussion will last. There must be full recovery before a student-athlete is allowed to resume participating in athletic activity. Connecticut law now requires that no athlete may resume participation until she/he has received written medical clearance from a licensed health care professional (physician, physician assistant, advanced practice registered nurse [APRN], athletic trainer) trained in the evaluation and management of concussions.

Return to Play Concussion Management Requirements:
1. No athlete shall return to participation in the athletic activity on the same day of a concussion.
2. If there is any loss of consciousness, vomiting or seizures, the athlete MUST be transported immediately to the hospital.
3. Close observation of an athlete MUST continue following a concussion. The athlete should be monitored following the injury to ensure that there is no worsening/escalation of symptoms.
4. Any athlete who returns to play and has signs or symptoms related to a concussion MUST be evaluated by a licensed health care professional (physician, physician assistant, advanced practice registered nurse [APRN], athletic trainer) trained in the evaluation and management of concussions.
5. The athlete MUST obtain an initial written clearance from one of the license health care professionals identified above directing her/him into a well-defined RTP stepped protocol similar to the one outlined below. If at any time signs or symptoms return during the RTP progression, the athlete should cease activity.
6. After the RTP protocol has been successfully administered (no longer exhibits any signs or symptoms or behaviors consistent with concussions), final written medical clearance is required by one of the licensed health care professionals identified above for the athlete to fully return to unrestricted participation in practices and competitions.

Medical Clearance RTP protocol (at least one full day between steps recommended)

<table>
<thead>
<tr>
<th>Rehabilitation stage</th>
<th>Functional exercise at each stage of rehabilitation</th>
<th>Objective of each stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No activity</td>
<td>Complete physical and cognitive rest until asymptomatic; School activities may need to be modified</td>
<td>Recovery</td>
</tr>
<tr>
<td>2. Light aerobic exercise</td>
<td>Walking, swimming or stationary cycling maintaining intensity at less than 70% of maximal exertion; no resistance training</td>
<td>Increase heart rate</td>
</tr>
<tr>
<td>3. Sport-specific exercise No contact</td>
<td>Skating drills in ice hockey, running drills in soccer; no head impact activities</td>
<td>Add movement</td>
</tr>
<tr>
<td>4. Non-contact sport drills</td>
<td>Progression to more complex training drills, such as passing drills in football and ice hockey; may start progressive resistance training</td>
<td>Exercise, coordination and cognitive load</td>
</tr>
<tr>
<td>5. Full contact sport drills</td>
<td>Following final medical clearance, participate in normal training activities</td>
<td>Restore confidence and assess functional skills by coaching staff</td>
</tr>
<tr>
<td>6. Full activity</td>
<td>No restrictions</td>
<td>Return to full athletic performance</td>
</tr>
</tbody>
</table>

*If at any time signs or symptoms should worsen during the RTP progression, the athlete should stop activity that day. If the athlete’s symptoms are gone the next day, s/he may resume the RTP progression at the last step completed in which no symptoms were present. If symptoms return and do not resolve, the athlete should be referred back to her/his medical provider.*
Section 3. Head Injuries
Injuries to the head include:

- **Concussions:** See information above. There are several head injuries associated with concussions which can be sever in nature including:
  - Second Impact Syndrome - Athletes who sustain a concussion and return to play prior to being recovered from the concussion are also at risk for Second Impact Syndrome (SIS), a rare but life-altering condition that can result in rapid brain swelling, permanent brain damage, or death; and
  - Post Concussion Syndrome - a group of physical, cognitive, and emotional problems that can persist for weeks, month, or indefinitely after a concussion.
- **Scalp Injury:** Most head injuries only damage the scalp (a cut, scrape, bruise, or swelling). Big lumps (bruises) can occur with minor injuries because there is a large blood supply to the scalp. For the same reason, small cuts on the head may bleed a lot. Bruises on the forehead sometimes cause black eyes 1 to 3 days later because the blood spreads downward by gravity;
- **Skull Fracture:** Only 1% to 2% of children with head injuries will get a skull fracture. Usually, there are not other symptoms except for a headache at the site where the head was hit. Most skull fractures occur without any injury to the brain and they heal easily;
- **Brain Injuries:** Most brain injuries are rare but are recognized by the presence of the following symptoms:
  1. Difficult to awaken or keep awake, or
  2. Confused thinking and talking, or
  3. Slurred speech, or
  4. Weakness of arms or legs, or
  5. Unsteady walking

References:


Resources:

I have read and understand the Student and Parent Concussion Informed Consent Form and the attached Region 15 Board of Education Policy regarding concussions and understand the severities associated with concussions and the need for immediate treatment of such injuries.

**Student Information:**

Student name:___________________________________________ Date: ___________________(print name)

School: __________________________ Grade: _________________

Student Signature:________________________________________

This consent form is for:

Fall Sports _________  Winter Sports _________  Spring Sports __________

**Parent/Guardian Information:**

Parent/Guardian name:______________________________________ Date: _________________(print name)

Address: __________________________________________________________________________

Phone Number: _________________________________

Parent/Guardian Signature:__________________________________