

SPRAGUE SCHOOL DISTRICT  
Baltic, Connecticut

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 Sprague 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 Sprague Board of Education 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 Sprague Board of Education 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 Sprague Board of Education 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

Conn. Gen. Stat. § 10-149b. Training courses for coaches re concussions and head injuries.

Conn. Gen. Stat. § 10-149c. Student athletes and concussions. Removal from athletic activities.

Public Act 14-66, “An Act Concerning Youth Athletics And Concussions”

Adopted: Sept. 7, 2011  
Revised: June 10, 2015  
Revised: December 2, 2015

Sayles School  
Student and Parent Concussion Informed Consent Form  
2015-16

This consent form was developed to provide students, parents and legal guardians with current and relevant information regarding concussions and to comply with Connecticut General Statutes (C.G.S.) Chapter 163, Section 149b: *Concussions: Training courses for coaches. Education plan. Informed consent form. Development or approval by State Board of Education. Revocation of coaching permit*; and Section 10-149c: *Student athletes and concussions. Removal from athletic activities. Notification of parent or legal guardian. Revocation of coaching permit.*

**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\\_what.html](http://www.cdc.gov/headsup/basics/concussion_what.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](http://www.cdc.gov/headsup/pdfs/custom/headsupconcussion_fact_sheet_coaches.pdf)

**Section 1. Concussion Education Plan Summary**

The Concussion Education Plan and Guidelines for Connecticut Schools was approved by the Connecticut State Board of Education in January 2015. Below is an outline of the requirements of the Plan. The complete document is accessible on the CSDE Web site: <http://www.sde.ct.gov/sde/cwp/view.asp?a=2663&q=335572>

State law requires that each local and regional board of education must approve and then implement a concussion education plan by using written materials, online training or videos, or in-person training that addresses, at a minimum, the following:

1. The recognition of signs or symptoms of a concussion.
2. The means of obtaining proper medical treatment for a person suspected of sustaining a concussion.
3. The nature and risks of concussions, including the danger of continuing to engage in athletic activity after sustaining a concussion.
4. The proper procedures for allowing a student-athlete who has sustained a concussion to return to athletic activity.
5. Current best practices in the prevention and treatment of a concussion.

**Section 2. 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 | • Acts silly, combative or aggressive      |
| • Trouble resting/getting comfortable   | • Repeatedly asks the same questions       |
| • Lack of concentration                 | • Dazed appearance                         |
| • Slow response/drowsiness              | • Restless/irritable                       |
| • Incoherent/slurred speech             | • Constant attempts to return to play      |
| • Slow/clumsy movements                 | • Constant motion                          |
| • Loss of consciousness                 | • Disproportionate/inappropriate reactions |
| • Amnesia/memory problems               | • Balance problems                         |

**Symptoms of a concussion may include (i.e. what the athlete reports)**

- |                            |  |
|----------------------------|--|
| • Headache or dizziness    | • Oversensitivity to sound/light/touch |
| • Nausea or vomiting       | • Ringing in ears                      |
| • Blurred or double vision | • 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.

**Student and Parent Informed Consent Form - Page 2 of 2**

**Section 3. 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.

**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 with 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)**

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

\*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, she/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 4. Local/Regional Board of Education Policies Regarding Concussions**

\*\*\*\*\* Attach local or regional board of education concussion policies \*\*\*\*\*

**I have read and understand the Student and Parent Concussion Informed Consent Form and the attached board of education policies regarding concussions and understand the severities associated with concussions and the need for immediate treatment of such injuries.**

Student name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Print Name)

I authorize my child to participate in \_\_\_\_\_ for school year \_\_\_\_\_  
(Sport/Activity)

Parent/Guardian name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Print Name)

**References:**

1. NFHS. Concussions. 2008 NFHS Sports Medicine Handbook (Third Edition). 2008: 77-82. <http://www.nfhs.org>. [http://journals.lww.com/cisportsmed/Fulltext/2009/05000/Consensus\\_Statement\\_on\\_Concussion\\_in\\_Sport.3rd.1.aspx](http://journals.lww.com/cisportsmed/Fulltext/2009/05000/Consensus_Statement_on_Concussion_in_Sport.3rd.1.aspx).
2. CDC. *Heads Up: Concussion in High School Sports*. [http://www.cdc.gov/NCIPC/tbi/Coaches\\_Tool\\_Kit.htm](http://www.cdc.gov/NCIPC/tbi/Coaches_Tool_Kit.htm).
3. CIAC Concussion Central - <http://concussioncentral.ciacsports.com/>.

**Resources:**

- CDC. *Injury Prevention & Control: Traumatic Brain Injury*. Retrieved on June 1, 2015. <http://www.cdc.gov/TraumaticBrainInjury/index.html>
- CDC. *Heads Up: Concussion in High School Sports Guide for Coaches*. Retrieved on June 1, 2015. <http://www.cdc.gov/headsup/highschoolsports/coach.html>
- CDC. *Heads Up: Concussion* materials, fact sheets and online courses. Retrieved on June 6, 2015. <http://www.cdc.gov/headsup/>