

LANSING CENTRAL SCHOOL DISTRICT
CONCUSSION MANAGEMENT PROTOCOL

Concussion is defined as a brain injury that is characterized by an onset of impairment of cognitive and/or physical functioning, and is caused by a blow to the head, face or neck, or a blow to the body that causes a sudden jarring of the head (i.e., a helmet to the head, being knocked to the ground). A concussion can occur with or without a loss of consciousness, and proper management is essential to the immediate safety and long-term future of the injured individual.

CONCUSSION MANAGEMENT TEAM

The Lansing Central School District is committed creating and maintaining a safe environment to reduce the risk of head injuries in the school setting and during district sponsored events. The Concussion Management and Awareness Act shall be implemented by the Concussion Management Team. The New York State Department of Education “Guidelines for Concussion Management in the School Setting” will be used as a resource and followed.

The Concussion Management Team (“CMT”) shall be appointed by the Superintendent and shall consist of the Athletic Director, the School Nurses, the District Coordinator of Health Services, the School Physician, an Athletic Trainer, an Administrator, a Guidance Counselor and any other person whom the Superintendent determines will assist the CMT in its actions. Each building will designate a CMT leader. The CMT will meet as needed. The CMT meetings will be documented on the Concussion Management Plan form. *(See Appendix A)*

The responsibilities of the CMT include providing and/or oversight of education for students, parents and guardians, and school personnel regarding prevention of concussion, recognition of concussion symptoms, removal from athletic activities, monitoring of students diagnosed with a head injury, and the treatment and return to athletic activity guidelines for students who have sustained concussions.

The treatment of students who have sustained concussions includes implementation of guidelines pertaining to academic modifications and physical activity as prescribed by a licensed physician and consistent with the LCSD protocol for return to the applicable curricular or extracurricular physical activity.

The CMT shall meet at least once a year to evaluate this protocol and training materials, concussion reporting, and concussion management. In addition, the CMT shall assist in

developing any concussion reporting, management, and review protocols that may be needed beyond those set forth in this protocol.

Concussion Management Team Members and Roles Overview:

- *Building Nurse:* CMT building leader, regular assessment of concussed athlete. Liaison between physicians, school personnel and parents. Case manager.
- *Athletic Director:* Liaison between coaches, Athletic Trainer, school nurses and other team members for sports related concussions. Assists in the development and monitors return to play protocol for each concussed athlete. Oversees and enforces Return to Play protocol.
- *Coach:* Daily contact with athlete; observer of interscholastic athletic injuries; communicates all injuries to AD, school nurse, parents. Implements Return to Play protocol after medical clearance obtained from physician.
- *Guidance counselor:* Develops and monitors plan for academic accommodations. Communicates between teachers, school nurse, parents.
- *Athletic Trainer:* Evaluation of athletes, liaison between coaches and school nurses. Oversees and enforces Return to Play protocol.
- *School Physician:* Oversight of Concussion Management Plan. Final approval of Return to Play protocols.
- *Student/Parent/Guardian:* Communicate history of concussion and symptoms of a concussion to school personnel on-going basis (nurse, coach, etc), provides copy of medical evaluation to school nurse after an injury, student participates in symptom evaluation and return to play protocol.
- *Administrator:* Ensure all members of the CMT are actively involved, oversees all areas
- *Teacher(s):* Implement academic accommodations plan, communicate with regarding progress/toleration to school nurse and guidance counselor.
- *District Health Coordinator:* Liaison between AD, school nurses, physicians and ATC

*See Appendix: B-School Nurse C-Athletic Director D-Guidance Counselor
E-Athletic Trainer F-School Physician G-Coach
H-Student/Parent/Guardian I-Administrator*

MANDATORY CONCUSSION TRAINING

The CMT shall develop concussion training plan for school personnel, student-athletes, and parents/guardians of student-athletes.

- ***Coaches/Assistant coaches/Volunteer Coaches/PE Teachers***
Training: CDC Coaches Online Training Video-*Heads Up, Concussions in Youth Sports*
(www.cdc.gov/concussions/HeadsUp.online_training.html)
Mandatory Sports Pre-pre-participation

- **Athletes**
Training: Mandatory Sports Pre-Participation Presentation, CDC-Fact Sheet for Athletes
- **Parents** -emphasis on district protocol and how concussions are managed
Training: Mandatory Sports Pre-Participation Presentation, CDC-Facts for Parents, CDC Online Training (youth in sports)
- **Faculty/Staff/Administrators**-emphasis on district protocol, how concussions are managed and impact on classroom performance
Training: Presentation, CDC Guide for Teachers and School Professionals
- **School Nurse/Athletic Trainers**
Training CDC Fact sheet for Nurses, CDC Online Training for Clinicians (www.preventingconcussions.org/)

EDUCATION

Every coach, physical education teacher, school nurses, athletic trainers, AD, staff, athlete and parent shall receive concussion education at minimum on an bi-annual basis on: (1) the definition of a concussion (2) signs and symptoms of sports-related concussions; (3) how such injuries may occur (4) practices regarding prevention; (5) New York State Education Department Guidelines for return to school and to school activities after a student has suffered a mild traumatic brain injury regardless of whether such injury occurred outside of school and the long term health effects of concussion.

School nurses and athletic trainers must complete the NYSED approved course every two (2) years. NYSED has approved the course *Heads Up to Clinicians*, developed by the CDC for these professionals-available at www.preventingconcussions.org.

Coaches and PE teachers must complete the NYSED approved course every two (2) years. NYSED has approved the course *Heads Up, Concussion in Youth Sports*, developed by the CDC for these professionals-available at www.cdc.gov/concussions/HeadsUp.online_training.html.

District athletic personnel are encouraged, but not required, to seek out further professional development on concussions.

Records

1. The athletic director or the buildings administrator shall maintain a written record of the names and dates of completion for all persons completing the school's concussion education training. The building nurse will maintain a record of the parental consent form, as stated above.
2. The athletic director and school building nurse shall maintain a record of all incidents in which a student athlete has been removed from a game, competition, or practice or

other school sponsored activity because he or she is suspected of having sustained a concussion. At least once a year this information will be submitted to the Superintendent/designee and the CMT.

3. All written medical releases and any other student athlete health care record shall be maintained in each student's confidential health record.
4. All data from the concussion assessment and cognitive testing software shall be treated as confidential.

CONCUSSION MANAGEMENT PROTOCOL

The Lansing Central School District is committed to providing and maintaining a safe environment for all students. The LCSD Concussion Management Protocol will be followed for any student demonstrating symptoms of concussion while participating in a school sponsored class, extracurricular activity, or interscholastic athletic activity shall consist of (but not limited to):

Concussion Prevention

Protecting students from head injuries is one of the most important ways to prevent a concussion. The following preventative measures will be followed:

- Emphasis is on safety first
- Supervision will be provided for athletic practices and events
- Concussion education will be provided for athletes, parents, coaches, nurses, teaches/staff.
- Proper protective equipment must be worn at all times
- Teach safe playing techniques and good sportsmanship
- The concussion management plan will be implemented when a concussion is suspected

Immediate Removal

Any student who sustains concussion, or who is suspected of having sustained a concussion or other brain injury shall removed from the activity immediately. If there is any doubt about whether a student has sustained a concussion, it shall be presumed that the student has sustained a concussion until proven otherwise.

Determining if a Concussion is Suspected

To determine whether a student removed from is suspected of having sustained a concussion, the athletic trainer, coach or nurse shall evaluate the student athlete utilizing a standardized concussion sideline assessment tool. If there is any doubt about whether a student has sustained a concussion, it shall be presumed that the student has sustained a concussion until proven otherwise.

Emergency Medical Services

At any point following a student injury, school personnel should exercise reasonable judgment regarding obtaining emergency medical services; Notify the student's parents as soon as possible.

No student who has sustained a concussion or who is suspected of having sustained a concussion shall be permitted to resume participation in school athletic activities until the student has been symptom-free for a period of at least twenty-four (24) hours AND has been evaluated by and received written and signed authorization from a NYS licensed physician to participate in school athletic activities.

This authorization shall be kept in file in the student's health record. Thereafter, the student may resume participation in school athletic activities subject to the restrictions (if any) recommended by the student's treating physician and subject to the following:

1. The authorization provided by the licensed physician, as set forth above, shall certify that:
(i) the physician is aware of the current medical guidance on concussion evaluation and management; and (ii) the student no longer exhibits signs, symptoms or behaviors consistent with a concussion.
2. In the case of a student athlete, the medical authorization set forth above must also be accompanied by a signed statement from the student's parent or guardian permitting the student to return to participation in the athletic activity. **The LCSD medical director will have the final decision on return to activity, including physical education class and interscholastic athletics.**

PROGRESSIVE RETURN TO PLAY PROTOCOL

Return to play following a concussion is a stepwise progression once the individual is symptom free. The Return to Play Protocol will pertain to all students returning to school after a diagnosed concussion regardless if the accident occurred during the student's private life or while participating in a school function.

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 concussion has been sustained, sit them out. **Once the student athlete is symptom free at rest for 24 hours and has a signed release by NYS licensed physician,** the athlete may begin the return to play progression- See sample below (provided there are no other mitigating circumstances).

Day 1: No physical activity

Day 2: Light aerobic activity

Day 3: Sport-specific activity

Day 4: Non-contact training drills

Day 5: Full contact practice

Day 6: Return to play

1. Each step should take approximately 24 hours so that an athlete would take a **minimum of five days** to proceed through the full rehabilitation protocol once they are asymptomatic at rest and with provocative exercise, as prescribed by treating physician.
2. In addition to any limitations or restrictions imposed by the student's treating physician, the student will have a re-evaluation via Neuro-cognitive testing (ImPACT testing) if baseline Neuro-cognitive testing was performed.
3. If at any time signs, symptoms or behaviors consistent with a concussion are observed; the student shall be immediately removed from participation in athletic activities and will be referred to his/her licensed physician for a new assessment.
4. After receiving a new assessment from a licensed physician following above steps 2 or 3, the student –athlete must provide a new medical release, along with a new signed statement from the student's parent or guardian permitting the student to resume participation in the athletic activities. After providing a new medical release, the process in step 2 must be followed again.
5. Return to play protocol will be implemented with the guidance of the student's physician, the district's medical director, and a certified athletic trainer and the athletic director. It is the coach's and athlete's responsibility to report all symptoms, especially once the return to play protocol is initiated.

See Concussion Management Flow Sheet-Appendix J

ACADEMIC ACCOMODATIONS

Students recovering from concussion can experience significant academic difficulties due to impaired cognitive abilities. Mental exertion and environmental stimulation can aggravate concussion symptoms such as headache and fatigue, which in turn can prolong recovery.

The building guidance counselor will develop and monitor an academic accommodation plan that is individualized for each student reflective of physician orders and the symptoms the student is experiencing and will be provided in the least restrictive and most supportive manner.

Accommodations may include:

Shortened days Decrease workload Quiet testing environment Tutoring
Rest Breaks Extended time for assignments Provide copies of class notes
Low lighting environment No homework No testing

- Physical education class and recess should be modified to reduce risk of re-injury as directed by the evaluating physician. Increased sensitivity to noise or light is also common after concussion, so the student should not be required to stay in a loud or bright gym.
- MS “recess” during lunch should also be modified and any physical education restrictions which are implemented will also apply the MS lunch “recess” period.

NEURO-COGNITIVE TESTING

Baseline Neuro-Cognitive Testing (NCT) will be performed by the AD/ATC/Coach for all sports identified by the Athletic Director. All district staff performing ImPACT testing must be properly credentialed. Follow up NCT will be conducted as indicated.

- Neuro-cognitive Testing is a specialized evaluation that is primarily concerned with learning in relationship to brain function.
- Neuro-cognitive testing consists of assessing verbal skills, visual abilities, processing speed, attention, execution functions, verbal and visual memory, and reaction time.
- Neuro-cognitive testing is one of the initial steps in the treatment of concussion and in assessing cognitive strengths and weaknesses.
- In the majority of cases, neurocognitive testing is used to assist RTP (return to play) decisions and is not done until the athlete is symptom free. However, there may be persons (e.g., child and adolescent athletes) in whom testing is performed early on after the concussion while the athlete is still symptomatic to assist in determining the proper course management.

RESOURCES

www.cdc.gov/concussion

[**http://www.health.ny.gov/prevention/injury_prevention/concussion.htm**](http://www.health.ny.gov/prevention/injury_prevention/concussion.htm)

Going Back to School: Guidelines for School Re-entry after Concussion (brochure available from the BIANYS website: <http://bianys.org/children.htm>)

<http://www.upstate.edu/uh/pmr/concussion/pdf/classroom.pdf>

Guidelines for Concussion Management in the School Setting, SED Guidance Document, June 2012

Lansing Central School District
Concussion Management Plan
CONFIDENTIAL

Student's Name: _____ Date: _____

Diagnosis: _____ Physician: _____

Symptoms: _____

Restrictions/accommodations per physician: _____

Description of Needs: _____

Academic Accommodations/Classroom Teacher Responsibilities:

<input type="checkbox"/> Shortened Days ___ hrs	<input type="checkbox"/> Decrease Workload by _____ %	<input type="checkbox"/> Quiet Test Environment
<input type="checkbox"/> Tutoring	<input type="checkbox"/> No Homework	<input type="checkbox"/> Extended time-assignments
<input type="checkbox"/> No testing	<input type="checkbox"/> Provide Copies of Notes	<input type="checkbox"/> Low lighting
<input type="checkbox"/> Rest Breaks	<input type="checkbox"/> No School	<input type="checkbox"/> Shortened Classes

Student Responsibilities:

Report any concussion signs & symptoms to parents, school nurse and coach.
Report daily to the school nurse for concussion assessment.

Communication Plan:

Follow up:

Signature: _____

SCHOOL NURSE
Roles and Responsibilities

The school nurse will be the case manager for students diagnosed with a concussion; will foster communication between all involved parties including; academic staff and counselors, athletics, physicians and the student and her/his family.

Medical Management and documentation

1. To be knowledgeable about concussion including: definition, signs & symptoms and recognition, prevention, management including return to play process, and the LCSD Concussion Management Protocol. As least once every two years complete the NYSED approved course for nurses.
2. Require any student suspected of mild traumatic brain injury receive a medical evaluation by a physician or ATC. Obtain documentation of evaluation by ATC or physician indicating *medical clearance or concussion diagnosis*. Communicate that information to the coach and AD.
3. Initiate Concussion Management Protocol after a diagnosis of a concussion is obtained.
4. Contact parent, student, physician and coach as needed for further information related to incident.
5. Provide appropriate concussion education information to student, parents, staff, etc.
6. Document medical releases and any other student-athlete health information on student's permanent health record.
7. Request parent/guardian to sign FERPA (Family Educational Rights and Privacy Act) release in order for district staff to provide information regarding the student's progress to the private medical provider.
8. Regular assessment of symptoms for student diagnosed with concussion and document utilizing the LCSD Concussion Assessment Tool. Communicate changes in assessment to student's parents and treating physician.
9. Adjust treatment plan if needed and communicate appropriate information with all academic staff, family, athletic director and trainer if a student-athlete, guidance counselor and others as needed.
10. Provide concussion information to each athlete and parents for athletes who plan on participating in interscholastic athletics with the *Sports Eligibility and Consent Form*.
11. Review the Sports Eligibility and Consent Form to ensure parent and athlete signature are present which acknowledges receipt, review and understanding of concussion information and the LCSD Concussion Management Protocol.
12. Review all interscholastic athletic forms from student-athletes wanting to participate in sports. Verify and confirm information on the forms is accurate (if warranted).
13. Communicate issues/concerns with AD.

ATHLETIC DIRECTOR
Roles and Responsibilities

It is the responsibility of the LCSD athletic director to:

1. To be knowledgeable about concussion including: definition, signs & symptoms and recognition, prevention, management including return to play process, and the LCSD Concussion Management Protocol.
2. Provide leadership within the LCSD to minimize head injuries, to recognize and minimize consequences of head injuries when they occur and to monitor the frequency, severity and circumstances of student-athlete head injuries.
3. Provide education to the LCSD coaching, physical education and athletic training staff about management of head injury and brain concussions in students.
4. Certify annually that the LCSD coaching, physical education and athletic training staff are:
 - a. Able to recognize signs and symptoms of a concussion.
 - b. Aware of the need to remove a head-injured athlete from play
 - c. Knowledgeable about obtaining appropriate medical care for the head-injured athlete.
 - d. Knowledgeable about the short and long term consequences of concussions
 - e. Knowledgeable about graded return to cognitive efforts and return to play
 - f. Aware of strategies to reduce the risk of concussions.
 - g. Certified in ImPACT testing, if administering the test
 - h. Educated on the LCSD Concussion Management Protocol
5. Provide education to student-athletes and their parents/guardians about recognition, management, risks and prevention of concussion.
6. Certify that all student athletes and their parents/guardians have completed the concussion educational program and have signed the LCSD Sports Eligibility and Consent Form stating they will abide by the Concussion Management Protocol prior to the start of the participation in a sport season.
7. Participate in the LCSD concussion management teams as needed to assure appropriate management and return to play of student-athletes who have sustained concussions
8. Ensure that head-injured students are removed from play per the LCSD Concussion Management Protocol
9. Ensure that concussed student athletes return to play per the LCSD Concussion Management Protocol and maintain continual communication with the specific coach and document athlete's toleration of Return to Play protocol.
10. Maintain a list of athletes who have sustained a concussion and provide this list to the principal at least yearly.

GUIDANCE COUNSELOR
Roles and Responsibilities

The responsibility of the Guidance Counselor is:

1. To be knowledgeable about concussion including: definition, signs & symptoms and recognition, prevention, management including return to play process, and the LCSD Concussion Management Protocol.

2. To be aware signs and symptoms of a concussion may include:

Cognitive Difficulties

- Trouble paying attention
- Difficulty remaining on task
- Slowed responses and or processing of information
- Difficulty shifting attention from task to task
- Organization challenges
- Reduced academic performance

Social Difficulties

- Impulsive behaviors
- Initiation difficulties (trouble starting things)
- Changes in mood
- Depression
- Defiance
- Fatigue
- Confusion

Physical Difficulties

- Headaches
- Blurred vision

3. To work with the teachers of a student who has sustained a concussion to modify academic expectations such that they comply with the recommendations of the physician directing the student's medical care.
4. To coordinate and communicate with the school nurse and teachers to continuously modify academic expectations commensurate with the student's changing health status.
5. To participate in the LCSD concussion management team as needed to assure that students who have sustained concussions are not at risk for further injury or delayed recovery because of cognitive stress.
6. To monitor academic progress of students who have sustained a concussion until performance is sustained at a pre-injury level.

ATHLETIC TRAINER
Roles and Responsibilities

It is the responsibility of the Athletic Trainer to:

1. To be knowledgeable about concussion including: definition, signs & symptoms and recognition, prevention, management including return to play process, and the LCSD Concussion Management Protocol. At least once every two years complete the NYSED approved course for athletic trainers.
2. Oversee the management on the athletic field during the course of athletic practice and competition of student-athletes who sustain head injuries in the course of athletic participation. In the absence of the trainer, it is the trainer's responsibility to designate a coach to oversee the management of head injuries.
3. Participate in the development and presentation of educational programs for student-athletes, their parents, coaches, teachers and other school staff to assure their knowledge about recognition and management of the care of students who have sustained concussions.
4. Remove from play student-athletes who have sustained head injuries until such time as they have been appropriately evaluated by a physician licensed in the state of New York and knowledgeable about head injuries.
5. Administer pre-participation neuro-cognitive screening tests to student-athletes in as requested by the Athletic Director.
6. Communicate in a timely manner with parents/guardians information about the student-athlete's head injury condition; circumstances of the injury and need for evaluation by a physician licensed in New York and knowledgeable about head injuries.
7. Supervise return to play of student athletes who have sustained concussions according to the LCSD Concussion Protocol as requested by the Athletic Director.
8. Provide the building nurse appropriate medical documentation within 24 hours on every student-athlete evaluated and sustains a head injury including identifying information, history, immediate assessment, treatment and disposition.
9. Facilitate communication about the medical management, recovery and return to play with the physician who provides medical care to the student-athlete.
10. Participate in the concussion management team as needed.

SCHOOL PHYSICIAN
Roles and Responsibilities

1. Provide consultation to the LCSD school nurses and administrators in developing a concussion management policy which meets the requirements of the New York State mandate.
2. Provide consultation to the LCSD head nurse in the development of protocols and procedures to implement the concussion management policy.
3. Provide consultation to the LCSD school nurses in establishing a concussion management team in each school in the LCSD.
4. In cooperation with the LCSD Athletic Trainer and the sports physician supervising the LCSD Athletic Trainer, provide teaching resources for coaches, school nurses, counselors, teachers and administrators to increase the understanding of and to implement appropriate concussion management.
5. Develop communication links with local community physicians to assure consistent standards of diagnosis and management of concussions in students.
6. Develop information tools for communication between the school concussion teams and the community physicians, recognizing the school nurse as the student's case manager within the school.
7. Meet with the concussion management teams or school nurses as needed to problem solve.
8. Monitor the frequency, severity of head injuries and circumstances of head injuries in schools and make recommendations to improve safety.

Coach Roles and Responsibilities

The athletic coach is with the athlete almost daily during a season. The coach is the front-line to observe and identify abnormal behavior after an injury such as signs and symptoms of a concussion. If signs and symptoms of a concussion are identified the coach will initiate the Concussion Management Protocol.

1. To be knowledgeable about concussion including: definition, signs & symptoms and recognition, prevention, management return to play process, and the LCSD Concussion Management Protocol. Complete the online Heads Up Concussion Training for coaches from the CDC as approved by the NYSED.
2. If injury occurs, administer side line checklist. If signs and symptoms of a concussion are present, immediately remove athlete from play. No return play day of injury. If in doubt sit them out until evaluated by the athletic trainer or physician. Refer athlete for medical care.
*The following indicate the need for **emergency** medical care: loss of consciousness, decrease in level of consciousness, drowsy or difficult to wake, irregularities in breathing, persistent vomiting, seizure activity or severe or worsening headache.
3. After removal from play student must be evaluated
4. Notify parents immediately
5. Communicate injury to athletic director and school nurse within 24 hours of student's potential concussion
6. Complete an incident report and return to school nurse within 24 hours
7. Ensure that students diagnosed with a concussion do not participate in any athletic activities until, in conjunction with the student's physician, written authorization from the medical director via the school nurse, that the student has been cleared to participate.
8. Implement and monitor a step-wise progressive return to play protocol and document progress in conjunction with athletic director.

STUDENT ATHLETE/PARENT/GUARDIAN **Roles and Responsibilities**

Parents/guardians play an integral role in assisting their child and are the primary advocate for their child. When a child is diagnosed with a concussion, it is important that the parent/guardian communicate with both the medical provider and the school.

Training and Acknowledgment

Prior to participating in any extracurricular physical activity, each student-athlete and the student-athlete's parent or guardian shall review concussion education materials developed by the CMT and sign a statement acknowledging receipt, review, and understanding of the concussion information and the Concussion Management Protocol.

The signed statements acknowledging the receipt, review, and understanding of concussion training materials shall be valid for one calendar year and will satisfy the concussion training requirements for all of a student-athlete's extracurricular physical activities for a calendar year.

Communication

Student-athletes and their parents/guardians need to communicate accurately with the school nurse, coach, athletic trainer and other school staff in order to prevent and properly manage any concussion injuries. Student-athletes, who suspect that they have experienced a concussion, whether during extracurricular physical activities or other activities, should promptly report their suspected injuries to their coach, athletic trainer, or other school staff and parents as soon as possible.

The student athlete's role is to:

1. Be familiar with the signs and symptoms of concussions.
2. Be familiar with the Concussion Management and Awareness Act and the LCSD Concussion Management Protocol.
3. Report all concussion signs and symptoms
4. Participate in concussion assessment
5. Cooperate with removal from play and the return to play protocol
6. Provide a copy of the concussion medical evaluation to the school nurse and follow the medical providers orders regarding return to activities
7. Participate in Concussion Management Team meetings as needed

The parent/guardian role to:

1. Be familiar with the signs and symptoms of concussions.
2. Be familiar with the Concussion Management and Awareness Act and the LCSD Concussion Management Protocol.
3. Communicate prior history of head injury to school nurse

4. Participate in Concussion Management Team meetings as needed
5. Communicate with school nurse and coach regarding concussion signs and symptoms
6. Have student medically evaluated if there are signs/symptoms of concussion
7. Provide a copy of the written medical evaluation to the school nurse
8. Communicate with school nurse if student's symptoms resolve or change

ADMINISTRATOR
Roles and Responsibilities

The school administrator and/or their designee shall insure the LCSO Concussion Management Protocol is followed. The administrator will:

1. Review and enforce the LCSO Concussion Management Protocol with all staff.
2. Arrange for professional development regarding concussion management for staff.
3. Provide guidance to district staff on district policies for emergency care and transport of students suspected of sustaining a concussion.
4. Participate in the Concussion Management Team meetings as needed.

Lansing Central School District Concussion Management Flow Chart

Appendix J

