



## Broome Tioga BOCES Concussion Management Concussion Care Protocol

### **IF A CONCUSSION IS SUSPECTED**

(Dizziness, ringing in the ears, headache, nausea/vomiting, drowsy/sleepy, seizure, poor balance/coordination, blurred vision, vacant stare, glassy eyed, fatigue/low energy, feeling “dazed”, loss of orientation, sensitivity to light, sensitivity to noise)

**IMMEDIATELY REMOVE STUDENT FROM PLAY/ACTIVITY**



### **STAFF MEMBER ACCOMPANY STUDENT TO THE HEALTH OFFICE FOR ASSESSMENT**

NURSE WILL COMPLETE “CONCUSSION SIGNS AND SYMPTOMS CHECKLIST”

Students experiencing one or more symptom should be referred to a  
healthcare provider experienced in evaluating concussions

CONTACT PARENT/GUARDIAN AND SEND PARENT LETTER HOME

**IF WORSENING SYMPTOMS, STUDENT SHOULD BE REFERRED TO EMERGENCY DEPARTMENT**



### **HEALTH OFFICE WILL FOLLOW UP WITH PARENT/GUARDIAN**

Will discuss need for a note from provider stating cleared to resume all activities



**ONCE A \*FULL DAY STUDENT IS ASYMPTOMATIC FOR 24 HOURS,  
HAS BEEN CLEARED BY PHYSICIAN**

**AND**

**SUCCESSFULLY COMPLETES THE RETURN TO LEARN PROGRESSION FORM**

**BEGIN 5-STEP RETURN TO PLAY PROGRESSION FORM**

\*Half-day students will be cleared by their home school.