Frequently Asked Questions & Additional Resources

Q: In the caller’s school district, the school physician needs to release the student, and it sounded like it was explained that the child’s personal physician could release the student on their own. Clarification please.

In NYS the student’s personal physician can release the student, but for a public school student the district’s Chief Medical Officer needs to concur & approve. It is the district’s CMO who must give the final approval!

Q. When the student sustains an injury – how should the school remove the student from the field? What is the best way?

This is protocol from the Berlin Consensus article on Removal (BJSM, 2017): When a player shows any symptoms or signs of an SRC:

a. The player should be evaluated by a physician or other licensed healthcare provider on site using standard emergency management principles, and particular attention should be given to excluding a cervical spine injury.

b. The appropriate disposition of the player must be determined by the treating healthcare provider in a timely manner. If no healthcare provider is available, the player should be safely removed from practice or play and urgent referral to a physician arranged.

c. Once the first aid issues are addressed, an assessment of the concussive injury should be made using the SCAT5 or other sideline assessment tools.

d. The player should not be left alone after the injury, and serial monitoring for deterioration is essential over the initial few hours after injury.

e. A player with diagnosed SRC should not be allowed to return to play on the day of injury.

Obviously, players can present immediately in many different. Some need EMS care on the field, others an athletic trainer may go to on the field after an injury timeout, some walk off, and others coaches need to substitute for. You need to follow your well-developed emergency plan. In addition, given the students age, his or her parents or guardians need to be notified immediately.

continued

Q. What POSSIBLE reason would you have for calling a concussion in girls or women as a “PINK concussion”? 
Interesting question. I understand the term comes from the name of the organization, PINK Concussions, which focuses on women’s unique needs surrounding concussion and other traumatic brain injuries. In their words: PINK Concussions is the FIRST EVER non-profit organization with a highly personal and urgent mission to improve...the pre-injury education and post-injury medical care for women and girls challenged by brain injury including concussions incurred from sport, violence, accidents or military service. The Executive Director is Katherine Snedaker, LCSW, and the website is: www.pinkconcussions.com/. They have a program later this week at Mt. Sinai Hospital in New York City, and one later next month at the Federal Interagency Conference in Washington D.C. Very informative website and very important message!

Additional CDC & Professional Society Practice Guidelines and Law Resources

American Academy of Neurology: www.aan.com
Evidence-based Practice Guidelines & Sports Concussion Toolkit

American Academy of Pediatrics: https://www.uptodate.com
Concussion in children & adolescents: Management Up-To-Date

Center for Disease Control: (Pediatric TBI Guidelines to be released in 2018)
Online Concussion Training for Health Care Providers | HEADS UP
https://www.cdc.gov/headsup/providers/training/index.html

National Association of Athletic Trainers: www.nata.org

Network for Public Health Law: www.networkforphl.org
Youth Sport Concussion Law Resources