

IX.A.

Connecticut State Board of Education Hartford

To Be Proposed:
March 6, 2024

Resolved, That the State Board of Education, pursuant to Subsection (b)(2) of Section 10-149b of the Connecticut General Statutes, approves the 2024-25 Concussion and Head Injury Annual Review for Coaches, and directs the Commissioner to take the necessary action.

Approved by a vote of _____, this Sixth day of March, Two Thousand Twenty-Four.

Signed: _____
Charlene M. Russell-Tucker, Secretary
State Board of Education

**Connecticut State Board of Education
Hartford**

To: State Board of Education

From: Charlene M. Russell-Tucker, Commissioner of Education

Date: March 6, 2024

Subject: Approval of the 2024-25 Concussion and Head Injury Annual Review for Coaches

Executive Summary

Introduction

Section 10-149b of the Connecticut General Statutes (C.G.S.): *Concussions: Training courses for coaches. Education plan. Informed consent form. Development or approval by the State Board of Education. Revocation of coaching permit*, requires that any person who holds or is issued a coaching permit by the State Board of Education and is a coach of intramural or interscholastic athletics, complete an initial training course regarding concussions developed or approved by the State Board of Education, in consultation with the Commissioner of Public Health, the governing authority for intramural and interscholastic athletics, an appropriate organization representing licensed athletic trainers, and an organization representing county medical associations.

Section 10-149b also requires that any coach who has completed the initial training course must annually review current and relevant information regarding concussions. The statute further requires that the State Board of Education develop or approve such review materials annually on or before October 1.

Background Information

The Concussion and Head Injury Annual Review has been approved by the State Board of Education annually since 2015. It is updated annually as necessary by the State Department of Education (CSDE) in consultation with the Youth Concussion Advisory Group as required in C.G.S. Section 10-149b. The Youth Concussion Advisory Group consists of representatives from the Connecticut Department of Public Health (DPH), the Connecticut Interscholastic Athletic Association (CIAC), the Connecticut Athletic Trainers Association (CATA), and the Connecticut State Medical Society (CSMS). The 2022-23 Concussion and Head Injury Annual Review for Coaches was updated and reviewed by the Youth Concussion Advisory Group to ensure that the information contained therein represents current science and recommendations in concussion management and treatment.

Recommendation and Justification

I recommend that the State Board of Education approve the 2024-25 Concussion and Head Injury Annual Review for Coaches.

Follow-up Activities

Following approval, the CSDE will provide districts with the 2024-25 Concussion and Head Injury Annual Review for Coaches and together with the CIAC, work with district athletic directors to ensure that coaches complete the annual review as required.

Prepared by: Chlo-Anne Bobrowski
Education Manager
Health and Family Services Unit

Approved by: John D. Frassinelli
Division Director
School Health, Nutrition, and Family Services

**Connecticut State Department of Education (CSDE)
and the
Connecticut Interscholastic Athletic Conference (CIAC)
2024-25 Concussion and Head Injury Annual Review for Coaches
Required for all School Coaches in Connecticut**

This document was developed to provide coaches with an annual review of current and relevant information regarding concussions and head injuries. It includes guidance from the 2017 Concussion in Sport Group Consensus Statement from the 5th international Conference on Concussion in Sport that was developed to provide further understanding and management of sports-related concussions.

In addition to reviewing this document, the annual review must include one of the following prescribed resources:

- Centers for Disease Control and Prevention (CDC) Heads Up Concussion in Youth Sports training course: <https://www.cdc.gov/headsup/youthsports/training/index.html>; or
- National Federation of State High School Associations (NFHS) concussion training course: <https://nfhslearn.com/courses/concussion-in-sports-2>.

This form is to be completed annually and kept on file prior to commencing a coaching assignment for school athletics in accordance with [Section 10-149b](#) of the Connecticut General Statutes (C.G.S.), *Concussions: Training courses for coaches. Education plan. Informed consent form. Development or approval by State Board of Education. Revocation of coaching permit.*

What is a Concussion?

“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, creating chemical changes in the brain and sometimes stretching and damaging brain cells.” (CDC, 2021).

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 Concussion Education Plan. The complete document is accessible on the CSDE website at <http://portal.ct.gov/SDE/Publications/Concussion-Education-Plan-and-Guidelines-for-Connecticut-Schools>.

[C.G.S. Section 10-149b\(c\)](#) 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; and
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 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 an observed or 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 (principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach or school paraprofessional) must notify the parent or legal guardian within 24 hours that the athlete has experienced a head injury and has exhibited signs and symptoms of a concussion.**

Section 3. Return to Play (RTP) Protocol Overview

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 that athlete has received written medical clearance from a licensed health care professional (physician, physician assistant, advanced practice registered nurse (APRN), licensed 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 head injury or concussion.
2. If there is any loss of consciousness, vomiting or seizures, the athlete **MUST** be transported immediately to the hospital.
3. The athlete should not be left alone after the injury. Close observation and monitoring of an athlete **MUST** continue following a concussion or head 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), licensed athletic trainer, trained in the evaluation and management of concussions.
5. The athlete **MUST** obtain an initial written clearance from one of the licensed health care professionals identified above directing the athlete 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 (There should be at least 24 hours for each step of the progression)

Stage	Rehabilitation steps/Aim	Functional exercise at each step of rehabilitation/Activity	Goal of each step
0	It is recommended that an initial period of 24 – 48 hours of both relative physical rest and cognitive rest is achieved before beginning the RTP progression identified in Stages one through six below (McCrary, P. et al., 2017). If at any time signs or symptoms should worsen during the RTP progression, the athlete should stop activity that day. If the symptoms are gone the next day, the athlete may resume the RTP progression at the last step completed in which no symptoms were present. If symptoms persist, the athlete should be referred to a healthcare professional who is an expert in the management of concussions.		
1	Symptom-limited activity	Daily activities that do not provoke symptoms	Gradual reintroduction of work/school activities
2A	Light aerobic exercise	Walking or stationary cycling at slow to medium pace; No resistance training	Increase heart rate to approximately 55% maximum Heart Rate
2B	Moderate aerobic exercise	Walking or stationary cycling at slow to medium pace. May start light resistance training that does not result in more than mild or brief exacerbation of concussion symptoms	Increase heart rate to approximately 70% maximum heart rate.
3	Sport-specific exercise. No contact	Jogging, brief running or skating drills; Note: If sport specific training involves any risk of inadvertent head impact, medical clearance should occur prior to step 3.	Add movement such as running, change direction and/or individual drills away from the team environment
		Note: Steps 4-6 should begin after the resolution of any symptoms, abnormalities, in cognitive function and any other clinical findings related to the current concussion	

4	Non-contact training drills	Harder trainer drills (e.g., ball/puck/baton passing drills); May start progressive resistance training	Resume usual intensity of exercise, coordination, and increased thinking/concentration
5	Full contact practice	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6	Return to sport	Normal game play	Return to full athletic participation

Section 4. Local/Regional Board of Education Policies Regarding Concussions

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

I have read and understand this document and have viewed the prescribed resource material. I understand that state law requires me to immediately remove any player suspected of having a concussion and to not allow them to return to participation until that athlete has received written medical clearance by a licensed health care professional trained in the evaluation and management of concussions.

Coach: _____ **School:** _____
 (Print Name)

Coach's Signature: _____ **Date:** _____

Resources:

CDC Traumatic Brain Injury & Concussion. Accessed February 2024: <http://www.cdc.gov/TraumaticBrainInjury/index.html>

CDC Pediatric mTBI Guideline Checklist. Accessed February 2024. <https://CDC.Pediatric.mTBI.Guideline.Checklist|Concussion|TraumaticBrainInjury|CDCInjuryCenter>

CDC Heads Up to High School Sports: Coaches. Accessed February 2024 <http://www.cdc.gov/headsup/highschoolsports/coach.html>

CDC Heads Up concussion materials, fact sheets and online courses. Accessed February 2024: <http://www.cdc.gov/headsup/>

CIAC Medical Handbook: Accessed February 2024 [Medical Handbook.pdf \(fpsports.org\)](MedicalHandbook.pdf(fpsports.org))

Consensus statement on concussion in sport: the 6th International Conference. Accessed February 2024 [Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport-Amsterdam, October 2022 - PubMed \(nih.gov\)](Consensusstatementonconcussioninsport:the6thInternationalConferenceonConcussioninSport-Amsterdam,October2022-PubMed(nih.gov))