

Students

Student Sports – Concussions

The Board of Education recognizes that concussions and head injuries are commonly reported injuries in children and adolescents who participate in sports and other recreational activities. The Board acknowledges the risk of catastrophic injuries or deaths are significant when a concussion or head injury is not properly evaluated and managed.

Commencing July 1, 2010, and each school year thereafter, any coach of intramural or interscholastic athletics employed by the District shall complete an initial training course, approved by the State Board of Education, regarding concussions which are a type of brain injury prior to commencing the coaching assignment for the season. Such training course shall include, but not be limited to (1) the recognition of the signs and symptoms of a concussion; (2) the means of obtaining proper medical treatment for a person suspected of having a concussion; (3) the nature and risk of concussions, including the danger of continuing to engage in athletic activity after sustaining a concussion; and (4) the proper method of allowing a student athlete who has sustained a concussion to return to athletic activity.

Each school year, any coach who has completed the initial training course regarding concussions shall annually review current and relevant information, developed or approved by the State Board of Education, regarding concussions prior to the start of the coaching assignment. This annual review is not required in any year the coach is required to complete a refresher course. Beginning July 1, 2015, and each school year thereafter, a coach must complete an approved refresher course not later than five years after the initial training course in order to maintain his/her coaching permit and to coach in the District.

The District will also utilize protocols developed by the State Board of Education in consultation with the Commissioner of Public Health, the Connecticut Interscholastic Athletic Association (CIAC), and appropriate organizations representing licensed athletic trainers and county medical associations to inform and educate coaches, youth athletes and their parents and/or guardians of the nature and risk of concussions or head injuries, including the dangers associated with continuing to engage in athletic activity after a concussion, of the proper method of allowing a student athlete who has sustained a concussion to return to athletic activity.

Annually the District will distribute a head injury and concussion information sheet to all parents/guardians of student participants in competitive sport activities. The parent/guardian and student must return a signed acknowledgement indicating that they have reviewed and understand the information provided before the student participates in any covered activity. This acknowledgement form must be returned and be on file with the District in order for the student to be allowed to practice or compete in the sports activity.

All coaches will complete training pertaining to the District's procedures.

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Student Sports – Concussions (continued)

The required refresher course regarding concussions shall include, but not be limited to, an overview of key recognition and safety practices, an update of medical developments, current best practices in the field of concussion research, and prevention and treatment. Said refresher course shall also contain an update on new relevant federal, state and local laws and regulations, and for football coaches, current best practices regarding coaching the sport of football, including, but not limited to, frequency of games and full contact practices and scrimmages as identified by the governing authority for intramural and interscholastic athletics (CIAC).

The District, after January 1, 2015, shall implement the “*Concussion Education Plan and Guidelines for Connecticut Schools*”, developed by the State Board of Education per the stipulations of P.A. 14-66. Written materials, online training or videos, or in person training shall address, at a minimum, the recognition of signs or symptoms of concussion, means of obtaining proper medical treatment for a person suspected of sustaining a concussion, the nature and risks of concussions, including the danger of continuing to engage in athletic activity after sustaining a concussion, proper procedures for return to athletic activity and current best practices in the prevention and treatment of a concussion.

The Board recognizes that commencing July 1, 2015, the CIAC prohibits student athletes from participation in any intramural or interscholastic activity unless the student athlete and his/her parent/guardian completes the concussion education plan of the State Board of Education and its contributing organizations to such plan. Prior to participating in any intramural or interscholastic athletic activity students must (1) read written materials, (2) view online training videos, or (3) attend in-person training regarding the District’s concussion education plan provided by the Board of Education.

Prior to participating in any intramural or interscholastic athletic activity for the school year beginning July 1, 2015 and thereafter, a parent/guardian of each student athlete must (1) read written materials, (2) view online training videos, or (3) attend in-person training regarding the District’s concussion education Plan.

Note: CIAC recommends that, whenever possible, in-person training is utilized at the required pre-season meeting for parent/guardians and athletes. Schools may use any or all of the delivery methods mentioned above to develop a plan that best fits the district’s demographics.
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The District, commencing July 1, 2015, will utilize the consent form developed by the State Board of Education, with parent/guardians of student athletes in intramural or interscholastic activities regarding concussions. This form shall provide a summary of the concussion education plan developed or approved by the State Board of Education and a summary of the Board’s policy regarding concussions. The consent form shall be returned to the appropriate school authorities, signed by the parent/guardian, attesting to the receipt of such form and authorizing the student athlete to participate in the athletic activity.

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Student Sports – Concussions (continued)

Further, in compliance with applicable state statutes, the coach of any intramural or interscholastic athletics shall immediately remove any student athlete participating in intramural or interscholastic athletics who (1) is observed to exhibit signs, symptoms or behaviors consistent with a concussion following an observed or suspected blow to the head or body during a practice, game or competition, (2) is diagnosed with a concussion, or (3) is otherwise suspected of having sustained a concussion because such student athlete is observed to exhibit signs, symptoms or behaviors consistent with a concussion regardless of when such concussion or head injury may have occurred. Upon such removal, the coach or other qualified school employee defined in Connecticut General Statutes 10-212a, shall notify the student athlete's parent/guardian that the student athlete has exhibited such signs, symptoms, or behaviors consistent with a concussion or has been diagnosed with a concussion. Such notification shall be provided not later than twenty-four hours after such removal. However, a reasonable effort shall be made to provide such notification immediately after such removal.

The coach shall not permit such student athlete to participate in any supervised athletic 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 athletic activities involving physical exertion from a licensed health care professional* trained in the evaluation and management of concussions. A student who sustains a second concussion during the school year will not be permitted to participate in contact sports for the remainder of the school year unless medically cleared to do so.

Following medical clearance, the coach shall not permit such student athlete to participate in any full, unrestricted supervised athletic activities without limitations on contact or physical exertion, including, but not limited to, practices, games or competitions and such student athlete (1) no longer exhibits signs, symptoms or behaviors consistent with a concussion at rest or with exertion, and (2) receives written clearance to participate in such full, unrestricted supervised athletic activities from a licensed health care professional trained in the evaluation and management of concussions.

*"licensed health care professional" means a physician licensed pursuant to Chapter 370 of the General Statutes, a physician assistant licensed pursuant to Chapter 370 of the General Statutes, an advanced practice registered nurse licensed pursuant to Chapter 378 of the General Statutes or an athletic trainer licensed pursuant to Chapter 375a of the General Statutes.

The Board, as required, for the school year beginning July 1, 2014 and annually thereafter, will collect and report to the State Board of Education all occurrences of concussion. The report shall contain, if known, the nature and extent of the concussion and the circumstances in which it was sustained.

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Student Sports – Concussions (continued)

Legal Reference: Connecticut General Statutes

PA 10-62 An Act Concerning Student Athletes and Concussions

P.A. 14-66 An Act Concerning Youth Athletics and Concussions

“Concussion Education Plan and Guidelines for Connecticut Schools”
adopted by the State Board of Education, January 7, 2015.

Policy adopted: June 1, 2015

COLUMBIA PUBLIC SCHOOL
Columbia, Connecticut

Students

Student Sports – Concussions

Concussion Management in Student Sports

A. Duties of the Athletic Coordinator or Administrator in Charge of Athletics:

1. Annually, each spring, the Athletic Coordinator or the administrator in charge of athletics, if there is no Athletic Coordinator, shall review, with the District's Medical Advisor and athletic trainer, any changes that have been made regarding the management of concussion injuries.
2. By the conclusion of the school year, the Athletic Coordinator or administrator in charge of athletics will identify the competitive sport activities in the District for which compliance with the concussion policy is required. A list of competitive sports activities and the District's policy and procedures will be distributed to all members of the coaching staff.
3. The Athletic Coordinator or the administrator in charge of athletics, if there is no Athletic Coordinator, shall be responsible for determining that all coaches of intramurals or interscholastic sports have fulfilled the required initial training and subsequent follow-up regarding concussions prior to the coach's commencement of his/her assignment. The Athletic Coordinator will maintain a file of all coach sign off forms.

B. Training of Coaches

All coaches shall undergo training in head injuries and concussion management as required by state statute, in a program approved by the State Board of Education. The Connecticut State Board of Education's "*Concussion Education Plan and Guidelines for Connecticut Schools*" provides guidance on this topic. In addition, the Centers for Disease Control and Prevention (CDC) has made available a tool kit, "*Heads Up: Concussion in High School Sports*," which can provide additional information for coaches, athletes, and parents.

C. Parent/Student Information Sheet

On a yearly basis, a concussion consent and information sheet shall be signed and returned by the student athlete and the athlete's parent/guardian prior to the student athlete's initiating practice or competition. This information sheet may be incorporated into the parent permission sheet which permits students to participate in extracurricular athletics. Beginning with the school year commencing July 1, 2015, the District will utilize the informed consent form developed or approved and made available by the State Board of Education.

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Concussion Management in Student Sports (continued)

D. Coaches Responsibility

1. Based on mechanism of injury, observation, history and unusual behavior and reactions of the athlete, even without loss of consciousness, assume a concussion has occurred if the head was hit and even the mildest of symptoms occur. The student athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be immediately removed from play. (Refer to Appendix D: Concussion Symptoms)
2. If confusion, unusual behavior or responsiveness, deteriorating condition, loss of consciousness, or concern about neck and spine injury exists, the athlete should be referred at once for emergency care.
3. If no emergency is apparent, the athlete should be monitored every 5 to 10 minutes regarding mental status, attention, balance, behavior, speech and memory until stable over a few hours. If appropriate medical care is not available, an athlete even with mild symptoms should be sent for medical evaluation.
4. Upon removal from the athletic activity, the coach or other qualified school employee shall notify the athlete's parent/guardian that the student athlete has exhibited the signs, symptoms or behaviors consistent with a concussion or has been diagnosed with a concussion. Every reasonable effort shall be made to immediately provide such notification, but not later than twenty-four hours after such removal.
5. No athlete suspected of having a concussion should return to the same practice or contest, even if symptoms clear in 15 minutes, no sooner than twenty-four hours after removal and only after the athlete and his/her parent/guardian completes the State Board of Education concussion education plan and the athlete receives written clearance from a licensed health care professional trained in the evaluation and management of concussions.

E. Return to Play After Concussions

A student athlete who has been removed from play may not participate in any supervised team activities involving physical exertion, including, but not limited to practices, games, or competitions, sooner than twenty-four hours* after such athlete was removed from play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussions and receives a written clearance to return to play from that health care provider. [or: Any athlete removed from play because of a concussion must have written medical clearance from an appropriate health care professional before he/she can resume practice or competition] and not until the student athlete and his/her parent/guardian completes the State Board of Education concussion education plan.] (Refer to Appendix E: "The Proper Procedures for Allowing a Student Athlete Who Has Sustained a Concussion to Return to Athletic Activity.")

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Concussion Management in Student Sports

E. Return to Play After Concussion (continued)

2. After medical clearance, the return to play by the athlete should follow a step-wise protocol with provisions for delayed return to play based on return of any signs or symptoms.
3. The medical clearance return to play protocol is as follows:
 - a. No exertional activity until asymptomatic.
 - b. When the athlete appears clear, begin low-impact activity such as walking, stationary bike, etc.
 - c. Initiate aerobic activity fundamental to the specific sport such as skating, or running and may also begin progressive strength training activities.
 - d. Begin non-contact skill drills specific to sport such as dribbling, fielding, batting, etc.
 - e. Full contact in practice setting.
 - f. If athlete remains asymptomatic, he/she may return to game/play.



HEADS UP: CONCUSSION IN YOUTH SPORTS A Fact Sheet for COACHES

(To download the coaches fact sheet in Spanish, please visit:
www.cdc.gov/ConcussionInYouthSports)

THE FACTS

- A concussion is a **brain injury**.
- All concussions are **serious**.
- Concussions can occur **without** loss of consciousness.
- Concussions can occur **in any sport**.
- Recognition and proper management of concussions when they **first occur** can help prevent further injury or even death.

WHAT IS A CONCUSSION?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a ding, getting your bell rung, or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost.

The potential for concussions is greatest in athletic environments where collisions are common.¹ Concussions can occur, however, in **any** organized or unorganized sport or recreational activity. As many as 3.8 million sports- and recreation-related concussions occur in the United States each year.²

RECOGNIZING A POSSIBLE CONCUSSION

To help recognize a concussion, you should watch for the following two things among your athletes:

1. A forceful blow to the head or body that results in rapid movement of the head.
- and-
2. Any change in the athlete's behavior, thinking, or physical functioning. (See the signs and symptoms of concussion.)

SIGNS AND SYMPTOMS

SIGNS OBSERVED BY COACHING STAFF
<ul style="list-style-type: none">▪ Appears dazed or stunned▪ Is confused about assignment or position▪ Forgets sports plays▪ Is unsure of game, score, or opponent▪ Moves clumsily▪ Answers questions slowly▪ Loses consciousness (even briefly)▪ Shows behavior or personality changes▪ Can't recall events prior to hit or fall▪ Can't recall events after hit or fall
SYMPTOMS REPORTED BY ATHLETE
<ul style="list-style-type: none">▪ Headache or pressure in head▪ Nausea or vomiting▪ Balance problems or dizziness▪ Double or blurry vision▪ Sensitivity to light▪ Sensitivity to noise▪ Feeling sluggish, hazy, foggy, or groggy▪ Concentration or memory problems▪ Confusion▪ Does not feel right

Adapted from Lovell et al. 2004

Athletes who experience any of these signs or symptoms after a bump or blow to the head should be kept from play until given permission to return to play by a health care professional with experience in evaluating for concussion. Signs and symptoms of concussion can last from several minutes to days, weeks, months, or even longer in some cases.

Remember, you can't see a concussion and some athletes may not experience and/or report symptoms until hours or days after the injury. If you have any suspicion that your athlete has a concussion, you should keep the athlete out of the game or practice.

PREVENTION AND PREPARATION

As a coach, you can play a key role in preventing concussions and responding to them properly when they occur. Here are some steps you can take to ensure the best outcome for your athletes and the team:

- **Educate athletes and parents about concussion.** Talk with athletes and their parents about the dangers and potential long-term consequences of concussion. For more information on long-term effects of concussion, view the following online video clip: http://www.cdc.gov/ncipc/tbi/Coaches_Tool_Kit.htm#Video. Explain your concerns about concussion and your expectations of safe play to athletes, parents, and assistant coaches. Pass out the concussion fact sheets for athletes and for parents at the beginning of the season and again if a concussion occurs.

- **Insist that safety comes first.**
 - Teach athletes safe playing techniques and encourage them to follow the rules of play.
 - Encourage athletes to practice good sportsmanship at all times.
 - Make sure athletes wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
 - Review the athlete fact sheet with your team to help them recognize the signs and symptoms of a concussion.

Check with your youth sports league or administrator about concussion policies. Concussion policy statements can be developed to include the leagues commitment to safety, a brief description of concussion, and information on when athletes can safely return to play following a concussion (i.e., an athlete with known or suspected concussion should be kept from play until evaluated and given permission to return by a health care professional). Parents and athletes should sign the concussion policy statement at the beginning of the sports season.

- **Teach athletes and parents that it's not smart to play with a concussion.** Sometimes players and parents wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let athletes persuade you that they're just fine after they have sustained any bump or blow to the head. Ask if players have ever had a concussion.

- **Prevent long-term problems.** A repeat concussion that occurs before the brain recovers from the first usually within a short period of time (hours, days, or weeks) can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in brain swelling, permanent brain damage, and even death. This more serious condition is called *second impact syndrome*.^{4,5} Keep athletes with known or suspected concussion from play until they have been evaluated and given permission to return to play by a health care professional with experience in evaluating for concussion. Remind your athletes: It's better to miss one game than the whole season.

ACTION PLAN

WHAT SHOULD A COACH DO WHEN A CONCUSSION IS SUSPECTED?

1. **Remove the athlete from play.** Look for the signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head. Athletes who experience signs or symptoms of concussion should not be allowed to return to play. When in doubt, keep the athlete out of play.
2. **Ensure that the athlete is evaluated within 24 hours by an appropriate health care professional.** Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods that they can use to assess the severity of concussions. As a coach, recording the following information can help health care professionals in assessing the athlete after the injury:
 - Cause of the injury and force of the hit or blow to the head
 - Any loss of consciousness (passed out/knocked out) and if so, for how long
 - Any memory loss immediately following the injury
 - Any seizures immediately following the injury
 - Number of previous concussions (if any)
3. **Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion.** Make sure they know that the athlete should be seen by a health care professional experienced in evaluating for concussion.
4. **Allow the athlete to return to play only with permission from a health care professional with experience in evaluating for concussion.** A repeat concussion that occurs before the brain recovers from the first can slow recovery or increase the likelihood of having long-term problems. Prevent common long-term problems and the rare second impact syndrome by delaying the athletes return to the activity until the player receives appropriate medical evaluation and approval for return to play.

If you think your athlete has sustained a concussion take him/her out of play, and seek the advice of a health care professional experienced in evaluating for concussion.

For more information and to order additional materials **free-of-charge**, visit:
<http://www.cdc.gov/concussion/HeadsUp/youth.html>

For more detailed information on concussion and traumatic brain injury, visit:
<http://www.cdc.gov/ncipc/tbi/TBI.htm>

REFERENCES

1. Powell JW. Cerebral concussion: causes, effects, and risks in sports. *Journal of Athletic Training* 2001; 36(3):307-311.
2. Langlois JA, Rutland-Brown W, Wald M. The epidemiology and impact of traumatic brain injury: a brief overview. *Journal of Head Trauma Rehabilitation* 2006; 21(5):375-378.
3. Lovell MR, Collins MW, Iverson GL, Johnston KM, Bradley JP. Grade 1 or ding concussions in high school athletes. *The American Journal of Sports Medicine* 2004; 32(1):47-54.
4. Institute of Medicine (US). Is soccer bad for children's heads? Summary of the IOM Workshop on Neuropsychological Consequences of Head Impact in Youth Soccer. Washington (DC): National Academy Press; 2002.
5. Centers for Disease Control and Prevention (CDC). Sports-related recurrent brain injuries-United States. *Morbidity and Mortality Weekly Report* 1997; 46(10):224-227. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/00046702.htm>.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR DISEASE CONTROL AND PREVENTION

Content Source: National Center for Injury Prevention and Control, Division of Injury Response

Page Located on the Web at <http://www.cdc.gov/concussion/index.html>

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR DISEASE CONTROL AND PREVENTION

Content Source: National Center for Injury Prevention and Control, Division of Injury Response

Page Located on the Web at http://www.cdc.gov/ConcussionInYouthSports/english/toolkit_coaches_factsheet.htm

I have read and understand this document and understand the law requires me to immediately remove any player suspected of having a concussion, and if diagnosed with a concussion to not allow them to return to participation until they have received written medical clearance by a licensed health care professional.

Coach _____
(print name)

Coach Signature: _____ Date: _____

Fact Sheet for Student Athletes

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head.
- Can change the way your brain normally works.
- Can range from mild to severe.
- Can occur during practices or games in any sport.
- Can happen even if you haven't been knocked out.
- Can be serious even if you've just been "dinged" or had your "bell rung."

How can I prevent a concussion?

It's different for every sport. But there are steps you can take to protect yourself from concussion.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Use the proper sports equipment, including personal protective equipment (such as helmets)
- In order for equipment to protect you, it must be:
 - Appropriate for the game, position, and activity
 - Well maintained
 - Properly fitted
 - Used every time you play

How do I know if I've had a concussion?

You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up days or weeks after the injury. It's best to see a health care professional if you think you might have a concussion. An undiagnosed concussion can affect your ability to do schoolwork and other everyday activities. It also raises your risk for additional serious injury.

What are the symptoms of a concussion?

- Nausea (feeling that you might vomit)
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light or noise
- Headache
- Feeling sluggish
- Feeling foggy or groggy
- Concentration or memory problems (forgetting game plays)
- Confusion

What should I do if I think I have a concussion?

- **Tell your coaches and your parents.** Never ignore a bump, blow, or jolt to the head. Also tell your coach if one of your teammates might have a concussion.
- **Get a medical checkup.** A health care professional can tell you if you have had a concussion and when you are OK to return to play.
- **Give yourself time to recover.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to suffer another concussion.

EMERGENCY INFORMATION/PARENT CONSENT/CONCUSSION FACT SHEET
AND SIGN OFF FOR PARENTS AND ATHLETES

A Fact Sheet for Parents and Athletes
(Requirement to BE Read and Signed by Parents and Athletes)
Return This Form to the School Nurse.

Name: _____ **Sport:** _____ **Grade:** _____

Parent/Guardian Name: _____

Address: _____

Emergency contact numbers: _____

In case of emergency when parent cannot be reached, Please notify:

Name: _____

Number: _____

Doctor's Name and phone number: _____

**** Please list any recent medical changes (such as new allergies, injuries, hospitalizations, or medications), that have occurred since you last filled out this form:**

WHAT IS A CONCUSSION?

A concussion is a brain injury that is caused by a bump or blow to the head. It can change the way your brain normally works. It can occur during practices or games in any sport. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven’t been knocked out. You can’t see a concussion. Signs and symptoms of a concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

Parents and Guardians

What are the signs and symptoms of a concussion observed by Parents/Guardians?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can’t recall events prior to being hit or falling
- Can’t recall events after being hit or falling

How can a Parent/Guardian help their child prevent a concussion?

Every sport is different, but there are steps your children can take to protect themselves from concussion.

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

What should a Parent/Guardian do if they think their child has a concussion?

1. Seek medical attention right away. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports. Notify your child's coach if you think your child has a concussion.
2. Keep your child out of play. Concussions take time to heal. Don’t let your child return to play until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
3. Tell your child’s coach about any recent concussion in ANY sport or activity. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

Athletes

What are the symptoms of a concussion?

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not “feel right”

What should an athlete do if they think they have a concussion?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates might have a concussion.
- **Get a medical checkup.** A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- **Give yourself time to get better.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.
- **It is better to miss one game than the whole season.**

How can athletes prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Use the proper sports equipment, including personal protective equipment (such as helmets, padding, shin guards, and eye and mouth guards). In order for equipment to protect you, it must be:
 - The right equipment for the game, position, or activity
 - Worn correctly and fit well
 - Used every time you play
 - Repaired and maintained

If the above contacts cannot be reached in an emergency situation permission is granted to the coach to obtain emergency treatment for my child. Any treatment necessary for the best interest of the above name child may be given.

I the Parent/Guardian have read and understand this concussion fact sheet. I understand that if my student shows any signs of a concussion that they are not allowed to return to play until examined by a licensed health care professional. I also understand that my student cannot return to play until a signed doctor's note has been given to the School Nurse and the School Nurse has also cleared the student for participation.

I, the student athlete, have read and understand this concussion fact sheet and agree to follow the protocols outlined.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

For more detailed information on concussion and traumatic brain injury, visit:
<http://www.cdc.gov/injury> or www.cdc.gov/ConcussionInYouthSports.

CONCUSSION SYMPTOMS

Common symptoms in concussions are generally divided into physical/somatic, cognitive/thinking/remembering, sleep and emotional/mood disruption categories.

1. Physical

- Headache
- Nausea
- Vomiting
- Imbalance
- Slowed reaction time
- Dizziness
- Sensitivity to light
- Sensitivity to sound
- Fuzzy or blurred vision

2. Sleep

- Sleeping more or less than usual
- Drowsiness
- Trouble falling asleep
- Trouble maintaining sleep

3. Cognitive (Thinking/Remembering)

- Difficulty thinking or concentrating
- Difficulty remembering
- Confusion
- Feeling mentally foggy
- Feeling slowed down
- Decrease attention
- Decreased retention
- Distractibility
- Amnesia

4. Mood Disruption

- More emotional
- Irritable
- Sad
- Nervous
- Depressed

Source: Adapted from Pardini et al 2004.

CONCUSSION SYMPTOMS (continued)

Athletes who experience any of the signs and symptoms listed below after a bump, blow, or jolt to the head or body should be kept out of play the day of the injury and until a health care professional, experienced in evaluating concussions, provides written clearance that they are symptom-free and can return to play. It is important to note that some athletes may not experience and/or report symptoms until hours or days after the injury. Most people with a concussion will recover quickly and fully. For some people, however, signs and symptoms of concussion can last for days, weeks, or longer.

Potential Signs Observed by Coaches, Athletic Trainers, Parents or Others:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Potential Symptoms Reported by Athlete:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right" or is "feeling down"

Source: CDC, How Can I Recognize a Possible Concussion?

Athletes who experience any of the signs and symptoms listed above after a bump, blow, or jolt to the head or body should be kept out of play the day of the injury and until a health care professional, experienced in evaluating concussions, provides written clearance that they are symptom-free and can return to play. It is important to note that some athletes may not experience and/or report symptoms until hours or days after the injury. Most people with a concussion will recover quickly and fully. For some people, however, signs and symptoms of concussion can last for days, weeks, or longer.

The Proper Procedures for Allowing a Student Athlete Who Has Sustained a Concussion to Return to Athletic Activity

When managing an athlete with a concussion, the management plan should cover both returning to school and to play, and should:

- include monitoring both physical and cognitive activities;
- consider concussion history; and
- be individualized to the athlete.

An athlete should be referred for follow-up care from a health care professional who can help him or her gradually return to school and to play when fully recovered. An athlete who has been diagnosed with a concussion should not return to practice or play the same day. In addition, *Public Act No. 14-66, An Act Concerning Youth Athletics and Concussions* requires that:

...coaches 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. Following 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 no longer exhibits signs, symptoms, or behaviors consistent with a concussion at rest or with exertion, and 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.

There are five gradual steps to help safely return an athlete to play, adapted from the International Concussion Consensus Guidelines located at:
http://www.cdc.gov/concussion/headsup/return_to_play.html

Suggested Return-to-Play Progression

Baseline (Step 0): As the baseline step of the *Return-to-Play Progression*, the athlete needs to have completed physical and cognitive rest and not be experiencing concussion symptoms for a minimum of 24 hours. Keep in mind, the younger the athlete, the more conservative the treatment. There should be a minimum of 24 hours before progressing to the next step.

Step 1: Light Aerobic Exercise

Goal: only to increase an athlete's heart rate

Time: 5 to 10 minutes

Activities: exercise bike, walking, or light jogging

No weight lifting or resistance training, jumping, or hard running

Step 2: Moderate Exercise

Goal: limited body and head movement

Time: reduced from typical routine

Activities: moderate jogging, brief running, moderate-intensity stationary biking, and moderate-intensity weightlifting and resistance training

No head impact activities

Step 3: Non-contact Exercise

Goal: more intense, but non-contact movement

Time: close to typical routine

Activities: running, high-intensity stationary biking, the player's regular weightlifting routine, and non-contact sport-specific drills

This stage may add some cognitive component to practice in addition to the aerobic and movement components introduced in Steps 1 and 2

Step 4: Practice

Goal: reintegrate in full contact practice with vigilant observation by the coach and/or athletic trainer

Step 5 Return to Play

Goal: return to full play

It is important to monitor symptoms and cognitive function carefully during each increase of exertion. Athletes should only progress to the next level of exertion if they are not experiencing symptoms at the current level. If symptoms return at any step an athlete should stop these activities as this may be a sign that the athlete is pushing too hard. Only after additional rest, when the athlete is once again not experiencing symptoms for a minimum of 24 hours, should he or she start again at the step during which symptoms were experienced.

The *Return-to-Play Progression* process is best conducted through a team approach and by a health care professional who knows the athlete's physical abilities and endurance, such as the school's athletic trainer in collaboration with the school nurse. By gauging the athlete's performance on each individual step, a health care professional will be able to determine how far to progress the athlete on a given day. In some cases, the athlete may be able to work through one step in a single day, while in other cases it may take several days to work through an individual step. It may take several weeks to months to work through the entire 5-step progression.

While most athletes will recover quickly and fully following a concussion, some will have symptoms for weeks or longer. Athletes should be referred to a concussion specialist if:

1. Symptoms worsen at any time.
2. Symptoms have not gone away after 10-14 days.
3. The athlete has a history of multiple concussions or risk factors for prolonged recovery. This may include a history of migraines, depression, mood disorders, or anxiety, as well as developmental disorders such as learning disabilities and Attention Deficit Hyperactivity Disorder (CDC, A "*Heads Up*" on Managing Return to Play).

Horace W. Porter School Health Room

PO Box 166, Columbia, CT 06237

Phone (860) 228-9493

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STANDING ORDERS **PROCEDURE FOR HANDLING CONCUSSIONS**

The coaching and nursing staff will be trained initially in recognizing symptoms of concussion, exclusion from play, and return to play recommendations. Any coach who has completed the initial training course regarding concussions shall annually review current and relevant information regarding concussions prior to the start of the coaching assignment. This annual review is not required in any year the coach is required to complete a refresher course. All coaches must complete an approved refresher course not later than five years after the initial training course in order to maintain his/her coaching permit and to coach in the District.

1. Coaches will train student athletes to recognize the signs and symptoms of a concussion, and the importance of prompt reporting, at the beginning of each sport. (see concussion fact sheet). If a student athlete suffers a concussion outside of school or during a non-school event that should also be reported to the coach and/or school nurse.
2. Records of training for staff and students will be kept by the athletic coordinator.
3. Students who sustain a head injury and exhibit signs of a concussion during athletic play, or from an injury occurring during the school day, shall be evaluated by the school nurse or coach who will make the decision to call the parent, EMS, or refer to an outside medical provider. If a student/athlete has an injury to the head and experiences the following they should be referred for medical attention:
 - loss of consciousness (call 911),
 - blood or spinal fluid leaking from mouth, nose, or ear (call 911)
 - headache, nausea or vomiting
 - dizziness, changes in vision, confusion
 - balance problems
 - difficulty with memory, disorientation
 - sensitivity to light or noise,
 - unequal pupil size.
 - This list is not exhaustive, if the student/athlete seems different he should be referred out.
4. Students will not be allowed to return to play until cleared by the medical provider, and the School Nurse. A student who sustains a concussion must be symptom-free to return to sports/ physical education classes.
5. The note allowing students to return to school/sports/physical education will be kept in the nurse's office in the student's cumulative health record.

6. A 504 plan may be indicated for students whose school attendance or activities need to be modified because of concussion.
7. Athletes should not be allowed to return to that day's game following a head injury.
8. Minor head bumps should be treated and observed. Parents should be given the Head Injury Instruction Sheet. If symptoms worsen or persist the student should be referred for medical attention.
9. Coaches and athletes are responsible for using proper personal protective equipment.
10. A student who sustains a second concussion during the school year should not participate in contact sports for the remainder of the school year, unless medically cleared to do so.
11. Students/parents will be given a permission slip that must be read, signed, and returned to the school nurse who will review it and forward it to the coach before they can try-out for sports. The Coach will keep the permission slips.

DURATION OF ORDERS: 7/14- 7/15

Kristin Gildersleeve, MD
School Medical Advisor

Date

Horace W. Porter School
P.O. Box 166, Columbia, CT 06237
Phone: (860) 228-9493
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HEAD INJURY INSTRUCTIONS

Dear Parent of: _____ Date: _____

Your child needs to be watched for any signs of possible head injury/concussion from hitting his/her head at school/sports today. If your child has any of these signs, call your doctor or emergency services right away.

1. Increasing headache.
2. Nausea and/or vomiting.
3. Loss of consciousness (call 911).
4. Double vision, blurred vision, or pupils of different sizes.
5. Loss of balance or coordination (falling, walking strangely, or staggering).
6. Any unusual behavior such as being confused, breathing irregularly, or dizziness.
7. Sensitivity to light or noise.
8. Seizures/convulsion (call 911).
9. Bleeding or discharge from mouth, ears, or nose (call 911).
10. Headache, confusion, personality change, or weakness of an arm or leg that starts even weeks after an injury needs to be checked by a physician.
11. Continue to check child throughout the day/evening. Checking around 8 PM and around midnight to be sure the child can be easily awakened and seems normal.

School Nurse/Coach

School phone number