

Crossroads Academy Concussion Policy (May 2012)

Concussions are one of the most commonly reported injuries in children and adolescents who participate in athletic or recreational activities. A concussion is caused by a blow to or motion of the head or body that causes the brain to move rapidly inside the skull. A concussion is the resulting disturbance to brain function that can range from mild to severe and can disrupt the way the brain normally works. A concussion can occur with or without loss of consciousness, but most concussions occur without loss of consciousness. The risks of catastrophic injuries or death are significant when a concussion or other head injury is not properly evaluated and managed. They can occur during any organized or unorganized sport or recreational activity and can result from a fall or from a person colliding with one or more other people, with the ground, or with obstacles.

Continuing to participate in athletic and recreational activities with a concussion or symptoms of a head injury causes children and adolescents to be vulnerable to greater injury or even death. Health consequences of a concussion may be severe if the symptoms are ignored. It is especially important to understand that receiving a second blow to the head before the first injury is fully healed can be fatal, even if the second injury seems minor. Returning to play prematurely after a concussion can result in actual or potential physical injury or death.

There is no one single indicator for concussion. Rather, recognizing a concussion requires a symptom assessment. Concussion symptoms can get worse over the first twenty four to forty eight hours after the injury. The signs and symptoms of concussion can take time to appear and can become more noticeable during concentration and learning activities in the classroom. For this reason, it is important to watch for changes in how the student is acting or feeling, if symptoms become worse, or if the student just “doesn't feel right.”

There is no way to accurately predict how long the recovery process will take. Recovery usually follows a sequential course but in a small number of cases, symptoms may last a long time. A few people may have symptoms for six months after the injury, but most improve more quickly.

Procedure for Concussions in School:

Prevention:

- The use of proper equipment in PE and on the playground
- Monitoring of appropriate and safe play on the playground
- Student education regarding high concussion-risk behaviors.
- Education about helmet safety in Lower and Middle School classes.
- Personal safety topics that are related to concussion risks as well as how to recognize and treat concussions taught in Middle School classes.

Response: If a child has had a hit to the head as described above, the child will be evaluated by the school nurse or PE teacher. The nurse will perform a neurologic assessment, which may include a pupil check, and a test for strength, sensation, balance, reflexes, and memory. The student will also be observed for the following

Sign and Symptoms:

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to the hit, bump, or fall
- Can't recall events *after* the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes

Symptoms Reported by Student:

- **Headache or "pressure" in head**
- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise

- Numbness or tingling
- Does not “feel right”
- Irritable
- Sad
- More emotional than usual
- Nervous
- Drowsy
- Sleeps *less* than usual
- Sleeps *more* than usual
- Has trouble falling asleep

**Only ask about sleep symptoms if the injury occurred on a prior day*

Concussion Danger Signs:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. The student should be taken to an emergency department right away if he/she exhibits any of the following danger signs after a bump, blow, or jolt to the head or body:

- **One pupil larger than the other**
- **Bleeding from the nose or ears**
- **Is drowsy or cannot be awakened**
- **A headache that gets worse and does not go away**
- **Weakness, numbness, or decreased coordination**
- **Repeated vomiting or nausea**
- **Slurred speech**
- **Convulsions or seizures**
- **Cannot recognize people or places**
- **Becomes increasingly confused, restless, or agitated**
- **Has unusual behavior**
- **Loss of consciousness (partial or total)**

Should there be localized bruising or swelling, or if the hit was hard enough to cause concern but the child has no signs or symptoms, the student will be observed for a minimum of thirty minutes and then may return to class should there be no developing symptoms. The parent will be notified of the incident and educated on signs and symptoms of concussions. The parent will be instructed to watch for developing symptoms for twenty four to forty eight hours, and to call their physician for an evaluation should signs or symptoms develop at home. The nurse will notify the teacher that the injury occurred and instructed to watch for any evidence of a concussion in the classroom.

The nurse will reevaluate the student within two hours of the injury. The student will not be permitted to participate in PE or active recess on the day of injury.

Should the child have *one or more signs and symptoms* of concussion, the parent will be notified that the symptoms are present and asked to call their physician for a prompt evaluation. Should there be a serious hit to the head, or obvious signs of concussion in school, the parent will be asked to take their child to the emergency room immediately. Depending on the severity of the injury and other symptoms involved, EMS may be called.

Concussion Follow Up: A child who has a diagnosed concussion will be disqualified from PE and/or active recess until they have been cleared with written permission to return to such activity by their physician. Instructions may include a “return to play” protocol. “Return to play” would include a slow progression of activities while being monitored for the presence of symptoms, with return to rest if any symptoms are present.

The nurse, teachers, and the PE teacher will monitor students who return to school after a concussion for symptoms. Physical and cognitive activities such as concentration and learning should be carefully monitored and managed by health and school professionals. Students may need to limit activities while they are recovering from a concussion such as studying, working on the computer, or playing video games. These activities may cause concussion symptoms (such as headache or tiredness) to reappear or get worse. The school nurse will collaborate with the parents and physician to create a reasonable academic “Return to Learn” plan for the student, which may include rest periods, decreased amounts of homework, or shortened school days.

Resources

http://education.vermont.gov/new/pdfdoc/laws/act_58/EDU-Act_58_Concussion_Guidelines.pdf

<http://www.bianh.org/pdf/nhhsconcussion.pdf>

<http://www.bianh.org/pdf/2010consensusstatementv2.pdf>

<http://nhiaa.org/PDFs/3076/SuggestedGuidelinesforManagementofConcussioninSports.pdf>

<http://www.cdc.gov/concussion/HeadsUp/index.html>