

**Northstar Christian Academy Student Athlete/Parent**  
**Return to play/activity Protocol Following a Concussion**

The following protocol has been established in accordance to the National Federation of State High School Associations and the International Conference on Concussion in Sport, Prague 2004. It is imperative to remember the safety of the athlete is the primary concern of Northstar Christian Academy and its personnel.

The information contained below is to be used as mere guidelines that are to be implemented in the time following a concussive event. This information is **not to be considered as all inclusive or all encompassing:**

When an athlete shows signs or symptoms of a concussion or is suspected to have sustained a brain injury after an evaluation by medical personnel or coach at the time of the incident:

1. The athlete **will not** be allowed to return to play/activity in the current game or practice.
2. The athlete should not be left alone, and regular monitoring for deterioration is essential over the initial few hours following injury.
3. Following the initial injury, the athlete **must follow up** with their primary Care Physician or by an **Emergency Department within the first 24 hours.**
4. The athlete **must have** the initial "Concussion Checklist" by Coach/Nurse and the "Concussion Checklist Physician Evaluation" signed and dated by #3 above. These forms must be returned to the school nurse at Northstar Christian Academy.
5. Return to play **must follow** a medical clearance and successful completion of the "Return to Play Protocol."
6. The coach will supervise and document the Prague "Return to Play Protocol." The Primary Care Physician has final determination for students return to play status.

The cornerstone of proper concussion management is rest until all symptoms resolve and then a graded program of exertion before return to sport/activity. The program is broken down into six steps in which only one step is covered per one 24 hour period. The six steps involved with a Return to Play Protocol are:

1. No exertional activity until asymptomatic
2. Light aerobic exercise such as walking or stationary bike, etc. No resistance training.
3. Sport/activity specific exercise such as skating, running, etc. Progressive addition of resistance training may begin.
4. Non-contact training/skill drills.
5. Full contact training in practice setting (if a contact/collision sport).
6. Return to competition.

If any concussion symptoms reoccur, the athlete should drop back to the previous level and try to progress after 24 hours of rest. In addition, the athlete should also be monitored for reoccurrence of symptoms due to mental exertion, such as reading, working on a computer, or taking a test.

# HEADS+UP

## CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR PARENTS

### What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

### What are the signs and symptoms?

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports *one or more* symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

Signs Observed by Parents or Guardians	Symptoms Reported by Athlete
<ul style="list-style-type: none"> <li>• Appears dazed or stunned</li> <li>• Is confused about assignment or position</li> <li>• Forgets an instruction</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves clumsily</li> <li>• Answers questions slowly</li> <li>• Loses consciousness (<i>even briefly</i>)</li> <li>• Shows mood, behavior, or personality changes</li> <li>• Can't recall events <i>prior</i> to hit or fall</li> <li>• Can't recall events <i>after</i> hit or fall</li> </ul>	<ul style="list-style-type: none"> <li>• Headache or “pressure” in head</li> <li>• Nausea or vomiting</li> <li>• Balance problems or dizziness</li> <li>• Double or blurry vision</li> <li>• Sensitivity to light or noise</li> <li>• Feeling sluggish, hazy, foggy, or groggy</li> <li>• Concentration or memory problems</li> <li>• Confusion</li> <li>• Just not “feeling right” or is “feeling down”</li> </ul>

### How can you help your teen prevent a concussion?

Every sport is different, but there are steps your teens can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.

- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

### What should you do if you think your teen has a concussion?

1. **Keep your teen out of play.** If your teen has a concussion, her/his brain needs time to heal. Don't let your teen return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your teen is symptom-free and it's OK to return to play. 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 edema (brain swelling), permanent brain damage, and even death.
2. **Seek medical attention right away.** A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
3. **Teach your teen that it's not smart to play with a concussion.** Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your teen convince you that s/he's “just fine.”
4. **Tell all of your teen's coaches and the student's school nurse about ANY concussion.** Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. Your teen may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your teen's coaches, school nurse, and teachers. If needed, they can help adjust your teen's school activities during her/his recovery.

If you think your teen has a concussion:  
Don't assess it yourself. Take him/her out of play.  
Seek the advice of a health care professional.

**It's better to miss one game than the whole season.**

For more information and to order additional materials *free-of-charge*, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

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





# Concussions: The Invisible Injury

## Student and Parent Information Sheet

### CONCUSSION DEFINITION

A concussion is a reaction by the brain to a jolt or force that can be transmitted to the head by an impact or blow occurring anywhere on the body. Essentially a concussion results from the brain moving back and forth or twisting rapidly inside the skull.

### FACTS ABOUT CONCUSSIONS ACCORDING TO THE CENTER FOR DISEASE CONTROL (CDC)

- An estimated 4 million people under age 19 sustain a head injury annually. Of these approximately 52,000 die and 275,000 are hospitalized.
- An estimated 300,000 sports and recreation related concussions occur each year.
- Students who have had at least one concussion are at increased risk for another concussion.

In New York State in 2009, approximately 50,500 children under the age of 19 visited the emergency room for a traumatic brain injury and of those approximately 3,000 were hospitalized.

### REQUIREMENTS OF SCHOOL DISTRICTS

#### Education:

- Each school coach, physical education teacher, nurse, and athletic trainer will have to complete an approved course on concussion management on a biennial basis, starting with the 2012-2013 school year.
  - \* School coaches and physical education teachers must complete the CDC course.  
([www.cdc.gov/concussion/HeadsUp/online\\_training.html](http://www.cdc.gov/concussion/HeadsUp/online_training.html))
  - \* School nurses and certified athletic trainers must complete the concussion course. (<http://preventingconcussions.org>)

#### Information:

- Provide concussion management information and sign off with any parental permission form.
- The concussion management and awareness information or the State Education Department's web site must be made available on the school web site, if one exists.

#### Removal from athletics:

- Require the immediate removal from athletic activities of any pupil that has or is believed to have sustained a mild traumatic brain injury.
- No pupils will be allowed to resume athletic activity until they have been symptom free for 24 hours and have been evaluated by and received written and signed authorization from a licensed physician. For interscholastic athletics, clearance must come from the school medical director.
  - \* Such authorization must be kept in the pupil's permanent health record.
  - \* Schools shall follow directives issued by the pupil's treating physician.

### SYMPTOMS

Symptoms of a concussion are the result of a temporary change in the brain's function. In most cases, the symptoms of a concussion generally resolve over a short period of time; however, in some cases, symptoms will last for weeks or longer. Children and adolescents are more susceptible to concussions and take longer than adults to recover.

It is imperative that any student who is suspected of having a concussion is removed from athletic activity (e.g. recess, PE class, sports) and remains out of such activities until evaluated and cleared to return to activity by a physician.

Symptoms include, but are not limited to:

- Decreased or absent memory of events prior to or immediately after the injury, or difficulty retaining new information
- Confusion or appears dazed
- Headache or head pressure
- Loss of consciousness
- Balance difficulties, dizziness, or clumsy movements
- Double or blurry vision
- Sensitivity to light and/or sound
- Nausea, vomiting and/or loss of appetite
- Irritability, sadness or other changes in personality
- Feeling sluggish, foggy or light-headed
- Concentration or focusing problems
- Drowsiness
- Fatigue and/or sleep issues – sleeping more or less than usual

Students who develop any of the following signs, or if signs and symptoms worsen, should be seen and evaluated immediately at the nearest hospital emergency room.

- Headaches that worsen
- Seizures
- Looks drowsy and/or cannot be awakened
- Repeated vomiting
- Slurred speech
- Unable to recognize people or places
- Weakness or numbing in arms or legs, facial drooping
- Unsteady gait
- Change in pupil size in one eye
- Significant irritability
- Any loss of consciousness
- Suspicion for skull fracture: blood draining from ear or clear fluid from the nose

## STATE EDUCATION DEPARTMENT'S GUIDANCE FOR CONCUSSION MANAGEMENT

Schools are advised to develop a written concussion management policy. A sample policy is available on the NYSPHSAA web site at [www.nysphsaa.org](http://www.nysphsaa.org). The policy should include:

- A commitment to reduce the risk of head injuries.
- A procedure and treatment plan developed by the district medical director.
- A procedure to ensure proper education for school nurses, certified athletic trainers, physical education teachers, and coaches.
- A procedure for a coordinated communication plan among appropriate staff.
- A procedure for periodic review of the concussion management program.

## RETURN TO LEARN and RETURN TO PLAY PROTOCOLS

**Cognitive Rest:** Activities students should avoid include, but are not limited to, the following:

- Computers and video games
- Television viewing
- Texting
- Reading or writing
- Studying or homework
- Taking a test or completing significant projects
- Loud music
- Bright lights

Students may only be able to attend school for short periods of time. Accommodations may have to be made for missed tests and assignments.

**Physical Rest:** Activities students should avoid include, but are not limited to, the following:

- Contact and collision
- High speed, intense exercise and/or sports
- High risk for re-injury or impacts
- Any activity that results in an increased heart rate or increased head pressure

**Return to Play Protocol** once symptom free for 24 hours and cleared by School Medical Director:

**Day 1:** Low impact, non strenuous, light aerobic activity.

**Day 2:** Higher impact, higher exertion, moderate aerobic activity. No resistance training.

**Day 3:** Sport specific non-contact activity. Low resistance weight training with a spotter.

**Day 4:** Sport specific activity, non-contact drills. Higher resistance weight training with a spotter.

**Day 5:** Full contact training drills and intense aerobic activity.

**Day 6:** Return to full activities with clearance from School Medical Director.

Any return of symptoms during the return to play protocol, the student will return to previous day's activities until symptom free.

## CONCUSSION MANAGEMENT TEAM

Schools may, at their discretion, form a concussion management team to implement and monitor the concussion management policy and program. The team could include, but is not limited to, the following:

- Students
- Parents/Guardians
- School Administrators
- Medical Director
- Private Medical Provider
- School Nurse
- Director of Physical Education and/or Athletic Director
- Certified Athletic Trainer
- Physical Education Teacher and/or Coaches
- Classroom Teachers

## OTHER RESOURCES

- New York State Education Department  
<http://www.p12.nysed.gov/sss/schoolhealth/schoolhealthservices>
- New York State Department of Health  
[http://www.health.ny.gov/prevention/injury\\_prevention/concussion/htm](http://www.health.ny.gov/prevention/injury_prevention/concussion/htm)
- New York State Public High School Athletic Association  
[www.nysphsaa.org/safety/](http://www.nysphsaa.org/safety/)
- Center for Disease Control and Prevention  
<http://cdc.gov/TraumaticBrainInjury>
- National Federation of High Schools  
[www.nfhslearn.com](http://www.nfhslearn.com) – The FREE Concussion Management course does not meet education requirement.
- Child Health Plus  
[http://www.health.ny.gov/health\\_care/managed\\_care/consumer\\_guide/about\\_child\\_health\\_plus.htm](http://www.health.ny.gov/health_care/managed_care/consumer_guide/about_child_health_plus.htm)
- Local Department of Social Services – New York State Department of Health  
[http://www.health.ny.gov/health\\_care/medicaid/ldss/htm](http://www.health.ny.gov/health_care/medicaid/ldss/htm)
- Brain Injury Association of New York State  
<http://www.bianys.org>
- Nationwide Children's Hospital – Concussions in the Classroom  
<http://www.nationwidechildrens.org/concussions-in-the-classroom>
- Upstate University Hospital – Concussions in the Classroom  
<http://www.upstate.edu/pmr/healthcare/programs/concussion/classroom.php>
- ESPN Video – Life Changed by Concussion  
<http://espn.go.com/video/clip?id=7525526&categoryId=5595394>
- SportsConcussions.org  
<http://www.sportsconcussions.org/ibaseline/>
- American Association of Neurological Surgeons  
<http://www.aans.org/Patient%20Information/Conditions%20and%20Treatment/Concussion.aspx>
- Consensus Statement on Concussion in Sport – Zurich  
<http://sportsconcussions.com/html/Zurich%20Statement.pdf>