

Concussions: Student and Parent Information Sheet

Concussion Definition: A concussion is a mild traumatic brain injury (MTBI). A concussion occurs when normal brain functioning is disrupted by a blow or jolt to the head or body that causes the head and brain to move rapidly back and forth. A concussion is a reaction by the brain to a force that can be transmitted to the head by an impact occurring anywhere on the body. Essentially a concussion results from the brain moving back and forth or twisting rapidly inside the skull.

Facts: An estimated 4 million people under age 19 sustain a head injury annually. Students who have had at least one concussion are at increased risk for another concussion.

Removal from athletics: Any pupil that has or is believed to have sustained a mild traumatic brain injury is required to be removed from athletic activities immediately. No student athletes 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. Such authorization must be kept in the pupil's permanent health record. If they have been diagnosed with a concussion, they must complete a 5-day return to play progression before returning to full athletic participation. The school medical director will have final authorization over all concussion related matters.

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.

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: 1 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; Seizures; 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: AECSD developed a written concussion management policy which includes a commitment to

reduce the risk of head injuries, a procedure and treatment plan, a procedure to ensure proper education for staff, a procedure for a coordinated communication plan among staff and 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 a Licensed Physician:

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.

Other Resources regarding concussions:

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

New York State Public High School Athletic Association - www.nysphsaa.org/safety/

Center for Disease Control and Prevention - <http://cdc.gov/TraumaticBrainInjury>

Recovery from concussion and its symptoms will vary. Avoiding re-injury and over-exertion until fully recovered are the cornerstones of proper concussion management.

Concussions can impact a student's academics as well as their athletic pursuits.

Guidelines for the return to school and school activities for a student who has suffered an MTBI, even if the injury occurred outside of school, can be obtained by contacting Caren Radell, Nursing Supervisor for the Auburn Enlarged City School District. The District website <http://district.auburn.cnyric.org/Athletics/> provides links and further information regarding concussions.