

SCSD Sideline Concussion Protocol

1. On-Field/Court event occurs - forceful blow to head, neck or spine and athlete exhibits some signs of possible injury/concussion: slow regaining feet, atypical behavior, loss of balance/coordination, loss of consciousness, etc.
2. A. Health Care Provider (EMT, MD, PA, etc.) conducts initial concussion screening (SCAT2/3 or SAC)
B. Health care provider not available prompts SCSD Coach/AD to conduct initial concussion screening (Concussion Signs & Symptoms Checklist). School nurse will train all coaches and volunteers in the use of the Concussion Signs & Symptoms Checklist .
3. Screening reveals:
 - A. No signs of a concussion: Student exhibits none of the "Observed Signs, Physical Symptoms or Cognitive Symptoms" on the Concussion Signs & Symptoms Checklist and answers all of the Maddocks Questions correct.
 - 1) Athlete is rechecked in 15 minutes and if he/she still does not exhibit any symptoms, athlete returns to play
 - 2) Parents are provided, as a precaution, with concussion information
 - 3) Coach monitors for symptoms
 - B. Possibility of a concussion:
 1. Student sits for the remainder of the game/practice
 - 1a. Parents are informed they must take athlete to a medical provider, with the SCAT2/3, CSSC, and/or SAC results, within 12 hours to have athlete checked by a MD/DO. MD/DO must sign SCAT2/3, CSSC or SAC results
 - 1b. Athlete is checked and cleared by MD/DO (not diagnosed with concussion) within 12 hours; screening tool signed by MD/DO returned to school district
 - 1c. Athlete returns to play
 - 1d. Coach monitors for symptoms
 2. Athlete is checked by medical provider and diagnosed with concussion
 - 2a. Concussion Management Team and nurse are notified and school district protocols go into effect
 - 2b. Once athlete is cleared by MD/DO to return to play, the five day return to play progression protocol goes into effect
 - 2c. Coach monitors for symptoms
 3. Parents do not take their child to a medical provider within 12 hours
 - 3a. Athlete does not participate until cleared by a MD/DO
 - 3b. Concussion Management Team and school nurse notified
 - 3c. When student is released and cleared by MD/DO; screening tool signed by MD/DO returned to school district
 - 3d. The five day concussion return to play progression begins
 - 3e. Coach monitors for symptoms

C. Definitive concussion symptoms present:

1. Student removed from play/game. The student should be taken to an emergency department right away if s/he exhibits any of the following danger signs after a bump, blow, or jolt to the head or body:
 - One pupil larger than the other
 - 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
 - Loses consciousness (even a brief).

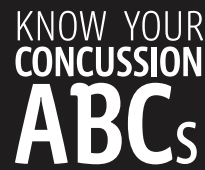
2. Student provided with emergency medical treatment
 - 2a. If parents present, parents are required to seek immediate medical attention.
 - i) If parents refuse or fail to take the athlete for immediate medical attention (less than one hour), the student athlete is ineligible for participation for two weeks minimum and the athlete may not return until cleared by an MD/DO.
 - 2b. If parents are not present, student is transported to nearest medical facility (911 call, if necessary)
 - 2c. Concussion Management Team and school nurse notified
 - 2d. Student monitored for symptoms
 - 2e. When student is released and cleared by MD/DO; screening tool signed by MD/DO returned to school district student begins the
 - 2f. Five day return to play progression
 - 2g. Coach monitors for symptoms

Attachments:

Concussion Signs & Symptoms Checklist

CDC Return to Play Progression

Concussion Signs and Symptoms Checklist



Assess the situation | Be alert for signs and symptoms | Contact a health care professional

Student's Name: _____ Student's Grade: _____ Date/Time of Injury: _____

Where and How Injury Occurred: *(Be sure to include cause and force of the hit or blow to the head.)* _____

Description of Injury: *(Be sure to include information about any loss of consciousness and for how long, memory loss, or seizures following the injury, or previous concussions, if any. See the section on Danger Signs on the back of this form.)* _____

DIRECTIONS:

Use this checklist to monitor students who come to your office with a head injury. Students should be monitored for a minimum of 30 minutes. Check for signs or symptoms when the student first arrives at your office, fifteen minutes later, and at the end of 30 minutes.

Students who experience one or more of the signs or symptoms of concussion after a bump, blow, or jolt to the head should be referred to a health care professional with experience in evaluating for concussion. For those instances when a parent is coming to take the student to a health care professional, observe the student for any new or worsening symptoms right before the student leaves. Send a copy of this checklist with the student for the health care professional to review.

OBSERVED SIGNS	0 MINUTES	15 MINUTES	30 MINUTES	<input type="checkbox"/> MINUTES Just prior to leaving
Appears dazed or stunned				
Is confused about events				
Repeats questions				
Answers questions slowly				
Can't recall events <i>prior</i> to the hit, bump, or fall				
Can't recall events <i>after</i> the hit, bump, or fall				
Loses consciousness (even briefly)				
Shows behavior or personality changes				
Forgets class schedule or assignments				
PHYSICAL SYMPTOMS				
Headache or "pressure" in head				
Nausea or vomiting				
Balance problems or dizziness				
Fatigue or feeling tired				
Blurry or double vision				
Sensitivity to light				
Sensitivity to noise				
Numbness or tingling				
Does not "feel right"				
COGNITIVE SYMPTOMS				
Difficulty thinking clearly				
Difficulty concentrating				
Difficulty remembering				
Feeling more slowed down				
Feeling sluggish, hazy, foggy, or groggy				
EMOTIONAL SYMPTOMS				
Irritable				
Sad				
More emotional than usual				
Nervous				

To download this checklist in Spanish, please visit: www.cdc.gov/Concussion. Para obtener una copia electrónica de esta lista de síntomas en español, por favor visite: www.cdc.gov/Concussion.

Danger Signs:

Be alert for symptoms that worsen over time. The student should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness 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
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Additional Information About This Checklist:

This checklist is also useful if a student appears to have sustained a head injury outside of school or on a previous school day. In such cases, be sure to ask the student about possible sleep symptoms. Drowsiness, sleeping more or less than usual, or difficulty falling asleep may indicate a concussion.

To maintain confidentiality and ensure privacy, this checklist is intended only for use by appropriate school professionals, health care professionals, and the student's parent(s) or guardian(s).

For a free tear-off pad with additional copies of this form, or for more information on concussion, visit: www.cdc.gov/Concussion.

Resolution of Injury:

- ___ Student returned to class
- ___ Student sent home
- ___ Student referred to health care professional with experience in evaluating for concussion

SIGNATURE OF SCHOOL PROFESSIONAL COMPLETING THIS FORM: _____

TITLE: _____

COMMENTS:

Centers for Disease Control Concussion Return to Play Progression

There are five gradual steps to help safely return an athlete to play:

Baseline: No Symptoms:

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.*

Step 1: Light aerobic activity

The Goal: Only to increase an athlete's heart rate.

The Time: 5 to 10 minutes.

The Activities: Exercise bike, walking, or light jogging.

Absolutely no weight lifting, jumping or hard running.

Step 2: Moderate activity

The Goal: Limited body and head movement.

The Time: Reduced from typical routine.

The Activities: Moderate jogging, brief running, moderate-intensity stationary biking, and moderate-intensity weightlifting

Step 3: Heavy, non-contact activity

The Goal: More intense but non-contact

The Time: Close to typical routine

The 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 & full contact

The Goal: Reintegrate in full contact practice.

Step 5: Competition

The Goal: Return to competition.