

<i>Procedure</i>	<i>Title</i> CONCUSSION PROTOCOL FOR EXTRACURRICULAR ATHLETIC ACTIVITIES	<i>Code</i> JJIF-P
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HOLLISTON

Purpose

This protocol provides for the implementation of MA 105 CMR 201.000, *Head Injuries and Concussions in Extracurricular Athletic Activities* and *Holliston School Committee Policy JJIF, Athletic Concussion Policy*. The protocol applies to all public middle and high school students who participate in any extracurricular athletic activity. This protocol provides the procedures and protocols for the Holliston Public Schools in the management of and prevention of sports-related head injuries within the district or school. This protocol will be reviewed and revised, if necessary, every year.

Medical management of sports-related concussion is evolving. Because of the significant amount of research in recent years into sports-related concussions in athletes, the Massachusetts Department of Public Health has provided standardized procedures for persons involved in the prevention, training, management and return to activity decisions regarding students who incur head injuries while involved in extracurricular athletic activities, including but not limited to interscholastic sports, in order to protect their health and safety. Holliston Public Schools has established this protocol to provide education and guidance for athletic department staff and other school personnel in regards to sports-related head injuries within the school district.

Goal

Holliston Public Schools is committed to ensuring the health and safety of all students. In order to effectively and consistently manage head injuries, the following procedures have been developed to aid in the prevention and treatment of concussed athletes.

Pre-participation Requirements and Training

Concussion training is a pre-participation requirement for all student athletes and must be completed prior to practice or competition. The following persons will annually complete a head injury safety training program approved by the Holliston Public Schools:

- Coaches/Directors affiliated with all sports and cheerleading
- Certified athletic trainers
- Volunteers affiliated with sports and cheerleading
- School nurses
- Athletic directors
- A parent/guardian of a student who participates in an extracurricular athletic activity and students who participate in an extracurricular athletic.

This requirement for parents and students may be met by completing the online program, “*CDC Heads-Up Video Training*” (Appendix A), and providing documentation of completion on the *Athletic Registration Form* (Appendix B) and submitting to the athletic director.

The athletic director will keep all documentation for three years.

The training must be repeated every subsequent year.

Additionally, a parent/guardian of a student athlete must complete and sign the *Pre-Participation Sports Medical Questionnaire* (Appendix C) prior to each season of participation. The questionnaire will be reviewed by the school nurse and the certified athletic trainer prior to athletic participation. Annually, student athletes are also required to provide a current *Physical Exam* to the school nurses’ office. No student shall be medically cleared for extracurricular athletic activities until the school nurse and/ or certified athletic trainer have reviewed both the questionnaire and physical exam.

Holliston Public Schools may use a student’s history of head injury or concussion as a factor to determine whether to allow the student to participate in an extracurricular athletic activity or whether to allow such participation under specific conditions or modifications.

Additional parental requirement:

If a student athlete sustains a head injury or concussion during the season, but not while participating in an extracurricular athletic activity, the parent shall complete the *Report of Head Injury Form* (Appendix D) and submit same to the school nurse.

Mechanics of Injury and Concussion Overview

A concussion is considered a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces. This can be caused by a direct blow to the head, face, neck or elsewhere on the body with an “impulsive” force transmitted to the head and typically results in the rapid onset of short-lived impairment of neurologic function that resolves spontaneously.

- A concussion is a functional injury, not structural, and may or may not include loss of consciousness (LOC).
- A concussion is not identifiable on standard imaging (CT, MRI, X-ray), but may rule out a more serious brain injury
- Because concussions are difficult to detect, student athletes must obtain medical approval before returning to athletics following a concussion

Signs and Symptoms of Concussion

Below is a list of signs and symptoms that may be used by the medical professional to assist in the initial evaluation of the suspected concussed student.

PHYSICAL	COGNITIVE	EMOTIONAL	SLEEP
Headache Fatigue Dizziness Photophobia Sensitive to Noise Nausea Balance problems LOC Vision difficulty	Difficulty remembering Difficulty concentrating Feeling 'slowed down' Feeling 'in a fog' Slowed reaction times Altered attention Amnesia	Behavioral changes Irritability Sadness Overly emotional Nervousness Anxiety	Drowsiness Trouble falling asleep Sleep more than usual Sleep less than usual

Some of these symptoms will appear immediately, while others may take hours or days to develop. Because signs and symptoms vary over time, it is important to monitor the student for changes.

Management and Referral Guidelines

Any student athlete, who during a practice or competition, sustains a head injury or suspected concussion, or exhibits signs and symptoms of a concussion or loses consciousness, even briefly, shall be removed from the practice or competition immediately and may not return to the practice or competition that day.

If the student athlete is suspected of having a concussion, the athletic trainer will use the *Standardized Assessment for Concussion (SAC)* to assess and document the student athlete for signs and symptoms of concussion. The athletic trainer will also report on the student athlete's signs and symptoms by using a *Concussion Signs and Symptoms Checklist* (Appendix G). Finally, the athletic trainer will complete a *Head Injury Report*. The *Head Injury Report* will be given to the school nurse who will, in turn, notify the Athletic Director and guidance office. The school nurse should also maintain documentation of the *Head Injury Reports*.

If a medical professional is not available at the time of injury, the coach will not allow the student athlete to return to play and will activate EMS if the student experiences worsening signs and symptoms.

If the student athlete is suspected of having a concussion, but is stable, the parent/guardian will be notified and the student athlete will be closely supervised until the parent/guardian arrives. The parent/guardian will receive important information regarding signs and symptoms of deteriorating brain injury/function prompting immediate referral to a local emergency room as well as return to play requirements. The student athlete will then be sent home with a parent/guardian for monitoring. The student athlete shall not return to practice or competition unless and until the student provides appropriate medical clearance.

If the athletic trainer is not present at the time of the incident, the coach will complete the *Head Injury Report* and notify the athletic trainer.

Return to Play

Final authorization to return to play in the Holliston Public Schools requires:

- Medical clearance for return to play and completion of the “*Post Sports-Related Head Injury Medical Clearance Form*” (Appendix E).
- The student athlete to be asymptomatic and to have successfully completed the *Concussion Return to Play Protocol* (Appendix F) as directed by the certified athletic trainer.

The *Return to Play Protocol* is a stepwise progression consistent with the Consensus Statement from the 3rd International Conference on Concussion in Sport, November 2008.

The following individuals may authorize a return to play:

- A duly licensed physician
- A duly licensed certified athletic trainer in consultation with a licensed physician
- A duly licensed nurse practitioner in consultation with a licensed physician or
- A duly licensed neuropsychologist in coordination with the physician managing the student’s recovery.

Post Concussion Syndrome

Post Concussion Syndrome is a poorly understood condition that occurs after a student sustains a concussion. Student athletes who receive concussions can have symptoms that last a few days to a few months, and even up to a full year, until their neurocognitive function returns to normal. Therefore, all school personnel must pay attention to and closely observe all student athletes for post concussion syndrome and its symptoms. Student athletes who are still suffering from concussion symptoms are not ready to return to play. The signs and symptoms of post concussion syndrome are:

- Dizziness
- Headache with exertion
- Tinnitus (ringing in the ears)
- Fatigue
- Irritability
- Frustration
- Difficulty in coping with daily stress
- Impaired memory or concentration
- Eating and sleeping disorders
- Behavioral changes
- Decreases in academic performance
- Depression
- Visual disturbances

Second Impact Syndrome

Second impact syndrome is a very rare condition in which a second concussion occurs before a first concussion has properly healed, causing rapid and severe brain swelling. Second impact syndrome can result from even a very mild concussion that occurs days or weeks after the initial concussion. Neither impact has to be severe for a second impact syndrome to occur. Symptoms usually occur immediately following the second impact and progress rapidly. Common symptoms include:

- Dilated pupils
- Loss of eye movement
- Unconsciousness
- Respiratory failure
- Death

Athletic Director Responsibilities

The Athletic Director participates in the annual review and revision of the protocol.

The Athletic Director completes the annual online training course called “Concussion In Sports: What You Need to Know.” This course is offered by the National Federation of State High School Associations (NFHS).

The Athletic Director shall:

- Ensure the training of coaches, parents, volunteers and student athletes;
- Ensure that all students meet the physical exam requirements consistent with 105 CMR 200.000 prior to participation in any extracurricular athletic activity;
- Ensure that all student athletes participating in extracurricular athletic activity have completed and submitted their pre-participation forms, which include physical exam, pre-participation sports medical questionnaire and *Athletic Registration Form*;
- Ensure that no student athlete participates without medical clearance;
- Ensure the Report of Head Injury Forms are completed and reviewed by the certified athletic trainer and/or school nurse;
- Ensure that student athletes are prohibited from engaging in any unreasonably dangerous athletic technique that endangers the health or safety of an athlete, including using a helmet or any other sports equipment as a weapon;
- Maintain records of annual trainings, completions, affidavits, and/or attendance rosters for three years.

Athletic Trainer Responsibilities (Holliston High School Student Athletes Only)

The athletic trainer shall complete the annual online training course called “Concussion In Sports: What You Need to Know” (or equivalent). A certificate of completion must be submitted to the Athletic Director annually.

The athletic trainer shall participate in the annual review and revision of the protocol.

The athletic trainer shall:

- Review in collaboration with the school nurse the Pre-participation Questionnaire and Report of Head Injury Report forms;
- Identify any student athlete with head injury or concussion that occur in practice or competition and remove them from play;
- Monitor the symptoms of student athlete with head injuries and maintain written documentation of such monitoring;
- Notify the school nurse of the injury so that the school nurse can initiate appropriate follow-up in school immediately upon the student’s return to school;
- Implement the individual Concussion Return-to-Play Protocol after diagnosis;
- Collaborate with coaches to ensure that the Concussion Return-to-Play Protocol is being followed;
- Determine return to play eligibility; or
- Additional medical clearance may be required for student athletes who may have repeated concussions or severe concussion and who in the opinion of the athletic trainer may be at greater risk of suffering from concussions and potential long term effects from these multiple concussions;
- Maintain all Concussion Return-to-Play protocols for student athletes with head injury or concussion in a secure location.

Coach Responsibilities

The coach completes the annual online training, “*Concussion in Sports: What You Need to Know*” and provides the athletic director with certificate of completion.

The coach reviews the pre-participation information provided by the certified athletic trainer regarding a student athlete’s history and/or risk of repeated head injury.

The coach shall:

- Identify student athlete with head injuries or suspected concussions that occur in practice or competition and remove them from play;
- Complete the Report of Head Injury Form upon identification of a student with a head injury or suspected concussion that occurs during practice or competition, when a certified athletic trainer is NOT present or at an away event;
- Promptly notify parent of any student athlete removed from practice or competition and provide same notification in writing or electronically by the end of the next business day;

- Promptly notify the athletic director and athletic trainer and school nurse of any student-athlete removed from practice or competition;
- Do not allow student athletes to return to play until cleared by a physician and/or athletic trainer;
- Follow Return to Play guidelines;
- Teach techniques aimed at minimizing sports-related head injury;
- Discourage and prohibit student athletes from engaging in any unreasonably dangerous athletic technique that endangers the health or safety of a student athlete, including using a helmet or any other sports equipment as a weapon.

School Nurse Responsibilities

The school nurse completes the annual online training, *“Heads Up To Clinicians: Addressing Concussion in Sports among Kids and Teens”*. A certificate of completion will be recorded by the nurse leader yearly.

The school nurse participates in the annual review and revision of the protocol.

The school nurse shall:

- Review all pre-participation questionnaires;
- Review all annual physical exams;
- Review all Report of Head Injury reports;
- Maintain all questionnaires, physical exams, Report of Head Injury forms and any other pertinent medical information in the student health record;
- Share on a need to know basis any head injury information regarding a student athlete that may impact their ability to participate in extracurricular athletic activities or places a student at greater risk for repeated head injuries;
- Participate in the reentry planning for student to discuss any necessary accommodations or modifications with respect to academics, course requirements, homework, testing scheduling and other aspects of school activities consistent with a graduated reentry plan for return to full academic and extracurricular athletic activities after a head injury and revising the health care plan as needed;
- Monitor recuperating students with head injuries and collaborate with teachers to ensure that the graduated reentry plan is being followed;
- Provide ongoing educational materials on head injury and concussion to teachers, staff and students;
- Report annual statistics to the Department of Public Health
 - The total number of Head Injury Reports received from both coaches and parents;
 - The total number of students who incur head injuries and suspected concussions when engaged in any extracurricular athletic activities.

Guidance Counselor Responsibilities

- The guidance counselor will monitor the student closely and recommend appropriate academic accommodations for student athletes who are exhibiting symptoms of post-

concussion syndrome;

- The guidance counselor will communicate with the school health office on a regular basis to provide the most effective care for the student;
- The guidance counselor will maintain on-going communication with the teaching staff to provide optimal care/assure cognitive rest for the injured student athlete; teachers will modify work per medical recommendation;
- The guidance counselor will facilitate referrals for educational support as necessary;
- The guidance counselor will provide parental follow-up as necessary during recovery process and medical updates as pertaining to academic progress.

**Holliston Public Schools
Athletic Department**

Concussion Training

Annual Concussion Training is now mandatory for all student athletes and their parents **before** athletes can begin tryouts. The training is online and takes approximately 20 minutes per participant. All student athletes **and** at least one of their parents must complete the training, print out the certificate at the end of the training and sign the *Athletic Registration Form* validating completion of the course in order for the student athlete to be eligible for tryouts or practice.

Student athletes should turn the completion certificates in with their sports form. The training course can be found at the following link:

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

Appendix B

Holliston High School Department of Athletics	STUDENT INFORMATION & PARENTAL CONSENT FOR PARTICIPATION IN ALL INTERSCHOLASTIC ACTIVITIES	Sport: _____ ___ Fall ___ Winter ___ Spring
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**ALL STUDENTS WHO WISH TO PARTICIPATE IN SCHOOL ATHLETICS
MUST BE COVERED BY SOME FORM OF INSURANCE**

The school system provides insurance to *cover* out-of-pocket medical expenses incurred by parents, which are a direct result of injuries **sustained by participants engaged in the practice or play of interscholastic football only**. If you wish to have your student participate in the athletic program, it is necessary for you to complete and return this form including the name of your insurance company, type of insurance plan, and policy number. The plan must cover the student participant.

Brochure applications for an insurance plan available through the school department will be distributed in classrooms at the beginning of the school year. This insurance is available at a minimal cost to the parents and is available only at the beginning of the school year. Parents are advised that, if their student plans to participate in sports activities later in the school year, they should take out the insurance in September.

A student who decides to attend a trip not sponsored by Holliston High School or *elects* to go on a vacation trip, on their return, will participate in all practices but will not participate in the next game or match. The student **must attend** the game as a non-participating athlete. Family related activities may be excused with the approval of the Athletic Director.

Part I – Student Profile:

Male _____ Female _____

Name:	D.O.B. / /	Grade: 9 10 11 12
Address:	Height:	Weight:
Town:	Zip	
<ul style="list-style-type: none"> I have completed the annual online concussion training. 		Initial _____
<ul style="list-style-type: none"> To the best of my knowledge, I am eligible to compete for Holliston High School. I assume responsibility for my conduct, for all athletic equipment issued to me, and for the return of this equipment at the close of each season. 		Initial _____
<ul style="list-style-type: none"> I have read and understand the Athletic Rules and Regulations as outlined in the student handbook and I understand the State policy and penalties for "hazing" (Chapter 289- Mass. General laws). 		Initial _____
Student Must Sign: _____		Date: ___/___/___

Part II – Parental Consent:

Home Tel: _____ Work Tel: _____

The Student named in the profile section (above) has my permission to participate in the sport of _____ During the school year 20__.

Insurance purchased through the School Department: ___ Yes ___ No ___ FOOTBALL ONLY

Indicate name of any family health plan or insurance (other than school):

Policy Name: _____ Policy Number: _____

<ul style="list-style-type: none"> I have completed the annual online concussion training. 	Initial _____
<ul style="list-style-type: none"> In the event that no one can be reached at the above numbers, I give permission for my child to be treated at an emergency center or hospital when accompanied by a representative of the school. WHEN POSSIBLE, the local hospital I would prefer is: 	
<p style="text-align: center;">_____ Emergency Tel: _____</p> Parent (Guardian) Must Sign: _____	Date: ___/___/___

Part III – Medical (Office use ONLY)

Student has a current (within one year) physical examination with an expiration date of: ___/___/___

School Nurse MUST sign and date _____ Date: ___/___/___

Part IV – Office Certification (Office use ONLY)

_____ Participation Fee: _____ Date: ___/___/___ Eligibility: _____

Authorized Signature Only

Appendix C

HPS Athletic Department
Pre-Participation Sports Medical Questionnaire
Please fill -out and return with the attached sports registration.
PARENT MUST SIGN. Please PRINT CLEARLY.

Name _____ DOB _____ Sport _____

Parent/Guardians' Name _____

Primary Address _____

Home Phone _____ Parent Cell Phone #'s _____

In case of emergency please contact _____ Phone # _____
(ADULT other than parent/guardian)

Medical History

Has this student-athlete ever:

Had a **Traumatic Brain Injury (blow to the head)**? ___ Yes ___ NO Date (Month /year) ___/___

Received **medical attention for a head injury**? ___ Yes ___ NO Date (Month /year) ___/___

Explain Circumstances

Was student athlete diagnosed with CONCUSSION? ___ Yes ___ NO Date (Month /year) ___/___

Duration of symptoms (such as headache, difficulty concentrating, fatigue)

for most recent concussion _____

Allergies _____ EPI-PEN? ___ Yes ___ NO

Asthma ___ Yes ___ NO INHALER? _____
Name of medication/s

List Current Medications _____

Past Operations (Please indicate year) _____

Injury History

Please list any significant orthopedic/head injuries occurring within the past 4 years.

Other health related issues

PLEASE NOTE: *Athletes are reminded to carry their inhalers and/or Epi-Pens with them at all times. Thank you.* School Year _____

I give permission to the athletic trainer to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's primary care physician or specialist for the purpose of referral, diagnosis and treatment. I understand the Athletic Trainer and Medical staff have the ability to medically clear or deny return to play as it pertains to athletic injuries.

Parent/Guardian signature _____ Date _____



The Commonwealth of Massachusetts Executive Office of
 Health and Human Services Department of Public Health
 250 Washington Street, Boston, MA 02108-4619

DEVAL L. PATRICK
 GOVERNOR

TIMOTHY P. MURRAY
 LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD
 SECRETARY

JOHN AUERBACH
 COMMISSIONER

**REPORT OF HEAD INJURY DURING
 SPORTS SEASON**

This form is to report head injuries (other than minor cuts or bruises) that occur during a sports season. It should be returned to the athletic director or staff member designated by the school and reviewed by the school nurse.

For Coaches: Please complete this form immediately after the game or practice for head injuries that result in the student being removed from play due to a possible concussion.

For Parents/Guardians: Please complete this form if your child has a head injury outside of school related extracurricular athletic activities.

Student's Name	Sex	Date of Birth	Grade
School		Sport(s)	
Home Address			Telephone

Date of injury: _____

Did the incident take place during an extracurricular activity? Yes No

If so, where did the incident take place? _____

Please describe nature and extent of injuries to student: _____

For Parents/Guardians:

Did the student receive medical attention: Yes No

If yes, was a concussion diagnosed? Yes No

I HEREBY STATE THAT TO THE BEST OF MY KNOWLEDGE, MY ANSWERS TO THE ABOVE QUESTIONS ARE COMPLETE AND CORRECT.

Please circle one: Coach or Marching Band Director or Parent/Guardian

Name of Person Completing Form (please print): _____

Signature: _____ Date: _____



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health

**POST SPORTS-RELATED HEAD INJURY MEDICAL
 CLEARANCE AND AUTHORIZATION FORM**

This medical clearance should only be provided *after* a graduated return to play plan has been completed and student has been symptom free at all stages. *The student must be completely symptom free at rest and during exertion prior to returning to full participation in extracurricular athletic activities.*

Student's Name	Sex	Date of Birth	Grade
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Date of injury: _____ Nature and extent of injury: _____

Symptoms (check all that apply):		
<input type="checkbox"/> Nausea or vomiting	<input type="checkbox"/> Headaches	<input type="checkbox"/> Light/noise sensitivity
<input type="checkbox"/> Dizziness/balance problems	<input type="checkbox"/> Double/blurry vision	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Feeling sluggish "in a fog"	<input type="checkbox"/> Change in sleep patterns	<input type="checkbox"/> Memory problems
<input type="checkbox"/> Difficulty concentrating	<input type="checkbox"/> Irritable-emotional ups and downs	<input type="checkbox"/> Sad or withdrawn
<input type="checkbox"/> Other		

Duration of Symptom(s): _____ Diagnosis: Concussion Other: _____

If concussion diagnosed, the date student completed return to play protocol: _____

Prior concussions (number, approximate dates): _____

Name of Physician or Practitioner: _____

Physician Certified Athletic Trainer Nurse Practitioner Neuropsychologist

Address: _____ Phone Number: _____

Physician providing consultation/coordination (if not person completing this form): _____

I HEREBY AUTHORIZE THE ABOVE NAMED STUDENT FOR RETURN TO EXTRACURRICULAR ATHLETIC ACTIVITY.

Signature: _____ Date: _____

Note: This form may only be completed by: a duly licensed physician; a certified athletic trainer in consultation with a licensed physician; a duly licensed nurse practitioner in consultation with a physician; a duly licensed neuropsychologist in coordination with the physician managing the student's recovery.

Holliston Public Schools Athletic Department

Concussion Return to Sport Protocol

In order to safely return the athlete to sport, the following progression should be followed:

- Only a medical professional is qualified to progress the athlete
- Athlete must have normal academic behavior/participation
- Athlete should not be taking Tylenol, Advil, or other pain-reliever
- Each level should be approximately 24 hours apart
- If signs/symptoms develop, must be symptom free for 24 hours and can start at last symptom free level (drop back one level from where symptoms developed)

Level X: No signs or symptoms of a concussions for a minimum of 24 hours*

- Normal eating and sleeping habits
- Normal schoolwork productivity/behavior
- No pain-relieving medications needed

Level 1: Light aerobic activity: Stationary bike, walking, or elliptical

- Minimum of 20 consecutive minutes to increase heart rate and blood pressure

Level 2: No symptoms developed since Level X

- Sport specific running or skating activity; body weight exercises

Level 3: No symptoms developed since Level X

- Non-contact practice drills; resistance training

Level 4: No symptoms developed since Level X

- Full contact practice

Level 5: No symptoms developed since Level X

- Game/Unrestricted activity

-If symptoms developed from level 4 or 5 activity, athlete will need to see a neurologist in order to rejoin this progression

*24 hours is the minimum symptom-free time needed before any activity may proceed. Special considerations may lengthen time (i.e. doctor's note, history of concussions, number and duration of symptoms, noncompliance by athlete)

Reference:

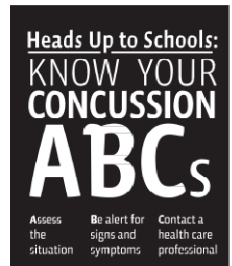
McCrorry P, Meeuwisse W, Johnston K, *et al.* Consensus Statement on Concussion in Sport: the 3rd International Conference on Concussion in Sport held in Zurich, November 2008. *Br J Sports Med* 2009; 43:i76-i84

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Appendix G

Concussion Signs and Symptoms Checklist

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 MINUTE S	15 MINUTE S	30 MINUTE S	MINUTES Just prior to leaving
Appears dazed or stunned				
Is confused about events				
Repeats questions				
Answers questions slowly				
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				
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				

Appendix G

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.

Appendix G

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:

011/12/1a