



Saint James School

Concussion Policy

Concussion

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells. These changes in the brain lead to symptoms that may affect how someone thinks, learns, feels, acts, and sleeps.

Signs and Symptoms relating to concussions

SIGNS (what someone else can see)	SYMPTOMS (what the person says they are experiencing)
Dazed or stunned	Headache or “pressure” in the head
Confused	Fatigue or low energy
Memory loss of the event	Nausea or vomiting
Memory loss from before or after the collision	Double or blurry vision
Balance problems/abnormal gait	Sensitivity to light or noise
Cognitive changes	Not “feeling right” or feeling “out of it”
Personality changes	Feeling emotional
Loss of consciousness	Numbness or tingling

Concussion Management

Any student who sustains a head injury while participating in an athletics program will be removed from play and evaluated with a sideline concussion assessment by the attending Athletic Trainer (ATC). If a concussion is suspected, the student athlete will be removed from play and be referred to the appropriate provider. The ATC will notify the student’s parent/guardian as soon as possible. Along with the parent/guardian, the ATC will also notify the school nurse and athletic director. Prior to each school year, all new students as well as incoming 3rd and 5th formers will complete the Sway neurocognitive and balance testing. The Sway test will be used as a baseline and students will be retested in the event that a concussion is suspected.

Any student who exhibits any of the following scenarios indicates a medical emergency and requires EMS activation:

- Deterioration of neurological function
- Loss of consciousness
- Decreasing level of consciousness
- Unequal, dilated, or unreactive pupils
- Excessive confusion or agitation
- A severe headache that continues to worsen and does not go away
- Seizures
- Decreased or irregular respirations
- Repeated vomiting
- Slurred speech
- Difficulty staying awake
- Signs or symptoms of associated injuries, spine or skull fracture, bleeding from ears

***If a concussion is suspected but the student doesn't present with the severity of the above signs or symptoms warranting EMS activation, it is required that the attending parent/guardian, or faculty member seek care at an appropriate facility within 24 hours. The option of emergency transportation should always be given to the parent, even if you do not feel it is necessary. Parents and guardians have the option for their student to be seen by Teresa Lum, the school's Nurse Practitioner, who is a LCHP as it relates to being cleared for concussion return to play. This is commonly implemented for long distance boarding students.**

If an Athletic Trainer is not present, the coach is responsible for the following procedures:

- Recognize the signs and symptoms of a concussion
- Remove athlete from play
- Report the injury to the Athletic Trainer and other appropriate personnel.
 - Boarder- Student's parent or guardian, as well as student's dorm head.
 - Day student- Student's parent or guardian
- Coaches will also report the injury to athletic director and school nurse.

Prior to each school year, every coach will have to take the online course "Concussion in Sport" provided by NFHS. Each coach is responsible for sending a certificate of completion to the ATC.

<https://nfhslearn.com/courses/concussion-in-sports-2>

Boarding Students

If possible, a parent will pick up boarding students who live within 75 miles from campus for better monitoring, physician follow-up and rest the first night of injury. If a parent is unable to pick up their child, the student's Dorm Head will closely monitor the student throughout the night. For boarders who do not have the option of going home that first night, the student's Dorm Head will closely monitor the student throughout the night.

*Suffering a single severe concussion or multiple concussions may lead to prohibition from participation in any sport. Saint James reserves the right to determine the level of participation for all athletes who have sustained a concussion.

Academic Accommodations

Cognitive exercise can exacerbate or prolong the symptoms of a concussion. A student can return to learning if they are able to concentrate on a task and tolerate visual and auditory stimulation for 30-45 minutes. The school nurse will notify the appropriate faculty members and request appropriate accommodation tailored for the student such as the following:

- Lunch in a quiet place
- Extra time for testing
- Extended time for assignments
- Part time attendance for a brief time frame
- Sharing notes with another student
- Reduced class work/homework
- At home rest as needed until symptoms diminish
- Missing assignments without penalty
- Resting in dorm after Study Hall
- Resting in dorm during sports practice

Return to Play

Students participating in athletics at Saint James are required to take the baseline Sway testing. Athletes should **not return to play the same day** if the ATC suspects a concussion until a licensed practitioner evaluates them. Concussed athletes must meet the ALL of the following criteria to begin a graduated return to play:

1. Asymptomatic for 24 hours without medication
 - Students will report to ATC or school nurse to complete a Signs and Symptoms score sheet (**Appendix A**)
2. Successful return to full academic schedule
3. Return to baseline range on post-concussion Sway testing
4. The "**Medical Clearance for Suspected Head Injury**" (**Appendix C**) form **MUST** be signed by a Licensed Health Care Provider (LHCP) and turned into the ATC or School Nurse

Athletes who have been *cleared for return to play **must progress through a graduated protocol.** If any symptoms occur on any day of the RTP, the student must become asymptomatic again before restarting the failed day. No steps may be skipped or combined to speed up the process. See

Appendix B for examples of graduated protocol.

Day 1: Light Aerobic Activity

Day 2: Heavy Aerobic Activity and Strength Training

Day 3: Functional, Individual Sport-Specific Drills Without Risk of Contact

Day 4: Non-Contact Practice

Day 5: Full-Contact Practice

Day 6: Return to Game

***Clearance from an LHCP DOES NOT allow for a student to return to practices or games on the date of clearance. Any diagnosis of a concussion at any time requires for a return to play to be completed (See Appendix B). The only time a student may return to practice or game after a suspected concussion is if a physician deems that they *did not* sustain a concussion during the event in question.**

This policy will be reviewed on a yearly basis by the Athletic Trainer, Arianna Hunt and Teresa Lum, Certified Pediatric Nurse Practitioner. Changes will be reviewed and given to the athletic staff, parents, and appropriate faculty members and coaches in writing. All athletic department staff will attend a meeting prior to each season in which procedures for concussion management will be discussed and reviewed. All students and parents will sign forms to acknowledge they have read our policy and received educational forms from the CDC.

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Second Impact Syndrome is a potentially fatal complication of concussions. Please read the handout below to learn more.

Contact information:

Athletic Trainer: Arianna Hunt.....(301)671-4892
School Nurse: Teresa Lum.....(301)671-4847
Athletic Director: Kacey Michelsen.....(301)671-4844
Associate Athletic Director: Alyssa Root.....(301)671-4845



SAINT JAMES SCHOOL

2025-2026 Concussion Policy Acknowledgement

The 2025-2026 Saint James School Concussion Policy can be found on the School's Website

By signing below, I acknowledge that I have read and am familiar with the 2025-2026 Saint James School Concussion Policy.

I agree and understand that my student will be removed from play if a concussion is suspected. I understand that if my son or daughter sustains a concussion, a medical letter of clearance from a LHCP must be provided to the Athletic Trainer or School Nurse in order to begin the 6-day gradual return to play process.

X

Athlete

X

Parent/Guardian

X

Faculty/Administration

X

Coach

As a coach and/or faculty member or administrator, I understand my responsibility in recognizing the signs and symptoms of a concussion and removing any athlete from practice or game if any signs or symptoms are noticed. I agree to follow the directions as provided by the Athletic Trainer in regard to the 6-day gradual return to play process.

Appendix A (Sample)

How do you feel?

"You should score yourself on the following symptoms, based on how you feel now."

	None	Mild	Moderate	Severe			
Headache	0	1	2	3	4	5	6
"Pressure in head"	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea or vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Blurred vision	0	1	2	3	4	5	6
Balance problems	0	1	2	3	4	5	6
Sensitivity to light	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Feeling like "in a fog"	0	1	2	3	4	5	6
"Don't feel right"	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Fatigue or low energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
More emotional	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous or anxious	0	1	2	3	4	5	6

Total number of symptoms (maximum possible 22)

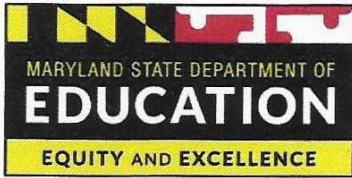
Symptom severity score (maximum possible 132)

Appendix B

Graduated Return to Play Protocol

Description of Stage	Date Completed	Supervised by
<p>STAGE 1: LIGHT AEROBIC ACTIVITY</p> <p><u>Begin stage 1 when:</u> Student is cleared by health care provider and has no symptoms</p> <p>Sample activities for stage 1: 20-30 minutes jogging, stationary bike or treadmill</p>		
<p>STAGE 2: HEAVY AEROBIC AND STRENGTH ACTIVITY</p> <p><u>Begin stage 2 when:</u> 24 hours have passed since student began stage 1 AND student has not experienced any return of symptoms in the previous 24 hours</p> <p>Sample activities for stage 2: Progressive resistance training workout consisting of all of the following:</p> <ul style="list-style-type: none"> • 4 laps around field or 10 minutes on stationary bike, and • Ten 60-yard sprints, and • 5 sets of 5 reps: Front squats/push-ups/shoulder press, and • 3-5 laps or walking lunges 		
<p>STAGE 3: FUNCTIONAL, INDIVIDUAL SPORT-SPECIFIC DRILLS WITHOUT RISK OF CONTACT</p> <p><u>Begin stage 3 when:</u> 24 hours have passed since student began stage 2 AND student has not experienced any return of symptoms in the previous 24 hours</p> <p>Sample activities for stage 3: 30-45 minutes of functional/sport specific drills coordinated by coach or athletic trainer. NOTE: no heading of soccer ball or drills involving blocking sled.</p>		
<p>STAGE 4: NON-CONTACT PRACTICE</p> <p><u>Begin stage 4 when:</u> 24 hours have passed since student began stage 3 AND student has not experienced any return of symptoms in the previous 24 hours</p> <p>Sample activities for stage 4: Full participation in team's regular strength and conditioning program. NOTE: no heading of soccer ball or drills involving blocking sled permitted.</p>		
<p>STAGE 5: FULL-CONTACT PRACTICE AND FULL PARTICIPATION IN PHYSICAL EDUCATION</p> <p><u>Begin stage 5 when:</u> 24 hours have passed since student began stage 4 AND student has not experienced any return of symptoms in the previous 24 hours</p> <p>Sample activities for stage 5: Unrestricted participation in practices and physical education</p>		
<p>STAGE 6: RETURN TO GAME</p> <p><u>Begin Stage 6 when:</u> 24 hours have passed since student began stage 5 AND student has not experienced any return of symptoms in the previous 24 hours</p>		

Appendix C



**Medical Clearance for
Student-Athlete Suspected Head Injury**

Name of Athlete _____
Sport/season _____
Date Received _____

Section 1: Initial Observation to be completed by Coach, Athletic Trainer and/or First Responder

Athlete's Name _____ DOB _____ School _____ Sport _____

Following the injury, did the athlete experience:	Circle One	Symptoms	Comments
Loss of consciousness or unresponsiveness	Yes / No		
Seizure or convulsive activity	Yes / No		
Balance problems/unsteadiness	Yes / No		
Dizziness	Yes / No		
Headache	Yes / No		
Nausea/Vomiting	Yes / No		
Emotional Instability (abnormal laughing, crying, anger)	Yes / No		
Confusion/Easily distracted	Yes / No		
Sensitivity to Light/noise	Yes / No		
Vision problems?	Yes / No		
Neck Pain	Yes / No		

Describe the injury, or give additional details: _____

Injury History: Name of Person Completing Form: _____ Relationship: _____
Date of Injury: _____ Time of Injury: _____ Phone Number: _____

Section 2: To Be Filled Out By a Licensed Health Care Provider (LHCP)

Medical Provider Recommendations According to COMAR 13A.06.08.01, only licensed health care providers (LHCP) trained in the evaluation and management of concussions are permitted to authorize a student athlete to return to play

*This return to play (RTP) plan is based on today's evaluation

LHCP Diagnosis:

- No Concussion - May Return to Full Academic and Physical Activity
- Concussion

*** PLEASE NOTE THESE REQUIREMENTS TO RETURN TO SPORTS PLEASE COMPLETE***

- Athletes are not allowed to return to practice or play the same day that their head injury occurred
- Athletes should never return to play or practice if they still have **ANY SYMPTOMS**
- Athletes, be sure that your coach and/or athletic trainer are aware of your injury, symptoms, and has the contact information for the treating physician

SCHOOL (ACADEMICS) COMPLETED BY LHCP

- May return to school now
- May return to school on ____/____/____
- Out of school until follow up (F/u is scheduled for _____)
- Limitations or Accommodations (please see below or attached)

SPORTS/PHYSICAL ACTIVITIES

- May start return to play progression under the supervision of the health care provider for your school/team
- Must return to medical provider for final clearance to return to competition and physical activities

Additional Comments/Instructions: _____

LHCP Name: _____

Signature: _____

Date: _____ Phone Number: _____

Office Stamp:

I certify that I am aware of the current medical guidance on concussion evaluation and management.

- All Maryland public school athletes must have a Licensed Health Care Providers signature to return to play
- More than one evaluation is typically necessary for medical clearance for concussion, as symptoms may not fully present for days.

RETURN COMPLETED FORM TO SCHOOL NURSE, ATHLETIC DIRECTOR, AND ATHLETIC TRAINER

Second Impact Syndrome (SIS) is a potentially fatal head injury that occurs when a second concussion is sustained while an earlier concussion has not yet healed. When an athlete returns to play too soon following a concussion or other brain injury he/she is at risk for SIS.

SIS can occur within the same game if the athlete is not removed from play, or days and weeks apart from the initial trauma while the brain is still recovering. SIS occurs due to malignant cerebral edema or swelling that can be rapid and catastrophic. Increased pressure on the brain impairs its ability to function and results in brain death.

The brain is more susceptible to injury after an initial injury. Minimal force can cause irreversible damage!

Signs & Symptoms

- ✓ Loss of consciousness
- ✓ Appear to be stunned
- ✓ Finds difficulty in finishing the play or making it to the sideline
- ✓ Collapses within 3-5 minutes of impact
- ✓ Rapid deterioration will include loss of consciousness, loss of eye movement, dilated pupils, coma, and then respiratory failure

Effects of SIS

SIS has a high mortality rate in young athletes. Athletes who survive may suffer from permanent neurological deficits that affect:

- ✓ Speech
- ✓ Sensory Ability
- ✓ Cognitive Functions
- ✓ Social/Emotional Interactions

An athlete should be removed from play immediately following the presence of concussion symptoms. Athletes should not return to play until cleared by a medical professional trained in the management of head injuries and are symptom free at rest, during and after physical testing.

Common Misconceptions ABOUT CONCUSSIONS

ALL CONCUSSIONS ARE THE SAME.

No two concussions are alike. Symptoms differ based on various factors, resulting in individualized treatment plans.

CONCUSSIONS ONLY OCCUR WITH LOSS OF CONSCIOUSNESS.

The majority of concussions actually occur without a loss of consciousness.

A PLAYER WHO JUST GETS "DINGED" HASN'T SUFFERED A CONCUSSION.

A stunned confusional state or getting "dinged" is still considered a concussion even though the symptoms only last for a very short time.

A CONCUSSION CAN ONLY OCCUR WITH A DIRECT BLOW TO THE HEAD.

A concussion may be caused by a direct blow to the head, face, neck, or elsewhere on the body if the blow is transmitted to the head.

