

# CONCUSSION

## INFORMATION FOR COACHES/ATHLETIC TRAINERS/FIRST RESPONDERS/ SCHOOL NURSES/SCHOOL VOLUNTEERS

**What is a concussion?** A concussion is a traumatic brain injury caused by a direct or indirect impact to the head that results in disruption of normal brain function, which may or may not result in loss of consciousness. It can occur from a fall, a blow to the head, or a blow to the body that causes the head and the brain to move quickly back and forth.

**How do I recognize a concussion?** There are many signs and symptoms a person may experience following concussion that can affect their thinking, emotions or mood, physical abilities, or sleep.

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability	Sleeping more than usual
Feeling slowed down	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Nausea/Vomiting	More emotional than normal	Trouble falling asleep
Difficulty remembering new information	Dizziness	Feeling nervous or anxious	
	Balance problems	Crying more	
	Sensitivity to noise or light		

Table from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)

**What should I do if I think a student-athlete has sustained a concussion?** If you suspect a student-athlete is experiencing any of the signs and symptoms listed above, you immediately remove them from participation, let their parents know, and/or refer them to the appropriate medical personnel.

**What are the warning signs that a more significant head injury may have occurred?** If they have a headache that gets worse over time, experience loss of coordination or abnormal body movements, have repeated nausea, vomiting, slurred speech, or you witness what you believe to be a severe head impact, you should refer them to appropriate medical personnel immediately.

**What are some of the long-term or cumulative issues that may result from a concussion?** Individuals may have trouble in some of their classes at school or even with activities at home. Down the road, especially if their injury is not managed properly, or if they return to play too early, they may experience issues such as being depressed, not feeling well, or have trouble remembering things for a long time. Once an individual has a concussion, they are also more likely to sustain another concussion.

**How do I know when it's ok for a student-athlete to return to participation after a suspected concussion?** Any student-athlete experiencing signs and symptoms consistent with a concussion should be immediately removed from play or practice and referred to appropriate medical personnel. They should not be returned to play or practice on the same day. To return to play or practice, they will need written clearance from a medical professional trained in concussion management.

**No athlete should be returned to play or practice while experiencing any concussion-related signs or symptoms following rest or activity.**

# Coach/Athletic Trainer/First Responder/School Nurse/Volunteer/ Concussion Statement

I have read the *Concussion Information Sheet*. If true, please check box.

I should not allow any student-athlete exhibiting signs and symptoms consistent with concussion to return to play or practice on the same day. If you agree, please check box.

After reading the information sheet, I am aware of the following information:

\_\_\_\_\_ A concussion is a brain injury.

Initial

\_\_\_\_\_ A concussion can affect a student-athlete's ability to perform everyday activities, their ability to think, their balance, and their classroom performance.

Initial

\_\_\_\_\_ I realize I cannot see a concussion, but I might notice some of the signs in a student-athlete right away. \_\_\_\_\_ other signs/symptoms can show-up hours or days after the injury.

Initial

\_\_\_\_\_ If I suspect a student-athlete has a concussion, I am responsible for removing them from activity and referring them to a medical professional trained in concussion management.

Initial

\_\_\_\_\_ Student-athletes need written clearance from a medical professional trained in concussion management to return to play or practice after a concussion.

Initial

\_\_\_\_\_ I will not allow any student-athlete to return to play or practice if I suspect that he/she has received a blow to the head or body that resulted in signs or symptoms consistent with concussion.

Initial

\_\_\_\_\_ Following concussion the brain needs time to heal. I understand that student-athletes are much more likely to sustain another concussion or more serious brain injury if they return to play or practice before symptoms resolve.

Initial

\_\_\_\_\_ In rare cases, repeat concussions can cause serious and long-lasting problems.

Initial

\_\_\_\_\_ I have read the signs/symptoms listed on the Concussion Information Sheet.

Initial

\_\_\_\_\_  
Signature of Coach/Athletic Trainer/First Responder/School Nurse/Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Coach/Athletic Trainer/First Responder/School Nurse/Volunteer