

## Protocol for Potential Head Injury/Concussion

A concussion is a brain injury which results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. A student does not have to lose consciousness (“knocked-out”) to suffer a concussion.

This protocol shall be reviewed annually by the athletic department and nursing staff of Bourne Public Schools. Any changes or modifications will be reviewed and given to the athletic department staff, nurses, coaches, physical education teachers, and other appropriate school personnel in writing.

1. Concussion and head injury information/recognition should be shared with:
  - Administration
  - Athletic Director
  - Coaches
  - Parents
  - Physical Education Teachers
  - Playground supervisors
  - School Nurses
  - Student Athletes
  
2. When a potential head injury occurs during the school day, it should immediately be reported to the School Nurse. During afterschool activities, it should be reported to the Athletic Trainer, Coach, or teacher, and followed up with the school nurse the next school day.
  
3. Physical and neurological observation of the injured student should be conducted at the time of injury.

SIGNS OBSERVED BY PARENTS, FRIENDS, TEACHER OR COACH	SYMPTOMS REPORTED BY STUDENT
Appears dazed or stunned	Headache
Forgets plays	Nausea
Is unsure of game, score , or opponent	Balance problems or dizziness
Moves clumsily	Double or fuzzy vision
Answers questions slowly	Feeling sluggish
Loses consciousness	Feeling foggy or groggy
Shows behavior or personality changes	Concentration or memory Problems
Can't recall events prior to hit	Confusion
Can't recall events after hit	
Is confused about what to do	

4. Depending on symptoms, the student should be immediately referred to the PCP or ER. If not referred a head injury information form should be given to the student and parent with signs and symptoms.
  
5. Notification of parents by the School Nurse, Athletic Trainer, Coach, or teacher for any head injury should be done the day of the injury.

6. An injury report is sent with the student for feedback from the PCP or ER physician, returned to the School Nurse and placed in the student health record with a copy to the AD if the student is a high school athlete.
7. High School student athletes must be cleared by both the PCP and Athletic Trainer before they may return to play. The return to play schedule should proceed as below following medical clearance:
  - Step 1: Light exercise, including walking or riding an exercise bike. No weight-lifting.
  - Step 2: Running in the gym or on the field. No helmet or other equipment.
  - Step 3: Non-contact training drills in full equipment. Weight-training can begin.
  - Step 4: Full contact practice or training.
  - Step 5: Game play.

**If symptoms occur at any step, the athlete should cease activity and be re-evaluated by their health care provider.**

8. All school related head injuries or serious injuries that occur outside of the school day, during athletic competition or at away games must be reported to the athletic trainer or coach, and to the school nurse the next day school is in session.
9. If residual symptoms continue (concentration, attention, memory issues, headaches, sensitivities to light/sound) the school nurse will coordinate efforts with guidance and teachers for necessary academic accommodations.

#### Management and Referral Guidelines for All Staff

The Following situations indicate a medical emergency and require activation of the Emergency Medical System:

- Any student with a witnessed loss of consciousness (LOC) of any duration should be spine boarded and transported immediately to the nearest emergency department via emergency vehicle
- Any student who has symptoms of a concussion, and who is not stable (i.e., condition is worsening), is to be transported immediately to the nearest emergency department via emergency vehicle.
- Any student who exhibits any of the following symptoms should be transported immediately to the nearest emergency department, via emergency vehicle.
- Deterioration of neurological function
  - Decreasing level of consciousness
  - Decrease or irregularity in respirations
  - Any signs or symptoms of associated injuries, spine or skull fracture, or bleeding
  - Mental status changes: lethargy, difficulty maintaining arousal, confusion or agitation
  - Seizure activity