



2018 CONCUSSION POLICY

Student Name: _____ Date: _____

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. Medical providers may describe a concussion as a “mild” brain injury because concussions are usually not life-threatening. Even so, the effects of a concussion can be serious (CDC Jan ‘17).

The goal of the concussion protocol is to ensure that concussed students are identified, treated and referred appropriately for return-to-learn and return-to-play. When a student sustains impact to or hits their head, a nurse does a concussion assessment, including neurological check and documentation of self-reported symptoms. In most cases, students do not need to go to the doctor or emergency department. The plan for recovery is student-driven, with accommodations made to address symptoms and maximize recovery. Following concussion, no matter how mild, students are expected to report daily to Health Services to complete a concussion symptom questionnaire that allows for objective assessment of student’s recovery until symptom-free.

Recognition of Concussion

These signs and symptoms – following a witnessed or suspected blow to the head or body – are indicative of a probable concussion.

Forgets plays	Headache
Appears dazed or stunned	Fatigue
Exhibits confusion	Nausea or vomiting
Unsure about game, score, opponent	Double vision, blurry vision
Moves clumsily (altered coordination)	Sensitive to light or noise
Balance problems	Feels sluggish
Personality change	Feels “foggy”
Responds slowly to questions	Problems concentrating
Forgets events prior to hit	Problems remembering
Forgets events after the hit	Loss of consciousness (not required)

Any student who exhibits signs, symptoms, or behaviors consistent with a concussion will be removed from competition or practice and will not be allowed to train or compete with a school athletic team or physical activity until the student has been examined by and received written permission to participate in athletic activities from a health care provider (per Act 68, approved by the VT Legislature in 2013).

The registered nurse on duty and/or the coach has been designated to make the initial decision to remove a student from play when it is suspected the athlete may have suffered a concussion. Athletes with a suspected concussion should not be permitted to drive home. A member of the Health Services team informs parents/guardians that their student/child may have sustained a concussion.

Return-to-Learn Protocol: In cases of severe concussion, the following steps are required before the student can return to academic activity. The student is required to complete the RTL protocol and be symptom free for 24 hours before beginning the RTP protocol.

Home - Total Rest

Home – Light Mental Activity

School – part time – maximum accommodations: short days, scheduled breaks, modified testing and assignments

School - part time – moderate accommodations: modified testing, increase time in classroom

School – full time – minimal accommodations: routine testing, increase time in classroom

School – full time – full academics, no accommodations

Return-to-Play Protocol: The return-to-play plan should start only when student has been without any symptoms for 24 hours. It is important to wait for 24 hours between steps because symptoms may develop several hours after completing a step. Do not take any pain medications while moving through this plan (no ibuprofen, aspirin, Aleve, or Tylenol). This program is supervised by Putney’s coaches under the guidance of Putney’s sports nurse.

Step 1: Aerobic conditioning - walking or stationary cycling.

Step 2: Sports-specific, simple, non-contact drills – skating drills in hockey, running drills in soccer/basketball.

Step 3: Non-contact training drills – more complex training drills - passing in soccer/ice hockey/basketball.

Step 4: Full contact practice.

Step 5: Full medical clearance for return to play.

Generally, Health Services nurses and/or the sports nurse approve a student’s progress through the RTP steps, culminating in return to play. Health Services staff reserve the right to defer to the school’s consulting physician or the student’s home physician to make the final determination regarding the student’s return to athletic activity.

Parent Signature: _____ Date: _____