



Concussion Protocol

Head Injury Evaluation

If student sustains a blow, bump, or jolt to the head or a fall or blow that causes the head and brain to move rapidly back and forth they should be immediately evaluated by a staff member. If a student shows any of the following symptoms:

- Appears dazed/stunned/confused
- Answers questions slowly or repeats questions
- Cannot recall events before or after the injury
- Headache or “pressure” in head
- Nausea or vomiting
- Problems with balance or dizziness
- Blurry vision
- Sensitivity to light or sound
- Fatigue

Contact the district nurse for further evaluation.

The effects of a concussion may not be apparent until hours or days after the injury. If a student is noted to be experiencing these symptoms in the days following an injury please contact a district nurse.

If the district nurse suspects the student has sustained a concussion, the student’s parent or emergency contact will be notified and a **Concussion Packet** provided to the parent/guardian.

If a student has sustained a blow, bump, or jolt to the head or a fall or blow that causes the head and brain to move rapidly back and forth and shows no signs or symptoms of a concussion a staff member must notify the parent of a head injury without signs of a concussion and send home with the student a completed **Head Injury** form.

Symptoms that worsen over time can indicate a severe head injury. If a student shows any of the following symptoms they should be evaluated by emergency services immediately:

- One pupil larger than the other
- Drowsiness or cannot be awakened
- Weakness, numbness, or decreased coordination
- Headache that gets progressively worse and does not go away
- Repeated nausea and vomiting
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Loss of consciousness



Return to Learn

A student with a concussion confirmed by a physician will be monitored by the Nursing Department until symptoms have resolved. The nurse will work with the student, parents, teachers, and administrators to implement a Return to Learn plan as outlined by the physician (**School Recommendations** form). The nurse will follow up weekly with the entire team until the student has returned to normal academic function. If symptoms persist additional supports or eligibility for 504 or IEP may be considered by the team.

Return to Activity

Students with a concussion should never return to sports or recreational activities on the same day of the injury. Permission to return to activity must be given by a health care professional, and should include a multi-step return to play plan. Activity includes PE class, sports practice or games, and physical activity at recess.

Athlete Concussion and Return to Play

If a student is suspected of having a concussion as the result of an athletic event or has sustained a blow to the head during an athletic event the Nursing Department will be notified by the athletic trainer before the end of the following school day. The athletes return to play/physical activity will be managed by the Athletic Department in conjunction with the Nursing Department.

1. It is determined that athlete has a concussion by:
 - a. Athletic Trainer determines based on SCAT5 (paper form) OR
 - b. Athlete experiencing symptoms and goes to see doctor on his/her own OR
 - c. Assessment by district nurse using SCAT5
 - i. If athlete is experiencing symptoms (headache, nausea, sensitivity to light and sound the student should stay home from school, and have no mental or physical exertion (including no texting, computer time, driving, video games, homework, or exercise). Please contact the high school office 503-749-8020.
 - ii. A **School Recommendations** form should be completed by the athlete's medical provider to direct their Return to Learn process.
2. Once a student is able to attend a full day of school (with the exception of participation of PE) without concussion symptoms.
 - a. Take follow up Impact test.
 - b. Retest on SCAT5 with athletic trainer.
 - c. Obtain **OSAA Medical Release** form and is signed by a health care professional.
3. After 24 hours of symptom free and cleared to begin return to play:
 - a. Step one: 20 minutes aerobic activity (ex: elliptical light intensity or light jogging). This could take place in a PE class as non-contact warm-up.
 - b. Symptom free to move on to next step



- c. Step two: sport specific exercise **NO EQUIPMENT** (ex: work on footwork, drills that do not require hitting or equipment). At this point an athlete can participate in PE if it is non-contact activity.
- d. Symptom free to move on to next step
- e. Step three: non-contact training (ex: more complex drills, weight training can begin. **CAN WEAR FULL EQUIPMENT**)
- f. Symptom free to move on to next step
- g. Step four: full contact, all equipment normal training activities
- h. Symptom free to move on to next step
- i. **UNRESTRICTED** return to play/full competition

Remember that a concussion is unlike other injuries, these athletes may not be able to be at practice until they are symptom free. If at any time through this progression, the athlete experiences a reoccurrence of symptoms, the student needs to go back to the previous step until symptom free.