

Concussion and Brain Injury Information

Information for Student Athletes and Parents / Guardians
In accordance with the Nebraska Concussion Awareness Act
CDC-based Information*

What is a concussion? A concussion is a brain injury caused by a bump, blow or jolt to the head. A concussion can also occur from a fall or a blow to the body that causes the head and brain to move rapidly back and forth. A concussion, which may or may not result in loss of consciousness, disrupts normal brain functions. Even a "ding," "getting one's bell rung," or what seems to be a mild bump or blow can be serious.

What are the signs and symptoms of a concussion? Many signs may be observed and many symptoms may be felt or experienced when a concussion has occurred. Signs and symptoms can show up right away after the injury or they may not be observed or experienced until later, sometimes days or weeks after the injury. A concussion can affect not only physical responsiveness and abilities, but also thinking and remembering, emotions or mood and sleep.

SIGNS of a concussion or Brain Injury Observed by Coaches/Parents/Others <i>(May not be an exhaustive list)</i>	Symptoms of a Concussion or Brain Injury Felt/Experienced and Reported by Student Athlete <i>(May not be an exhaustive list)</i>
Loss of consciousness	Headache or "pressure" in head
Seizure activity	Nausea or vomiting
Dazed or stunned appearance	Dizziness or balance problems
Disorientations (as to self, place, time)	Double or blurry vision
Confusion	Slurred speech
Slurred speech	Feeling sluggish, hazy, foggy, or groggy
Vacant stare, glassy eyed	Weakness or numbness
Slow in answering questions	Fatigue
Repeatedly asking same question	Drowsiness
Easily distracted	Sensitivity to light or noise
Inability to recall events prior to and/or after injury	Difficulty concentrating
Clumsy movements	Difficulty remembering
Balance problems	Nervousness, anxiety
Decreased coordination	Sadness
Behavior, mood or personality changes	
Emotional instability (abnormal laughing, crying)	
Irritability	

What risks are posed by a concussion? Concussions affect people differently. With a proper response and medical attention, most student athletes will recover quickly and fully; but for some, symptoms could last for days or even weeks. A more serious concussion can last for months. In rare cases, a blood clot could form on the brain and crowd the skull. While a concussed brain is still healing, exertion (e.g., exercising) may cause concussion symptoms to reappear or become worse. The same is true of activities that involve a lot of concentration, such as studying, using a computer or playing video games. Once a concussion has been sustained, the risk of sustaining another concussion increases, especially during the gradual healing process. Subsequent concussions can have longer recovery times. In rare cases, repeat concussions can cause serious and long-lasting problems, including brain swelling or permanent brain damage. They can even be fatal.

What should a student athlete do in response to sustaining a concussion? If a student athlete feels or experiences dizziness or drowsiness, or has a headache that lasts or worsens over time, or vomits repeatedly, or has blurry vision or slurred speech, or feels more and more sick, or feels or experiences any one or more of the other symptoms of a concussion, he/she should inform his/her parent(s) or guardian, coach, athletic trainer or school nurse right away. A bump, blow or jolt to the head should never be ignored. Likewise, parents (guardians) should seek medical attention for the student athlete upon observing signs of a concussion or upon receiving notice that the student athlete has been reasonably suspected of having sustained a concussion.

SSM Sports Club duty to inform parent / guardian:

Any time a student athlete has been removed from an athletic activity because a SSM coach or licensed health care professional has reasonably suspected, through observation (and based on the training he or she has received) that the student athlete has suffered a concussion or head injury, the school or sponsoring organization will have a **duty to notify the parent(s) or guardian** of the circumstances, including the date and approximate time of the incident, the observed signs or symptoms that led to removal of the youth-athlete from the athletic activity and the actions taken in response to the incident.

Return-to-Activities Restriction: Pursuant to Nebraska statutes 71-9104(2)(a), a student athlete must be removed from a practice or game whenever he or she is reasonably suspected of having sustained a concussion or brain injury based upon observation by a coach or a licensed health-care professional. The student athlete so removed cannot be permitted to participate in any school-supervised team athletic activities involving physical exertion, including, but not limited to, practices or games, (unless and) until the student athlete: (1) has been evaluated by a licensed health care professional; (2) has received from the licensed health care professional written and signed clearance to resume participation in athletic activities; (3) has submitted the written and signed medical clearance to the school; and (4) has submitted with the medical clearance, written permission to resume participation from the student athlete's parent(s) or guardian.

For more information free of charge, visit these websites: www.cdc.gov/Concussion or www.NebSportsConcussion.org

Attached is a "Concussion Sign and Symptoms Checklist" which is recommended for use by SSM Coaches and Parents and should be given to a healthcare professional upon any visit by a student athlete who has suffered a head injury.

Additional notes: The Nebraska **Concussion Awareness Act** pertains to two contexts: school teams and athletic activities organized by governmental subdivision, businesses and non-profit organizations. Section 71-9104 of the Nebraska Statutes pertains to participation on athletic teams sponsored and supervised by any approved or accredited public, private, denominational or parochial school, whether elementary or secondary. Thus, the term "student athlete" is being used here to describe a participant in this context i.e., playing on a school team.

Section 71-9103 of the Nebraska Statutes defines "Licensed Health Care Professional" for purposes of the **Concussion Awareness Act** as follows: "A physician, licensed health-care practitioner under the direct supervision of a physician, a certified athletic trainer, neuropsychologist, or some other qualified individual who (a) is registered, licensed, certified or otherwise recognized by the State of Nebraska to provide health-care services and (b) is trained in the evaluation and management of traumatic brain injuries among a pediatric population."

Concussion Signs and Symptoms

Checklist

Student's Name: _____

Student's Grade _____

Date/time of injury _____

Where and how injury occurred: (*Observe to include cause and force of the blow to the head*)

Description of Injury: (*Observe to include information about any loss of consciousness and for how long, memory loss, or seizure following the injury, or previous observation, if any. **See** the section on Danger signs.*)

Danger Signs:

Be alert for symptoms that worsen over time. The student athlete should be seen in an emergency department right away if he/she has:

- One pupil (the black part in the middle of the eye) larger than the other.
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Directions: Use this checklist to monitor student athletes with a head injury. Student athletes should be monitored for a minimum of 30 minutes. Upon referral to a health care professional, a copy of this checklist should be given to the healthcare professional to review.	0 minutes	15 minutes	30 minutes	— minutes
OBSERVED SIGNS				
Appears dazed or stunned				
Is confused about events				
Repeats questions				
Answers questions slowly				
Can't recall events prior to the hit, bump, or fall				
Can't recall events after the hit, bump, or fall				
Loses consciousness (even briefly)				
Shows behavior or personality changes				
Forgets class schedule or assignments				
PHYSICAL SYMPTOMS				
Headache or "pressure" in head				
Nausea or vomiting				
Balance problems or dizziness				
Fatigue or feeling tired				
Blurry or double vision				
Sensitivity to light				
Numbness or tingling				
Does not "feel right"				
COGNITIVE SYMPTOMS				
Difficulty thinking clearly				
Difficulty concentrating				
Difficulty remembering				
Feeling more slowed down				
Feeling sluggish, hazy, foggy, or groggy				
EMOTIONAL SYMPTOMS				
Irritable				
Sad				
More emotional than usual				
Nervous				

Signature of SSM Coach / Volunteer / Parent (Guardian) Completing form:

Title: _____

COMMENTS:

Verification of Receipt of Concussion and Brain Injury Information

The undersigned hereby acknowledge and attest that St. Stephen the Martyr Sports Club provided them with concussion and brain-injury information (e.g., the sheet so titled) prior to the student athlete (whose name is identified below) initiating practice or competition for any athletic activity during the 2012-2013 school term. The undersigned further acknowledge and attest to their understanding that the information they have been provided pertains to requirements of state law – the Nebraska *Concussion Awareness Act* – and includes information about the signs and symptoms of a concussion; the risks posed by sustaining a concussion; the actions a student athlete should take in response to sustaining a concussion, including notification of his or her coach or coaches; and the conditions prescribed by law for returning to participation in athletic activities involving physical exertion.

Print Name of Student Athlete

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Date