



WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

SIGNS AND SYMPTOMS OF A CONCUSSION

SIGNS OBSERVED BY PARENTS OR GUARDIANS

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- 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

SYMPTOMS REPORTED BY YOUR CHILD OR TEEN

Thinking/Remembering:

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Physical:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not “feel right”

Emotional:

- Irritable
- Sad
- More Emotional than usual
- Nervous

Sleep*:

- Drowsy
- Sleeps *less* than usual
- Sleeps *more* than usual
- Has trouble falling asleep

**Only ask about sleep symptoms if the injury occurred on a prior day.*

DANGER SIGNS

Be alert for symptoms that worsen over time. Your child Or teen should be seen in an emergency department

Right away if s/he 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)

Children and teens with a concussion should NEVER return to sports or recreation activities on the same day the injury occurred. They should delay returning to their activities until a health care professional experienced in evaluating concussion says they are symptom-free and it's OK to return to:

- Physical Education (PE) class,
- Sports practices or games, or
- Physical activity at recess.

The Concussion Management Team (CMT) of Peru Central School recognizes that concussions and head injuries are the most commonly reported injuries in children and adolescents who participate in sports and recreational activities. The CMT has reviewed the newly revised Education and Public Health Law entitled the Concussion Management and Awareness and Act. Our interpretation is as follows:

Definition: Concussion is a mild traumatic brain injury. Concussion occurs when normal brain functioning is disrupted by a blow or jolt to the head. Recovery from concussion will vary. Avoiding re-injury and over-exertion until fully recovered are the cornerstones of proper concussion management.

Reporting: It is in the responsibility of the school employee who is in charge of an athletic event, recreational activity, or physical education class to report a student with a possible head injury to the School Nurse as soon as possible. The student will be evaluated either by the person in charge, coach or the School Nurse at the time of the injury; and if the student's symptoms are NOT completely resolved within the 15-20 minutes of the head injury, the student is NOT to return to the athletic event /activity/class for the day and is considered "removed until cleared". **It is a parent decision to take their child to their PCP or the Emergency Room for further evaluation. If done, please provided documentation to the appropriate School Nurse's Office.**

Impact Test: When student is 48-72 hours symptom free, the IMPACT TEST will be taken. This test is computer generated and utilized by schools for neurological evaluation of head injured students. The goal of the IMPACT TEST is to have the student scores return to baseline. The results will be forwarded to the Peru Central School Medical Director who will determine if the Return to Play Protocol can be initiated or if the Impact Test must be repeated in another 48 hours. (This process can only be done 4 total times as all versions of the test will have been taken.) **The New York State Department of Education requires that the School Medical Director MUST review and approve all medical releases from Primary Care Providers for head injuries/concussions. After reviewing the information, the School Medical Director will make the determination as to when the student will return to sports/PE.**

Return to Play Protocol: Each step should take 24 hours so a student would take approximately one week to process through the rehabilitation protocol once they are asymptomatic at rest and with proactive exercise.

Day 1: Light aerobic exercise

Day 2: Sport specific exercising

Day 3: Non-contact training

Day 4: Full contact training

Day 5: Return to play

If any post- concussion symptoms occur while in the stepwise program, then the student should drop back to the previous asymptomatic level and try to progress again after a further 24-hour period of rest has passed.

Requirement: Please keep the attached concussion information for your reference. This signature sheet **MUST** be signed by both parent/guardian and student in recognition of receiving, reading and understanding the information sheet provided. The signature sheet **MUST** be returned to the School Nurse before any participation in any athletic practice or event.

Signature Sheet

Parent/Guardian (Print): _____

Parent/Guardian (Sign): _____ Date: _____

Student (Print): _____

Student (Sign): _____ Date: _____

Please keep the informational sheet.

Sign and return this page only.

Thank you!

*****For Nurse's use only.** Date received: _____

Nurse's Signature: _____

Peru Central Medical Director _____

Laurie Eamer, FNP-C

Date