

## **St. Johnsbury Academy Concussion Policy**

**Goal:** To appropriately recognize and treat students/student athletes with complaints or symptoms of a concussion. The definition of a concussion is a trauma-induced alteration in mental status that may or may not involve loss of consciousness. A concussion can be caused by an impact or jolt to the head or from a fall or blow to the body that causes the head and brain to move quickly back and forth. The quick movement of the brain inside the skull back and forth causes stretching, swelling, or tearing of brain tissue and delicate nerve fibers.

### **Signs and Symptoms of a Concussion:**

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| <ul style="list-style-type: none"><li>• <b>Headache</b></li><li>• <b>Dizziness or Vertigo</b></li><li>• <b>Vacant Stare</b> (befuddled facial expressions)</li><li>• <b>Delayed Verbal and Motor Responses</b> (slow to answer questions or follow instructions)</li><li>• <b>Confusion and inability to focus attention</b> (easily distracted and unable to follow through with normal activities)</li><li>• <b>Disorientation</b> (Walking in wrong direction, unaware of person, place or time, Lack of awareness of surroundings)</li><li>• <b>Slurred or incoherent speech</b> (disjointed or incomprehensible statements)</li></ul> | <ul style="list-style-type: none"><li>• <b>Nausea or Vomiting</b></li><li>• <b>Tinnitus</b> (ringing in the ear)</li><li>• <b>Sensitivity to light or sound</b></li><li>• <b>Sleep disturbances</b> (fatigue, sleeping more or less than usual)</li><li>• <b>Observable lack of coordination</b> (Stumbling, inability to walk in straight line)</li><li>• <b>Emotions out of proportion to circumstances</b> (out-of-place crying, distraught, overreaction)</li><li>• <b>Memory Deficits</b> (repetitive questioning by athlete, unable to memorize 3 of 3 objects or word in 5 minutes, serial 7's, etc.)</li><li>• <b><u>Any</u> period of Loss of Consciousness</b></li></ul> |
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### **Signs (Observed by coaches, parents/guardians, or others)**

Injured Student/Student Athlete:

- \*Appears dazed or stunned
- \*Is confused about assignment or position
- \*Forgets plays
- \*Is unsure of opponent
- \*Moves clumsily
- \*Answers questions slowly
- \*Loses consciousness
- \*Shows behavioral or personality changes
- \*Cannot recall events prior to injury
- \*Cannot recall events after the injury

### **Symptoms (Reported by the Student/Student Athlete)**

- \*Headache
- \*Nausea
- \*Balance problems or dizziness
- \*Double or blurry vision
- \*Sensitivity to light or noise
- \*Feeling sluggish
- \*Feeling foggy or groggy
- \*Concentration or memory problems
- \*Confusion

**These signs and symptoms are indicative of a probable concussion. Signs & Symptoms vary from person-to-person, and concussion-to-concussion.**

### **WHEN TO SEEK EMERGENCY TREATMENT:**

- \*Headaches that worsen
- \*Convulsions or seizures
- \*Neck pain
- \*Individual looks drowsy or cannot be wakened
- \*Vomiting more than once
- \*Slurred speech
- \*Cannot recognize people or places
- \*Increasing confusion
- \*Weakness or numbness in arms or legs or decreased coordination
- \*Unusual behavioral change
- \*Becomes increasingly confused, restless, or agitated
- \*Individual loses consciousness after initial evaluation
- \*One pupil is larger than the other

## **Treatment for Concussions:**

The basic treatment for a concussion is **PHYSICAL and COGNITIVE REST!!** This means **no** physical exertion. The injured individual should avoid TV, computer work, video games, cell phone use, and loud music.

There are no medications that will speed up the recovery process from a concussive injury. The injured individual may take Tylenol (recommended dosage of 2 tablets with a total of 650mg every 4-5 hours as needed – **family physician should be consulted**) for headache and pain symptoms.

The injured individual should be watched by a responsible adult for 8 to 12 hours after the injury in the event that symptoms worsen. It is usually not necessary to be awakened from sleep after suffering from a concussion unless instructed to do so by a physician. The injured individual should not drive unless given clearance by their physician.

## **The following steps will be taken for students/student athletes who have expressed or exhibited signs and symptoms consistent with that of a concussion:**

1. The injury will be reported immediately to the coach, certified athletic trainer, or nurse.
2. The injured student/student athlete will be properly evaluated by the certified athletic trainer or a physician.
3. Students/student athletes and parents will be given concussion information packets that include Return to Learn and Return to Play protocols following the evaluation by the certified athletic trainer.
4. The student/student athlete will be required to follow up with a physician within 72 hours of the initial injury if they did not already see one for the initial evaluation.
5. We recommend no school for at least one day following the injury to allow physical and cognitive rest but we will follow the recommendations of the treating physician regarding the Return to Learn Protocol.
6. **ImPACT neurocognitive testing will be done within 72 hours of the initial injury. The ImPACT test does not tell the student/student athlete that they have a concussion but instead shows any brain function changes due to the injury. (This testing is provided for all athletes and incorporates a baseline test that is given during preseason of their first sport of the year)**
7. The certified athletic trainer or nurse will notify the appropriate teachers and staff regarding the student's/student athlete's condition and a potential list of accommodations. The list includes:
  - a. Starting school later, only going for half days, or going only to certain classes.

- b. More time to finish assignments/tests.
- c. Quiet room to finish assignments/tests.
- d. Not going to noisy areas like the cafeteria, Chapel, sporting events, music class, shop class, etc.
- e. No more than one exam/day.
- f. Shorter assignments.
- g. Repetition/memory cues.
- h. Use of a student helper/tutor.
- i. Reassurance from teachers that the child will be supported while getting better.
- j. Access to the nurses' office.
- k. Frequent breaks during class.
- l. See the following attached Return to Learn Protocol later in this document.

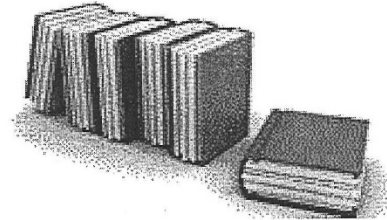
8. Students/student athletes will follow up every day with the certified athletic trainer to fill out a concussion symptoms scale form and will work through the gradual Return to Learn Protocol and eventually the Return to Play Protocol. **(STUDENT ATHLETES NEED TO BE IN SCHOOL FULL TIME AND NO LONGER NEED ANY ACCOMMODATIONS BEFORE THEY CAN START THE RETURN TO PLAY PROTOCOL)**
9. After the student athlete successfully progresses through the gradual Return to Play Protocol, achieves normal balance measure, and achieves ImPACT neurocognitive testing scores near or better than baseline, the student athlete will need to see their family physician for a clearance to return to sports or other physical activity.
10. The certified athletic trainer or nurse will communicate with the appropriate teachers and staff when the student/student athlete has been cleared to return to sports or other activities.

## Return to Learn Protocol After Concussion/mild TBI



STEPS	PROGRESSION	DESCRIPTION
1.	HOME—Total Rest	<ul style="list-style-type: none"> <li>No mental exertion- No Computer, Texting, Video Games or Homework.</li> <li>Stay at home.</li> <li>No driving.</li> </ul>
2.	HOME—Light Mental Activity	<ul style="list-style-type: none"> <li>Up to 30 minutes mental exertion.</li> <li>No prolonged concentration.</li> <li>Stay at home.</li> <li>No driving.</li> </ul>
<p><b>Progress to the next level when able to handle up to 30 minutes mental exertion without worsening of symptoms</b></p> <p><i>When parent(s) indicate student is ready to return to school, school to send letter to parent(s)</i></p>		
3.	<b>SCHOOL—Part time</b> <b>Maximum Accommodations</b> <b>Shortened Days/Schedule</b> <b>Built-in Breaks</b>	<ul style="list-style-type: none"> <li>Provide quiet place for scheduled mental rest.</li> <li>No significant classroom or standardized testing.</li> <li>Modify rather than postpone academics.</li> <li>Provide extra time, extra help, modified assignments.</li> </ul>
<p><b>Progress to the next level when able to handle 30-40 minutes mental exertion without worsening of symptoms.</b></p> <p><i>At this stage include the athletic staff in <u>planning</u></i></p>		
4.	<b>SCHOOL—Part Time</b> <b>Moderate Accommodations</b>	<ul style="list-style-type: none"> <li>No standardized testing.</li> <li>Modified classroom testing.</li> <li>Moderate decrease of extra time, help, and modification of assignments.</li> </ul>
<p><b>Progress to the next level when able to handle 60 minutes mental exertion without worsening of symptoms.</b></p> <p><i>At this point student may be considered for Return to Play Protocol with the appropriate healthcare professional approval</i></p>		

## Return to Learn Protocol After Concussion/mild TBI



STEPS	PROGRESSION	DESCRIPTION
5.	<b>SCHOOL—Full Time Minimal Accommodations</b>	<ul style="list-style-type: none"> <li>• No standardized Testing, Routine tests OK.</li> <li>• Continue decrease of extra time, help, and modification of assignments.</li> <li>• May require more supports in academically challenging subjects.</li> </ul>
<i>Progress to the next the next level when able to handle up to 60 minutes</i>		
6.	<b>SCHOOL—Full Time</b> <ul style="list-style-type: none"> <li>• Full Academics</li> <li>• No Accommodations</li> </ul>	<ul style="list-style-type: none"> <li>• Attends all classes</li> <li>• Full homework</li> </ul>
When symptoms continue beyond 3-4 weeks, Prolonged In-School Support is required Request a 504 meeting to plan and coordinate		

### **"REMEMBER"**

Progression is individual, all concussions are *different*.  
Student may start at any step as symptoms dictate and remain at that step as long as needed. Return to previous step if symptoms worsen.

Any concerns regarding the student's condition and progress should be communicated to the certified athletic trainer and/or nurse by the teacher.

# Concussion Management for Vermont Schools

## Return to Play

An athlete may only return to play following adherence and successful completion of each step of the “Gradual Return to Play Following a Concussive Injury” protocol that was developed by the Fletcher Allen Health Care Concussion Task Force as indicated below:

### Gradual Return to Play Following a Concussive Injury

- This return to play plan should start only when you have 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, Tylenol).
- Make a follow up appointment with your provider if symptoms develop during this progression.
- Intensity levels: 1 = very easy; 10 = very hard.

Step 1: Aerobic conditioning – Walking, swimming, or stationary cycling.

- Intensity: 4 out of 10.
- Duration: no more than 30 minutes.
- If symptoms return, wait until you are symptom free for 24 hours then repeat Step 1.
- No symptoms for 24 hours, move to Step 2.

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

- Intensity: 5 or 6 out of 10.
- Duration: no more than 60 minutes.
- No head impact activities. No scrimmages/potential for contact.
- If symptoms return, wait until you are symptom free for 24 hours then repeat Step 1.
- No symptoms for 24 hours, move to Step 3.

Step 3: Non-contact training drills – include more complex training drills (passing in soccer/ice hockey/basketball. Running specific pattern plays, etc).

- No head contact, or potential for body impact.
- OK to begin resistance training.
- Intensity: 7 out of 10.
- Duration: no more than 90 minutes.
- If symptoms return, wait until you are symptom free for 24 hours then repeat Step 2.
- No symptoms for 24 hours, move to Step 4.

Step 4: Full contact practice.

- Only after medical clearance!
- No intensity/duration restrictions.
- If symptoms return, wait until you are symptom free for 24 hours and repeat Step 3.
- No symptoms for 24 hours, move to Step 5.

Step 5: Full clearance for return to play.