

Subject: CCSU Head Injury/Concussion Protocol

Purpose: To outline a standardized method for the recognition and plan of care of head injuries and suspected concussions

Process: Recognition of a concussion and immediate evaluation is critical in preventing further injury and for post-concussion management. Any force or blow to the head and/or symptoms of a concussion in a student or athlete should be immediately evaluated by either the school nurse or designated trained school personnel.

1. If a student falls, or reports a hit, bump, or jolt to the head they must stop activity immediately and be evaluated by the School Nurse or Nurse Designee.
2. Evaluate for the following symptoms:
 - a. Dazed or stunned appearance
 - b. Confusion
 - c. Answers questions slowly
 - d. Repeats questions
 - e. Does not recall events prior to, or after, the event
 - f. Loss of consciousness (even if brief)
 - g. Exhibits behavior or personality change
3. Talk with/Observe the student to identify other symptoms:
 - ❖ Do they have a headache? (specifically one that gets worse and does not improve)
 - ❖ Are they drowsy?
 - ❖ Are they having trouble concentrating?
 - ❖ Is their vision blurry?
 - ❖ Are they nauseous or dizzy?
 - ❖ Feel sad, nervous, irritable, or emotional?
 - ❖ Are they moving more slowly than usual?
 - ❖ Any numbness or tingling?
 - ❖ Sensitivity to light or noise?
4. If any of the above symptoms appear, continue to Observe for at least 30 minutes following the event and complete the [Concussion checklist](#) at 0, 15, and 30 minutes.
 - a. If a concussion is suspected at any point during the evaluation, call the parent/guardian for pickup and refer for healthcare provider evaluation
5. If no symptoms are present after thorough evaluation, and the student feels fine, provide an ice pack, **notify parent/guardian**, and allow the student to return to class. They should be advised to return if they develop any symptoms.
6. If any of the following symptoms are present; call EMS and notify parents/guardians of transport to emergency medical care.

- One pupil larger than the other
- Is drowsy 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
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

6. Document any and all actions in the students' health file

7. Send a copy of the [Concussion checklist](#) and the [parent letter](#) home with the student.

8. Advise parents to continue to monitor concussion symptoms. If new symptoms appear or symptoms worsen, seek medical evaluation.

9. Instruct parents/guardians to bring a copy of the concussion checklist to the medical appointment with them and request return to learn/return to play instructions for the school.

NOTE: If student only bumped their head (mild) and does not have any other complaints or symptoms: provide ice pack, **notify parent**, send back to class

Student Athletes:

- Any athlete suspected of having a concussion must immediately be removed from play
- The athlete may NOT return to play/activity the same day
- The athlete must be assessed for concussion by a healthcare provider, such as an "athletic trainer or other licensed healthcare provider that has been specifically trained in the evaluation and management of head injuries and concussions" (16 V.S.A. § 1431).
- The athlete may be progressively returned to activity only after written clearance is provided by their healthcare provider

Post Concussion

- Obtain return to learn and or Return to Play plan from the student's healthcare provider or athletic trainer for students returning to school post diagnosed concussion
 - The [school recommendations](#) following concussion form can be faxed to the healthcare provider as needed.

Samples:

- [Return to Learn Protocol](#) (can be faxed to provider)

- [Return to Play guideline](#)(detailed), [CVMC 6 step return to play progression](#)(both can be faxed to provider)
- [Return to activities CVMC](#) recommendations
- [Multi-line insurance concussion management guide for schools](#)

Caledonia Central Supervisory Union

Cabot School, Twinfield School,
Danville School District, Peacham School District
Caledonia Cooperative School District (Barnet, Walden & Waterford Schools)

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. for 24 hours.
- Do not take any pain medications while moving through this plan (no ibuprofen, aspirin, Aleve, or 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: • Intensity: 4 out of 10.

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:

Only after medical clearance! Full contact practice.

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.

Developed by the Fletcher Allen Health Care Concussion Task Force August 2010

“It is the mission of the Caledonia Central Supervisory Union and its seven member schools to create a learning community in which each individual can achieve the highest standards of excellence in intellectual growth and citizenship.”

Resources for Parents:

- Website: [CDC Heads Up](#)
- [Suggestions for at home care](#)
- [Heads Up concussion fact sheet](#)
- [CVMC concussion brochure](#)

References:

- [Vermont Statute](#) 16 V.S.A. § 1431
- <https://www.cdc.gov/headsup/schools/nurses.html>
- Taliaferro, V., Resha, C. (2020) School Nurse Resource Manual: Evidence Based Guide to Practice.

Concussion Decision Tree for Health Office Staff:

Many head injuries that occur at school are minor. Head wounds may bleed easily and form large bumps. Bumps to the head may or may not be serious. Head injuries from falls, sports, and violence may be serious. If the head is bleeding, treat with first aid for bleeding.

If student only bumped their head (mild) and does not have any other complaints or symptoms: provide ice pack, **notify parent**, send back to class

Head Injury other than a mild bump: Follow the guidelines noted in the [Concussion checklist](#)

Resources:

[Concussion Fact sheet for nurses](#), [Returning to school post concussion](#), [Parent letter](#)