

# Guidelines for Concussion and Head Injury

What is a concussion?

A concussion is a type of traumatic brain injury that interferes with normal functioning of the brain (changes how the cells in the brain normally work). A concussion can be caused by a bump, blow, or jolt to the head or body. Basically, any force that is transmitted to the head causing the brain to literally bounce around or twist within the skull can result in a concussion. Over 90% of concussions do not involve loss of consciousness. It is important to note that a concussion can happen to anyone in any sport or athletic activity.

Concussion affects people in four areas of function:

1. Physical – This describes how a person may feel: headache, fatigue, nausea, vomiting, dizziness, etc.
2. Thinking – Poor memory and concentration, responds to questions more slowly, asks repetitive questions. Concussion can cause an altered state of awareness.
3. Emotions - A concussion can make a person more irritable and cause mood swings.
4. Sleep – Concussions frequently cause changes in sleeping patterns, which can increase fatigue.

An athletic coach, or official involved in a youth athletic activity, or health care provider shall remove a person from the youth athletic activity if the coach, official, or health care provider determines that the person exhibits signs, symptoms, or behavior consistent with a concussion or head injury –OR– the coach, official, or health care provider suspects the person has sustained a concussion or head injury.

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## Common Symptoms Reported by Athlete:

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## Signs, Symptoms, or Behaviors Consistent with Concussion: (What others can see in an injured athlete)

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Headache  
Nausea  
Balance problems  
Dizziness  
Double or fuzzy vision  
Sensitivity to light or noise  
Feeling mentally foggy  
Concentration or memory problems  
Confusion  
Ringing in the ears

Appear dazed or stunned  
Change in level of consciousness or awareness  
Confused about what to do  
Forgets play(s)  
Memory loss/amenia  
Unsure of score, game, opponent  
Clumsy  
Slow to answer questions or follow directions  
Changes in behavior or personality  
Loss of consciousness  
Asks repetitive questions  
Can't recall events before or after hit/ blow

If an athlete exhibits any of the signs, symptoms, or behavior consistent with a concussion or head injury –OR– you simply suspects the person has sustained a concussion or head injury the athlete must be removed from all physical activity immediately. Injured athletes can exhibit many or just a few of the signs, symptoms, or behaviors consistent with a concussion or head injury. A health care provider must evaluate the athlete for concussion. An athlete that has been removed from a youth athletic activity because of a determined or suspected concussion or head injury may not participate again until he or she is evaluated by a health care provider and receives written clearance from the health care provider to return to the activity. No athlete should be allowed to return to play from concussion on the same day.

- *Not every athlete removed from play will be concussed. It may be appropriate to remove an athlete to error on the side of safety. If a concussion is suspected, the athlete must be evaluated by a health care provider. If health care provider rules out a concussion during a side-line assessment, the athlete can be returned to play if written clearance is provided. "When in doubt, hold them out".*

The appearance of signs, symptoms and behavior of a concussion may be immediate, or maybe delayed several hours, days, or even weeks after the event. It is imperative to notify the parent or guardian when an athlete is removed from play because they are thought to have a concussion.

Most concussions are temporary and they resolve without causing residual problems. Concussion symptoms in children and adolescents take longer than symptoms in adults to resolve. It is not uncommon for symptoms in young athletes to last a few weeks. These symptoms of headache, difficulty concentrating, poor memory and sleep disturbances can result in academic troubles among other problems. Concussion symptoms may even last weeks to months (post-concussion syndrome).

When you suspect and/or confirm that a player has a concussion or head injury:

1. Immediately remove the athlete from play.
2. Ensure that the athlete is evaluated by a trained health care provider.
3. Inform the athlete's parents or guardians about the suspected and/or confirmed concussion. If a trained health care provider is not available on site at the time of the injury, provide parents/guardians with recommendations on health care providers in the area that can evaluate for a concussion.
4. A person who has been removed from a youth athletic activity because of a determined or suspected concussion or head injury may not participate again until he or she is evaluated by a health care provider and receives written clearance from the health care provider to return to the activity.

A player recovering from a concussion must be carefully observed to be sure they are not feeling worse. Even though the athlete is not playing, never send a concussed athlete to the locker room alone and never allow the injured athlete to drive home.

Some injured athletes will require emergency care. Anytime you are uncomfortable with an athlete on the sideline, it is reasonable to activate the Emergency Medical System (911). The following are reasons to activate the EMS, as any worsening signs or symptoms may represent a medical emergency:

1. Loss of consciousness, this may indicate more serious head injury
2. Decreasing level of alertness
3. Unusually drowsy
4. Severe or worsening HA
5. Seizure
6. Persistent vomiting
7. Difficulty breathing

**A person who has been removed from a youth athletic activity may not participate in a youth athletic activity (practice or competition) until he or she is evaluated by a health care provider and receives a written clearance to participate in the activity from the health care provider.**

The law defines a "Health care provider" as a person to whom all of the following apply:

1. He or she holds a credential that authorizes the person to provide health care.
2. He or she is trained and has experience in evaluating and managing pediatric concussions and head injuries.
3. He or she is practicing within the scope of his or her credential.

Contact persons operating youth athletic activity and/or coaches for recommendations of health care providers in your area.

It is recommended that person operating a youth athletic activity follow a return to play (activity) progressive physical activity program after the athlete has received medical clearance, have been symptom free, and are off any pain control medications. Such programs can be found on the [Wisconsin Interscholastic Athletic Association \(WIAA\)](#) or the [National Federation of State High School Associations \(NFHS\)](#) websites.

If symptoms of a concussion recur, or if concussion signs and/or behaviors are observed at any time during the return to activity program, the athlete must discontinue all activity and be re-evaluated by a health care provider.

## Cambridge Schools

**Statement Acknowledging Receipt of Education and Responsibility to report signs or symptoms of concussion to be included as part of the “Participant and Parental Disclosure and Consent Document”.**

I, \_\_\_\_\_, of Cambridge Schools  
*Student/Athlete Name*

hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion. I also acknowledge my responsibility to report to my coaches, parent(s)/guardian(s) any signs or symptoms of a concussion. I certify that I have read, understand, and agree to abide by all of the information contained in this sheet. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

\_\_\_\_\_  
*Signature and Printed Name of Student/Athlete*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Current Sport*

I, the parent/guardian of the student athlete named above, hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion. . I certify that I have read, understand, and agree to abide by all of the information contained in this sheet. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

\_\_\_\_\_  
*Signature and Printed Name of Parent/Guardian*

\_\_\_\_\_  
*Date*