

Mercy High School's Parent/Athlete Concussion Information Sheet

In any activity, there is a risk of concussion. This information sheet is designed to inform parents and athletes about concussions and what they can do when a concussion is suspected.

SIGNS AND SYMPTOMS OF A CONCUSSION/MTBI

Below are listed the signs and symptoms of a concussion. This is not an exhaustive list of all signs and symptoms. If these are observed or reported, take the following actions listed in this protocol.

SIGNS OBSERVED BY ATHLETIC TRAINER/COACH/PARENT/OTHER	SYMPTOMS FELT/EXPERIENCED AND REPORTED BY STUDENT ATHLETE
Appears disoriented: dazed or stunned	Headache or "pressure" in head
Nystagmus: Uncontrolled eye movement	Nausea or vomiting
Generalized confusion: forgets instruction, slowed responses, vacant/glassy stare	Balance problems or dizziness
Troubles concentrating: easily distracted, repeatedly asking questions	Vision Disturbances: Double or blurry vision
Uncoordinated movements: clumsy movements, slurred speech, balance problems,	Photosensitivity: Sensitivity to light
Sleep disturbances	Tinnitus: Ringing in Ears. Hyperacusis: Sensitivity to noise
Loses consciousness (even briefly)	Feeling sluggish, hazy, foggy or groggy
Shows behavior, mood, or personality changes such as; agitation, irritability, depression, emotional instability	Concentration or memory problems: fatigued, drowsiness, difficulty concentrating or remembering
Anterograde amnesia: Unable to recall events before injury	Confusion
Retrograde amnesia: Unable to recall events after injury	Just not "feeling right" or "feeling down"
Seizure activity	Increased emotions: nervousness, anxiety, sadness

POST-CONCUSSION PROCEDURES

1. When an athlete receives a concussion, Mercy High School's athletic trainer will notify all designated people and document the incident.
2. The athlete must complete the Return to Learn (RTL) Protocol before she can advance to Return to Play (RTP) protocol.
 - Progression in the RTL is individual and steps may be skipped or take longer depending on the student's symptoms.
3. An athlete who sustains a concussion should take the first post-injury neurocognitive test when asymptomatic.
 - Asymptomatic is defined as being free of symptoms for at least 24 hours without any medications used to alleviate concussion symptoms.
4. When the athlete passes the RTL Protocol, is asymptomatic, and performs within the normal limits on the neurocognitive test, she can begin the RTP Protocol under direct supervision of Mercy High School's athletic trainer.
 - If signs or symptoms appear during the functional progression, the activity should be stopped immediately. No further activity should be performed that day. The progression will begin again at least 24 hours after symptoms have resolved and will begin at the previous phase where athlete did not experience symptoms.
 - Each phase should be at the minimum 1 day.
5. The athlete will not be cleared for participation until she has completed the RTL Protocol, performed within the normal limits of the neurocognitive test, completed the RTP Protocol, and has written clearance from Mercy High School's athletic trainer. Any additional notes received from another healthcare professional will be considered supplemental documentation in Mercy High School's athletic trainer's final decision.
6. Upon being cleared for participation by Mercy High School's athletic trainer the athlete and parent/guardian will acknowledge the clearance by signing a clearance to participate form.

RETURN TO LEARN PROTOCOL (This could take 0 days up to months)

Phase 1: Home: Cognitive and physical rest.

Phase 2: Home: Light mental activity.

Phase 3: School: Part-time, maximal adjustments, shortened day/scheduled breaks.

Phase 4: School: Part-time, moderate adjustments, shortened day/schedule

Phase 5: School: Full-time, Minimal adjustments

Phase 6: School: Full-time, Full academics, no adjustments.

RETURN TO PLAY PROTOCOL (5-6 day protocol depending on symptoms)

Phase 1: Light activity: walking 25 minutes

Phase 2: Moderate activity: jogging 20 minutes, anaerobic activity

Phase 3: Heavy activity: running 15 min, anaerobic activity

Phase 4: Non-contact sport specific drills lasting no longer than 60 min

Phase 5: Full contact participation: full contact practice

Phase 6: Full participation in competition

WHEN TO TAKE YOUR DAUGHTER TO THE DOCTOR

An athlete should receive immediate medical attention, such as calling 911 after a bump, blow, or jolt to the head or body, or if she exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be wakened
- Headache that not only does not diminish, but gets worse
- 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
- Exhibits unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

If your daughter was able to see the athletic trainer, there is no need to seek further medical attention unless the above symptoms are experienced. However, you may take her to a doctor if you prefer.

If your daughter wasn't able to see the athletic trainer, you may take her to a doctor. If her symptoms are stable, she may wait to see the athletic trainer the next day.