

Know your Concussion ABC's

Assess the situation -- Be alert for signs and symptoms -- Contact a health care provider

What is a concussion? A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head and can also occur from a blow to the individual that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Concussions can occur during practices or games in any sport or recreational activity. Concussions can have a serious effect on a young developing brain and need to be addressed correctly.

SIGNS AND SYMPTOMS OF A CONCUSSION

SIGNS OBSERVED BY PARENTS OR GUARDIANS OR BY A TEAMMATE

- Appears dazed or stunned
- Is confused about event, assignment, or position on the team
- Answers questions slowly
- Repeats questions
- Can't recall events prior to the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignment.
- Forgets sports plays
- Moves clumsily

Athletes:

- Wear proper equipment or each sport and make sure it fits well.
- Follow the rules of the sport and the coach's rule for safety
- Use proper technique

SIGNS REPORTED BY YOUR CHILD

Thinking/Remembering:

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

Physical:

- Headache or "pressure" in the 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 or more than usual
- Has trouble falling asleep

* Parents/Guardians: Only ask about sleep symptoms if the injury occurred on a prior day

Parents/Guardians: Danger Signs

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if she/he has:

- One pupil (the black part in the middle of the eye) is larger than the other
- Difficult to arouse
- Severe headache or worsening headache
- 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)

Parents/Guardians: Tips of what you should do if your athlete has a concussion.

1. **Seek medical attention right away.** A health care provider experienced in evaluating concussions can direct management and review when it is safe for your athlete to return to normal activities, including school (concentration and learning) and physical activity. Your athlete may not participate again until he/she is evaluated and receives written clearance to participate in the activity from the health care provider.
2. **Help them take time to get better.** When an athlete has a concussion, her or his brain needs time to heal. They should limit activities while they are recovering from the concussion. Exercising or activities that involve a lot of concentration, such as studying, using a computer, texting, playing video games, or relaxing activities such as watching TV, listening to music, or bright light, may worsen or prolong concussion symptoms (such as headache or tiredness). Complete rest will help the athlete to recover more quickly.
3. **Learn more about concussions.** Talk to your son/daughter about the potential long-term effects of concussions and the problems caused by returning too soon to daily activities to quickly.

Athletes: Tips of what you should do if you have a concussion.

1. **Tell your coaches and parents right away.** Never ignore a bump or blow to the head even if you feel fine. If you experience symptoms of a concussion, you should immediately remove yourself from practice/event. Tell your coach right away if you think you or one of your teammates might have a concussion.
2. **Get evaluated by a health care provider.** A health care provider can determine if you have a concussion, help guide management and safe return to normal activities, including school (concentration and learning) and physical activity. If you have been removed from athletic activity because of a suspected or confined concussion or head injury, you may not participate again until evaluated by a health care provider and you receive written clearance to return to activity. *You must provide this written clearance to your coach.*
3. **Give yourself time to get better.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. It is important to rest until you receive written clearance from a health care provider to return to practice and play.

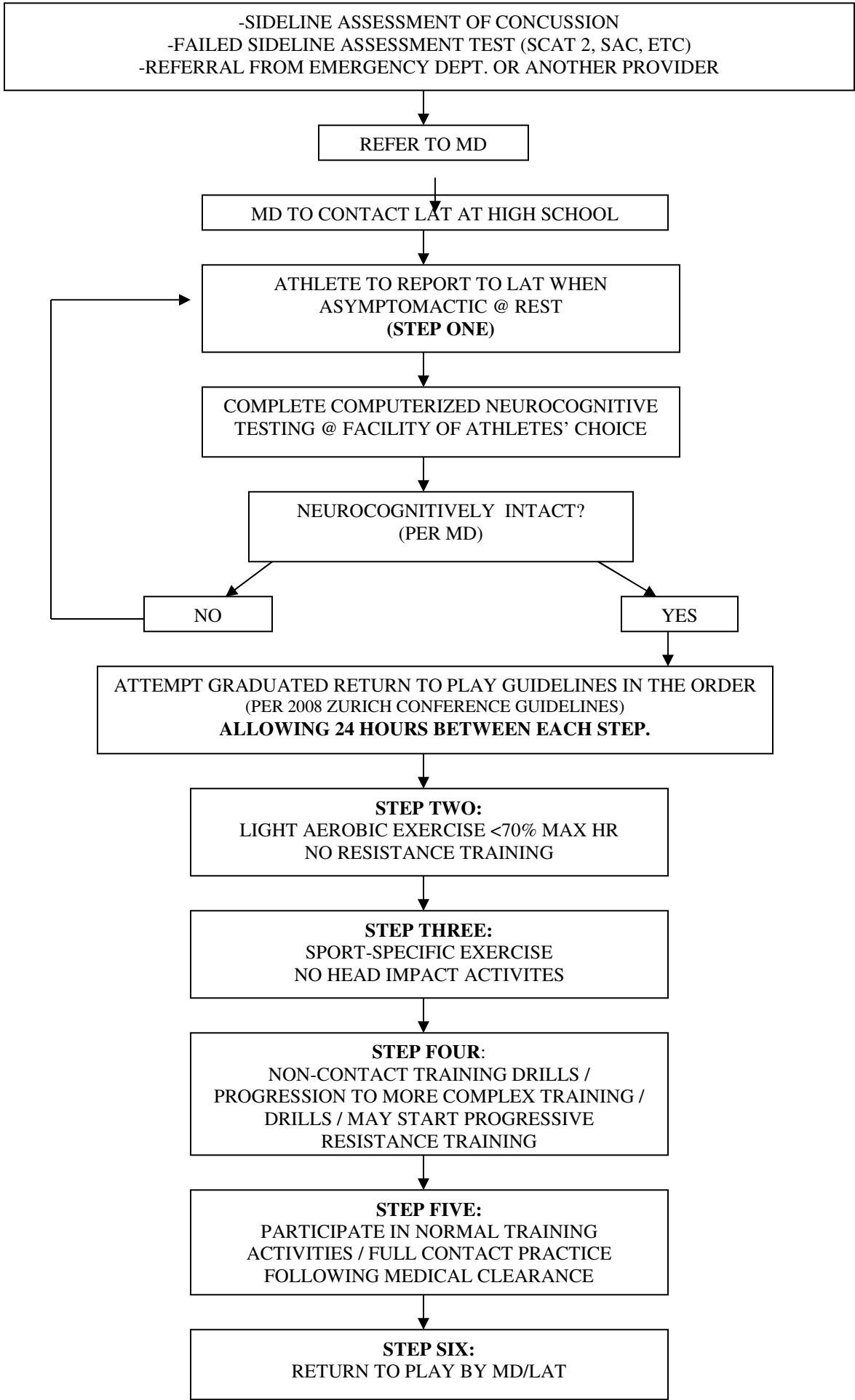
Returning to school safely after a concussion:

Parent/guardian and athlete should talk to the athlete's school administrators, teachers, school nurse coach, and counselor about the athlete's concussion and symptoms. Concussions often impair school performance. In order to properly rest, many students often need to miss a few days of school immediately following a concussion. The athlete may feel frustrated, sad, and even angry because he/she cannot keep up with the schoolwork after a concussion. *When the athlete returns to school after a concussion he or she may need to:*

- Take rest breaks as needed, sometimes in a quiet, dark area.
- Spend fewer hours at school
- Have more time allowed to take tests or complete assignments
- Receive help with schoolwork
- Suspend your physical activity (PE class)
- Suspend your extracurricular activities
- Reduce time spent reading, writing, working on the computer, video games, watching TV, listening to music, texting, and talking on the phone.

TREATMENT ALGORITHM FOR SPORTS-RELATED CONCUSSIONS

WITH COMPUTERIZED NEUROCOGNITIVE (ImPACT TESTING)



CONCUSSION LAW 2011 – WISCONSIN ACT 172 **PARENT/GUARDIAN & ATHLETE AGREEMENT**

As a parent and as an athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of the a concussion or head injury.

Athlete Agreement:

I have **read** the “**Concussion Law 2011 – WI Act 172**”, set forth by the Wittenberg-Birnamwood School District. I understand what concussion is and how it may be caused. I also **understand** the common signs, symptoms and behaviors of a concussion or head injury. I agree that I must be removed from practice/play if a concussion is suspected.

I **understand** the importance of reporting a suspected concussion to my coaches and my parent/guardian.

I **understand** that I must be removed from practice/play if a concussion is suspected. I **understand** that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I **understand** the possible consequences of returning to practice/play too soon and that my brain needs time to heal.

Athlete Name (Printed): _____

Athlete Signature: _____

Date: _____ Graduating Year _____

<u>Graduating Years</u>	
Senior – 2019	8 th grade – 2023
Junior – 2020	7 th grade – 2024
Sophomore – 2021	6 th grade – 2025
Freshmen – 2022	5 th grade - 2026

Parent/Guardian Agreement:

I have **read** the “**Concussion Law 2011 – WI Act 172**”, set forth by the Wittenberg-Birnamwood School District. I understand what a concussion is and how it may be caused. I also **understand** the common signs, symptoms and behaviors of a concussion or head injury. I agree that my child must be removed from practice/play if a concussion is suspected.

I **understand** that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I **understand** that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I **understand** the possible consequences of my child returning to practice/play to soon.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____

Revised June 2018