

Concussion Protocol

Hudson Valley Community College's Kids on Campus Program is concerned about protecting the health and safety of participants during sponsored athletic and circus camp programs.

Youth safety is our primary concern. It is expected that everyone – Kids on Campus Program staff and parents – share responsibility in identifying any youth displaying the symptoms of a concussion and/or brain injury. However, while it is not expected that the Kids on Campus Program staff will make the determination that a concussion/brain injury has occurred, it is important to remove a youth from the event, as outlined below, if the youth shows signs or symptoms listed below.

Signs observed by parents or coaches

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or positions, or is unsure of the game, score or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior or personality changes
- Can't recall events prior to or after a hit or fall

Symptoms reported by children and teens

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy or groggy
- Confusion, or concentration or memory problems
- Just not "feeling right" or "feeling down"

What do we do if we suspect a child has suffered a concussion?

Any participant suspected of suffering a concussion will be removed from the activity immediately and assessed by a certified athletic trainer or camp nurse. The Parent/Guardian will be contacted and be responsible to pick their child up if a concussion is suspected. No participant may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, for a period of 24 hours and without written medical clearance from a licensed physician. This written clearance must be submitted to the Program Administrator before a child can return to camp. Written clearance can be faxed to 518-629-8103.

CONCUSSION INFORMATION SHEET



**HEADS UP
CONCUSSION**

This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' activities, games and practices to learn how to spot a concussion and what to do if a concussion occurs.

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury – or TBI – caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.



S U M M E R P R O G R A M S

HOW CAN I SPOT A POSSIBLE CONCUSSION?

Children and teens who show or report one or more of the signs and symptoms listed below – or simply say they just “don’t feel right” after a bump, blow, or jolt to the head or body – may have a concussion or other serious brain injury.

SIGNS OBSERVED BY PARENTS OR COACHES

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior or personality changes
- Can't recall events prior to or after a hit or fall

SYMPTOMS REPORTED BY CHILDREN AND TEENS

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy or groggy
- Confusion, or concentration or memory problems
- Just not “feeling right” or “feeling down”

WHAT ARE SOME MORE SERIOUS DANGER SIGNS TO LOOK OUT FOR?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

WHAT SHOULD I DO IF MY CHILD OR TEEN HAS A POSSIBLE CONCUSSION?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play after 24 hours, with written permission from a licensed physician.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

HOW CAN I HELP KEEP MY CHILDREN OR TEENS SAFE?

Sports and other physical activities are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - >> Work with their coach to teach ways to lower the chances of getting a concussion.
 - >> Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - >> Ensure that they follow their coach's rules for safety and the rules of the sport.
 - >> Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



TO LEARN MORE GO TO >> cdc.gov/HEADSUP

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HUDSON VALLEY COMMUNITY COLLEGE

KIDS ON CAMPUS CONCUSSION EDUCATION AND MANAGEMENT

ACKNOWLEDGEMENT FORM

Parent/Guardian Waiver

I UNDERSTAND AND ACKNOWLEDGE, as a Parent or Legal Guardian and as a Participant, it is important to recognize the signs, symptoms and behaviors of concussions. By signing this form I am stating that I understand the importance of recognizing and responding to the signs, symptoms and behaviors of a concussion or head injury.

I HAVE READ the Concussion Information Sheet and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms and behaviors. I agree that the Participant must be removed from program/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 and that the Participant cannot return to program/play for 24 hours and must provide written clearance from a licensed physician to the Athletic Trainer or Director of Community & Professional Education. I understand the possible consequences of the Participant returning to program/play too soon.

Name of Participant (printed)

Name of Parent/Guardian (printed)

X _____
Signature of Parent/Guardian

____/____/_____
Date