

Great Oaks Academy

Concussions No. 538

I. Purpose

The purpose of this policy is to work with the school and sports communities to make information available about the nature and risks of concussions; to rely on the training of coaches and officials regarding concussions through the appropriate governing body, and to authorize the removal of athletes when a concussion is exhibited or suspected.

II. Policy Statement

Great Oaks Academy coaches and referees/officials, whether paid or volunteer, shall complete initial and ongoing training on concussions as set forth below. Great Oaks Academy will make available to youth athletes and their parent's concussion information.

III. Definitions

- A. "Concussion" means a complex pathophysiological process affecting the brain, induced by traumatic biokinetic forces caused by a direct blow to either the head, face, or neck, or elsewhere on the body with an impulsive force transmitted to the head, that may involve the rapid onset of short-lived impairment of neurological function and clinical symptoms, loss of consciousness, or prolonged post-concussive symptoms.
- B. "Youth athlete" means a young person through age 18 who actively participates in athletic activity, including a sport.
- C. "Youth athletic activity" means any sport or other athletic activity related to competition, practice, or training exercises that are intended for youth athletes and at which a coach or official is officially presiding.

IV. Policy

- A. Great Oaks Academy shall provide information to all youth athletes and their parents or guardians regarding the nature, risks, and effects of concussions. The information provided shall be consistent with current medical knowledge from the Centers for Disease Control and Prevention.
- B. The appropriate governing body shall provide school coaches and officials involved in youth athletic activities training related to concussions.
- C. A coach, trainer, or school official shall remove a youth athlete from participating in any youth athletic activity when a concussion is exhibited or suspected. Once removed, the youth athlete may not return to participation until he or she no longer exhibits symptoms of a concussion and is evaluated by a trained provider who gives written permission to return to participation.
- D. A coach, trainer, or school official will complete a Student Injury Form for the health office when a concussion is exhibited or suspected.

V. Procedure

- A. Information regarding concussions shall be made available at the start of each school year to youth athletes and their parents or guardians, through website links or otherwise, and shall include the following:

Adopted: 2/20/23
Revised:

- i. The nature and risks of concussions associated with the athletic activity;
 - ii. The signs, symptoms, and behaviors consistent with a concussion;
 - iii. The need to alert appropriate medical professionals for urgent diagnosis and treatment when a youth athlete is suspected or observed to have received a concussion; and
 - iv. The need for a youth athlete who sustains a concussion to follow proper medical direction and protocols for treatment and return to play.
- B. If a parent of a youth athlete must sign a consent form to allow participation in the youth athletic activity, the form must include information about the nature and risks of concussions.
- C. Each school coach and school official involved in youth athletic activities must receive initial online training and online training at least once every three school years related to concussions through the “Concussion in Youth Sports” online training program on the Centers for Disease Control and Prevention website, as directed by the appropriate governing body of the sport.

https://www.cdc.gov/headsup/pdfs/schools/TBI_schools_checklist_508-a.pdf

Legal References:

Minn. Stat. §121A.38 (Concussion Procedures)

https://www.cdc.gov/headsup/pdfs/schools/TBI_schools_checklist_508-a.pdf

CONCUSSION SIGNS AND SYMPTOMS Checklist



Student's Name: _____ Student's Grade: _____ Date/Time of Injury: _____

Where and How Injury Occurred: *(Be sure to include cause and force of the hit or blow to the head.)* _____

Description of Injury: *(Be sure to include information about any loss of consciousness and for how long, memory loss, or seizures following the injury, or previous concussions, if any. See the section on Danger Signs on the back of this form.)* _____

	0 MINUTES	15 MINUTES	30 MINUTES	<input type="checkbox"/> MINUTES JUST PRIOR TO LEAVING
OBSERVED SIGNS				
Appears dazed or stunned				
Is confused about events				
Repeats questions				
Answers questions slowly				
Can't recall events <i>prior</i> to the hit, bump, or fall				
Can't recall events <i>after</i> the hit, bump, or fall				
Loses consciousness (even briefly)				
Shows behavior or personality changes				
Forgets class schedule or assignments				
PHYSICAL SYMPTOMS				
Headache or "pressure" in head				
Nausea or vomiting				
Balance problems or dizziness				
Fatigue or feeling tired				
Blurry or double vision				
Sensitivity to light				
Sensitivity to noise				
Numbness or tingling				
Does not "feel right"				
COGNITIVE SYMPTOMS				
Difficulty thinking clearly				
Difficulty concentrating				
Difficulty remembering				
Feeling more slowed down than usual				
Feeling sluggish, hazy, foggy, or groggy				
EMOTIONAL SYMPTOMS				
Irritable				
Sad				
More emotional than usual				
Nervous				

DIRECTIONS:

Use this checklist to monitor students who come to your office with a head injury. Students should be monitored for a minimum of 30 minutes. Check for signs or symptoms when the student first arrives at your office, 15 minutes later, and at the end of 30 minutes.

Students who experience one or more of the signs or symptoms of concussion after a bump, blow, or jolt to the head should be referred to a healthcare professional with experience in evaluating for concussion. For those instances when a parent is coming to take the student to a healthcare professional, observe the student for any new or worsening symptoms right before the student leaves. Send a copy of this checklist with the student for the healthcare professional to review.

To download this checklist in Spanish, please visit [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP). Para obtener una copia electrónica de esta lista de síntomas en español, por favor visite [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP).

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Danger signs:

Be alert for symptoms that worsen over time. The student should be seen in an emergency department right away if she or he has one or more of these danger signs:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness 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
- 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)

Additional information about this checklist:

This checklist is also useful if a student appears to have sustained a head injury outside of school or on a previous school day. In such cases, be sure to ask the student about possible sleep symptoms. Drowsiness, sleeping more or less than usual, or difficulty falling asleep may indicate a concussion.

To maintain confidentiality and ensure privacy, this checklist is intended for use only by appropriate school professionals, healthcare professionals, and the student's parent(s) or guardian(s).

Resolution of injury:

- Student returned to class
- Student sent home
- Student referred to healthcare professional with experience in evaluating for concussion

SIGNATURE OF SCHOOL PROFESSIONAL COMPLETING THIS FORM: _____

TITLE: _____

COMMENTS:

Revised August 2019

To learn more,
go to [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)

