

## Concussion: Emergency Guidelines

The following situations indicate a medical emergency and require that a student be transported immediately to the nearest emergency room via ambulance (call 911, if available in your area):

### Emergency Situations - CALL 911

- An athlete who loses consciousness for any duration
- An athlete who has symptoms of a concussion and is not stable (i.e., condition is changing or deteriorating)
- An athlete who exhibits any of the following symptoms:
  - deterioration of neurological function
  - decreasing level of consciousness
  - decrease or irregularity in respirations
  - any signs or symptoms of associated injuries such as spine or skull fracture or bleeding
  - mental status changes: lethargy, difficulty maintaining arousal, confusion, or agitation
  - seizure activity

**Accompany the athlete to the emergency room, if needed, and remain with the athlete until a parent arrives.**

The ATC or coach is responsible for informing the parents of the injury and letting them know if the athlete was transported by emergency vehicle or needs to be picked up.

## Non-Emergency Guidelines

### Never allow an athlete with a suspected concussion to drive home!

- Remove the athlete from play and monitor symptoms.
- Notify the athlete's parents and offer information as mandated by your concussion management plan.
- Notify Concussion Management Team Communication Coordinator.

### If parents cannot be reached, and the athlete is able to be sent home:

- Make sure the athlete is with a responsible adult who can monitor the athlete and understand any home care instructions.
- Keep trying to reach a parent.

### If parents cannot be reached and there is no responsible adult able to monitor the athlete, the ATC or coach will remain with the athlete until a parent or responsible adult arrives.

- An athlete who is symptomatic but stable may be transported by his or her parents. The parents should be advised to contact the athlete's primary care provider or seek care at the nearest emergency department or urgent care facility on the day of the injury.
- ALWAYS give parents the option of emergency transportation, even if you don't feel it is necessary.

## Referring When Away from Home

Athletic trainers and coaches should seek assistance from the host site ATC or team medical provider, if available, at an away contest.

**Accommodations & Modifications in the Classroom for a Student with a Traumatic Brain Injury**

**Student:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Presenting Concerns:** \_\_\_\_\_

**Persons Responsible for Providing Selected Items:** \_\_\_\_\_

**Directions: Circle the challenges that affect your child or student. Check the accommodations that may be helpful.**

**Environment**

- ☐ Post class rules
- ☐ Post daily schedule
- ☐ Give preferential seating
- ☐ Change to another class
- ☐ Change schedule (most difficult in morning)
- ☐ Eliminate distractions (visual, auditory & olfactory)
- ☐ Modify length of school day
- ☐ Provide frequent breaks
- ☐ Provide a quiet work place
- ☐ Maintain consistent schedule
- ☐ Provide system for transition

**Transitions**

- ☐ Specified person to oversee transition between classes or end of day
- ☐ Advanced planning for transition between grades/schools
- ☐ Modified graduation requirements
- ☐ Assistance with identifying post-secondary supports
- ☐ Identification of community resources for persons with brain injury

**Method of Instruction**

- ☐ Repeat directions
- ☐ Circulate teacher around room
- ☐ Provide visual prompts
- ☐ Provide immediate feedback
- ☐ Point out similarities to previous learning & work
- ☐ Use manipulative materials
- ☐ Teach to current level of ability (use easier materials)
- ☐ Speak clearly
- ☐ Pre-teach or reteach
- ☐ Use peer tutor or partner
- ☐ Use small group instruction
- ☐ Use simple sentences
- ☐ Use individualized instruction
- ☐ Pause frequently
- ☐ Use cooperative learning
- ☐ Encourage requests for clarification, repetition, etc.
- ☐ Use examples relevant to student's life
- ☐ Demonstrate & encourage use of technology

**Behavioral Needs**

- ☐ Early interventions for situations that may escalate
- ☐ Teach expected behavior
- ☐ Increase student academic success rate
- ☐ Learn to recognize signs of stress
- ☐ Give non-verbal cues to discontinue behavior
- ☐ Reinforce positive behavior
- ☐ Set goals with student
- ☐ Use social opportunities as rewards
- ☐ Teach student to use advance organizers at beginning of lesson
- ☐ Role play opportunities
- ☐ Use proactive behavior management strategies
- ☐ Daily/weekly communication with parents
- ☐ Modification of non-academic tasks (e.g., lunch or recess)
- ☐ Time & place to regroup when upset
- ☐ Additional structure in daily routine
- ☐ Frequent specific feedback about behavior

**Assistive Technology**

- ☐ Multimedia software
- ☐ Electronic organizers
- ☐ Shortcuts on computers
- ☐ Concept mapping software
- ☐ Accessibility options on computer
- ☐ Proofreading programs
- ☐ Alternative keyboards
- ☐ Voice output communication devices and reminders
- ☐ Enlarged text or magnifiers
- ☐ Recorded text & books
- ☐ Specialized calculators
- ☐ Picture & symbol supported software
- ☐ Talking spell checker & dictionary
- ☐ Computer for responding & homework
- ☐ Use of communication devices
- ☐ Word predicting programs
- ☐ iPad/tablet
- ☐ Smart Phone

## Accommodations & Modifications in the Classroom for a Student with a Traumatic Brain Injury

### Memory Deficits

- Monitoring planner (check-off system)
- Written & verbal directions for tasks
- Posted directions
- Frequent review of information
- Strategy for note taking during long reading assignment
- Provide a copy of notes
- Open book or note tests
- Reminders for completing & turning in work
- Repetition of instructions by student to check for comprehension

### Visual Spatial Deficits

- Large print materials
- Distraction free work area
- Modified materials (e.g., limit amount of material presented on single page, extraneous picture)
- Graphs & tables provided to student
- Use of math & reading template or guide

### Gross Motor/Mobility Difficulties

- Priority in movement (e.g., going first or last)
- Adaptive physical education
- Modified activity level for recess
- Special transportation
- Use of ramps or elevators
- Restroom adaptations
- Early release from class
- Assistance with carrying lunch tray, books, etc.
- Escort between classes
- Alternative evacuation plan
- Simple route finding maps & cues

### Attention

- Visual prompts
- Positive reinforcement
- Higher rate of task change
- Verbal prompts to check work

### Organizational Skills

- Study guide or timeline
- Daily calendar for assignments & tasks (digital or written)
- Instructions in using a planner or app
- Provide color-coded materials
- High-lighted materials to emphasize important or urgent information

### Academic Progress

- Assigned person to monitor student's progress
- Contact person (home & school)
- Weekly progress report (home & school)

### Fine Motor Difficulties

- Copy of notes provided
- Oral examinations
- Note-taker for lectures
- Scribe for test taking
- Recorded lectures

### Curriculum

- Reduce length of assignments
- Change skill or task
- Modify testing type or setting
- Allow extra time
- Teach study skills
- Teach sequencing skills
- Teach memory strategies
- Write assignments in daily log
- Teach peers how to be helpful

### Fatigue

- Reduced schedule
- Planned rest breaks
- Schedule arranged for high cognitive demand tasks to be followed by less stressful coursework

### Processing Delays

- Complex direction broken into steps
- Repetition of pertinent information
- Cueing student to question prior to asking
- Use of precise language

### Other Considerations

#### *Home/School Relations*

- School counseling
  - Scripts about the injury & hospitalization
  - Schedule regular meetings for all staff to review progress & maintain consistency
  - Schedule parent conferences every
- 
- Parent visits/contact
  - Home visits

#### *Disability Awareness*

- Explain disabilities to other students
- Teach peers how to be helpful
- Training for school staff

**This checklist serves as a starting point for identifying student needs and developing appropriate accommodations. Because rapid changes take place after a brain injury, the plan must be frequently reviewed and updated to meet the changing needs of the student. Be sure to review and change the plan as frequently as needed.**

## Academic Accommodations Matrix

Student Name: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_ Staff Contact: \_\_\_\_\_

Following concussion, students who receive academic accommodations with penalty for missed work are more successful and better able to reintegrate into school.

General	Cognitive/Thinking	Fatigue/Physical	Emotional
Adjust class schedule (alternate days, shortened day, abbreviated class, late start to day).	Reduce class assignments and homework to critical tasks only. Exempt non-essential written classwork or homework. Base grades on adjusted work.	Allow time to visit school nurse/counselor for headaches or other symptoms.	Develop plan so student can discreetly leave class as needed for rest.
No PE classes until cleared by a healthcare professional. No physical play at recess.	Provide extended time to complete assignments/tests. Adjust due dates.	Allow strategic rest breaks (e.g., 5-10 minutes every 30-45 minutes) during the day.	Keep student engaged in extra-curricular activities. Allow student to attend but not fully participate in sports practice.
Avoid noisy and over-stimulating environments (i.e., band) if symptoms increase.	Once key learning objective has been presented, reduce repetition to maximize cognitive stamina (e.g., assign 5 of 30 math problems).	Allow hall passing time before or after crowds have cleared.	Encourage student to explore alternative activities of non-physical nature.
Allow student to drop high level or elective classes without penalty if accommodations go on for a long period of time.	Allow student to demonstrate understanding orally instead of in writing.	Allow student to wear sunglasses indoors. Control for light sensitivity (e.g., draw blinds, sit away from window, hat with brim).	Develop an emotional support plan for the student (e.g., identify adult to talk with if feeling overwhelmed).
Allow student to audit class (i.e., participate with producing or grades).	Provide written instructions for work that is deemed essential.	Allow student to study or work in a quiet space away from visual and noise stimulation.	Provide quiet place to allow for de-stimulation.
Remove or limit testing and/or high-stakes projects.	Provide class notes by teacher or peer. Allow use of computer, smart phone, tape recorder.	Allow student to spend lunch/recess in quiet space for rest and control for noise sensitivity.	
Alternate periods of mental exertion with periods of mental rest.	Allow use of notes for test taking.	Provide a quiet environment to take tests.	

*If symptoms persist for several months and/or are severe (i.e., symptoms compromise student's attendance, or quantity of work is so limited that it jeopardizes grades/credit accumulation), contact your district or building 504 coordinator to determine if a 504 plan would be beneficial. If prolonged recovery requires specialized instruction/placement, or modified curriculum, refer student for special education services.*

## Post-Concussion Symptom Checklist

Name: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Instructions: For each item please indicate how much the symptom has bothered you over the **past 2 days**.

Symptom	None		Mild		Moderate		Severe
Headache	0	1	2	3	4	5	6
Nausea	0	1	2	3	4	5	6
Vomiting	0	1	2	3	4	5	6
Balance problems	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Visual problems	0	1	2	3	4	5	6
Fatigue	0	1	2	3	4	5	6
Sensitivity to light	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Numbness/tingling	0	1	2	3	4	5	6
Pain other than headache	0	1	2	3	4	5	6
Feeling mentally foggy	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Sleeping less than usual	0	1	2	3	4	5	6
Sleeping more than usual	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervousness	0	1	2	3	4	5	6
Feeling more emotional	0	1	2	3	4	5	6

**Exertion:** Do these symptoms worsen with:

Physical Activity	Yes	No	Not applicable
Thinking/Cognitive Activity	Yes	No	Not applicable

**Overall Rating:** How different are you acting compared to your usual self?

Same as Usual   0      1      2      3      4      5      6      Very Different

**Activity Level:** Over the past two days, compared to what you would typically do, your level of activity has been \_\_\_\_\_ % of what it would be normally.

### Signs and Symptoms of Concussion

These signs and symptoms—following a witnessed or suspected blow to the head or body—are indicative of probable concussion.

Signs (observed by others)	Symptoms (reported by athlete)
<ul style="list-style-type: none"><li>•Appears dazed or stunned</li><li>•Exhibits confusion</li><li>•Forgets plays</li><li>•Unsure about game, score, opponent</li><li>•Moves clumsily (altered coordination)</li><li>•Balance problems</li><li>•Personality change</li><li>•Responds slowly to questions</li><li>•Forgets events prior to hit</li><li>•Forgets events after the hit</li><li>•Loss of consciousness (any duration)</li></ul>	<ul style="list-style-type: none"><li>•Headache</li><li>•Fatigue</li><li>•Nausea or vomiting</li><li>•Double vision, blurry vision</li><li>•Sensitivity to light and noise</li><li>•Feels “sluggish”</li><li>•Feels “foggy”</li><li>•Problems concentrating</li><li>•Problems remembering</li></ul>

*Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion must be removed immediately from the competition or practice and may not be allowed to return to play until cleared by an appropriate healthcare professional.*

## Links and Other Resources

Please direct all questions and requests for more information to:

### **CBIRT**

Center on Brain Injury Research and Training

541-346-0593 or 1-877-872-7246

[www.cbirt.org](http://www.cbirt.org)

### **Other Trusted Sites:**

#### **National Federation of State High School Associations**

PO Box 690 | Indianapolis, Indiana 46206

Phone: 317-972-6900 | Fax: 317.822.5700

[www.nfhs.org](http://www.nfhs.org)

#### **Centers for Disease Control and Prevention**

Free Training materials for Youth and High School Sports

1600 Clifton Road | Atlanta, Georgia 30333

Phone: 800-232-4636

[www.cdc.gov/concussion/headsup/youth.html](http://www.cdc.gov/concussion/headsup/youth.html)

#### **Brain 101: The Concussion Playbook**

[brain101.orcasinc.com](http://brain101.orcasinc.com)

#### **Safekids Worldwide**

1301 Pennsylvania Avenue N.W. Ste. 1000

Washington, DC 20004

Phone: 202-662-0600

[www.safekids.org](http://www.safekids.org)

#### **Taking It Head On: Jenna Sneva**

[www.takingitheadon.com/](http://www.takingitheadon.com/)

*Max's Law (OAR 581-022-0421) was enacted in 2010 and requires Oregon school districts to implement concussion management guidelines for student athletes.*

## **Max's Law**

### **75th OREGON LEGISLATIVE ASSEMBLY—2009 Regular Session**

#### **Enrolled**

#### **Senate Bill 348**

#### **Sponsored by Senator MORRISETTE (at the request of Brain Injury Association of Oregon)**

#### **AN ACT**

#### **Relating to safety of school sports; and declaring an emergency.**

#### **Be It Enacted by the People of the State of Oregon:**

SECTION 1. (1) As used in this section, “coach” means a person who instructs or trains members on a school athletic team, as identified by criteria established by the State Board of Education by rule.

(2)(a) Each school district shall ensure that coaches receive annual training to learn how to recognize the symptoms of a concussion and how to seek proper medical treatment for a person suspected of having a concussion.

(b) The board shall establish by rule:

(A) The requirements of the training described in paragraph (a) of this subsection, which shall be provided by using community resources to the extent practicable; and

(B) Timelines to ensure that, to the extent practicable, every coach receives the training described in paragraph (a) of this subsection before the beginning of the season for the school athletic team.

(3)(a) A coach may not allow a member of a school athletic team to participate in any athletic event or training on the same day that the member:

(A) Exhibits signs, symptoms or behaviors consistent with a concussion following an observed or suspected blow to the head or body; or

(B) Has been diagnosed with a concussion.

(b) A coach may allow a member of a school athletic team who is prohibited from participating in an athletic event or training, as described in paragraph (a) of this subsection, to participate in an athletic event or training no sooner than the day after the member experienced a blow to the head or body and only after the member:

(A) No longer exhibits signs, symptoms or behaviors consistent with a concussion; and

(B) Receives a medical release form from a health care professional.

SECTION 2. Section 1 of this 2009 Act first applies to the 2010-2011 school year. SECTION 3. This 2009 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2009 Act takes effect July 1, 2009.



*Jenna's Law (SB 721) was enacted in 2014 and requires Oregon Non-School Sports and Officiating Organizations to implement concussion management guidelines for all teams that include children 17 years of age and younger.*

## **Jenna's Law**

### **Enrolled Senate Bill 721**

**Sponsored by Senators STEINER HAYWARD, GIROD, ROSENBAUM, KNOPP; Senators BURDICK, COURTNEY, DEVLIN, DINGFELDER, EDWARDS, FERRIOLI, MONNES ANDERSON, MONROE, PROZANSKI, ROBLAN, THOMSEN,**

**Representatives BARTON, BOONE, DAVIS, FREDERICK, GREENLICK, KENY-GUYER, WILLIAMSON  
AN ACT**

**Relating to youth athletic team safety.**

**Be It Enacted by the People of the State of Oregon:**

SECTION 1. (1) As used in this section:

(a) "Coach" means a person who volunteers or is paid to instruct or train members of a nonschool athletic team.

(b) "League governing body" means a governing body that:

(A) Oversees an association of nonschool athletic teams that provide instruction or training for team members and that may compete with each other; and

(B) Is affiliated with, or otherwise sponsored or organized by, a nonprofit corporation established as provided by ORS chapter 65.

(c) "Nonschool athletic team" means an athletic team that includes members who are under 18 years of age and that is not affiliated with a public school in this state.

(d) "Referee" means a person who volunteers or is paid to act as a referee, as an umpire or in a similar supervisory position for events involving nonschool athletic teams.

(e) "Referee governing body" means a governing body that:

(A) Trains and certifies individuals to serve as referees for nonschool athletic team events; and

(B) Is affiliated with, or otherwise sponsored or organized by, a nonprofit corporation established as provided by ORS chapter 65.

(2)(a) Each league governing body and each referee governing body shall ensure that the coaches and the referees, respectively, receive annual training to learn how to recognize the symptoms of a concussion and how to seek proper medical treatment for a person suspected of having a concussion.

(b) Each league governing body and each referee governing body shall adopt a policy that establishes:

(A) The requirements of the training described in paragraph (a) of this subsection; and

(B) Procedures that ensure that every coach and referee receives the training described in paragraph (a) of this subsection.

(3)(a) A coach may not allow a member of a nonschool athletic team to participate in any athletic event or training on the same day that the member:

(A) Exhibits signs, symptoms or behaviors consistent with a concussion following an observed or suspected blow to the head or body; or

(B) Has been diagnosed with a concussion.

(b) A coach may allow a member of a nonschool athletic team who is prohibited from participating in an athletic event or training, as described in paragraph (a) of this subsection, to participate in an athletic event or training no sooner than the day after the member experienced a blow to the head or body and only after the member:

(A) No longer exhibits signs, symptoms or behaviors consistent with a concussion; and (B) Receives a medical release form from a health care professional.

(4) A referee may not allow a member of a nonschool athletic team to participate in any athletic event during which the member exhibited signs, symptoms or behaviors consistent with a concussion following an observed or suspected blow to the head or body.

(5) The league governing body shall develop or use existing guidelines and other relevant materials, and shall make available those guidelines and materials, to inform and educate persons under 18 years of age desiring to be a member on a nonschool athletic team, the parents and legal guardians of the persons and the coaches about the symptoms and warning signs of a concussion.

(6) For each year of participation, and prior to a person under 18 years of age participating as a member on a nonschool athletic team, at least one parent or legal guardian of the person must acknowledge the receipt of the guidelines and materials described in sub- section (5) of this section and the review of those guidelines and materials by:

(a) The parent or legal guardian of the person; and

(b) If the person is 12 years of age or older, the person.

(7) A league governing body may hold an informational meeting prior to the start of any season for each nonschool athletic team regarding the symptoms and warning signs of a concussion.

(8)(a) Any person who regularly serves as a coach or as a referee and who complies with the provisions of this section is immune from civil or criminal liability related to a head injury unless the person acted or failed to act because of gross negligence or willful or wanton misconduct.

(b) Nothing in this section shall be construed to affect the civil or criminal liability related to a head injury of a person who does not regularly serve as a coach or a referee.