

CONCUSSION POLICY CHEAT SHEET

Recognize a suspected concussion:

Concussions occur when the brain sustains a traumatic force.
This can be caused by: Head to head contact, hit to head, blow to body.

Signs and Symptoms

If someone reports even **one** of these signs or symptoms after a hit to the head or body, concussion should be suspected:

Headache
"Pressure in head"
Neck pain
Nausea
Vomiting
Dizziness
Sensitivity to light
Sensitivity to noise
Feeling slowed down
Feeling "in a fog"
"Don't feel right"

Balance problems
Difficulty remembering
Fatigue or low energy
Confusion
Drowsiness
More emotional
Irritability
Sadness
Nervous or Anxious
Trouble falling asleep
Difficulty concentrating

RED FLAG Signs and Symptoms

Neck pain or tenderness
Double vision
Weakness or tingling/burning in arms or legs
Severe or increasing headache
Seizure or convulsion

Loss of consciousness
Deteriorating conscious state
Vomiting
Increasingly restless, agitated or combative

CRT 6

CRT6™
Concussion Recognition Tool
To Help Identify Concussion in Children, Adolescents and Adults

What is the Concussion Recognition Tool?
A concussion is a brain injury. The Concussion Recognition Tool 6 (CRT6) is to be used by non-medically trained individuals for the identification and immediate management of suspected concussion. It is not designed to diagnose concussion.

Recognize and Remove

Red Flags: CALL AN AMBULANCE
If ANY of the following signs are observed or complaints are reported after an impact to the head or body the athlete should be immediately removed from play/competition and transported for urgent medical care to a healthcare professional (HCP).

- Neck pain or tenderness
- Double vision
- Weakness or tingling/burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Visible deformity of the skull

Remember
If anyone has been previously injured they should be followed as a danger of the same, check always, breathing, circulation, risk for reduced awareness of surroundings or awareness or difficulty answering questions.
Do not attempt to move the athlete unless they request for help. If they request to be moved, they should be moved to a safe area.
Do not remove helmet or padding or other equipment.
If anyone is possible spinal cord injury in all cases of head injury.
If anyone with severe physical or developmental disabilities should have a lower threshold for removal from play.

If there are no Red Flags, identification of possible concussion should proceed as follows:
Concussion should be suspected after an impact to the head or body when the athlete shows different behaviour. Such changes include the presence of any one or more of the following: visible signs of concussion, signs and symptoms such as headache or drowsiness, impaired brain function (e.g. confusion, or altered behaviour).

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Developed by: The Concussion in Sport Group (CISG)

Logos: IOC, BSCG, AFI, FIA, FIFA, IFA, IFA, IFA

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1: Visible Clues of Suspected Concussion
Visible clues that suggest concussion include:
• Loss of consciousness or responsiveness
• Lying motionless on the playing surface
• Falling unprotected to the playing surface
• Disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions
• Clonic, tonic, or tonic-clonic
• Seizure, fits, or convulsions
• Slow to get up after a direct or indirect hit to the head
• Unusually on foot / balance problems or falling over / poor coordination / wobbly
• Facial injury

2: Symptoms of Suspected Concussion

Physical Symptoms	Changes in Emotions
Headache	More emotional
"Pressure in head"	More irritable
Balance problems	Nervous
Nausea or vomiting	Nervous or anxious
Drowsiness	Changes in Thinking
Dizziness	Difficulty concentrating
Blurred vision	Difficulty remembering
More sensitive to light	Feeling slowed down
More sensitive to noise	Feeling like "in a fog"
Fatigue or low energy	Remember, symptoms may develop over minutes or hours following a head injury
"Don't feel right"	
Neck Pain	

3: Awareness
Verify each question appropriately for each sport and age of athlete.
Failure to answer any of these questions correctly may suggest a concussion.
"Where are we today?"
"What event were you doing?"
"Who scored last in the game?"
"What team did you play last week/game?"
"Did your team win the last game?"

Any athlete with a suspected concussion should be - IMMEDIATELY REMOVED FROM PRACTICE OR PLAY and should NOT RETURN TO ANY ACTIVITY WITH RISK OF HEAD CONTACT, FALL OR COLLISION, including SPORT ACTIVITY until ASSESSED MEDICALLY, even if the symptoms resolve.

Athlete with suspected concussion should NOT:
• Be left alone initially (at least for the first 3 hours). Worsening of symptoms should lead to immediate medical attention.
• Be sent home by themselves. They need to be with a responsible adult.
• Drink alcohol, use recreational drugs or drugs not prescribed by their HCP.
• Drive a motor vehicle until cleared to do so by a healthcare professional.

CONCUSSION POLICY CHEAT SHEET



Sport Club Supervisors, Safety Officers, and Sport Club Officers ONCE THE CONCUSSION IS SUSPECTED

If ATs are on site/during AT hours of operation:

- 1) Immediately remove the participant from the activity.
- 2) Call the athletic trainers and inform them that there is a suspected head injury and where you are located.
Kim - 757-250-7523
Alicia - 757-202-6246
- 3) The AT will either come to you or ask you to bring the participant to them.
- 4) Then, the AT will take it from there. Make sure to finish your accident report and then you are good to go!

If ATs are NOT on site/NOT during AT hours of operation:

- 1) Immediately remove the participant from the activity.
- 2) Complete an accident report.
- 3) Review the CRT 6.
- 4) Provide the participant with a concussion fact sheet.
- 5) Inform the participant that they will not be able to return to play/exercise until they have seen the ATs and followed the appropriate course of treatment.
- 6) Inform them that they will be suspended on IM Leagues and Fusion by the ATs until they are cleared to return to play.

IF AT ANY POINT SOMEONE REPORTS RED FLAG SIGNS OR SYMPTOMS ACTIVATE THE SITE SPECIFIC EMERGENCY ACTION PLAN (THIS INCLUDES CALLING 911).

CONCUSSION FACT SHEET

William & Mary CR Concussion Fact Sheet

Important Phone Numbers: Office/Cell: Email:

Kimberly Gong, Athletic Trainer, MS, LAT, ATC Office: 757-221-9529 kcampusrec@wm.edu

Christine "Chris" Farrell, Athletic Trainer, LAT, ATC Office: 757-221-3276

Athletes who experience one or more of the signs and symptoms listed below after a bump, blow, or fall to the head or body may have a concussion.

SYMPTOMS:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or "feeling down"

SIGNS:

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

RED FLAGS— SEEK URGENT MEDICAL EVALUATION:

- Neck pain or tenderness
- Double vision
- Weakness/tingling/numbing in arms or legs
- Severe or increasing headache
- Seizure or convulsions
- Disturbing consciousness
- Repeated vomiting
- Increasingly restless, agitated, or combative

****If any one has these symptoms, seek medical attention immediately and call 911****

TAKE THE FOLLOWING STEPS IF THE ATHLETE PRESENTS WITH RED FLAG SIGNS:

- Remove the athlete from play.
- Keep the athlete out of play the day of the injury.
- Allow the athlete to get a full night of uninterrupted sleep.
- Encourage the athlete to eat a balanced diet.
- Decrease screen use and strenuous brain activity.
- Schedule an evaluation with an appropriate health care provider for further evaluation, management, and activity management.

HEADS UP ACTION PLAN: <https://www.cdc.gov/headsup/index.html>

CONCUSSION MEDICAL STATUS FORM

College of William & Mary Campus Recreation Concussion Medical Status Form

Dear Licensed Healthcare Provider:

_____ a student at the College of William & Mary, was recently removed from a Campus Recreation extracurricular physical activity due to a suspected concussion on or about _____ (date). Pursuant to the William & Mary Campus Recreation program policy the student is prohibited from returning to play in any Campus Recreation extracurricular physical activity unless he or she is first released to complete a graduated return to play (RTP) protocol (see attachment). Once the graduated RTP has been completed, the healthcare provider may clear them for return to full activity.

Licensee Note: I am a physician (i.e., MD, D.O., physician), or physician assistant, licensed by the Virginia Board of Medicine, a nonphysician licensed by the Board of Psychology, or a nurse practitioner licensed by the Virginia State Board of Nursing, and I am aware of the current medical guidance on concussion evaluation and management, AND (check one that apply):

____ The student **DID** sustain a concussion. ***diagnosed with a concussion the student will need to complete the RTP protocol (attached). Students participating in intramural activity should be allowed to follow the attached protocol under the direction of a licensed health care provider trained in concussion. Upon completion of the RTP protocol, please fill out the bottom half of this form for full clearance.

____ The student **DID NOT** sustain a concussion.

Name of Licensed Healthcare Provider (Print) _____ (Signature) _____

Office Phone Number _____ Date _____

"Once the return to play is successfully completed, the second half of the form will be filled out by the licensed healthcare provider."

RETURN TO PLAY (RTP)

Licensee Note: I am a physician (i.e., MD, D.O., physician), physician assistant licensed by the Virginia Board of Medicine, a nonphysician licensed by the Board of Psychology, a nurse practitioner licensed by the Virginia State Board of Nursing, or a physical therapist (PT) who has been provided with a clearance note from a physician, allowing me to oversee the RTP and clear the individual once the RTP has been completed, and I am aware of the current medical guidance on concussion evaluation and management, AND (check one that apply):

____ The student has returned to RTP for _____ (signature) to return to full participation

Name of Licensed Healthcare Provider (Print) _____ (Signature) _____

Office Phone Number _____ Date _____

Student Return completed form to: Campus Recreation Athletic Trainer and/or the Executive Director of Health and Wellness

Return to Play Criteria

Step	Activity	Goal of each step
1	Baseline clinical testing	Establish baseline of selected activities
2	Light aerobic activity	Walking or stationary cycling at low resistance for no more than 10 minutes
3	Sport-specific exercise	Swimming or running 45-60 minutes at low intensity
4	Non-contact training drills	Drills involving 45-60 minutes of non-contact training
5	Full contact practice	Following medical clearance, participate in contact training activities
6	Return to sport	Resuming full participation in sport

Source: G. A. Gatzert, R. G. Bahr, J. Clark, R. C. Johnson, K. M. Meier, G. T. McGinnis, P. (2017). The return-to-play protocol for concussion in sport. *Neurosurgery*, 82(2), 121-128. <https://doi.org/10.1226/00006123-201708000-00017>

Return to Play Guidelines

- NOTE: "An initial period of 24-48 hours of both relative physical rest and cognitive rest is recommended before beginning the RTP progression. There should be at least 24 hours (or longer) for each step of the progression. If any symptoms worsen during exercise, the athlete should go back to the previous step. Resistance training should be added only in the later stages (stage 3 or 4 of the protocol) (Zemke et al., 2017).
- **If a student or student athlete who has no emergence of symptoms in consecutive days needs to stop the protocol and be referred to a physician trained in concussion for further evaluation