

Emergency Guidelines for Schools

2ND EDITION, 2014

Guidelines
for helping an
ill or injured
student when
the school
nurse is
not available.

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Tennessee
EMSC
Emergency Medical
Services for Children™



Emergency Guidelines for Schools

2nd Edition, 2014

TN EMSC Project Staff

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Tennessee Emergency Guidelines for Schools



The Tennessee Emergency Medical Services for Children (EMSC) Program is pleased to provide each public school in Tennessee with an electronic copy of "Emergency Guidelines for Schools," a comprehensive and easy to use guide to handling a large variety of medical emergencies involving children. We would like to extend our appreciation to the Tennessee Association of School Nurses for their help in distributing the electronic books.

Early in 2004, the TN EMSC Program convened a focus group comprising school resource officers, school nurses from the Department of Education and the Department of Health, and school health staff from around the state to determine the needs of first responders in a school setting. "Emergency Guidelines for Schools" was identified as a resource that would benefit the school staff on every level, especially those that are traditionally first on the scene of an incident.

In 2013, stakeholders were reconvened to update the Emergency Guidelines for Schools and finalized the revisions in 2014. The guidelines were reviewed and endorsed by the TN Department of Health and Committee on Pediatric Emergency Care

It is recommended that this book be downloaded for easy access on the computer, as well as printed and placed in an area that is easily accessible and that all school staff are made aware of its availability. This important resource may serve as an essential tool to assist first responders with the principal steps necessary to achieve the best outcome when emergencies occur.

The emergency guidelines are meant to serve as a basic "what to do in an emergency" guide for school staff without medical/nursing training when the school nurse is not available. **It is strongly recommended that staff who are in a position to provide first-aid to complete an approved first-aid and CPR course. In order to perform CPR safely and effectively, skills should be practiced in the presence of a trained instructor.**

The guidelines have been created as a **recommendation** procedure. It is not the intent of these guidelines to supersede or make invalid any laws or rules established by a school system, a school board, or the state of Tennessee. This second edition of the guidelines has been created in electronic format for easier access, the index you will find that you can quickly navigate to a concern by clicking on the word. Please consult your school nurse if you have any questions concerning the recommendations contained in these guidelines. In a true emergency situation, use your best judgement.

The TN EMSC Program is committed to providing useful resources and training to those who care for Tennessee's children. You are encouraged to provide us with your comments regarding "Emergency Guidelines for Schools." Please feel free to contact any EMSC staff member at (615) 343-EMSC or admin@tnemsc.org.

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EMERGENCY PROCEDURES FOR INJURY OR ILLNESS

1. Remain calm and assess the situation. Be sure the situation is safe for you to approach. The following dangers will require caution: live electrical wires, gas leaks, building damage, fire or smoke, traffic or violence.
2. A responsible adult should stay at the scene and give help until the person designated to handle emergencies arrives.
3. Send word to the person designated to handle emergencies. This person will take charge of the emergency and render any further first aid needed.
4. Do **NOT** give medications unless there has been prior approval by the student's parent or legal guardian and doctor according to local school board policy, or if the school physician has provided standing orders or prescriptions.
5. Do **NOT** move a severely injured or ill student unless absolutely necessary for immediate safety. If moving is necessary, follow guidelines in **NECK AND BACK PAIN** section.
6. The responsible school authority or a designated employee should notify the parent/legal guardian of the emergency as soon as possible to determine the appropriate course of action.
7. If the parent/legal guardian cannot be reached, notify an emergency contact or the parent/legal guardian substitute and call either the physician or the designated hospital on the Emergency Medical Authorization form, so they will know to expect the ill or injured student. Arrange for transportation of the student by Emergency Medical Services (EMS), if necessary.
8. A responsible individual should stay with the injured student.
9. Fill out a report for all injuries requiring above procedures as required by local school policy. The North Carolina Department of Health and Human Services has created a sample *Student Injury Report Form* that may be photocopied and used as needed. A copy of the form with instructions follows.

POST-CRISIS INTERVENTION FOLLOWING SERIOUS INJURY OR DEATH

- Discuss with counseling staff or critical incident stress management team.
- Determine level of intervention for staff and students.
- Designate private rooms for private counseling/defusing.
- Escort affected students, siblings, close friends, and other highly stressed individuals to counselors/critical incident stress management team.
- Assess stress level of staff. Recommend counseling to all staff.
- Follow-up with students and staff who receive counseling.
- Designate staff person(s) to attend funeral.
- Allow for changes in normal routines or schedules to address injury or death.

CRISIS TEAM CONTACTS & CPR/ FIRST AID CERTIFIED STAFF

Crisis Team Members

Position	Name	Work #	Home #	Cell #	Room #
Principal/ Administrator					
Designee					
Secretary					
Teacher					
Guidance Counselor					
Health Room Staff					

CPR/First Aid Certified Staff

Name	Room #	CPR (Circle)	Exp. Date	First Aid (Circle)	Exp. Date
		Y N		Y N	
		Y N		Y N	
		Y N		Y N	
		Y N		Y N	
		Y N		Y N	

Crisis Contacts

(Contact all of the following in the event of an emergency situation)

	Name	Number
School Administration		
Corporate Administration		
County Emergency Management		

EMERGENCY PHONE NUMBERS

Complete this page as soon as possible and update as needed.

EMERGENCY MEDICAL SERVICES (EMS) INFORMATION

Know how to contact your EMS. Most areas use 9-1-1; others use a 7-digit phone number.

+ **EMERGENCY PHONE NUMBER: 9-1-1 OR** _____

+ Name of EMS agency _____

+ Their average emergency response time to your school _____

+ Directions to your school _____

+ Location of the school's AED(s) _____

BE PREPARED TO GIVE THE FOLLOWING INFORMATION & DO NOT HANG UP BEFORE THE EMERGENCY DISPATCHER HANGS UP:

- Name and school name _____
- School telephone number _____
- Address and easy directions _____
- Nature of emergency _____
- Exact location of injured person (e.g., behind building in parking lot) _____
- Help already given _____
- Ways to make it easier to find you (e.g., standing in front of building, red flag, etc.). _____

OTHER IMPORTANT PHONE NUMBERS

- | | |
|---|-----------------------|
| + School Nurse | _____ |
| + Responsible School Authority | _____ |
| + Poison Control Center | 1-800-222-1222 |
| + Fire Department | 9-1-1 or _____ |
| + Police | 9-1-1 or _____ |
| + Hospital or Nearest Emergency Facility | _____ |
| + County Children Services Agency | _____ |
| + Rape Crisis Center | _____ |
| + Suicide Hotline | _____ |
| + Local Health Department | _____ |
| + Taxi | _____ |
| + Other medical services information
(e.g., dentists or physicians): | _____
_____ |

WHEN TO CALL EMERGENCY MEDICAL SERVICES (EMS) 9-1-1

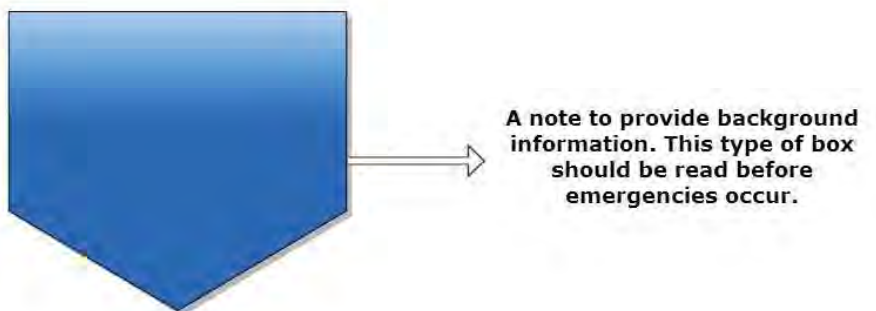
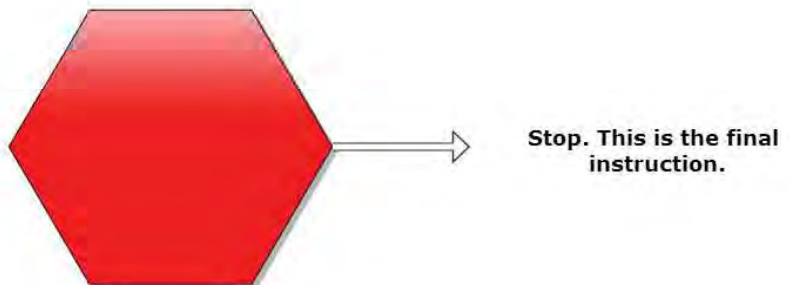
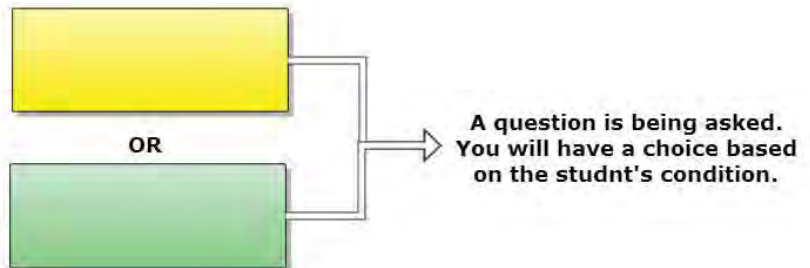
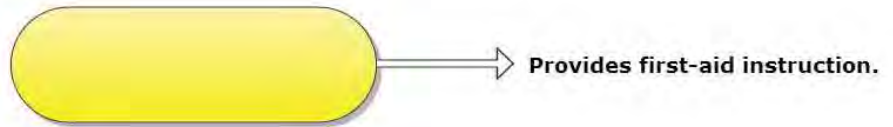
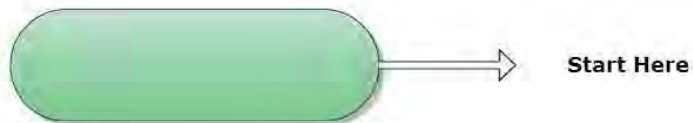
Call EMS if:

- ☐ The child is unconscious, semi-conscious or unusually confused.
- ☐ The child's airway is blocked.
- ☐ The child is not breathing.
- ☐ The child is having difficulty breathing, shortness of breath or is choking.
- ☐ The child has no pulse.
- ☐ The child has bleeding that won't stop.
- ☐ The child is coughing up or vomiting blood.
- ☐ The child has been poisoned.
- ☐ The child has a seizure for the first time or a seizure that lasts more than five minutes.
- ☐ The child has injuries to the neck or back.
- ☐ The child has sudden, severe pain anywhere in the body.
- ☐ The child's condition is limb-threatening (for example, severe eye injuries, amputations or other injuries that may leave the child permanently disabled unless he/she receives immediate care).
- ☐ The child's condition could worsen or become life-threatening on the way to the hospital.
- ☐ Moving the child could cause further injury.
- ☐ The child needs the skills or equipment of paramedics or emergency medical technicians.
- ☐ Distance or traffic conditions would cause a delay in getting the child to the hospital.

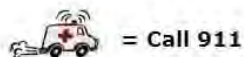


If any of the above conditions exist, or if you are not sure, it is best to call 9-1-1.

KEY TO SHAPES & COLORS



Green Shapes= Start
Yellow Shapes= Continue
Red Shapes= Stop
Blue Shapes= Background Information



AUTOMATED EXTERNAL DEFIBRILLATORS

AEDs are devices that help to restore a normal heart rhythm by delivering an electric shock to the heart after detecting a life-threatening irregular rhythm. AEDs are not substitutes for CPR, but are designed to increase the effectiveness of basic life support when integrated into the CPR cycle.

AEDs are now safe to use for ALL children, according to the American Heart Association (AHA). * Some AEDs are capable of delivering a "child" energy dose through smaller child pads. Use child pads/system for children 1-8 years if available. If child system is not available, use adult AED and pads. Do not use the child pads or energy dose for adults in cardiac arrest. If your school has an AED, obtain training in its use before an emergency occurs, and follow any local school policies and manufacturer's instructions. The location of AEDs should be known to all school personnel.

American Heart Association Guidelines for AED/CPR Integration*

•For a sudden, witnessed collapse of an infant or a child, use the AED first if it is immediately available. If there is any delay in the AED's arrival, begin CPR first. Prepare AED to check heart rhythm and deliver 1 shock as necessary. Then, immediately begin 30 CPR chest compressions in about 20 seconds followed by 2 slow breaths of 1 second each. Complete 5 cycles of CPR (30 compressions to 2 breaths x5) of about 2 minutes. The AED will perform another heart rhythm assessment and deliver a shock as needed. Continue with cycles of 2 minutes CPR to 1 AED rhythm check.

•For a sudden, unwitnessed collapse of an infant or child, perform 5 cycles of CPR first (30 compressions to 2 breaths x 5) of about 5 minutes, and then apply the AED to check the heart rhythm and deliver a shock as needed. Continue with cycles of 2 minutes CPR to 1 AED rhythm check.

*Current in Emergency Cardiovascular Care, (American Heart Association), 2010

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**Help create a safe classroom for
our nut allergic students.
Please avoid bringing in nut or
nut products.**

ALLERGIC REACTION

Students with life-threatening allergies should be known to all school staff. An emergency plan should be developed for these students.

Children may experience a delayed allergic reaction up to *2 hours* following food ingestion, bee sting, etc.

Symptoms may include:

- Hives all over body
- Flushed Face
- Paleness
- Blueness
- Seizures
- Difficulty Breathing
- Weakness
- Confusion
- Drooling/difficulty swallowing
- Loss of consciousness
- Blueness around mouth, eyes

NO

Does the student have symptoms of a severe allergic reaction?

YES

Symptoms of a mild allergic reaction include:

- Red, watery eyes
- Itchy, sneezy, runny nose
- Hives, or a rash on the body

Adult(s) supervising student during normal activities should be aware of the student's exposure and should watch for any delayed reaction for up to *2 hours*.

If student is too uncomfortable that he/she is unable to participate in school activities, contact responsible school authority and parent/legal guardian.


CALL "911"
EMERGENCY MEDICAL SERVICES
Then contact responsible school authority & parent/legal guardian.

If child stops breathing, give rescue breaths (see CPR)

If available, refer to student's emergency plan.

Administer guardian-approved medication or stock medication if available.

ASTHMA, WHEEZING, DIFFICULTY BREATHING

Students with a history of breathing difficulties, including asthma/ wheezing should be known to all school staff. An emergency plan should be developed for these students.

A student experiencing asthma/ wheezing may have breathing difficulties including:

- Wheezing, high-pitched sound during breathing out
- Rapid Breathing
- Flaring (widening) of nostrils
- Increased use of stomach and chest muscles during breathing
- Tightness in chest
- Excessive coughing

If available, refer to student's emergency plan.

Does student have guardian-approved medication available?

YES

Administer medication as directed.

NO


Encourage the student to sit quietly, breathe slowly and deeply in through the nose and out through the mouth.

• Did breathing difficulty develop rapidly?
• Are lips, tongue, or nail beds turning blue?
• Are symptoms not improving or getting worse?

NO

YES

Contact responsible school authority & parent/ legal guardian


CALL "911"
EMERGENCY
MEDICAL SERVICES
Then contact responsible school authority & parent/ legal guardian.

BEHAVIORAL EMERGENCIES

Behavioral or psychological emergencies may take many forms (depression, anxiety/panic, phobias, destructive or assaultive behavior, talk of suicide, etc.).
Intervene only if the situation is safe for you.

Students with a history of behavioral problems, emotional problems or other special needs should be known to appropriate school staff. An emergency care plan should be developed.

Refer to your school's policy for addressing behavioral emergencies.

Does student have visible injuries?

YES

See appropriate guideline to provide first aid.
CALL EMS 911 IF ANY INJURIES REQUIRE IMMEDIATE CARE.

NO

Does student's behavior present an immediate risk of physical harm to persons or property?
Is student armed with a weapon?

NO

The cause of unusual behavior may be psychological, emotional or physical (e.g. fever, diabetic emergency, poisoning/overdose, alcohol/drug abuse, head injury, etc.). The student should be seen by a health care provider to determine the cause.

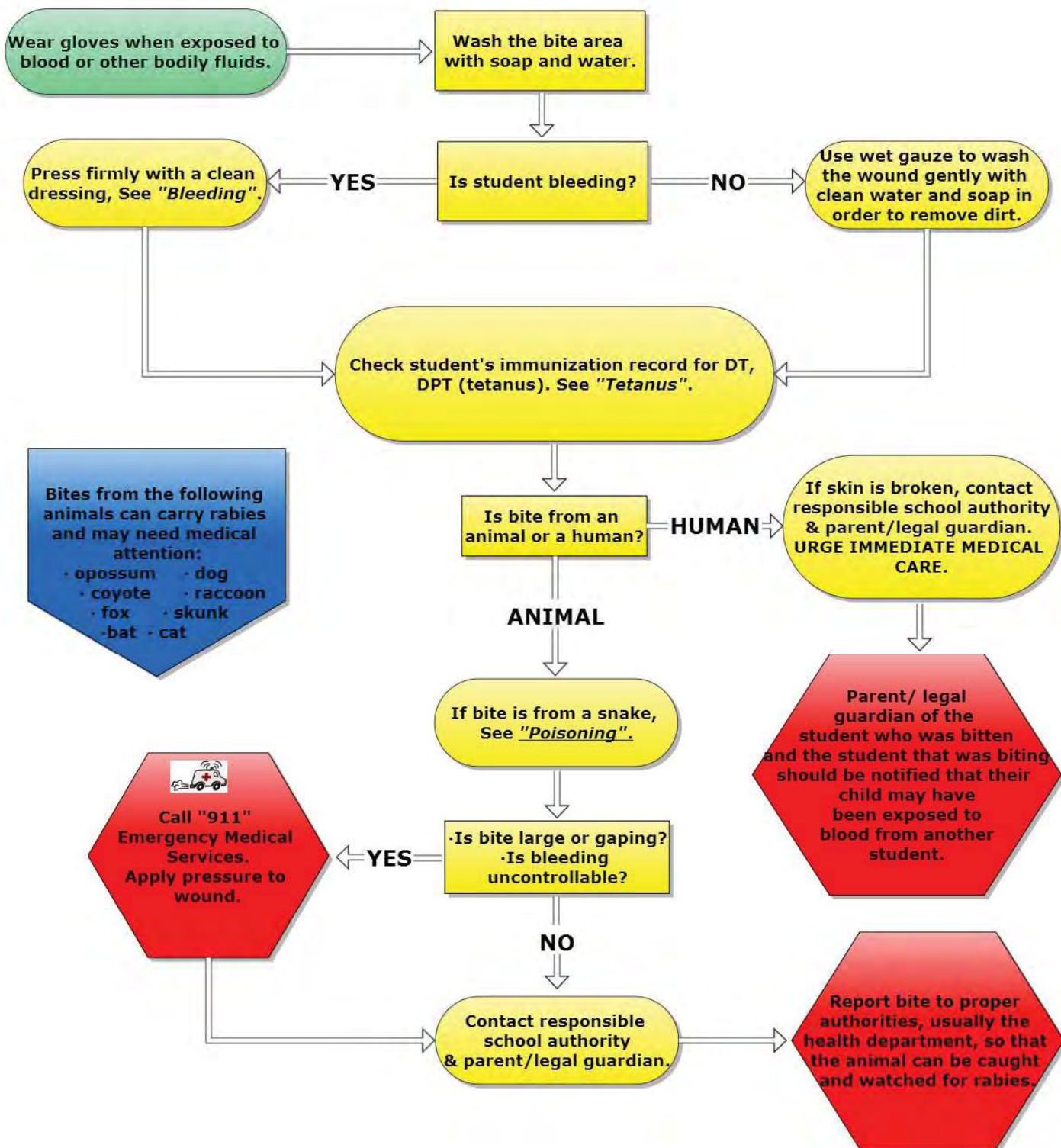
YES

CALL POLICE.

SUICIDAL AND VIOLENT BEHAVIOR SHOULD BE TAKEN SERIOUSLY.
If the student has threatened to harm him/herself or others, contact the responsible school authority immediately.

Contact responsible school authority & parent/legal guardian.

BITES



BLEEDING

Wear gloves when exposed to blood or other bodily fluids.

Amputation?

YES


CALL "911" EMERGENCY MEDICAL SERVICES.
Continue to hold dressing, add to dressing, DO NOT remove saturated dressing.


- Place detached part in a plastic bag.
- Tie bag.
- Put bag in a container of ice water.
- Send bag to the hospital with the student.
- DO NOT PUT AMPUTATED PART DIRECTLY ON ICE**

Contact responsible school authority & parent/legal guardian.

- NO
- Press firmly with a clean bandage to stop bleeding
 - Elevate bleeding body part *gently*. If fracture is suspected, *gently support part and elevate*.
 - Bandage wound firmly without interfering with circulation to the body part.
 - **DO NOT USE A TOURNIQUET.**

Continued uncontrollable bleeding?

YES


CALL "911" EMERGENCY MEDICAL SERVICES
Continue to hold dressing, add to dressing, DO NOT remove dressing.

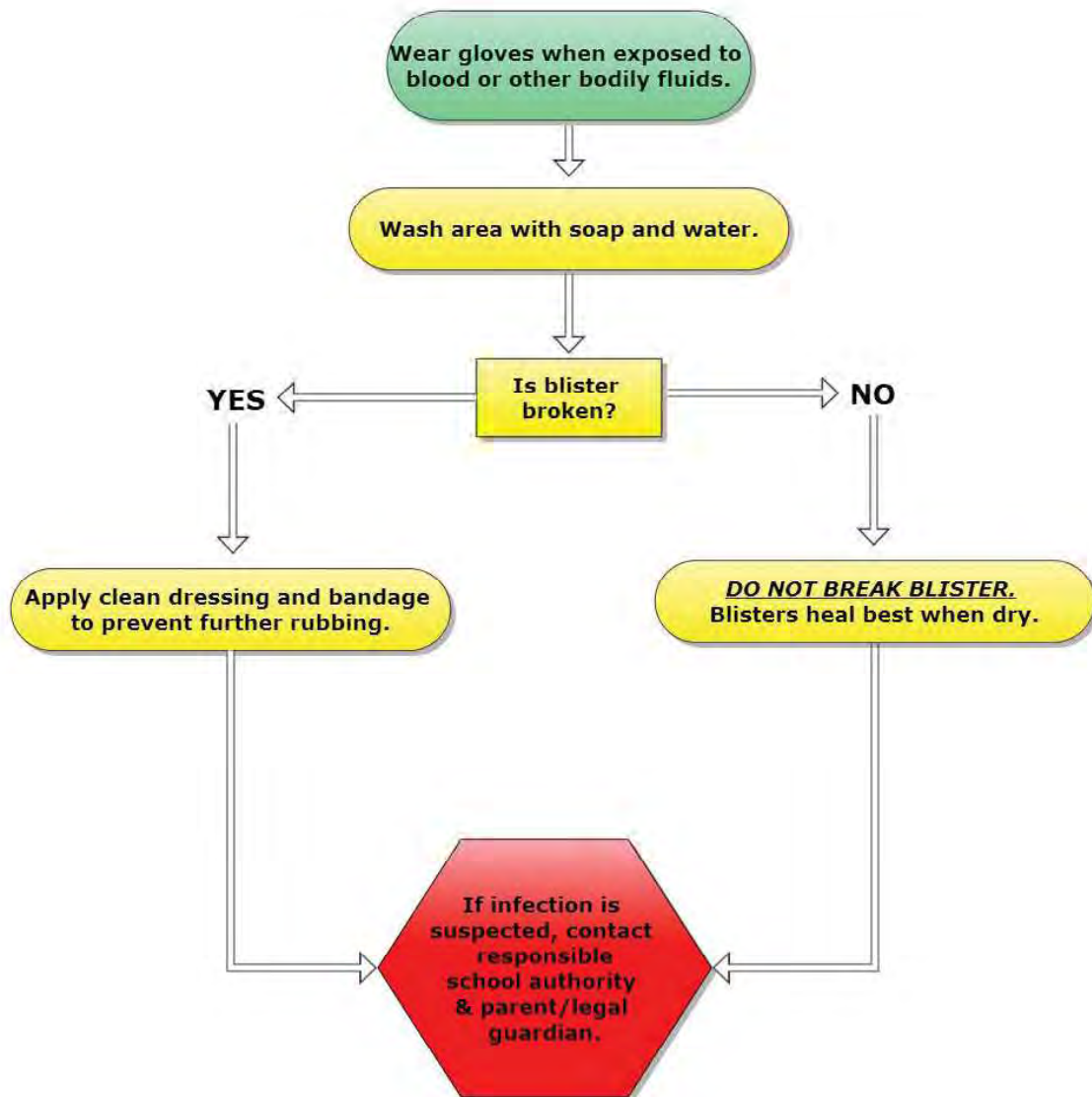
Contact responsible school authority & parent/legal guardian.

NO

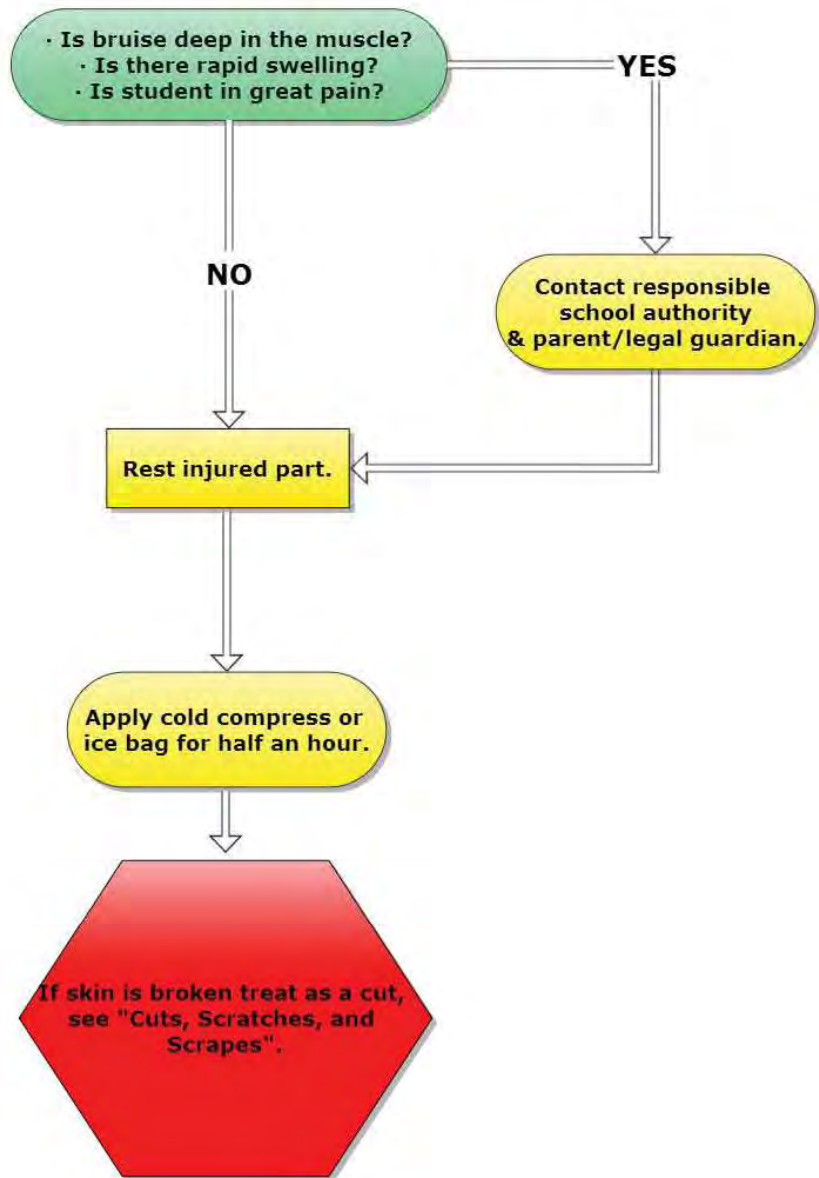
If wound is gaping, student may need stitches. Contact responsible authority & parent/legal guardian. **URGE MEDICAL CARE.**

Check student's immunization record for DPT, DT (tetanus).

BLISTERS (from friction)



Bruises



BURNS

Burns can be caused by heat, electricity, or chemical.

Always make sure the situation is safe for you, before helping the student.

ELECTRICAL

What type of burn is it?

CHEMICAL

HEAT

All electrical burns need medical attention. (See *Electric Shock*)

Flush the burn with large amounts of cool running water or cover it with a clean, cool, wet cloth. DO NOT USE ICE.

Wear gloves and if possible, goggles. remove student's clothing and jewelry if exposed to chemical. Rinse chemicals off skin, eyes IMMEDIATELY with large amounts of water.

CALL NEAREST POISON CONTROL CENTER & ask for instructions.
Phone # 888-222-1222


YES

- Is burn large or deep?
- Is burn on face or eye?
- Is student having difficulty breathing?
- Is student unconscious?

NO

Bandage loosely.

Check student's immunization records for DT, DPT (tetanus). (See *Tetanus*)


CALL "911" EMERGENCY MEDICAL SERVICES
Then contact responsible school authority & parent/ legal guardian.

Contact responsible school authority & parent/ legal guardian.

COMMUNICABLE DISEASES

For more information on protecting yourself from communicable disease, see "*Communicable Diseases Resources*" on the previous page.

A communicable disease is a disease that can be spread from one person to another. Germs (bacteria, virus, fungus, parasite) cause communicable diseases.

Chickenpox, pink eye, strep throat and influenza (flu) are just a few of the common communicable diseases that affect children. There are many more. In general, there will be little you can do for a student in school who has a communicable disease.

Refer to your school's policy for ill students.

Signs of PROBABLE illness:

- Sore throat
- Redness, swelling, drainage of eye
- Unusual spots/rash with fever or itching
- Crusty, bright yellow, gummy skin sores
- Diarrhea (more than 2 loose stools a day)
- Vomiting
- Yellow skin or yellow "white of eye"
- Oral temperature greater than 100.0 F
- Extreme tiredness or lethargy
- Unusual behavior

Contact responsible school authority & parent/legal guardian.
ENCOURAGE MEDICAL CARE.

Signs of POSSIBLE illness:

- Earache
- Fussiness
- Runny nose
- Mild cough

Monitor student for worsening of symptoms.
Contact parent/legal guardian and discuss.

COMMUNICABLE DISEASES RESOURCES

<http://health.state.TN.us/ceds/pandemic.htm>
Click Link to Open

CONCUSSION/ TRAUMATIC BRAIN INJURY RESOURCES

***Concussions can occur in athletic and non-athletic activities. All concussions are serious!**

The following resources are from the CDC (click live link to open):

Heads Up to Schools: Know Your Concussion ABC's

Concussion Signs and Symptoms Checklist for Schools

CDC Heads Up to Schools: Returning to School After a Concussion

CDC Parent/ Athlete Concussion Information Sheet

CDC Heads Up Concussion in Youth Sports- Fact Sheet for Athletes (Eng/Spanish)

CDC Heads Up Concussion in Youth Sports- Fact Sheet for Parents (Eng/Spanish)

TN TBI Service Coordination Brochure

CDC has created two free online courses "Heads Up" on Concussion

1. Health Care professionals

2. Youth and high school sports coaches, parents, and athletes that provide information on preventing, recognizing, and responding to a

Go to <http://www.cdc.gov/concussion/index.html>

**Tennessee Secondary Sports Athletic Association (TSSAA)
Concussion Policy Return to Play Form**

TN's DOH/ TBI Program

TN's DOH's Sports Concussion Law & Resources

TSSAA's Site

School-Wide Concussion Management

CBIRT- Educators

TN TN Disability Coalition has provided a handout on Signs and Symptoms following a concussion or traumatic brain injury (Eng/Spanish). Please review them by clicking here and also give copies to parents if a child has a concussion or a traumatic brain injury.

For an additional resource, click here to download a free copy of Sports-Related Concussion in Youth (2013).

1.Stay Safe

Practice universal precautions and wear personal protective equipment, if available.

2.Try to Wake the Child

Gently tap or shake the child's shoulders and call out his or her name in a loud voice.

If the child does not wake up, have someone call 911 immediately. If no one else is available to call 911 and the child is not breathing, continue to step 3 and do CPR for about 2 minutes before calling 911.

3.Begin chest compressions

If the child is not breathing, put one hand on the breastbone directly between the child's nipples. Push straight down about 2 inches -- or about a third of the thickness of the child's chest -- and then let the chest all the way back up. Do that 30 times, about twice per second.

If you've been trained in CPR and you remember how to give rescue breaths, go to step 4. If not, just keep doing chest compressions and go to step 5.

4.Give the child two breaths

After pushing on the chest 30 times, cover the child's mouth with your mouth and pinch his nose closed with your fingers. Gently blow until you see his chest rise. Let the air escape -- the chest will go back down -- and give one more breath.

If no air goes in when you try to blow, adjust the child's head and try again. If that doesn't work, then skip it and go back to chest compressions (step 3), you can try rescue breaths again after 30 more compressions.

5.Keep doing CPR and call 911 after 2 minutes

If you are by yourself, keep doing CPR for 2 minutes (about 5 groups of compressions) before calling 911. If someone else is there or comes along as you are doing CPR, have that person call 911. Even if the child wakes up, you need to call 911 any time you had to do CPR.

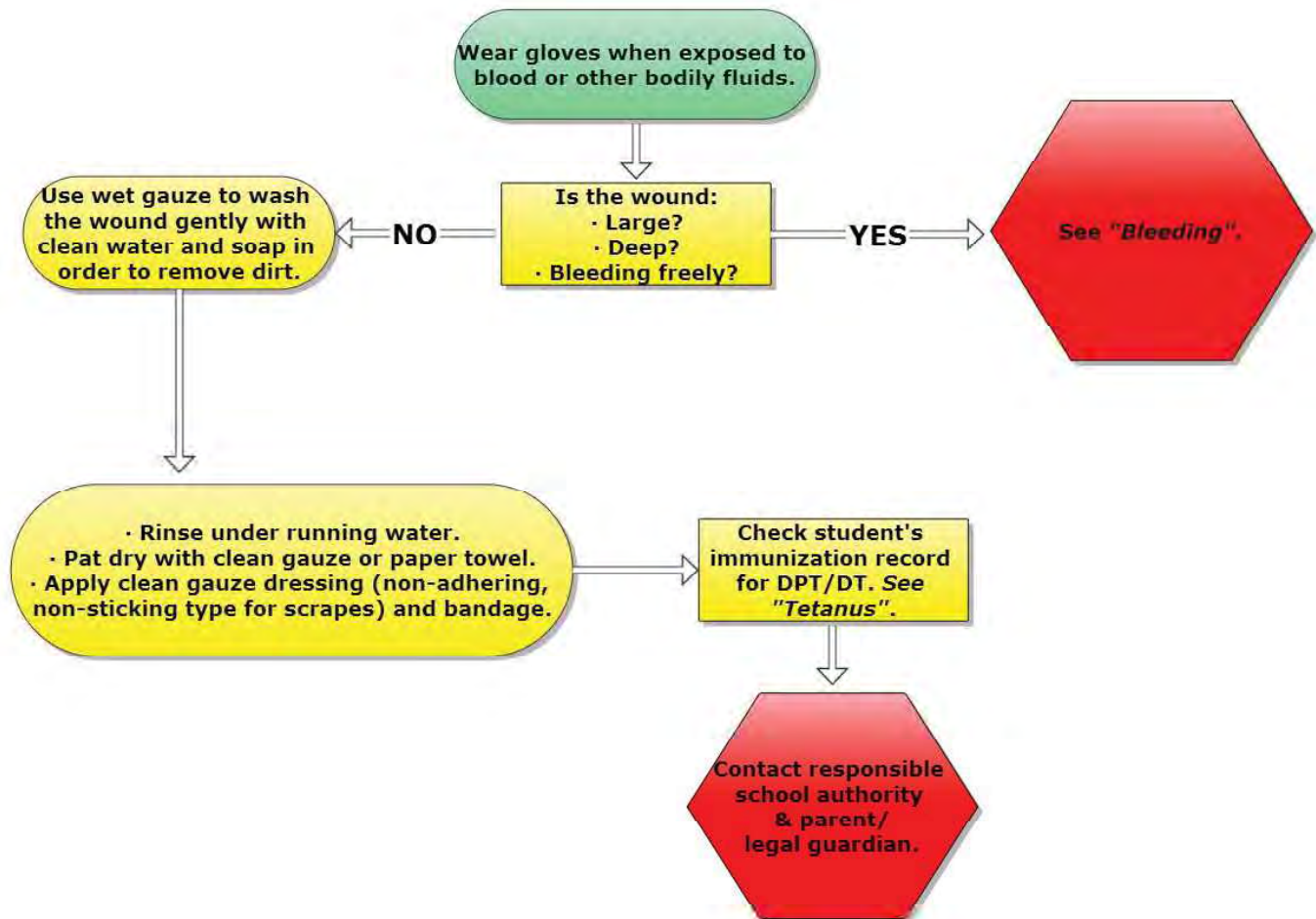
Once 911 has been called or you have someone else calling, keep doing CPR. Don't stop until help arrives or the child wakes up.

Tips:

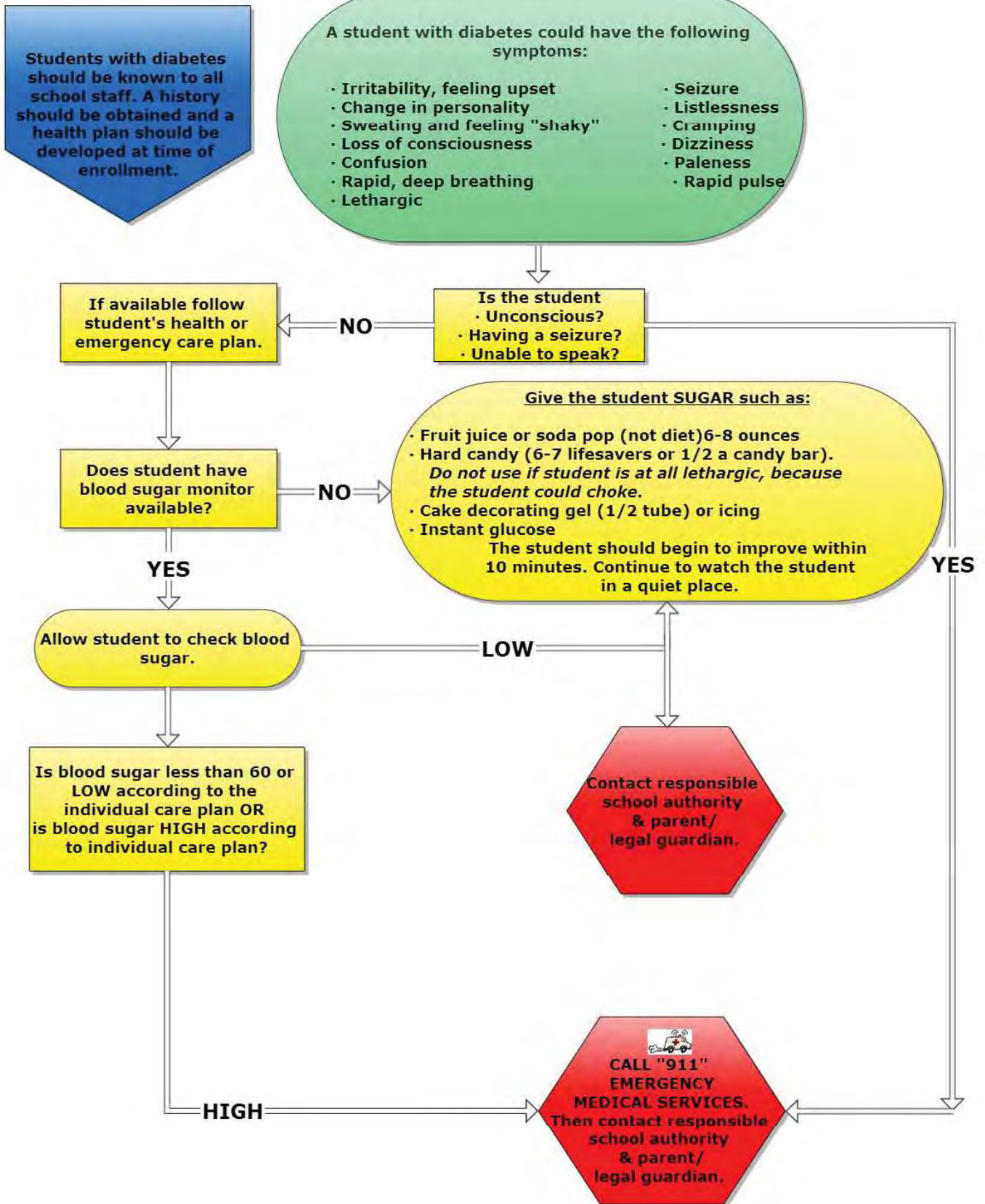
- 1.When checking for breathing, if you're not sure then assume the child isn't breathing. It's much worse to assume a child is breathing and not do anything than to assume he or she isn't and start rescue breaths.
- 2.When giving rescue breaths, using a CPR mask helps with making a proper seal and keeps vomit out of the rescuer's mouth.
- 3.Put a book under the child's shoulders -- if you have time -- to help keep his or her head tilted back.
- 4.When asking someone else to call 911, make sure you tell them why they are calling. If not, they may not tell the 911 dispatcher exactly what's going on. If the dispatcher knows a child isn't breathing or responding, the dispatcher may be able to give you instructions to help. If you call 911, be calm and listen carefully.

Travers AH, Rea TD, et al. "Part 4: CPR overview: 2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care." *Circulation*. 2010;122(suppl 3):S676-S684.

CUTS (small), SCRATCHES & SCRAPES (including rope and floor burns)



DIABETES



DIARRHEA

A student may come into the office because of repeated diarrhea or after an "accident" in the bathroom.

Allow the student to rest if any stomach pain. Give the student water to drink.

Contact responsible school authority and parent/legal guardian and urge medical care if:

- The student has continued diarrhea (3 or more times).
- The student has a fever, see "Fever".
- Blood is present in the stool.
- The student is dizzy and pale.
- The student has severe stomach pain.

If student's clothing is soiled, wear gloves and double-bag the clothing to be sent home. Wash hands thoroughly.

EARS

DRAINAGE FROM EAR:

Do NOT try to clean out ear.

Contact responsible school authority and parent/legal guardian and URGE MEDICAL CARE.

EARACHE:

A warm water bottle or heating pad (**NOT HOT**) against the ear will give comfort while waiting for the parent/ legal guardian.

Contact responsible school authority and parent/legal guardian and URGE MEDICAL CARE.

OBJECT IN EAR CANAL:

DO NOT ATTEMPT TO REMOVE OBJECT.

Contact responsible school authority and parent/legal guardian and URGE MEDICAL CARE.

ELECTRIC SHOCK

If no one else is available to call EMS, perform CPR first for one to two minutes and then call "911" yourself.

- TURN OFF POWER SOURCE, IF POSSIBLE.
- DO NOT TOUCH STUDENT UNTIL POWER SOURCE IS SHUT OFF.
- Once the power is off and situation is safe, approach the student and ask, "Are you okay?"



Send someone to CALL "911" EMERGENCY MEDICAL SERVICES

YES

Is student unconscious or unresponsive?

NO

Check breathing. If student is not breathing, give rescue breathing. See "CPR".

Assess student, if unconscious and unresponsive, start CPR, see "CPR".

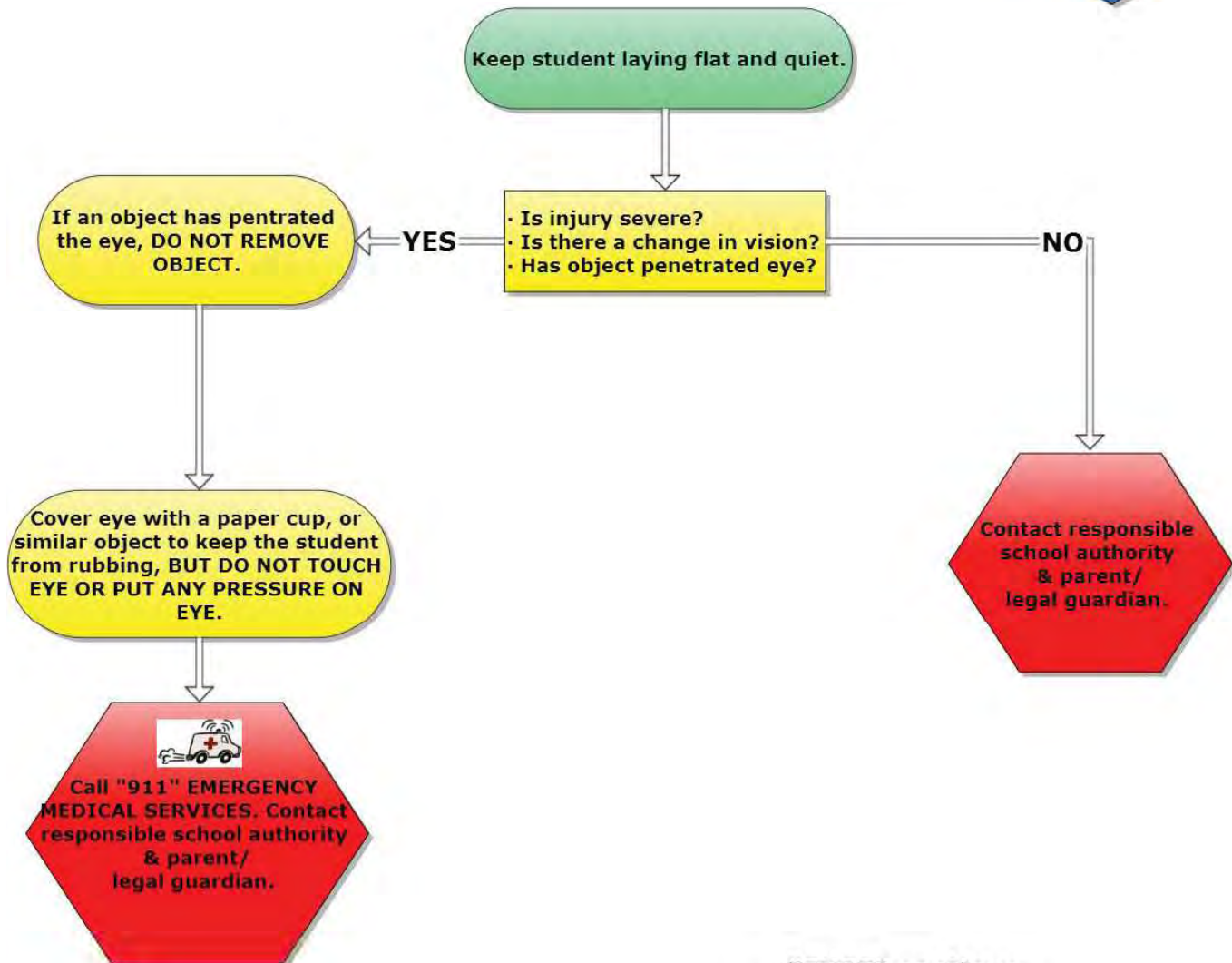
Treat any burns, see "BURNS".

Contact responsible school authority & parent/ legal guardian.

EYES

With any eye problem, ask the student if he/she wears contact lenses. Have student remove contacts before giving any first-aid to eye.

EYE INJURY:

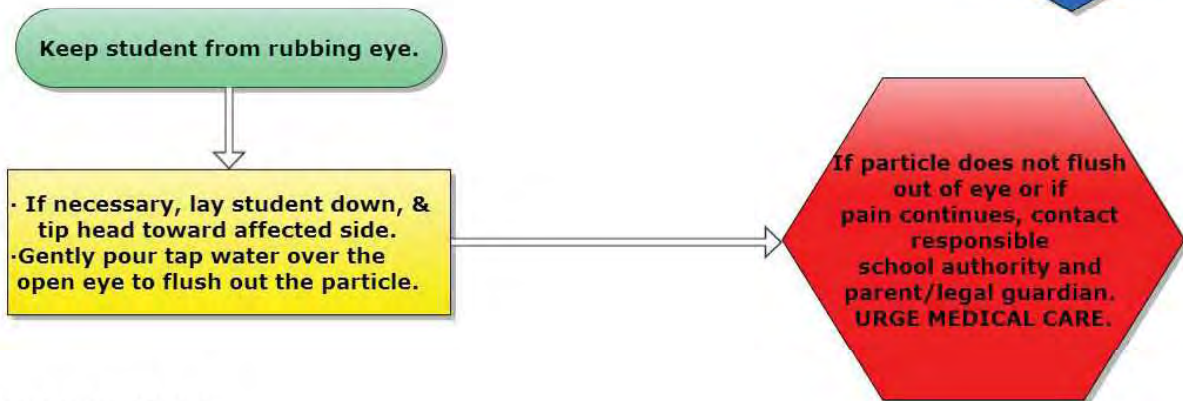


"EYES" continue on next page

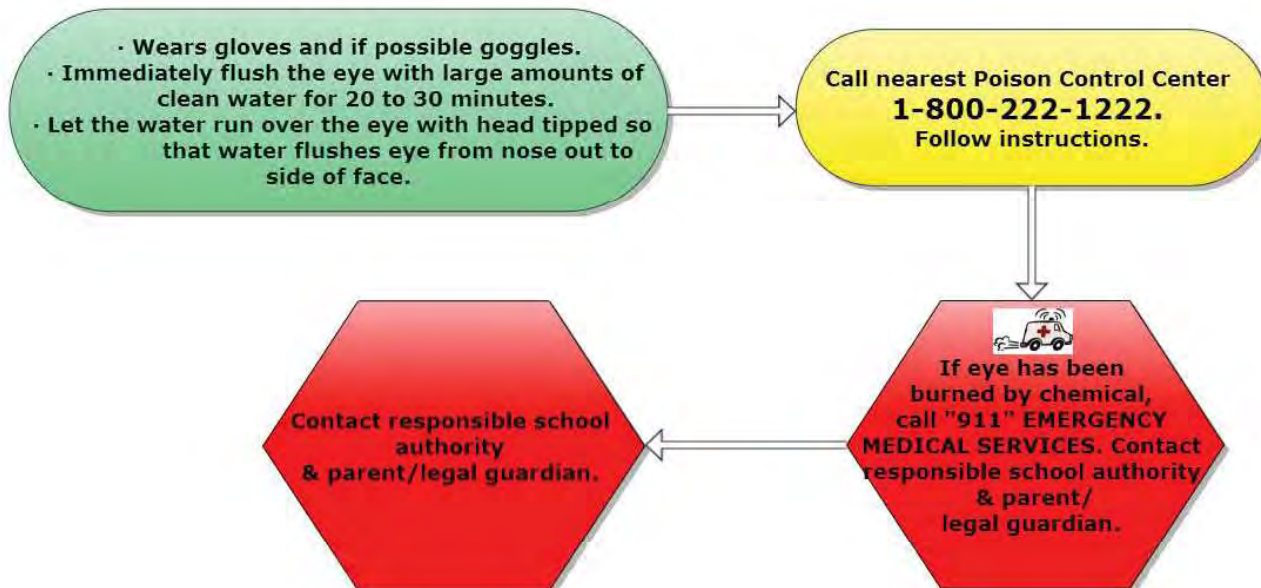
EYES (Page 2)

With any eye problem, ask the student if he/she wears contact lenses. Have student remove contacts before giving any first-aid to eye.

PARTICLE IN EYE:



CHEMICALS IN EYE:



FAINTING

Fainting may have many causes including: injuries, blood loss, poisoning, severe allergic reaction, diabetic reaction, heat exhaustion, illness, fatigue, stress, not eating, standing "at attention" for too long, etc.

If you know the cause of fainting, see the appropriate guideline.

Most students who faint will recover quickly when lying down. If student does not immediately regain consciousness immediately, see "Unconsciousness".

Treat as possible neck injury. See "Neck and Back Injuries." **DO NOT MOVE STUDENT.**

YES or NOT SURE

• Is fainting due to injury?
• Did student injure self when he/she fainted?

NO

• Keep student in flat position.
• Elevate feet.
• Loosen clothing around neck and waist.

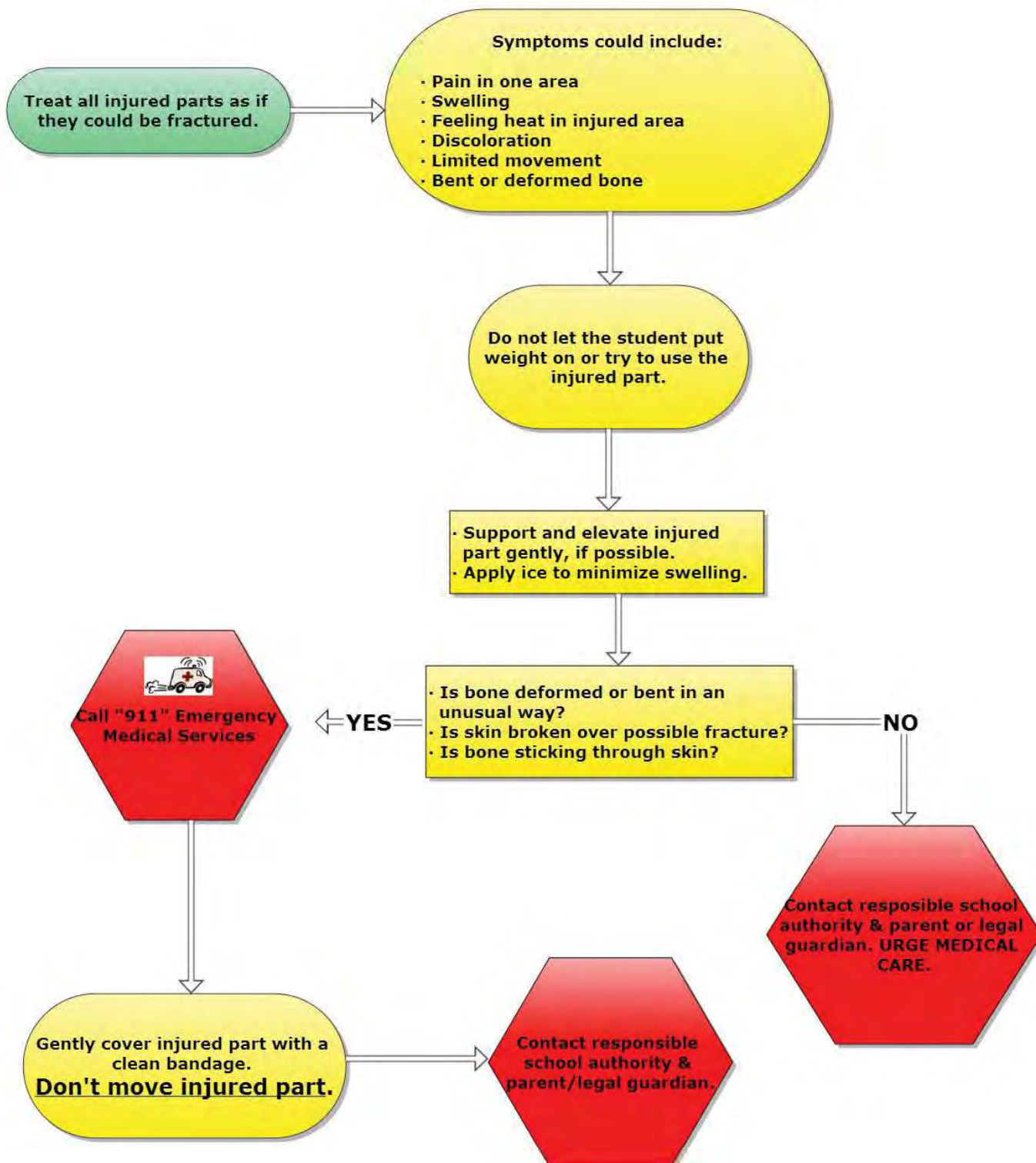
• If not breathing, give CPR and have someone CALL "911"

• Keep airway clear.
• Keep student warm, but not hot.
• Control bleeding if needed (always wear gloves).
• Give nothing by mouth.

Contact responsible school authority & parent/ legal guardian.

If student feels better, and there is no danger of neck injury, he/she may be moved to a quiet, private area.

FRACTURES, DISLOCATIONS, SPRAINS OR STRAINS



FROSTBITE

Exposure to cold environments for short periods of time can cause hypothermia. Fingers, toes, nose, and ears are particularly prone to frostbite.

Symptoms may include:

- Loss of sensation
- Discoloration of skin
- Grayish- yellow
- Pale- soft white

Deep frostbite may see:

- Discoloration
- White or waxy
- Feels firm-hard (frozen)

- Remove student from cold environment.
- Protect cold extremity/part from further injury.
- DO NOT massage or rub cold extremity/part.
- Cover part with dry clothing or blanket.

Does the student have:

- Loss of sensation?
- Discoloration of skin- grayish, white, pale, waxy?
- Part feels firm-hard (frozen)?

YES

If student has any of these symptoms continue to keep student and part warm.
DO NOT RUB.

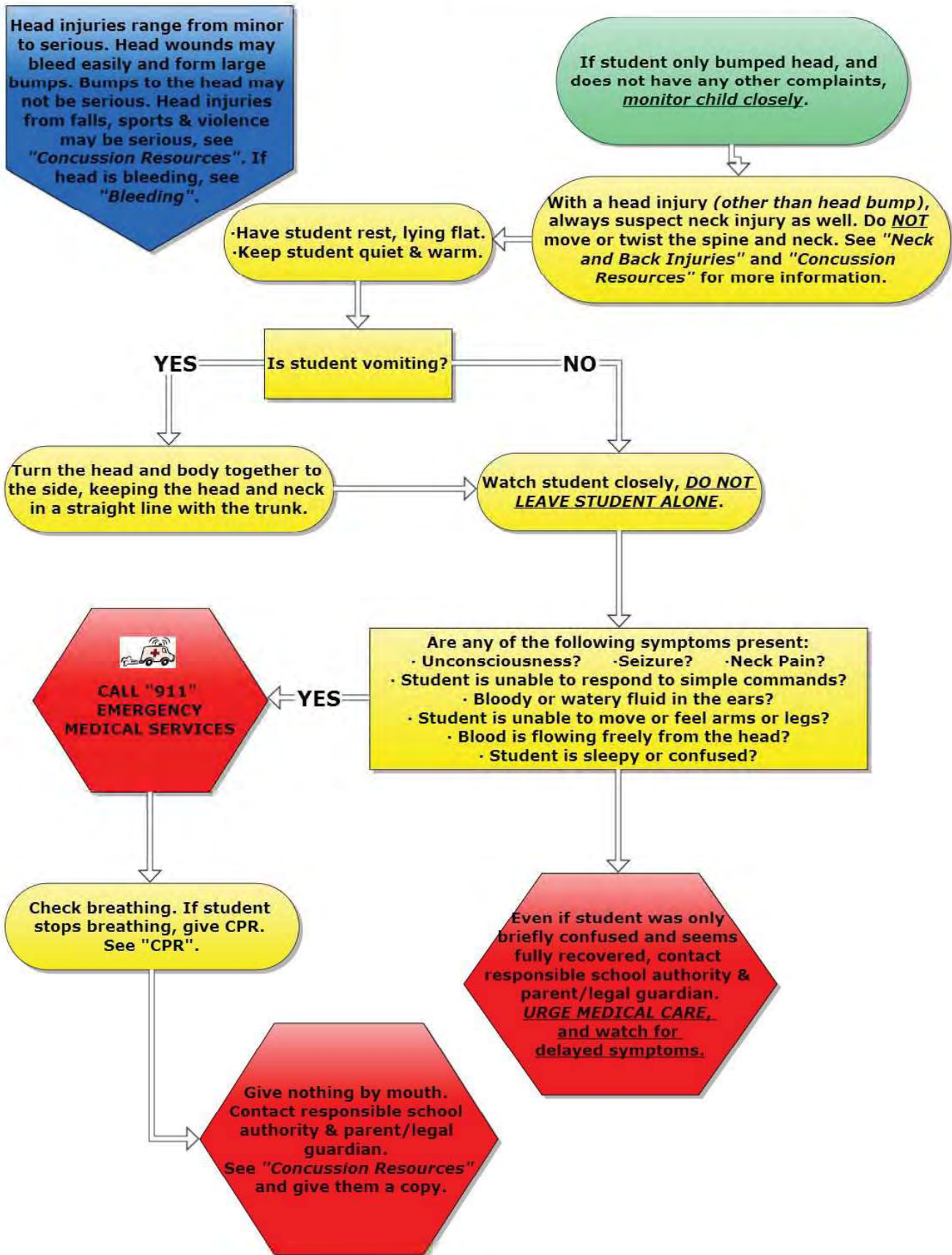

CALL "911"
EMERGENCY
MEDICAL SERVICES
Then contact responsible
school authority
& parent/
legal guardian.

NO

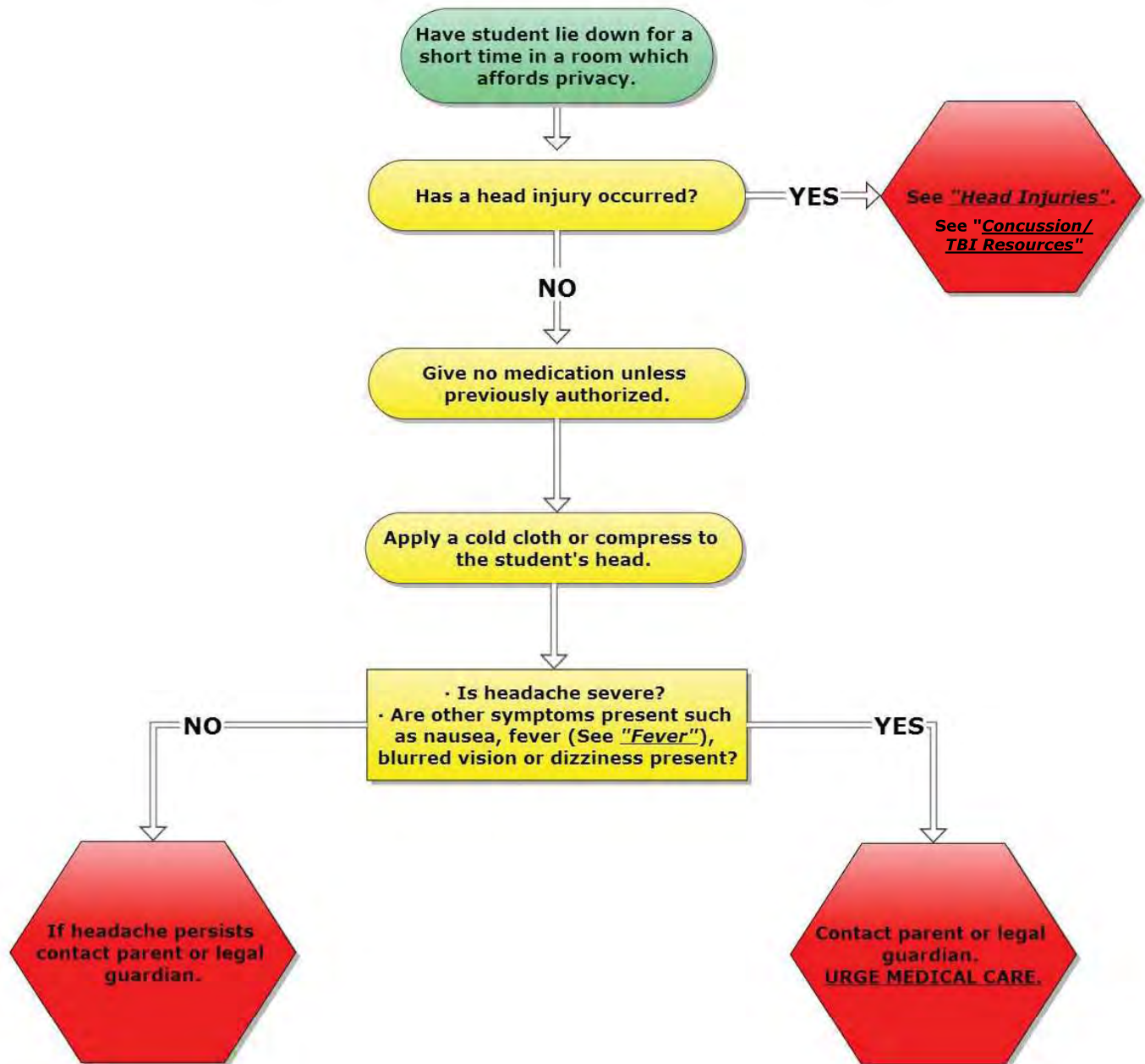
Continue to warm student and part.
DO NOT RUB.

Contact responsible
school authority
& parent/
legal guardian.

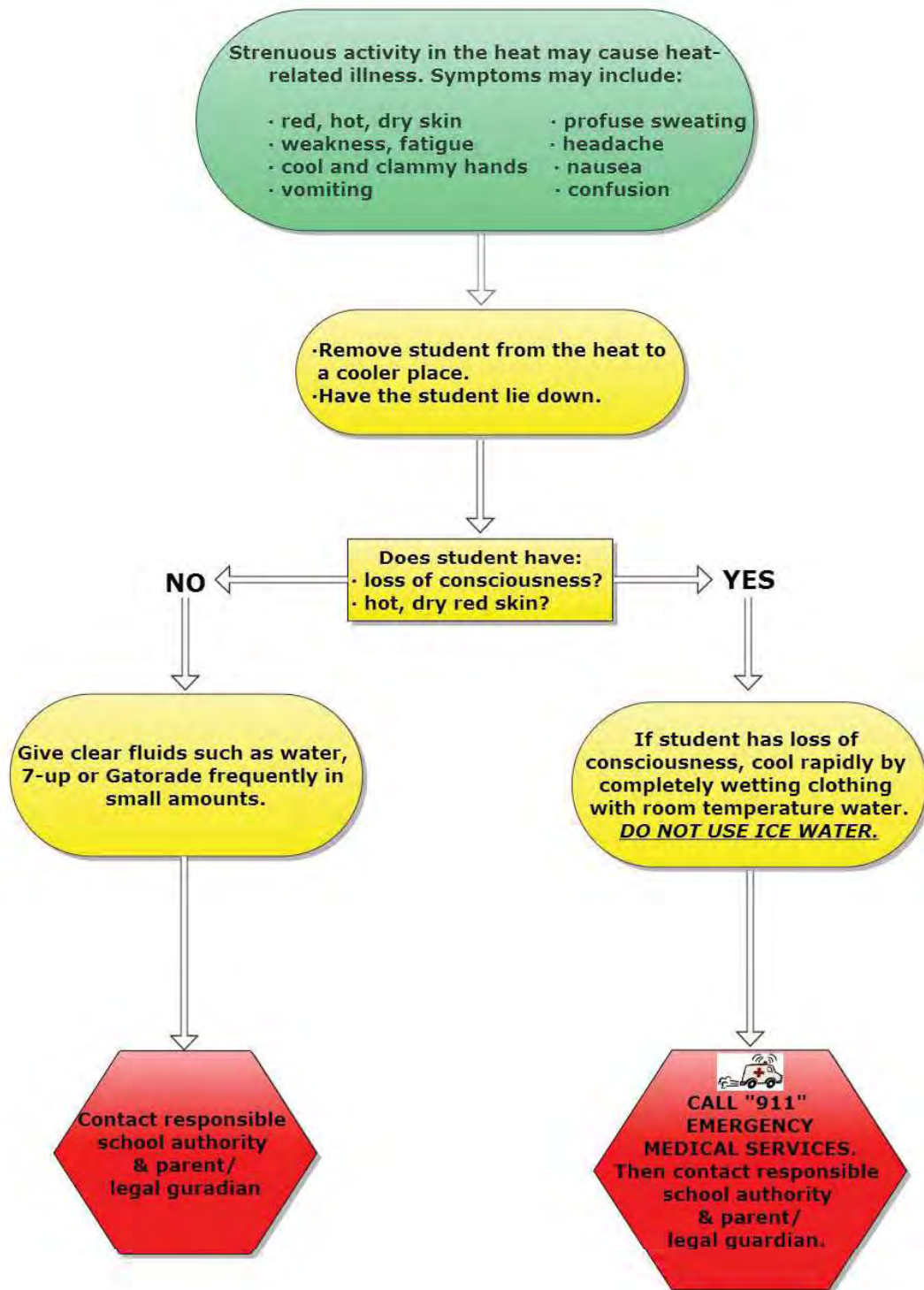
Head Injuries/ Traumatic Brain Injury



HEADACHE



HEAT STROKE/HEAT EXHAUSTION



INFECTION CONTROL

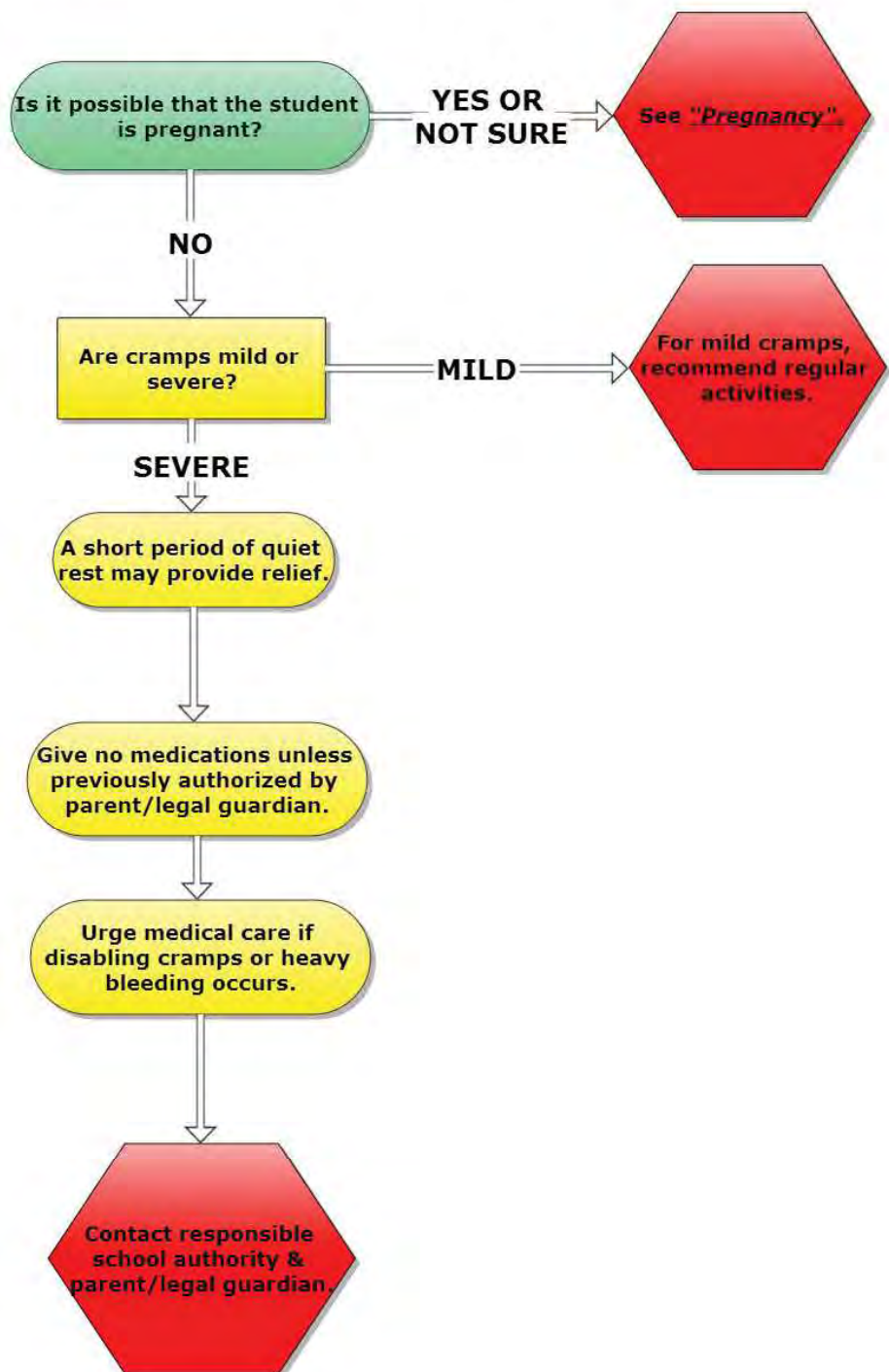
To reduce the spread of infectious diseases (*diseases that can be spread from one person to another*), it is important to follow Universal Precautions. Universal precautions is a set of guidelines which assumes that all blood and certain other body fluids are potentially infectious. It is important to follow universal precautions when providing care to *any* student, whether or not the student is known to be infectious. The following list describes universal precautions:

- **Wash hands thoroughly**
 1. Before and after physical contact with any student (even if gloves have been worn).
 2. Before and after eating or handling food.
 3. After cleaning.
 4. After using the restroom.
- **Wear gloves when in contact with blood and other bodily fluids.**
- **Wear protective eyewear when body fluids may come in contact with eyes (e.g. squirting blood).**
- **Wipe-up any blood or bodily fluid spills as soon as possible (*wear gloves*). Double-bag the trash in a plastic bag or place the bloody material in a ziploc bag and dispose of immediately. Clean the area with an approved disinfectant or a bleach solution (one part liquid bleach to 10 parts water).**
- **Send all soiled clothing (i.e. clothing with blood, stool, or vomit) home with the student in a double-bagged plastic bag.**
- **Do not eat, or touch your mouth or eyes, while giving any first aid.**

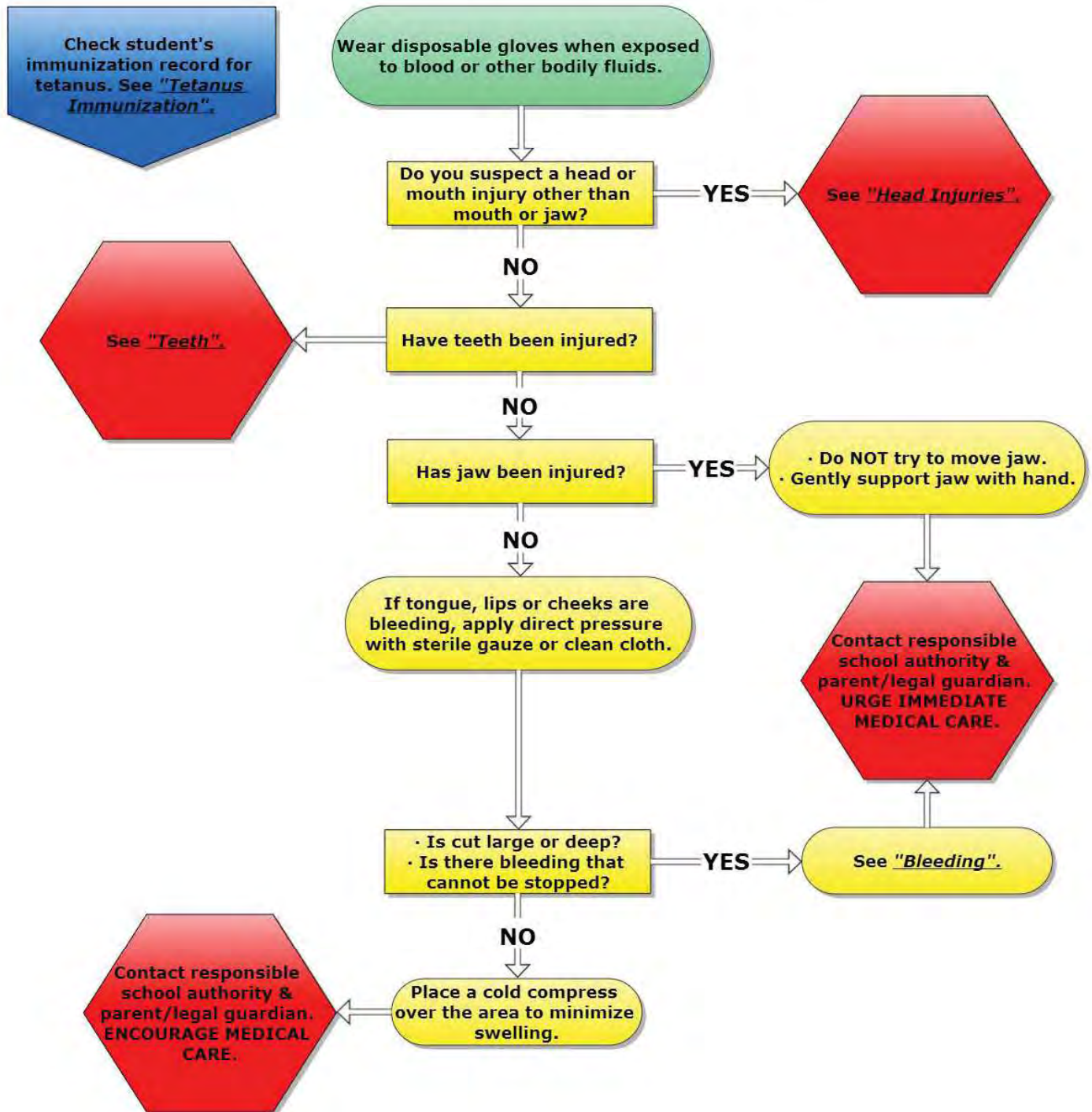
Guidelines for students:

- **Remind students to wash hands after coming in contact with their own blood or body secretions.**
- **Remind students to avoid contact with another person's blood or bodily fluids.**

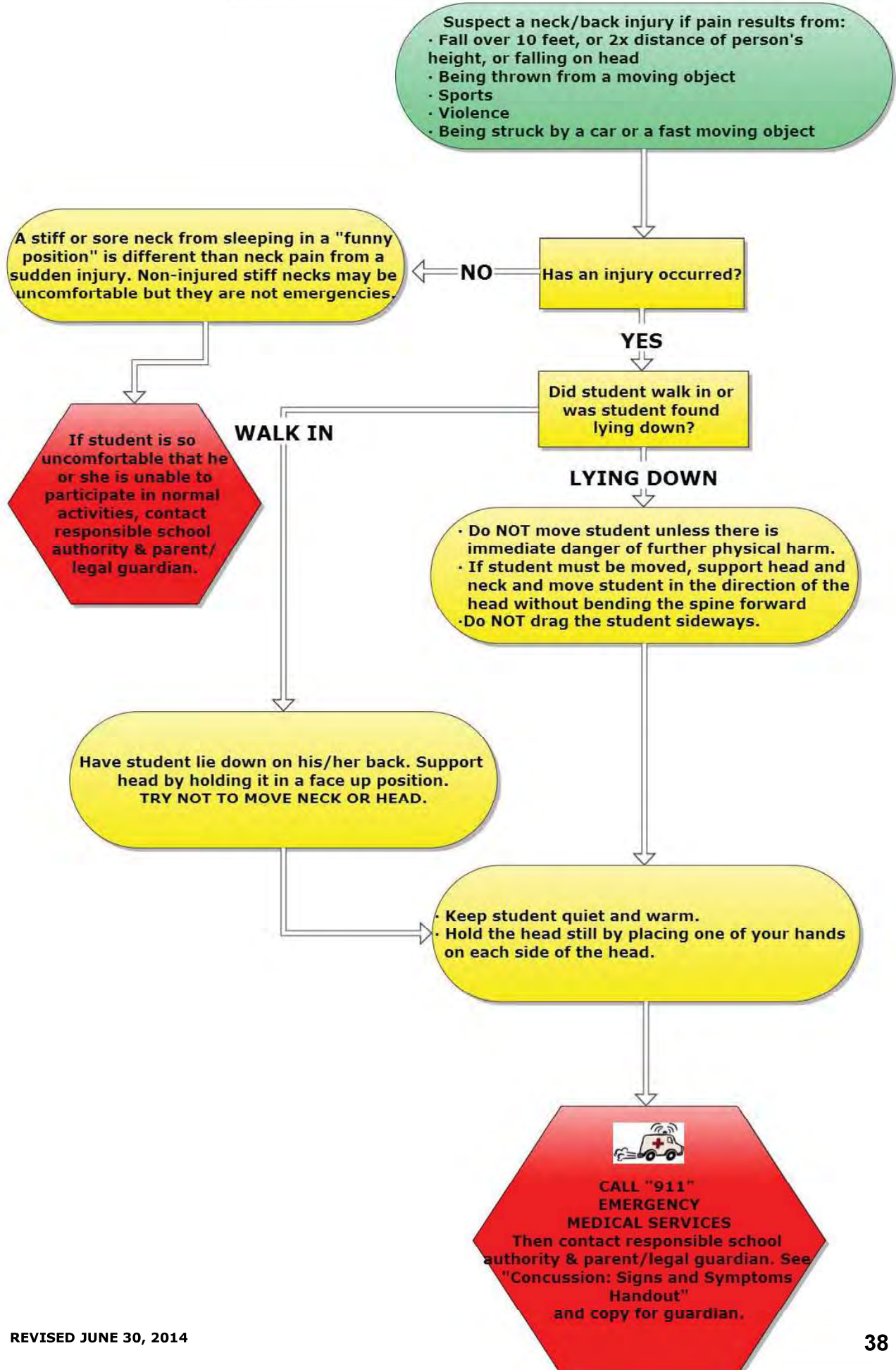
MENSTRUAL DIFFICULTIES



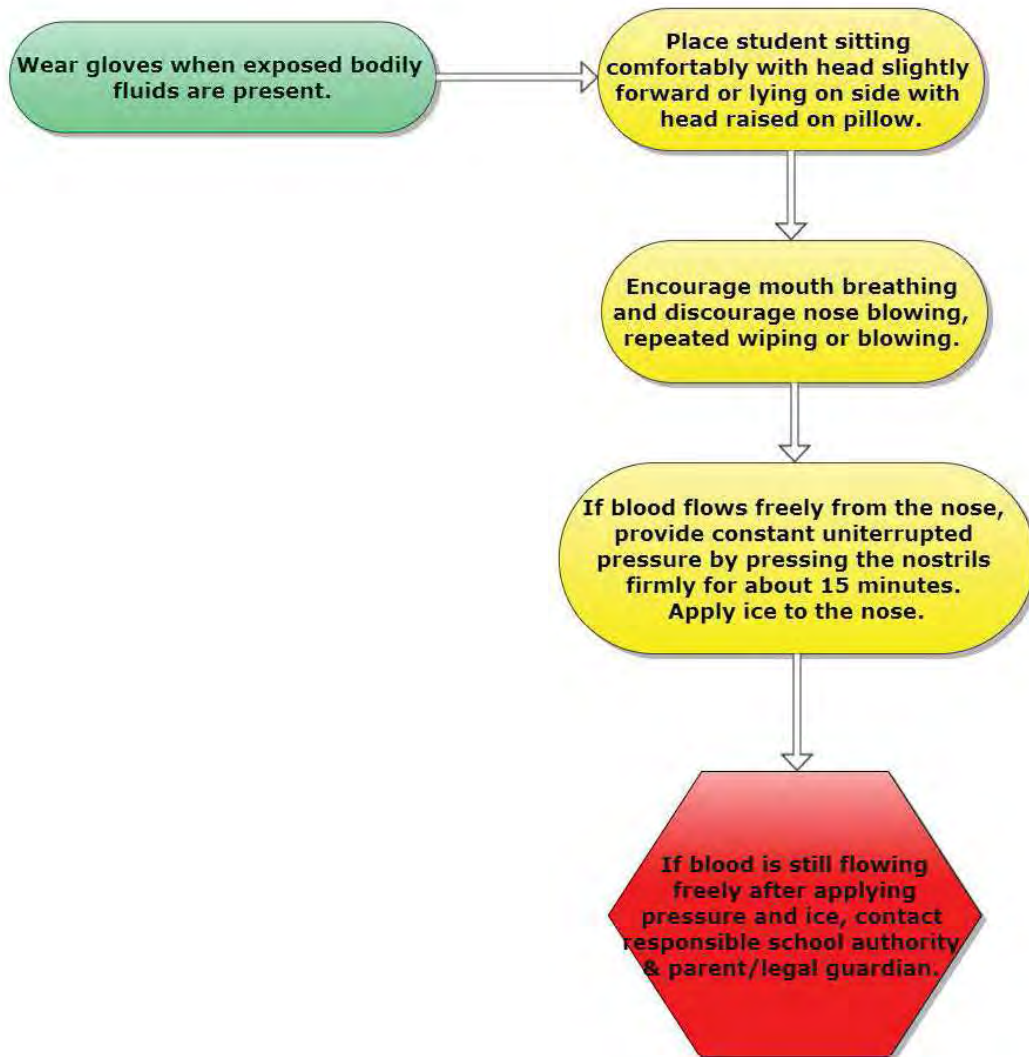
MOUTH AND JAW INJURIES



NECK & BACK PAIN



NOSE



OBJECT IN NOSE:

If object cannot be removed easily, contact responsible school authority & parent/legal guardian.
URGE MEDICAL CARE.

POISONING AND OVERDOSE



Possible warning signs of poisoning include:

- Pills, berries, or unknown substance in student's mouth.
- Burns around mouth or on skin.
- Strange odor on breath.
- Sweating.
- Upset stomach or vomiting.
- Dizziness or fainting.
- Seizures or convulsions.

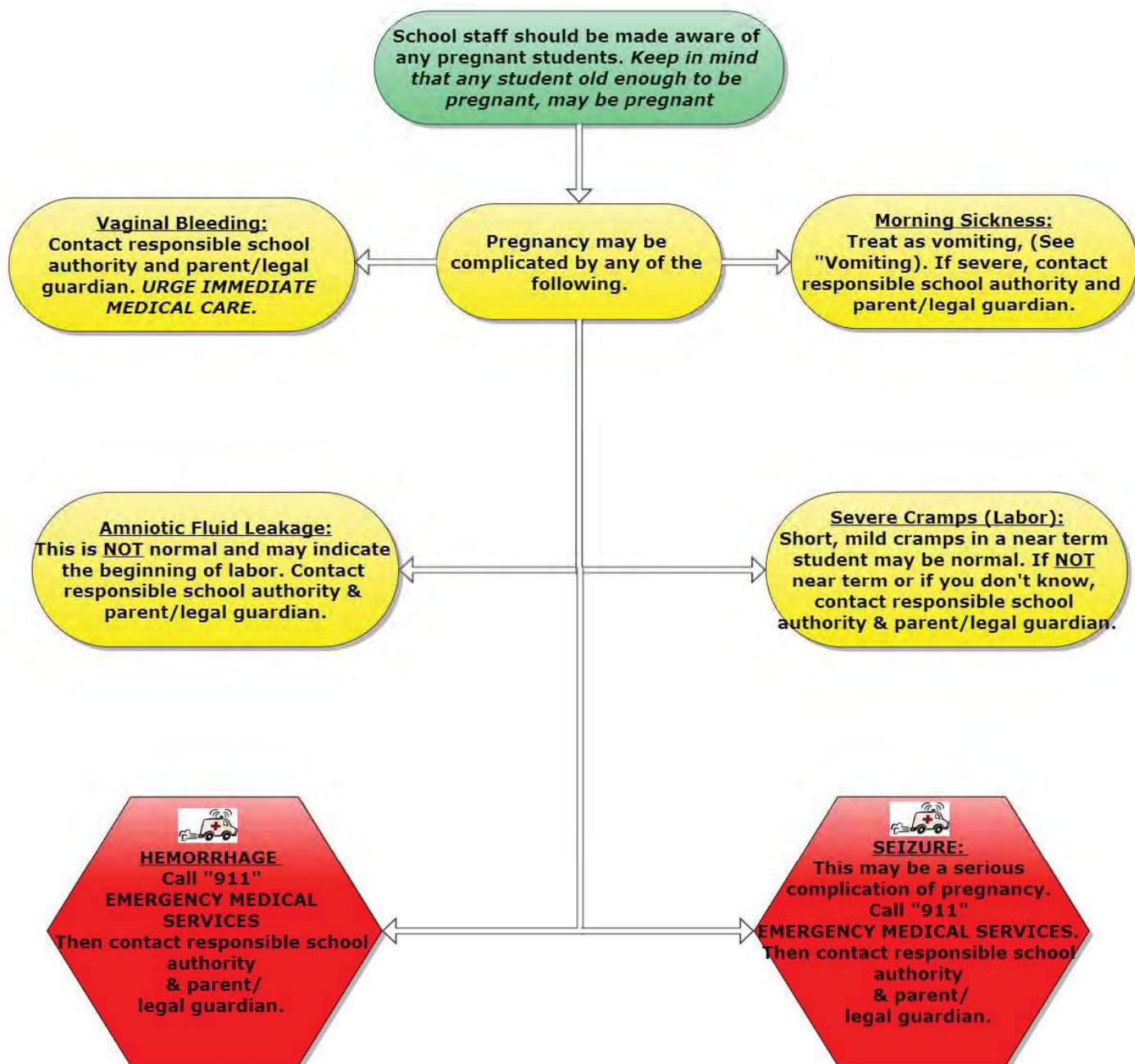
If possible find out:

- Age and weight of student.
- What the student swallowed or what kind of "poison" it was.
- How much and when it was taken.
- Contact the Poison Control Center #(800) 222-1222 and ask for instructions.

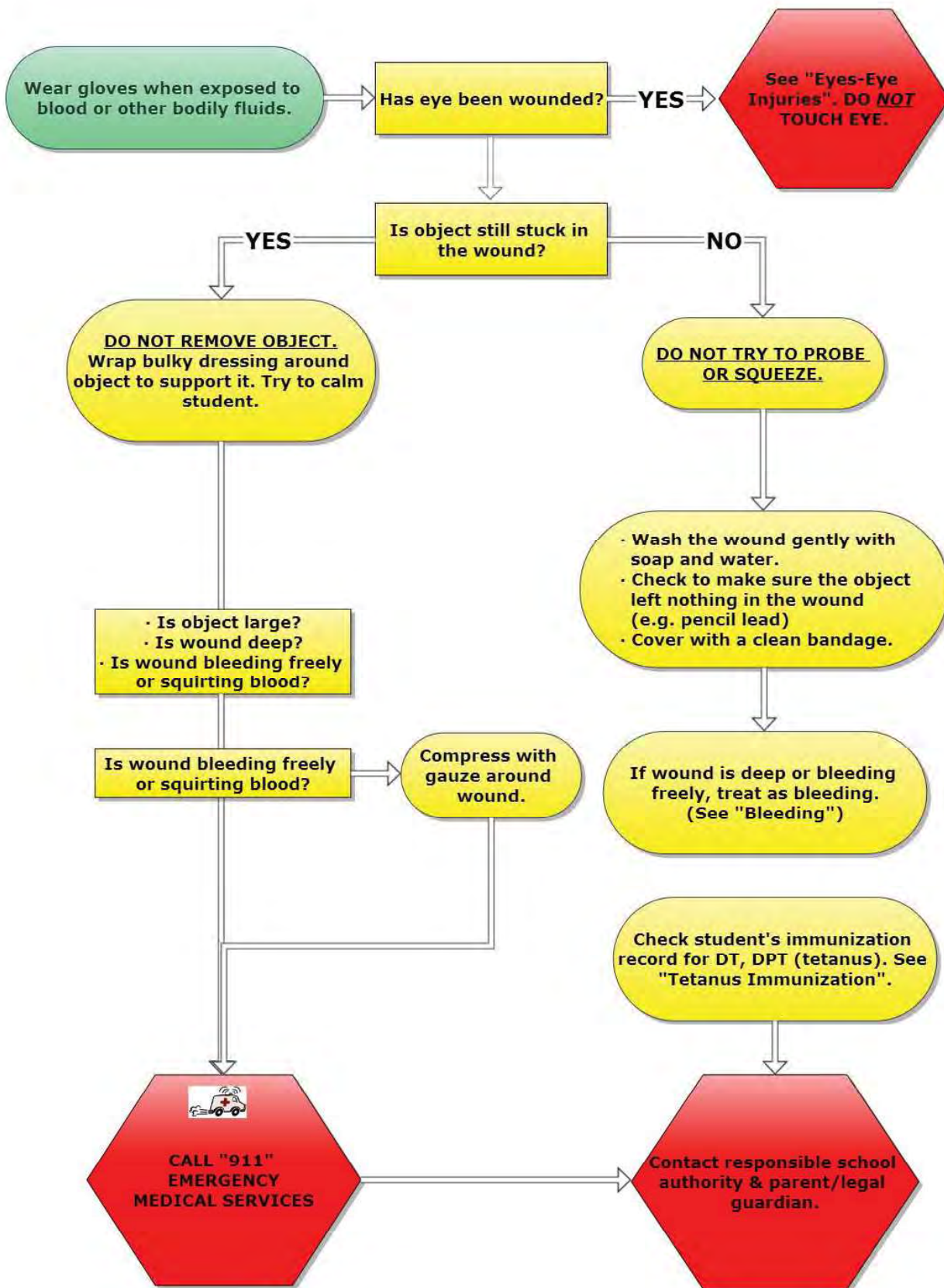
DO NOT INDUCE VOMITING, UNLESS YOU ARE INSTRUCTED TO DO SO BY POISON CONTROL.



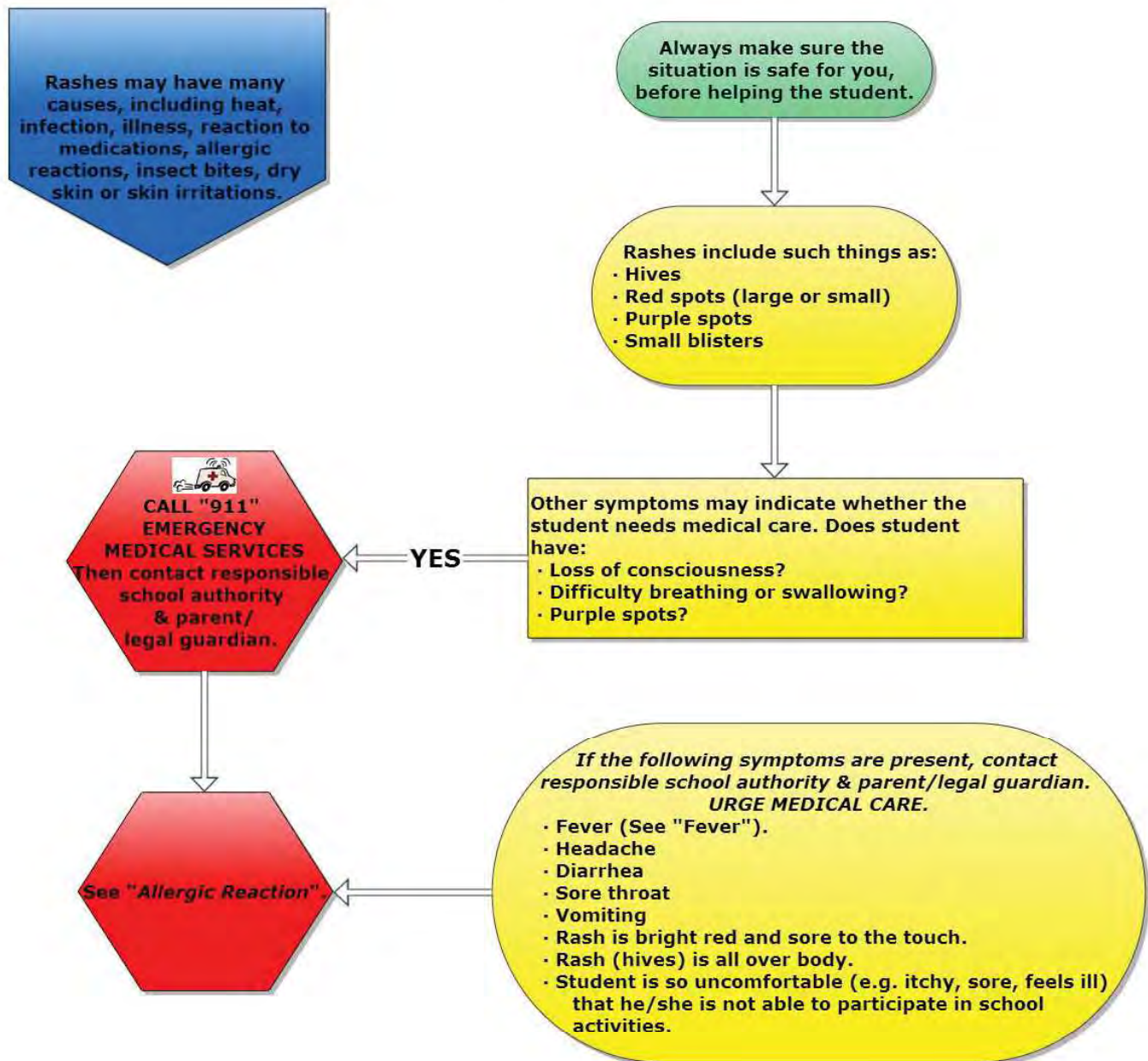
PREGNANCY



PUNCTURE WOUNDS



RASHES



SEIZURES

Seizures may be any of the following:

- Episodes of staring with loss of eye contact.
- Staring involving twitching of the arm and leg muscles.
- Generalized jerking movements of the arms and legs.
- Unusual behaviour for that person.
(e.g. running, belligerence, making strange sounds, etc.)

If available, refer to the student's health or emergency care plan.

- If student seems off balance, place him/her on the floor (on a mat) for observation and safety.
- **DO NOT RESTRAIN MOVEMENTS.**
- Move surrounding objects to avoid injury.
- **DO NOT PLACE ANYTHING BETWEEN THE TEETH** or give anything by mouth.

After seizure, keep airway clear by placing student on his/her side. A pillow should **NOT** be used.

Seizures are often followed by sleep. The student may also be confused. This may last from 15 minutes to an hour or more. After the sleeping period, the student should be encouraged to participate in normal class activities.

A student with a history of seizures should be known to all teachers. A detailed description of the onset, type, duration and after-effects of the seizures should be taken and kept available at all times. If student has a seizure and has seizure medication you may give. **NO** oral medication should ever be given when a student is having an active seizure.

***Seizures may be a result of a Concussion/TBI**

Observe details of the seizure for parent/legal guardian, emergency personnel or physician. Note:

- Duration
- Kind of movement or behaviour
- Body parts involved
- Loss of consciousness, etc.

Is:

- student having a seizure lasting longer than **5 minutes?**
- student having seizures following one another at short intervals?
- student **without a known history** of seizures having a seizure?

NO

YES


CALL "911"
EMERGENCY
MEDICAL SERVICES
Then contact responsible school authority & parent/legal guardian.

SHOCK

If injury is suspected, see "Neck and Back Pain" and treat as possible neck injury. **DO NOT MOVE STUDENT UNLESS HE/SHE IS ENDANGERED.**

Signs of Shock:

- Pale, cool, moist skin
- Mottled, ashen, blue skin.
- Altered consciousness or confusion
- Nausea, dizziness, or thirst.
- Severe coughing, high-pitched whistling sound.
- Blueness in the face.
- Fever greater than 100 F in combination with lethargy, loss of consciousness, extreme sleepiness, abnormal activity.
- Unresponsive.
- Difficulty breathing or swallowing.
 - Rapid breathing.
 - Rapid, weak pulse.
 - Restlessness, irritability.


- Any serious illness or injury may lead to shock, which is a lack of blood and oxygen getting back to the body tissues.
- Shock is a life-threatening condition.
- Stay calm and get immediate assistance.
- Check for medical bracelet or student's emergency plan if available.

See the appropriate guideline to treat the most severe (life or limb threatening) symptoms first.

Is student:

- Not breathing? See "CPR" and or "Choking"
- Unconscious? See "Unconscious"
- Bleeding profusely? See "Bleeding"

YES


Send someone to
CALL "911"
EMERGENCY
MEDICAL SERVICES

NO

- Keep student in flat position of comfort.
- Elevate feet 8-10", unless this causes pain or a neck/back or hip injury is suspected.
- Loosen clothing around neck and face.
- Keep body temperature normal, cover student with a blanket or a sheet.
- Give nothing to eat or drink.
- If student vomits, roll onto left side keeping back and neck in straight alignment if injury is suspected.

Contact responsible
school authority
& parent/
legal guardian.

PLANNING FOR STUDENTS WITH SPECIAL NEEDS

Some students in your school may have special emergency care needs due to their medical conditions or physical activities.

Medical Conditions:

Some students may have special conditions which put them at risk for life-threatening emergencies. For example, students with:

- Seizures
- Life-threatening or severe allergic reactions
- Diabetes
- Asthma or other breathing activities should develop
- Technology- dependent or medically fragile conditions

Your school nurse or other school health professional, along with student's personal doctor, should develop individual emergency care plans for these students when they are enrolled. These emergency care plans should be made available at all times.

In the event of an emergency situation, refer to the student's individual care plan.

Physical Abilities:

Other students in your school may have special emergency needs due to their physical abilities. For example:

- Students in wheel chairs
- Students who have difficulty walking up or down stairs (for whatever reason).
- Students who are temporarily on crutches.

These students will need special arrangements in the event of a school-wide emergency (e.g. fire, tornado, evacuation, etc.). A plan should be developed and a responsible person should be designated to assist these students to safety.

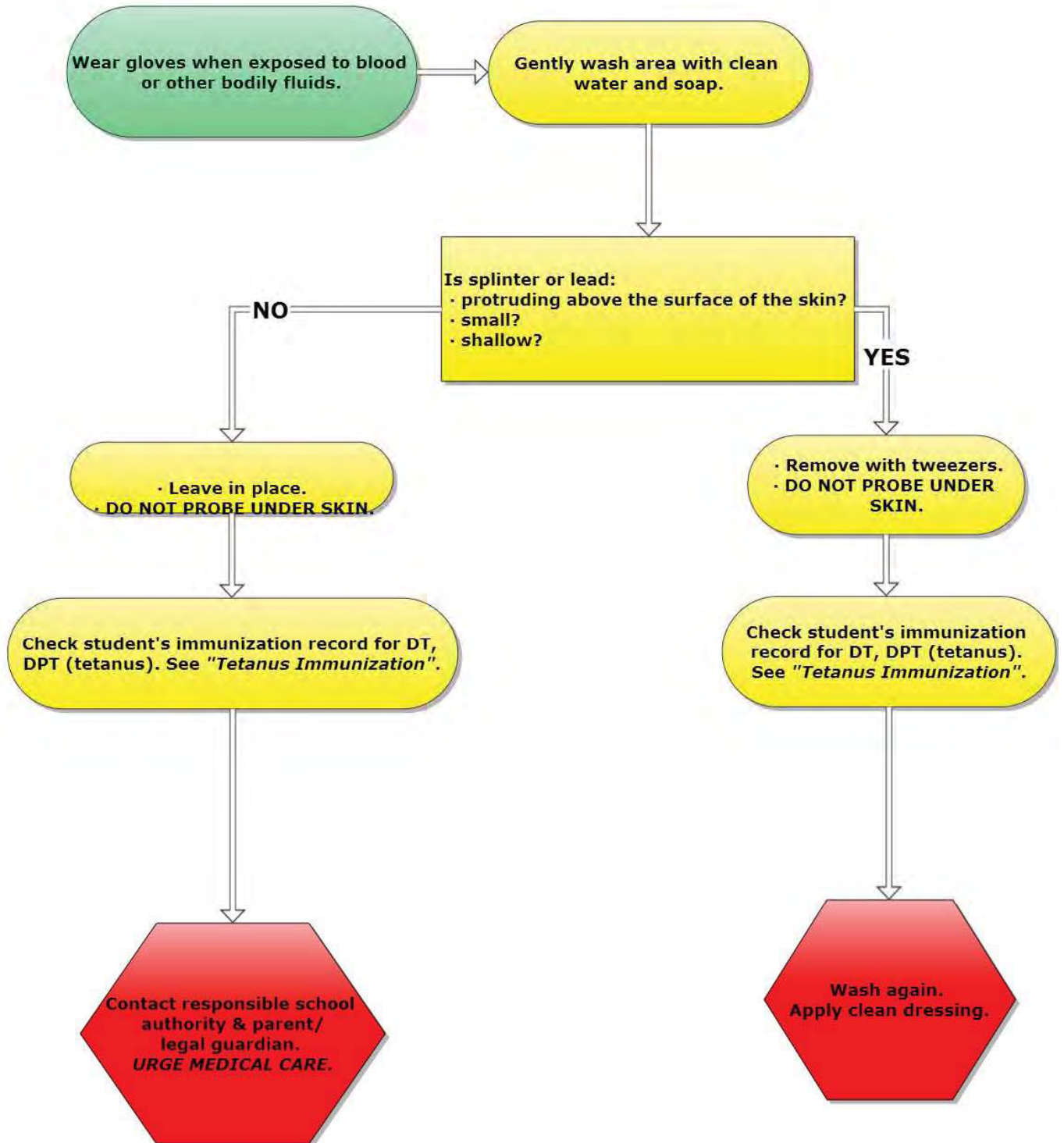
Communication Challenges:

Other students in your school may have sensory impairments or have difficulty understanding special instructions during an emergency. For example, students who have:

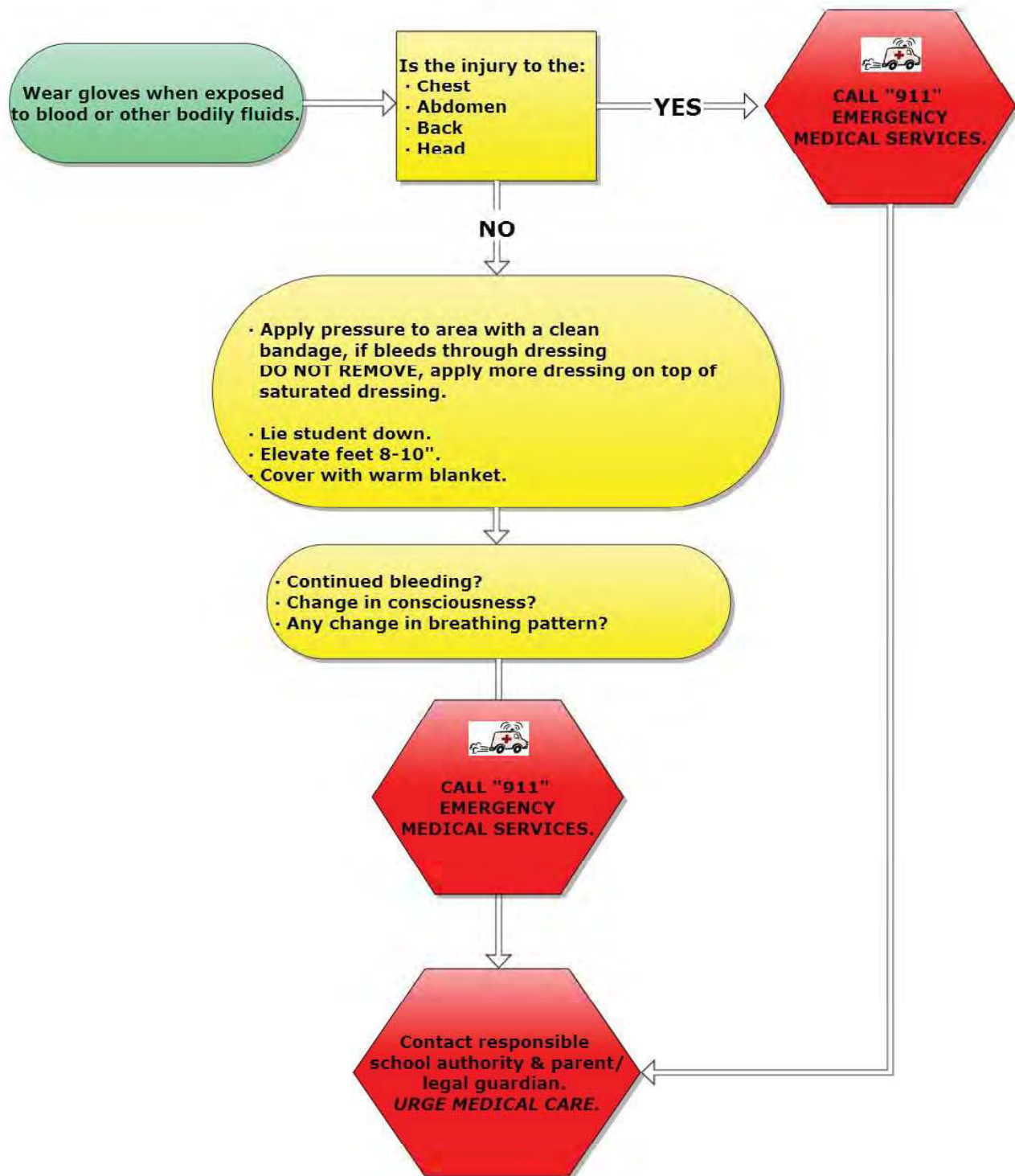
- Vision Impairments
- Hearing Impairments
- Processing disorders
- Limited English proficiency
- Behavior or developmental disorders
- Emotional or mental health issues

These students may need special communication considerations in the event of a school-wide emergency. All staff should be aware of plans to communicate information to these students.

SPLINTERS OR IMBEDDED PENCIL LEAD



STABBING & GUNSHOT INJURIES



STINGS

Students with a history of allergy to stings should be known to all school staff. An emergency care plan should be developed.

NO

A student may have a delayed allergic reaction up to 2 hours after the sting. Adult(s) supervising student during normal activities should be aware of the sting and should watch for any delayed reaction.

To remove stinger (if present) scrape area with a card. **DO NOT SQUEEZE.** Apply cold compress.

See "Allergic Reaction".

Does student have:

- Difficulty breathing?
- A rapid expanding area of swelling, especially of the lips, mouth or tongue?
- A history of allergy to stings?

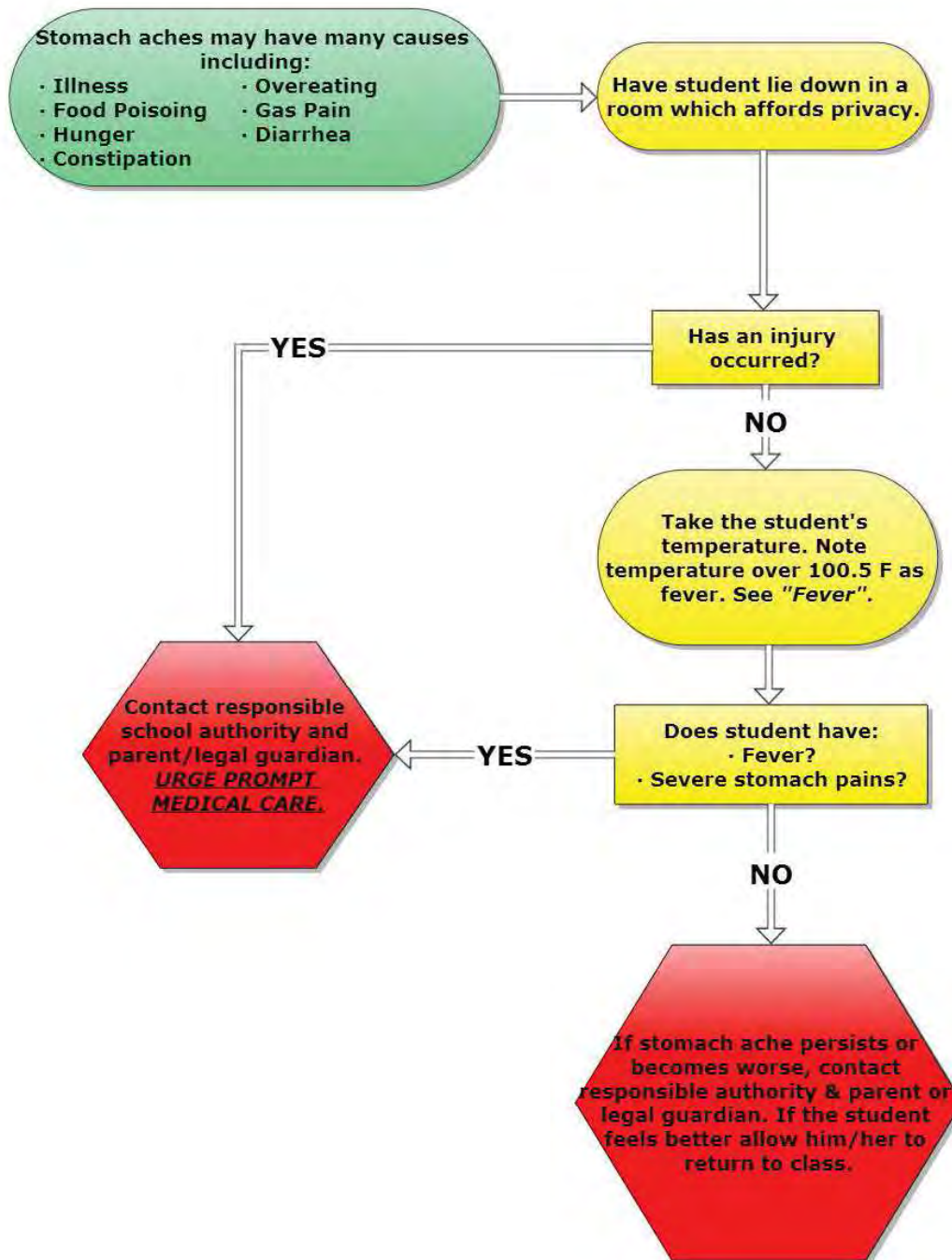
YES


CALL "911" EMERGENCY MEDICAL SERVICES. Then contact responsible school authority & parent/legal guardian.

If available, follow student's emergency plan.

If available, administer guardian-approved medications.

STOMACH ACHES/PAIN



TETANUS IMMUNIZATION

Protection against tetanus should be considered with any wound, *even a minor one.*

A minor wound* would need a tetanus booster *only* if it has been at least **10 years** since the last tetanus (DT, DPT) shot or if the student is **5 years old or younger.*

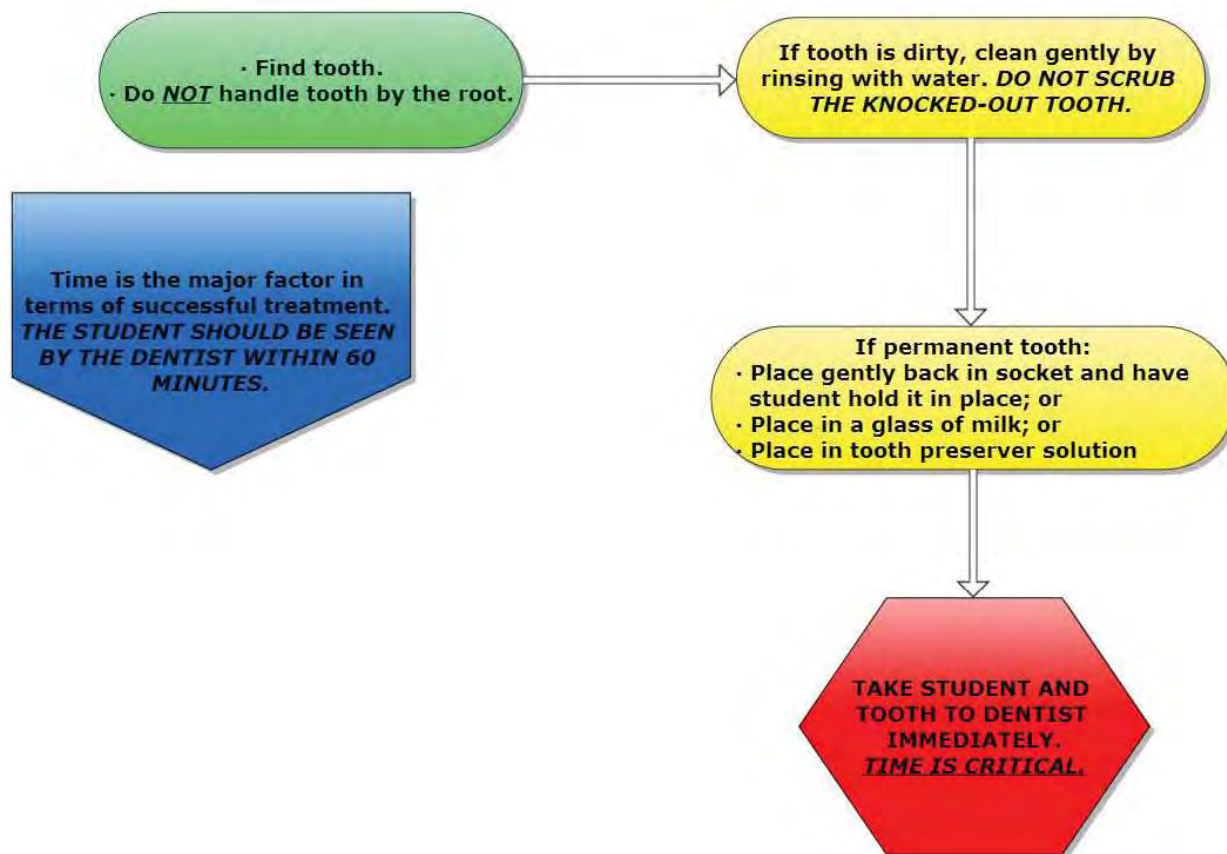
***Other wounds*, such as those contaminated by dirt, feces and saliva (or other bodily fluids; puncture wounds; amputations; and wounds resulting from crushing, burns, and frostbite need a tetanus booster if it has been more than **5 years** since the last tetanus shot.**

TEETH

BROKEN OR DISPLACED TOOTH:



KNOCKED-OUT TOOTH:



TICK BITE & REMOVAL

Ticks may transmit Rocky Mountain Fever (RMSF), Lyme disease, tick paralysis, and ehrlichiosis.

Wear gloves when exposed to blood and other bodily fluids.

Wash the area prior to tick removal.

Pull upward with steady, even pressure using a tweezer. Do not twist or jerk.

After removing the tick, thoroughly disinfect the bite site.

Apply a sterile adhesive dressing or a Band-Aid type dressing.

Ticks can be safely disposed of by placing them in a container of alcohol or by flushing down the toilet.

Contact responsible school authority and parent/legal guardian.

UNCONSCIOUSNESS

If student stops breathing, and no one else is available to call EMS, perform rescue breathing first for one minute, and then call EMS "911" yourself.



Unconsciousness may have many causes including: injuries, blood loss, poisoning, severe allergic reaction, diabetic reaction, heat exhaustion, illness, fatigue, stress, not eating, etc.
If you know the cause of the unconsciousness, see the appropriate guideline.

Did student regain consciousness immediately?

YES

See "Fainting".

Is unconsciousness due to injury?

YES OR NOT SURE

Treat as possible neck injury. See "Neck & Back Injuries" Guideline. DO NOT MOVE STUDENT.

NO

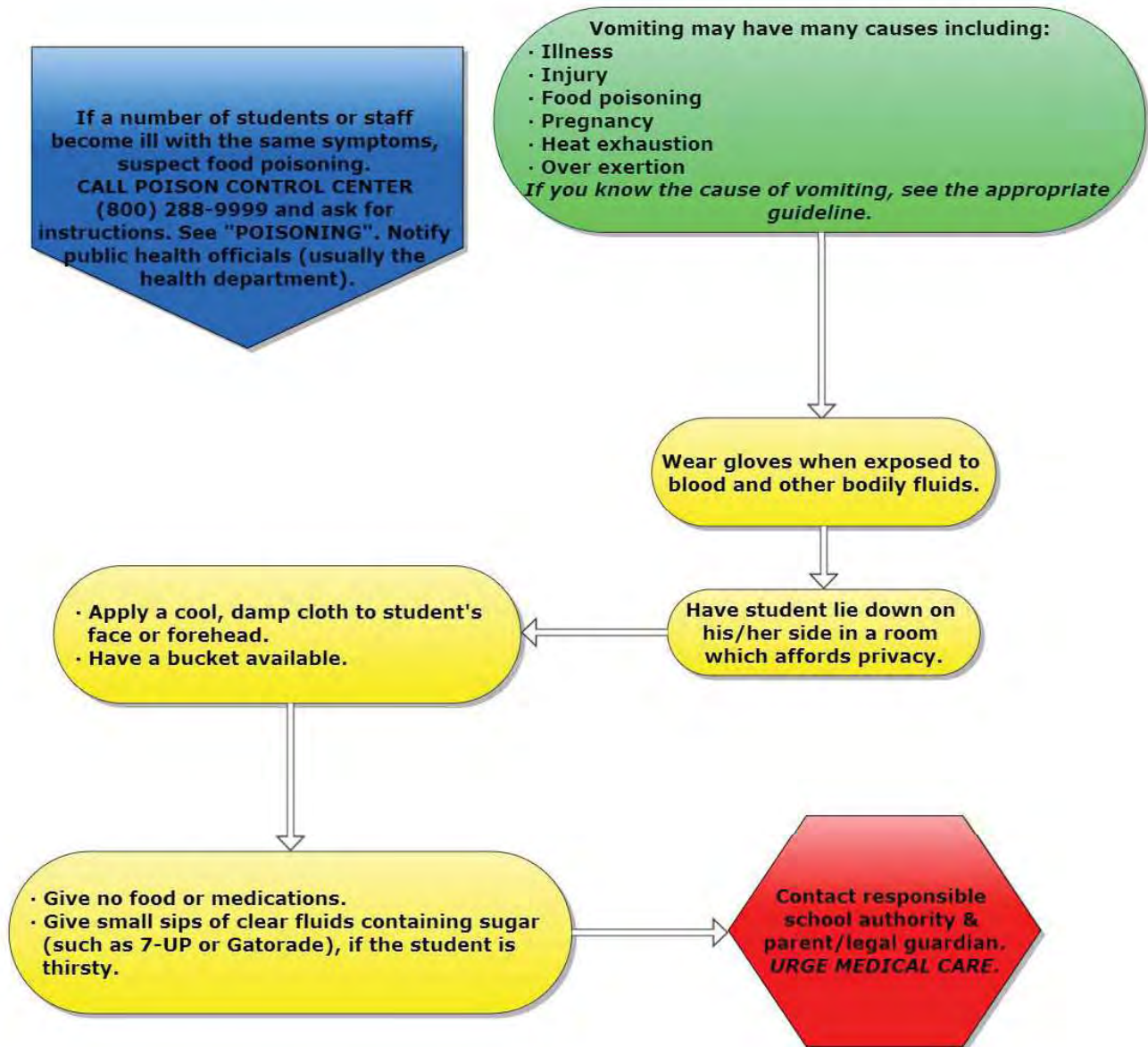
- Keep student in flat position.
- Check breathing.
- Keep student warm, but not hot.
- Control bleeding if needed (always wear gloves)
- Give nothing by mouth.

Contact responsible school authority & parent/legal guardian.

If student is not breathing, begin rescue breathing. CALL "911" EMERGENCY MEDICAL SERVICES.



VOMITING



SCHOOL SAFETY PLANNING & EMERGENCY PREPAREDNESS SECTION



DEVELOPING A SCHOOL SAFETY PLAN

School Safety Plans –

Boards of education are empowered to adopt a school safety plan. A copy of this plan should be filed with the local law enforcement agency in that jurisdiction.

This plan should:

- Examine potential hazards.
- Include community involvement.
- Include a protocol for addressing serious threats.

A school-wide safety plan is developed in cooperation with school health staff, school administrators, local EMS, hospital staff, health department staff, law enforcement and parent/guardian organizations. All employees should be trained on the emergency plan and a written copy should be available at all times. This plan should be periodically reviewed and updated as needed. It should consider the following:

- Staff roles are clearly defined in writing. For example, staff responsibility for giving care, accessing EMS and/or law enforcement, student evacuation, notifying responsible school authority and parents, and supervising and accounting for uninjured students are outlined and practiced. A responsible authority for emergency situations is designated within each building. In-service training is provided to maintain knowledge and skills for employees designated to respond to emergencies.
- Appropriate staff, in addition to a nurse, are trained in CPR and first aid in each building. For example, teachers and employees working in high-risk areas (e.g., labs, gyms, shops, etc.) are trained in CPR and first aid.
- Student and staff emergency contact information is maintained in a confidential and accessible location. Copies of emergency health care plans for students with special needs should be available, as well as distributed to appropriate staff.
- First aid kits are stocked with up-to-date supplies and are available in central locations, high-risk areas, and for extra curricular activities. See *“Recommended First Aid Supplies”* on p. 76.
- Schools have developed instructions for emergency evacuation, sheltering in place, hazardous materials, lock-down and any other situations identified locally. Schools have prepared evacuation. *To-Go Bags* containing class rosters and other evacuation information and supplies. These bags are kept up to date.
- Emergency numbers are available and posted by all phones. Employees are familiar with emergency numbers. See *“Emergency Phone Numbers”* on inside back cover.



School Safety Plans – Continued

- School personnel have communicated with local EMS regarding the emergency plan, services available, students with special health care needs and other important information about the school.
- A written policy exists that describes procedures for accessing EMS without delay at all times and from all locations (e.g., playgrounds, athletic fields, field trips, extra-curricular activities, etc.).
- Transportation of an injured or ill student is clearly stated in written policy.
- Instructions for addressing students with special needs are included in the school safety plan. See *“Planning for Students with Special Needs”* on p. 6.

SHELTER-IN-PLACE PROCEDURES

Shelter-in-place provides refuge for students, staff and public within the building during an emergency. Shelters or safe areas are located in areas that maximize the safety of inhabitants. Safe areas may change depending on the emergency.

- Identify safe areas in each building.
- Administrator instructs students and staff to assemble in safe areas. Bring all people inside the building.
- Staff will take the evacuation *To-Go Bag* containing emergency information and supplies.
- Close all exterior doors and windows, if appropriate.
- Turn off ventilation leading outdoors, if appropriate.
- Cover up food not in containers or put it in the refrigerator, if appropriate and time permitting.
- If advised, cover mouth and nose with handkerchief, cloth, paper towels or tissues.
- Staff should account for all students after arriving in designated area.
- All people must remain in designated areas until notified by administrator or emergency responders.



EVACUATION – RELOCATION CENTERS

Prepare an evacuation *To-Go Bag* for building and/or classrooms to provide emergency information and supplies.

EVACUATION:

- Call 9-1-1. Notify administrator.
- Administrator issues evacuation procedures.
- Administrator determines if students and staff should be evacuated outside of building or to relocation centers. _____ coordinates transportation if students are evacuated to relocation center.
- Administrator notified relocation center.
- Direct students and staff to follow fire drill procedures and routes. Follow alternate route if normal route is too dangerous.
- Turn off lights, electrical equipment, gas, water faucets, air conditioning and heating system. Close doors.
- Notify parent(s)/guardian(s) per district policy and/or guidance.

STAFF:

- Direct students to follow normal fire drill procedures unless administrator or emergency responders alter route.
- Take evacuation *To-Go Bag* with you, which includes roster/list of children.
- Close doors and turn off lights.
- When outside building, account for all students. Inform administrator immediately if any students are missing.
- If students are evacuated to relocation centers, stay with students. Take roll again when you arrive at the relocation center.

RELOCATION CENTERS:

- List primary and secondary student relocation centers for facility, if appropriate.
- The primary site is located close to the facility.
- The secondary site is located further away from the facility in case of community-wide emergency. Include maps to centers for all staff.

Primary Relocation Center _____

Address _____

Phone _____

Other information _____

Secondary Relocation Center _____

Address _____

Phone _____

Other information _____



HAZARDOUS MATERIALS

INCIDENT OCCURS IN SCHOOL:

- Notify building administrator.
- Call 9-1-1 or local emergency number. If material is known, report information.
- Fire officer in charge may recommend additional shelter or evacuation actions.
- Follow procedures for sheltering or evacuation.
- If advised, evacuate to an upwind location, taking evacuation *To-Go Bag* with you.
- Seal off area of leak/spill. Close doors.
- Secure/contain area until fire personnel arrive.
- Consider shutting off heating, cooling and ventilation systems in contaminated area to reduce the spread of contamination.
- Notify parent/guardian if students are evacuated, according to facility policy.
- Resume normal operations after fire officials have cleared situation.

INCIDENT OCCURRED NEAR SCHOOL:

- Fire or police will notify school administration.
- Consider shutting off heating, cooling and ventilation systems in contaminated area to reduce the spread of contamination.
- Fire officer in charge of scene will recommend shelter or evacuation actions.
- Follow procedures for sheltering or evacuation.
- Evacuate students to a safe area of shelter students in the building until transportation arrives.
- Notify parent/guardian if students are evacuated, according to facility policy and/or guidance.
- Resume normal operations after consulting with fire officials.

Consider extra staffing for students with special medical and/or physical needs.



GUIDELINES TO USE A *TO-GO BAG*

- 1) Developing a *To-Go Bag* provides your school staff with:
 - a. Vital student, staff and building information during the first minutes of an emergency evacuation.
 - b. Records to initiate student accountability.
 - c. Quick access to building emergency procedures.
 - d. Critical health information and first aid supplies.
 - e. Communication equipment.
- 2) This bag can also be used by public health/safety responders to identify specific building characteristics that may need to be accessed in an emergency.
- 3) The *To-Go Bag* must be portable and readily accessible for use in an evacuation. This bag can also be **one** component of your shelter-in-place kit (emergency plan, student rosters, list of students with special health concerns/medications). Additional supplies should be assembled for a shelter-in-place kit such as window coverings and food/water supplies.
- 4) Schools may develop:
 - a. A building-level *To-Go Bag* (See Building *To-Go Bag* list) that is maintained in the office/administrative area and contains building-wide information for use by the building principal/incident commander, **OR**
 - b. A classroom-level *To-Go Bag* (See Classroom *To-Go Bag* list) that is maintained in the classroom and contains student specific information for use by the educational staff during an evacuation or lockdown situation.
- 5) The contents of the bag must be updated regularly and used only in the case of an emergency.
- 6) The classroom and building bags should be a part of your drills for consistency with response protocols.
- 7) The building and classroom *To-Go Bag* lists that are included proved minimal supplies to be included in your schools bags. **We strongly encourage you to modify the content of the bag to meet your specific building and community needs.**



BUILDING

To-Go Bag

*This bag should be portable and readily accessible for use in an emergency. Assign a member of the Emergency Response Team to keep the To-Go Bag updated (change batteries, update phone numbers, etc.). Items in this bag are for **emergency use only**.*

FORMS

- _____ Turn-off procedures for fire alarm, sprinklers and all utilities.
- _____ Videotape of inside and outside of the building/grounds.
- _____ Map of local streets with evacuation routes.
- _____ Current yearbook with pictures.
- _____ Staff roster including emergency contacts.
- _____ Local telephone directory.
- _____ Lists of district personnel's phone, fax and beeper numbers.
- _____ Other: _____
- _____ Other: _____

SUPPLIES

- _____ Flashlight.
- _____ First aid kit with extra gloves.
- _____ CPR disposable mask.
- _____ Battery-powered radio.
- _____ Two-way radios and/or cellular phones available.
- _____ Whistle.
- _____ Extra batteries for radio and flashlight.
- _____ Peel-off stickers and markers for name tags.
- _____ Paper and pen for note taking.
- _____ Individual emergency medications/health equipment that would need to be removed from the building during an evacuation. (**Please discuss and plan for these needs with your school nurse.**)
- _____ Other: _____
- _____ Other: _____

Person(s) responsible for routine toolbox updates: _____

Person(s) responsible for bag delivery in emergency: _____

This information is provided by the **North Carolina Department of Health and Human Services**. We strongly encourage you to customize this form to meet the specific needs of your school and community.



CLASSROOM

To-Go Bag

*This bag should be portable and readily accessible for use in an emergency. The classroom teacher is responsible to keep the To-Go Bag updated (change batteries, update phone numbers, etc.). Items in this bag are for **emergency use only**.*

FORMS

- _____ Copies of all forms developed by your Emergency Response Team (chain of command, emergency plan, etc.).
- _____ Map of building with location of phones and exits.
- _____ Map of local streets with evacuation routes.
- _____ Master schedule of classroom teacher.
- _____ List of students with special health concerns/medications.
- _____ Student roster including emergency contacts.
- _____ Current yearbook with pictures.
- _____ Local telephone directory.
- _____ Lists of district personnel's phone, fax and beeper numbers.
- _____ Other: _____
- _____ Other: _____

SUPPLIES

- _____ Flashlight.
- _____ First aid kit with extra gloves.
- _____ CPR disposable mask.
- _____ Battery-powered radio.
- _____ Two-way radios and/or cellular phones available.
- _____ Whistle.
- _____ Extra batteries for radio and flashlight.
- _____ Peel-off stickers and markers for name tags.
- _____ Paper and pen for note taking.
- _____ Individual emergency medications/health equipment that would need to be removed from the building during an evacuation. (**Please discuss and plan for these needs with your school nurse.**)
- _____ Other: _____
- _____ Other: _____

Person(s) responsible for routine toolbox updates: _____

This information is provided by the **North Carolina Department of Health and Human Services**. We strongly encourage you to customize this form to meet the specific needs of your school and community.



PANDEMIC FLU PLANNING FOR SCHOOLS

FLU TERMS DEFINED

Seasonal (or common) flu is a respiratory illness that can be transmitted person-to-person. Most people have some immunity and a vaccine is available.

Avian (or bird) flu is caused by influenza viruses that occur naturally among wild birds. The H5N1 variant is deadly to domestic fowl and can be transmitted from birds to humans. There is no human immunity and no vaccine is available.

Novel Influenza A (H1N1) is caused by an influenza virus and is transmitted from human to human. There is no known prior human immunity. Previous seasonal flu vaccines are not effective. A new vaccine is available for 2009-2010.

Pandemic flu is human flu that causes a global outbreak, or pandemic, of illness. Because there is little natural immunity, the disease can spread easily from person to person.

INFLUENZA SYMPTOMS

According to the Centers for Disease Control and Prevention (CDC) influenza symptoms usually start suddenly and may include the following:

- Fever
- Headache
- Extreme tiredness
- Dry cough
- Sore throat
- Body ache

Influenza is a respiratory disease.

Source: Centers for Disease Control and Prevention (CDC)

INFECTION CONTROL GUIDELINES FOR SCHOOLS

- 1) Recognize the symptoms of flu:
 - Fever
 - Headache
 - Cough
 - Body ache
- 2) Stay home if you are ill and remain home for at least 24 hours after you no longer have a fever, or signs of a fever, without the use of fever-reducing medicines. Students, staff, and faculty may return 24 hours after symptoms have resolved.
- 3) Cover your cough:
 - Use a tissue when you cough or sneeze and put used tissue in the nearest wastebasket.
 - If tissues are not available, cough into your elbow or upper sleeve area, not your hand.
 - Wash your hands after you cough or sneeze.
- 4) Wash your hands:
 - Using soap and water after coughing, sneezing or blowing your nose.
 - Using alcohol-based hand sanitizers if soap and water are not available.
- 5) Have regular inspections of the school hand washing facilities to assure soap and paper towels are available.
- 6) Follow a regular cleaning schedule of frequently touched surfaces including handrails, door handles and restrooms using usual cleaners.
- 7) Having appropriate supplies for students and staff including tissues, waste receptacles for disposing used tissues and hand washing supplies (soap and water or alcohol-based hand sanitizers).

SCHOOLS ACTION STEPS FOR PANDEMIC FLU

The following are steps schools can take before, during and after a pandemic flu outbreak. Remember that a pandemic may have several cycles, waves or outbreaks so these steps may need to be repeated. Refer to guidelines issued by the North Carolina Division of Public Health, available at: <http://www.epi.state.nc.us/epi/gcdc/flu.html>

PREPAREDNESS/PLANNING PHASE – BEFORE AN OUTBREAK OCCURS

1. Develop a pandemic flu plan for your school using the CDC School Pandemic Flu Planning Checklist available at <https://www.cdc.gov/h1n1flu/schools>.
2. Build a strong relationship with your local health department and include them in the planning process.
3. Train school staff to recognize symptoms of influenza.
4. Decide to what extent you will encourage or require students and staff to stay home when they are ill.
5. Have a method of disease recognition (disease surveillance) in place. Report increased absenteeism or new disease trends to the local health department.
6. Make sure the school is stocked with supplies for frequent hand hygiene including soap, water, alcohol-based hand sanitizers and paper towels.
7. Encourage good hand hygiene and respiratory etiquette in all staff and students.
8. Identify students who are immune compromised or chronically ill who may be most vulnerable to serious illness. Encourage their families to talk with their health care provider regarding special precautions during influenza outbreaks.
9. Develop alternative learning strategies to continue education in the event of an influenza pandemic.

RESPONSE – DURING AN OUTBREAK

1. Heighten disease surveillance and reporting to the local health department.
2. Communicate regularly with parents informing them of the community and school status and expectations during periods of increased disease.
3. Work with local education representatives and the local health officials to determine if the school should cancel non-academic events or close the school.
4. Report any school dismissals due to influenza online at <https://www.cdc.gov/FluSchoolDismissal>.
5. Continue to educate students, staff and families on the importance of hand hygiene and respiratory etiquette.

RECOVERY – FOLLOWING AN OUTBREAK

1. Continue to communicate with the local health department regarding the status of disease in the community and the school.
2. Communicate with parents regarding the status of the education process.
3. Continue to monitor disease surveillance and report disease trends to the health department.
4. Provide resources/referrals to staff and students who need assistance in dealing with the emotional aspects of the pandemic experience. Trauma-related stress may occur after any catastrophic event and may last a few days, a few months or longer, depending on the severity of the event.



RECOMMENDED FIRST AID EQUIPMENT AND SUPPLIES FOR SCHOOLS

1. Current first aid, choking and CPR manual and wall chart(s) such as the American Academy of Pediatrics' Pediatric First Aid for Caregivers and Teachers (PedFACTS) Resource Manual and 3-in-1 First Aid, Choking, CPR Chart available at <http://www.aap.org> and similar organizations.
2. Cot: mattress with waterproof cover (disposable paper covers and pillowcases).
3. Small portable basin.
4. Covered waste receptacle with disposable liners.
5. Bandage scissors & tweezers.
6. Non-mercury thermometer.
7. Sink with running water.
8. Expendable supplies:
 - Sterile cotton-tipped applicators, individually packaged.
 - Sterile adhesive compresses (1"x3"), individually packaged.
 - Cotton balls.
 - Sterile gauze squares (2"x2"; 3"x3"), individually packaged.
 - Adhesive tape (1" width).
 - Gauze bandage (1" and 2" widths).
 - Splints (long and short).
 - Cold packs (compresses).
 - Tongue blades.
 - Triangular bandages for sling.
 - Safety pins.
 - Soap.
 - Disposable facial tissues.
 - Paper towels.
 - Sanitary napkins.
 - Disposable gloves (vinyl preferred).
 - Pocket mask/face shield for CPR.
 - Disposable surgical masks.
 - One flashlight with spare bulb and batteries.
 - Appropriate cleaning solution such as a tuberculocidal agent that kills hepatitis B virus or household chlorine bleach. *A fresh solution of chlorine bleach must be mixed every 24 hours in a ratio of 1 unit bleach to 9 units water.*



STAFF RESPONSIBILITIES – ANY DISASTER

Administrator or Designee:

- Verify information
- Call 911 or emergency number (if necessary)
- Seal off high-risk area
- Convene crisis team and implement crisis response procedures
- Notify other leadership as necessary
- Notify children and staff (depending on emergency; children may be notified by teachers)
- Evacuate children and staff or relocate to a safe area within the building (if necessary)
- Refer media to specified spokesperson (or designee)
- Notify community agencies (if necessary)
- Implement post-crisis procedures
- Keep detailed notes of crisis event
- Notify parent(s)/guardian(s)

Staff:

- Verify information
- Lock all doors, unless evacuation orders are issued
- Warn children (if advised)
- Account for all children and staff
- Stay with children during an evacuation
- Take roster/list of children with you
- Refer media to specified spokesperson (or designee)
- Keep detailed notes of crisis event
- Keep staff and children on site, if possible for accurate documentation and investigation



BOMB THREAT

Upon receiving a phone call that a bomb has been planted in facility:

- Complete the “Bomb Threat Phone Report” and the “Caller Identification Checklist” on the following pages.
- Listen closely to caller’s voice, speech patterns and noises in the background.
- After hanging up phone, immediately dial the call back service in your area to trace the call, if possible.
- Notify administrator or designee.
- Notify law enforcement agency.
- Administrator orders evacuation of all people inside building(s), or other actions, per facility policy and emergency plan.
- If evacuation occurs, staff should take roster/list of children.

If threat is received by a written order:

- Immediately notify law enforcement.
- Avoid any unnecessary handling of note. It is considered evidence by law enforcement.
- Place note in plastic bag, if available.

Evacuation procedures:

- Administrator notifies children and staff. Do not mention “bomb threat”.
- Report any unusual activities/objects immediately to the appropriate officials.
- Take roster/list of children with you.
- Children and staff may be evacuated to a safe distance outside of the building(s), in keeping with facility policy. After consulting with appropriate official, administrator may move children to _____ (primary relocation center), if indicated.
- Staff takes roll after being evacuated.
- No one may reenter building(s) until fire or police personnel declare entire building(s) safe.
- Administrator notifies children and staff of termination of emergency. Resume normal operations.
- Notify parent(s)/guardian(s), per facility policies.

BOMB THREAT PHONE REPORT

1. Date and time call received: _____
2. Exact words of caller: _____

3. Remain calm and be firm. Keep the caller talking and ask these questions:
 - a. Where is the bomb? _____

 - b. What does the bomb look like? _____

 - c. When will it explode? _____

 - d. What will cause it to explode? _____

 - e. How do you deactivate it? _____

 - f. Why was it put there? _____

 - g. Did you place the bomb? _____

4. If the building is occupied, inform the caller that detonation could cause injury or death to innocent people.
5. If call is received on a digital phone, check to see the origin of the call.
6. Describe the caller's voice, emotional state and background noises.

CALLER IDENTIFICATION CHECKLIST

Caller identity: _____

Sex/Age Group: ☐ Male ☐ Female ☐ Adult ☐ Juvenile

Approximate Age: _____ Years

Origin of call: ☐ Local ☐ Long Distance ☐ Internal

Caller's Voice:

<input type="checkbox"/> Loud	<input type="checkbox"/> Soft	<input type="checkbox"/> Fast
<input type="checkbox"/> Slow	<input type="checkbox"/> Deep	<input type="checkbox"/> Squeaky
<input type="checkbox"/> Distant	<input type="checkbox"/> Distorted	<input type="checkbox"/> Sincere
<input type="checkbox"/> Raspy	<input type="checkbox"/> Stressed	<input type="checkbox"/> Stutter
<input type="checkbox"/> Nasal	<input type="checkbox"/> Drunken	<input type="checkbox"/> Slurred
<input type="checkbox"/> Lisp	<input type="checkbox"/> Disguised	<input type="checkbox"/> Crying
<input type="checkbox"/> Broken	<input type="checkbox"/> Calm	<input type="checkbox"/> Irrational
<input type="checkbox"/> Rational	<input type="checkbox"/> Angry	<input type="checkbox"/> Incoherent
<input type="checkbox"/> Excited	<input type="checkbox"/> Laughing	<input type="checkbox"/> Righteous
<input type="checkbox"/> Accent	<input type="checkbox"/> Other _____	

Background noises:

<input type="checkbox"/> Voices	<input type="checkbox"/> Airplanes	<input type="checkbox"/> Street traffic
<input type="checkbox"/> Trains	<input type="checkbox"/> Animals	<input type="checkbox"/> Party
<input type="checkbox"/> Factory Machines	<input type="checkbox"/> Music	<input type="checkbox"/> Quiet
<input type="checkbox"/> Office Machines	<input type="checkbox"/> Bells	<input type="checkbox"/> Horns

Familiarity:

Did the caller sound familiar? _____

Did the caller appear familiar with the building or area by his/her description of the bomb location? _____

Name of person receiving the call: _____

Telephone number call received at: _____

**IMMEDIATELY AFTER CALLER HANGS UP, CALL 9-1-1 OR LOCAL EMERGENCY
NUMBER AND REPORT TO ADMINISTRATION.**

FIRE EMERGENCIES

In the event of a fire, smoke from a fire or gas odor has been detected:

- Pull fire alarm and notify building occupants by _____
- Evacuate children and staff to the designated area (map should be included in plan).
- Notify fire department (call 9-1-1 or emergency number) and administrator.
- Follow normal fire drill route. Follow alternate route if normal route is too dangerous or blocked (map should be included in plan).
- Staff takes roster/list of children.
- Staff takes roll after being evacuated.
- Staff reports missing children to administrator immediately.
- After consulting with appropriate official, administrator may move children to _____ if weather is inclement or building is damaged (primary relocation center).
- No one may reenter building(s) until entire building(s) is declared safe by fire or police personnel.
- Administrator notifies children and staff of termination of emergency.
- Resume normal operations.

FLOODING

Flood Watch has been issued in an area that includes your facility:

- Monitor your local Emergency Alert Stations, weather radio and television. Stay in contact with your local emergency management officials.
- Review evacuation procedures with staff and prepare children.
- Check relocation centers. Find an alternate relocation center if primary and secondary centers would also be flooded.
- Line up transportation resources.

Flood Warning has been issued in an area that includes your facility:

- If advised by emergency responders to evacuate, do so immediately.
- Staff takes rosters/lists of children.
- Move children to designated relocation center quickly.
- Turn off utilities in building and lock doors, if safe to do so.
- Staff takes role upon arriving at relocation center. Report missing children to administrator or emergency response personnel immediately.
- Notify parent(s)/guardian(s) according to facility policy.
- Monitor for change in status.

INTRUDER OR HOSTAGE SITUATION

Intruder – an unauthorized person who enters the property:

- Ask another staff person to accompany you before approaching intruder.
- Politely greet intruder and identify yourself.
- Ask intruder the purpose of his/her visit.
- Inform intruder that all visitors must register at a specified site.
- Notify administrator or police.
- If intruder's purpose is not legitimate, ask him/her to leave. Accompany intruder to exit.

If intruder refuses to leave:

- Warn intruder of consequences for staying on school property. Inform him/her that you will call police.
- Notify police and administrator if intruder still refuses to leave. Give police full description of intruder.
- Walk away from intruder if he/she indicates a potential for violence. Be aware of intruder's actions at this time (where he/she is located in school, whether he/she is carrying a weapon or package, etc.).
- Administrator may issue lock-down procedures.

Witness to hostage situation:

- If hostage taker is unaware of your presence, do not intervene.
- Call 9-1-1 immediately. Give dispatcher details of situation; ask for assistance from hostage negotiation team.
- Seal off area near hostage scene.
- Notify administrator (administrator may wish to evacuate rest of building, if possible).
- Give control of scene to police and hostage negotiation team.
- Keep detailed notes of events.

If taken hostage:

- Follow instructions of hostage taker.
- Try not to panic. Calm children if they are present.
- Treat the hostage taker as normally as possible.
- Be respectful to hostage taker.
- Ask permission to speak and do not argue or make suggestions.

RADIOLOGICAL INCIDENT

Facilities within evacuation radius of nuclear power plants must have plans for dealing with an accident/incident at the plant. Facilities within a 50-mile ingestion zone must also have a plan of action. This section is targeted for facilities outside this 10 or 50 mile radius with children living within the radius.

Administrator's responsibilities:

- Building administrator notifies staff if an accident/incident has occurred that affects the ability of children to return to their homes (if they live within the 10-mile radius of an affected nuclear power plant).
- Procedures for release of children to emergency contact as designated by the parent(s)/guardian(s) are activated, or these children are kept at the facility until their parent(s)/guardian(s) or designee picks them up.

Staff responsibilities:

- Stay with children, if they will not be released to alternate (emergency) location, or until an authorized individual picks them up.

For non-power radiological emergencies, follow the Hazardous Materials guidelines.

SERIOUS INJURY OR DEATH

If incident occurred at facility:

- Call 9-1-1. Do not leave the child/person unattended.
- Notify CPR/first aid certified people in the facility of medical emergencies (names of CPR/first aid certified people are listed in the Crisis Team Members section).
- If possible, isolate affected child/person.
- Initiate first aid if trained.
- Do not move victim except if evacuation is absolutely necessary.
- Notify administrator.
- Designate staff person to accompany injured/ill person to the hospital.
- Administrator notifies parent(s)/guardian(s) if it is a child.
- Direct witness(es) to psychologist/counselor/crisis team if needed. Notify parents if children were witness(es).
- Determine method of notifying children, staff and parents.
- Refer media to designated public information person for the facility.

If incident occurred outside of facility:

- Activate medical/crisis team as needed.
- Notify staff if before normal operating hours.
- Determine method of notifying children, staff and parents. Announce availability of counseling services for those who need assistance.
- Refer media to designated public information person for the facility.

Post-crisis intervention:

- Discuss with counseling staff or critical incident stress management team.
- Determine level of intervention for staff and children.
- Designate private rooms for private counseling/defusing.
- Escort affected children, siblings and close friends and other “highly stressed” individuals to counselors/critical incident stress management team.
- Assess stress level of staff. Recommend counseling to all staff.
- Follow-up with children and staff who receive counseling.
- Designate staff person(s) to attend funeral.
- Allow for changes in normal routines or schedules to address injury or death.

SHOOTING

IF A PERSON THREATENS WITH A FIREARM OR BEGINS SHOOTING

Staff and Children:

- *If you are outside with the shooter outside* – go inside the building as soon as possible. If you cannot get inside, make yourself as compact as possible; put something between yourself and the shooter; do not gather in groups.
- *If you are inside with the shooter inside* – turn off lights; lock all doors and windows; shut curtains, if it is safe to do so.
- Children, staff and visitors should crouch under furniture without talking and remain there until an all-clear is given by the administrator or designee.
- Check open areas for wandering children and bring them immediately into a safe area.
- Staff should take roll call and immediately notify the administrator of any missing children or staff when it is safe to do so.

Administrator/Police Liaison:

- Assess the situation as to:
 - The shooter's location
 - Any injuries
 - Potential for additional shooting
- Call 9-1-1 and give as much detail as possible about the situation.
- Secure the facility, if appropriate.
- Assist children and staff in evacuating from immediate danger to safe area.
- Care for the injured as carefully as possible until law enforcement and paramedics arrive.
- Refer media to designated public information person per media procedures.
- Administrator to prepare information to release to media and parent(s)/guardian(s).
- Notify parent(s)/guardian(s) according to policies.
- Hold information meeting with staff.
- Initiate a crisis/grief counseling plan.

TERRORISM – CHEMICAL OR BIOLOGICAL THREAT

Upon receiving a phone call that a chemical or biological hazard has been planted in facility:

- Complete the “Terroristic Threat Phone Report” on page 85 and “Caller Identification Checklist” included in these guidelines on page 78.
- Listen closely to caller’s voice and speech patterns and to noises in the background.
- Notify administrator or designee.
- Notify local law enforcement agency.
- Administrator orders evacuation of all people inside facility, or other actions, per police advice or policy.
- If evacuation occurs, staff should take a list of children present.

Upon receiving a chemical or biological threat letter:

- Minimize the number of people who come into contact with the letter by immediately limiting access to the immediate area in which the letter was discovered.
- Ask the person who discovered/opened the letter to place it into another container, such as a plastic zip-lock bag or another envelope.
- **CALL 9-1-1.**
- Separate “involved” people from the rest of the staff and children.
- Move all “uninvolved” people out of the immediate area to a holding area.
- Ask all people to remain calm until local public safety officials arrive.
- Ask all people to minimize their contact with the letter or their surrounding, because the area is now a crime scene.
- Get advice of public safety officers as to decontamination procedures needed.

Evacuation procedures:

- Administrator notifies staff and children if evacuation is deemed necessary. Do not mention “terrorism” or “chemical or biological agent”.
- Report any unusual activities immediately to the appropriate officials
- “Uninvolved” children and staff will be evacuated to a safe distance outside of the facility in keeping with policy. After consulting with appropriate officials, administrator may move children and staff to a primary relocation center, if indicated.
- Staff must take roll after being evacuated noting any absences immediately to the administrator or designee.
- Children and staff “involved” in a letter opening or receiving a phone call will be evacuated as a group if necessary per consultation of the administrator and public safety officials.
- Administrator notifies staff and children of termination of emergency. Resume normal operations.
- Notify parent(s)/guardian(s) according to policies.

TERRORISTIC THREAT PHONE REPORT

(To include threats related to the release of chemicals, disease causing agents and incendiary devices)

1. Date and time call received: _____
2. Exact words of caller (use quotes if possible): _____

3. Remain calm and be firm. Keep the caller talking and ask the following questions:
 - a. Where is the device/package? _____

 - b. What does the device/package look like? _____

 - c. When will it go off/detonate? _____

 - d. What will cause it to go off/detonate/trigger? _____

 - e. How do you deactivate it? _____

 - f. Why was it put here? _____

 - g. Did you place the device/package? _____

4. If the building is occupied, inform the caller that detonation/release of hazardous substances could cause injury or death of or to innocent people.
5. If a call is received on a Caller ID equipped telephone, check for the origin of the call and record the number. _____

TORNADO/SEVERE THUNDERSTORM WATCH OR WARNING

Tornado/Severe Thunderstorm Watch has been issued in an area near your facility:

- Monitor your local Emergency Alert Stations, weather radio and television. Stay in contact with your local emergency management officials.
- Bring all people inside building(s).
- Close all windows and blinds.
- Review tornado drill procedures and location of safe areas. *Tornado safe areas are in interior hallways or rooms away from exterior walls and window, and away from large rooms with high span ceilings. Get under furniture, if possible.*
- Review “drop and tuck” procedures with children.

Tornado/Severe Thunderstorm Warning has been issued in an area near your facility, or tornado has been spotted near your facility:

- Move children and staff to safe areas.
- Close all doors.
- Remind staff to take rosters/lists of children.
- Ensure that children are in “tuck” positions.
- Account for all children.
- Remain in safe area until warning expires or until emergency personnel have issued an all-clear signal.

Attach building diagram showing safe areas. Post diagrams in each room showing routes to safe areas.

EMERGENCY PHONE NUMBERS

Complete this page as soon as possible and update as needed.

EMERGENCY MEDICAL SERVICES (EMS) INFORMATION

Know how to contact you EMS. Most areas use 9-1-1; others use a 7-digit phone number.

+ **EMERGENCY PHONE NUMBER: 9-1-1 OR** _____

+ Name of EMS agency _____

+ Their average emergency response time to your school _____

+ Directions to your school _____

+ Location of the school's AED(s) _____

BE PREPARED TO GIVE THE FOLLOWING INFORMATION & DO NOT HANG UP BEFORE THE EMERGENCY DISPATCHER HANGS UP:

- Name and school name _____
- School telephone number _____
- Address and easy directions _____
- Nature of emergency _____
- Exact location of injured person (e.g., behind building in parking lot) _____
- Help already given _____
- Ways to make it easier to find you (e.g., standing in front of building, red flag, etc.).

OTHER IMPORTANT PHONE NUMBERS

+ **School Nurse** _____

+ **Responsible School Authority** _____

+ **Poison Control Center** **1-800-222-1222**

+ **Fire Department** **9-1-1 or** _____

+ **Police** **9-1-1 or** _____

+ Hospital or Nearest Emergency Facility _____

+ County Children Services Agency _____

+ Rape Crisis Center _____

+ Suicide Hotline _____

+ Local Health Department _____

+ Taxi _____

+ Other medical services information _____

(e.g., dentists or physicians): _____



Heads Up to Schools: KNOW YOUR CONCUSSION ABCs

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

A Fact Sheet for School Nurses

THE FACTS:

- * All concussions are serious.
- * Most concussions occur without loss of consciousness.
- * Recognition and proper response to concussions when they first occur can help aid recovery and prevent further injury, or even death.

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. Concussions can also occur from a fall or blow to the body 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.

How can I recognize a concussion?

To help you recognize a concussion, ask the injured student or witnesses of the incident about:

1. Any kind of forceful blow to the head or to the body that resulted in rapid movement of the head.
- and-
2. Any change in the student's behavior, thinking, or physical functioning. (See the signs and symptoms of concussion.)

To download this fact sheet in Spanish, please visit: www.cdc.gov/Concussion.
Para obtener una copia electrónica de esta hoja de información en español, por favor visite: www.cdc.gov/Concussion.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



How can concussions happen in schools?

Children and adolescents are among those at greatest risk for concussion. Concussions can result from a fall, or any time a student's head comes into contact with a hard object, such as the floor, a desk, or another student's head or body. The potential for a concussion is greatest during activities where collisions can occur, such as during physical education (PE) class, playground time, or school-based sports activities.

Students may also get a concussion when doing activities outside of school, but then come to school when symptoms of the concussion are presenting. For example, adolescent drivers are at increased risk for concussion from motor vehicle crashes.

Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly. Proper recognition and response to concussion symptoms in the school environment can prevent further injury and can help with recovery.



What are the signs and symptoms of concussion?

Students who experience **one or more** of the signs and symptoms listed below after a bump, blow, or jolt to the head or body should be referred to a health care professional experienced in evaluating for concussion.

There is no one single indicator for concussion. Rather, recognizing a concussion requires a symptom assessment. The signs and symptoms of concussion can take time to appear and can become more noticeable during concentration and learning activities in the classroom. For this reason, it is important to watch for changes in how the student is acting or feeling, if symptoms become worse, or if the student just “doesn’t feel right.”

SIGNS OBSERVED BY SCHOOL NURSES

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can’t recall events *prior* to the hit, bump, or fall
- Can’t recall events *after* the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes

SYMPTOMS REPORTED BY THE STUDENT

Thinking/Remembering:

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

Emotional:

- Irritable
- Sad
- More emotional than usual
- Nervous

Physical:

- Headache or “pressure” in 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”

Sleep*:

- Drowsy
- Sleeps *less* than usual
- Sleeps *more* than usual
- Has trouble falling asleep

**Only ask about sleep symptoms if the injury occurred on a prior day.*



Remember, you can’t see a concussion and some students may not experience or report symptoms until hours or days after the injury. Most young people with a concussion will recover quickly and fully. But for some, concussion signs and symptoms can last for days, weeks, or longer.



What are concussion danger signs?

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. The student should be taken to an emergency department right away if s/he exhibits any of the following danger signs after a bump, blow, or jolt to the head or body:

- One pupil larger than the other
- Is drowsy 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
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

For more information and tool kits for youth sports coaches and high school coaches, visit www.cdc.gov/Concussion.

What can school nurses and school professionals do?

Below are steps for you to take when a student comes to your office after a bump, blow, or jolt to the head or body.

1. **Observe student for signs and symptoms of concussion for a minimum of 30 minutes.**
2. **Complete the *Concussion Signs and Symptoms Checklist* and monitor students consistently during the observation period.** The form includes an easy-to-use checklist of signs and symptoms that you can look for when the student first arrives at your office, fifteen minutes later, and at the end of 30 minutes, to determine whether any concussion symptoms appear or change.
3. **Notify the student's parent(s) or guardian(s) that their child had an injury to the head.**
 - > **If signs or symptoms are present:** refer the student right away to a health care professional with experience in evaluating for concussion. Send a copy of the *Concussion Signs and Symptoms Checklist* with the student for the health care professional to review. Students should follow their health care professional's guidance about when they can return to school and to physical activity.

- > **If signs or symptoms are not present:** the student may return to class, but should not return to sports or recreation activities on the day of the injury. Send a copy of the *Concussion Signs and Symptoms Checklist* with the student for their parent(s) or guardian(s) to review and ask them to continue to observe the student at home for any changes. Explain that signs and symptoms of concussion can take time to appear. Note that if signs or symptoms appear, the student should be seen right away by a health care professional with experience in evaluating for concussion.



Children and teens with a concussion should NEVER return to sports or recreation activities on the same day the injury occurred. They should delay returning to their activities until a health care professional experienced in evaluating for concussion says they are symptom-free and it's OK to return to play. This means, until permitted, not returning to:

- Physical Education (PE) class,
- Sports practices or games, or
- Physical activity at recess.



What do I need to know about students returning to school after a concussion?

Supporting a student recovering from a concussion requires a collaborative approach among school professionals, health care professionals, parents, and students. All school staff, such as teachers, school nurses, counselors, administrators, speech-language pathologists, coaches, and others should be informed about a returning student's injury and symptoms, as they can assist with the transition process and making accommodations for a student. If symptoms persist, a 504 meeting may be called. Section 504 Plans are implemented when students have a disability (temporary or permanent) that affects their performance in any manner. Services and accommodations for students may include speech-language therapy, environmental



School Policies:

Students Returning to School after a Concussion

Check with your school administrators to see if your district or school has a policy in place to help students recovering from a concussion succeed when they return to school. If not, consider working with your school administration to develop such a policy. Policy statements can include the district's or school's commitment to safety, a brief description of concussion, a plan to help students ease back into school life (learning, social activity, etc.), and information on when students can safely return to physical activity following a concussion.

adaptations, curriculum modifications, and behavioral strategies.

Encourage teachers and coaches to monitor students who return to school after a concussion. Students may need to limit activities while they are recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms (such as headache or tiredness) to reappear or get worse. After a concussion, physical and cognitive activities—such as concentration and learning—should be carefully monitored and managed by health and school professionals.

If a student already had a medical condition at the time of the concussion (such as chronic headaches), it may take longer to

recover from the concussion. Anxiety and depression may also make it harder to adjust to the symptoms of a concussion.

School professionals should watch for students who show increased problems paying attention, problems remembering or learning new information, inappropriate or impulsive behavior during class, greater irritability, less ability to cope with stress, or difficulty organizing tasks. Students who return to school after a concussion may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Be given more time to take tests or complete assignments,
- Receive help with schoolwork, and/or
- Reduce time spent on the computer, reading, or writing.

It is normal for a student to feel frustrated, sad, and even angry because s/he cannot return to recreation or sports right away, or cannot keep up with schoolwork. A student may also feel isolated from peers and social networks. Talk with the student about these issues and offer support and encouragement. As the student's symptoms decrease, the extra help or support can be gradually removed.

What can I do to prevent and prepare for a concussion?

Here are some steps you can take to prevent concussions in school and ensure the best outcome for your students:

Prepare a concussion action plan. To ensure that concussions are identified early and managed correctly, have an action plan in place before the start of the school year. This plan can be included in your school or district's concussion policy. You can use the online action plan for sports and recreation activities at: www.cdc.gov/concussion/response/html. Be sure that other appropriate school and athletic staff know about the plan and have been trained to use it.

Educate parents, teachers, coaches, and students about concussion. Parents, teachers, and coaches know their students well and may be the first to notice when a student is not acting normally. Encourage teachers, coaches, and students to:

- Learn about the potential long-term effects of concussion and the dangers of returning to activity too soon.
- Look out for the signs and symptoms of concussion and send students to see you if they observe any or even suspect that a concussion has occurred.
- View videos about concussion online at: www.cdc.gov/Concussion.

Prevent long-term problems. A repeat concussion that occurs before the brain recovers from the previous concussion—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions

can result in edema (brain swelling), permanent brain damage, and even death. Keep students with a known or suspected concussion out of physical activity, sports, or playground activity on the day of the injury and until a health care professional with experience in evaluating for concussion says they are symptom-free and it is OK for the student to return to play.

Create safe school environments.

The best way to protect students from concussions is to prevent concussions from happening. Make sure your school has policies and procedures to ensure that the environment is a safe, healthy place for students. Talk to all school staff and administrators and encourage them to keep the physical space safe, keep stairs and hallways clear of clutter, secure rugs to the floor, and check the surfaces of all areas where students are physically active, such as playing fields and playgrounds. Playground surfaces should be made of shock-absorbing material, such as hardwood mulch or sand, and maintained to an appropriate depth. Proper supervision of students is also important.



For more detailed information about concussion diagnosis and management, please download *Heads Up: Facts for Physicians about Mild Traumatic Brain Injury* from CDC at: www.cdc.gov/Concussion.



Monitor the health of your student athletes.

Make sure to ask whether an athlete has ever had a concussion and insist that your athletes are medically

evaluated and are in good condition to participate in sports. Keep track of athletes who sustain concussions during the school year. This will help in monitoring injured athletes who participate in multiple sports throughout the school year.

Some schools conduct preseason baseline testing (also known as neurocognitive tests) to assess brain function—learning and memory skills, ability to pay attention or concentrate, and how quickly someone can think and solve problems. If an athlete has a concussion, these tests can be used again during the season to help identify the effects of the injury. Before the first practice, determine whether your school would consider baseline testing.

Again, remember your concussion ABCs:

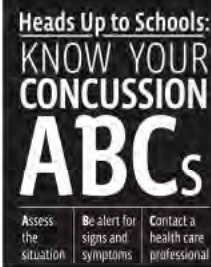
- A—Assess the situation
- B—Be alert for signs and symptoms
- C—Contact a health care professional

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



* For more information on concussion and to order additional materials for school professionals **FREE-OF-CHARGE**, visit: www.cdc.gov/Concussion.

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.)* _____

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, fifteen 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 health care professional with experience in evaluating for concussion. For those instances when a parent is coming to take the student to a health care 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 health care professional to review.

OBSERVED SIGNS	0 MINUTES	15 MINUTES	30 MINUTES	<input type="checkbox"/> MINUTES Just prior to leaving
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				
Feeling sluggish, hazy, foggy, or groggy				
EMOTIONAL SYMPTOMS				
Irritable				
Sad				
More emotional than usual				
Nervous				

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

Danger Signs:

Be alert for symptoms that worsen over time. The student should be seen in an emergency department right away if s/he has:

- ☐ 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 only for use by appropriate school professionals, health care professionals, and the student's parent(s) or guardian(s).

For a free tear-off pad with additional copies of this form, or for more information on concussion, visit: www.cdc.gov/Concussion.

Resolution of Injury:

- ☐ Student returned to class
- ☐ Student sent home
- ☐ Student referred to health care professional with experience in evaluating for concussion

SIGNATURE OF SCHOOL PROFESSIONAL COMPLETING THIS FORM: _____

TITLE: _____

COMMENTS:



Heads Up to Schools: KNOW YOUR CONCUSSION ABCs

Assess the situation	Be alert for signs and symptoms	Contact a health care professional
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What is a Concussion?

A concussion is a type of traumatic brain injury (TBI) that results from a bump, blow, or jolt to the head (or by a hit to the body) that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, stretching and damaging the brain cells and creating chemical changes in the brain.

While some research shows that the young brain can be resilient, it may also be more susceptible to the chemical changes that occur in the brain after a concussion. These changes can lead to a set of symptoms affecting the student's cognitive, physical, emotional, and sleep functions.

Concussions affect people differently. Most students will have symptoms that last for a few days or a week. A more serious concussion can last for weeks, months or even longer.

Returning to School After a Concussion: A Fact Sheet for School Professionals

What role do I play in helping a student return to school after a concussion?

Each year hundreds of thousands of K-12 students sustain a concussion as a result of a fall, motor-vehicle crash, collision on the playground or sports field, or other activity. Most will recover quickly and fully. However, school professionals, like you, will often be challenged with helping return a student to school who may still be experiencing concussion symptoms—symptoms that can result in learning problems and poor academic performance.

Knowledge of a concussion's potential effects on a student, and appropriate management of the return-to-school process, is critical for helping students recover from a concussion.

That's where you come in. This fact sheet provides steps that school professionals can take to help facilitate a student's return to school and recovery after a concussion. It emphasizes the importance of a collaborative approach by a team that includes not only school professionals, but also the student's family and the health care professional(s) managing the medical aspects of the student's recovery.

How can a concussion affect learning?

The effects of concussion on a student's return-to-school experience are unique to each student. In most cases, a concussion will not significantly limit a student's participation in school; however, in some cases, a concussion can affect multiple aspects of a student's ability to participate, learn, and perform well in school. In turn, the experience of learning and engaging in academic activities that require concentration can actually cause a student's concussion symptoms to reappear or worsen. Given this inter-relationship, and the way concussion effects can vary across students, academic adjustments need to be tailored to each student's specific circumstances.

What to Look for After a Concussion

When students return to school after a concussion, school professionals should watch for:

- Increased problems paying attention or concentrating
- Increased problems remembering or learning new information
- Longer time needed to complete tasks or assignments
- Difficulty organizing tasks or shifting between tasks
- Inappropriate or impulsive behavior during class
- Greater irritability
- Less ability to cope with stress
- More emotional than usual
- Fatigue
- Difficulties handling a stimulating school environment (lights, noise, etc.)
- Physical symptoms (headache, nausea, dizziness)

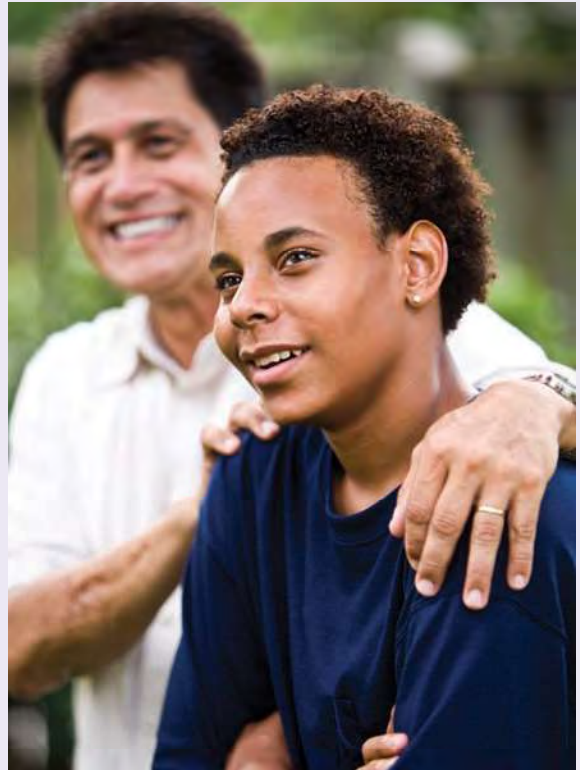
When is a student ready to return to school after a concussion?


A student with a concussion should be seen by a health care professional experienced in evaluating for concussion. A health care professional can make decisions about a student's readiness to return to school based on the number, type and severity of symptoms experienced by the student. The health care professional should also offer guidance about when it is safe for a student to return to school and appropriate levels of cognitive and physical activity. Once a health care professional has given permission for the student to return to the classroom, school professionals can help monitor him/her closely. With proper permission, school professionals can confer on their observations and share those observations with the family and other professionals involved in the student's recovery.

Who should be included as part of the team supporting the student?

Providing appropriate support for a student returning to school after a concussion requires a collaborative team approach. The team should include:

- **The student:** The affected student should be “in the loop,” and encouraged to share his/her thoughts about how things are going, and symptoms he or she is experiencing. The student should receive feedback from the rest of the team that is appropriate to his/her age, level of understanding, and emotional status.
- **Parents/Guardians:** Parents and guardians need to understand what a concussion is, that medical attention is required, that most students will get better, the potential effects on school learning and performance, and the importance of following guidance from their student’s health care provider in order to ensure the most rapid and complete recovery possible.
- **Other caregivers (i.e., sports coaches, after-school or day care providers):** People who care for or are responsible for a student after school hours can play an important role in monitoring participation in after-school activities and observing any changes in symptoms.
- **Physician and/or other health care professional:** Health care professionals involved in the student’s diagnosis and recovery should provide an individualized plan for a student returning to school to help manage cognitive and physical exertion following a concussion. As a student recovers, health care professionals can help guide the gradual removal of academic adjustments or supports that may be instituted as part of the recovery process.
- **School nurse:** Periodic monitoring of the student’s symptoms by the school nurse should continue as long as symptoms are present. The school nurse is also a resource for other school professionals who may have questions about their own observations and may also be an important liaison to parents or concussion experts within the community.





With proper permission, members of the school team should meet together on a regular basis to:

- Share observations and any new information obtained from the family or health care professional.
- Work with the family to develop an appropriate program and timeline to meet the student's needs and explain as necessary the reasons for the resulting plan.
- Continually reassess the student for symptoms and progress in healing. This information can help the team to make adjustments to the plan.

- **All teachers interacting with the student (including the physical education teacher):**

Teachers can often help observe changes in a student, including symptoms that may be worsening. Teachers are also in a position to interact regularly with the student's parents, thereby providing a channel to obtain and share information with them about the student's progress and challenges.

- **School psychologist and/or school counselor:**

School psychologists and/or school counselors can often help with identifying services and resources to help the student and parents or guardians and facilitate getting those services and resources for them, including a 504 Plan or IEP. School psychologists can also help assess a student's current functioning and his/her academic needs for full recovery.

- **Speech language pathologists:** Speech-language pathologists can help monitor or identify students with a concussion who are having trouble in the classroom, as well as changes in how a student is communicating or interacting with others. Speech-language pathology services may include testing, providing classroom strategies or modifications, and direct services to a student.
- **School principal or other school administrator:** The school principal or administrator should appoint the internal members of the team as well as a "case manager" to ensure adequate communication and coordination within the team. The administrator will also be responsible for approving any adjustments to the student's schedule and communicating policies on responding to students who have had a concussion (e.g., return to play policy).

If the student is an athlete, either inside or outside of school, the team should also include coaches and other athletic department staff (e.g., certified athletic trainer). Remember, a student with a concussion should NEVER return to sports, PE class, or other physical activity until a health care professional with experience in evaluating for concussion says the student is no longer experiencing symptoms and it is OK to return to play. Comprehensive information and training modules for athletic coaches and health care professionals are available from the **Heads Up** initiatives at www.cdc.gov/Concussion.



It is important to identify someone on this team who will function as a case manager, such as a school nurse, school psychologist, school counselor, speech pathologist, teacher or other identified school professional. This person will have the role of advocating for the student's needs and serve as the primary point of contact with the student, family, and all members of the team. A flexible set of materials to assist case managers and school professionals is available from the *Heads Up to Schools: Know Your Concussion ABCs* initiative at www.cdc.gov/Concussion.

How can understanding concussion symptoms help with identifying a student's individual needs?

A school professional can best support a student's return to school and recovery by understanding possible concussion effects and providing the student with needed accommodations and support. Understanding concussion symptoms can help the student and members of the team identify individual needs of the student, monitor changes, and with proper permission, take action when necessary. This will help facilitate a full recovery and discourage students from minimizing the symptoms due to embarrassment, shame, or pressure to return to activities.

SIGNS AND SYMPTOMS OF A CONCUSSION

SIGNS OBSERVED BY PARENTS OR GUARDIANS

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events prior to the hit, bump, or fall
- Can't recall events after the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

SYMPTOMS REPORTED BY STUDENTS

Thinking/Remembering:

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

Physical:

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

**Only ask about sleep symptoms if the injury occurred on a prior day.*

Signs and symptoms of concussion generally show up soon after the injury. However, a concussion is an evolving injury. The full effect of the injury may not be noticeable at first and some symptoms may not show up for hours or days.

In the classroom, concussion symptoms may translate into a variety of challenges with learning. Cognitive symptoms may result in problems with speed of reading, difficulties doing multi-step math problems, problems maintaining consistent attention throughout the class, and/or distractibility. Students' complaints about physical symptoms such as headache, fatigue or increased sensitivity to the lights in the classroom or the noise in the hallways and cafeteria may impair the effectiveness of their learning. Problems with emotional control can also be evident. The student can become more easily irritated or agitated or may feel overwhelmed and frustrated by their learning challenges. These different symptoms can impact the student's overall school performance.

What roles do cognitive exertion and rest play in a student's recovery?

Resting after a concussion is *critical* because it helps the brain recover. Mental and cognitive exertion requires the brain's energy, and when the brain's energy is depleted due to injury, symptoms such as headaches and problems concentrating can worsen. For example, if a student with a concussion spends a lot of energy studying intensely for an exam, there will be less energy available to help the brain repair itself, which may delay recovery. These effects are referred to as *cognitive-exertional* effects.

Understanding the effect of cognitive exertion following a concussion is very important for a student because school engagement and learning requires active thinking. Therefore, the goal is to limit cognitive activity to a level that is tolerable for the student and that does not worsen or result in the reemergence of concussion symptoms. A plan for taking a break from intensive cognitive activity, known as *cognitive rest*, should





be included in the return to school management plan provided by the student's health care provider.

Cognitive rest may require a student to limit or refrain from activities, such as working on a computer, driving, watching television, studying for or taking an exam, using a cell phone, reading, playing video games, and text messaging or other activities that cause concussion symptoms to appear or worsen. Many students find limiting or completely avoiding cognitive activities difficult, because these activities are a routine part of their lives. Therefore, it is important to explain to students that ignoring concussion symptoms and trying to "tough it out" often makes symptoms worse and can make recovery take longer, sometimes for months.

Tolerance for cognitive activity increases as the student recovers, but the rate of recovery may vary from one student to another. For example, three days after their injury one student may be able to read for 30 minutes before experiencing fatigue, headache, and reduced concentration; whereas, another student may be able to tolerate only 10 minutes of this same activity three days following the injury. Thus regular monitoring of symptoms, including input from the student, is critical in any return-to-school plan.

It is normal for students to feel frustrated, sad, embarrassed, and even angry...Talk with the student about these issues and offer support and encouragement.



How can I help identify problems and needs?

Based on the identification of symptoms and an analysis of how the student responds to various activities, interventions that are tailored to the specific needs of the student can be identified and implemented.

To start, identify the types of symptoms the student is experiencing. Next, try to identify specific factors that may worsen the student's symptoms so steps can be taken to modify those factors. For example:

- Do some classes, subjects, or tasks appear to pose greater difficulty than others? (compared to pre-concussion performance)
- For each class, is there a specific time frame after which the student begins to appear unfocused or fatigued? (e.g., headaches worsen after 20 minutes)
- Is the student's ability to concentrate, read or work at normal speed related to the time of day? (e.g., the student has increasing difficulty concentrating as the day progresses)
- Are there specific things in the school or classroom environment that seem to distract the student?
- Are any behavioral problems linked to a specific event, setting (bright lights in the cafeteria or loud noises in the hallway), task, or other activity?

Importantly, if a student has a history of concussions, medical condition at the time of the current concussion (such as a history of migraines), or developmental disorders (such as learning disabilities and ADHD), it may take longer to recover from the concussion. Anxiety and depression may also prolong recovery and make it harder for the student to adjust to the symptoms of a concussion.

It is normal for students to feel frustrated, sad, embarrassed, and even angry because they cannot keep up with their schoolwork or participate in their regular activities, such as driving or sports. A student may also feel isolated from peers and social networks. Talk with the student about these issues and offer support and encouragement. In consultation with the student's health care professional, and as the student's symptoms decrease, the extra help or support can be removed gradually.



Some Strategies for Addressing Concussion Symptoms at School

(Please note: these strategies will vary based on the student's age, level of understanding, and emotional status)

COGNITIVE

Concentrate first on general cognitive skills, such as flexible thinking and organization, rather than academic content.

Focus on what the student does well and expand the curriculum to more challenging content as concussion symptoms subside.

Adjust the student's schedule as needed to avoid fatigue: shorten day, time most challenging classes with time when student is most alert, allow for rest breaks, reduced course load.

Adjust the learning environment to reduce identified distractions or protect the student from irritations such as too-bright light or loud noises.

Use self-paced, computer-assisted, or audio learning systems for the student having reading comprehension problems.

Allow extra time for test/in-class assignment completion.

Help the student create a list of tasks and/or daily organizer.

Assign a peer to take notes for the student.

Allow the student to record classes.

Increase repetition in assignments to reinforce learning.

Break assignments down into smaller chunks and offer recognition cues.

Provide alternate methods for the student to demonstrate mastery, such as multiple-choice or allowing for spoken responses to questions rather than long essay responses.

BEHAVIORAL/SOCIAL/EMOTIONAL

If the student is frustrated with failure in one area, redirect him/her to other elements of the curriculum associated with success.

Provide reinforcement for positive behavior as well as for academic achievements.

Acknowledge and empathize with the student's sense of frustration, anger or emotional outburst: "I know it must be hard dealing with some things right now."

Provide structure and consistency; make sure all teachers are using the same strategies.

Remove a student from a problem situation, but avoid characterizing it as a punishment and keep it as brief as possible.

Establish a cooperative relationship with the student, engaging him/her in any decisions regarding schedule changes or task priority setting.

Involve the family in any behavior management plan.

Set reasonable expectations.

Arrange preferential seating, such as moving the student away from the window (e.g. bright light), away from talkative peers, or closer to the teacher.

When symptoms persist: What types of formal support services are available?

For most students, only temporary, informal, academic adjustments are needed as they recover from a concussion. However, a variety of formal support services may be available to assist a student who is experiencing a prolonged recovery. These support services may vary widely among states and school districts. The type of support will differ depending on the specific needs of each student. Some of these support services may include:

- **Response to Intervention Protocol (RTI):** An RTI may be used for students who need academic adjustments for an extended period and/or need to increase the level of a particular intervention. An RTI allows for a multi-step, targeted approach that school professionals can use to monitor a student's progress through increasing levels of an intervention. At each intervention level, a school professional assesses the students to determine whether additional instruction or support is needed.
- **504 Plan:** Students with persistent symptoms and who require assistance to be able to participate fully in school, may be candidates for a 504 plan. A 504 plan will describe modifications and accommodations to help a student return to pre-concussion performance levels. For example, a student recovering from a concussion might receive environmental adaptations, temporary curriculum modifications, and behavioral strategies.
- **Individualized Education Plan (IEP):** Students with certain classifications of disability that adversely impact educational performance may be eligible for an IEP. These students generally require significant help to access the curriculum. This help may include adjusting the student's workload, adjusting methods or pace of instruction, or allowing the student to work in an environment other than an inclusive classroom. The majority of students with a concussion will not require an IEP; however, a small percentage of students with more chronic cognitive or emotional disabilities may require this level of support.





Be sure to check with your national association or school district to learn about existing resources or policies on returning students to school after a concussion.

Materials for school professionals are available from the *Heads Up to Schools: Know Your Concussion ABCs* initiative at www.cdc.gov/Concussion.



Also, see *Heads Up to Clinicians: Addressing Concussion in Sports among Kids and Teens* online course for health care professionals with a free continuing education opportunity.



External Expert Reviewers/Contributors: Susan Davies, MD; Gerry Gioia, PhD; Wayne Gordon, PhD; Mark Halstead, MD; Karen McAvoy, PsyD; and Eric Rossen PsyD

To learn more about concussion and to order materials **FREE-OF-CHARGE**, go to www.cdc.gov/Concussion or call 1-800-CDC-INFO.



Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to

Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (<i>even briefly</i>)	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can't recall events <i>prior</i> to hit or fall	Confusion
Can't recall events <i>after</i> hit or fall	Just not “feeling right” or “feeling down”

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

Remember

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

It's better to miss one game than the whole season. For more information on concussions, visit: www.cdc.gov/Concussion.

Student-Athlete Name Printed

Student-Athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date



A Fact Sheet for **ATHLETES**

WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practices or games in any sport
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged"

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel right"

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates might have a concussion.

- **Get a medical check up.** A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- **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 second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

HOW CAN I PREVENT A CONCUSSION?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Use the proper sports equipment, including personal protective equipment (such as helmets, padding, shin guards, and eye and mouth guards). In order for equipment to protect you, it must be:
 - The right equipment for the game, position, or activity
 - Worn correctly and fit well
 - Used every time you play

It's better to miss one game than the whole season.



ATENCIÓN

CONMOCIÓN CEREBRAL EN EL DEPORTE JUVENIL

Hoja Informativa para los **ATLETAS**

¿QUÉ ES LA CONMOCIÓN CEREBRAL?

La conmoción cerebral es una lesión del cerebro que:

- Es causada por un golpe en la cabeza o una sacudida
- Puede cambiar el funcionamiento normal del cerebro
- Puede ocurrir en cualquier deporte durante las prácticas de entrenamiento o durante un juego
- Puede ocurrir aun cuando no se haya perdido el conocimiento
- Puede ser seria aun si se piensa que sólo se trata de un golpe leve

¿CUÁLES SON LOS SÍNTOMAS DE LA CONMOCIÓN CEREBRAL?

- Dolor o "presión" en la cabeza
- Náuseas (sentir que quieres vomitar)
- Problemas de equilibrio, mareo
- Visión doble o borrosa
- Molestia causada por la luz
- Molestia causada por el ruido
- Sentirse debilitado, confuso, aturdido o grogui
- Dificultad para concentrarse
- Problemas de memoria
- Confusión
- No "sentirse bien"

¿QUÉ DEBO HACER SI CREO QUE HE SUFRIDO UNA CONMOCIÓN CEREBRAL?

- **Dile a tus entrenadores y a tus padres.** Nunca ignores un golpe en la cabeza o una sacudida aun cuando te

sientas bien. También dile al entrenador si crees que uno de tus compañeros de equipo sufrió una conmoción.

- **Ve al médico para que te examine.** Un médico u otro profesional de la salud podrá decirte si sufriste una conmoción cerebral y cuándo estarás listo para volver a jugar.
- **Tómate el tiempo suficiente para curarte.** Si sufriste una conmoción cerebral, tu cerebro necesitará tiempo para sanar. Es más probable que sufras una segunda conmoción mientras tu cerebro esté en proceso de curación. Las segundas conmociones y cualquier conmoción adicional pueden causar daños al cerebro. Por eso es importante que descanses hasta que un médico u otro profesional de la salud te permitan regresar al campo de juego.

¿CÓMO PUEDO PREVENIR UNA CONMOCIÓN CEREBRAL?

Aunque todo deporte es diferente, hay medidas que puedes tomar para protegerte.

- Sigue las reglas de seguridad del entrenador y las reglas del deporte que practicas.
- Mantén el espíritu deportivo en todo momento.
- Utiliza los implementos deportivos adecuados, incluido el equipo de protección personal (como casco, almohadillas protectoras, canilleras, gafas y protector dental). Para que este equipo te proteja, debe:
 - Ser adecuado para el deporte que practicas, tu posición en el juego y tipo de actividad
 - Usarse correctamente y ajustarse bien a tu cuerpo
 - Usarse en todo momento durante el juego

Es preferible perderse un juego que toda la temporada.



A Fact Sheet for **PARENTS**

WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- 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
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

Symptoms Reported by Athlete

- 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
- Does not “feel right”

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

Every sport is different, but there are steps your children can take to protect themselves from concussion.

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

- 1. Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
- 2. Keep your child out of play.** Concussions take time to heal. Don’t let your child return to play until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
- 3. Tell your child’s coach about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

It’s better to miss one game than the whole season.



ATENCIÓN

CONMOCIÓN CEREBRAL EN EL DEPORTE JUVENIL

Hoja Informativa para los PADRES

¿QUÉ ES LA CONMOCIÓN CEREBRAL?

Una conmoción cerebral es una lesión en el cerebro, causada por un golpe en la cabeza o una sacudida. Incluso una pequeña conmoción o lo que parece ser un golpe o sacudida leve puede ser serio.

La conmoción cerebral no puede verse. Los signos y síntomas de una conmoción pueden aparecer inmediatamente después de la lesión o puede que no aparezcan, o se hagan visibles algunos días o meses después de haber sufrido la lesión. Si su hijo tiene los signos de una conmoción cerebral o si usted nota algún síntoma, busque atención médica de inmediato.

¿CUÁLES SON LOS SIGNOS Y SÍNTOMAS DE LA CONMOCIÓN CEREBRAL?

Signos que notan los padres y los tutores

Si su hijo ha sufrido un golpe en la cabeza o una sacudida durante un juego o una práctica, obsérvelo para determinar si tiene alguno de los siguientes signos y síntomas de una conmoción cerebral:

- Luce aturdido o fuera de control
- Se confunde con la actividad asignada
- Olvida las jugadas
- No se muestra seguro del juego, la puntuación ni de sus adversarios
- Se mueve con torpeza
- Responde con lentitud
- Pierde el conocimiento (así sea momentáneamente)
- Muestra cambios de conducta o de personalidad
- No puede recordar lo ocurrido antes de un lanzamiento o un caída
- No puede recordar lo ocurrido después de un lanzamiento o un caída

Síntomas que reporta el atleta

- Dolor o "presión" en la cabeza
- Náuseas o vómitos
- Problemas de equilibrio, mareo
- Visión doble o borrosa
- Sensibilidad a la luz y al ruido
- Se siente débil, confuso, aturdido o grogui
- Problemas de concentración o memoria
- Confusión
- No se "siente bien"

¿CÓMO AYUDAR A SU HIJO A PREVENIR UNA CONMOCIÓN CEREBRAL?

Aunque todo deporte es diferente, hay medidas que puede tomar para protegerse.

- Haga que siga las reglas impartidas por el entrenador y las reglas del deporte que practica.
- Invítelo a mantener el espíritu deportivo en todo momento.
- Haga que su hijo use el equipo protector adecuado según la actividad que realiza (como casco, almohadillas protectoras, canilleras o protector dental). El equipo de protección debe ajustarse bien, debe hacerse el mantenimiento adecuado, y el jugador debe usarlo correctamente y en todo momento.
- Aprenda a identificar los signos y síntomas de la conmoción.

¿QUÉ DEBE HACER SI CREE QUE SU HIJO HA SUFRIDO UNA CONMOCIÓN CEREBRAL?

1. **Busque atención médica de inmediato.** Un profesional de la salud podrá determinar la seriedad de la conmoción cerebral que ha sufrido el niño y cuándo podrá regresar al juego sin riesgo alguno.
2. **No permita que su hijo siga jugando.** Las conmociones cerebrales necesitan de un cierto tiempo para curarse. No permita que su hijo regrese al juego hasta que un profesional de la salud le haya dicho que puede hacerlo. Los niños que regresan al juego antes de lo debido - mientras el cerebro está en proceso de curación - corren un mayor riesgo de sufrir otra conmoción. Las conmociones cerebrales siguientes pueden ser muy serias. Pueden causar daño cerebral permanente que afectarán al niño de por vida.
3. **Informe al entrenador del niño sobre cualquier conmoción cerebral que el niño haya sufrido recientemente.** Los entrenadores deben saber si el niño ha sufrido una conmoción recientemente en CUALQUIER deporte. El entrenador no necesariamente sabrá si el niño ha tenido una conmoción en otro deporte o actividad a menos que usted se lo diga.

Es preferible perderse un juego que toda la temporada.

Service Coordinator Locations

CHATTANOOGA

Area Brain Injury Association

1 Siskin Plaza
Chattanooga, TN 37403
(423) 634-1572

MEMPHIS

Regional Medical Center at Memphis

Traumatic Brain Injury Services
Room A-659 877 Jefferson Avenue
Memphis, TN 38103
(901) 545-8487

NASHVILLE

Brain Injury Association of Tennessee

955 Woodland Street
Nashville, TN 37206
(615) 838-2838 or (877) 757-2428

SHELBYVILLE

Epilepsy Foundation

319 Bethany Lane
Shelbyville, TN 37160
(931) 684-5222 or (800) 697-3368

UPPER CUMBERLAND

Epilepsy Foundation

118 South Dixie, Suite 8
Cookeville, TN 38501
(931) 372-8900 or (877) 894-8900

KNOXVILLE

Patricia Neal Rehabilitation Center

1901 Clinch Avenue, 5th Floor East
Knoxville, TN 37916
(865) 541-1499

WEST REGION

West Tennessee Rehabilitation Center

620 Skyline Drive
Jackson, TN 38301
(731) 541-4941

EAST REGION

Crumley House

300 Urbana Road
Limestone, TN 37681
(423) 257-3644



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Traumatic Brain Injury Program
HSM 4th fl. CHB
425 Fifth Ave. N
Nashville, TN 37243

STATE OF TENNESSEE

Service Coordination Program

*Assisting Persons
with Brain Injuries,
Their Families,
and Professionals*

Tennessee Department of Health
Traumatic Brain Injury Program
1-800-882-0611



Our Goal

The goal of the Service Coordination Project is to improve the quality of life for persons with a brain injury and their family members. The service coordinator will assist with "filling in the gaps."

What is Service Coordination?

The service coordinators' role is to work with survivors and their families to assess their current resources and needs. Service coordination is provided to persons with an acquired brain injury and their family members. The service coordinator:

- develops a comprehensive plan of care
- provides referrals to available resources
- coordinates services for individual client advocacy
- bridges gaps in the service delivery system

Families are assisted in locating information and services appropriate to their situation and guided in securing these services. Professionals can receive technical assistance, resource information and educational components to better

understand the unique needs of persons with brain injuries. These services are provided **free of charge**.

Why Is Service Coordination Needed?

Traumatic brain injury (TBI) is one of the leading causes of injury or death each year.

- Someone sustains a brain injury every 21 seconds.
- Approximately 3 million new brain injuries occur each year.
- Approximately 100,000 Americans die as a result of a brain injury each year.
- Approximately 8,000 Tennesseans sustain a brain injury each year.

Whether a brain injury is mild, moderate or severe, the result can be a variety of cognitive, behavioral and emotional complications.

As medical technology has improved, it has allowed lives to be saved. Now families are faced with the dilemma of coping with the consequences of having a loved one with a brain injury. Service Coordination provides a valuable resource in helping the survivor to get the services needed and to help the person and their family make the most of life after injury.

A hospital or rehabilitation facility provides for the medical needs of a survivor, but the



return home can result in a host of new challenges. Getting back to work or school, locating housing, finding transportation, or even engaging in social activities may present difficulties. Service coordinators collaborate and coordinate with available resources within the community on behalf of the survivor and their family. Service coordinators help to build a practical, community-oriented plan for greater independence and to prevent future crises and dependence on the health care system. The service coordinator works with the survivor to build natural support systems that provide direction for a productive and independent life.

Scope of Services

All Traumatic Brain Injury Program service coordinators provide the following core services:

- provide information on traumatic brain injury
- refer clients to qualified services
- assist clients in applying for and accessing services
- advocate in the area of individual/client rights and benefits
- develop support groups
- assist or consult in the development of new programs and services



Service coordinators
"fill in the gaps."

When Your Child's Head Has Been Hurt:



Many children who hurt their heads get well and have no long-term problems. Some children have problems that may not be noticed right away. You may see changes in your child over the next several months that concern you. This card lists some common signs that your child may have a mild brain injury. If your child has any of the problems on this list — **AND THEY DON'T GO AWAY** — see the "What to Do" box on the back of this sheet.

HEALTH PROBLEMS

Headaches

Including:

- headache that keeps coming back
- pain in head muscle
- pain in head bone (skull)
- pain below the ear
- pain in the jaw
- pain in or around the eyes

Balance Problems

- dizziness
- trouble with balance

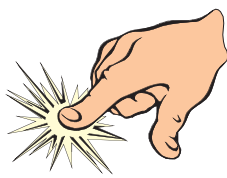
Sensory Changes

- bothered by smells
- changes in taste or smell
- appetite changes



- ringing in the ears
- hearing loss
- bothered by noises
- can't handle normal background noise

- feels too hot
- feels too cold
- doesn't feel temperature at all



- blurry vision
- seeing double
- hard to see clearly (hard to focus)
- bothered by light



Sleep Problems

- can't sleep through the night
- sleeps too much
- days and nights get mixed up

Pain Problems

- neck and shoulder pain that happens a lot
- other unexplained body pain



These problems don't happen often. If your child has any of them, see your doctor right away.

- ▲ severe headache that does not go away or get better
- ▲ seizures: eyes fluttering, body going stiff, staring into space
- ▲ child forgets everything, amnesia
- ▲ hands shake, tremors, muscles get weak, loss of muscle tone
- ▲ nausea or vomiting that returns

Continued on Back

BEHAVIOR and FEELINGS

Changes in personality, mood or behavior

- is irritable, anxious, restless
- gets upset or frustrated easily
- overreacts, cries or laughs too easily
- has mood swings
- wants to be alone or away from people
- is afraid of others, blames others
- wants to be taken care of
- does not know how to act with people
- takes risks without thinking first

- is sad, depressed
- doesn't want to do anything, can't "get started"
- is tired, drowsy
- is slow to respond
- trips, falls, drops things, is awkward
- eats too little, eats all the time, or eats things that aren't food
- has different sexual behavior (older children)
- starts using or has a different reaction to alcohol or drugs
- takes off clothes in public

THINKING PROBLEMS

- has trouble remembering things
- has trouble paying attention
- reacts slowly
- thinks slowly
- takes things too literally, doesn't get jokes
- understands words but not their meaning
- thinks about the same thing over and over
- has trouble learning new things

- has trouble putting things in order (desk, room, papers)
- has trouble making decisions
- has trouble planning, starting, doing, and finishing a task
- has trouble remembering to do things on time
- makes poor choices (loss of common sense)

TROUBLE COMMUNICATING

- changes the subject, has trouble staying on topic
- has trouble thinking of the right word
- has trouble listening
- has trouble paying attention, can't have long conversations
- does not say things clearly
- has trouble reading
- talks too much

B.R.A.I.N.



Brain Resource
Information Network

**If your child's head
has been hurt,
Project BRAIN
encourages you to tell
school staff.**

www.tndisability.org/brain

WHAT TO DO:

***If your child has any of the problems
on this list, and they don't go away:***

- ▲ Ask your child's doctor to have your child seen by a specialist in head injury who can help your child learn skills (rehabilitation).
- ▲ Ask your child's doctor to have your child seen by a Board-certified Neuropsychologist. This specialist can help you understand and deal with your child's behavior and feeling changes.
- ▲ Call the Tennessee Traumatic Brain Injury Program for more information:

1-800-882-0611

*We have only listed the problems we see
most often when a child's brain is hurt.
Not every problem that could happen is on this list.*

Project BRAIN is supported in part by project H21MC06739 from the Department of Health and Human Services, Health Resource and Services Administration, Maternal and Child Health Bureau. Additional support is from the TN Dept. of Education division of Special Education. The contents of the publication are the sole responsibility of the authors and do not necessarily reflect the views of DHHS. Project BRAIN is a program of the Tennessee Disability Coalition, implemented through a contract with the TBI Program of the TN Dept. of Health.

To obtain this information in an alternative format, contact the TBI
Technical Assistance Center at: (202) 884-6802. **112**

When Your Head Has Been Hurt



Many people who hurt their heads get well and have no long-term changes. Some individuals have changes that might not be noticed right away. You may see differences over the next several months that concern you. This card lists some common signs that you - or someone you know - may have a mild brain injury. If you notice any of the problems on the list - AND THEY DO NOT GO AWAY - see the "What to Do" box on the back of this sheet.

HEALTH CONCERNS



Headaches

Including:

- Headache that keeps coming back
- Pain in head muscle
- Pain in head bone (skull)
- Pain below the ear
- Pain in the jaw
- Pain in or around the eyes

Balance Difficulties

- Dizziness
- Trouble with balance

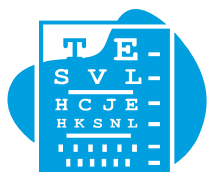
Sensory Changes

- Bothered by smells
- Changes in taste or smell
- Appetite changes



- Ringing in the ears
- Hearing loss
- Bothered by noises
- Can't handle normal background noise

- Feels too hot
- Feels too cold
- Doesn't feel temperature at all



- Blurry vision
- Seeing Double
- Hard to see clearly "hard to focus"
- Bothered by light

These changes don't happen often. If you or someone you know notice any of the difficulties on this list and they don't go away, contact your doctor as soon as possible.

- Severe headache that does not go away or get better
- Seizures: eyes fluttering, body going stiff, staring into space
- You seem to forget everything, amnesia
- Hands shake, tremors, muscles get weak, loss of muscle tone
- Nausea or vomiting that returns

Sleep Changes

- Can't sleep through the night
- Sleeps too much
- Days and nights get mixed up



Pain Concerns

- Frequent neck and shoulder pain
- Other unexplained body pain



Continued on Back

BEHAVIOR *and* FEELINGS

Changes in personality, mood or behavior

- Is irritable, anxious, restless
- Gets upset or frustrated easily
- Overreacts, cries or laughs too easily
- Has mood swings
- Wants to be alone or away from people
- Is afraid of others, blames others
- Wants to be taken care of
- Does not know how to interact with people
- Takes risks without thinking first
- Is sad, depressed
- Doesn't want to do anything, can't "get started"
- Is tired, drowsy
- Is slow to respond
- Trips, falls, drops things, is awkward
- Eats too little, eats all the time, or eats things that aren't food
- Has different sexual behavior
- Starts using or has a different reaction to alcohol or drugs
- Takes off clothes in public

THINKING DIFFICULTIES

- Has trouble remembering things
- Has trouble paying attention
- Reacts slowly
- Thinks slowly
- Takes things too literally, doesn't get jokes
- Understands words but not their meaning
- Thinks about the same thing over and over
- Has trouble learning new things
- Has trouble putting things in order "desk, room, papers"
- Has trouble making decisions
- Has trouble planning, starting, doing, and finishing a task
- Has trouble remembering to do things on time
- Makes poor choices "loss of common sense"

TROUBLE COMMUNICATING

- Changes the subject, has trouble staying on topic
- Has trouble thinking of the right word
- Has trouble listening
- Has trouble paying attention, can't have long conversations
- Does not say things clearly
- Has trouble reading
- Talks too much



www.tndisability.org/brain

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WHAT TO DO

If you or a loved one notice any of the difficulties on this list, and they don't go away:

Ask your doctor to refer you to a specialist in head injury who can help you learn skills (rehabilitation).

Ask your doctor to have you seen by a Board-certified Neuropsychologist. This specialist can help you understand and deal with changes in behaviors and feelings due to an injury.

Call the Tennessee Traumatic Brain Injury Program for more information:

1-800-882-0611

<http://health.state.tn.us/TBI/index.htm>

We have only listed the problems seen most often when someone's head has been hurt. Not every problem that could happen is on this list.

To obtain this information in an alternative format, contact the TBI Technical Assistance Center at: 202-882-0611

Cuando su Niño se ha Lastimado la Cabeza:



Muchos de los niños que se lastiman la cabeza se recuperan sin problemas que puedan afectarles en el futuro. Pero, algunas veces los daños no se notan de inmediato, sino hasta después de algunos meses que su niño se ha lastimado. Usted debe preocuparse si con el tiempo nota algún cambio en su niño. Esta tarjeta menciona algunos de los síntomas que indican lastimaduras leves en el cerebro de su niño. Si nota alguno de los problemas mencionados en la lista Y NO DESPARECE, lea los consejos al reverso de esta página.

PROBLEMAS DE SALUD

Dolores de Cabeza

Incluyendo:

- dolores de cabeza frecuentes
- dolor en los músculos de la cabeza
- dolor en el cráneo
- dolor debajo de los oídos
- dolor en la quijada
- dolor alrededor de los ojos

Problemas de Balance

- mareos
- problemas para mantener el balance

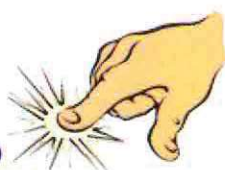
Cambios en los Sentidos

- le molestan los olores
- cambios en el olfato o el paladar
- cambios en el apetito



- zumbido de oídos
- pérdida de audición (no oye bien)
- le molestan los ruidos
- no soporta los ruidos del ambiente normal

- siente mucho frío
- siente mucho calor
- no siente la temperatura



- visión nublada
- doble visión
- problemas para ver con claridad (problemas para enfocar)
- le molesta la luz



Problemas para Dormir

- no puede dormir la noche entera
- duerme mucho
- confunde el día con la noche

Problemas de Dolor

- dolores frecuentes en el cuello y en los hombros
- otros dolores del cuerpo sin explicación



Estos problemas no suceden a menudo. Si su niño tiene alguno de estos problemas, consulte con su doctor inmediatamente.

- ▲ dolores de cabeza intensos, que no desaparecen o no mejoran
- ▲ ataques, parpadeo de ojos, se le pone rígido o tieso el cuerpo, mirada fija en el espacio
- ▲ amnesia, todo se le olvida
- ▲ temblor de manos, tembloroso, debilidad en los músculos, pérdida del tono muscular
- ▲ náusea o vómitos repetidos

Continúa por detrás

EMOCIONES y COMPORTAMIENTO

Cambios de personalidad, estado de ánimo y comportamiento

- está irritado, ansioso, agitado
- se enoja o frustra con facilidad
- reacciona exageradamente, llora o rie con facilidad
- cambia de estado de ánimo
- quiere estar sólo o lejos de la gente
- tiene miedo, quiere retirarse
- quiere que lo cuiden
- no sabe como actuar con la gente
- corre riesgos sin pensar en los peligros
- está triste o deprimido
- no tiene motivación para hacer nada
- está cansado, siempre está con sueño
- responde lentamente
- tropieza, se cae, se le caen las cosas, es torpe
- come muy poco, come todo el tiempo o come cosas que no es comida/alimento
- su comportamiento sexual es diferente al de otros niños (niños mayores)
- ha comenzado a usar alcohol o tiene alguna reacción diferente con el alcohol y las drogas
- se deviste en público

PROBLEMAS DE PENSAMIENTO

- tiene dificultad para recordar
- tiene dificultad para concentrarse
- reacciona lentamente
- piensa lentamente
- no comprende los chistes, toma las cosas literalmente
- reconoce las palabras, pero no su significado
- piensa en la misma cosa sin cambiar el tema
- tiene dificultad para aprender algo nuevo
- tiene dificultad para organizar (el escritorio, su habitación, papeles)
- tiene dificultad para tomar decisiones
- tiene dificultad para hacer planes, para comenzar o finalizar una tarea
- tiene dificultad para recordar hacer las cosas a tiempo
- no toma buenas decisiones (pérdida del sentido común)

PROBLEMAS DE COMUNICACIÓN

- tiene dificultad para hablar sobre un sólo tema, cambia de tema
- tiene dificultad para pensar en las palabras correctas
- tiene dificultad para escuchar
- le es difícil poner atención o mantener conversaciones largas
- su pronunciación no es muy clara
- tiene dificultad para leer
- habla demasiado



Si la cabeza de su niño se ha lesionado, el Proyecto CEREBRO le solicita que informe al personal de la escuela.

www.tndisability.org/brain

EL CEREBRO del Proyecto es un proyecto de la Coalición de la Inhabilidad de Tennessee. El proyecto se pone en ejecución a través de un contrato con el Programa Traumático de Lesión del Cerebro del Departamento de la Salud de Tennessee en sociedad con el Departamento de Tennessee de la Educación, División de la Educación Especial.

Convertido originalmente por el Consejo del Gobernador del Arizona Sobre Lesiones Espinales y en la Cabeza en la colaboración con el Departamento del Arizona de los Servicios Médicos.

CONSEJOS:

Si su niño tiene alguno de los problemas mencionados en la lista y no desaparecen haga lo siguiente:

- ▲ Pídale al doctor de su hijo una referencia para visitar a un especialista en daño cerebral, alguien quien puede dar consejos a usted y su hijo.
- ▲ Pídale al doctor de su hijo una referencia de un neuropsicólogo certificado. Este especialista le puede ayudarle comprender y manejar los cambios conductuales y emocionales de su hijo.
- ▲ Llame el Tennessee Programa Traumático de Lesión del Cerebro para más información:

1-800-882-0611

Los problemas que mencionamos son los más comunes, cuando el cerebro de un niño ha sido lastimado. Pero esta lista no contiene todos los problemas que pueden suceder.

Cuándo Usted se ha Lastimado la Cabeza



Mucha gente que se lastima la cabeza se recupera, y no tiene cambios al largo plazo. Algunas personas tienen cambios que no se notan de inmediato, sino se pueden ver diferencias durante unos meses después que le preocupan. Esta tarjeta menciona algunos de los síntomas comunes que usted - o alguien que conoce - puede tener, si sufre una lesión cerebral leve. Si nota cualquier de los problemas en la lista - Y NO DESAPARECEN - vea el casillero de "Consejos" al reverso de esta página.

PREOCUPACIÓN SOBRE LA SALUD



Dolores de Cabeza

Incluyendo:

- Dolores de cabeza recurrentes
- Dolor en los músculos de la cabeza
- Dolor en el hueso de la cabeza (cráneo)
- Dolor debajo de los oídos
- Dolor en la quijada
- Dolor dentro de o alrededor de los ojos

Problemas de Equilibrio

- Mareo
- Problemas para mantener el equilibrio

Cambios en los sentidos

- Le molestan los olores
- Cambios en el olfato o el paladar
- Cambios en el apetito



- Zumbido en los oídos
- Pérdida de audición
- Le molestan los ruidos
- No soporta los ruidos del ambiente normal

- Siente mucho calor
- Siente mucho frío
- No tiene sentido de la temperatura



- Visión nublada
- Visión doble
- Problemas para ver con claridad "problemas para enfocar"
- Le molesta la luz

Estos cambios no suceden con frecuencia. Si usted o alguien que conoce nota cualquier de las dificultades en esta lista y no desaparecen, contáctese con su médico lo más pronto posible.

- Dolores de cabeza severos que no desaparecen ni mejoran
- Ataques: parpadeo de los ojos, se le pone rígido o tieso el cuerpo, mirada fija en el espacio
- Parece que se le olvida todo, amnesia
- Temblor de las manos, temblores, los músculos se ponen débiles, pérdida de la fuerza muscular
- Nausea o vómito recurrente

Cambios al dormir

- No puede dormir la noche entera
- Duerme mucho
- Confunde el día con la noche



Problemas de Dolor

- Dolores frecuentes en el cuello y en los hombros
- Otros dolores del cuerpo sin explicación



Continúa en la siguiente página

EMOCIONES Y COMPORTAMIENTO

Cambios de personalidad, estado de ánimo o comportamiento

- Está irritable, ansioso, agitado
- Se enoja o frustra con facilidad
- Reacciona exageradamente, llora o ríe con facilidad
- Cambia de estado de ánimo
- Quiere estar solo o lejos de la gente
- Tiene miedo de la gente, culpa a otros
- Quiere que lo cuiden
- No sabe como actuar con la gente
- Corre riesgos sin pensar en los peligros
- Está triste o deprimido
- No tiene motivación para hacer nada. Tiene dificultad para empezar a actividad
- Está cansado, tiene sueño
- Responde lentamente
- Se tropieza, se cae, se le caen las cosas, es torpe
- Come muy poco, come todo el tiempo o come objetos que no son comida
- Tiene comportamiento sexual diferente que otra gente
- Ha empezado a consumir o tiene reacciones diferentes al alcohol o las drogas
- Se desviste en público

DIFICULTADES DE PENSAMIENTO

- Tiene dificultad para recordar
- Tiene dificultad para concentrarse
- Reacciona lentamente
- Piensa lentamente
- No comprende los chistes, toma las cosas literalmente
- Reconoce las palabras, pero no su significado
- Piensa en lo mismo una y otra vez
- Tiene dificultad para aprender algo nuevo
- Tiene dificultad para organizar "el escritorio, su habitación, papeles"
- Tiene dificultad para tomar decisiones
- Tiene dificultad para planificar, comenzar, hacer y terminar una tarea
- Tiene dificultad para recordar que tiene que hacer las cosas a tiempo
- No toma buenas decisiones "pérdida del sentido común"

PROBLEMAS DE COMUNICACIÓN

- Tiene dificultad para hablar de un solo tema, cambia el tema
- Tiene dificultad para pensar en las palabras correctas
- Tiene dificultad para escuchar
- Le es difícil poner atención o mantener una conversación larga
- Su pronunciación no es muy clara
- Tiene dificultad para leer
- Habla demasiado



www.tndisability.org/brain

El proyecto CEREBRO se apoya en el proyecto H21MC06739-03-00 como parte de la Agencia de Salud de Niños y Madres, que es parte de la Administración de Servicios y Recursos de Salud del Departamento de Salud y Servicios Humanos de los Estados Unidos (Health Resources and Services Administration's Maternal and Child Health Bureau). Apoyo adicional viene del Departamento de Educación de Tennessee, división de Educación Diferenciada (TN Dept. of Education division of Special Education). El contenido de esta publicación es la responsabilidad exclusiva de los autores y no necesariamente reflejan las perspectivas del Departamento de Salud y Servicios Humanos (Department of Health and Human Services, DHHS). El Proyecto CEREBRO es un proyecto de la Coalición de Discapacidades de Tennessee y se implementa por un contrato con el Programa de Lesión Cerebral Traumática (TBI) del Departamento de Salud de TN.

CONSEJOS

Si usted o alguien cercano a usted nota cualquier de estos problemas y no desaparecen, haga lo siguiente:

"Pídale a su doctor una referencia para visitar a un especialista en lesiones cerebrales. Éste puede ayudarle a aprender nuevas habilidades (rehabilitación).

"Pídale a su doctor una referencia para visitar a un neuropsicólogo certificado. Este especialista le puede ayudar a comprender y a hacer frente a los cambios de comportamiento y emociones causados por esta lesión.

Para más información, llame al programa de Lesión Cerebral Traumática:

1-800-882-0611

<http://health.state.tn.us/TBI/index.htm>

Sólo hemos mencionado los problemas más comunes cuando alguien se ha lastimado la cabeza. La lista no incluye todos los problemas que pueden tener.

Para obtener esta información en otro formato, contáctese con el Centro de Asistencia Técnica de Lesión Cerebral Traumática (TBI Technical Assistance Center): 202-882-0611



TSSAA CONCUSSION RETURN TO PLAY FORM



This form is adapted from the Acute Concussion Evaluation (ACE) care plan on the CDC web site (www.cdc.gov/injury). All medical providers are encouraged to review this site if they have questions regarding the latest information on the evaluation and care of the scholastic athlete following a concussion injury. **Please initial any recommendations that you select.**

Athlete's Name: _____ Date of Birth: _____

Date of Injury: _____

This return to play plan is based on today's evaluation.

Date of Evaluation: _____

Care plan completed by: _____

Return to this office Date/Time: _____

Return to school on (date): _____

- RETURN TO SPORTS:**
1. Athletes should not return to practice or play the same day that their head injury occurred.
 2. Athletes should never return to play or practice if they still have ANY symptoms.
 3. Athletes, be sure that your coach and/or athletic trainer are aware of your injury, symptoms, and has the contact information for the treating health care provider.

The following are the return to sports recommendations at the present time:

PHYSICAL EDUCATION: _____ Do Not Return to PE class at this time. _____ May Return to PE class.

- SPORTS: _____ Do not return to sports practice or competition at this time.
- _____ May gradually return to sports practices under the supervision of the health care provider for your school or team.
- _____ May be advanced back to competition after phone conversation with treating health care provider.
- _____ Must return to the treating health care provider for final clearance to return to competition.
- OR- _____ Cleared for full participation in all activities without restriction.

Treating Health Care Provider Information (Please Print/Stamp)

Please check:

_____ Medical Doctor (M.D.) _____ Osteopathic Physician (D.O.) _____ Clinical Neuropsychologist w/ Concussion Training

Provider's Name: _____ Provider's Office Phone: _____

Provider's Signature: _____ Office Address: _____

Gradual Return to Play Plan

Return to play should occur in gradual steps beginning with light aerobic exercise only to increase your heart rate (e.g. stationary cycle); moving to increasing your heart rate with movement (e.g. running); then adding controlled contact if appropriate; and finally return to sports competition.

Pay careful attention to your symptoms and your thinking and concentration skills at each stage or activity. After completion of each step without recurrence of symptoms, you can move to the next level of activity the next day. Move to the next level of activity only if you do not experience any symptoms at the present level. If your symptoms return, let your health care provider know, return to the first level and restart the program gradually.

Day 1: Low levels of physical activity (i.e. symptoms do not come back during or after the activity). This includes walking, light jogging, light stationary biking, and light weightlifting (low weight – moderate reps, no bench, no squats).

Day 2: Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate intensity on the stationary cycle, moderate intensity weightlifting (reduce time and or reduced weight from your typical routine).

Day 3: Heavy non-contact physical activity. This includes sprinting/running, high intensity stationary cycling, completing the regular lifting routine, non-contact sport specific drills (agility – with 3 planes of movement).

Day 4: Sports Specific practice.

Day 5: Full contact in a controlled drill or practice.

Day 6: Return to competition.