

# CONCUSSION FACT SHEET FOR COACHES



## WHAT IS A CONCUSSION?

A CONCUSSION IS A TYPE OF TRAUMATIC BRAIN INJURY CAUSED BY A FORCE TO THE HEAD OR BODY THAT LEADS TO A CHANGE IN BRAIN FUNCTION. IT IS NOT TYPICALLY ACCOMPANIED BY LOSS OF CONSCIOUSNESS.

## SIGNS AND SYMPTOMS OF A CONCUSSION

### REPORTABLE SYMPTOMS

Symptoms that an **athlete may report** to a coach.

- Headache or head pressure
- Nausea or sick to stomach
- Balance problems or dizziness
- Double or blurry vision
- Neck or back pain
- Confusion, concentration or memory problems
- Sensitivity to light or noise
- Feeling sluggish, hazy or foggy
- Dizziness or seeing stars
- Low energy, sleepy or tired
- Trouble falling asleep
- Waking up throughout the night

### OBSERVABLE SIGNS

Signs a **coach may observe** an athlete exhibiting.

- Dazed or stunned; looks to have “glassy eyes”
- Confusion or disorientation
- Vomiting
- Loss of balance or clumsiness
- Forgetfulness
- Difficulty following directions
- Difficulty paying attention
- Loss of consciousness
- More emotional (angry, sad, irritable)



## FIVE THINGS A COACH CAN DO WHEN A CONCUSSION OCCURS

1. If available, **notify** the athletic trainer and/or medical staff on site IMMEDIATELY.
2. **Check** level of consciousness. If any level of unconsciousness (“knocked out”) call 911 and monitor airway, breathing and circulation.
3. **Monitor** observable signs and reported symptoms. Recommend the use of symptom checklist. Give completed checklist to parent for further monitoring.
4. **Do not leave** concussed athlete unattended. Have a responsible adult stay with concussed individual.
5. **Notify** parent; recommend a medical referral.

## IMMEDIATE REFERRAL: WHEN TO CALL 911

- Loss of consciousness
- Vomiting
- Numbness or weakness
- Changes in breathing/pulse
- Decreased coordination
- Very drowsy or cannot be awakened
- Amnesia
- Unequal or dilated pupils
- Intensity of headache increases
- Getting more confused, restless, or agitated

## HELPING TO REDUCE RISK OF CONCUSSION

- Have a conversation with your team, **encouraging them to report** if they or a teammate is suspected of having a concussion.
- Ensure a **safe and positive** team culture.
- Keep concussed athletes **engaged with the team**.
- Ensure **proper fitting** of protective equipment.
- Practice and emphasize **proper tackling, blocking and falling techniques** to help athletes avoid head contact.
- **Educate players about game rules** designed to reduce the risk of concussions.

**TAKE CONCUSSIONS SERIOUSLY. YOUR ATHLETES' FUTURE SHOULD BE A PRIORITY.  
IF YOU SUSPECT AN ATHLETE COULD HAVE A CONCUSSION, HAVE THEM SEE AN ATHLETIC TRAINER OR TEAM PHYSICIAN IMMEDIATELY.**

## IMMEDIATE REMOVAL FROM PLAY

**Hawaii Concussion Law (Act 262)** is directed toward the 11-18 year old population. The law mandates if a concussion is suspected, that the individual **must be removed from play immediately** and evaluated by a medical professional trained in sport concussion management. That individual cannot return to play until a written medical clearance is obtained.

Continuing to play with a concussion is dangerous for young athletes because of the following:

- **Second Impact Syndrome** - Occurs when another concussion is sustained before a prior concussion is resolved. This causes rapid and severe brain swelling which results in permanent brain damage and/or death.
- **Longer, more complicated recovery time** - Average time to recover is longer and athletes have more difficulty in classroom and display more emotional changes.
- **Increased risk of suffering another concussion** - Rate of risk rises exponentially. A lesser amount of impact force is needed to sustain another concussion.
- **Decreased athletic performance** - Affects vision, reaction, balance and coordination. Greater risk of sustaining musculoskeletal injuries while playing with a concussion.

## GRADUAL RETURN TO PLAY PROTOCOL

Before returning to any kind of physical activity, the following should be done:

- Obtain **written medical clearance** from a medical professional trained in concussion management.
- Check that athlete has been **symptom free** for at least 24-48 hours.
- Check that the athlete is **in school full time** without any academic adjustments and is not experiencing symptoms while in school.
- Have the athlete progress through **Gradual Return to Play Protocol**.

The **symptom checklist** can be used to monitor an athlete's symptoms. The checklist can be used immediately after a concussion and can also be used for periodic symptom monitoring. The symptom checklist provides valuable information for the physician during appointments.

**Sport-specific** Gradual Return to Play Protocols as well as a copy of the symptom checklist are available for download by visiting [hawaiiconcussion.com/resources](https://hawaiiconcussion.com/resources).



1	Cognitive rest/pacing Physical rest/pacing
2	Return to Learn School full time
3	MD written clearance No academic adjustments in school No symptoms for 24 hours May begin light aerobic activity
4	Strenuous activities like endurance running or jogging
5	Sport specific activities No contact
6	Contact practice
7	No restrictions

Steps three through seven are each separated by 24 hours, and monitored by an athletic trainer (ATC).

Concussion symptoms affect an individual's physical, cognitive and emotional wellbeing. A concussion can also affect an individual's sleep pattern. The most common symptoms reported immediately after a concussion are headache and dizziness.



Hawaii state law requires that all coaches complete a concussion education course.

Get certified at: <https://hcamp.info/coaches>



## FOR MORE INFORMATION

Get Schooled on Concussions  
<https://www.getschooledonconcussions.com>  
HEADS UP to Youth Sports  
<https://www.cdc.gov/headsup/youthsports>