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**Heads Up…Concussion in High School Sports/Activities**

***A Fact Sheet for Students***

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| **What is a Concussion?** | **What are the symptoms of a Concussion?** |
| A concussion is a brain injury that: | * Headache or “pressure” in head |
| * Is caused by a bump, blow, or jolt to the head or body | * Balance problems or dizziness |
| * Can change the way your brain normally works | * Bothered by light or noise |
| * Can occur during practices or games in any sport or recreational activity | * Feeling sluggish, hazy, foggy, or groggy |
| * Can happen even if you haven’t been knocked out | * Nausea or vomiting |
| * Can be serious even if you’ve just been “dinged” or “had your bell rung” | * Double or blurry vision |
|  | * Difficulty paying attention |
|  | * Memory problems |
|  | * Confusion |

*All concussions are serious. A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal. You can’t see a concussion, but you might notice* ***one or more*** *of the symptoms listed above or that you “don’t feel right” soon after, a few days after, or even weeks after the injury.*

**What should I do if I think I have a concussion?**

* **Tell your coach, student life counselor and your parent/guardian.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach, student life counselor right away if you think you or one of your friends/teammates might have a concussion.
* **Get a medical check-up.** A doctor or other health care professional can tell if you have a concussion and when it is OK to return to activity/sport/intramural.
* **Give yourself time to get better.** If you have a concussion, your brain needs time to heal. While your brain in still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to activity/sport/intramural until you get the OK from your health care professional that you are symptom free.

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| **How can I prevent a concussion?** | **If you think you have a concussion:** |
| 1. Use the proper sports equipment, including personal protective equipment. In order for the equipment to protect you, it must be: | Don’t hide it  Report it |
| * The right equipment for the game, position, or activity | Take time to recover |
| * Worn correctly and the correct size and fit |  |
| * Used every time you play or practice |  |
| 1. Follow your coach’s/slc’s rules for safety and the rules of the sport |  |
| 1. Practice good sportsmanship |  |

**Sudden Cardiac Arrest**

**A Fact Sheet for Students**

**Facts:** Sudden cardiac arrest can occur even in athletes who are in peak shape. Approximately 500 deaths are attributed to sudden cardiac arrest in athletes each year in the United States. Sudden cardiac arrest can affect all levels of athletes, in all sports, and in all age levels. The majority of cardiac arrests are due to congenital (inherited) heart defects. However, sudden cardiac arrest can occur after a person experiences an illness which has caused an inflammation to the heart or after a direct blow to the chest. Once cardiac arrest occurs, there is very little time to save the athlete, so identifying those at risk before the arrest occurs is a key factor in prevention.

**Warning Signs:** There may not be any noticeable symptoms before a person experiences loss of consciousness and a full cardiac arrest (no pulse and no breathing).

***Warning signs* can include a complaint of:**

|  |  |
| --- | --- |
| * Chest discomfort | * Unusual shortness of breath |
| * Racing or irregular heartbeat | * Fainting or passing out |

**Emergency Signs:** If a person experiences any of the following ***Emergency*** signs, call **EMS (911)** immediately:

|  |  |
| --- | --- |
| * If an athlete collapse suddenly during competition | * If a blow to the chest from a ball, puck or another player precedes an |
| * If an athlete does not look or feel right and you are just not sure | * athlete’s complaints of any of the warning signs of sudden cardiac arrest |

**How can I help prevent a sudden cardiac arrest?** Daily physical activity, proper nutrition, and adequate sleep are all important aspects of life-long health. Additionally, you can assist by:

* Knowing if you have a family history of sudden cardiac arrest (onset of heart disease in a family member before the age of 50 or a sudden, unexplained death at an early age.
* Telling your health care provider during your pre-season physical about any usual symptoms of chest discomfort, shortness of breath, racing or irregular heartbeat, or feeling faint, especially if you feel these symptoms with physical activity.
* Taking only prescription drugs that are prescribed to you by your health care provider.
* Being aware that the inappropriate us of prescription medications or energy drinks can increase your risk.
* Being honest and reporting symptoms of chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or feeling faint.

**What should I do if I think I am developing warning signs that may lead to sudden cardiac arrest?**

* Tell an adult – your parent/guardian, your coach/slc, your athletic trainer or your school nurse.
* Get checked out by your health care provider.
* Take care of your heart.
* Remember that the most dangerous thing you can do is to do nothing.

This page was last reviewed December 5, 2018



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**Heads Up…Concussion in High School Sports/Activities**

***A Fact Sheet for Parents/Guardians***

**What is a concussion?** A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. 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?** 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 after the injury. If you teen reports **one or more** symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

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| --- | --- |
| **Signs Observed by Parent/Guardian:** | **Symptoms Reported by Student:** |
| 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 or noise |
| Answers questions slowly | Feeling sluggish, hazy, foggy, or groggy |
| Loses consciousness (even briefly) | Concentration or memory problems |
| Shows mood, behavior, or personality changes | Confusion |
| Can’t recall events *prior* to hit or fall | Just not “feeling right” or is “feeling down” |
| Can’t recall events *after* hit or fall |  |

**How can you help your teen prevent a concussion?** Every sport is different, but there are steps your teens can take to protect themselves from concussions or other injuries.

* Make sure they wear the right protective equipment for their activity. If should fit properly, be well maintained, and be worn consistently and correctly.
* Ensure that they follow their coach/slc rules for safety and the rules of the sport.
* Encourage them to practice good sportsmanship at all times.

**What should you do if you think your teen has a concussion?**

1. **Keep your teen out of play.** If your teen has a concussion, her/his brain needs time to heal. Don’t let your teen return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your teen is symptom-free and it’s OK to return to play. A repeat concussion that occurs before the brain recovers from the first – 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.
2. **Seek medical attention right away.** A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
3. **Teach your teen that it’s not smart to play with a concussion.** Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don’t let the teen convince you that s/he’s “just fine.”
4. **Tell all of your teen’s coaches, student life counselor and the school nurse about ANY concussion.** Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. Your teen may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your teen’s coach, slc, school nurse, and teachers. If needed, they can help adjust your teen’s school activities during her/his recovery.

**If you think your teen has a concussion:** 1) Don’t assess it yourself…2) Take him/her out of play…3) Seek the advice of a health care professional.

**Sudden Cardiac Arrest**

**A Fact Sheet for Parents/Guardians**

**Facts:** Sudden cardiac arrest is a rare, but tragic event that claims the lives of approximately 500 athletes each year in the United States. Sudden cardiac arrest can affect all levels of athletes, in all sports, and in all age levels. The majority of cardiac arrests are due to congenital (inherited) heart defects. However, sudden cardiac arrest can also occur after a person experiences an illness which has caused an inflammation to the heart or after a direct blow to the chest.

**Warning Signs:** There may not be any noticeable symptoms before a person experiences loss of consciousness and a full cardiac arrest (no pulse and no breathing).

***Warning signs*** can include a complaint of: 1) chest discomfort…2) unusual shortness of breath…3) racing or irregular heartbeat…4) fainting or passing out.

**Emergency Signs:** If a person experiences any of the following signs, call EMS (911) immediately:

* If an athlete collapses suddenly during competition.
* If a blow to the chest from a ball, puck or another player precedes an athlete’s complaints of any of the warning signs of sudden cardiac arrest.
* If an athlete does not look or feel right and you are just not sure.

**How can I help my child prevent a sudden cardiac arrest?** Daily physical activity, proper nutrition, and adequate sleep are all important aspects of life-long health. Additionally, parents can assist student athletes prevent a sudden cardiac arrest by:

* Ensuring your child knows about any family history of sudden cardiac arrest (onset of heart disease in a family member before the age of 50 or a sudden, unexplained death at an early age).
* Ensuring your child has a thorough pre-season screening exam prior to participation in an organized athletic activity.
* Asking if your school and the site of competition has an automatic defibrillator (AED) that is close by and properly maintained.
* Learning CPR yourself.
* Ensuring your child is not using any non-prescribed stimulants or performance enhancing drugs.
* Being aware that the inappropriate us of prescription medications or energy drinks can increase risk.
* Encouraging your child to be honest and report symptoms of chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or feeling faint.

**What should I do if I think my child has warning signs that may lead to sudden cardiac arrest?**

* Tell your child’s coach/slc about any previous events or family history.
* Keep your child out of play
* Seek medical attention right away

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**Meningitis - Quick Facts**

**What is Meningococcal Disease?**

*Neisseria meningitidis* bacteria are found in the nose and throat of 10 – 15% of healthy adults. Rarely, the bacteria can enter areas of the body where bacteria are normally not found, such as the blood or fluid surrounding the brain and spinal cord (meningitis) and cause a severe, life-threatening infection (“invasive disease”) known as meningococcal disease.

**How is Meningococcal Disease spread?**

The disease is not spread by casual contact or by attending the same work or school setting. *Neisseria meningitidis* bacteria are spread from person to person *only through* direct contact with an infected person’s nose or throat secretions, including saliva, 1 week before the onset of symptoms. Some common ways the bacteria can be spread from an infected person are:

· Living the same household

· Kissing on the lips

· Sharing drinks from the same container (glasses, cups, water bottles)

· Sharing eating with utensils (forks and spoons)

· Sharing a toothbrush, cigarettes or lipstick

Preventive antibiotic therapy is recommended for individuals identified to be close contacts of someone who is sick with the disease.

**Who is at risk for Meningococcal Disease?**

Young infants and students attending high school or college and military recruits are more likely to get the disease. Individuals with a weakened immune system are also at higher risk for the disease as well as those who live in crowded dwellings or have household exposure to cigarette smoke.

**What are the signs of being sick with Meningococcal Disease?**

Symptoms of meningococcal disease include:

· Fever (abrupt onset)

· Severe headache

· Stiff neck

· Drowsiness or confusion

· Skin rash that appears as bruising or bleeding under the skin

· Nausea and vomiting

· Sensitivity to light

In babies, the symptoms are more difficult to identify but may include:

· Fever

· Fretfulness or irritability

· Poor appetite

· Difficulty in waking the baby

**How is meningococcal disease diagnosed?**

If you have any of the above symptoms, it is important to seek medical attention immediately. An infected person may become sick within a few hours of developing symptoms. Your health care provider may collect blood or perform a spinal tap to obtain spinal fluid to see if meningococcal bacteria are present.

**How can Meningococcal Disease be treated?**

Meningococcal disease is treated with several different types of antibiotics, and early treatment may reduce the risk of complications or death from the disease. A 24-hour course of antibiotic therapy reduces a person’s likelihood of spreading the bacteria. Supportive care in an intensive care unit may be necessary for those with severe infection and surgery may be needed to remove damaged tissue and stop the spread of infection.

**How is Meningococcal Disease prevented?**

Meningococcal disease can be prevented by good hygiene. Cover the nose and mouth when sneezing or coughing, throw away used tissues, and wash hands often. Do not share eating or drinking utensils with anyone.

**Is there a vaccine that can prevent this disease?**

Yes, there is a vaccine for Meningitis Serogroups A, C, W, and Y. One (1) dose of a meningococcal conjugate vaccine (MCV4) is required for high school juniors. A booster dose (or 2nd dose) of MCV4 is required for high school seniors starting with the 2014-2015 school year.

Yes, there is a separate vaccine for Meningitis Serogroup B. This vaccine is currently recommended but not required. The Meningitis B vaccine is a 2-shot series separated by at least 1 month. Both meningococcal vaccines are also recommended for other people at increased risk for meningococcal disease:

· College freshmen living in dormitories

· U. S. military recruits

· Travelers to countries where meningococcal disease is common, such as parts of Africa

· Anyone with a damaged spleen, or whose spleen has been removed

· Persons with certain medical conditions that affect their immune system (check with your physician)

· Microbiologists who are routinely exposed to meningococcal bacteria

For information on the availability of meningococcal vaccine contact your family physician or local health department. Revaccination after 5 years may be indicated for certain at-risk individuals.

All information presented is intended for public use. For more information, please refer to the Centers for Diseases and Control Prevention (CDC)

meningitis website at: http://www.cdc.gov/meningitis/about/index.html

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**OVERVIEW OF THE INDIANA ACADEMY PRESCRIPTION MEDICATION POLICY**

1. In order for a student to be allowed to keep their prescription medication in their dorm room, consent for self-administration must be obtained by both the parent/guardian and healthcare provider. These consents must be on file prior to move-in day and is located in the health packet (page 6).
2. All prescription medication must be turned in on move-in day. Please pack it separately as the nursing staff will request it when you are checking in.
3. Most, but not all, prescription medication will be permitted in student dorm rooms. Prescription medication, such as controlled substances (schedules 1 – 5) will not be permitted in student dorm rooms (even if consent for self administration is given).
   * Prescription medication must be turned in on move-in day.
   * A 14-day supply (of most medication) will be returned to the student (if both consents are on file).
   * When a student’s 14-day supply is low or depleted, the student should return his/her medication bottle to the nurse’s office or mailbox. The mailbox is located at the Academy front desk.
   * The medication will be replenished and returned to the student. Students will be notified, in person or in writing, when a pharmacy refill is needed.
   * Refills on current medication, new medications or medications brought from home that have not already been logged in by the nurse must be turned in promptly to the nurse’s office/mailbox or the Office of Student Life (front desk). The nurses must log in each and every prescription medication, as well as each and every refill. Once they are logged in, the nurses will return the appropriate amount of medication to the student for self administration. Controlled medication will be logged in and placed on the medication cart.
   * Please contact the nursing office as soon as possible if a prescription medication has been changed or discontinued.
   * **It is against the law to have a prescription medication in your possession that is not prescribed to you. All prescription medication must be logged in with the nurse’s office and properly labeled with the student name, medication name, dosage, frequency & any specific instructions. Students found in violation of this policy will face disciplinary action (grounding, suspension, expulsion, etc…).**
4. The ultimate decision for self-administration of **ANY** prescription medication is at the discretion of the Coordinator of Healthcare Services. Self-administration of any prescription medication is a privilege. This privilege can be revoked at any time should the student demonstrate a total disregard for our medication policy or a lack of compliance in taking their medication.
5. A ***Medication Administration Log*** will be kept on prescription medication.
6. Student compliance will be monitored to the best of our ability. The parent/guardian will be notified periodically of compliance/non-compliance.
7. Any changes in medication (including discontinuation) must be reported to the nurse’s office ASAP by the parent/guardian.
8. Please contact the nursing office if you have any questions at (765) 285-7360.
9. NECP students will only need to log in medication if he/she needs prescription medication during the school day. Otherwise, he/she can take their prescription medication before or after the school day.

**Controlled Substance Schedules:**

Schedule 1: These medications are not accepted for medical use and therefore are not permitted in our building.

Schedule 2: Examples include narcotics, amphetamines and some barbiturates.

Schedule 3: Examples include non-barbiturate sedatives, non-amphetamine stimulants, anabolic steroids and limited amounts of certain

narcotics.

Schedule 4: Examples include some sedatives, anxiolytics and non-narcotic analgesics.

Schedule 5: Examples include a small number of narcotics, such as codeine used in antitussives (cough syrup) or antidiarrheals.

**IMMUNIZATION REQUIREMENTS & RECOMMENDATIONS FOR ALL SENIORS**

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| --- | --- | --- |
| **Vaccine** | **# of Doses Required** | **Comments** |
| Meningitis (MCV4) | 2 (senior year) | A booster dose (or 2nd dose) is required for your senior year. |
| Hepatitis A | 2 (senior year) | All students in grade 12 must have 2 documented Hepatitis A Vaccines. The 2nd dose is required 6 months following the first dose. |

Indiana Vaccine Recommendations: Annual Influenza

2 doses of Men B (Meningococcal B) Vaccine

3 doses of HPV Vaccine

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