BSA SAFETY INCIDENT REVIEW: CONCUSSIONS

Incident Review #1
While hiking alone at Philmont Scout Ranch, a 38-year-old Scouter crossed a river and tripped, falling face-first into a bank. Upon returning to camp, he went to his tent and fell asleep. The other adult leaders noticed his absence from dinner and went to check on him. After waking him, they discovered he could not remember the events of the previous two days.

Key Points
• Scouting utilizes the buddy system for both youth AND adults so that help can be provided and/or summoned if an injury occurs.
• People who may have suffered a concussion might not be aware of the changes in their own behavior.
• Changes in behavior or a loss of memory suggest that significant injury to the brain may have occurred and steps should be taken to seek immediate medical care.

Incident Review #2
A 14-year-old Scout was taking a turn on a rope swing when he fell off and rolled down a hillside. He sustained injuries to his legs and abrasions to his knees. A few days later, he was diagnosed with a mild concussion.

Key Points
• Concussion symptoms may not be noticed initially when other injuries are more apparent. Falls from a height are commonly associated with concussions. Therefore, anyone who falls from a height should be assessed for the possibility of a concussion.
• It is important to note that a concussion does not always involve a loss of consciousness. Other symptoms of a concussion include amnesia, headaches, sensitivity to light, difficulty concentrating, nausea, vomiting, personality changes, sleepiness, forgetfulness, dizziness, loss of balance, a stumbling gait, loss of coordination, and blurry or double vision. The examiner should look for these things following an injury or suspected concussion.
• People with head injuries should rest in quiet, darkened areas away from activities until they receive medical care. Adult leaders should monitor the person for any change in symptoms. It is OK to allow the injured person to sleep if needed, but reading and use of ANY electronic devices should be limited.

Incident Review #3
A 12-year-old Cub Scout fell from the top of a bunk bed, striking his head on the concrete floor. The Scout had a 2-inch bump on the left side of his forehead. His skin was unbroken. However, he complained of a headache, nausea, and dizziness. He was evaluated by the camp medic and transported to the hospital, where he was diagnosed with a mild concussion.

The Scouting program includes strenuous physical activities that carry some risk for injury including concussion. A concussion, also known as a traumatic brain injury (TBI), is an alteration of brain function. Concussions may be due to falls or blows to the head that cause the brain to move quickly back and forth. It is important for Scouts and Scouters to: (1) be aware of the risks of concussion, (2) take the appropriate steps to minimize those risks, (3) know how to identify the signs and symptoms of a concussion, and (4) know how to best proceed if someone has a concussion.
concussion. No other injuries were noted. His parents were notified and arrived at the hospital two hours later. They stated he had previously been diagnosed with a concussion from a football injury two months earlier.

**Key Points**

- It is important to know someone’s concussion history. This information should be listed on the AHMR.
- Once someone has had a concussion, particularly a young person, the threshold for the next one is much lower. Damage from the second one, especially if in close proximity to the first, can be severe.
- Following any concussion, one must be evaluated and cleared for participation by a licensed medical professional. Scouts with a history of concussion may need to limit their involvement in strenuous activities.

**Discussion Questions**

- On Scouting activities, does everyone have a buddy, including adults?
- How often do leaders review each participant’s Annual Health and Medical Record?
- Has anyone had a previous head injury or concussion that may limit involvement in certain activities?
- Who in the group feels they are adequately trained in first aid in the event a head injury occurs?
- What would an evacuation plan look like for a concussion injury?

**Resources**

- Center for Disease Control and Prevention—HEADS UP to Parents: [www.cdc.gov/headsup/parents/index.html](http://www.cdc.gov/headsup/parents/index.html)
- Annual Health and Medical Record—[https://www.scouting.org/health-and-safety/ahmr/](https://www.scouting.org/health-and-safety/ahmr/)

In 2013, there were 2.8 million emergency room visits for TBIs in the United States.

Concussion signs and symptoms may not be immediately apparent. They can last anywhere from a few days to months or even longer.