

Scenario

Pre-Injury

1. Employee is educated re: symptoms, reporting and care; takes baseline neurocognitive tests.
2. Results are kept by employee and in employee health record at PSOHC.

MTBI (Concussion)

1. Employee is assessed at emergency facility or by Athletic Trainer.
2. Employee is treated for injury by WC Panel Physicians.
3. Employee re-takes the neurocognitive and symptoms tests. Typically 3 days post MTBI.
4. Upon passing post-tests, employee is referred to PSOHC for duty status.
5. If employee does not pass tests, one shall be referred to approved medical specialists.
6. When determined ready to return to full duty, following post-injury care and successful neurocognitive tests, sent to PSOHC for duty status.
7. These tests are also available to all employees for injuries incurred off duty. Medical treatment would be the employee's financial responsibility.

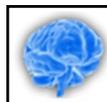
Research shows allowing the brain to rest after a concussion will result in getting back to work faster and more safely.

Resources

More information about Concussion Vital Signs or brain injury may be obtained from:

Concussion Vital Signs

www.concussionvitalsigns.com.



Sport Concussion Assessment Tool—2 (SCAT2)

www.sportconcussions.com/html/SCAT2.pdf



Concussion and Mild TBI

www.cdc.gov/concussion



Brainline

www.brainline.org

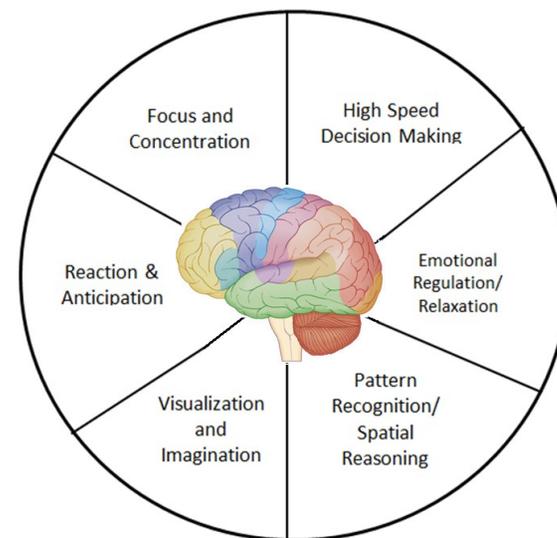


**Don't Hide It,
Report It,
Take Time to Recover**



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Concussion Management Program



**Fairfax County Police Department
Fairfax County Criminal Justice
Academy**



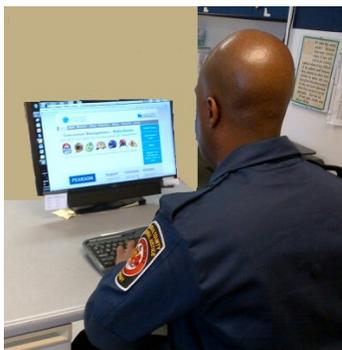
Background

A concussion or mild traumatic brain injury (MTBI) results from a sudden acceleration, deceleration and/or rotational event. Injury to axonal structures (cell extensions that communicate with other cells) is manifested by multiple physical and cognitive symptoms.

Clinical symptoms are functional not structural, therefore changes in the brain will not be evident on standard CT or MRI studies.

Traumatic brain injury is classified by severity, mechanism or other circumstances. Most of these injuries are mild, hence the term “mild traumatic brain injury” (MTBI). Most MTBIs – properly treated - heal in a short period of time.

Using web-based neurocognitive testing, symptoms checklist, concussion history and stability testing medical professionals have a better picture of the severity of the injury.



Concussion Vital Signs (CVS) is a proven, neurocognitive assessment tool. CVS is an assessment tool similar to others: eg. ImPACT, ANAM, C3Logix, Axon, etc.



The purpose of this program is to provide sound MTBI recognition and support to employees. Fairfax County Criminal Justice Academy recruits participate in Concussion Vital Signs (CVS) baseline test. All FCPD employees will be educated in MTBI recognition and management, with the ability to take the baseline test.

By itself, CVS does not diagnose any medical condition.

The results of the tests shall be available to the employee and designated medical professionals.

This program is endorsed by the Occupational Health Center, Fairfax County Risk Management. These tests are an effective tool in gauging brain function following an injury. It is a distinct advantage for any physician to be able to compare pre- and post-injury tests.

Essentials

- CVS is a web-based computer tool that takes about 45 minutes to complete.
- There are three (3) tests:
 - Neurocognitive Testing
 - Concussion Symptom Score
 - Concussion History
- The purpose of the tests is to collect baseline information that can be used for a brain injury affecting attention, memory, decision-making and reaction time.
- No employee's test is compared with anyone else.
- Concussion Vital Signs is not an IQ test; there is no pass/fail score.
- These assessments are considered Protected Health Information and shall be part of the Public Safety Occupational Health Center (PSOHC) secured records.
- The assessment results are stored electronically in accordance with the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

