



Clear Heads, Safe Camps: Concussion Care in Youth Programs

Practice Guidance for Summer Camps (2025)

These statements assume that a registered nurse (RN) licensed by the State in which the camp is located oversees and periodically reviews the camp's concussion processes. Other appropriately licensed health care professionals authorized under State law (such as physician [MD/DO], advanced practice registered nurse [APRN/NP], physician assistant [PA], or equivalent licensed clinician) may also fulfill this oversight role.

In addition, the overseeing licensed professional must be familiar with applicable State requirements, American Camp Association (ACA) Standards, and Alliance for Camp Health (ACH) Standards of Camp Nursing practice relevant to injury prevention and care, including concussions.

Concussions are a form of mild traumatic brain injury (mTBI). "Mild" refers to imaging findings, not symptom impact - concussion can still result in significant impairment. Concussions are a risk in summer youth programs and therefore it is important to be able to recognize and manage appropriately. Most concussions are the result of a bump, hit, or blow to the head or a forceful impact to the body that transmits force to the head.

In summer camps and programs, youth experience high levels of physical activity, adventure challenges, time in the natural environment (uneven terrain) and consistent group play, all which increase risk for injury. Camps offer sports opportunities, climbing and high ropes (elevated/aerial experiences), encounters with animals, speed games, and slips and falls.

In conjunction with the physical attributes of camp, youth may find themselves unwilling to report if they are injured during an activity. Early recognition can reduce the risk of complications with an aim to return to the summer experience. The goals of this guideline are to provide information regarding concussion prevention, intervention, and recovery.

The intent of this practice guideline is to offer recommendations and direction for a camp to develop their own concussion protocol. A camp's plan should align with activities offered, availability of appropriately trained health staff, and decision-making requirements for early intervention.

I. Understanding Concussions

There are some historical myths related to concussions:

1. A loss of consciousness (LOC) is required. Truth: Most concussions occur without LOC
2. Symptoms of concussion appear immediately. Truth: Symptoms of concussion can be delayed for hours.
3. An episode of vomiting is normal or expected. Truth: Any vomiting requires clinical evaluation.

Camp staff and healthcare providers should understand the importance of early recognition and immediate removal from activity for those who experience a potential concussion.



II. Prevention Strategies

1. Risk assessment:
 - Identifying high-risk camp activities
 - Identify Camper readiness for different activities through a health history, conversation with families/guardians, and campers.
 - Screen for risk factors associated with prolonged recovery: prior concussion(s), migraine disorder, ADHD, learning differences, or anxiety/depression.
2. Safety equipment:
 - a. Appropriate equipment for all high risk activities (Ex. Helmets - proper fit/use)
3. Education and awareness:
 - Trained supervision for each activity (Ex. Certification or record of training)
 - Educate staff regarding signs and symptoms of concussion
 - Education prior to high risk activities (Ex. Written instructions posted; verbal sharing of safety requirements)
4. Culture of safety:
 - Encouraging reporting of health trauma
 - Screening: capture information about previous concussions or head trauma on health history

III. Intervention & Evaluation

1. Recognize common concussion physical signs and symptoms:
 - Headache, dizziness, confusion, visual disturbance, balance problems, fatigue, nausea, sensitivity to light/noise, difficulty concentrating
2. Recognize behavioral or cognitive clues in children:
 - Acting unusual (out of character), irritability, clumsiness, slow responses, appearing stunned, difficulty remembering instructions, or stating, "I don't feel right."
3. ***When in Doubt, Sit them out***
 - a. Remove individual from activity immediately
4. Conduct concussion assessment using validated tool (CDC Heads Up Checklist; SCAT6; Child SCAT5)
 - cdc.gov/HEADSUP Checklist: [CDC Heads UP Checklist](#)
 - Child SCAT5: [Child SCAT5](#)
 - SCAT6: [SCAT6](#)
5. Referral to higher level care:
 - Notify parents/guardians
 - Seek medical evaluation—ER or urgent care if red flags present on assessment (vomiting, worsening headache, confusion, loss of consciousness, etc.)
6. Documentation: Incident report, assessment symptoms, and care provided

IV. Recovery and Return-to-Activity

1. Rest and Monitoring:
 - a. Offer cognitive and physical rest initially (24-48 hours), then gradual return
 - i. Strict prolonged rest (cocooning) is not supported by evidence
 - b. Quiet space, Reduced screen time
2. Return-to-play and return-to-learn:



- Only with clearance from a healthcare provider
 - Return to activities through stepwise progression
 - If symptoms develop, return to previous level of activity
3. Communication:
- Clear return to play plan between camp leaders, counselors, parents/guardians, and healthcare providers.

V. Conclusion

This practice guidance can be beneficial as camps and summer programs outline approaches in providing quality health services. The important critical steps in concussion care are awareness, supervision, and training to support early recognition and build a culture of safety and wellbeing for all.

Evidence

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