

SCHOOL DISTRICT OF NEW BERLIN CONCUSSION MANAGEMENT PLAN

2011 Wisconsin Act 172

Because of the health risks associated with concussion and other head injuries and the frequency at which such injuries occur in youth athletic activities, the Wisconsin Legislature has enacted a state law that is intended to ensure that coaches, parents and athletes are provided with important concussion-related information and that athletes receive appropriate attention when a concussion occurs or is suspected. A “youth athletic activity” is defined as an organized activity in which participants are engaged in an athletic game or competition against another team, club or entity, or practice or preparation for an organized athletic game or competition against another team or entity. This includes school-sponsored sports as well as other organized youth athletic activities in the schools or community that meet the definition. A “youth athletic activity” does not include an activity that is incidental to a nonathletic program.

Concussion Overview:

What Is a Concussion?

A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions can also occur from a fall or a blow to the body that causes the head and brain to move quickly back and forth. This affects the way an individual thinks, acts, behaves, and has an effect on the physical skills needed to function on a daily basis. Each concussion is unique to each person, but there are some common signs and symptoms to be aware of to determine if an individual has a concussion.

- A concussion is a brain injury and all are serious.
- Most concussions occur without loss of consciousness or pupil inequality.
- Recognition and proper response to concussions when they first occur can help prevent further injury or even death.

What Are the Signs And Symptoms Of a Concussion?

Once a concussion is sustained, additional signs and symptoms can develop in the next 24 hours, even in the next week. The severity and side effects of this brain injury will vary depending on the individual. Concussion symptoms may appear mild, but can lead to lifelong problems mentally, physically and psychologically if not managed correctly. A person can have signs and symptoms of a concussion without the loss of consciousness. Symptoms of a concussion can last for less than 1 day or up to 3 weeks or more. Most of the time, images taken with a CT, MRI or CAT scan appear normal and do not show the physiologic changes that occur to the brain with a concussion. Imaging studies are done to rule out other head injuries, such as skull fractures.

Common Signs and Symptoms of a Concussion:

Physical	Thinking	Emotional	Sleep
<input type="checkbox"/> Headaches <input type="checkbox"/> "Pressure in head" <input type="checkbox"/> Neck pain <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Dizziness <input type="checkbox"/> Blurred vision <input type="checkbox"/> Balance problems <input type="checkbox"/> Sensitivity to light <input type="checkbox"/> Sensitivity to noise <input type="checkbox"/> Fatigue	<input type="checkbox"/> Feeling slowed down <input type="checkbox"/> Feeling mentally foggy <input type="checkbox"/> "Don't feel right" <input type="checkbox"/> Problems concentrating <input type="checkbox"/> Problems remembering <input type="checkbox"/> Confusion	<input type="checkbox"/> Feeling more emotional <input type="checkbox"/> Irritability <input type="checkbox"/> Sadness <input type="checkbox"/> Nervousness/ Anxiousness	<input type="checkbox"/> Drowsiness <input type="checkbox"/> Trouble falling asleep <input type="checkbox"/> Sleeping more than usual <input type="checkbox"/> Sleeping less than usual

When In Doubt, Sit Them Out.

There is nothing that truly prevents a concussion. Measures can be taken to reduce the risk of a concussion occurring. **The most important tool that can be used when treating concussions is to know the signs and symptoms and educate parents and coaches about concussions.** When an athlete acknowledges something is wrong and comes forward at the first sign of a concussion instead of continuing to play, the recovery time, magnitude of the brain injury, and the potential for long-term after effects of the brain injury are reduced.

Educating athletes and the people around those athletes about concussions is a valuable prevention technique. **Teach an athlete that it is not smart to play with a concussion.** It's important to educate athletes, parents, coaches, family members, friends, etc. that putting pressure on an athlete to return too early from a concussion is not helping the athlete; it's making it worse. If an individual has a concussion, his/her brain needs time to heal. By making sure an athlete returns sign and symptom-free and performs a gradual return-to-play progression, the risk of sustaining a repeat concussion significantly lowers. Additionally, it is important to keep track of concussion history. If an individual has multiple concussions, and each subsequent concussion took less force to produce, that is a warning sign that the brain was not given enough time to heal before that person returned to play.

Properly fitting equipment is another way to reduce the risk of concussion. However, it should be noted that helmets do NOT prevent a concussion. Helmets are designed to prevent facial injuries and skull fractures. The importance of teaching and performing proper technique for hitting or contact should not be overlooked when it comes to athletic participation. For example, if athletes lead with their head when making a tackle, then they are at a significantly higher risk for a concussion and/or a neck injury. ***WI State Law and School District of New Berlin require immediate removal from activity and medical evaluation by a qualified health care professional (physician or licensed athletic trainer) of an individual suspected of having a head injury.***

Concussion Education

- a.) Background Information: At the beginning of an individual sport season, student-athletes and/or parent/guardian, shall be presented with the Concussion Management Plan and will be required to review the Plan with a parent or guardian. Additional resources are also available including materials from the CDC at: <http://www.cdc.gov/concussion>, and the Department Of Public Instruction at: <http://dpi.wi.gov/search/node/concussion>.
- b.) Consent: All student-athletes and their parents/guardians will sign a statement or certify electronically where available, that they have received and reviewed the Concussion Management Plan which requires the student-athlete to accept responsibility for reporting his/her injuries and illnesses to the coaching/athletic training staff, parents, or other health care personnel, including any signs and symptoms of a concussion. The student-athlete will be prohibited from participating in any athletic activity until this agreement is signed.
- c.) Training: it is required that each year the district's administrative staff, coaches, licensed athletic trainers, district nurse, and other appropriate personnel, shall review the Concussion Management Plan, as well as any new information found on the CDC website at: <http://www.cdc.gov/concussion>. Annually, each coach will be prohibited from working with any student athlete until he/she submits a signed acknowledgment of having received education about the signs, symptoms, and risks of sports related concussions. All coaches will be required to complete an online course on concussions prior to working with student-athletes. The "Concussion in Sports: What You Need to Know" on-line course is available free of charge after registering at <http://www.nfhslearn.com>. It is an expectation that all coaches utilize the CDC Pocket guide on the field to assist them in recognizing a possible concussion. All district personnel, who as part of their job responsibilities are required to provide any level of care to students in the school health room, will be required to participate in mandatory training regarding the recognition of the signs and symptoms of a concussion. As determined by New Berlin Public Schools, repetition of the training may be required in subsequent years.

Concussion Action Plan

1. The licensed athletic trainer (LAT) must be notified of any athlete suspected of having a concussion.
2. In the event that a suspected concussion has occurred and the LAT is not present (practice or away game) it is the responsibility of the coach to notify the LAT promptly.
3. The LAT will evaluate any athlete with a suspected concussion using the SAC or SCAT 3 evaluation form.
4. Parent and/or guardian will be notified of any and all suspected/confirmed concussions and given instructions for care.
5. The LAT will also fill out a district accident report form for all concussion which will be forwarded to both school and district administration (principal, district nurse, and athletic director).
6. Any athlete with a confirmed concussion must follow the Return to Activity/Athletics Plan (See attached form).
7. Any athlete who remains symptomatic over an extended period and does not see improvement during will be referred for evaluation by a concussion specialist **(Remove-studies show 1 in 4 HS athletes have symptoms for 7-10 days.)**

Emergency Transport

1. Any athlete who has sustained a concussion will be referred immediately for emergency evaluation if any of the following Red Flag Signs are present.
 - Loss of Consciousness
 - Seizure like activity
 - Slurring of speech
 - Paralysis of limb(s)
 - Unequal Pupils or dilated and non-reactive pupils
 - At any point where the severity of the injury exceed the comfort level of the on-site medical personnel.

Returning to School

1. Upon evaluation, any accommodations needed for school will be recommended by the LAT or physician **and communicated for dissemination to building administrative staff. (ADDED)**
2. **Dissemination of information will include (ADDED)** the student’s guidance counselor of any necessary accommodations and give instructions for the teachers to be aware of. These instructions may include the following:

<u>Neuropsychological Deficit</u>	<u>Functional School Problem</u>	<u>Management Strategy</u>
Attention/Concentration	Short focus on lecture, classwork, homework	Shorter assignments, break down tasks, lighter workload
“Working” Memory	Holding instructions in mind, reading comprehension, math calculation, writing	Repetition, written instructions, use of calculator, short reading passages
Memory Consolidation/Retrieval	Retaining new information, accessing learned info when needed	Smaller chunks to learn, recognition cues
Processing speed	Keep pace with work demand, process verbal information effectively	Extend time, slow down verbal info, comprehension-checking

Fatigue/Anxiety	Decreased arousal/activation to engage basic attention, working memory	Rest breaks in a quiet and dark area as identified by school administration. Access to staff with ability to discuss anxiety management techniques.
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3. The LAT will notify the student’s PE teacher with activity restrictions until given medical clearance.

Returning to Daily Activities Guidelines

1. Athletes should avoid taking any medication that may mask the symptoms of a concussion, ESPECIALLY Ibuprofen, Aleve, or Aspirin for at least 72 hours (Unless directed by a physician). Athlete may take Tylenol to lessen the intensity of a headache if needed.
2. Get adequate amounts of rest.
3. Limit physical activity as well as activities that require a lot of thinking or concentration. These activities can make symptoms worse.
 - Physical activity includes PE, sports practices, weight-training, running, exercising, heavy lifting, and tasks such as kicking, throwing, or catching a ball
 - Thinking and concentration activities (e.g. homework, classwork load, job-related activity).
 - “Screen Time” (e.g. computer, texting, video games, television, etc.)
4. Drink lots of fluids and eat carbohydrates and protein to maintain appropriate blood sugar levels.
5. Daily re-evaluation of your symptoms by the LAT is recommended to help guide recovery.
6. As symptoms decrease, you may begin to gradually return to your daily activities, **as deemed appropriate by your athletic trainer/physician.**

Gradual Return to Play Protocol

Athlete must be symptom free without the use of medications that would mask a concussion prior to beginning the return to play protocol (for a minimum of 24-48 hours). Return to play protocol must be done under the supervision of an appropriate health care provider

1. *No physical activity (Cognitive and physical rest)*
2. *Light Aerobic Exercise (light stationary biking for 15-20 minutes at <70% MHR)*
3. *Sports Specific Exercise (May include the use of elliptical, running, agility drills, sport specific movements, etc. No Head Impact)*
4. *Non-Contact Training Drills in full uniform (Progress to more complex sport specific training drills, may begin progressive resistance training)*
5. *Full Contact Practice (Normal participation in practice following medical clearance)*
6. *Return to Play (Normal Game Play)*

*Generally, each step should take 24 hours so that a patient would take approximately 1 week to proceed through the full rehabilitation protocol once they are asymptomatic at rest and with provocative exercise. If any concussion symptoms occur while in the stepwise program, then the patient should drop back to the previous asymptomatic level and try to progress again after a 24-hour period of rest has passed. Each concussion is treated based on an athlete’s individual needs and is to be addressed dependent on signs, symptoms, previous concussion history, and specific activity demands.

Adopted: 11/25/13
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