

MIDDLETON-CROSS PLAINS AREA SCHOOL DISTRICT

Administrative Policy and Procedure Manual

453.7

CONCUSSION MANAGEMENT

Policy

The Middleton Cross Plains Area School District is committed to ensuring the health and safety of our students. The following concussion policy utilizes the latest in medical research to prevent, recognize and treat head injuries. It complies with WIAA guidelines and the 2011 Wisconsin Concussion Law Act 172-Wisconsin Statute 118.293.

Procedure

The focus of concussion management shall be education around recognition, the recovery process and return to play and academic setting. The management plan will be available to parents and staff through the district health offices, athletic department, school offices and the MCPASD district website at www.mcpasd.k12.wi.us

What is a concussion?

A concussion or mild traumatic brain injury (TBI) is an injury that changes how the cells in the brain normally work. A blow to the head or body that causes the brain to move rapidly inside the skull causes a concussion. Even a mild bump or blow to the head can result in symptoms. Concussions can also result from a fall or from students colliding with each other or obstacles. If a student or student/athlete has a concussion and receives another head injury in close proximity to the first one, the student/athlete is at greater risk for a prolonged recovery and possible more serious neurological complications. A concussion has five major features:

1. May be caused by either a direct blow to the head, face, neck or anywhere else on the body with an impulsive force transmitted to the head.
2. Typically results in the rapid onset of short-lived impairment of neurologic function that resolves spontaneously.
3. May result in neuropathological changes, but the acute clinical symptoms largely reflect a functional disturbance rather than a structural injury.
4. Concussion can have a classified set of clinical symptoms that may or may not involve loss of consciousness (LOC). Typically, the clinical and cognitive symptoms diminish in a sequential order, but it is important to know that a small percentage of cases, post concussive symptoms may be prolonged.
5. Radiology studies often used to image more serious head injuries such as CT scan and MRI are usually normal in patients with a concussion.

It is important to remember that you cannot “see” a concussion. You cannot “tell” by looking at a student if they have a concussion. Many students do not report or experience symptoms until hours or days after the injury.

One symptom or several symptoms may be present in a concussion.

Signs and symptoms of a concussion:

PHYSICAL	COGNITIVE	EMOTIONAL	SLEEP
Headache	Feeling mentally “foggy”	Irritability	Drowsiness
Nausea	Feeling slow	Sadness	Sleeping more than normal
Vomiting	Difficulty concentrating	Increased emotions	Sleeping less than normal
Balance Issues	Difficulty remembering	Nervousness	Difficulty falling to sleep
Visual problems	Forgetful of recent information		
Fatigue	Confused about recent events		
Light Sensitivity	Answers questions slowly		
Noise sensitive	Repeats questions		
Dazed			
Stunned			

Concussion Management for School

A student recovering from a concussion and transitioning back to school or sports requires team collaboration among school staff, parent(s), student and outside health care provider. Regular communication among the team members is essential. The team may consist of student, parent/guardian, school nurse, athletic trainer, teachers, school counselors, coach, and health care provider.

When in Doubt, Sit Them Out

Nothing truly can prevent 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. An athlete who feels that something is wrong, is recognized as impaired by teammates, coaches or officials should be removed from practice or competition.

Educating athletes and the people around those athletes about concussions is a valuable prevention technique. It is important to educate athletes, parents, coaches, family members, friends, etc. that the recovery time from a concussion is variable and the athlete will not return to play until it is safe. If an individual has a concussion, his/her brain needs time to heal. A gradual return-to-play progression with close monitoring of symptoms allows maximum brain healing before return to play. There is no exact number of concussions that results in athletes having to retire from contact or collision sport. Longer recovery times and less force to produce symptoms are signs that some providers use when evaluating clearance and possible disqualification.

WI State Law and the Middleton Cross Plains School District 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

1). **Background Information:**

Prior to the beginning of a school-sponsored sport/organized youth athletic activity season, the Athletic/Activity Director and Building Principal shall distribute the Concussion Management Plan to all coaches of each school-sponsored sports team and to each person who is coaching, or who is similarly responsible for supervising and directing, any other District-organized youth athletic activity.

At the beginning of an individual sport season, the Athletic Director, Building Administrator or Coach will present to the student-athletes and/or parent/guardian, 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: <https://www.cdc.gov/headsup/index.html> , and the Department Of Public Instruction at: <https://dpi.wi.gov/sped/program/traumatic-brain-injury/concussion-guidelines> .

For students participating in WIAA-sanctioned, school-sponsored sports, the Concussion Management Plan shall be disseminated to and discussed with student participants at the same meeting at which the Athletic/Activity Code is disseminated and discussed.

2). Consent: All student-athletes and their parents/guardians will sign a statement 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. Signed information sheets shall be maintained in the same manner as other student behavioral records in accordance with District procedures and legal requirements.

3). Training: It is required that each year the District's administrative staff, coaches, licensed athletic trainers (LAT), school 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.

Concussion Action Plan

1. In the event a student suffers an injury during an athletic game, competition or practice and either (1) the coach of the sport or other organized youth athletic activity or a health care provider determines that the student exhibits signs, symptoms, or behavior consistent with a concussion or head injury, or (2) the coach or health care provider suspects the student has sustained a concussion or head injury, then the student shall be removed from the athletic game, competition or practice.

The licensed athletic trainer (LAT) must be notified of any athlete suspected of having a concussion.

First aid will be provided to a student who has been removed from any activity under these procedures as appropriate and necessary in accordance with the district standard emergency procedures which include illness and injury protocols. The student shall not be left alone and must be carefully observed to be sure the symptoms do not worsen. Emergency Medical Services or 911 may also be called in other circumstances where a coach, supervisor, licensed athletic trainer, health care

provider or other responsible individual determines that it would be prudent to do so in accordance with the Emergency Transport section of this procedure as set forth below.

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.

If a health care provider or LAT is not on site and available to assess the student's symptoms or injury, this general assessment will be done by the coach. It is not the responsibility of the coach to determine the severity of the student's injury, only to take appropriate and timely actions to safeguard the student who may have suffered an injury. When in doubt, the student should be removed from participation in the athletic activity.

In relation to possible concussions and head injuries, officials involved in any youth athletic activity have the same legal duties to initiate the removal of a student from participating in any such activity as do coaches, LATs and health care providers.

If the athlete or parent reports a concussion diagnosis to the School Nurse, the School Nurse will contact the LAT to be sure the LAT is aware of the concussion diagnosis.

3. The LAT will evaluate any athlete with a suspected concussion.
4. Parent and/or guardian will be notified by LAT or Coaching Staff of all suspected/confirmed concussions and given instructions for care.
5. The Coach will also fill out a district accident report (via Public Works) for all suspected concussions which will be forwarded to both school and district administration (athletic director, coach, principal and school nurse).
6. Any athlete with a confirmed concussion must follow the Return to Activity/Athletics Plan (See attached form).

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)
- At any point where the severity of the injury exceed the comfort level of the on-site medical personnel.

Return to School / Return to Learn

1. Upon evaluation, any accommodations needed for school will be recommended by the student's health care provider or LAT and communicated for dissemination to building administrative staff. LAT will notify parents, coach and school nurse of any accommodations needed for athlete.

2. Dissemination of information will include the student’s school counselor and school nurse of any necessary accommodations and given instructions to teachers as appropriate. These instructions may include the following:

Neuropsychological Deficit	Functional School Problem	Management Strategy
Attention/Concentration	Short focus on lecture, classwork or homework	Shorter assignments, break down tasks, lighter workload; preprinted notes or a note taker; incompletes until function returns to normal
“Working” memory	Holding instructions in mind, comprehension, math calculation, writing	Repetition, written instructions, use of calculator, short reading passages, preprinted notes or a note taker; incompletes until function returns to normal
Memory Consolidation/ Retrieval	Retaining new information, accessing learned information when needed	Provide small chunks of information, provide recognition cues; preprinted notes or a note taker; incompletes until function returns to normal
Processing Speed	Keep pace with work demand, process verbal information effectively	Extend time, slow down verbal information, comprehension-checking; incompletes until function returns to normal
Fatigue/Anxiety	Decreased arousal/ activation to engage basic attention, working memory	Rest breaks in a quiet and dark area. Access to staff with ability to discuss anxiety management strategies

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 physical education, 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).
4. Drink many fluids and eat well-balanced meals.

5. Starting 2-3 days post-injury, low intensity exercise such as brisk walk or easy exercise bike session for 30 minutes daily may help with recovery.
6. Daily re-evaluation of the athlete's symptoms by the LAT is recommended to help guide recovery.
7. As symptoms decrease, the athlete may begin to gradually return to the athlete's daily activities, as deemed appropriate by the athlete's 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

For a non-student athlete who suffers a concussion it is required that they receive written clearance from a health care provider before returning to physical education class activities. They must also participate in the return to play protocol that will be directed by their health care provider.

Standard Protocol for Return to Play:

1. No physical activity (Cognitive and physical rest)
 2. Low impact, non-strenuous light aerobic exercise
 3. Moderate aerobic activity such as running or jumping rope for 15-20 minutes. No resistance training or weight lifting.
 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)
- (Consensus Statement of Concussion in Sport-Zurich, 2012)

*Generally, each step should take 24 hours so that a student 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.

LEGAL REF: Sections 118.293 Wisconsin Statutes 118.29
 Section 504 of Rehabilitation Act
 Americans with Disabilities Act

CROSS REF: 453.1 Emergency Nursing Services
 CDC Heads Up To Brain Injury Awareness - www.cdc.gov/headsup
 Wisconsin Department of Public Instruction -
 www.dpi.wi.gov/sped/program/traumatic-brain-injury/concussion-guideline
 Consensus Statement of Concussion In Sport – The 4th International Conference
 on Concussion in Sport, held in Zurich, November, 2012

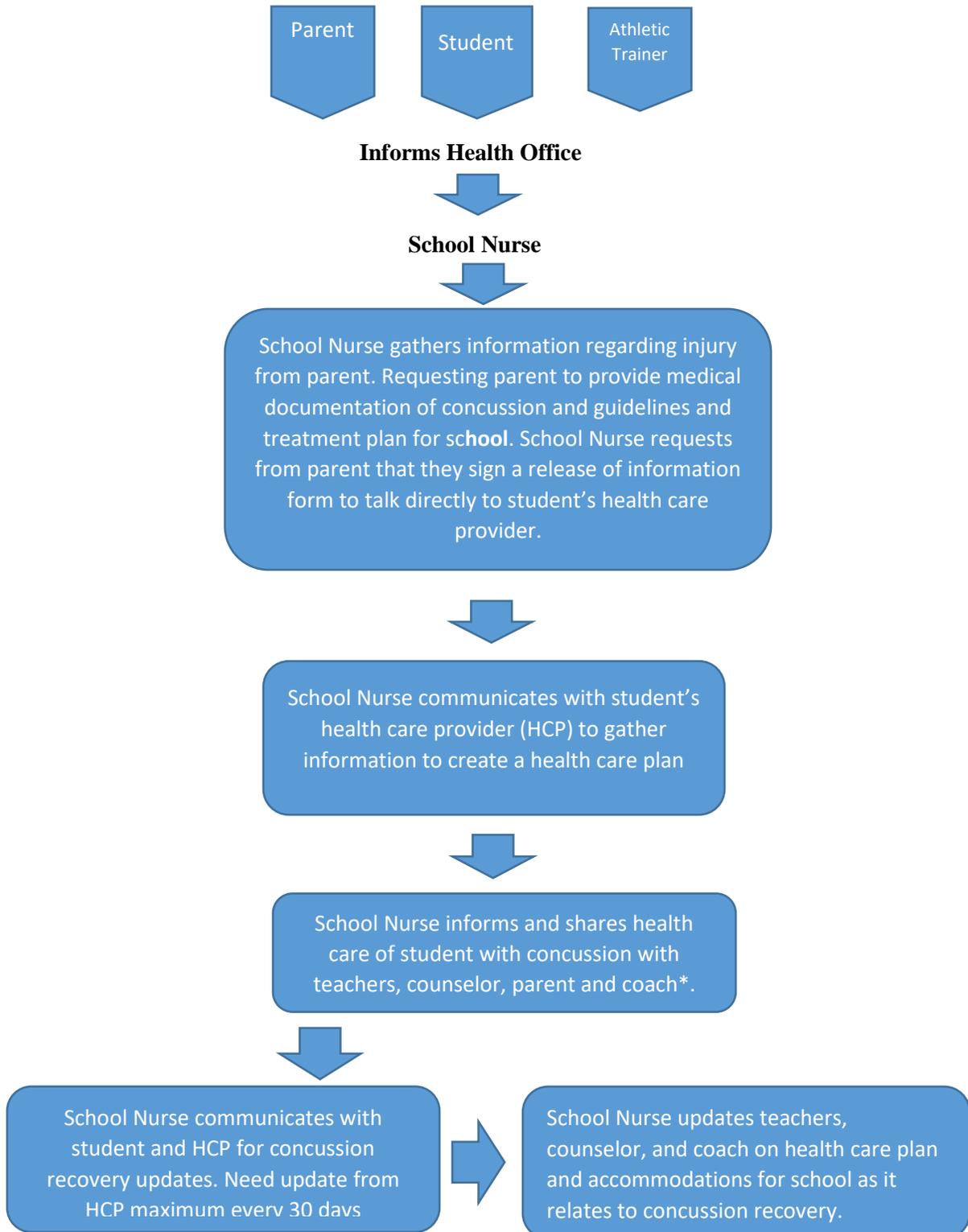
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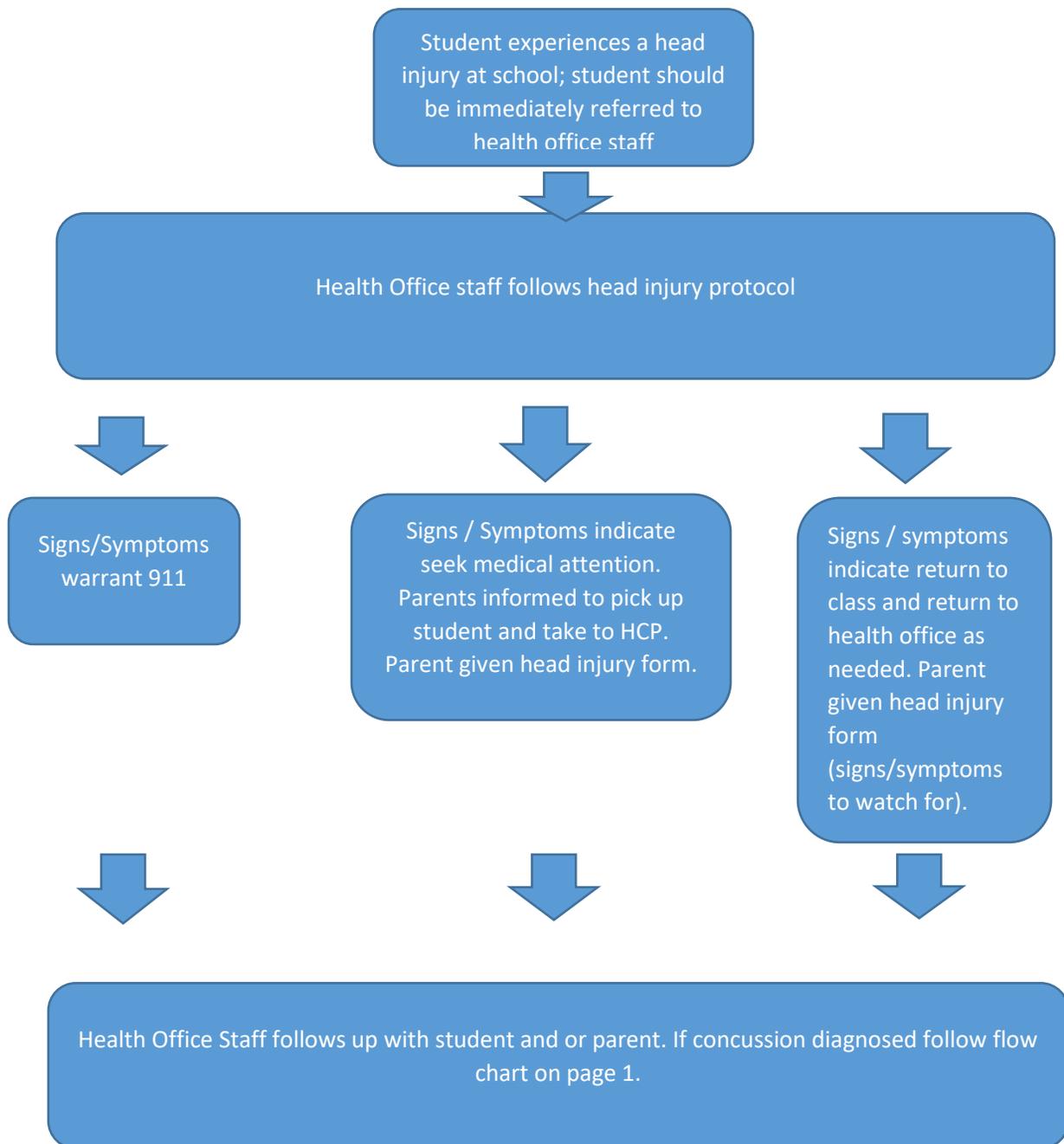
Concussion Management in the School Setting

Concussion Occurs Outside of the School Day

(Either at an extracurricular practice/event or a non-school related concussion)



Management of Suspected Concussion Occurring During the School Day



*If athlete or parent reports to School Nurse that athlete has concussion diagnosis, School Nurse will verify with LAT that LAT is aware of diagnosis.