

Instruction

CONCUSSION IN STUDENT ATHLETES

BP 6145.22 (a)

Note: Effective August 25, 2011, AS 14.30.142-.143 requires school districts to have a program for the prevention and management of concussions in student athletes. A concussion is a brain injury but the effects of concussion can be mitigated by prompt recognition and appropriate response. The statutes require school districts to consult with the Alaska School Activities Association (“ASAA”) to develop and publish guidelines to educate coaches, students, and parents about the risks of concussion, and to develop standards for return to play. ASAA guidelines are incorporated into this policy and the accompanying AR. The law also requires annual dissemination of information to parents and athletes, verification of receipt of that information prior to participation, and specific procedures for removal and return to play of a student suspected of having a concussion.

The Board recognizes that students who participate in sports and other recreational activities are at risk for concussion. The Board promotes student, parent, and staff awareness of the risks of concussion and directs appropriate concussion management procedures to improve the health and safety of student athletes.

A concussion is a traumatic brain injury resulting from a forceful blow to the head or body that results in rapid movement of the head, causing any change in behavior, thinking, or physical functioning. The likelihood of serious injury increases when a concussion is not properly identified, evaluated, and managed.

(cf. 6145 – Extra Curricular and Co-Curricular Activities)

(cf. 5141 – Health care and Emergencies)

Risk Awareness and Education

The Superintendent will develop appropriate concussion management procedures to help ensure a safe and healthy athletic experience. These procedures shall include guidelines and other information to educate coaches, student athletes, and their parents/guardians of the nature and risk of concussion, including the dangers associated with returning to play before a concussion is fully healed.

On an annual basis, the District will distribute a concussion fact sheet to students participating in District-sponsored sports, and to their parents/guardians. The student and parent/guardian must return a signed, written acknowledgement indicating they have reviewed and understand the information. The written acknowledgement must be received by the athlete and parent/guardian prior to the athlete’s participation in any District-sponsored practice or competition.

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BP 6145.22 (b)

Removal and Return-To-Play

Note: Effective July 1, 2015, an athletic trainer is required to be licensed under AS 08.07.010 unless certain conditions apply. A coach or fitness trainer is not required to be licensed if he/she 1) does not use the title “athletic trainer,” “licensed athletic trainer,” “certified athletic trainer,” “athletic trainer certified,” “A.T.,” “A.T.L.,” C.A.T.,” “A.T.C.,” or any combination; and 2) is acting within the scope of the person’s duties as a coach or fitness trainer. AS 08.07.010(c). AS 14.30.142(d) requires that an athlete be evaluated and cleared for participation “in writing by an athletic trainer or other qualified person who has received training, as verified in writing or electronically by the qualified person, in the evaluation and management of concussions.” State law defines a “qualified person” as either a health care provider who is licensed in Alaska or exempt from licensure, or a person acting at the direction or under the supervision of a physician who is licensed in Alaska, or exempt from licensing under AS 08.64.370(1), (2), or (4).

The Superintendent’s guidelines will include procedures for the immediate removal from practice or competition of a student who has signs of concussion. A student who has been removed from participation may not return to participation in practice or game play until evaluated and cleared to do so by an athletic trainer or other qualified person who is trained in the evaluation and management of concussions, as established by law. Because of the risks of returning to play prematurely, a student should gradually be returned to the activity.

Coaches Training

Note: AS 14.30.142 provides that school districts are to work with ASAA to develop and publish guidelines and other information “to educate coaches [.]” ASAA recognizes that districts must individually decide how to implement and provide coaches training but requires that districts shall ensure training for coaches at least every three years, on the same cycle as the required Sports First Aid certification.

All coaches, including volunteer coaches, will complete training in the evaluation and management of concussions as specified in District procedures.

Legal Reference:

ALASKA STATUTES

AS 14.30.142 Concussions in student athletes: prevention and reporting

AS 14.30.143 Concussions in student athletes: school district immunity

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GUIDELINES FOR CONCUSSION MANAGEMENT

Concussions are a serious concern for students participating in sports. A concussion is a traumatic brain injury. The effects of concussion can be mitigated by prompt recognition and appropriate response. These guidelines focus on concussion education, prevention, uniform concussion response, and safe and appropriate return-to-play.

Education of coaches, athletes, and parents about the nature and risks of concussion is in the best interest of student-athletes at the middle and high school levels. A competitive athletic culture of playing through pain or “toughing it out” puts student-athletes at risk of brain injury, disability, and/or death as a result of concussion and repeat concussion injuries. Allowing a student-athlete to return to play before recovering from a concussion greatly increases the risk of serious and permanent injury.

TRAINING

Note: ASAA describes the following three resources for online coach’s education:

“Concussion in Sports,” available online, at no cost, through the NFHS Learning Center.
<http://www.nfhslearn.com/electiveDetail.aspx?courseID=15000>

“HEADS UP” Concussion in Youth Sports, available online, at no cost, through the CDC.
http://www.cdc.gov/concussion/HeadsUp/online_training.html

Concussion Awareness, available online through USA Football. <http://www.usafootball.com/health-safety/home>

Initial Training for Coaches: All coaches must receive initial training in the recognition and management of sports concussions, including an understanding of these guidelines. Initial training is required prior to the start of the applicable season. Training may consist of face-to-face training and/or online training modules. The district will document that training has occurred.

Refresher Training: All coaches will receive subsequent training at least every three years. Coaches will complete refresher training in conjunction with their Sports First Aid certification three year renewal, even if the renewal date occurs sooner than three years following initial concussion training. The Superintendent or designee may require refresher training more often if it is determined to be necessary on an individualized or group basis.

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AR 6145.22 (b)

PREVENTION

Sports Equipment: Proper utilization of sports equipment can help prevent concussions. The district shall utilize the following procedures:

1. Safety equipment will be maintained in proper working condition.
2. The equipment utilized will be appropriate for the athlete and the position.
3. No athlete may be permitted to play without required equipment.
4. Safety equipment must fit properly and be worn correctly.

Athlete Education: The head coach and/or athletic trainer are responsible for ensuring that all participating athletes receive instruction on the risks of concussion. Instruction shall occur at the beginning of the season and throughout as appropriate. Instruction will cover the following:

1. The signs and symptoms of concussion.
2. The importance of reporting concussion symptoms experienced by the athlete or observed in a teammate.
3. The importance of full recovery for health, safety, and performance.
4. The importance of safety rules in minimizing the risk of concussion.
5. The importance of rules of the game and sportsmanship in minimizing the risks of concussion.
6. Any other procedures or prevention tools for the applicable sport.

CONCUSSION FACT SHEET FOR PARENTS AND ATHLETES

Note: Alaska Statute 14.30.142 requires districts to annually provide athletes and their parents written information on the nature and risks of concussion. A student may not participate in athletic activities unless the student and parent have signed a verification of receipt of this information.

E 6145.22(1) is ASAA's recommended fact sheet entitled "A Parent's Guide to Concussion in Sports" prepared by the National Federation of State High School Associations.

Each student who registers for a District-sponsored sport will receive a fact sheet on the nature and risks of concussions. The fact sheet will also be disseminated to each participant's parent or guardian for athletes under the age of 18.

Note: E 6145.22(2) is ASAA's written verification, entitled "Parent and Student Acknowledgement and Consent."

A student may not participate in school athletic activities unless the student and parent/guardian have signed a verification of receipt of this required information. Schools shall keep a copy of the signed form on file. Only one verification is needed per school year, even if the student participates in more than one sport.

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AR 6145.22 (c)

RISKS AND STANDARDS FOR RETURN TO PLAY

Note: The following standards for return to play include those guidelines developed by ASAA, utilizing recognized standards for gradual and safe return to play for a concussed athlete.
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Identifying Concussion and Determining the Level of Medical Response

A student who is suspected of having sustained a concussion during a practice or game shall be immediately removed from the activity. An individual who has received concussion training, to include a coach, EMT, or other medical provider, should immediately observe for any signs, symptoms and abnormalities to help determine whether an athlete has suffered a concussion and how urgently he or she should be sent for appropriate medical care. Assume a concussion occurred if the head was hit and even the mildest symptoms are present.

The following situations should result in immediate emergency care:

- an athlete has a loss of consciousness of any duration.
- an athlete has symptoms of concussion and is not stable because the athlete's condition is changing or deteriorating.
- an athlete exhibits or reports any of the following symptoms:
 - Any signs or symptoms of spine or skull fracture, or bleeding
 - Blurry or double vision
 - Decreased or irregular pulse or breathing
 - Difference in pupil size from right to left eye or pupils that do not react to light (fixed/dilated pupils)
 - Headache that gets significantly worse over time
 - Noticeable changes in the level of consciousness
 - Seizure activity
 - Slurred speech
 - Vomiting

If no emergency is apparent, but other signs of concussion are present, close observation of the athlete should continue for a few hours. No athlete will return to play (RTP) on the same day of concussion, even if symptoms clear within minutes.

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AR 6145.22 (d)

Return-to-Play Clearance

Note: E 6145.22(3) is ASAA's sample Release for Student to Resume Participation Following a Concussion.

A student who has been removed from participation in a practice or game for suspicion of concussion will not return to play until the student has been evaluated and cleared for participation. A student may be cleared in writing by an athletic trainer or other "qualified person" who has received training, as verified in writing or electronically by the qualified person, in the evaluation and management of concussions. Under Alaska law, a "qualified person" means either

- (a) a health care provider who is licensed in the state or exempt from licensure under state law; or
- (b) a person who is acting at the direction and under the supervision of a physician who is licensed in the state or exempt from licensure under AS 08.64.370(1) [medical providers in the Armed Services or the United States Public Health Service while in the discharge of their official duties], (2) [out-of-state physicians or osteopaths consulting with in-state doctors or osteopaths in the diagnosis or treatment of cases], or (4) [medical providers in the Armed Services or the United States Public Health Service volunteering services without pay to a medical facility].

Note: Under Alaska law, effective July 1, 2015, an athletic trainer is required to be licensed, unless the individual is: 1) a student in an accredited athletic trainer program who is training under the supervision of an athletic trainer or a person licensed to practice medicine or osteopathy under AS 08.64; 2) licensed, certified or registered as an athletic trainer in another state and is present in the state for not more than 90 days in a calendar year for an event; or 3) in the military service of the United States or as an employee of the federal government performing athletic training services in the scope of official duties. AS 08.08.010(a).

After Medical Clearance, Return to Play ("RTP") Step-Wise Protocol

The District will utilize a protocol of gradual RTP to maximize student safety. Gradual RTP permits a greater assessment of student recovery and permits monitoring for the return of any signs or symptoms of concussion.

Note about cognitive impacts of concussion: Students with a concussion may be impacted in their ability to perform all activities, not just athletic ones. A concussion impacts a student's academic and cognitive abilities. Students may also experience mood changes. As they recover, students may need temporary accommodations regarding instructional time, course load, computer use, assistance with passing time, limitations on PE or other physical activity, etc. Coaches, athletes, and parents should inform teachers, counselors, and the school nurse when a student suffers a concussion.

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AR 6145.22 (e)

Symptomatic Period – Rest is recognized as the best treatment for concussion. No exercise should be engaged in if any signs or symptoms of concussion are present. When there have been no symptoms for 24 hours, and the qualified provider has cleared the athlete to begin the Return-to-Play Protocol, then Day 1 begins.

Return-to-Play Protocol – This program begins only after all symptoms of concussion have resolved. It is to take place over a minimum of 6 days, with at least 24 hours between each step. The rate of progression through the steps in this program is individualized. Factors that may slow the rate are history of previous concussions, number/severity/duration of concussive symptoms, young age, and the risk of the sport. Physical or cognitive activity that provokes recurrence of concussive symptoms may delay recovery and increase the risk of future concussion. If symptoms recur at any step, then physical and cognitive activity stop for 24 hours and are then reinitiated at the previous step.

Note: This return-to-play protocol is based on ASAA guidelines and includes a corresponding gradual return to instructional/cognitive activity.

Day 1 – 15 Minutes of Light Aerobic Activity (Walk Exercise Bike, etc.)

- Trial half day of school. No homework. No testing.
- If **no return of symptoms, then:**

Day 2 – 30 Minutes of Light to Moderate Aerobic Activity (Walk Exercise Bike, etc.)

- Trial full day of school. No Homework. No testing.
- If **no return of symptoms, then:**

Day 3 – 30 Minutes of Moderate to Heavy Aerobic Activity

- Full day of school. Regular homework assignments. No testing.
- If **no return of symptoms, then:**

Day 4 – 30 Minutes of Heavy Aerobic Activity and 15 Minutes of Resistance Exercise (Push-ups, Sit-ups, Weight Lifting).

- Full day of school. Regular homework. Regular testing.
- If **no return of symptoms, then:**

Day 5 – Return to Practice with NON CONTACT Limited Participation.

- If **no return of symptoms, then:**

Day 6 – Return to Full Practice WITH CONTACT

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AR 6145.22 (f)

School/Medical Concussion Care Plan

Note: E 6145.22(4) is ASAA's "School/Medical Concussion Care Plan."

Schools should establish a team comprised of a parent, school staff member and the qualified provider to develop and utilize a care plan for each student who has been diagnosed with a concussion. The plan should include the following sections:

- Determination of Symptoms
- Returning to Daily Activities
- Returning to Sports
- Gradual Return to School and Play (RTP) Protocol

The school should disseminate the Concussion Care Plan to all appropriate staff, including the student's teachers, the nurse, the athletic trainer, the coach, the athletic director, and the principal, as applicable.

Throughout the incremental return to school and exercise, the principal or designee should designate a staff member, preferably a school nurse if available, who meets with the athlete daily to determine the level of symptoms, to evaluate the response to increases in hours of school and intensity of exercise, to decide if the athlete will advance to the next increment of return, and to communicate daily status reports to the athlete, the parent, the health care provider supervising the concussion care, and senior school staff.

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National Federation of State
High School Associations



A Parent's Guide to Concussion in Sports

What is a concussion?

- A concussion is a brain injury which results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. An athlete does not have to lose consciousness ("knocked-out") to suffer a concussion.

Concussion Facts

- It is estimated that over 140,000 high school athletes across the United States suffer a concussion each year. (Data from NFHS Injury Surveillance System)
- Concussions occur most frequently in football, but girl's lacrosse, girl's soccer, boy's lacrosse, wrestling and girl's basketball follow closely behind. All athletes are at risk.
- A concussion is a traumatic injury to the brain.
- Concussion symptoms may last from a few days to several months.
- Concussions can cause symptoms which interfere with school, work, and social life.
- An athlete should not return to sports while still having symptoms from a concussion as they are at risk for prolonging symptoms and further injury.
- A concussion may cause multiple symptoms. Many symptoms appear immediately after the injury, while others may develop over the next several days or weeks. The symptoms may be subtle and are often difficult to fully recognize.

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When can an athlete return to play following a concussion?

After suffering a concussion, **no athlete should return to play or practice on that same day.** Previously, athletes were allowed to return to play if their symptoms resolved within 15 minutes of the injury. Studies have shown us that the young brain does not recover quickly enough for an athlete to return to activity in such a short time.

Concerns over athletes returning to play too quickly have led state lawmakers in both Oregon and Washington to pass laws stating that **no player shall return to play following a concussion on that same day and the athlete must be cleared by an appropriate health-care professional before he or she are allowed to return to play in games or practices.** The laws also mandate that coaches receive education on recognizing the signs and symptoms of concussion.

Once an athlete no longer has symptoms of a concussion and is cleared to return to play by health care professional knowledgeable in the care of sports concussions he or she should proceed with activity in a step-wise fashion to allow the brain to re-adjust to exertion. On average the athlete will complete a new step each day. The return to play schedule should proceed as below following medical clearance:

Step 1: Light exercise, including walking or riding an exercise bike. No weight-lifting.

Step 2: Running in the gym or on the field. No helmet or other equipment.

Step 3: Non-contact training drills in full equipment. Weight-training can begin.

Step 4: Full contact practice or training.

Step 5: Game play.

If symptoms occur at any step, the athlete should cease activity and be re-evaluated by their health care provider.

How can a concussion affect schoolwork?

Following a concussion, many athletes will have difficulty in school. These problems may last from days to months and often involve difficulties with short and long-term memory, concentration, and organization.

In many cases it is best to lessen the athlete's class load early on after the injury. This may include staying home from school for a few days, followed by a lightened schedule for a few days, or perhaps a longer period of time, if needed. Decreasing the stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time.

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E 6145.22 (1)

E 6145.22(1)

What can I do?

- Both you and your child should learn to recognize the "Signs and Symptoms" of concussion as listed above.
- Teach your child to tell the coaching staff if he or she experiences such symptoms.
- Emphasize to administrators, coaches, teachers, and other parents your concerns and expectations about concussion and safe play.
- Teach your child to tell the coaching staff if he or she suspects that a teammate has a concussion.
- Monitor sports equipment for safety, fit, and maintenance.
- Ask teachers to monitor any decrease in grades or changes in behavior that could indicate concussion.
- Report concussions that occurred during the school year to appropriate school staff. This will help in monitoring injured athletes as they move to the next season's sports.

Other Frequently Asked Questions

Why is it so important that an athlete not return to play until they have completely recovered from a concussion?

Athletes who are not fully recovered from an initial concussion are significantly vulnerable for recurrent, cumulative, and even catastrophic consequences of a second concussive injury. Such difficulties are prevented if the athlete is allowed time to recover from the concussion and return to play decisions are carefully made. No athlete should return-to-sport or other at-risk participation when symptoms of concussion are present and recovery is ongoing.

Is a "CAT scan" or MRI needed to diagnose a concussion?

Diagnostic testing, which includes CT ("CAT") and MRI scans, are rarely needed following a concussion. While these are helpful in identifying life-threatening brain injuries (e.g. skull fracture, bleeding, swelling), they are not normally utilized, even by athletes who have sustained severe concussions. A concussion is diagnosed based upon the athlete's story of the injury and the health care provider's physical examination.

What is the best treatment to help my child recover more quickly from a concussion?

The best treatment for a concussion is rest. There are no medications that can speed the recovery from a concussion. Exposure to loud noises, bright lights, computers, video games, television and phones (including text messaging) all may worsen the symptoms of a concussion. You should allow your child to rest as much as possible in the days following a concussion. As the symptoms

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lessen, you can allow increased use of computers, phone, video games, etc., but the access must be lessened if symptoms worsen.

How long do the symptoms of a concussion usually last?

The symptoms of a concussion will usually go away within one week of the initial injury. You should anticipate that your child will likely be out of sports for about two weeks following a concussion. However, in some cases symptoms may last for several weeks, or even months. Symptoms such as headache, memory problems, poor concentration, and mood changes can interfere with school, work, and social interactions. The potential for such long-term symptoms indicates the need for careful management of all concussions.

How many concussions can an athlete have before he or she should stop playing sports?

There is no "magic number" of concussions that determine when an athlete should give up playing contact or collision sports. The circumstances surrounding each individual injury, such as how the injury happened and length of symptoms following the concussion, are very important and must be considered when assessing an athlete's risk for further and potentially more serious concussions. The decision to "retire" from sports is a decision best reached following a complete evaluation by your child's primary care provider and consultation with a physician or neuropsychologist who specializes in treating sports concussion.

I've read recently that concussions may cause long-term brain damage in professional football players. Is this a risk for high school athletes who have had a concussion?

The issue of "chronic encephalopathy" in several former NFL players has received a great deal of media attention lately. Very little is known about what may be causing dramatic abnormalities in the brains of these unfortunate retired football players. At this time we have very little knowledge of the long-term effects of concussions which happen during high school athletics.

In the cases of the retired NFL players, it appears that most had long careers in the NFL after playing in high school and college. In most cases, they played football for over 20 years and suffered multiple concussions in addition to hundreds of other blows to their heads. Alcohol and steroid use may also be contributing factors in some cases. Obviously, the average high school athlete does not come close to suffering the total number or shear force of head trauma seen by professional football players. However, the fact that we know very little about the long-term effects of concussions in young athletes is further reason to very carefully manage each concussion.

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Some of this information has been adapted from the CDC's "Heads Up: Concussion in High School Sports" materials by the NFHS's Sports Medicine Advisory Committee. Please go to www.cdc.gov/ncipc/tbi/Coaches_Tool_Kit.htm for more information.

If you have any further questions regarding concussions in high school athletes or want to know how to find a concussion specialist in your area please contact Michael C. Koester, MD, ATC and Chair of the NFHS Sports Medicine Advisory Committee at michael.koester@slocumcenter.com.

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