

## CONCUSSIONS

The School District of Jefferson is committed to the health and safety of its students. A concussion management plan is in place to assist students ease back into school life (academics and social) and safely return to physical activity following a concussion.

Children and adolescents are among those at greatest risk for concussion. Concussions can occur as a result of a fall, or anytime a student's head comes into contact with a hard object. The potential for a concussion is greatest during activities where collisions can occur, such as during sports activities, physical education class, or playground time. A student may also come to school presenting with symptoms following a concussion that occurred outside of school. Prompt recognition and response to concussion symptoms can prevent further injury and aid in recovery. Any student experiencing symptom(s) of concussion following a bump, blow or jolt to the head or body should be referred to a health care provider experienced in evaluating for concussion.

A student removed from an athletic activity for possible concussion may not participate in the athletic activity until he/she has been evaluated by a health care provider and receives written clearance to participate from the health care provider.

Supporting a student's recovery following a concussion requires a collaborative approach between the school, health care provider, parents and student. School staff should be informed of the student's injury and symptoms, as they can assist with the transition process and making accommodations for the student.

In an effort to ensure that concussions are identified early and managed correctly, this policy and attached guidelines shall be made available to and reviewed annually with appropriate staff members, coaches and the school nurse.

ADOPTED: July 10, 2017

REVISED:

LEGAL REF.: Wisconsin Statutes: 118.293  
Wisconsin Act 172

CROSS REF.:

REVIEW DATE: July 10, 2017

## **CONCUSSIONS POLICY GUIDELINES / MANAGEMENT PLAN**

A concussion, or mild traumatic brain injury, is a very complex physiologic event that causes changes in brain function. A concussion can be caused by a blow to the head or even a blow to the body alone. The force of impact can move and twist the brain in the skull. Even what appears to be a mild blow to the head or body can cause the brain to suddenly move or shift. This motion can injure and damage brain cells.

A concussion causes immediate and usually temporary impairment of normal brain function. However, in some instances, symptoms of head injury may not appear for several hours or days after the trauma has occurred. The damage from a head injury may take up to two (2) weeks or longer to heal.

The following Sports Concussion Management Plan guidelines are to be followed when dealing with concussion situations.

### **Sports Concussion Management Plan**

This plan is written in accordance with the recommendation from the Wisconsin Interscholastic Athletic Association (WIAA) and to outline the requirements of the Wisconsin Concussion Law Act 172 (Wis. Stats., Sec. 118.293).

1. Unique Concerns Surrounding Concussions in High School Sports:
  - a. Many schools do not have access to a team physician or an athletic trainer, thus the responsibility for identifying a possible concussion falls on the coaches, parents, and student athletes.
  - b. High school athletes can be reluctant to admit their symptoms for fear of removal from the contest.
  
2. Common Elements of a Concussion:
  - a. Signs of concussion that can be observed in injured athletes:
    - Change in level of consciousness or awareness
    - Dazed or stunned appearance
    - Confusion (plays, position, score)
    - Clumsy or staggering/disequilibrium
    - Delayed verbal or motor responses
    - Behavior changes

- b. Symptoms of Concussion That May Be Reported by the Injured Athletes:
- Headache
  - Nausea/Vomiting
  - Dizzy
  - Sensitive to light or noise
  - Amnesia (cannot remember what happened before and/or after the injury)
  - Feeling mentally foggy
  - Fatigue or feeling tired

Injured athletes may exhibit many or just a few of the above listed elements. The responsibility of the coach is to remove them from participation and notify the parent(s)/guardian(s).

3. Concussion Education for Student Athletes and Parent(s)/Guardian(s)

- a. Once each year, at the beginning of individual sport seasons, student-athletes shall be presented with a copy of the WIAA Wisconsin Concussion/Head Injury Information Sheets, Wisconsin Fact Sheets for Athletes at (<https://www.wiaawi.org/Health/Concussions.aspx>).
- b. Once each year, at the beginning of individual sport seasons, parent(s)/guardian(s) shall be presented with a copy of the WIAA Wisconsin Concussion/Head Injury Information Sheets, Wisconsin Fact Sheets for Parents at (<https://www.wiaawi.org/Health/Concussions.aspx>).
- c. All student-athletes and their parent(s)/guardian(s) will sign a statement (Parent & Athlete Agreement at <https://www.wiaawi.org/Health/Concussions.aspx>) in which the student-athlete accepts the responsibility for reporting their injuries and illnesses to the coaching/athletic training staff, parents, or other health care personnel including signs and symptoms of concussion. This statement will also acknowledge having received and read the above-mentioned educational handouts.
- d. All student-athletes shall be required to participate in the above education prior to their participation in any sport in the School District of Jefferson.

4. Concussion Education for Coaches

- a. Each paid coach shall complete the free “Concussion in Sports” Coaches Training offered by NFHS Learning Center (accessible on the WIAA website) prior to starting their coaching duties.



- c. The student-athlete will receive serial monitoring for deterioration.  
Student-athletes with a suspected concussion should not be unsupervised by an adult at any time (return to the locker room or bus) and should not be allowed to drive home after the injury.
- d. Immediate referral to Emergency Medical Services will be provided for any of the following “Red Flag Signs or Symptoms:”
  - i. Loss of Consciousness
  - ii. Seizure-like activity
  - iii. Decreasing level of alertness
  - iv. Paralysis of limb(s)
  - v. Persistent vomiting
  - vi. At any point where the severity of the injury exceeds the comfort level of the on-site personnel.
- e. For the purposes of this document and in accordance with Wisconsin Act 172, a health care professional is defined as one who is trained and has experience in evaluating and managing pediatric concussions and head injuries and who is:
  - i. A licensed physician (M.D./D.O.)
  - ii. Advanced nurse practitioner
  - iii. Neuropsychologist
  - iv. Physician assistant (PA) working under the direction of a physician (M.D./D.O.).
  - v. Licensed athletic trainer working under the direction of a physician (M.D./D.O.).
- f. Subsequent management of the student-athlete’s concussion shall be at the discretion of the treating health care professional, and may include the following:
  - i. When possible, repeat neurocognitive testing with comparison to baseline test results.
  - ii. Medication management of symptoms (where appropriate)
  - iii. Provision of recommendations for adjustment of academic coursework, including the possible need to be withheld from coursework obligations while still symptomatic. Policy JHCA-E, Academic Accommodation Plan, shall be given to the student for completion by the student’s health care provider.
  - iv. Direction of return-to-play protocol, to be coordinated with the assistance of the licensed athletic trainer:  
<https://www.wiaawi.org/Health/Concussions.aspx>

- v. Final authority for return to play shall reside with the attending health care professional (see 6.e.), or their designee. Prior to returning to competition, the concussed student athlete must have a return-to-play clearance form, or facsimile, signed by a licensed Physician (MD or DO).
- g. After medical clearance, athletes will follow an individualized, stepwise, Return-to-Play protocol managed by health care providers, athletic trainer, and coaches.
  - i. No athlete will be allowed to return to play while having symptoms.
  - ii. Athlete must return to full-load academics without accommodations before returning to the sport.
  - iii. Must not be taking any pain control or headache medication.
  - iv. The plan will allow for no more than one step of increased activity per 24 hours. The plan will allow for a gradual increase in heart rate and physical exertion, coordination and, finally, allowing contact.
  - v. If symptoms return, the athlete should stop activity and notify the health care provider before progressing to the next level.
- h. The plan below may be a guideline for returning concussed athletes when they are symptom-free. The student-athlete's health care provider may prescribe their own plan.
  - i. **Step one:** About 15 minutes of light exercise (i.e., stationary bike or slow jog)
  - ii. **Step two:** More strenuous running and sprinting in the gym or field with no equipment
  - iii. **Step three:** Begin non-contact drills in full uniform. May also resume weightlifting.
  - iv. **Step four:** Full practice with contact
  - v. **Step five:** Full game clearance
- i. The incident, evaluation, continued management, and clearance of the student-athlete with a concussion shall be documented. Coaches are responsible for completing a School District of Jefferson Injury Form that will be delivered to the appropriate school office.

### **Academic Management Plan**

A concussion can affect a student in different ways: physically, cognitively, emotionally and by disturbing their sleep. These symptoms can significantly impact learning. Students returning to school after a concussion injury may experience the following:

- Increased problems paying attention or concentrating
- Increased problems remembering or learning new information

- Longer time needed to complete tasks or assignments
- Greater irritability, less able to cope with stress
- Difficulty organizing tasks
- Symptoms worsen (headache, nausea, fatigue, sensitivity to light or noise, visual problems, dizziness, numbness/tingling, or vomiting) when doing school-related activities.

### **Academic Accommodations**

The goal of academic accommodations is to allow the student to continue learning without interfering with their recovery. Participation in school-related activities can provoke symptoms and lengthen recovery. Providing the appropriate supports can assist recovery and reduce the negative impact on academic functioning.

1. Common academic accommodations the school may provide for students who have been diagnosed with a concussion injury include:
  - a. Shortened school day
  - b. Shortened classes
  - c. Extra time to complete coursework/assignments and tests
  - d. Decrease homework load, excuse non-essential work
  - e. No significant classroom or standardized testing until medically cleared
  - f. Take rest breaks during the day as needed
  - g. Check for return of symptoms listed above when doing activities that require attention or concentration
  - h. Preprinted class notes
  - i. Avoid screen time (computer, Smart Board, television, phone, video games, i-Pod) especially if it aggravates symptoms
  - j. Provide extra help/tutoring
2. The student's health care provider and parents should provide the school with recommended guidelines to assist the student's return to school.
3. These guidelines/recommended academic accommodations should be shared with the student's teachers and appropriate school staff.
4. The school and parents may wish to formalize accommodations through a 504 Plan if symptoms persist following treatment and less formalized accommodations.

**7/10/17**

## Concussion Recovery Academic Accommodation Plan

Date: \_\_\_\_\_

Dear Educator:

Your student, \_\_\_\_\_ (DOB: \_\_\_\_\_) was recently diagnosed with a concussion. Follow-up evaluation and revision of recommendations to occur on: \_\_\_\_\_.

All concussions are serious brain injuries. Though an invisible injury, a concussion can affect a student in different ways: physically, cognitively, emotionally, and by disturbing their sleep. These symptoms can have a significant impact on classroom learning and schoolwork. The following academic accommodations may help in reducing the cognitive (thinking) load, thereby minimizing post-concussion symptoms and allowing the student to better participate in the academic process during the injury period. These academic accommodations are recommended as part of medical care and treatment for this medical condition. The student and parent are encouraged to discuss and establish accommodations with the school on a class-by-class basis. The school and parent may wish to formalize accommodations through a 504 Plan if symptoms persist following treatment and less formalized accommodations.

Your student has been experiencing the following symptoms:

### PHYSICAL

- Headache
- Dizziness
- Balance problems
- Nausea or vomiting
- Fatigue
- Sensitivity to light
- Sensitivity to noise

### SLEEP

- Trouble falling asleep
- Sleeping more than usual
- Sleeping less than usual

### COGNITIVE

- Feeling mentally foggy
- Feeling slowed down
- Difficulty concentrating
- Difficulty remembering
- Difficulty focusing

### EMOTIONAL

- Irritability
- Sadness
- Nervousness
- Heightened emotions

Academic accommodations continued



We ask you to please make the following accommodations to aid in the recovery process.

### ATTENDANCE

- Please excuse absences for the following dates to allow recovery: \_\_\_\_\_
- Based on today's exam, the patient may attend school as tolerated beginning: \_\_\_\_\_
  - Start with:  ¼ day
  - ½ day
  - Full days as tolerated
  - Full days with no restrictions
- Increase school time no faster than every other day
- Increase time spent in school only when symptoms are not overwhelming
- Currently, the student should not be expected to carry a full course load

### WORKLOAD / MULTI-TASKING

- No homework
- Limit homework to \_\_\_\_\_ hours per night
- Prorate work when possible
- Reduce overall amount of make-up work, class work, and homework
- Graded catch-up for missed work

### VISUAL STIMULUS

- Allow student to wear hat and/or sunglasses in school
- Pre-printed notes or class material (or designate a note-taker when possible)
- No smart boards, projectors, computers, TV screens or other bright screens
- Enlarge fonts when possible

### AUDIBLE STIMULUS

- Allow student to leave class 5 minutes early to avoid noisy hallways
- Restrict audible learning (discussions and reading aloud). If possible, text to speech programs
- Allow student to avoid loud or crowded places (auditorium, lunch room, recess and/or music/band/choir)

### TESTING

- No testing
- No testing until caught up with school work
- Extra time to complete tests
- No more than one test per day/every other day
- Oral testing
- Open-book or take-home testing when possible
- Testing in a quiet location

### PHYSICAL EXERTION

- No physical exertion (sports / PE / recess)
- May participate in aerobic, non-contact, non-group activities as tolerated
- No contact sports or activities
- Cleared for physical exertion. Begin return-to-play protocol

### BREAKS

- Allow student to go to nurse's office if symptoms increase
- Allow student to go home if symptoms do not subside

### PLANNING

- Initiate 504 Plan
- Structure a plan for students to complete missing assignments, quizzes, and tests

### OTHER ACCOMMODATIONS

- Allow for snacks and drinks
- Report any changes in mood/personality
- Change settings (brightness/contrast) on screens

Additional instructions: \_\_\_\_\_

Provider Signature (*electronic signature*): \_\_\_\_\_ Date: \_\_\_\_\_

Provider Name (please print): \_\_\_\_\_ Contact #: \_\_\_\_\_