201 Park Street Fort Atkinson, WI 53538 920-563-7800

## **ADMINISTRATIVE RULE 453.12**

## AR453.12 - Concussions

## **DEFINITION OF CONCUSSION**

- 1. According to the 4<sup>th</sup> International Conference on Concussion (2012), concussion is a brain injury and is defined as a complex pathophysiological process affecting the brain, induced by biomechanical forces. Common elements include but are not limited to:
  - a. Symptoms—somatic (e.g., headache), cognitive (e.g., feeling like in a fog) and/or emotional symptoms (e.g., lability);
  - b. Physical signs (e.g., loss of consciousness (LOC), amnesia);
  - c. Behavioral changes (e.g., irritability);
  - d. Cognitive impairment (e.g., slowed reaction times);
  - e. Sleep disturbance (e.g., insomnia).

If any one of these components are present, a concussion should be suspected.

# CONCUSSION EDUCATION FOR COACHES, STUDENT-ATHLETES AND PARENT(S)/GUARDIAN(S)

- 1. Coaches and people organizing student athletic activities
  - a. It is required that each year that the school's administrative staff, coaches, licensed athletic trainers, and the school's nurse shall review the concussion management plan, the Parent Concussion and Head Injury form and the Athlete Concussion and Head Injury Form.
- 2. Student-Athletes and Parent(s)/Guardian(s)
  - a. Prior to the start of a student's first athletic season of each school year, student-athletes and parent/guardians shall be presented with a discussion about concussion information and given a copy of the Parent Concussion and Head Injury form and Athlete Concussion Head Injury Form. These forms will be made available for reference on the district athletic website.
    - i. This information will be presented by the school's licensed athletic trainer in cooperation and consultation with the athletic trainer's supervising physician.
    - ii. Each student-athlete and their parent/guardian shall be required to acknowledge receipt of the concussion information once per academic year prior to participating in a student athletic activity. Any student-athlete and parent/guardian that does not attend a concussion information discussion, shall review the video presentation online and electronically sign the acknowledgement form.
  - b. All student-athletes and their parent/guardian(s) will sign a statement in which the student-athlete accepts the responsibility for reporting their injuries and illnesses including signs and symptoms of concussion to the coaching/athletic training staff, parent/guardian(s) or other health care personnel. This statement will also acknowledge having received the above-mentioned educational handouts.
  - c. All student-athletes shall be required to participate in the above education prior to their participation in any student athletic activity, including practice.

## **BASELINE CONCUSSION ASSESSMENT**

- 1. The Centers for Disease Control and Prevention (CDC) recommends that every two years, student-athletes complete a baseline concussion assessment prior to the beginning of the school year or their individual sports seasons as appropriate.
- 2. The School District of Fort Atkinson requires an annual pre-season neurocognitive test of all student-athletes and will be accomplished through a computerized system. The School District of Fort Atkinson has chosen to partner with health care providers using the ImPACT tool as a baseline.

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## **CONCUSSION ACTION PLAN (INCLUDING FOLLOW UP AND CLEARANCE)**

- 1. For the purpose of this document, a health care professional is defined as one who is trained in the management of concussion and who is:
  - a. A licensed physician (MD or DO)
  - b. Advanced nurse practitioner
  - c. Neuropsychologist
  - d. Physician assistant (PA) working under the direction of a physician (MD or DO)
  - e. Licensed Athletic Trainer working under the direction of a physician (MD or DO)
- 2. When a student-athlete shows any signs, symptoms, or behaviors consistent with a concussion, the athlete shall be removed immediately from practice or competition and be evaluated by school personnel, the Licensed Athletic Trainer, or other health care professional with specific training in the evaluation and management of concussion.
  - a. A student-athlete displaying any sign or symptom consistent with a concussion shall be withheld from the competition or practice and shall not return to activity until receiving clearance from a health care professional as listed above. The student-athlete's parent/guardian shall be notified of the situation as soon as practicable.
  - b. Student-Athletes and their parent/guardian(s) shall receive written instructions upon dismissal from the practice/game.
  - c. Emergency Medical Services should be provided for any of the following "Red Flag Signs or Symptoms":
    - i. Loss of consciousness
    - ii. Seizure-like activity
    - iii. Slurring of speech
    - iv. Paralysis of limb(s)
    - v. Unequal pupils or dilated and non-reactive pupils
    - vi. At any point where the severity of the injury exceeds the comfort level of the on-site health care professional
  - d. Consultation with a health care professional experienced in concussion management shall occur for all student-athletes sustaining a suspected concussion. This consultation may occur by telephone.
- 3. Subsequent management of the student-athlete's concussion shall be at the discretion of the treating health care professional, and may include the following:
  - a. When possible, repeat neurocognitive testing with comparison to baseline test results.
  - b. Medication management of symptoms, where appropriate.
  - c. Provision of recommendations for adjustment of academic coursework, including the possible need to be withheld from coursework obligations while still symptomatic.
    - i. Academic modification recommendations may be necessary to prevent delayed recovery due to the cognitive demands of coursework.
    - ii. Academic modification recommendations will be distributed by the school nurse to appropriate school staff.
    - iii. A student with academic modifications shall not participate in recess, athletic activity, or physical education until cleared by the treating health care professional.
  - d. Direction of Impact Return-to-Play/Return-to-Learn protocol is to be coordinated with the assistance of the licensed athletic trainer
  - e. Final authority for Return-to-Play/Return-to-Learn shall reside with the treating health care professional, or their designee. Prior to returning to competition, the concussed student-athlete must have a Return-to-Play/Return-to-Learn clearance form signed by a health care professional.
    - i. Clearance information will be distributed by the school nurse to the appropriate school staff.