

## Concussion Information - When in Doubt, Sit Them Out!

1. Before a student may participate in practice or competition: At the beginning of a season for a youth athletic activity, the person operating the youth athletic activity shall distribute a concussion and head injury information sheet to each person who will be coaching that youth athletic activity and to each person who wishes to participate in that youth athletic activity. No person may participate in a youth athletic activity unless the person returns the information sheet signed by the person and, if he or she is under the age of 19, by his or her parent or guardian.
2. An athletic coach, or official involved in a youth athletic activity, or health care provider shall remove a person from the youth athletic activity if the coach, official, or health care provider determines that the person exhibits signs, symptoms, or behavior consistent with a concussion or head injury or the coach, official, or health care provider suspects the person has sustained a concussion or head injury.
3. A person who has been removed from a youth athletic activity may not participate in a youth athletic activity until he or she is evaluated by a health care provider and receives a written clearance to participate in the activity from the health care provider.

<p><b>These are some SIGNS concussion (what others can see in an injured athlete):</b></p> <ul style="list-style-type: none"> <li>Dazed or stunned appearance</li> <li>Change in the level of consciousness or awareness</li> <li>Confused about assignment</li> <li>Forgets plays</li> <li>Unsure of score, game, opponent</li> <li>Clumsy</li> <li>Answers more slowly than usual</li> <li>Shows behavior changes</li> <li>Loss of consciousness</li> <li>Asks repetitive questions or memory concerns</li> </ul>	<p><b>These are some of the more common SYMPTOMS of concussion (what an injured athlete feels):</b></p> <ul style="list-style-type: none"> <li>Headache</li> <li>Nausea</li> <li>Dizzy or unsteady</li> <li>Sensitive to light or noise</li> <li>Feeling mentally foggy</li> <li>Problems with concentration and memory</li> <li>Confused</li> <li>Slow</li> </ul>
---	--

Injured athletes can exhibit many or just a few of the signs and/or symptoms of concussion. However, if a player exhibits any signs or symptoms of concussion, the responsibility is simple: remove them from participation. "When in doubt sit them out."

It is important to notify a parent or guardian when an athlete is thought to have a concussion. Any athlete with a concussion must be seen by an appropriate health care provider before returning to practice (including weightlifting) or competition.

### RETURN TO PLAY

Current recommendations are for a stepwise return to play program. In order to resume activity, the athlete must be **symptom free** and off any pain control or headache medications. The athlete should be carrying a full academic load without any significant accommodations for 1-2 days. Finally, the athlete must have clearance from an appropriate health care provider.

The program described below is a guideline for returning concussed athletes when they are symptom free. Athletes with multiple concussions and athletes with prolonged symptoms often require a prolonged or different return to activity program and should be managed by a physician that has experience in treating concussion.

The following program allows for one step per 24 hours. The program allows for a gradual increase in heart rate/physical exertion, coordination, and then allows contact. If symptoms return, the athlete should stop activity and notify their healthcare provider before progressing to the next level.

**STEP ONE:** About 15-30 minutes of light aerobic exercise at a slow to medium pace. This allows for increased heart rate.

**STEP TWO:** More strenuous sport-specific exercise (running, sprinting, skating) without any equipment or contact. This allows for more complex movement and agility.

**STEP THREE:** Begin **non-contact** drills in full uniform. May also begin progressive resistance training. This allows for increased coordination and thinking during exertion.

STEP FOUR: Following medical clearance, full practice with contact. This helps restore confidence and allows coaching staff to fully assess athlete.

STEP FIVE: Full game clearance

## **118.293 Concussion and head injury.**

(1) In this section:

(a) "Credential" means a license or certificate of certification issued by this state.

(b) "Health care provider" means a person to whom all of the following apply:

1. He or she holds a credential that authorizes the person to provide health care.

2. He or she is trained and has experience in evaluating and managing pediatric concussions and head injuries.

3. He or she is practicing within the scope of his or her credential.

(c) "Youth athletic activity" means an organized athletic activity in which the participants, a majority of whom are under 19 years of age, are engaged in an athletic game or competition against another team, club, or entity, or in practice or preparation for an organized athletic game or competition against another team, club, or entity. "Youth athletic activity" does not include a college or university activity or an activity that is incidental to a nonathletic program.

(2) In consultation with the Wisconsin Interscholastic Athletic Association, the department shall develop guidelines and other information for the purpose of educating athletic coaches and pupil athletes and their parents or guardians about the nature and risk of concussion and head injury in youth athletic activities.

(3) At the beginning of a season for a youth athletic activity, the person operating the youth athletic activity shall distribute a concussion and head injury information sheet to each person who will be coaching that youth athletic activity and to each person who wishes to participate in that youth athletic activity. No person may participate in a youth athletic activity unless the person returns the information sheet signed by the person and, if he or she is under the age of 19, by his or her parent or guardian.

(4) (a) An athletic coach, or official involved in a youth athletic activity, or health care provider shall remove a person from the youth athletic activity if the coach, official, or health care provider determines that the person exhibits signs, symptoms, or behavior consistent with a concussion or head injury or the coach, official, or health care provider suspects the person has sustained a concussion or head injury.

(b) A person who has been removed from a youth athletic activity under par. (a) may not participate in a youth athletic activity until he or she is evaluated by a health care provider and receives a written clearance to participate in the activity from the health care provider.

(5) (a) Any athletic coach, official involved in an athletic activity, or volunteer who fails to remove a person from a youth athletic activity under sub. (4) (a) is immune from civil liability for any injury resulting from that omission unless it constitutes gross negligence or willful or wanton misconduct.

(b) Any volunteer who authorizes a person to participate in a youth athletic activity under sub. (4) (b) is immune from civil liability for any injury resulting from that act unless the act constitutes gross negligence or willful or wanton misconduct.

(6) This section does not create any liability for, or a cause of action against, any person.

Possible Information Sheets:

Coaches: <http://www.wiaawi.org/Portals/0/PDF/Health/ConcussionCoaches.pdf>

Parents: <http://www.wiaawi.org/Portals/0/PDF/Health/ConcussionParents.pdf>

Athletes: <http://www.wiaawi.org/Portals/0/PDF/Health/ConcussionAthletes.pdf>

Order CDC materials: <http://wwwn.cdc.gov/pubs/ncipc.aspx#tbi4>

## **Sudden Cardiac Arrest**

Sudden cardiac arrest is the leading cause of death in young athletes while training or participating in sport competition. Even athletes who appear healthy and have a normal preparticipation screening may have underlying heart abnormalities that can be life threatening.

### **What is Sudden Cardiac Arrest?**

1. Occurs suddenly and often without warning.
2. An electrical malfunction (short-circuit) causes the bottom chambers of the heart (ventricles) to beat dangerously fast (ventricular tachycardia or fibrillation) and disrupts the pumping ability of the heart.
3. The heart cannot pump blood to the brain, lungs and other organs of the body.
4. The person loses consciousness (passes out) and has no pulse.
5. Death occurs within minutes if not treated immediately.

### **What are the symptoms/warning signs of Sudden Cardiac Arrest?**

1. Fainting/blackouts (especially during exercise)
2. Dizziness
3. Unusual fatigue/weakness
4. Chest pain
5. Shortness of breath
6. Nausea/vomiting
7. Palpitations (heart is beating unusually fast or skipping beats)
8. Family history of sudden cardiac arrest at age < 50

**ANY of these symptoms/warning signs that occur while exercising may necessitate further evaluation from your physician before returning to practice or a game.**

**\*\* Note that a student-athlete who exhibits unexplained fainting may be SCA because it is the number one warning sign of a potential heart condition. \*\***

There is potential for effective secondary prevention of sudden cardiac death by having automated external defibrillators (AEDs) easily accessible and trained staff available. The presence of trained individuals and access to AEDs at sporting venues provides a potential means of early defibrillation, not only for athletes but also for spectators, coaches, officials, event staff and other attendees in the case of sudden cardiac arrest.

It is advisable to have an **Emergency Action Plan** in place for all sport practice and competition sites that outlines the plan of action in case of the sudden collapse of an athlete. It is advisable to review and practice the emergency action plan with respective school personnel, coaches, on site medical personnel and local EMS.

**Time is Critical:** If not properly treated within minutes, SCA is fatal in 92% of cases.

### **Basic actions include:**

1. have a cell phone available at all venues
2. immediately activate EMS
3. Immediately initiate continuous CPR (push hard, push fast, push often)

Your school's medical personnel (team physician, licensed athletic trainer, school nurse) and/or local EMS may wish to assist in the development and implementation, if not already in place, of the **emergency preparedness plan** for the management of the collapsed athlete. the "Inter-association task Force recommendations on emergency Preparedness and Management of sudden cardiac arrest in high school and college athletic Programs; a "**consensus statement**" is one source of guidance as to the development and implementation of an emergency action plan for the management of sudden cardiac arrest in an athlete.

### **What are ways to screen for Sudden Cardiac Arrest?**

1. The American Heart Association recommends a pre-participation history and physical including 12 important cardiac elements.
2. The WIAA Pre-Participation Physical Evaluation – Medical History form includes ALL 12 of these important cardiac elements and is mandatory bi-annually.
3. Additional screening using an electrocardiogram and/or an echocardiogram is readily available to all athletes, but is not mandatory.

## Cochrane-Fountain City Middle School / High School

### Statement Acknowledging Receipt of Education and Responsibility to report signs or symptoms of concussion to be included as part of the “Participant and Parental Disclosure and Consent Document”.

I, \_\_\_\_\_, of Cochrane-Fountain City Middle School / High School  
*Student/Athlete Name*

hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion and sudden cardiac arrest. I also acknowledge my responsibility to report to my coaches, parent(s)/guardian(s) any signs or symptoms of a concussion. I certify that I have read, understand, and agree to abide by all of the information contained in this sheet. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

---

*Signature and printed name of student/athlete*

*Date*

I, the parent/guardian of the student athlete named above, hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion and sudden cardiac arrest. I certify that I have read, understand, and agree to abide by all of the information contained in this sheet. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

---

*Signature and printed name of parent/guardian*

*Date*