

# CONCUSSION INFORMATION SHEET

## DEFINITION

**Both the applicant student and parent/guardian must read carefully and agree.**

A concussion is a brain injury that may be caused either by a direct blow to the head, face, neck or elsewhere on the body with an “impulsive” force transmitted to the head, and typically result in the rapid onset of a variety of symptoms that can impair neurological function. **In some cases, signs and symptoms may appear within minutes or up to hours after injury.** Below are lists of common signs and symptoms that may be observed:

### Physical Signs:

- Loss of consciousness
- Nausea or vomiting
- Blurred, double, or fuzzy vision
- Sensitivity to light or noises
- Balance problems
- Difficulty sleeping or insomnia
- Slowed reaction times
- Behavior or personality changes
- Sluggish

### Symptoms:

- Headache
- Feeling in a fog
- Confusion
- Irritability
- Nervousness or anxiety
- Difficulty concentrating
- Memory loss
- Fatigue
- Drowsiness

### Certain signs may be observable to coaches, parents, and teammates:

- Athlete appears dazed
- Vacant facial expression
- Confused about an assignment
- Forgets plays
- Is unsure of games, score, or opponent
- Moves clumsily or appears uncoordinated
- Answers questions slowly
- Slurred speech
- Inability to recall events before or after the injury
- Seizures or convulsions
- Loss of consciousness

### What if my child has a concussion & keeps on playing or returns too soon?

While signs and symptoms may vary from mild to severe in intensity, all concussions are serious injuries and should be treated as such. In other words, even a “ding” or bump on the head can be serious. Loss of consciousness does not need to occur in order to be diagnosed with a concussion. Any athlete suspected of having a concussion should be removed from physical activity immediately and treated by one of the licensed medical professionals listed below (See WIAA Concussion Management). It is well known that adolescent

athletes will often under report symptoms of injuries, and concussions are no different. **Continuing to play with the signs and symptoms of a concussion can put the athlete at a significant risk to a much worse injury, known as second impact syndrome. This can result in prolonged recovery, serious brain injury, or even death.** Regarding this, it is crucial that athletes understand the severity of concussions and report any symptoms that they may be experiencing. Most concussions (80-90%) will resolve within 7-10 days **if treated properly**. Administrators, coaches, parents, and teammates can all take part to make sure every student-athlete's safety is a priority.

## WIAA Concussion Management

In accordance to the WIAA, athletes may only be cleared by any of the five approved health care providers regarding concussion management:

- Medical Doctors (MD)
- Doctor of Osteopathy (DO)
- Advanced Registered Nurse Practitioner (ARNP)
- Physicians Assistant (PA)
- Licensed Certified Athletic Trainers (AT/L)

Please visit the WIAA website to learn more: <https://www.wiaa.com/health-wellness-welcome/>

However, athletes **MUST STILL** complete the return to play protocol after receiving clearance from any of these licensed health care providers. The athlete may not immediately return to their sport after given clearance from their health care provider.

## Zachery Lystedt Law - House Bill 1824

The Lystedt law dictates that any athlete suspected of having a concussion must be removed from physical activity immediately and may not return until he/she has been evaluated and received written clearance from one of the five WIAA approved licensed health care providers listed above. Athletes that suffer from a concussion must go through a graded return to play protocol to ensure they have completely recovered and can tolerate returning to their sport.

## Return to Play (RTP) Protocol

An athlete (High School or Middle School) may only begin RTP protocol when he/she has been symptom free for a minimum of 48 hours (High School) or seven days (Middle School). Symptom free is defined a NO exhibition of any signs of concussion.

The RTP protocol consists of a 5 day progression of physical activity:

- **Day 1:** 10-15 minutes light aerobic activity (less than 60% max HR)
- **Day 2:** 20-25 minutes moderate aerobic activity (less than 80% max HR)
- **Day 3:** 20-30 minutes moderate to heavy aerobic activity including exertional activity
- **Day 4:** Participation in limited, non-contact practice
- **Day 5:** Full participation in athletic practice

Each step is pending the athlete is completely symptom free from initiation of one step until the initiation of the following step.

If the athlete does begin to experience symptoms at all during this time frame, he/she will be dropped back to the previous successful level of completion.

If the athlete begins to experience symptoms two consecutive days in a row, he/she will begin another 48 hour minimum symptom free period. **This will apply to both High School and Middle School athletes.**

Athletes must be seen by the athletic trainer consecutively unless otherwise discussed by the athletic trainer and the athlete or parents. Middle school athletes will have access to the high school trainers. High school trainers will be involved in the return to play protocol for middle school athletes in conjunction with the middle school coach.

Should the athlete successfully complete step 5 without experiencing any concussion symptoms, he/she will be considered completely released back to full participation.

## **ImPact Testing (HIGH SCHOOL ONLY)**

Each athlete is required to have a Baseline ImPact Test on file before participating in any athletic event. Should an athlete sustain a concussion, he/she will be required to take a Post-Injury ImPact Test. The first Post-Injury test will be administered when the athlete's symptoms are not actively worsening. Post-Injury tests may be repeated depending on the athlete's score. The Baseline and Post-Injury results will be compared by the athletic trainer and/or other licensed practitioners as defined by the Lysted Law.

Post-Injury scores must be within an acceptable range of the Baseline score as decided by the athletic trainer and/or the licensed practitioner. ImPact scores will be sent electronically from the athletic trainer to the licensed practitioner.

## **ImPACT Testing**

ImPACT Testing is a computerized neurocognitive tool used to help monitor an athlete's signs and symptoms after a concussion and make sure they safely return to play. Prior to the beginning of the season, each athlete is required to have a baseline ImPACT Test on file. In the event that an athlete sustains a concussion, the athlete will take the ImPACT Test again and the results will be compared to the baseline score. This test will be administered approximately 3 to 4 days post-concussion and can then be administered weekly thereafter to ensure the athlete is returning to their normal baseline score. The objective data from the ImPACT Test is used in conjunction with an evaluation by a WIAA approved licensed medical professional and return to play protocol in order to help assure the safest possible return to activity for the athlete.

## **Multiple Concussions**

In the event an athlete should sustain more than one concussion within a season or school year, intervention with the athletic trainer, parents, and other licensed medical professionals may be warranted regarding the athlete's participation with sports. No two concussions are alike, and each athlete experiences different symptoms from a concussion, especially when the athlete receives more than one concussion. Therefore, each concussion will be treated at the athletic trainer's discretion. Further intervention may require a longer rest or healing period, a longer duration for the return to play protocol, an evaluation by a WIAA approved licensed



medical professional or neurological specialist, removal of the athlete from contact sports, or termination from sports entirely.

## References

*International Consensus Conference on Concussion in Sport*

McCroy, P., Meeuwisse, W.H., & Aubry, M. et al. Consensus statement on concussion in sport: the 4th international conference on concussion in sport held in Zurich, November 2012. (2013). *Br J Sports Med*, 47: 250-258.

WIAA

<https://www.wiaa.com/health-wellness/>

*Center for Disease Control and Prevention*

<https://www.cdc.gov/headsup/>

If you feel your child may have suffered a concussion, it is your responsibility to inform the coach and/or athletic trainer so proper treatment may be administered. Remember, it is better to miss one game than to miss the entire season or possibly suffer long term health issues.

## Conclusion & Agreement

Head injuries in youth sports are very serious issues. The team of licensed health care professionals, including the school licensed Athletic Trainer, all work together to provide the proper and timely care to young athletes sustaining concussions in order to safely return them to their respective sports. It is their professional duty to make return to play decisions based on what is best for each individual and their livelihood.

**“When in doubt, the athlete sits out.”**

I have read and understand the above information regarding the signs and symptoms, treatment, and management of concussions.



# Sudden Cardiac Arrest

## Information Sheet for

### Student-Athletes, Coaches and Parents/Guardians

SSB 5083 ~ SCA Awareness Act



**What is sudden cardiac arrest?** Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop beating and the individual to collapse. SCA is the leading cause of death in the U.S. afflicting over 300,000 individuals per year.

***SCA is also the leading cause of sudden death in young athletes during sports***

**What causes sudden cardiac arrest?** SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult. SCA is more likely during exercise or physical activity, placing student-athletes with undiagnosed heart conditions at greater risk. SCA also can occur from a direct blow to the chest by a firm projectile (baseball, softball, lacrosse ball, or hockey puck) or by chest contact from another player (called "commotio cordis").

While a heart condition may have no warning signs, some young athletes may have symptoms but neglect to tell an adult. If any of the following symptoms are present, a cardiac evaluation by a physician is recommended:

- Passing out during exercise
- Chest pain with exercise
- Excessive shortness of breath with exercise
- Palpitations (heart racing for no reason)
- Unexplained seizures
- A family member with early onset heart disease or sudden death from a heart condition before the age of 40

**How to prevent and treat sudden cardiac arrest?** Some heart conditions at risk for SCA can be detected by a thorough heart screening evaluation. However, all schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gaspings). SCA can be effectively treated by immediate recognition, prompt CPR, and quick access to a defibrillator (AED). AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restore a normal heart rhythm.

***Remember, to save a life: recognize SCA, call 9-1-1, begin CPR, and use an AED as soon as possible!***



### Cardiac 3-Minute Drill

#### 1. RECOGNIZE

##### Sudden Cardiac Arrest

- Collapsed and unresponsive
- Abnormal breathing
- Seizure-like activity

#### 2. CALL 9-1-1

- Call for help and for an AED

#### 3. CPR

- Begin chest compressions
- Push hard/ push fast (100 per minute)

#### 4. AED

- Use AED as soon as possible

#### 5. CONTINUE CARE

- Continue CPR and AED until EMS arrives



**Be Prepared!  
Every Second  
Counts!**