KENAI PENINSULA BOROUGH SCHOOL DISTRICT

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SCHOOL BOARD COMMUNICATION

Title:	**KPBSD Concussion Guidelines and Education and Requirements**		
Date:	**November 8, 2011**	**Item Number:**	Work session
Administrator:	**John O'Brien, Director of Secondary Education & Student Activities through Dave Jones, Assistant Superintendent**		
Attachments:	**- Memo to Administrators, AD's, and Coaches on Concussion Guidelines, Education, and Requirements** **- Cover letter for the KPBSD Return to Play form; Return to Play form** **- Parent Guide to Concussions in Sports** **- ASAA Parent and Student Acknowledgement and Consent Form**		

☐ **Action Needed** ☐ **For Discussion** [X] **Information** ☐ **Other:** _____

BACKGROUND INFORMATION

In August a new Alaska State Law came into effect requiring training for all coaches in recognition of concussions & return to play recommendations for athletes, parent/athlete education/awareness, and "return to play" requirements. The Secondary Education & Student Activities department along with Health Services has developed the following guidelines and procedures based on CDC, NFHS, and ASAA recommendations/guidance. These guidelines and procedures will be presented to the KPSAA Executive Board for approval at the November 10th, 2011, meeting.

ADMINISTRATIVE RECOMMENDATION

Next steps: The KPSAA Executive Board will need to review and approve.

KENAI PENINSULA BOROUGH SCHOOL DISTRICT

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To: High School Administrators, Athletic Directors, and Coaches
From: John O'Brien, Director of Secondary Education & Student Activities
RE: Concussion Guidelines and Education and Requirements
Date: October 12, 2011

Alaska State law requires school districts to ensure that all coaches are trained in concussion awareness, provide clear guidelines for response to suspected/actual concussions, formalize "return to play" procedures, and educate parents and athletes on concussion awareness.

KPBSD and KPSAA has established and adopted the following expectations for our schools and coaching staff:

1) All coaches (paid and volunteer) who work with KPBSD high school athletes must take the CDC/NFHS "Free online training for Coaches of High School Sports" course before their first practice with athletes. They will need to print off the certificate of completion before they log off and provide a copy to the AD. AD's will then send completed certifications to Human Resources, who have a district google doc to keep track of coaches who have completed the training. AD's and administrators will have access to view the doc. The course can be found by going to the CDC page entitled Heads Up: Concussion in High School Sports or at: http://www.nfhslearn.com/electiveDetail.aspx?courseID=15000.

2) A copy of the ASAA "A Parent's Guide to Concussion in Sports" must be provided to parents and athletes. They will sign the ASAA Parent and Student Acknowledgement and Consent form confirming they were provided the information about concussions. These forms can be found on the ASAA or KPSAA sites for printing and distribution. You are to keep copies in the AD office files along with other paperwork.

3) This applies to all sports including intramurals, not just football and hockey. Please remind your football coaches that full contact should not take place until after the third practice.

4) When a concussion is suspected or confirmed, guidelines are set forth in the Concussion Return to Play form which can be found in the KPSAA handbook and online at the KPSAA page.

Please go over these expectations with your coaching staff

If you have any questions or concerns regarding concussions please contact John O'Brien at (907) 714-8884.

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Medical management of sports-related concussion continues to evolve. Recently, there has been a significant amount of new research regarding sports-related concussions in high school athletes.

The Kenai Peninsula School District (KPBSD) seeks to provide a safe return to activity for all athletes following any injury, but particularly after a concussion/head injury. In order to effectively and consistently manage these injuries, procedures have been developed to aid in insuring that concussed athletes:

- are identified, treated and referred appropriately,
- receive appropriate follow-up medical care during the school day (including academic accommodations), and
- are fully recovered prior to returning to activity.

According to Alaska state law, ***any student suspected of having a concussion must be immediately removed from play***. The student must be evaluated by a health care provider who is "certified and qualified" in the diagnosis and treatment of concussion before they can return to play. This return-to-play (RTP) form has been developed in an effort to create a standard protocol among KPBSD schools defining the step-by-step process by which students suspected of having a head injury may progressively return to full school participation, inclusive of both cognitive and athletic activities.

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.

What are the signs and symptoms of a concussion?

SIGNS OBSERVED BY PARENTS, FRIENDS, TEACHERS OR COACHES
Appears dazed or stunned
Is confused about what to do
Forgets plays
Is unsure of game, score, or opponent
Moves clumsily
Answers questions slowly
Loses consciousness
Shows behavior or personality changes
Can't recall events prior to hit
Can't recall events after hit

SYMPTOMS REPORTED BY ATHLETE
Headache
Nausea
Balance problems or dizziness
Double or fuzzy vision
Sensitivity to light or noise
Feeling sluggish
Feeling foggy or groggy
Concentration or memory problems
Confusion

What should I do if I think my child has had a concussion?

If an athlete is suspected of having a concussion, he or she must be immediately removed from play, be it a game or practice. Continuing to participate in physical activity after a concussion can lead to worsening concussion symptoms, increased risk for further injury, and even death. Parents and coaches are not expected to be able to "diagnose" a concussion, as that is the job of a medical professional. However, you must be aware of the signs and symptoms of a concussion and if you are suspicious, then your child must stop playing:

When in doubt, sit them out!

All athletes who sustain a concussion need to be evaluated by a health care professional who is familiar with sports concussions. You should call your child's physician and explain what has happened and follow your physician's instructions. If your child is vomiting, has a severe headache, is having difficulty staying awake or answering simple questions he or she should be taken to the emergency department immediately.

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.

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

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.

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**.

April 2010

kpbsd Concussion 'Return to Play' Form

This form is adapted from the Acute Concussion Evaluation (ACE) care plan on U.S. Centers for Disease Control web site (www.cdc.gov/concussion/) as well as the NCHSAA, Mat-Valley, and FNSB Concussion Return to Play forms. All medical providers are encouraged to review this site for any questions regarding the most current information on evaluation and care of the scholastic athlete following a concussion injury.

Student Name _____ Date of Birth _____

School _____ Team/Sport _____

HISTORY of INJURY Completed by (circle one): Licensed Athletic Trainer First Responder Coach Parent Student

Date of Injury _____ ☐Please see attached information ☐Please see further history on back of form

Did the Athlete experience:	**(Circle One)**		**Duration/Resolution**	
Loss of consciousness or unresponsiveness?	**Yes**	**No**	**Duration: _____**	
Seizure or convulsive activity?	**Yes**	**No**	**Duration: _____**	
Balance problems/unsteadiness?	**Yes**	**No**	**If Yes, has this resolved?**	**Yes or No**
Dizziness?	**Yes**	**No**	**If Yes, has this resolved?**	**Yes or No**
Headache?	**Yes**	**No**	**If Yes, has this resolved?**	**Yes or No**
Nausea?	**Yes**	**No**	**If Yes, has this resolved?**	**Yes or No**
Emotional instability (abnormal laughing, crying, smiling, anger)?	**Yes**	**No**	**If Yes, has this resolved?**	**Yes or No**
Confusion?	**Yes**	**No**	**If Yes, has this resolved?**	**Yes or No**
Difficulty concentrating?	**Yes**	**No**	**If Yes, has this resolved?**	**Yes or No**
Vision problems?	**Yes**	**No**	**If Yes, has this resolved?**	**Yes or No**
Other? _____	**Yes**	**No**	**If Yes, has this resolved?**	**Yes or No**

Signature _____ **Date** _____

HEALTHCARE PROVIDER RECOMMENDATIONS based on today's evaluation: (PLEASE INITIAL EACH RECOMMENDATION THAT APPLIES)

REMEMBER:
1. ***Athlete should NOT return to school, practice or play the same day head injury occurred.***
2. ***Athlete should never return to practice or play if having ANY symptoms.***
3. *Athletes, be sure your coach and/or athletic trainer is aware of your injury, symptoms, and has the contact information for the treating healthcare provider.*

School/Academics— **Physical or cognitive activity that provokes recurrence of concussive symptoms may delay recovery and increase risk of future concussion.**

☐ Gradual return to academics following steps 0-3 listed below.

☐ May return to school now. ☐ May return to school on _____. ☐ Out of school until follow-up visit.

Physical Education ☐ Do NOT return to PE class at this time. ☐ May return to PE class at this time.

Sports ☐ Do not return to sports practice or competition at this time.

☐ May gradually return to sports practice under supervision of personal licensed healthcare provider.

☐ May be advanced back to competition after phone conversation with attending medical provider.

☐ Must return to attending health care provider for final 'return to competition' clearance.

☐ Cleared for full participation in all academic and physical/sports activities without restriction.

Healthcare Provider Name (please print) _____MD, DO, NP, PA-C, LAT, Neuropsychologist (circle one)

Office Address _____

Phone Number _____

Signature (Required) _____ Date _____

Per Alaska Law, the healthcare provider must be "certified and qualified" in the diagnosis and treatment of concussion. Healthcare Provider may include MD, DO, ANP, PA-C, Certified Athletic Trainer, and/or Neuropsychologist in compliance with Alaska Concussion law for RTP clearance.

Gradual Return to Play (RTP) Plan: *Return to play occurs in gradual steps. Begin with light aerobic exercise to increase heart rate only (e.g. stationary cycle); move to increasing heart rate with movement (e.g. running); add controlled contact if appropriate; finally, return to sports competition. Pay careful attention to symptoms, thinking, and concentration skills at each stage/ activity. After completion of each step without symptom return, move to next level of activity on the following day.* ***Move to next activity level only if no symptoms at present level.*** *IF symptoms return, notify health care provider, stop all physical and cognitive activity for 24 hours, and then reinitiate activities at previous level.*

Day 0: **First 24 hours following injury—No physical or mental exertion (Cognitive Rest).** Refrain from cognitive activities including academics, texting, television, reading, video gaming, computer work and activities, driving, exercise, rough-housing, etc.

Day 1: **Low levels of physical activity (i.e. symptoms do not come back during or after the activity); no weightlifting.** This includes walking, light jogging, and light stationary biking. **Athletes may return to ½ full school day with exertional restriction (No PE). No homework, no tests.**

Day 2: **Moderate levels of physical activity with body/head movement; no weightlifting.** This includes moderate jogging, brief running, moderate intensity on the stationary cycle, **Homework can be added but no academic testing.**.

Day 3: **Heavy non-contact physical activity.** This includes sprinting/running, high intensity stationary cycling, return to weight lifting (low weight—moderate reps, no bench, no squats), non-contact sport specific drills (agility-w/3 planes of movement). **Full academic release at this point.**

Day 4: **Sport specific practice.** Moderate intensity weight lifting (reduce time and/or reduce weight from typical routine).

Day 5: **Full contact in controlled drill or practice.**

Day 6: **Return to competition.**

COMMENTS and/or FURTHER HISTORY:

ASAA Parent and Student Acknowledgement and Consent

The _____ School District requires that each athlete and each athlete's parent/guardian, receive a copy of its guide entitled "A Parents Guide to Concussion in Sports". This guide sets forth a description of the nature and risks of Concussion.

Parents and athletes should review the Guide, discuss it at home, and direct any questions to the coach, school nurse, or activities principal.

Parents and athletes need to annually acknowledge receipt of "A Parents Guide to Concussion in Sports", and understand its contents.

Student/Parent/Guardian Acknowledgement (required for all athletes)

I acknowledge that I have received a copy of "A Parents Guide to Concussion in Sports", and understand its contents.

Student Signature _____ **Print Name** _____

Date of Birth _____/_____/_____ **Date** _____/_____/_____

Parent/Guardian signature is required for all athletes under 18 years of age. If 18 or older, the athlete must sign below consent.

Parent/Guardian Signature _____ **Print Name** _____

Date _____/_____/_____