



Wyoming Department of Education

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Memorandum No. 2011-092

TO: School District Superintendents
School Principals
Athletic Directors

FROM: Meaghan M. McClellan, BSN, RN
Innovative Connections & Support/Health, Safety and Nutrition

DATE: June 20, 2011

SUBJECT: Model Policies and Compliance with Recent Legislation

IMPORTANT REMINDER

Pursuant to attached Enrolled Act NO. 97, adopted by the 2011 Wyoming General Session of the Legislature, each school district must develop protocols for training coaches, athletic trainers, and students regarding head injury and concussion resulting from athletic activities. Each district's protocols must also address restrictions on an athlete's participation in school athletic events after a concussion or head injury, and include means for providing to students and parents information on head injuries and concussions.

In order to support our districts in the development of these policies, the Wyoming Department of Education has relied heavily on the tenets held by *The Children's Hospital of Colorado* (www.thechildrenshospital.org) and *The Wyoming High School Activities Association* (www.whsaa.org). The attached example is intended to give districts a model for moving forward. However, this approach is by no means mandatory, as policy development allowing for local custom is encouraged. There are also resources available online for drafting your policy through The National Federation of State High School Association's Sports Medicine Advisory Committee: http://www.ihsa.org/initiatives/sportsMedicine/files/NFHS_Concussion_Brochure.pdf.

When your district has developed an individualized local policy, please forward a copy to Meaghan McClellan at mmcclle@educ.state.wy.us for review. This will allow us to ensure that all requirements of the law have been provided for.

We truly appreciate your prompt response to this request, as the protocols must be approved for the school year 2011-2012.

MMM:rs

Attachments (4)

**TRAINING, INFORMATION AND RESTRICTIONS ON PARTICIPATION
FOR STUDENT ATHLETE CONCUSSIONS**

PROTOCOLS

In order to address risks associated with concussions and other head injuries resulting from athletic injuries, the school district adopts the following protocols:

Definitions:

“Athletic coach or trainer” means any paid or volunteer individual whose responsibilities include coaching, athletic training, or advising a school athletic team or club.

“Health care provider” means any person who is licensed and qualified under Wyoming law to provide health care services and is also permitted to perform a pre-participation athletic physical examination.

“School athletic event” means a game, competition, or practice associated with an athletic activity sanctioned by the Wyoming High School Activities Association or a game, competition, or practice associated with school-sponsored athletic activities in a middle or junior high school which directly corresponds to those high school activities sanctioned by the Wyoming High School Activities Association.

“Student athlete” means a middle school, junior high school, or senior high school student who engages in or seeks to engage in a school athletic event.

“Symptoms” means any change in the athlete’s behavior, thinking, or physical functioning, as self-reported by the athlete.

“Signs” means any change in the athlete’s behavior, thinking, or physical functioning, as observed by a coach or trainer, or school official, or another student athlete.

“Head injury” means a mild, moderate, or severe traumatic brain injury and is not intended to include superficial injuries to the head or face that do not involve trauma or potential trauma to the brain.

“Youth Athletic Activity” means any athletic activity related to competition, practice, or training exercises among middle school, junior high school or senior high school student athletes.

1. Training of Coaches and Athletic Trainers to Facilitate the Recognition of Signs of Concussions.
 - A. Every coach and athletic trainer shall annually complete a concussion recognition education course. The course shall be completed prior to the start of the first athletic season in which the coach or athletic trainer provides assistance for youth athletic activities during the school year.
 - B. The concussion recognition education course shall, at a minimum, include:
 - i) Information on how to recognize the physical and cognitive signs and symptoms of a concussion;
 - ii) The necessity of obtaining proper medical attention for a person who is suspected of having a concussion;
 - iii) Information regarding the nature and risk of concussions, including the danger of continuing to play after sustaining a concussion; and
 - iv) The proper method of allowing a student athlete who has sustained a concussion to safely return to athletic activity. This may include training regarding a progressive physical activity program.
2. Restrictions Concerning Participation in School Athletic Events After Suffering a Head Injury (Concussion)
 - A. A coach or athletic trainer shall immediately remove the student athlete from the school athletic event and shall not allow the athlete to continue participation in a school athletic event on the same day that the student athlete meets one or both of the following criteria:
 - i) Exhibits physical or cognitive signs or symptoms consistent with a concussion or other head injury after a coach, athletic trainer, school official, or student athlete reports, observes, or suspects that the student athlete exhibiting these signs or symptoms has sustained a concussion or other head injury, and the signs and symptoms cannot be readily explained by a condition other than concussion; or
 - ii) Has been suspected by an athletic coach, trainer or health care provider of having a concussion or other head injury.

- B. If a student athlete is removed from a school athletic event pursuant to Section 2(A), the coach or athletic trainer shall make reasonable efforts to notify the athlete's parent or legal guardian that the student is suspected of having sustained a concussion or other head injury.
 - C. If a student athlete is removed from a school athletic event pursuant to Section 2(A), the coach or athletic trainer shall not permit the student athlete to return to the athletic event or to participate in any youth athletic activity involving physical exertion until the student athlete has been evaluated by a health care provider and receives written clearance from the health care provider to return to participation in the youth athletic activity.
 - D. Any student athlete who loses consciousness during an event, whether related to a head injury or not, shall not be allowed to participate for the remainder of that day and, in order to return to practice or play in the future, the student must have medical clearance by a practitioner licensed by the State Board of Medicine. WHSAA Rule 2.4.5.
3. Information to Students and Parents Regarding Head Injuries and Related Restrictions on Participation in Athletic Activities
- A. At the beginning of each academic year, each public middle, junior high and high school within the district shall provide to a student athlete and the student athlete's parent or guardian, a form with information pertaining to concussion and other head injury. The school district shall receive signatures on the form from the student athlete and the student athlete's parent or guardian before permitting the student to begin participating in youth athletic activities for that academic year. This form may be combined with other consent to participate forms utilized by the school or in connection with registration forms, at the discretion of the school/athletic administrator.

Adopted:

**TRAINING, INFORMATION AND RESTRICTIONS ON PARTICIPATION
FOR STUDENT ATHLETE CONCUSSIONS**

Because a concussion is a type of traumatic brain injury, it should always be treated carefully and seriously. Young athletes are particularly vulnerable to the effects of a concussion, which has the potential to result in short or long-term changes in brain function or, in some cases, death. Any time the signs or symptoms of a concussion are observed by or reported to school personnel, precautions should immediately be taken. The school district has developed protocols for the training of coaches and athletic trainers to facilitate the recognition of symptoms of concussions and to address restrictions concerning participation in school athletic events after suffering a concussion or head injury. The district has also developed protocols which require providing information to students and parents on head injuries and concussions and related restrictions on participation in athletic activities. The school administration and Activities Director shall take the appropriate steps to ensure that the district's coaches, athletic trainers, volunteers and other individuals responsible for coaching, providing athletic training, or advising school athletic teams, comply with the district's protocols as set forth in Regulation JJIF-R(1).

Adopted:

ENROLLED ACT NO. 97, SENATE

SIXTY-FIRST LEGISLATURE OF THE STATE OF WYOMING
2011 GENERAL SESSION

AN ACT relating to education; requiring school boards to develop protocols for training of coaches and athletic trainers and education of students regarding head injury and concussion resulting from athletic activities; and providing for an effective date.

Be It Enacted by the Legislature of the State of Wyoming:

Section 1. W.S. 21-2-202(a) by creating a new paragraph (xxxii) and 21-3-110(a) by creating a new paragraph (xxx) are amended to read:

21-2-202. Duties of the state superintendent.

(a) In addition to any other duties assigned by law, the state superintendent shall:

(xxxii) To assist local school districts in developing protocols under W.S. 21-3-110(a)(xxx) and in sufficient time to enable school districts to adopt and implement protocols commencing school year 2011-2012, develop model protocols for addressing risks associated with concussions and other head injuries resulting from athletic injuries. No district shall be required to adopt any part of the model protocols.

21-3-110. Duties of boards of trustees.

(a) The board of trustees in each school district shall:

(xxx) Commencing school year 2011-2012, adopt protocols to address risks associated with concussions and other head injuries resulting from athletic injuries. The protocols shall:

ORIGINAL SENATE
FILE NO. 0038

ENROLLED ACT NO. 97, SENATE

SIXTY-FIRST LEGISLATURE OF THE STATE OF WYOMING
2011 GENERAL SESSION

(A) Include training of coaches and athletic trainers to facilitate the recognition of symptoms of concussions;

(B) Address restrictions concerning participation in school athletic events after suffering a concussion or head injury;

(C) Include means for providing to students and parents information on head injuries and concussions and related restrictions on participation in athletic activities.

Section 2. This act is effective July 1, 2011.

(END)

Speaker of the House

President of the Senate

Governor

TIME APPROVED: _____

DATE APPROVED: _____

I hereby certify that this act originated in the Senate.

Chief Clerk



SUGGESTED GUIDELINES FOR MANAGEMENT OF CONCUSSION IN SPORTS

National Federation of State High School Associations (NFHS) Sports Medicine Advisory Committee (SMAC)

Introduction

A concussion is type of traumatic brain injury that interferes with normal function of the brain. It occurs when the brain is rocked back and forth or twisted inside the skull as a result of a blow to the head or body. What may appear to be only a mild jolt or blow to the head or body can result in a concussion.

The understanding of sports-related concussion has evolved dramatically in recent years. We now know that young athletes are particularly vulnerable to the effects of a concussion. Once considered little more than a “ding” on the head, it is now understood that a concussion has the potential to result in short or long-term changes in brain function, or in some cases, death.

What is a concussion?

You’ve probably heard the terms “ding” and “bell-ringer.” These terms were once used to refer to minor head injuries and thought to be a normal part of sports. There is no such thing as a minor brain injury. Any suspected concussion must be taken seriously. A concussion is caused by a bump, blow, or jolt to the head or body. Basically, any force that is transmitted to the head causes the brain to literally bounce around or twist within the skull, potentially resulting in a concussion.

It used to be believed that a player had to lose consciousness or be “knocked-out” to have a concussion. This is not true, as the vast majority of concussions do not involve a loss of consciousness. In fact, less than 10% of players actually lose consciousness with a concussion.

What exactly happens to the brain during a concussion is not entirely understood. It appears to be a very complex injury affecting both the structure and function of the brain. The sudden movement of the brain causes stretching and tearing of brain cells, damaging the cells and creating chemical changes in the brain. Once this injury occurs, the brain is vulnerable to further injury and very sensitive to any increased stress until it fully recovers.

Common sports injuries such as torn ligaments and broken bones are structural injuries that can be seen on MRIs or x-rays, or detected during an examination. A concussion, however, is primarily an injury that interferes with how the brain works. While there is damage to brain cells, the damage is at a microscopic level and cannot be seen on MRI or CT scans. Therefore, the brain looks normal on these tests, even though it has been seriously injured.

Recognition and Management

If an athlete exhibits any signs, symptoms, or behaviors that make you suspicious that he or she may have had a concussion, that athlete must be removed from all physical activity, including sports and recreation. Continuing to participate in physical activity after a concussion can lead to worsening concussion symptoms, increased risk for further injury, and even death.

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

Parents and coaches are not expected to be able to “diagnose” a concussion. That is the role of an appropriate health-care professional. However, you must be aware of the signs, symptoms and behaviors of a possible concussion, and if you suspect that an athlete may have a concussion, then he or she must be immediately removed from all physical activity.

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

When in doubt, sit them out!

When you suspect that a player has a concussion, follow the “Heads Up” 4-step Action Plan.

1. Remove the athlete from play.
2. Ensure that the athlete is evaluated by an appropriate health-care professional.
3. Inform the athlete’s parents or guardians about the possible concussion and give them information on concussion.
4. Keep the athlete out of play the day of the injury and until an appropriate health-care professional says he or she is symptom-free and gives the okay to return to activity.

The signs, symptoms, and behaviors of a concussion are not always apparent immediately after a bump, blow, or jolt to the head or body and may develop over a few hours. An athlete should be observed following a suspected concussion and should never be left alone.

Athletes must know that they should never try to “tough out” a suspected concussion. Teammates, parents and coaches should never encourage an athlete to “play through” the symptoms of a concussion. In addition, there should never be an attribution of bravery to athletes who do play despite having concussion signs or symptoms. The risks of such behavior must be emphasized to all members of the team, as well as coaches and parents.

If an athlete returns to activity before being fully healed from an initial concussion, the athlete is at risk for a repeat concussion. A repeat concussion that occurs before the brain has a chance to recover from the first can slow recovery or increase the chance for long-term problems. In rare cases, a repeat concussion can result in severe swelling and bleeding in the brain that can be fatal.

Cognitive Rest

A concussion can interfere with school, work, sleep and social interactions. Many athletes who have a concussion will have difficulty in school with short- and long-term memory, concentration and organization. These problems typically last no longer than a week or two, but for some these difficulties may last for months. It is best to lessen the student’s class load early on after the injury. Most students with concussion recover fully. However, returning to sports and other regular activities too quickly can prolong the recovery.

The first step in recovering from a concussion is rest. Rest is essential to help the brain heal. Students with a concussion need rest from physical and mental activities that require concentration and attention as these activities may worsen symptoms and delay recovery. Exposure to loud noises, bright lights, computers, video games, television and phones (including texting) all may worsen the symptoms of concussion. As the symptoms lessen, increased use of computers, phone, video games, etc., may be allowed.

Return to Play

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. Newer 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.

An athlete should never be allowed to resume physical activity following a concussion until he or she is symptom free and given the approval to resume physical activity by an appropriate health-care professional.

Once an athlete no longer has signs, symptoms, or behaviors of a concussion **and is cleared to return to activity by a health-care professional**, he or she should proceed in a step-wise fashion to allow the brain to re-adjust to exercise. In most cases, the athlete will progress one step each day. The return to activity program schedule **may** proceed as below **following medical clearance**:

Progressive Physical Activity Program

- Step 1:* Light aerobic exercise- 5 to 10 minutes on an exercise bike or light jog; no weight lifting, resistance training, or any other exercises.
- Step 2:* Moderate aerobic exercise- 15 to 20 minutes of running at moderate intensity in the gym or on the field without a helmet or other equipment.
- Step 3:* Non-contact training drills in full uniform. May begin weight lifting, resistance training, and other exercises.
- Step 4:* Full contact practice or training.
- Step 5:* Full game play.

If symptoms of a concussion re-occur, or if concussion signs and/or behaviors are observed at any time during the return to activity program, the athlete must discontinue all activity and be re-evaluated by their health care provider.

Concussion in the Classroom

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 student'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 longer, if necessary. Decreasing the stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time.

What to do in an Emergency

Although rare, there are some situations where you will need to call 911 and activate the Emergency Medical System (EMS). The following circumstances are medical emergencies:

1. Any time an athlete has a loss of consciousness of any duration. While loss of consciousness is not required for a concussion to occur, it may indicate more serious brain injury.
2. If an athlete exhibits any of the following: decreasing level of consciousness, looks very drowsy or cannot be awakened, if there is difficulty getting his or her attention, irregularity in breathing, severe or worsening headaches, persistent vomiting, or any seizures.

Suggested Concussion Management

1. No athlete should return to play (RTP) or practice on the same day of a concussion.
2. Any athlete suspected of having a concussion should be evaluated by an appropriate health-care professional that day.
3. Any athlete with a concussion should be medically cleared by an appropriate health-care professional prior to resuming participation in any practice or competition.
4. After medical clearance, RTP should follow a step-wise protocol with provisions for delayed RTP based upon return of any signs or symptoms.

References

Guskiewicz KM, et al. National Athletic Trainers' Association position statement: management of sport-related concussion. Journal of Athletic Training 2004; 39:280-297.

McCrory P, et al. Consensus statement on concussion in sport: the 3rd International Conference on Concussion in Sport held in Zurich, November 2008. Journal of Athletic Training 2009; 44:434-48.

Additional Resources

Heads Up: Concussion in High School Sports

http://www.cdc.gov/concussion/headsup/high_school.html

Concussion in Sports- What you need to know.

<http://www.nfhslearn.com/electiveDetail.aspx?courseID=15000>

NFHS Sports Medicine Handbook, 4th Ed, 2011.

Revised January 2011