

GUIDELINES FOR CONCUSSION AND HEAD INJURY

What is a concussion?

A concussion is a type of traumatic brain injury that interferes with normal functioning of the brain (changes how the cells in the brain normally work). A concussion can be caused by a bump, blow, or jolt to the head or body. Basically, any force that is transmitted to the head causing the brain to literally bounce around or twist within the skull can result in a concussion. Over 90% of concussions do not involve loss of consciousness. It is important to note that a concussion can happen to anyone in any sport or athletic activity.

Concussion affects people in four areas of function:

1. Physical – This describes how a person may feel: headache, fatigue, nausea, vomiting, dizziness, etc.
2. Thinking – Poor memory and concentration, responds to questions more slowly, asks repetitive questions. Concussion can cause an altered state of awareness.
3. Emotions - A concussion can make a person more irritable and cause mood swings.
Sleep – Concussions frequently cause changes in sleeping patterns, which can increase fatigue.

Common Symptoms Reported by Athlete:

Headache
Nausea
Balance problems
Dizziness
Double or fuzzy vision
Sensitivity to light or noise
Feeling mentally foggy
Concentration or memory problems
Confusion
Ringing in the ears

Signs, Symptoms, or Behaviors Consistent with Concussion:

(What others can see in an injured athlete)

Appear dazed or stunned
Change in level of consciousness or awareness
Confused about what to do
Forgets play (s)
Memory loss/amnesia
Unsure of score, game, opponent
Clumsy
Slow to answer questions or follow directions
Changes in behavior or personality
Loss of consciousness
Asks repetitive questions
Can't recall events before or after hit/ blow

WISCONSIN CONCUSSION LAW ACT 172 - STATUTE 118.293

The Wisconsin DPI has published the Sideline to Safety (concussion law) guidelines for youth athletic organizations. With the publication of the guidelines, the law is now implemented.

SUMMARY

The law requires all youth athletic organizations to educate coaches, athletes and parents on the risks of concussions and head injuries and prohibits participation in a youth activity until the athlete and parent or guardian has returned a signed agreement sheet indicating they have reviewed the concussion and head injury informational materials. The law requires immediate removal of an individual from a youth athletic activity if symptoms indicate a possible concussion has been sustained. A person who has been removed from a youth athletic activity because of a determined or suspected concussion or head injury, may not participate again until he or she is evaluated by a health care provider and receives written clearance from the health care provider to return to the activity.

“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.”

PARENT & ATHLETE AGREEMENT

Related to Concussion Law 2011 – Wisconsin Act 172

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. *This form must be completed for every sports season and every youth athletic organization the athlete is involved with.*

Parent Agreement:

I _____ have **read** the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian Signature _____ Date _____

Athlete Agreement:

I _____ have **read** the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete Signature _____ Date _____