

Concussion, Head Injury and Sudden Cardiac Arrest

Concussion, Head Injury and Sudden Cardiac Arrest Management in Student Sports

A. Athletic Director or Administrator in Charge of Athletics Duties:

1. **Updating:** Each spring, the athletic director, or the administrator in charge of athletics if there is no athletic director, will review any changes that have been made in forms required for concussion, head injury and sudden cardiac arrest management by consulting with the WIAA or the WIAA Web site. If there are any updated forms, they will be adopted and used for the upcoming school year.
2. **Identifying Sports:** By June 30 of each year, the athletic director or administrator in charge will identify competitive sport activities in the district for which compliance with Policy 3422 is required. A list of competitive sports activities, Policy 3422 and this procedure will be distributed to all coaching staff and volunteers.

B. Coach Training: All coaches will undergo training in head injury and concussion management and at least once every two years by one of the following means: (1) through attendance at a WIAA or similar clock hour presentation which uses WIAA guidelines; or (2) by completing WIAA online training. All coaches will undergo training in sudden cardiac arrest prevention every three years by completing an online program developed by the WIAA and the University of Washington medicine center for sports cardiology and providing proof of completion of same to the district.

C. Parent Information: On a yearly basis and prior to the youth athlete's initiating practice or competition, a concussion and head injury information sheet will be signed and returned by the youth athlete and the athlete's parent and/or guardian. The information sheet will also incorporate a statement attesting to the student and parent/guardian's review of the online pamphlet on sudden cardiac arrest posted on the OSPI website. The statement must be signed by both the student and parent. The information sheet may be incorporated into the parent permission sheet which allows students to participate in extracurricular athletics.

D. Coach's Responsibility: A youth athlete who is suspected of sustaining a concussion or head injury in a practice or game or one who exhibits symptoms of sudden cardiac arrest will be immediately removed from play.

E. Return to Play After Concussion, Head Injury or symptoms of sudden cardiac arrest: A student athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and sudden cardiac arrest and receives written clearance to return to play from that health care provider. The health care provider may be a volunteer.

**Tonasket School District
Concussion Information Sheet**

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports or physical activity concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:	
<ul style="list-style-type: none"> • Headaches • “Pressure in head” • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns 	<ul style="list-style-type: none"> • Amnesia • “Don’t feel right” • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment

Signs observed by teammates, friends, staff, parents and coaches include:	
<ul style="list-style-type: none"> • Appears dazed • Vacant facial expression • Confused about assignment • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily or displays incoordination • Answers questions slowly 	<ul style="list-style-type: none"> • Slurred speech • Shows behavior or personality changes • Can’t recall events prior to hit • Can’t recall events after hit • Seizures or convulsions • Any change in typical behavior or personality • Loses consciousness

What can happen if a child or teen continues playing with a concussion or returns to play too soon?

Individuals with any signs or symptoms of concussion should be removed from play immediately. Continuing to play with signs or symptoms of a concussion leaves a young brain extremely vulnerable to greater injury. Should a second concussion occur before there is complete recovery from the first concussion there is an increased risk of significant damage leading to prolonged recovery, severe brain swelling (second impact syndrome) with devastating consequences, or death. It is well known that eager, committed, dedicated athletes will often under-report symptoms of injuries. And concussions are no different. As a result, education of administrators, staff, coaches, parents and students is the key for student safety.

If you think your child, student, teammate, or friend has suffered a concussion

Any student even suspected of suffering a concussion should be removed from any physical activity immediately. No student may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the student should continue for several hours. There can be a delayed onset of signs and symptoms of 48 hours or more. If you think a friend might be showing signs of a concussion, even if he or she just fell on the playground or took a hard hit in the gym, please notify a teacher, playground supervisor, or the office immediately.

Date: February 22, 2010
Revised: 11.21.16

PLEASE READ AND SIGN BACK SIDE

Zackery Lystedt Law

The “Zackery Lystedt Law” in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time”

and

“...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

There are times that a doctor will prohibit a student from studying after sustaining a concussion, as well as other physical activity.

You should also inform your child’s coach or school if you think that your child may have a concussion.

Remember it’s better to miss one game than miss the whole season. And “when in doubt, sit it out”.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

I have read the concussion information sheet and understand the guidelines written in the Zacherly Lystedt Law.

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

PLEASE READ BEFORE COMPLETING FORM

Laws Pertaining to Facility Use

If you are a youth group that has participants who are under the age of 18 and are planning on doing any recreational activity at our facilities, you are an ATHLETIC YOUTH GROUP.

This means...

- You must provide the school district proof of insurance as stated on the athletic facility use form.
- You must acknowledge that all participants, coaches, parents, and/or volunteers are aware of the Zachery Lystadt Law. Signing the agreement is agreeing that your organization has provided training in head and neck injuries.

If you need any guidance in how to acquire insurance policies and training with the Zachery Lystadt law, please contact the district athletic director at 486-2161

Thanks for your cooperation with this law. For additional information, contact Kevin Terris, Athletic Director at: 486-2161.

TONASKET SCHOOLS APPLICATION
ATHLETIC YOUTH ORGANIZATIONS
FOR USE OF SCHOOL ATHLETIC FACILITIES

NAME OF ORGANIZATION _____ DATE OF REQUEST _____

NAME OF PERSON MAKING REQUEST _____ DATE(S) NEEDED _____

ADDRESS _____ TIME NEEDED _____

PHONE NUMBER _____ FACILITY: (HS) Football Field | Baseball Field | Softball Field | Track | GYM | Tennis | Soccer Field | Commons | (MS) Football Field | Softball Field | GYM | Commons | (ES) GYM | Playground Other: _____

PURPOSE FOR WHICH FACILITY IS NEEDED _____

1. Sponsoring organizations shall provide sufficient, competent and/or special supervision, and the amount of adequate supervision will be agreed upon at the time the authorization is issued.
2. Intoxicants will not be permitted in school facilities or on school property at any time. Smoking is not permitted on school district property at any time.
3. All applicants for use of district facilities shall hold the district free and without harm from any loss or damage, liability or expense that may arise during or be caused in any way by such use or occupancy of district facilities. Also, in the event that property loss or damage is incurred during such use or occupancy, the amount of damage shall be decided by the superintendent and approved by the board and a bill for damages shall be presented to the group using or occupying the facilities during the time the loss or damage was sustained.
4. The superintendent possesses the authority to make the final decision on use of school facilities by a group; however, the group may appeal such decision to the board of directors.
6. Only designated portions of the facility may be used.
7. The Tonasket School Board reserves the right to refuse the use of school facilities to any individual or group if, in their opinion, such use would be contrary to the laws of the State of Washington or in any way violate the intended use of facilities.
8. Per RCW 28A.600 and RCW 4.24.660, the youth organization must provide a statement of compliance acknowledging its coaches and volunteers have taken all training in **HEAD INJURIES** and **SUDDEN CARDIAC ARREST AWARESS** that is reasonably available to the organization and will fully comply with all of the requirements and that athletes and parents have been given adequate information.
9. Per RCW 28A.600 and RCW 4.24.660, the youth organization must provide written evidence of having obtained a bodily injury and accidental liability policy insuring all participants for bodily injury and/or death with per person limits of at least \$50,000 and per person occurrence limits of at least \$100,000. A lapse in the policy results in discontinued use of the facility. Any and all use of district's facilities and/or equipment shall be totally free from controversial purposes and activities of a disruptive nature.

I, _____ a private non-profit youth sports group, verifies all coaches, athletes, and their parents/guardians have complied with mandated policies for the management of concussions and head injuries as prescribed by HB 1824, section 2, and Sudden Cardiac Arrest Awareness as prescribed by SB 5083, section 3. **The District strongly suggests viewing two video: WIAA website offers a free video for public viewing of the management of concussions and head injuries at <http://www.mywiaa.org/lystedt/default.htm>. The other video on Sudden Cardiac Arrest, which can be found on the NFHSlearn.org website.**

Attached is a Proof of Insurance under an accident and liability policy issued by an insurance company authorized to do business in Washington State covering any injury or damage with at least \$50,000 due to bodily injury or death of one person, or at least \$100,000 due to bodily injury or death of two or more persons.

Signature _____ Title/Position _____ Date _____

FOR DISTRICT USE ONLY

Dates approved and coordinated on the school calendar: _____

(Building Principal/Vice Principal/Athletic Director)

Custodian in charge: _____ District employee to supervise: _____

Rental fee: _____ Custodial Fee _____ Total fee to be collected: _____