



Wahoo Public Schools Head Injury and Concussion Protocol

This protocol shall hereby be implemented for all students residing in Wahoo Public School District including all students at Wahoo Elementary, Waverly Middle School, and Wahoo High School. No student shall be exempt from this protocol regardless of age. A Concussion Management Team is available for the district and will be in contact regarding all concussion regardless of age of student and severity. This team consists of, but is not limited to: RN (Registered Nurse) and/or other Health Staff, Athletic Trainer, Athletic Director, SLP, and/or the student's Principal(s).

Any head injury will be classified as any official contact of head to head or head to object regardless of the severity of impact (mild to severe). This includes, but is not limited to: head to head contact in sports (both in practice and in games), accidental contact with an object in PE, accidental contact on or around school property, car accidents, etc.

Concussion is defined by the 2017 Concussion in Sport Group consensus statement as, "a traumatic brain injury induced by biomechanical forces." Several common features may include:

- May be caused either by a direct blow to the head, face, neck or elsewhere on the body with impulsive force transmitted to the head
- Typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously. However, in some cases, signs and symptoms evolve over a number of minutes to hours.
- May result in neuropathological changes, acute clinical signs and symptoms largely reflect a functional disturbance rather than a structural injury and, as such, no abnormality is seen on standard structural neuroimaging (MRI, CT, etc)
- Results in a range of clinical signs and symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive features typically follows a sequential course. Some cases may be prolonged
- The clinical signs and symptoms cannot be explained by drug, alcohol, or medication use, other injuries (such as cervical injuries, peripheral vestibular dysfunction, etc) or other comorbidities (eg psychological factors or coexisting medical conditions)

The protocol is as follows:

Should any staff member be informed a student has hit their head or is having symptoms associated with concussions, the student should be taken to the closest health office at the closest school.

If this occurs at any sporting event, the Athletic Trainer or school staff member should be notified immediately regardless of location. They will begin the protocol process at varying steps depending on who is informed first.

If the student comes to the health office during the school day with a suspected head injury:

1. The Health Staff member of the student's school will request that the student fill out a Concussion Symptom List (attached). The Health Staff member may help the student with reading or filling out the form, if needed, however answers will come directly from the student.
2. If symptom score is over 0, the Health Staff member will call the RN. The RN will discuss with Health Staff if a further assessment is needed and the RN may or may not see the child at their respective school.
3. Parents/Guardians will then be called by a health staff member of the district to inform them of their student's status.
4. It is strongly encouraged that students should be sent home if they are having symptoms as physical activity [sports, practice, play (for small children)], band, and choir should cease for the remainder of the day. If the student does not go home, the student will be allowed to stay in health staff office if he/she is not able to return to class.
5. After communicating with parent/guardian, the student will be sent home with a Home Instruction for Concussion Management.

6. If the student returns to school the following school day, he/she will see a health staff member upon arriving at school. The student will complete another Concussion Symptoms List at this time. If the student is not having any symptoms and no further assessment is indicated, the student will be returned to the classroom full time. For a student that continues to have symptoms, see the following steps.
7. Return to Learn Protocol (attached) will be initiated. Student must progress through the Return to Learn.
8. During this time, the health staff (nurse/Athletic Trainer) will be in contact with the parent/guardian of the student.
9. When the Return to Learn Protocol is complete and the student has fully returned to the academic classroom, the Return to Play protocol (attached) is then initiated. The student must progress through all of the steps of the Return to Play Protocol (this will take at **minimum** 4 days with returning on day 5, but can take longer depending on progress/sport). A parent/guardian may be asked to participate in the recovery of their student regarding the Return to Play Protocol with overseeing the student doing light activity at home in the evenings or on the weekends. This will be communicated by the health staff.
10. When the Return to Play Protocol is complete, parent/guardian of the student must sign off on the Return to Activity Clearance stating that they are aware their student will return to activity full time (this does include PE and Recess).
11. No matter if student is/was assessed by Athletic Trainer or another Medical Professional, information on the student and their concussion will be shared with the district Concussion Management Team. The Health Staff member will inform any and all teachers that the student has a concussion and provide information on any classroom accommodations the student may need until recovered.
12. Should symptoms persist for a longer than anticipated time frame, the Concussion Management Team will meet to discuss the student's situation more in depth and will devise a specific plan, if needed.

If student athlete is injured, the additional steps will take place:

1. For students that are athletes in grades 7 through 12, the Certified Athletic Trainer for Wahoo will be informed. The Athletic Trainer will then assess the student for a head injury, if needed.
2. If symptom score is over 0, the Athletic Trainer, at his/her discretion based upon signs and symptoms, will assess for a concussion.
3. The Athletic Trainer will then inform the health staff at the student's school (WMS or WHS) that the student has been assessed and the Return to Learn Protocol will be initiated.
4. Return to Learn Protocol (attached) will be initiated. Student must progress through the Return to Learn.
5. When the Return to Learn Protocol is complete, the student has fully returned to the academic classroom, Return to Play protocol (attached) is then initiated. The student must progress through all of the steps of the Return to Play Protocol (this will take at **minimum** 4 days with returning on day 5, but can take longer depending on progress/sport).
6. A Parent/guardian may be asked to participate in the recovery of their student regarding the Return to Play Protocol with overseeing the student doing light activity at home in the evenings or on the weekends. This will be communicated by the Athletic Trainer.
7. When the Return to Play Protocol is complete, parent/guardian of the student must sign off on the Return to Activity Clearance stating that they are aware their student will return to activity full time (this does include PE and Recess).
8. No matter if student is/was assessed with a concussion by Athletic Trainer or another Medical Professional, information on the student and their concussion will be shared with the district Concussion Management Team. The Health Staff member will inform any and all teachers that the student has a concussion and provide information on any classroom accommodations the student may need until recovered.
9. Should symptoms persist for a longer than anticipated time frame, the Concussion Management Team will meet to discuss the student's situation more in depth and will devise a specific plan, if needed.
10. Final clearance for return to school-related physical activity will be made by the school's Athletic Trainer.

Concussion Management Team (CMT) (Teams will vary with students' schools)

Wahoo High School Principal: Jarred Royal jroyal@wahoowarriors.org

Wahoo Athletic Director: Marc Kaminski mkaminski@wahoowarriors.org

Wahoo RN: Josh Trutna jtrutna@wahoowarriors.org

Wahoo RN: Meg Sloup msloup@wahoowarriors.org

Athletic Trainer: Rachel Hall rhall@smcne.com

Wahoo Middle School Principal: Marc Kaminski mkaminski@wahoowarriors.org

Wahoo Elementary Principal: Ben Kreifels bkreifels@wahoowarriors.org

Speech and Language Pathologist: Kelsey Sestak ksestak@wahoowarriors.org

The following may be indications that would require an automatic referral to the CMT:

- The student has a history of previous concussions regardless of when the last concussion occurred.
- The student has a history of severe headaches or migraines.
- The student has diagnosed Depression, diagnosed Anxiety, or other diagnosed Mental Health diseases.
- The student has been diagnosed with ADHD or SLD.
- The student has a known and diagnosed sleeping disorder.

Return to Academics (Learn) Protocol

Progression for each student will be individualized. Some may progress much quicker than others. Also, be advised that the student may jump back and forth between steps or skip steps depending on symptoms.

STEP 1

HOME: Student will stay home for cognitive and physical rest.

- Stay at home
- No driving (recommended)
- May limit mental exertion including: computers, texting, homework, and video games

STEP 2

HOME: Light Mental Activity

- Stay at home
- No driving (recommended)
- Up to 30 minutes of mental exertion
- No prolonged concentration

Student may progress to step 3 only when he/she can withstand 30 minutes of mental exertion without worsening of symptoms.

STEP 3

SCHOOL: Part time with maximum adjustments, built in breaks, and shortened day/schedule

- Provide quiet place for scheduled mental rest
- Lunch in quiet environment
- No significant classroom or standardized testing
- Modify rather than postpone academics
- Provide extra help, time, and adjustment of assignments

Student may progress to step 4 only when he/she can withstand 30-40 minutes of mental exertion without worsening of symptoms.

STEP 4

SCHOOL: Part time with maximum adjustments and shortened day/schedule

- No standardized testing
- Modified classroom testing
- Moderate decrease of extra help, time and modification of assignments

Student may progress to step 5 only when he/she can withstand 60 minutes of mental exertion without worsening of symptoms.

STEP 5

SCHOOL: Part time with minimal adjustments

- No standardized testing (routine classroom testing ok)
- Continued decrease of extra help, time, and adjustment of assignments
- May require more support in academically challenging subjects

Student may progress to step 6 when student handles all class periods in succession without worsening of symptoms AND receives medical clearance to full return to learn and play.

STEP 6

SCHOOL: Full time with full academics and no adjustments

- Attends all classes
- Full homework and testing

When symptoms continue beyond 3-4 weeks, prolonged in school support and accommodations are required. CMT will meet and discuss individualized plan for the student.

Return to Play (Athletics) Protocol

Return to Play is a medical decision. The Wahoo CMT will be familiar with state concussion laws and understand which healthcare providers may clear a student.

In order for a student to progress past Stage 1 in the Return to Play Protocol a student must be symptom free for at least 24-48 hours and Impact test will be administered. Progression through the Protocol is individualized. Student only continues to progress as long as their symptoms do not return.

STAGE 1

SYMPTOM LIMITED ACTIVITY: daily activity that does not provoke symptoms

- Recovery Stage

Student must be symptom free at least 24-48 hours and the ImPACT test will be taken into consideration prior to progressing to Stage 2.

STAGE 2

LIGHT AEROBIC EXERCISE: Brisk walking, swimming, or stationary cycling. Slow to medium pace.. No resistance training.

- Work toward increasing heart rate.
- Increasing activity without return of symptoms.

STAGE 3

SPORT SPECIFIC EXERCISE: Running drills, agility drills, ball handling drills, etc.. No head impact.

- Work toward adding more movement with exercise.
- Increasing activity without return of symptoms.

STAGE 4

NON- CONTACT TRAINING DRILLS: Position drills. No contact activity. May start progressive resistance training.

- Progression to more complex drills.
- Work toward increasing exercise, coordination, and cognitive load.
- Increasing activity without return of symptoms.

STAGE 5

FULL CONTACT PRACTICE: Following medical clearance with normal play in activities.

- Restore confidence
- Assess functional skills by coaching staff
- Full activity without return of symptoms

STAGE 6

FULL RETURN TO PLAY: Normal game play if medically cleared.