CONCUSSIONS AND HEAD INJURIES
(All Students)

The Western Heights Board of Education recognizes that concussions and head injuries are commonly reported injuries in contact sports. Additionally, concussions and head injuries may occur during other unforeseen times during school, or be reported by parents or guardians, that are not related to contact sports or other school-sponsored activities.

For students in sports, on an annual basis, a concussion and head injury information sheet shall be completed and returned to the school district by the student and the student's parent or guardian prior to the student's participation in practice or competition. The athletic director shall provide written instructions to all coaches to ensure that no students are allowed to participate in practice or competition prior to the receipt of a concussion and head injury information sheet. Any coach, staff member, teacher or administrator allowing a student to compete in practice or competition prior to the receipt of a signed concussion and head injury information sheet shall be disciplined and may be terminated from employment in the extra duty assignments.

Any student who is suspected or reported of sustaining a concussion or head injury while at school, or during a practice or game, shall be removed from participation in all physical activities at that time. Any student removed from participation in a sporting event or from participation in physical activities shall not be allowed to participate until the student is evaluated by a licensed health care provider trained in the evaluation and management of concussion and receives written clearance to return to participation from that health care provider. In cases in which the student requires accommodations in educational services during the period of recovery for a concussion, the coaches, staff, teachers, or administrators shall make reasonable accommodations based upon the advice of medical professionals. The first step to concussion recovery is cognitive rest. Many activities, such as trying to meet academic standards, the use of electronic devices, and/or exposure to loud noises, may worsen and delay recovery. Should a concussion or head injury disable or substantially limit the student's ability to participate in life activities or educational services for a substantial period of time, Western Heights may conduct a Section 504 meeting to address a student's education needs while recovering from a concussion or head injury. No consideration should be given to returning a student to physical activity until the student is fully integrated back into the classroom setting and is symptom free.

When dealing with a student with a known or reported concussion, every coach, staff member, teacher, and administrator shall follow the recommendations of health care provider, follow the CDC guidelines for concussions, and follow the terms set forth in an implemented 504 Plan, if applicable. "Return to learn" guidelines shall be provided to teachers and relevant school personnel pertaining to students attending class or returning to class after sustaining a concussion or head injury. "Graduated return to athletic participation" guidelines shall be provided to coaches, staff members, teachers and administrators pertaining to students returning to activity after sustaining a head injury or concussion.

The school district shall impose the following minimum penalties for failing to remove a student suffering from symptoms of a concussion from activities following reasonable advice of a medical professional or following any Section 504 Plan implemented as a result of the concussion:

1st offense: The coach or staff member will be required to attend additional training.

2nd offense: The coach or staff member may be suspended from the sport or activity until an appearance in front of the Board of Education. The appearance before the Board of Education may involve a determination as to whether the coach or staff member will continue in any the extra duty assignment.

In the event any employee of the District fails to follow the recommendations of health care
provider, fails to follow the CDC guidelines for concussions, or fails to follow an implemented 504 Plan regarding a student with a known or reported concussion, they shall be required to attend additional training and may be suspended or terminated.

Additional free online concussion training programs are available at The Center for Disease Control at [http://www.cdc.gov/HeadsUp/index.html](http://www.cdc.gov/HeadsUp/index.html) and at the National Federation of State High School Associations at [http://nfhslearn.com/?courseID=38000](http://nfhslearn.com/?courseID=38000).

Return to learn guidelines are located at: [https://www.cdc.gov/headsup/pdfs/schools/tbi_factsheet_teachers-508-a.pdf](https://www.cdc.gov/headsup/pdfs/schools/tbi_factsheet_teachers-508-a.pdf)

Graduated return to participation guidelines are located at: [https://www.cdc.gov/headsup/pdfs/schools/tbi_returning_to_school-a.pdf](https://www.cdc.gov/headsup/pdfs/schools/tbi_returning_to_school-a.pdf)

**CONCUSSION & HEAD INJURY AWARENESS AND MANAGEMENT**

The Western Heights Board of Education, in cooperation with the Oklahoma Secondary School Activities Association (OSSAA), has developed this policy to inform and educate coaches, youth athletes and their parents/guardians of the nature and risk of sports-related concussion and head injury, including continuing to play following such a suspected injury.

A youth athlete who is suspected of sustaining a concussion or head injury during a practice or game shall be immediately removed from participation at that time. The athlete may not participate until he/she is evaluated by a licensed health care provider trained in the evaluation and management of concussion and receives written clearance from a health care provider to return to participation. A duly trained/qualified health care provider (who may be a volunteer) who authorizes a youth athlete to return to participation shall not be liable for civil damages resulting from any act or omission in the rendering of such care, exclusive of acts or omissions constituting gross negligence or willful or wanton misconduct. For purposes of this policy, the Western Heights Board of Education defines “licensed health care provider” as a duly licensed/certified athletic trainer (LAT/ATC®), advanced registered nurse practitioner (ARNP), or physician (MD, DO) who is trained in the evaluation and management of concussion(s). “Written clearance” is defined as written authorization by the licensed health care provider, including, at a minimum:

- a statement that the athlete has been evaluated for a potential head injury/concussion;
- a brief statement of the results of the evaluation;
- the steps, if any, the athlete is to follow before safely returning to participation in practice and/or competition; and
- an assurance statement that the health care provider has been trained in the evaluation and management of concussion(s) and/or head injury.

If additional steps are documented as being necessary before the athlete is cleared to return to participation in practice and/or competition, the student must follow these steps and be re-evaluated prior to returning to participation in practice and/or competition. In such cases, documentation of re-evaluation and subsequent clearance must be received before the student returns to any athletic participation.

All information/documentation on any youth athlete who is suspected or confirmed of sustaining a concussion or head injury must immediately be given to the school’s athletic director. If the student participates in more than one athletic area, the school’s athletic director shall promptly notify any other coaches in the respective sport(s). When written clearance is obtained, the athletic director must approve the student’s active participatory status and notify all coaches as applicable. All associated documentation regarding an athlete’s suspected/confirmed concussion or head injury will be maintained for a minimum of one year in the office of the respective athletic director.
On an annual basis, all district coaches will be required to participate in training regarding head injury/concussion education and management from one or more authorized sources such as the OSSAA, the National Federation of State High School Associations, the Oklahoma Athletic Trainers Association, and/or the Centers for Disease Control and Prevention. Documentation of this training for every coach will be maintained by the respective Western Heights Athletic Director and must be on file for each upcoming/current school year prior to any first practice and/or competition.

On an annual basis, student athletes and their parents/guardians will be provided with information (in the form of fact sheets) regarding concussion/head injury information, symptoms, management, and prevention. An acknowledgement form must be signed by both the student-athlete and parent/guardian and returned to the school site prior to the athlete’s first practice and/or competition. The statement will be valid for one year beyond the date of signature. All forms and information sheets will be a part of the annual OSSAA physical form and paperwork that each student-athlete must submit prior to participation. These forms/sheets will be kept on file (for one year beyond the date of signature) in the office of the respective athletic director.

Seven forms follow as part of this policy:
1. Training Form (Sign-In Sheet)
2. Individual Coach Assurance Statement
3. Incident Reporting Sheet
4. Written Clearance Form
5. Acknowledgement Statement
6. Information Sheet for Student-Athletes
7. Information Sheet for Parents/Guardians

ADOPTED: 07/12/2010
REVISED: 08/09/2010
REVISED: 11/13/2017
CONCUSSION & HEAD INJURY AWARENESS AND MANAGEMENT

TRAINING SIGN-IN SHEET

Pursuant to Oklahoma Statute (70 OS §24-155), all district coaches shall receive annual training on concussion/head injury awareness and management. This roster contains the names of all coaches who have received this training.

The training consists of viewing a 20-minute video, “Concussion in Sports: What You Need to Know” from the National Federation of State High School Associations website (www.nfhs.org). Coaches will also receive relevant information on concussion and head injuries from other sources such as the Oklahoma Athletic Trainers Association (www.oata.net), Centers for Disease Control (www.cdc.gov/TraumaticBraininjury), and/or the Oklahoma Secondary Schools Athletic Association (www.ossaa.com).

If other training materials were used, please list: ____________________________________________

________________________________________________________________________________

As Athletic Director, I certify that the above-listed training took place on ____________________.

(date)

__________________________________ ____________________________ ____________

Signature     Printed Name

Coach Signature    School Site    Name of Sport & Grade Level

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________
CONCUSSION & HEAD INJURY AWARENESS AND MANAGEMENT

ASSURANCE STATEMENT

I, _____________________, attest that I have received the district’s training on concussion and head injury awareness and management, and I agree to follow the district’s policies and guidelines.

_________________________________  _________________________  ______
Signature                     School Site               Date
**INCIDENT REPORTING SHEET**

<table>
<thead>
<tr>
<th>Date of Incident: ______________________</th>
<th>Student Name: ________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sport: _______________________________</td>
<td>Coach: ________________________________</td>
</tr>
<tr>
<td>Brief Summary of Incident/Injury: ________________________________________________</td>
<td></td>
</tr>
<tr>
<td>___________________________________________________________________________</td>
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</tr>
</tbody>
</table>

Was the student evaluated by a licensed health care provider at the time of the incident?   ___Y   ___N
(Western Heights Board of Education defines “licensed health care provider” as a duly licensed/certified athletic trainer (LAT/ATC®), advanced registered nurse practitioner (ARNP), or physician who is trained in the evaluation and management of concussion(s)).

If “No,” what recommendations were made to have the student evaluated? _______________________
____________________________________________________________________________________

If “Yes,” was the student cleared to return to practices/games?   ____Y   ____N

(Date of clearance, if applicable)         (List any other sport in which this student participates)

Pursuant to Oklahoma Statute (70 O.S. §24-155): “A youth athlete who is suspected of sustaining a concussion or head injury during a practice or game shall be immediately removed from participation at that time. The athlete may not participate until he/she is evaluated by a licensed health care provider trained in the evaluation and management of concussion and receives written clearance from a health care provider to return to participation. A duly trained/qualified health care provider (who may be a volunteer) who authorizes a youth athlete to return to participation shall not be liable for civil damages resulting from any act or omission in the rendering of such care, exclusive of acts or omissions constituting gross negligence or willful or wanton misconduct.”

Coach Signature

Date of (this) Report

Name of Athletic Director (AD)

Date Received by AD
CONCUSSION & HEAD INJURY AWARENESS AND MANAGEMENT

WRITTEN CLEARANCE FORM

Pursuant to Oklahoma Statute (70 O.S. §24-155), a youth athlete who is suspected of sustaining a concussion or head injury during a practice or game shall be immediately removed from participation at that time. The athlete may not participate until he/she is evaluated by a licensed health care provider trained in the evaluation and management of concussion and receives written clearance from a health care provider to return to participation. A duly trained/qualified health care provider (who may be a volunteer) who authorizes a youth athlete to return to participation shall not be liable for civil damages resulting from any act or omission in the rendering of such care, exclusive of acts or omissions constituting gross negligence or willful or wanton misconduct. Western Heights Board of Education defines "licensed health care provider" as a duly licensed/certified athletic trainer (LAT/ATC®), advanced registered nurse practitioner (ARNP), or physician who is trained in the evaluation and management of concussion(s).

__________________________________________________________
Name of Student: ______________________ Date of potential injury: ______________________

Please check one: □ Initial evaluation       □ Subsequent evaluation (required follow-up)

This athlete has a potential head injury/concussion and is in need of an evaluation.

As required by law, please initial the following two statements:

______ This student-athlete has been evaluated for a potential head injury/concussion.

______ I am a qualified health care provider who is trained in the evaluation and management of concussions/head injuries.

The results of this evaluation are as follows: ________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

What steps, if any, is the athlete to follow before safely returning to participation in practice and/or competition? (Note: If additional steps are documented as being necessary before the athlete is cleared to return to participation in practice and/or competition, the student must follow these steps and be re-evaluated prior to returning to participation in practice and/or competition. In such cases, documentation of re-evaluation and subsequent clearance must be received before the student returns to any athletic participation.) ________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Health Care Provider Signature ___________________________ Printed Name & Title _____________ Date ___________
In compliance with Oklahoma Statute (70 O.S. §24-155), this acknowledgement form is to confirm that you have read and understand the CONCUSSION FACT SHEET provided to you by Western Heights Schools related to potential concussions and head injuries occurring during participation in athletics.

I, __________________________________, as a student-athlete who participates in Western Heights Athletics and I, __________________________________, as the parent/legal guardian, have read the information material provided to us by Western Heights related to concussions and head injuries occurring during participation in athletic programs and understand the content and warnings.

<table>
<thead>
<tr>
<th>SIGNATURE OF STUDENT-ATHLETE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIGNATURE OF PARENT/LEGAL GUARDIAN</td>
<td>DATE</td>
</tr>
</tbody>
</table>

This form shall be completed annually prior to the athlete’s first practice and/or competition and will be kept on file for one year beyond the date of signature in the office of the Athletic Director.
## WHAT IS A CONCUSSION?
- A concussion is a brain injury
- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practice or games in any sport
- Can happen even if you have not been knocked out
- Can be serious even if you have just been “dinged”

## WHAT ARE THE SYMPTOMS OF A CONCUSSION?
- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy or groggy
- Concentration or memory problems
- Confusion
- Does not “feel right”

## WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?
- Tell your coaches or parents. Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates may have a concussion.
- Get a medical checkup. A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Additional concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or a health care professional to return to play.

## HOW CAN I PREVENT A CONCUSSION?
- Follow your coach’s rules for safety and the rules of the sport.
- Practice good sportsmanship.
- Use the proper equipment, including personal protective equipment (such as helmets, padding, shin guards and eye and mouth guards – IN ORDER FOR EQUIPMENT TO PROTECT YOU, it must be the right equipment for the game, position and activity; it must be work correctly and used every time you play.)

## FOR MORE INFORMATION, VISIT:
- [www.cdc.gov/TraumaticBraininjury/](http://www.cdc.gov/TraumaticBraininjury/)
- [www.oata.net](http://www.oata.net)
- [www.ossaa.com](http://www.ossaa.com)
- [www.nfhslearn.com](http://www.nfhslearn.com)

**IT’S BETTER TO MISS ONE GAME THAN TO MISS THE WHOLE SEASON!**
CONCUSSION & HEAD INJURY AWARENESS AND MANAGEMENT

FACT SHEET: PARENTS/GUARDIANS

WHAT IS A CONCUSSION?

A Concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung” or what seems to be a mild bump or blow to the head can be serious. You cannot see a concussion. Signs and symptoms of a concussion can show up right after the injury or may not appear to be noticed until days or weeks after the injury. If your child reports any symptoms of a concussion or if you notice any symptoms yourself, seek medical attention right away.

WHAT ARE THE SYMPTOMS REPORTED BY ATHLETES?

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy or groggy
- Concentration or memory problems
- Confusion
- Does not “feel right”

WHAT ARE THE SIGNS OBSERVED BY PARENTS/GUARDIANS?

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Cannot recall events prior to hit or fall
- Cannot recall events after hit or fall

HOW CAN I HELP MY CHILD PREVENT A CONCUSSION?

- Ensure they follow their coach’s rules for safety and rules of the sport.
- Make sure they use the proper equipment, including personal protective equipment (such as helmets, padding, shin guards and eye and mouth guards --- IN ORDER TO EQUIPMENT TO PROTECT THEM, it must be the right equipment for the game, position and activity; it must be worn correctly and used every time they play.)
- Learn the signs and symptoms of a concussion.

FOR MORE INFORMATION, VISIT:

- www.cdc.gov/TraumaticBrainInjury/
- www.ossaa.com
- www.oata.net
- www.nfhslearn.com

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