

Concussion Management

The Fargo Public Schools shall comply with the concussion management program requirements contained in law (NDCC 15.1-18.2). For the purpose of implementing the concussion management program law, the Board has established the following definitions and requirements.

- **Coach:** This term shall include those assigned coaching duties, assistant coaching duties, and the athletic director except in the following circumstances. District students and minors serving in a coaching or assistant coaching capacity shall not have authority to determine if a student should be removed from play due to a possible concussion but are required to report any known sign, symptom, or report of a student's concussion as soon as possible to an adult official, coach, or athletic trainer so that a removal decision can be made. District students and minors serving in coaching or assistant coaching capacity are furthermore not authorized to receive documentation from a health care provider authorizing a player to return to play. Such authorization must be provided to an adult coach or athletic trainer.
- **Health care provider:** In order to qualify as a health care provider who can examine a concussion and authorize an athlete's return to play, an individual must be authorized to diagnosis and treat concussions. This excludes healthcare workers such as, but not limited to, EMTs, nursing assistants/aides, licensed practical nurses, and registered nurses.
- **Official:** The District shall comply with the definition of an official under law, but shall exclude from this definition the following. District students and minors serving in an officiating capacity shall not have authority to determine if a student should be removed from play due to a possible concussion but are required to report any known sign, symptom, or report of a student's concussion as soon as possible to an adult official, coach, or athletic trainer so that a removal decision can be made.
- **Parent** includes biological parent and/or legal guardians.
- **School-sanctioned athletic activity** is a sport that:
 - a. Is not part of the district's curricular or extracurricular program;
 - b. Is established by a sponsor to serve in the absence of a district program;
 - c. Receives district support in multiple ways (i.e., not school facility use alone);
 - d. Requires participating students to regularly practice or train **and** compete.
 - e. The District has officially recognized through board action as a school-sanctioned activity;

The Board shall make all sanctioning decisions on a case-by-case basis based on the criteria in this paragraph. As a condition of receiving school sanctioning, sponsors of the athletic activity shall agree to comply with this policy and the concussion management law. This includes agreeing to provide appropriate training to each coach, official, and athletic trainer as required by law and providing appropriate information to parents and students as required by law. The sponsor shall provide to the District documentation

certifying that this training has occurred and students/parents have viewed required informational material on concussions prior to beginning the activity.

- School-sponsored athletic activity is a sport that the District has approved through policy or other board action for inclusion in the district's extracurricular program, is controlled and funded primarily by the District, and requires participating students to regularly practice or train **and** compete.

The concussion management program shall contain all components required by law and shall be placed in an administrative regulation. Staff handbooks and the school district website will also include the concussion management program.

Adopted July 21, 2011
Reviewed 6/2022
Reviewed 6/2024

CONCUSSION MANAGEMENT PROGRAM

*NOTE: Items designated with a * are from a National Federation of State High School Associations document entitled “Concussion in Sports: What You Need to Know” written by Dr. Michael Koester, Jennifer Adams, and Angie Webster and available at: www.nfhslearn.com.*

Concussion Signs & Symptoms

Signs*	Symptoms*
Athlete appears dazed or stunned	Double vision, blurry vision
Balance problems or dizziness	Headache or “pressure” in head
Confusion	Fatigue
Forgets events after the hit	Feels “foggy”
Forgets events prior to hit	Feels sluggish
Forgets plays	Nausea or vomiting
Loss of consciousness (any duration)	Problems concentrating
Moves clumsily (altered coordination)	Problems remembering
Personality change	Sensitive to light or noise
Responds slowly to questions	
Unsure about game, score, opponent	
Do not “feel right”	

Requirements when Signs & Symptoms are Observed/Reported

1. Removal

An official shall remove from competition and a student’s coach or athletic trainer shall remove from practice, training, or competition a student:

- a. That reports any sign or symptom of a concussion;
- b. That exhibits any sign or symptom of a concussion; or
- c. When a licensed, registered, or certified health care provider (whose scope of practice includes recognition of concussion signs and symptoms) has notified the coach, official, or athletic trainer that the student has reported or exhibited a sign or symptom of a concussion.

2. Examination

A student removed from practice, training, or competition for one or more of the reasons above must be examined as soon as practical by a licensed, registered, or certified health care provider whose scope of practice includes diagnosis and treatment of concussions.

When to Call for Emergency Assistance*

If an athlete exhibits the following symptoms, a district employ, sports authority (e.g., coach, assistant coach, trainer, and referee) or designee should call 911 for emergency medical assistance.

- The athlete lost consciousness or has a decreasing level of consciousness;
- The athlete has symptoms of a concussion and his/her conditions appear to be worsening;
- The athlete's neurological function is deteriorating or mental status changes (lethargic, confused, agitated, difficulty maintaining focus/arousal) ;
- The athlete's respiration is decreasing or irregular;
- The athlete exhibits any sign or symptom of associated injuries, spine or skull fracture, or bleeding;
- The athlete exhibits seizure symptoms/activity.

Transportation when Emergency Assistance is NOT Activated

Under no conditions should a student with a suspected head injury be sent home or allowed to drive. An athlete removed from play in accordance with this procedure whose condition appears stable (i.e., not worsening) should be transported by his/her parent to a medical facility as soon as possible. If the student's parent is unavailable, the coach shall make arrangements to have the student transported to a medical facility by a school employee as soon as possible. The coach or designee shall make a continued effort to notify the student's parent of the student's possible injury, transportation arrangements, and destination.

3. Return to Play Requirements

A student who is removed from play in accordance with this procedure will not be allowed to return to practice, training, or competition until the student or the student's parent obtains **written** authorization from a licensed, registered, or certified health care provider whose scope of practice includes the diagnosis and treatment of concussion and provides that authorization to the student's coach or athletic trainer.

Training

Upon initial employment (or selection, in the case of volunteers) or at the time the concussion management program is initially implement (for existing staff) and every two years thereafter, each district coach, official, and athletic trainer shall receive training regarding the nature and risk of concussions. The Superintendent or designee shall determine the method most suitable for carrying out this training requirement and should place documentation of the date(s) the staff member completed concussion training in an electronic certification file.

The District shall develop information on concussions incurred by athletes and disseminate this information to student athletes and their parents. Before allowing a student to participate in an athletic activity, the District shall require the student and student's parent to submit documentation verifying that they have viewed the concussion management information disseminated by the school.



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HEAD INJURY REPORT TO PARENT



Parent _____ Date _____

Today, _____ received an injury to the head. Your child was seen in the office and no serious symptoms were noted, but please continue to watch for any of the following symptoms. Being you are the parent, you know your child best but utilized these guidelines as a reference for further action.

Seek emergency medical attention if your child experiences any of the following symptoms:

1. Severe, persistent or worsening headache.
2. Repeated vomiting or nausea.
3. Loss of consciousness lasting longer than 30 seconds.
4. Confusion or disorientation, such as difficulty recognizing people or places, or difficulty with mental function.
5. Slurred speech or other changes in speech.
6. Vision or eye disturbances, such as pupils that are bigger than normal (dilated pupils) or pupils are of unequal sizes.
7. Changes in physical coordination, such as stumbling or clumsiness, imbalance or difficulty with physical coordination.
8. Lasting or recurrent dizziness.
9. Changes in behavior, such as irritability.
10. Seizures.
11. Symptoms that worsen over time.
12. Large bumps or bruises on areas other than the forehead in children.
13. See medical provider one to two days after a significant head injury with ongoing symptoms, even if emergency care is not required.

CONTACT YOUR PHYSICIAN OR EMERGENCY ROOM IF YOU NOTICE ANY OF THE ABOVE SYMPTOMS

Date of Incident _____ Time of Incident _____

Location of Incident _____

Other _____

Child was seen by the nurse/nurse aide Yes No

Parent was contacted Yes at _____ am/pm Attempted/Unsuccessful

Signature _____ Title _____



HEAD INJURY FOLLOW UP



Seek emergency attention if child exhibits the following signs or symptoms after a head injury:

1. Severe, persistent or worsening headache or “pressure” in head.
2. Symptoms that worsen over time.
3. Repeated vomiting or nausea.
4. Loss of consciousness lasting longer than 30 seconds.
5. Confusion or disorientation, such as difficulty recognizing people or places, or difficulty with mental function.
6. Slurred speech or other changes in speech.
7. Vision or eye disturbances, such as pupils that are bigger than normal (dilated pupils) or pupils are of unequal sizes.
8. Changes in physical coordination, such as stumbling or clumsiness, imbalance, or difficulty with physical coordination.
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