



Students choosing to excel; realizing their strengths.

The Manawa Board of Education takes its roles and responsibilities very seriously. Beyond setting policy, the Board is responsible for annually reviewing the performance of its administrative personnel. The Manawa Board of Education finds that the district administrator and the administrative team have effectively performed their assigned duties. Further, the collective administrative team has worked tirelessly to develop systems and procedures to lead and guide the School District of Manawa in the direction as set by the Board and community through the Mission, Vision, Core Values, and Guiding Principles, frequently sacrificing personal and family time in their service to this District.

There is no evidence to support the accuracy of the rumors of administrative misconduct, and as we are bound by professional ethics and confidentiality we are unable to refute personnel-related claims. The Manawa Board of Education is proud of the many accomplishments of the School District of Manawa and looks forward to continued success.

KEY

○ = Citizen claim from April 16, 2018 Public Listening Session

Italics = Manawa Board of Education findings and references as applicable

Motion = The official Manawa Board of Education motion where applicable

- Teacher/Coach issue

Motion by Pohl / Scheller that the Board of Education reviewed the list of items that were offered and support the discipline agreement with the coach. Motion carried – R. Johnson abstained.

- Mandatory reporting in the case of child abuse was not followed

Motion by Pohl / Scheller to direct legal counsel to write response to inquiry regarding mandatory reporting. Motion carried.

See attached letter from legal counsel.

- Baseline concussion testing was not completed last fall

Motion by Scheller / Hollman to provide information regarding the district's responsibility regarding the prevention, care and treatment of concussions. Motion carried.

See district memo on concussion prevention, care, and treatment. Although concussion baseline assessment is not required, it will be henceforth consistently applied per guidelines as set by the Athletic Director per best practice.

- With regard to contacting a Board Member prior to attempting to resolve the matter with the involved party (i.e. concern about concussion baseline testing not being done prior to the last football season)

Motion by Pohl / Forbes to remind the public to access the person directly related to their issue. Motion carried.

- There are communication issues related to the athletic director and the district administrator.

Both the District Administrator and the Athletic Director have unequivocally reassured the Board that communication between them is excellent.

- There is a lack of guidelines for coaches. There has never been a sit-down meeting with coaches.

Motion by Pohl / Scheller that all coaches read the current coaches guidebook and attend the annual coaches meeting. Motion carried. This year's annual coaches' meeting was held July 27, 2017. Motion carried.

Please see the Coaches Handbook on the district website. The following is an excerpt from a report to the Board of Education prepared by Mr. Liebrecht:

-CPR/First Aid Training (July 24th, 2017):

All coaches that were recommended to coach in the 2017-2018 school year were informed that if they were paid by the SDM they were required to be CPR and First Aid certified before the start of their sports season. On July 24th, 2017 coaches were asked to attend the first of two training sessions. The second training session was held on August 7th, 2017.

The 2017-2018 school year was the first year that it was mandatory by the WIAA that all paid coaches by the school district be CPR and First Aid Certified. Coaches who were previously CPR and First Aid certified were asked to bring copies of their certification to Olivia Koehn (District Nurse) to have on file.

-Coaches Meeting (July 27th, 2017):

Coaches were asked to attend a coach meeting on July 27th beginning at 6:00 PM. Some coaches were unable to attend due to prior commitments before Skylar Liebrecht was hired to the district. He asked coaches that were present to share the information with the other coaches

on their staff. Skylar also forwarded the agenda to coaches as well as the presentation. Please find the agenda below:

Agenda for July 27th Meeting:

6PM: Welcome

Introduction of new AD: Skylar Liebzeit

Coaches Introduce themselves

Booster Club: Mary Griffin

(Please understand the importance of this organization for the athletic department and your sports overall success)

Coaches are required to attend at a **minimum of 3 booster club** meeting per year and **1 during your sports season.**

Coaches Expectations during the 2017-2018 Season

CPR/ AED/ and First Aid

-1 final class on August 7th (Ask me how to sign up. Limited Space)

1. Duty to Plan
2. Duty to Supervise
3. Duty to assess athlete readiness
4. Duty to maintain safe playing conditions
5. Duty to provide proper equipment
6. Duty to instruct properly
7. Duty to match athletes
8. Duty to provide proper physical conditioning
9. Duty to warn
10. Duty to provide emergency care
11. Transportation rules

Go over coach's handbooks.

2018-2019: Pictures and Clothing order

1 vendor for the school district

- Administration has said bad things about teacher/coach
A thorough investigation has been conducted, and the Manawa Board of Education has found the rumors to be unfounded.

- District Administrator questioned teachers about their attendance at the Public Listening Session
The Manawa Board of Education does not have any evidence to support this rumor.

- Medication policies have not been reviewed
The School District of Manawa has a contract with NEOLA for policies and administrative guidelines. The Board of Education's Policy and Human Resources Committee and the full Board went through a formal vetting process of all policies along with NEOLA consultant, Mr. Steve LaVallee. District school nurses have been involved in reviewing medication policies and do oversee the administration of medications given at school.

- District's nurse did not attend state convention
The district's nurse had a scheduling conflict that prevented her attendance at the convention. Convention attendance is not mandatory.

- Counselors should have counseled sixth graders
Both whole class and individual confidential counseling were provided.

- Policy 3140 was not followed
See Policy 3140 – Termination, Non-renewal and Resignation. This policy does not apply to the teacher/coach situation as per the discipline agreement.

- Policy 3340 was not followed
See Policy 3340 – Grievance Procedure. This policy does not apply to the teacher/coach situation as per the discipline agreement.

- The DA lied about table top management team in the March 2018 Wolf Pack Express
The Board of Education acknowledges that the writing of two sentences could have been misunderstood, but there was no false information in the article. Dr. Oppor will write a clarification for an upcoming WPE.

- Excessive Attorney's fees
The Board of Education employs legal counsel, as this elected body finds both invaluable professional advice and legal expenses warranted and beyond the role of the district administrator. The Board of Education finds that the district's legal fees are usual and customary.



School District of Manawa

“Students Choosing to Excel, Realizing Their Strengths”

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www.manawaschools.org

April 25, 2018

Re: Review of the District’s Response to Misconduct by a Former Staff Member

The purpose of this correspondence is to advise you that the School Board, on Monday, April 23, 2018, reviewed the facts and circumstances related to the misconduct of a former staff member (in January of 2016). More specifically, the School Board reviewed all of the facts and circumstances related to whether the District (District staff and administration) responded in an appropriate manner to the misconduct on the part of the former staff member, including the obligation to report suspected child abuse or neglect, if appropriate, pursuant to Wis. Stat. 48.981(3)(a).

After reviewing all of the facts and circumstances related to the response of the District (District staff and administration) to the misconduct on the part of the former staff member, the School Board is satisfied that the District (District staff and administration) responded in an appropriate manner, including the obligation to report suspected child abuse or neglect, if appropriate. As a result, the School Board will consider the matter closed.

Very truly yours,



Joanne Johnson
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Students choosing to excel; realizing their strengths.

To: Board of Education
From: Dr. Melanie J. Oppor
Date: April 19, 2018
Re: Concussion Testing

The purpose of this memo is to provide information regarding the district's responsibility regarding the prevention, care, and treatment of concussions.

- Please refer to Policy 5340 – Student Accidents/Illness/Concussion for the legally required expectations regarding concussions.

“Each school year, students/parents shall be provided with an information sheet regarding concussion and head injury. If a student is going to participate in an activity where a concussive event may occur, the appropriate release must be signed at least once per school year.

Further, pursuant to AG 5340A – Student Accident/Illness/Concussion, parents who inform coaches and teachers that their child is being treated by a healthcare professional for a concussion must provide written clearance from that healthcare professional for full or limited participation in class, practice, activity, or competition. Prior to receiving written clearance from a healthcare professional, students who have sustained a concussion may not participate in any school-related physical activities.”

- The district is in compliance with Policy 5340 regarding the annual release form as affirmed by the Athletic Director.
- A parent may decline to have his/her child participate in concussion testing offered by the district.
- There is no district policy, WIAA rule, or legal requirement to provide baseline concussion testing for student-athletes. **This is a free, courtesy service that the district has provided.** Baseline testing is considered best-practice per the medical research. (See also attached WIAA Concussion Information and Wisconsin Concussion Law.)
- Across the CWC, there are districts that do not provide any concussion testing onsite.

- The Wisconsin Department of Public Instruction provides the following information: (Retrieved on 4-19-18 from <https://dpi.wi.gov/spcd/program/traumatic-brain-injury/concussion-guidelines>)

Guidelines for Concussion and Head Injury

1. 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.

A public or private school is not required to distribute an information sheet to a pupil enrolled in the school who wishes to participate in a youth athletic activity operated by the school during a school year, and a pupil enrolled in the school may participate in that youth athletic activity without returning an appropriately signed information sheet for that activity, *if the pupil has returned an appropriately signed information sheet for another youth athletic activity operated by the school during the same school year.*

A 118.293(3)(b) A private club is not required to distribute an information sheet to a person who wishes to participate in a youth athletic activity operated by the private club, and a person may participate in that youth athletic activity without returning an appropriately signed information sheet for the activity, *if the person has returned an appropriately signed information sheet to the club within the previous 365 days.*

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.
4. Sleep – Concussions frequently cause changes in sleeping patterns, which can increase fatigue.

School District of Manawa Bylaws & Policies

5340 - STUDENT ACCIDENTS/ILLNESS/CONCUSSION

The Board of Education believes that school personnel have certain responsibilities in case of accidents, illness or concussions that occur in school. Said responsibilities extend to the administration of first-aid by trained persons so, summoning of medical assistance, notification of administration personnel, notification of parents, and the filing of accident reports.

Accidents

Employees should administer first aid within the limits of their knowledge of recommended practices. All employees should make an effort to increase their understanding of the proper steps to be taken in the event of an accident. However, any staff member or volunteer who, in good faith, renders emergency care to a student is immune from civil liability for his/her acts or omissions in rendering such emergency care.

The District Administrator may provide for an in-service program on first aid and CPR procedures.

The administrator in charge must submit an accident report to the District Administrator on all accidents.

Illness

School personnel shall not diagnose illness or administer medication of any kind except in accordance with AG 5330.

Concussion

A concussion is a type of traumatic brain injury. Concussions occur when there is a forceful blow to the head or body that results in rapid movement of the head and causes any change in behavior, thinking, or physical functioning. Concussions are not limited to situations involving loss of consciousness. Some symptoms of a concussion include headache, nausea, confusion, memory difficulties, dizziness, blurred vision, anxiety, difficulty concentrating, and difficulty sleeping.

Each school year, students/parents shall be provided with an information sheet regarding concussion and head injury. If a student is going to participate in an activity where a concussive event may occur, the appropriate release must be signed at least once per school year.

Further, pursuant to AG 5340A – Student Accident/Illness/Concussion, parents who inform coaches and teachers that their child is being treated by a healthcare professional for a concussion must provide written clearance from that healthcare professional for full or limited participation in class, practice, activity, or competition. Prior to receiving written clearance from a healthcare professional, students who have sustained a concussion may not participate in any school-related physical activities.

118.29, 118.293, Wis. Stats.

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CONCUSSION INFORMATION

When in Doubt, Sit Them Out!

A concussion is a type of traumatic brain injury that interferes with normal function of the brain. All concussions are brain injuries. The WIAA recommends avoiding the use of nicknames like "ding" or "bell ringer" to describe concussion because those terms minimize the seriousness of concussion.

A concussion can be caused by blow to the head or even a blow to the body alone. The force moves or twists the brain in the skull. It is important to know that loss of consciousness is not required to have a concussion. In fact, less than 10% of athletes lose consciousness. A concussion is a very complex physiologic event that causes a problem with brain function not brain structure. Therefore, CT/CAT scan and MRI are usually normal in athletes with concussion. Imaging studies are not indicated for most concussions, but may be needed to rule out brain bleeds or more serious injuries.

Even what appears to be a mild blow to the head or body can cause the brain to suddenly shift or move. This motion can injure and damage brain cells. Research has shown that this damage may take up to 2 weeks to heal, but it can take longer with estimates of nearly 20% of high school athletes taking over 4 weeks to fully recover.

There are unique concerns surrounding concussion in high school sports:

- 1) Adolescents are more vulnerable and get concussions more often
- 2) Adolescents take longer than adults to heal from concussion, unlike muscular-skeletal injuries
- 3) Most high schools may not have access to a team physician or an athletic trainer for all of their teams & activities, thus the responsibility for identifying a possible concussion falls on athletes, coaches and parents
- 4) High school players can be reluctant to admit their symptoms for fear of removal from the contest

Concussion affects people in four areas of function:

- 1) Physical – This describes how they feel: headache, nausea, vomiting, dizziness, tired and loss of consciousness (which is uncommon in concussion).
- 2) Thinking – Poor memory and concentration, responds to questions more slowly and asks repetitive questions. Concussion can cause an altered state of awareness and thinking.
- 3) Emotions – A concussion can make a person more irritable or sad and cause mood swings.
- 4) Sleep – Concussions frequently cause trouble falling asleep and may wake athletes up overnight, which can make them more fatigued throughout the day.

Recent high school injury surveillance information has shown that the following sports have the highest risk of concussion (based on athletic exposures: practice + competition). Concussions occur most frequently in the following sports (in order): football, boys & girls ice hockey, girls lacrosse, girls soccer, boys lacrosse, wrestling, girls basketball, girls field hockey, boys soccer, softball and boys basketball.

Noticeable in this data is that the risk for girls is much higher than boys in the same sports; in fact, soccer & basketball carry twice the risk for concussion in girls than boys.

Most importantly, concussion can happen to anyone in any sport. Concussions also occur away from organized sports in physical education class, on the playground, while skiing or snowboarding, and when involved in a motor vehicle collision.

Everyone involved with high school athletics must be alert for potential injuries on the field and be able to recognize signs and symptoms of concussion. While coaches are not expected to make a diagnosis of concussion, it is expected for coaches to be aware that their athletes may have a concussion and then hold them out of all activity until they are medically cleared by a healthcare provider. "Signs" are what can be seen by others, like clumsiness, while "symptoms" are what the injured player feels, like a headache.

Remember, athletes should report their symptoms, but they may not unless they are asked and even then it is important to consider that athletes may not be telling the truth. Thus, it is important for schools to educate their athletes, coaching staff and parents in the preseason about the seriousness of concussion and the importance of athletes honestly reporting their symptoms and injuries.

These are some SIGNS of concussion (what others can see in an injured athlete):

- Dazed or stunned appearance
- Change in the level of consciousness or awareness
- Confused about assignment
- Forgets plays
- Unsure of score, game, opponent
- Clumsy
- Answers more slowly than usual
- Shows behavior changes
- Loss of consciousness
- Asks repetitive questions or memory concerns

These are some of the more common SYMPTOMS of concussion (what an injured athlete feels):

- Headache
- Nausea
- Dizzy or unsteady
- Sensitive to light or noise
- Feeling mentally foggy
- Problems with concentration and memory
- Confused
- Slow

Injured athletes can exhibit many or just a few of the signs and/or symptoms of concussion. However, if a player exhibits any signs or symptoms of concussion, the responsibility is simple: remove them from participation. **“When In doubt sit them out.”**

It is important to notify a parent or guardian when an athlete is thought to have a concussion. Any athlete with a concussion must be seen by an appropriate health care provider before returning to practice (including conditioning and weight lifting) or competition.

While all concussions are serious injuries, some injured athletes will require emergency care. Anytime you are uncomfortable with an athlete on the sideline, it is reasonable to activate the Emergency Medical System (911). The following are reasons to activate the EMS, as any worsening signs or symptoms may represent a medical emergency:

- 1) Loss of consciousness, this may indicate more serious head injury
- 2) Decreasing level of alertness
- 3) Unusually drowsy
- 4) Severe or worsening headache
- 5) Seizure
- 6) Persistent vomiting
- 7) Difficulty breathing

If you suspect a player may have a concussion, that athlete should be immediately removed from play. The injured athlete should be kept out of play until they are cleared to return by an appropriate health care provider. If the athlete has a concussion, that athlete should never be allowed to return to activity (conditioning, practice or competition) that day.

All athletes are individually assessed and some athletes may be able to begin gentle, non-contact aerobic exercise prior to full recovery. The level of exercise should not cause an increase of symptoms. The athlete should do this exercise under the guidance of the treating healthcare provider (who has experience with concussion management). The athlete should be at full academics (full days of school and doing homework/tests) before allowing this degree of exercise and the exercise should not be associated with practice, but instead independent aerobic fitness. No weight lifting/resistance training until medical clearance. No return to practice without medical clearance.

A player with a concussion must be carefully observed throughout the practice or competition to be sure they are not feeling worse. Even though the athlete is not playing, never send a concussed athlete to the locker room alone and never allow the injured athlete to drive home.

Most concussions are temporary and they resolve without causing residual problems. In the adolescent population, around 20% of athletes with concussion have symptoms that persist beyond 4 weeks. These symptoms of headache, difficulty concentrating, poor memory and sleep disturbances can lead to academic troubles among other problems. Concussion symptoms may even last weeks to months (post-concussion syndrome).

Allowing an injured athlete to return too quickly increases the risk for repeat concussion. Repeat concussion may cause Second Impact Syndrome. Second Impact Syndrome is a rare phenomenon which happens only in young athletes that causes rapid brain swelling and death. Repeat concussions may increase the chance of long term problems, such as decreased brain function, persistent symptoms and potentially chronic traumatic encephalopathy (a disorder that cause early degeneration of the brain similar to what is seen with Alzheimer's disease).

A major concern with concussion in the high school athlete is that it can interfere with school performance. Symptoms (headache, nausea, etc.), poor short-term memory, poor concentration and organization may temporarily turn a good student into a problem student. The best way to address this is to decrease the academic workload, and potentially taking time off from school or going partial days (although the time missed should nearly always be less than 5 days). Injured athletes should have extra time to complete homework and tests, and they should be given written instructions for homework. New information should be presented slowly and repeated. Injured athletes will need time to catch up and may benefit from tutoring. If an athlete develops worsening symptoms at school, he/she should be allowed to visit the school nurse. The school and coaches should maintain regular contact with the injured athlete's parents to update progress.

Athletes with a concussion should return to full speed academics without accommodations before returning to sports (practice and competition).

Relative rest remains an essential component of concussion treatment. Further contact is to be avoided at all costs due to risk of repeat concussion and Second Impact Syndrome. Physical exertion can also worsen symptoms and prolong concussion recovery – this includes aerobic conditioning and resistance training. Physical activity should not be started without authorization by an appropriate health care provider.

It is also important to remember that the athlete's concussion can interfere with work and social events (movies, dances, attending games, etc.). It is important for injured athletes to sleep 8-12 hours overnight. It is also helpful for parents to decrease brain stimulation at home by limiting video games, but a reduction in computer time, text messaging, and TV/movies may also be helpful.

Neuropsychological testing has become more commonplace in concussion evaluation as a means to provide an objective measure of brain function. It is best used as a tool to help ensure safe return to activity and not as the only piece of the decision making process. Testing is currently done using computerized neuropsychological testing (example: ImPACT, Axon Sports) or through a more detailed pen and paper test administered by a neuropsychologist.

If neuropsychological testing is available, ideally a baseline or pre-injury test is obtained prior to the season. This baseline should be done in a quiet environment when the athlete is well rested. It is felt that baseline testing should be repeated every one to two years for the developing adolescent brain. Multi-modal baseline evaluation that assess baseline symptoms, cognitive functioning, and balance is ideal. If there is no baseline available, the injured athlete's scores can be compared to age established norms. The WIAA feels that neuropsychological testing can be a very useful tool with regard to concussion management.

RETURN TO PLAY

Current recommendations are for a stepwise return to play program. In order to resume activity, the athlete must be **symptom free** and off any pain control or headache medications. The athlete should be carrying a full academic load without any significant accommodations for 1-2 days. Finally, the athlete must have clearance from an appropriate health care provider.

The program described below is a guideline for returning concussed athletes when they are symptom free. Athletes with multiple concussions and athletes with prolonged symptoms often require a prolonged or different return to activity program and should be managed by a physician that has experience in treating concussion.

The following program allows for one step per 24 hours. The program allows for a gradual increase in heart rate/physical exertion, coordination, and then allows contact. If symptoms return, the athlete should stop activity and notify their healthcare provider before progressing to the next level.

STEP ONE: About 15-30 minutes of light aerobic exercise at a slow to medium pace. This allows for increased heart rate.

STEP TWO: More strenuous sport-specific exercise (running, sprinting, skating) without any equipment or contact. This allows for more complex movement and agility.

STEP THREE: Begin **non-contact** drills in full uniform. May also begin progressive resistance training. This allows for increased coordination and thinking during exertion.

STEP FOUR: Following medical clearance, full practice with contact. This helps restore confidence and allows coaching staff to fully assess athlete.

STEP FIVE: Full game clearance

PREVENTION

There is nothing that truly prevents concussion. Education and recognition of concussion are the keys in reducing the risk of problems with concussion.

Proper equipment fit and use may reduce the risk of concussion. However, helmets do NOT prevent concussion. They are used to prevent facial injuries and skull fractures. Most importantly, proper technique for hitting/contact are vital, for example, athletes that lower their head while making a football tackle have a significantly higher risk for concussion and neck injuries. Athletes should never lead with their head or helmet. Studies have shown that soccer headgear and mouthguards do not decrease concussion risk, although mouthguards are proven to decrease dental and facial trauma.

All schools should have an Emergency Action Plan. This plan can be used for any medical emergency from a concussion to a neck injury to anaphylaxis (severe allergic reaction). There should be an emergency action plan for every practice and competition area which should be practiced yearly.

The WIAA encourages every member school to promote concussion education and bring about a positive change in concussion culture by discussing this topic with all teachers, coaches, athletes and parents. We recommend a preseason discussion with athletes and families to set forth expectations for what will happen if a student has a concussion and the steps the student must go through to return to play. Coaches should use in-season concussions as "teachable moments" to remind teammates about the importance of reporting their injuries and supporting their injured teammate through the recovery process.

Further reading and additional education material can be obtained through the following locations:

www.nfhs.com

www.nfhslearn.com (free concussion education video)

www.cdc.gov/concussion/headsup/high_school.html (Heads Up program)

Wisconsin Concussion Law

Sideline to Safety Law: Concussion Law Language

To determine compliance, schools should refer to their legal counsel and the DPI. The WIAA information is provided for reference only and is not to be considered legal advice.

Note: The law was amended in 2013 and the concussion information and acknowledgement must only be distributed and collected once per school year. Effective: **December 15, 2013.**

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

Section 1. 118.293 (3) of the statutes is renumbered 118.293 (3) (a).

Section 2. 118.293 (3) (b) of the statutes is created to read:

118.293 (3) (b) 1. Notwithstanding par. (a), a public or private school is not required to distribute an information sheet to a pupil enrolled in the school who wishes to participate in a youth athletic activity operated by the school during a school year, and a pupil enrolled in the school may participate in that youth athletic activity without returning an appropriately signed information sheet for that activity, if the pupil has returned an appropriately signed information sheet for another youth athletic activity operated by the school during the same school year.

2. Notwithstanding par. (a), a private club is not required to distribute an information sheet to a person who wishes to participate in a youth athletic activity operated by the private club, and a person may participate in that youth athletic activity without returning an appropriately signed information sheet for the activity, if the person has returned an appropriately signed information sheet to the club within the previous 365 days.

The state and the country are joining the WIAA in bringing concussion awareness and education policies to the forefront.

The bill sponsored by Rep. Jason Fields and Sen. Alberta Darling and supported by the National Football League, the Green Bay Packers and various health care providers, was signed into law by Gov. Scott Walker Monday, April 2, 2012.

In concert with the WIAA concussion policy that has been in existence for many years, the law requires immediate removal of an individual from a youth athletic activity if symptoms indicate a possible concussion has been sustained. Subsequently, if a concussion is confirmed, individuals may only return to competition or practice after being evaluated by a trained health care provider. The health care provider is required to provide written clearance in order for the athlete to return to action.

The law requires all youth athletic organizations to educate coaches, student-athletes and parents on the risks of concussions and prohibits participation in a youth activity until a parent or guardian has returned a signed information sheet indicating they have reviewed the materials. In addition, the state Department of Public Instruction, with assistance from the WIAA, was directed to develop guidelines and other information to educate coaches, athletes and parents about the risk of concussions and head injuries in all youth sports, including club sports.

Throughout the past two decades, the WIAA medical advisory committee developed concussion information, guidelines and education materials for its membership that can be utilized by other youth sports programs to address the new law.

The law also includes provisions to protect coaches, officials or volunteers from liability if they fail to remove an athlete from competition, unless there is gross negligence or gross misconduct. There are 36 other states with a similar concussion law. More details will be provided for member schools once the DPI and WIAA

Analysis by the Legislative Reference Bureau

This bill directs the Department of Public Instruction, in conjunction with the Wisconsin Interscholastic Athletic Association, to develop guidelines and other information to educate coaches and athletes and their parents or guardians about the risk of concussion and head injury in youth athletic activities. The bill defines "youth athletic activity," with certain exceptions, as an organized athletic activity in which the participants, a majority of whom are under 19 years of age, are engaged in an athletic game or competition against another team, club, or entity, or in practice or preparation for an organized athletic game or competition against another team, club, or entity.

The bill requires each person operating a youth athletic activity annually to distribute a concussion and head injury information sheet to each person who wishes to participate in the activity and prohibits a person from participating in a youth athletic activity until he or she has returned the sheet signed by the person and, if he or she is under the age of 19, by his or her parent or guardian.

The bill requires that a person who is suspected of sustaining a concussion or head injury in a youth athletic activity be removed from the activity immediately. A person who has been so removed may not participate in a youth athletic activity until he or she is evaluated by a health care provider who has been trained in the evaluation and management of concussion and head injuries and receives a written clearance to participate in the activity from the health care provider. The bill provides that if a health care provider who is a volunteer authorizes a person to participate in a youth athletic activity, he or she is immune from civil liability for any injury resulting from that act unless the act constitutes gross negligence or willful or wanton misconduct.

The Concussion Law

Section 1. 118.293 of the statutes is created to read:

118.293 Concussion and head injury. (1) In this section:

(a) "Credential" means a license or certificate of certification issued by this state.

(am) "Health care provider" means a person to whom all of the following apply:

1. He or she holds a credential that authorizes the person to provide health care.
2. He or she is trained and has experience in evaluating and managing pediatric concussions and head injuries.
3. He or she is practicing within the scope of his or her credential.

(c) "Youth athletic activity" means an organized athletic activity in which the participants, a majority of whom are under 19 years of age, are engaged in an athletic game or competition against another team, club, or entity, or in practice or preparation for an organized athletic game or competition against another team, club, or entity. "Youth athletic activity" does not include a college or university activity or an activity that is incidental to a nonathletic program.

(2) In consultation with the Wisconsin Interscholastic Athletic Association, the department shall develop guidelines and other information for the purpose of educating athletic coaches and pupil athletes and their parents or guardians about the nature and risk of concussion and head injury in youth athletic activities.

(3) 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.

(4) (a) An athletic coach, or official involved in a youth athletic activity, or health care provider shall remove a person from the youth athletic activity if the coach, official, or health care provider determines that the person exhibits signs, symptoms, or behavior consistent with a concussion or head injury or the coach, official, or health care provider suspects the person has sustained a concussion or head injury.

(b) A person who has been removed from a youth athletic activity under par. (a) may not participate in a youth athletic activity until he or she is evaluated by a health care provider and receives a written clearance to participate in the activity from the health care provider.

(5) (a) Any athletic coach, official involved in an athletic activity, or volunteer who fails to remove a person from a youth athletic activity under sub. (4) (a) is immune from civil liability for any injury resulting from that

immune from civil liability for any injury resulting from that act unless the act constitutes gross negligence or willful or wanton misconduct.

(6) This section does not create any liability for, or a cause of action against, any person.

Concussion Law - Act 172 - Statute 118.293



KNOW YOUR CONCUSSION ABCs

Assess the situation Be alert for signs and symptoms Contact a health care provider


Wisconsin Concussion Fact Sheet for Athletes

What are the signs and symptoms of a concussion?

Unlike a broken arm, you can't see a concussion. Most concussions occur without loss of consciousness. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how you are feeling, if symptoms are getting worse, or if you just "don't feel right." If you think you or a teammate may have a concussion, it is important to tell someone.

What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Concussions can occur during practices or games in any sport or recreational activity.

COMMON SYMPTOMS OF A CONCUSSION:		
Tell someone if you see a teammate with any of these symptoms.		
<ul style="list-style-type: none"> • Appears dazed or stunned • Forgets sports plays • Is confused about assignment or position • Moves clumsily • Answers questions slowly • Repeats questions • Can't recall events prior to the hit, bump, or fall • Can't recall events after the hit, bump, or fall • Loses consciousness (even briefly) • Shows behavior or personality changes 	<p>Thinking/Remembering:</p> <ul style="list-style-type: none"> • Difficulty thinking clearly • Difficulty concentrating or remembering • Feeling more slowed down • Feeling sluggish, hazy, foggy, or groggy <p>Physical:</p> <ul style="list-style-type: none"> • Headache or "pressure" in head • Nausea or vomiting • Balance problems or dizziness • Fatigue or feeling tired • Blurry or double vision • Sensitivity to light or noise • Numbness or tingling • Does not "feel right" 	<p>Emotional:</p> <ul style="list-style-type: none"> • Irritable • Sad • More emotional than usual • Nervous <p>Changes in your normal sleep patterns.</p> 
Tell someone if you or a teammate have any of these symptoms.		

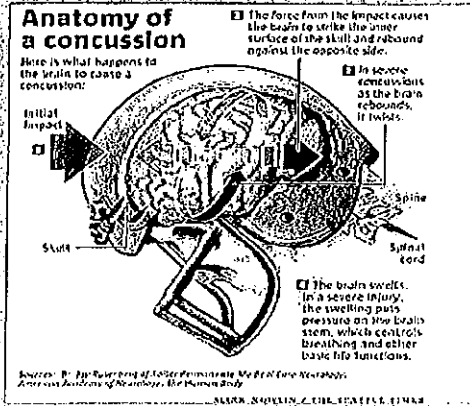
Materials adapted from the U.S. Department of Health and Human Services Centers for Disease Control and Prevention



WISCONSIN DEPARTMENT OF
PUBLIC INSTRUCTION



- *Wear the proper equipment for each sport and make sure it fits well
- *Follow the rules of the sport and the coach's rule for safety
- *Use proper technique



If you have a suspected concussion, you should NEVER return to sports or recreational activities on the same day the injury occurred. You should not return to activities until you are symptom-free and a health care provider experienced in managing concussion provides written clearance allowing return to activity. This means, until permitted, not returning to:

- Physical Education (PE) class,
- Sports conditioning, weight lifting, practices and games, or
- Physical activity at recess.

What should you do if you think you have a concussion?

1. Tell your coaches and parents right away. Never ignore a bump or blow to the head even if you feel fine. If you experience symptoms of a concussion, you should immediately remove yourself from practice/play. Tell your coach right away if you think you or one of your teammates might have a concussion.
2. Get evaluated by a health care provider. A health care provider experienced in evaluating for concussion can determine if you have a concussion, help guide management and safe return to normal activities, including school (concentration and learning) and physical activity. If you have been removed from a youth athletic activity because of a suspected or confirmed concussion or head injury you may not participate again until evaluated by a health care provider and you receive written clearance to return to activity. You must provide this written clearance to your coach.
3. 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 repeat concussion. It is important to rest until you receive written clearance from a health care provider to return to practice and play.

Why should you tell someone about your symptoms?

1. Your chances of sustaining a life altering injury are greatly increased if you aren't fully recovered from a concussion or head injury.
2. Practicing/playing with concussion symptoms can prolong your recovery.
3. Practicing/playing with a concussion can increase your chances of getting another concussion.
4. Telling someone could save your life or the life of a teammate!

Tell your teachers

Tell your teachers if you have suffered a concussion or head injury. Concussions often impair school performance. In order to properly rest, many students often need to miss a few days of school immediately following a concussion. When you return to school after a concussion you may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Have more time allowed to take tests or complete assignments,
- Suspend your physical activity (PE class and/or recess)
- Suspend your extracurricular activities (band, choir, dance, etc)
- Reduce time spent reading, writing, or on the computer.



To learn more about concussions, go to:

www.cdc.gov/Concussion; www.wiaawi.org; www.mills.org

PARENT & ATHLETE AGREEMENT

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.

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 _____



125 South Webster Street,
PO Box 7841,
Madison, WI 53707-7841

PHONE 608-266-3390
TOLL FREE 800-441-4563
WEB SITE <http://www.dpi.wi.gov>

Questions and Contact Information

Name _____ Date _____

Address _____

City _____ Zip _____ County _____

Phone _____ Email _____

Age _____ School _____ School District _____

Check all that apply
I participate in:

- Football Baseball/Softball Basketball Hockey
 Soccer Golf Volleyball Wrestling
 Track & Field Cross Country Cheerleading Skiing/Snowboarding
 Gymnastics Tennis Swimming & Diving
 Other _____

Name of Current Team _____

1. Have you ever had a concussion? _____, if yes, how many? _____
2. Have you ever experienced concussion symptoms? _____ Did you report them? _____

Emergency Contacts:

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Please complete this form and return to the person operating the youth athletic activity.