

SPECIAL OLYMPICS

MISSION STATEMENT

The mission of Special Olympics is to provide year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with intellectual disabilities, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy and participate in a sharing of gifts, skills and friendship with their families, other Special Olympics athletes and the community.

PHILOSOPHY

Special Olympics is founded on the belief that people with intellectual disabilities can, with proper instruction and encouragement, learn, enjoy and benefit from participation in individual and team sports, adapted as necessary to meet the needs of those with special mental and physical limitations.

Special Olympics believes that consistent training is essential to the development of sport skills, and that competition among those of equal abilities is the most appropriate means of testing these skills, measuring progress and providing incentives for personal growth.

Special Olympics believes that through sports training and competition, people with intellectual disabilities benefit physically, mentally, socially and spiritually; families are strengthened; and the community at large, both through participation and observation, is united in understanding people with intellectual disabilities in an environment of equality, respect and acceptance.

Special Olympics believes that every person with intellectual disabilities who is at least 8 years old should have the opportunity to participate in and benefit from sports training and competition.

SPECIAL OLYMPICS WISCONSIN 2023-2024 COMPETITION GUIDE

INTRODUCTION

The Special Olympics Wisconsin Competition Guide has been designed to enable coaches, Local Program managers and families to prepare their athletes and programs to take part in local, Regional and State competitions offered by Special Olympics Wisconsin (SOWI).

SOWI strongly recommends that each coach and Local Program manager read this guide in advance of their athletes' training. In addition, all Local Programs should obtain copies of the Special Olympics Rules books and any National Governing Body Rules books pertaining to each sport in which the program participates.

All coaches, assistant coaches and Local Program managers should read the official sports rules for Special Olympics available at [SpecialOlympics.org](https://www.specialolympics.org).

The purpose of this guide is to give each Local Program the necessary information to best serve the athletes involved in each local program. Everything you will need to know about the Special Olympics Wisconsin State Program competitions will be found in this guide.

Please make copies of sections of this guide for all of your coaches and family members involved with the training of athletes. Guard your copy as it contains all registration forms and other valuable information to ensure your program's successful involvement in the SOWI program year.

After reading this guide and the rules book, please contact your Regional Athletic Director if you have questions. Contact information can be found at <https://www.specialolympicswisconsin.org/who-we-are/staff>.

Thanks for your commitment, time and effort in making Special Olympics Wisconsin a quality sports program.

ATHLETE REGISTRATION

In order for an athlete to be properly trained for competition, a minimum of eight training sessions for each sport prior to the Regional, District and/or Sectional competition is required. SOWI recommends that for optimal results, an athlete should train for one hour at least three times per week for eight to 10 weeks prior to competition. Before beginning training, it is the Local Program manager's responsibility to ensure that each athlete has the correctly completed and approved paperwork on file with the Special Olympics Wisconsin State Office.

It is the responsibility of the Local Program manager to keep accurate records of medical expiration dates. Throughout the year the Local Program manager and/or medical records manager for the Local Program will receive a roster of all the athletes the State Office has registered for their program. This will include the medical expiration date, comments and restricted sports. This information should be checked against the provided copy of the athlete's medical form to ensure accuracy.

Please give sufficient notice to family members, guardians, school personnel, etc. when an athlete's medical form needs to be renewed. **If the athlete has a yearly physical or a significant medical condition change, their medical form can be renewed at that time.**

For more information regarding athlete registration, please see the Athlete Policies section of the Local Program Manager Handbook.

ATHLETE MEDICAL FORM AND PARTICIPANT RELEASE FORM

The *Athlete Medical Form* and *SOWI Release Form* serve as an athlete's registration for Special Olympics and must be completed before an athlete participates in any Special Olympics training program. They provide for necessary medical information, a photo release, secondary insurance coverage by Special Olympics, Inc., and emergency medical treatment in the event a parent or guardian cannot be reached. A current WIAA physical form may be submitted in lieu of the new *Athlete Medical Form*.

If the medical examiner indicates the athlete has neurological or physical findings that could be associated with atlantoaxial instability, then the Medical Referral Form (4th page of the new *Athlete Medical Form*) must be submitted.

THE SPECIAL OLYMPICS WISCONSIN MEDICAL POLICY

Athletes who are new to Special Olympics, Wisconsin must submit both the *Athlete Medical Form* and *SOWI Release Form* as of April 2021, postmarked by the appropriate medical deadline date for the sport in which they are participating. An athlete must be 8 years old by the medical deadline date for the sport in which they are participating in order to be eligible for that sports' competitions.

If a current athlete's medical form expires prior to the last day of the State competition for which the athlete is registered, the new *Athlete Medical Form* must be completed correctly and mailed to the State Office, postmarked by the appropriate medical deadline date for that sport and approved. (Example: An athlete whose medical expires on March 10, 2023 wishes to compete in basketball. The last day of the Spring Games is April 16, 2023; therefore, the new *Athlete Medical Form* must be postmarked by February 1, 2023.)

The *Athlete Medical Form* must be completed at least once every three years from either date of the medical examiner's signature or the date of exam if indicated, or if the athlete has a significant medical condition change during the three-year period. The *Athlete Medical Form* may be completed yearly if/when the athlete has their annual physical examination.

The *SOWI Release Form* only needs to be completed once unless there is a change in guardianship for the athlete.

Forms from another Special Olympics program or organization (i.e. camp medical, school medical, etc.) are not transferable or acceptable, with the exception of the new *Athlete Medical Form* and *Participant Release Form*. The *Athlete Medical Form* is acceptable from another Special Olympics program under the condition the program has made no changes to the form.

Medical deadline dates are strictly enforced. **There will be no exceptions to the medical deadline policy.** Forms may not be faxed to the State Office.

GENERAL COMPETITION GUIDELINES

Special Olympics Wisconsin, Inc. (SOWI) is the sole accrediting and sports governing body for Special Olympics in the State of Wisconsin. As the accrediting and sports governing body, SOWI has the right and responsibility to manage and enforce all rules of sport, establish policies and procedures governing sports competition, and manage the involvement of athletes and volunteers within the program. In addition, SOWI may suspend or impose other sanctions upon individual volunteers or Local Programs that violate the organization's policies and/or procedures, and may develop and impose penalties for the violation of sports rules not specifically covered by the National Governing Body for each specific sport.

1. **DEADLINES** – All deadlines for athlete registration forms (Athlete Medical Form and Participant Release Form), Class A Volunteer Forms, Intent to Play Forms and Competition Registration Forms must be met for athletes and teams to be eligible for competition. **THERE ARE NO EXCEPTIONS FOR MISSED DEADLINES.**
 - A. Athlete registration forms (Athlete Medical Form and Participant Release Form) and Class A Volunteer Forms are to be sent to the SOWI State Office in Madison, WI.
 - I. Athlete registration forms should be emailed to Medicals@SpecialOlympicsWisconsin.org
 - II. Volunteer registration forms should be emailed to Volunteer@SpecialOlympicsWisconsin.org
 - III. Intent to Play Forms and all State and District competition registration forms are to be sent to your Regional office or host Regional office per instructions on each of these forms.
 - B. All medical restrictions must be lifted no later than the end of the business day one week following the event entry deadline.
2. **REGISTRATION FORMS** – All State, Regional, District or Sectional competition registration forms are to be emailed, mailed, faxed or turned in according to dates identified on each form. (See calendar section for deadlines.)
3. **QUALIFYING SCORES** submitted for Regional, District, Sectional or State competition must be the **best** (not an average) performance of the athlete unless indicated otherwise on the registration form. Qualifying scores must be taken after the previous year's sports season and should be taken as close to registration as possible.
4. **SCRATCH REFUND POLICY** – Local Programs will be eligible for delegate fee refunds for State competitions if they call the State Office by the date listed on the event descriptions page (one for each competition). Scratches called in after the deadline or no-shows at the competition will not be eligible for refunds.
5. **ADVANCEMENT** - If the number of athletes eligible for advancement exceeds the number of allotted quota, athletes shall be selected as follows*:
 - A. Priority is given to first-place finishers from all divisions of the sport/event. If the number of first-place finishers exceeds the quota, athletes must be selected by random draw.
 - B. If there are not enough first-place finishers to fill the quota, all first-place finishers shall advance. The remaining quota shall be filled by a random draw of second-place finishers from all divisions of the sport/event.
 - C. If the quota is large enough for all second-place finishers to advance, the remaining quota shall be filled by a random draw of all third-place finishers from all divisions of the event/sport.
 - D. Repeat this process as necessary until the quota is filled.

*A Local Program may remove an athlete from eligibility for advancement for non-compliance with practice attendance policies, Code of Conduct violations, suspensions, behavior problems, etc.
6. **MEDICAL REFUNDS** – If a delegate cannot attend a competition due to a medical reason, a refund may be obtained by the Local Program if the SOWI Medical Refund Form (with doctor's signature) is submitted to the State office within

10 days after the competition. The Medical Refund Form can be found in the Forms for Duplication section of the Competition Guide.

7. **COACHES/CHAPERONES - COACHES AND CHAPERONES ATTENDING STATE COMPETITIONS AS DELEGATES MUST BE AT LEAST 16 YEARS OF AGE AND SOWI "CLASS A" APPROVED.** A Local Program must have a minimum athlete/coach ratio of 4:1 or a maximum athlete/coach ratio of 3:1. Any athlete/coach ratio lower than 3:1 must be approved by your Regional office before submittal of an event registration form (a Special Needs form must also be submitted). Approval cannot be given for ratios of athletes to chaperones greater than 4:1. If an athlete requires 1:1 supervision, that athlete and their chaperone is not included to determine the ratio for the entire Local Program.
8. **PETS AT SOWI COMPETITIONS** – Dogs and other pets are **not allowed** at any SOWI events, with the exception of service animals (with proper certification and identification) or at special supervised events (i.e. Victory Village) with prior approval from SOWI.
9. **TEAM SPORTS ENTRIES – SKILLS ACHIEVEMENT TESTS** – All bocce, cornhole and volleyball teams (including Unified Sports®) must submit Skills Achievement Tests' scores on their entry forms for Regional, District or State competitions. The Skills Achievement Test is recommended for coaches to use in other team sports as an assessment tool to assess the skill level of an athlete. Skills Achievement Test information can be found in the general rules for bocce, cornhole and volleyball, and in the appendix for other sports.
10. **SPORTS – SPORTS PARTICIPATION PER SEASON** – Athletes may compete in more than one sport per season. However, there are some restrictions due to scheduling conflicts at any level of competition. This applies to athletes in a player, coaching, and athlete leadership role.
 - A. *Winter Season:* Athletes can only compete in one sport.
 - B. *Spring Season:* Athletes may participate in two sports.
 - I. Athletes must choose one basketball sport to compete in – Team Basketball, 3v3 Basketball, or Basketball Skills.
 - II. Athletes that compete in Swimming can also compete in either 3v3 Basketball or Basketball Skills.
 - III. Athletes that compete in any level of Team Basketball cannot compete in any other sport, regardless if your team advances past Regional/District competition.
 - C. *Summer Season:* Athletes may participate in a maximum of two sports.
 - I. Athletes that compete in Athletics (Track & Field) or Soccer cannot compete in any other sport.
 - II. Athletes that compete in Cornhole can also compete in Powerlifting or Tennis, or vice-versa.
 - D. *Fall Season:* Athletes may participate in a maximum of three sports.
 - I. Athletes that compete in **Bocce** may also compete in Bowling, Golf or Volleyball. They cannot compete in Flag Football, Softball or Tee Ball.
 - II. Athletes that compete in **Bowling** may also compete in any other fall sport.
 - III. Athletes that compete in **Flag Football** may also compete in Bowling, Golf, Tee Ball or Volleyball. They cannot compete in Bocce or Softball.
 - IV. Athletes that compete in **Golf** may also compete in any other fall sport.
 - V. Athletes that compete in **Softball** may also compete in Bowling, Golf or Volleyball. They cannot compete in Bocce, Flag Football or Tee Ball.
 - VI. Athletes that compete in **Tee Ball** may also compete in Bowling, Flag Football, Golf or Volleyball.
 - VII. Athletes that compete in **Volleyball** may also compete in any other fall sport.

11. **TEAM SPORTS-PARTICIPATION AT REGIONAL/DISTRICT/SECTIONAL COMPETITION** – In accordance with Article I of the Special Olympics General Rules, all athletes must participate at the previous level of competition in order to advance. Athletes physically absent from a lower competition for any reason are ineligible to advance to the next level of competition.
12. **TEAM SPORTS-PARTICIPATION IN GAMES** – Each coach must offer every athlete the opportunity to play in each game.
13. **PROPOSED RULE CHANGES** - Proposals for any rules changes for SOWI events may be submitted using the Rules Change Proposal form located in the Forms for Duplication section of the Local Program Manager Handbook. Proposals for rules changes must be submitted to the State office no later than May 1st annually for inclusion in the following year's Competition Guide.
14. **WEATHER CANCELLATIONS** – The SOWI staff and games management personnel will make the decision to cancel or delay competition with the safety of all participants in mind. In the event that a competition is conducted and a Local Program chooses not to attend, that Local Program shall forfeit any chance for its athletes to advance to the next level of competition. In addition, any games registration fees paid will not be refunded.
15. **STATE REGISTRATION FEES** – Local Program State registration fees must be paid within 30 days of the scratch deadline for the event registered. Local Programs failing to comply will be placed on provisional status and denied services until they come into compliance. Housing options and distance restrictions vary by event. Refer to the specific State Games Registration form for housing details.
16. **RECRUITMENT OF CURRENT SPECIAL OLYMPICS ATHLETES** – If a Local Program recruits an existing Special Olympics athlete who is not registered with their Local Program to participate with their Local Program in a sport their home/permanent Local Program doesn't offer, then the Local Program manager of that Local Program must notify the athlete's home/permanent Local Program manager of this development and obtain a copy of that athlete's current medical form.

Illegal recruiting is the act of recruiting a player from another program and persuading them to switch home programs. Illegal recruiting is prohibited by Special Olympics Wisconsin and is considered a Code-of-Conduct violation.

If an athlete decides to change Local Programs by their own volition, the athlete's new Local Program must notify the previous Local Program and their Athletic Director so the athlete's records are transferred to the new Local Program.

17. **OVERNIGHT HOUSING STANDARDS OF BEHAVIOR** :
 - A. **Supervision:** The chaperone/ athlete ratio of at least one properly registered chaperone to every four athletes must be maintained during overnight events. Proper supervision can be maintained without having a chaperone present in the room at all times. All chaperones must be screened in accordance with the Special Olympics Volunteer Screening Policy.
 - B. **Gender:** Athletes and volunteers may not share a room with an athlete or volunteer of the opposite sex with the following exception only:
 - I. Married athletes who are both attending the event as members of a registered delegation,
 - II. Married volunteers who are both attending the event as part of a registered delegation. This exception does not apply if one of the volunteers is required to share a room with an athlete (other than the married couple's child).
 - III. Family members of the opposite sex who serve as a one on one chaperone of the related athlete.

- IV. Housing in a facility that has multiple private rooms in addition to living space such as a condominium or pod-style dormitory. Both males and females may be assigned to one condominium if necessary, but private rooms may not be shared by the opposite sex. Chaperones must also be assigned to the condominium and the chaperone/ athlete ratio must be maintained.
 - V. Use of barracks or other large facility where large numbers of individuals are assigned to one room. Athletes and volunteers must be separated as much as possible by gender (ex: females on one side and males on another).
- C. **Young Athletes** – Young Athletes events that involved overnight activities require increased supervision and therefore, Young Athletes participants must be accompanied by a properly registered and screened parent, guardian or individual designated by a parent or guardian at all overnight activities. Rooming assignments for Young Athletes should be separate from the remainder of the delegation whenever possible (for example, separate hotel rooms).
- D. **Best practices.** The Local Program handles assigning individuals to specific rooms. SOWI recommends minor-age and adult-age athletes not be housed together and that there is consideration of size, ability levels, maturity and behavior issues. SOWI depends on Local Programs to know their own delegates and make housing assignments accordingly. Room assignment lists must be turned into the front desk and Tournament Central upon checking into the hotel/residence hall.
- I. Hotel rooms are assigned at a ratio of three participants of the same gender per room, (i.e. double/double room, king room with a roll-a-way or hide-a-bed sofa).
 - II. Whenever possible, each member of a delegation should be assigned to his or her own bed. If bed sharing is required, an athlete may not share a bed with a chaperone unless the chaperone is a parent or sibling of the athlete and has been registered and screened in compliance with the volunteer registration and screening policy. The following techniques should be used to minimize the number of athletes required to share beds:
 - a Request cots or roll-away beds from the housing facility.
 - b Use air mattresses to increase the number of separate bed spaces available.
 - c If bed sharing is required, consider having the athletes pack sleeping bags, and sleep in them on top of the linens provided.
- E. **Best Practices for Supervision.**
- I. **Hotels:** Whenever possible, reserve connecting rooms so that chaperones have direct access to the athletes' room(s). If connecting rooms are not available, and the chaperone is in a room separate from the athletes for which he or she is responsible:
 - a Ensure that the chaperone has a key to the athletes' room(s)
 - b Ensure that the athlete know how to reach the chaperone at all times
 - c Consider using hall monitors
 - II. **Condo/ Dorm or other facility with multiple private rooms:** Whenever possible, leave the doors to private rooms open so that chaperones can monitor each room.
 - III. **Barracks or other facility with multiple beds in one room:** Whenever possible chaperones should be assigned to a location in close proximity to the athletes he or she is supervising.
 - IV. **Family Members:** Prohibit family members from staying in athlete housing unless the family member is an official member of the registered delegation and is screened in compliance with the Special Olympics Volunteer Screening Policy. University residence hall rooms are assigned one participant per bed, two beds per room with participants of the same gender sharing a room (this may mean an athlete and chaperone must share a room).
 - V. A Local Program may request a variance to the room assignment ratio for situations that warrant special consideration, i.e. due to athlete behavior issues an athlete needs to be one-on-one with a

coach in a hotel room. Requests must be in writing and included with the State games/tournament registration materials.

VI. Local Programs are responsible for ensuring that all parents, volunteers and family members, etc. are Class A registered volunteers when participating in Local Program activities.

F. Use of pools – Local Program may use pools when traveling only if they are able to provide a certified lifeguard for every 20 athletes who are swimming.

18. MOCKERY OF THE GAME – If a team or an athlete in an individual sport exhibits behavior that makes a mockery of the competition, that team or individual may be disqualified from competition, thus forfeiting the game/competition. Examples of behavior that may result in enforcement of this protocol are (but not limited to): basketball – intentionally shooting into your own basket that your team is defending; soccer – intentionally shooting into your own goal; softball – intentionally causing an out for your team or allowing the opposing team to score; individual race – intentionally slowing down at the end of the race to taunt or embarrass the fellow racers or to “sandbag” thus providing a slower qualifying score for the next level of competition.

MEDICAL POLICIES

1. MEDICAL EQUIPMENT AND SAFETY ITEMS

- A. If medical device is worn, it must be approved prior to competition due to potential safety risk to other participants. This includes any device worn that covers the face, lower arm (from the elbow to the wrist), knee or lower leg. The completion of a Special Needs form will be required.
- B. Due to safety reasons, some medical devices (braces, helmets, etc.) may not be worn in competition and for that reason must be pre-approved.
- C. For safety reasons, medical alert bracelets are allowed to be worn but must be secured (secured with athletic tape, covered with a sweatband, etc.). It is suggested; if possible the item can be removed and held by the coach during competition.

2. TEAM PRACTICE

- A. A coach certified in CPR and first aid should be present at all practices.
- B. At a minimum, a first aid kit should be present and readily available at all practices.
- C. A kit should include a minimum: gloves, CPR mask, sterile gauze, assorted bandages, elastic bandages and a chemical ice package.
- D. The location of the nearest phone (ideally a cell phone) and Automated External Defibrillator (AED) (if available) should be known to all coaches.

3. SPECIAL OLYMPICS COMPETITION MEDICAL COVERAGE

- A. **Regional/District/Sectional Competitions:** A Class A registered volunteer or Special Olympics staff member certified in, at a minimum, CPR and first aid must be present and pre-identified to deal with medical emergencies arising during competition. Additional Class B medical volunteers may be on-site to assist in medical emergencies.
- B. **State Competitions:** Medical coverage at all State competitions is provided by the State Medical Committee, led by the Special Olympics Wisconsin Medical Director.
- C. **Services Provided**
 - I. During tournaments, the medical staff provides the immediate evaluation and treatment, and follow-up as appropriate, for illness and injury suffered by athletes and coaches/chaperones during the tournament.
 - II. In addition, the medical staff provides initial evaluation and treatment of volunteers/staff and spectators of the tournament.
 - III. The medical staff is NOT present to provide the routine care of the chronic medical conditions of the athletes.
 - a. It is the responsibility of the **coaches** and **chaperones** to ensure athletes take their medication as directed and are able to deal with all foreseen aspects of the athletes' medical conditions, i.e. blood sugar testing, insulin shots, etc.
- D. **Level of Care:** Exact first aid evaluation and treatment performed depends on the level of certification and training of medical staff present. All staff provides care at the maximum level of their comfort and as allowed by training, equipment available, and state law.
- E. **Non-Medical Staff Health Care Professionals:** Special Olympics designated medical staff has final authority on all medical matters during Special Olympics tournaments. If a non-medical staff health care professional is present, they may assist with a medical emergency at the discretion of the medical staff. Unless the health care professional is the parent or guardian of the athlete, the medical staff retains responsibility for care of the athlete.
- F. **Physician/Licensed Independent Providers:** Physician or licensed independent provider members of the

medical staff may perform skills and administer medications at their own discretion. Special Olympics International malpractice insurance coverage currently does not extend to physicians.

- G. **Supervision:** The medical staff acts under direction of the games management team. The senior medical staff present has final authority in medical matters.
- H. **Information to be Provided to Medical Staff by Management Team**
 - I. Phone numbers: emergency and non-emergency
 - a Local hospital emergency departments/urgent care centers
 - b Campus security/police department
 - c Tournament Central
 - d Important housing and dining contacts
 - II. Maps
 - a Event locations
 - b Surrounding area
 - c Hospital locations

4. **SPECIAL OLYMPICS COMPETITION INJURY ACTION PLAN**

- A. **Competition Procedures in case of Injury**
 - I. Official stops contest because of injury or illness
 - II. Official instructs scoring bench to start clock if appropriate (i.e. injury time or recovery time)
 - III. Official beckons coach and medical staff to examine athlete
 - a NOTE: Neither official or coach can deny medical staff the opportunity to examine the athlete
 - IV. Medical staff will determine whether the athlete can continue
 - a The most senior medical staff member's decision is final in cases of difference of opinion.
 - V. Medical staff will inform the following individuals of their recommendation: athlete, coach, official
 - a If the medical staff determines athlete cannot continue, this decision is final
 - b If the medical staff determines athlete can continue:
 - i. the coach may decide not to allow athlete to continue, this decision being final
 - ii. the game official may determine that the athlete cannot continue if injury poses undue threat to other athletes such as blood on uniform
 - VI. Official will notify the opposing team, scoring bench and contest management as appropriate.
 - VII. The medical staff has the authority and is expected to proceed onto the area of play even though action may be continuing because the game officials are unaware of an injured participant. The team of the injured athlete should not be charged a time out or any other penalty for such action by the medical staff.
 - VIII. If it is determined that an athlete has experienced a loss of consciousness, he/she may not return to competition until cleared by a healthcare provider. See Concussion Section for more information.
 - IX. Every attempt should be made to inform the coach and parents/legal guardian of injury/illness as appropriate.
- B. **Evaluation by Higher Medical Care:** If the medical staff determines that an EMS evaluation is necessary, EMS will be summoned, regardless of the patient's wishes. Upon arrival of the EMS, care of the patient is transferred.
 - I. If the patient requires evaluation or treatment in an emergency department (ED) or urgent care (UC) center but not EMS transport (i.e. stitches, possible fracture, etc), patient should be transported via private vehicle to the nearest facility.
 - II. If the patient is an athlete, a coach or chaperone must accompany him/her to the ED/UC.
 - III. If a private vehicle is not available (i.e. team came on a bus), the medical staff and management

team will secure transportation.

C. **Documentation and Medical Records**

- I. As per SOWI requirements, all athletes are required to have a current medical form on file with the State office.
- II. Coaches must have a copy of each athlete's medical information with them available for immediate review in case of emergency, especially in the case that an athlete must be transported to the hospital. Coaches may have paper copies OR electronic copies through the Special Olympics Wisconsin Medical Sharepoint System.
- III. The Special Olympics First Report of Accident/Incident is for insurance purposes and filed with the Program office. It should be completed for all injury/illness that require either immediate or delayed follow-up or the illness/injury that is the result of unforeseen circumstances.
 - a It is the combined responsibility of the medical staff and patient/coach to complete the Special Olympics First Report of Accident/Incident form
- IV. A Special Olympics illness/treatment report or similar form should be filled out for all persons suffering a moderate or serious illness/injury or requiring further medical attention.
- V. All levels of injury/illness (any contact with athlete, spectator, coach, chaperone, volunteer, etc.), must be recorded in a medical log.

D. **Unconscious Participant:** A participant rendered unconscious (unresponsive to verbal stimuli) may not return to competition that day without written consent of a physician.

E. **Oxygen:** Oxygen may only be administered for medical purposes.

F. **Crisis Communication Contact Information**

- I. Chad Hershner, President & CEO
 - a CHershner@SpecialOlympicsWisconsin.org
 - b 608-442-5680
- II. Jason Blank, VP of Sports & Programs:
 - a JBlank@SpecialOlympicsWisconsin.org
 - b 262-518-2313
- III. Medical Director: Michael Clark, MD
 - a mclark911@gmail.com
 - b (715) 218-5774

Concussion Information

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:

- Physical – This describes how a person may feel: headache, fatigue, nausea, vomiting, dizziness, etc.
- Thinking – Poor memory and concentration, responds to questions more slowly, asks repetitive questions. Concussion can cause an altered state of awareness.
- Emotions - A concussion can make a person more irritable and cause mood swings.
- Sleep – Concussions frequently cause changes in sleeping patterns, which can increase fatigue.

Pursuant to State Law and SOWI Policy: **A coach, or official, or health care provider present at a practice or competition shall remove an athlete if he/she 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.**

Concussion Evaluation

Common Symptoms Reported by Athlete:

- Headache
- Nausea
- Balance Problems
- Dizziness
- Double or Fuzzy Vision
- Sensitivity to light or noise
- Feeling mentally foggy
- Concentration or memory problems
- Confusion
- Ringing in the ear

Signs, Symptoms, or Behaviors Consistent with Concussion: (*What others see in an injured athlete*)

- Appear dazed or stunned
- Change in level of consciousness or awareness
- Confused about what to do
- Forgets play(s)
- Memory loss/amnesia
- Unsure of score, game, opponent
- Clumsy
- Slow to answer questions or follow directions
- Changes in behavior or personality
- Loss of consciousness
- Asks repetitive questions
- Can't recall events before or after hit/blow

Simple Sideline Tests

Test

- Modified Maddocks Questions
 - What venue are we at today?
 - Which half of the game are we in?
 - Who scored last in the game?
 - Which team did you play the last game?
 - Did you win the last game?
- Concentration Test: Ask athlete to recite months of the year backwards from current month
- Balance Test: Test the ability of the athlete to hold three positions for 20 seconds each; with hands on hips and eyes closed
 - Both legs on the ground next to each other
 - Single leg stance with non-dominant leg on ground (hip flexed to 30° and knee flexed to 45°)
 - Tandem stance with non-dominant foot in front of the dominant foot
- Finger to Nose: Athlete hold arm extended at shoulder height, then touch nose 5 times in 4 seconds with return to fully extended position between nose touches

Results consistent with a Concussion

- Any missed questions is significant
- Signs of difficulty concentrating or thinking is significant
- More than 5 errors below across the three positions signals removal from activity
 - Moving the hands off of hips
 - Opening the eyes
 - Step, stumble, or fall
 - Lifting the forefoot or heel off of the testing surface
 - Remaining out of the proper testing position for greater than 5 seconds
- Difficulty suggests concussion

Removal and Return to Activity

If an athlete exhibits any of the signs, symptoms, or behavior consistent with a concussion or head injury –OR– you simply suspect the person has sustained a concussion or head injury the athlete must be removed from all physical activity immediately.

Injured athletes can exhibit many or just a few of the signs, symptoms, or behaviors consistent with a concussion or head injury.

A **health care provider**ⁱ must evaluate the athlete for concussion. An athlete that has been removed from practice or competition because of a determined or suspected concussion or head injury may not participate (practice or competition) again until he or she is evaluated by a health care provider and receives written clearance from the health care provider to return to the activity.

No athlete should be allowed to return to play from concussion on the same day.

*Not every athlete removed from play will be concussed. It may be appropriate to remove an athlete to err on the side of safety. If a concussion is suspected, the athlete must be evaluated by a health care provider. If health care provider rules out a concussion during a side-line assessment, the athlete can be returned to play if **written clearance** is provided. "When in doubt, hold them out".*

When you suspect and/or confirm that a player has a concussion or head injury:

- Immediately remove the athlete from play.
- Ensure that the athlete is evaluated by a trained health care provider.
- Inform the athlete's parents or guardians about the suspected and/or confirmed concussion. If a trained health care provider is not available on site at the time of the injury, provide parents/guardians with recommendations on health care providers in the area that can evaluate for a concussion.
- A person who has been removed from a youth athletic activity because of a determined or suspected concussion or head injury may not participate again until he or she is evaluated by a health care provider and receives written clearance from the health care provider to return to the activity.

A player recovering from a concussion must be carefully observed 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.

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:

- Loss of consciousness, this may indicate more serious head injury
- Decreasing level of alertness
- Unusually drowsy
- Severe or worsening headache
- Seizure
- Persistent vomiting
- Difficulty breathing

Additional Information

The appearance of signs, symptoms and behavior of a concussion may be immediate, or maybe delayed several hours, days, or even weeks after the event. It is imperative to notify the parent or guardian when an athlete is removed from play because they are thought to have a concussion.

Most concussions are temporary and they resolve without causing residual problems. Concussion symptoms in children and adolescents take longer than symptoms in adults to resolve. It is not uncommon for symptoms in young athletes to last a few weeks. These symptoms of headache, difficulty concentrating, poor memory and sleep disturbances can result in academic troubles among other problems. Concussion symptoms may even last weeks to months (post-concussion syndrome).

¹ The law defines a "Health care provider" as a person to whom all of the following apply:

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