# MODEL POLICY AND GUIDANCE FOR PREVENTION AND TREATMENT OF SPORTS RELATED CONCUSSIONS

This policy is designed to provide guidance to affiliate members in the development, establishment, and implementation of policies, procedures and programs for the prevention, treatment and education of Sports-Related Concussions (SRC) and Traumatic Brain Injuries (TBI).

### PART I Background

US Youth Soccer has established the Concussion Procedure and Protocol for US Youth Soccer events (Appendix A) and published a suggested form to report Concussions and Traumatic Brain Injuries (Appendix B). In consonance with these procedures and protocols, the Nevada Youth Soccer Association has established the following policy for all affiliate members.

#### Part II

Model Concussion Protocol for the Prevention and Treatment of Sports-Related Concussion and Head Injuries

#### Prevention

- 1. Pre-Season Baseline Testing and Education
- 2. Concussion is Suspected
- 3. Post-Injury Testing and Treatment Plan
- 4. Is Athlete Ready for Non-Contact Activity
- 5. Determining Safe Return-to-Play
- Athletes who are exhibiting the signs or symptoms of a sports-related concussion or other head injury during practice or competition shall be removed from play and may not return to play that day.

# Part III Implementation of Sports-Related Concussion and Head Injury Policy

- A. The affiliate member leagues and clubs are required to monitor the above by ensuring that all coaches complete a head injury training program such as the National Federation of State High Schools Association online, "Concussion in Sports" or a comparable program which meets the mandated criteria and includes but is not limited to:
- 1. The recognition of the symptoms of head and neck injuries, concussions, and injuries related to second-impact syndrome.
- 2. Includes the appropriate criteria to delay the return to sports practice or competition of an athlete who has sustained a concussion or other head injury. \*Additional head injury training programs that meet the mandated criteria may be completed by professionals of different levels of medical knowledge and training. Guidance for these additional training programs will be provided to each affiliate.
- B. 1. The affiliate club coaches shall distribute the educational fact sheet annually to the parents or guardians of youth athletes and shall obtain a signed acknowledgement of the receipt of the fact sheet by the athlete and his parent or guardian.
- 2. Each affiliate member club shall develop a written policy concerning the prevention and treatment of sports-related concussions and other head injuries among athletes. The policy shall include, but need not be limited to, the procedure followed when it is suspected that athlete has sustained a concussion or other head injury. Each affiliate member shall implement the policy by the 2017-2018 seasonal year.
- 3. Each athlete participating in a sports program that is suspected of sustaining a concussion or other head injury in practice or competition shall be immediately removed from the sports competition or practice. Athletes who are removed from competition or practice shall not participate in further sports activity until they are evaluated by a physician or other licensed healthcare provider trained in the evaluation and management of concussions, and receive written clearance from a physician trained in the evaluation and management of concussions to return to competition or practice.

## Part IV Resources on Sports Related Concussions and Head Injuries

Internet Resources Centers for Disease Control and Prevention – Concussion Toolkit http://www.cdc.gov/concussion/HeadsUp/physicians\_tool\_kit.html http://www.cdc.gov/concussion/headsup/pdf/ACE-a.pdf http://www.cdc.gov/concussion/headsup/pdf/ACE-a.pdf http://www.cdc.gov/concussion/headsup/pdf/Concussion\_in\_school\_version\_a.pdf http://www.cdc.gov/concussion/headsup/pdf/Concussion\_in\_Sports\_palm\_card-a.pdf National Federation of State High Schools Association-Online "Concussion in Sports" training program. www.nfhs.org www.sportsconcussion.com National Collegiate Athletic Association www.NCAA.org/health-safety Articles "Consensus Statement on Concussion in Sport: 3rd

International Conference on Concussion in Sport held in Zurich, November 2008". Clinical Journal of Sports Medicine, Volume 19, May 2009, pp.185-200 Clinical Report:

# **Appendix A Concussion Procedure and Protocol For US Youth Soccer Events**

Concussion: a Traumatic Brain Injury (TBI) that interferes with normal brain function. Medically, a concussion is a complex, pathophysiological event to the brain that is induced by trauma which may or may not involve a loss of consciousness (LOC). Concussions result in a constellation of physical, cognitive, emotional, and sleep-related symptoms. Signs or symptoms may last from several minutes to days, weeks, months or even longer in some cases. Most concussion cases do not include loss of consciousness.

# CONCUSSION SIGNS, SYMPTOMS, AND MANAGEMENT AT TRAINING AND COMPETITIONS

### Step 1:

Possible signs of a concussion: (Could Be observed by Coaches, Licensed Athletic Trainer, Physician, Referee or other credible party)

- 1) Appears dazed, stunned, or disoriented
- 2) forgets play, or demonstrates short term memory difficulty
- 3) Exhibits difficulties with balance or coordination
- 4) Answers questions slowly or inaccurately
- 5) Loses consciousness

Possible Symptoms of Concussion (Reported by the athlete to coaches, Licensed Athletic Trainer, Physician, Parent/Guardian)

- 1) Headache
- 2) Nausea/Vomiting
- 3) Balance Problems or dizziness
- 4) Double Vision or Changes in Vision
- 5) Sensitivity to light or sound/noise
- 6) Feeling sluggish or foggy
- 7) Difficulty with concentration and short term memory
- 8) Sleep disturbance
- 9) Increased irritability, sadness, anxiety or nervousness

#### Step 2:

Is emergency treatment needed?

This would include the following scenarios:

- (1) Spine or neck injury or pain.
- (2) Behavior patterns change, unable to recognize people/places, less responsive than usual.
  - (3) Loss of consciousness.
  - (4) Headaches that worsen
  - (5) Seizures
  - (6) Very drowsy, can't be awakened
  - (7) Repeated vomiting
  - (8) Increasing confusion or irritability
  - (9) Weakness, numbness in arms and legs

# Step 3:

If a possible concussion occurred, but no emergency treatment is needed, what should be done? Focus on these areas every 5-10 min for the next 1 - 2 hours, without returning to any activities:

- (1) Balance, movement.
- (2) Speech.
- (3) Memory, instructions, and responses.
- (4) Attention on topics, details, confusion, ability to concentrate.
- (5) State of consciousness
- (6) Mood, behavior, and personality
- (7) Headache or "pressure" in head
- (8) Nausea or vomiting
- (9) Sensitivity to light and noise

Players shall not re-enter competition, training, or partake in any activities for at least 24 hours. Even if there are no signs or symptoms after 15-20 min, activity should not be undertaken by the player.

#### Step 4:

A player diagnosed with a possible concussion may return to US Youth Soccer play ONLY after release from a medical doctor (MD) or doctor of osteopathy (DO) specializing in concussion treatment and management.

#### **Step 5:**

If there is a possibility of a concussion, do the following:

- (1) The attached Concussion Notification Form (**Appendix B**) is to be filled out in duplicate and signed by a team official of the player's team.
- (2) If the player is able to do so, have the player sign and date the Form. If the player is not able to sign, note on the player's signature line "unavailable".
- (3) If a parent/legal guardian of the player is present, have the parent/legal guardian sign and date the Form, and give the parent/legal guardian one of the copies of the completed Form. If the parent/legal guardian is not present, then the team official is responsible for notifying the parent/legal guardian ASAP by phone or email and then submitting the Form to the parent/legal guardian by email or mail. When the parent/legal guardian is not present, the team official must make a record of how and when the parent/legal guardian was notified. The notification will include a request for the parent/legal guardian to provide confirmation and completion of the Concussion Notification Form whether in writing or electronically.
- (4) The team official must also get the player's pass from the referee, and attach it to the copy of the Form retained by the team.

References: Kissick MD, James and Karen M. Johnston MD, PhD. "Return to Play After Concussion." Collegiate Sports Medical Foundation. Volume 15, Number 6, November 2005.

http://www.csmfoundation.org/Kissick\_-\_return\_to\_play\_after\_concussion\_-\_CJSM\_2005.pdf. April 22, 2011.

National Federation of State High School Associations. "Suggested Guidelines for Management of Concussion in Sports". 2008 NFHS Sports Medicine Handbook (Third Edition). 2008 77-82. http://www.nfhs.org. April 21, 2011.

National Athletic Training Association (www.nata.org).

# Appendix B

Possible Concussion or TBI Notifica	ntion Form For Nevada You Events	nth Soccer Association Soccer
Dear Parent/Guardian, Today	[insert player's petition	s name] received a possible [insert club, league or d signs and symptoms that may
It is common for a concussed child or there are four types of symptoms: phy	•	• •
If your daughter or son starts to show sonotice about the behavior or conduct of immediate medical attention:	• • •	• • •
- Memory difficulties - Neck pain - De behavior - Repeats the same answer or sleep - Slow reactions - Seizures Patter Less responsive than usual arms/legs	- Vomiting - Fatigued ques	stion - Focus issues - Irregular
Please take the necessary precautions a your daughter or son to participate furt please consider the following guideline	ther. Until a professional m	
• refraining from participation in any a	ctivities the day of, and the	e day after, the occurrence.
• refraining from taking any medicine permitted to be continued to be taken, health care professional.		•
• refraining from cognitive activities revideo games, computer work, and text		
If you are unclear and have questions a or doctor of osteopathy who specialize advised that a player who suffers a consigned clearance from a medical doctor treatment and management.	es in concussion treatment ancussion may not return to p	and management. Please be play until there is provided a
Player's Team:		_ Age Group:
	Player Name:	
Signature:		_

Date:

By inserting my name and date and returning this Notification Form, I confirm that I have been provided with, and acknowledge that, I have read the information contained in the Form. If returning the signed Form by mail, send it to the following address: 2605 South Decatur Blvd. #114, Las Vegas, NV 89102 . If returning this Form by email, send it to the following nevadayouthsoccer@gmail.com

Coach/ affiliate/club registrar/President Notification: Yes No If yes, method and recipient:

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#### References:

Kissick MD, James and Karen M. Johnston MD, PhD. "Return to Play After Concussion." Collegiate Sports Medical Foundation. Volume 15, Number 6, November 2005. http://www.csmfoundation.org/Kissick\_-\_return\_to\_play\_after\_concussion\_-\_CJSM\_2005.pdf. April 22, 2011. National Federation of State High School Associations. "Suggested Guidelines for Management of Concussion in Sports". 2008 NFHS Sports Medicine Handbook (Third Edition). 2008 77-82. http://www.nfhs.org. April 21, 2011. Children's National Medical Center. "Safe Concussion Outcome, Recovery & Education (SCORE) Program." Adapted by Gerard Gioia, PhD; Micky Collins, PhD; Shireen Atabaki, MD, MPH; Noel Zuckerbraun, MD, MPH. http://www.childrensnational.org/score. June 27, 2011.