Youth Sport Concussion Protocol
Sport Management Institute
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NRPA

As promoters of health, wellness and physical fitness, and as the gatekeepers of the public space accessed for that purpose, there is an inherent responsibility for the parks and recreation agencies to provide information and resources to the public to deal with the issues of concussion prevention, assessment and treatment. There is an abundance of resources and information available to create and implement policy and provide education to communities.
Objective

- To establish a policy that will provide ALL youth sport coaches and parents associated sports programs and/or programs held at fields and or facilities permitted by or supported by the ___________ Department of Parks and Recreation. Provide guidelines involving how to recognize signs and symptoms of a concussion and procedures for dealing with individuals and/or parents when a concussion is suspected, as well as mandatory rules regarding the return to play/activity for the participant.

Education of Parents and Staff

- A concussion can be caused by a blow to the head, jolt to the body, or any sudden force that results in a rapid acceleration/deceleration of the brain inside the skull. This impact of the brain against the rigid inside walls of the skull can cause a change in neurological function and a host of other symptoms depending on which part of the brain was injured. Youth athletes are particularly vulnerable to the effects of a concussion. Even what appears to be very minor is at real risk of catastrophic results when an athlete is returned to action too soon.

- **Second Impact Syndrome**, which in some cases can be fatal, is a direct result of returning to activity participation before all symptoms have cleared this is especially true for those under 14 years of age.
Information

While most players heal within a few weeks, an athlete who returns to play before a concussion has completely resolved risks re-injuring an already injured brain which can have life threatening consequences. Therefore, continued participation in any sport / activity following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death.

Well-Being of Participants

The well-being of the athlete/participant is our greatest concern during any practice or game, coaches’ officials and parents are being asked to make all efforts to ensure that concussed athletes/participants do not continue to participate. Thus, coaches, parents, and officials should also be looking for signs of concussion in all participants and should immediately remove any suspected concussed participant from play.

It’s far better to miss one or two games as a precautionary matter than to risk permanent brain damage or death. **No game or activity is worth a life.**
What to look for

Concussions can appear in many different ways. A person does not have to lose consciousness to suffer a concussion. Any participant who exhibits any signs, symptoms, or behaviors consistent with a concussion as the one’s mentioned below, he/she shall be immediately removed from the activity and shall not return to play until cleared by an appropriate health-care professional.

Signs and Symptoms

**An athlete does not have to have all of the signs and symptoms to have a concussion. One sign and/or symptom can be enough to pull for a concussion**

**Signs**
- Temporary loss of consciousness
- Delayed response to questions
- Appearing dazed
- Slurred speech
- Balance issues
- More Emotional (Crying, Angry)
- Vomiting

**Symptoms**
- Headache or a feeling of pressure in the head
- Dizziness or "seeing stars"
- Ringing in the ears
- Nausea
- Sensitivity to light or noise
- Feeling Tired
Role of Coaching Staff or Activity Leaders:

- Coaches, Coaching Staff or activity leaders will NOT be expected to “diagnose” a concussion. That is the job of an appropriate health-care professional.
- However, they will be asked to use their best judgment in observing the signs, symptoms and behaviors, associated with concussions.
- If a member of a youth team coaching staff observes questionable signs, symptoms, or behavior, he/she must remove the participant from the game and/or activity for further evaluation and notify the parent/guardian and the parks and recreation supervisor.

Course of Action to be taken when removed from game/activity

1. Remove person from activity/competition
2. Notify Parent or Guardian
3. Notify appropriate parks and recreation staff
4. Fill out appropriate injury/incident report
5. No Participant may return to activity on the same day.
6. Any participant suspected of having a concussion should be evaluated by an appropriate healthcare professional within 72 hrs. of the “injury”. Note: an appropriate healthcare professional should be knowledgeable in the evaluation and management of sports-related concussions and may include MD’s, DO’s, NP, PA and certified athletic trainers.
Continued

7. Any participant with a concussion must be **medically cleared** by an appropriate healthcare professional prior to completing return to play (RTP) and resuming participation in any activity, practice, game or league play. This clearance shall be in the form of a written letter signed by the healthcare professional (MD, DO). A copy of this letter must be supplied to parks and recreation department supervisor before day 5 of RTP can be completed.

8. At this point the recommended 5 day gradual return to play must take place. The documentation of what was done on each day must signed by coach/parent. When the fifth day has been completed ALL the supporting documentation must be turned into the parks and recreation supervisor for athlete/participant to be cleared to take part in activity associated with the parks and recreation department.

Return to Play Guidelines

- Participant may not progress to the next stage until 24 hours has passed. **(CAN NOT DO 2 STAGES IN 1 DAY)**
- If symptoms of a concussion recur, or if concussion signs and/or behaviors are observed at any time during the return-to-activity program, the athlete must discontinue all activity immediately.
- If symptoms recur at any step, patient must return to prior level they completed without a recurrence of any sign or symptom after a 24-hour period has passed.
### Injury / Accident Form

**Name:** Billy Smith  
**Injury Date:** 10/26/18  
**Time of Injury:** 5:30pm

**Sex:** M  
**DOB:** 12/16/2010

**Sport / Activity:** Football  
**Where did Injury Occur:** Washington Elementary Field  
**When:** Practice

**Body Part:** Head  
**Pain Scale:** 1 2 3 4 5 6 7 8 9 10

**Observation:** Swelling / Deformity / Bleeding / other: Holding head

**How did it occur:** Was running a passing route caught ball and was tackled and his head slammed into ground

**Concussion Signs or symptoms:** Yes

**Action Taken:** Removed from practice and was observed until parent arrived

**Was EMS Called:** No  
**Time Called:**  
**By Whom:**

**Was parent notified:** Yes  
**Time:** 6:45 PM  
**How:** In person

**Phone # Called:**

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### Symptom Check List

**Name:**  
**Injury Date:**  
**Sport:**

<table>
<thead>
<tr>
<th>SEVERITY RATING</th>
<th>POST-CONCUSSION SYMPTOM SCALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>0</td>
</tr>
</tbody>
</table>

**Symptoms**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
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<tr>
<td>Neck Pain</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
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<td>Noise or buzzing</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
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<tr>
<td>Dizziness</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
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<tr>
<td>Blurred Vision</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
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<tr>
<td>Balance Problems</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
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<td>Sensitivity to light</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
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<tr>
<td>Feeling slowed down</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
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<tr>
<td>Feeling like “in a fog”</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
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<tr>
<td>Drowsy / tired</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
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<tr>
<td>Difficulty concentrating</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
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<tr>
<td>Difficulty remembering</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
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<td>Fatigue or low energy</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
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<td>Confusion</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
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<tr>
<td>Dizziness</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
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<tr>
<td>Trouble falling asleep (if applicable)</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
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<tr>
<td>More emotional</td>
<td>Date</td>
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<td>Date</td>
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<tr>
<td>Irritability</td>
<td>Date</td>
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<td>Date</td>
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<tr>
<td>Tachiness</td>
<td>Date</td>
<td>Date</td>
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<td>Date</td>
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<tr>
<td>Nervous or anxious</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
</tr>
</tbody>
</table>

**Total**
Return To Play Progression

Day 1: **Light aerobic activity**: Walking, swimming, exercise bike; keeping exertion for 10-15 min

Day 2: **Moderate aerobic activity light resistance training**: 20 min Exertional drills in sport, (e.g., running drills in football/soccer, skating drills in hockey). Then 10-20 min calisthenics, (jumping jacks, sit ups, mountain climbers, burpees)

Day 3: **Sport-specific exercises NON-contact training drills**: Progression to more complex noncontact drills, e.g., passing / catching drills in football, shooting/passing in basketball, hitting drills in volleyball

Day 4: **Limited Full-contact practice**: (if no recurrence of symptoms through first 3 steps and cleared by physician)

Day 5: **Full contact practice**: Game like activity Return to full sport participation.
RTP Football

<table>
<thead>
<tr>
<th>Day</th>
<th>EXERCISE</th>
<th>STATE</th>
<th>COMMENTS/COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Walking at 3.5 mph or riding a stationary bike for 20-30 minutes.</td>
<td>YES</td>
<td>Parent / Coach initials</td>
</tr>
<tr>
<td>2</td>
<td>Jogging (medium pace) for 20-30 minutes</td>
<td>YES</td>
<td>Parent / Coach initials</td>
</tr>
<tr>
<td>3</td>
<td>Running (fast pace) for 20-30 minutes, 50 Sit-ups 30 Push-ups.</td>
<td>YES</td>
<td>Parent / Coach initials</td>
</tr>
<tr>
<td>4</td>
<td>Participate in non-contact practice drills.</td>
<td>YES</td>
<td>Parent / Coach initials</td>
</tr>
<tr>
<td>5</td>
<td>Participate in full-contact practice. Can receive hits to blocking dummies and teammates.</td>
<td>YES</td>
<td>Parent / Coach initials</td>
</tr>
<tr>
<td>6</td>
<td>All paper work must be turned in to recreation supervisor (Dr Note and RTP sign off).</td>
<td></td>
<td>Supervisors initials</td>
</tr>
</tbody>
</table>

Must Have doctors clearance note turned into parks and recreation supervisor to go onto day 5.

Medical RTP Form

This form is adapted from the Acute Concussion Evaluation (ACE) care plan on the CDC website. www.cdc.gov. All medical training on the use of this form is provided by the Medical Director of the evaluation and care of the student athlete sustaining a concussion injury. Please initial any recommendations that you endorse:

Physical Competitions: Do Not Return to P-F view at the time. May Return to P-F view.

Sports: May gradually return to sports practices under the supervision of the health care provider for your school or team.

Clearance for full participation in all activities without restriction.

Conduct Returns to Play Plan

Return to play should be gradual and begin with light activities. As tolerance increases, one can increase the intensity of activity. Progress to full participation must be determined by the treating physician. The following form is subject to physician for final determination of return to competition.
Training and Instruction for staff and all volunteers

**Annual Training:** All Department program staff, coaches, and volunteers who participate in organized youth athletic activities, as well as coaches and volunteers of youth sports-related organizations using facilities and/or fields permitted or supported by the parks and recreation department shall complete an annual training on the prevention and recognition of sports-related head injuries and the associated health risks, including second impact syndrome. Documentation of such training shall be maintained by the user group organization and verified by the parks and recreation department prior to issuing permits for facility and/or field use each season.

Training and Instruction for staff and all volunteers

**All** personnel, coaches, and volunteers participating in youth athletic activities at fields and/or facilities permitted or supported by the Department shall be required to complete annual concussion education training through one or more of the following approved programs:

- CDC’s concussion education training: www.cdc.gov/concussion Use the Concussion in Youth Sports training module. Then choose Launch the Course on right hand side.
- NFHS concussion course: https://nfhslearn.com/courses/61064/concussion-in-sports This course is more geared toward High School coaches.
- Concussion education event sponsored by the Department with Sport Medical Professional
Outside Leagues

Independent youth leagues not under the Department are required to provide the department with a letter verifying the completion of concussion training by their staff, coaches, and volunteers. The letter must be signed by the youth league’s board of directors.
### RTP General Activity

| Day 1 | Goal is to reach 30-40% of maximum heart rate. Walking at 2.5 mph or riding a stationary bike for 20-30 minutes. | Y/N | Coach/Parent initials: |
| Day 2 | Goal is to reach 40-60% of maximum heart rate. Jogging (medium pace) for 20-30 minutes. Sit-ups x 25, Push-ups x 20, Lunge walks x 20. | Y/N | Coach/Parent initials: |
| Day 3 | Goal is to reach 60-80% of maximum heart rate. Running (fast pace) for 20-30 minutes. Sit-ups x 50, Push-ups x 30, Lunge walks x 30. Practice individual drills for 15 minutes: can include juggling, cone drills, penalty/goal/corner kicks, sprints, backpedaling. No headers or diving for ball. | Y/N | Coach/Parent initials: |
| Day 4 | Goal is to reach 80% of maximum heart rate. Participate in Non-Contact practice drills: Warm up (jogging/stretching 10-20 minutes) and practice with teammates for 45-60 minutes total. Can include drills from Stage 3 but no touching, no headers, no diving for ball. Burpees with a jump x 10. | Y/N | Coach/Parent initials: |
| Day 5 | Must Have doctors clearance note turned into parks and recreation supervisor to go onto day 5. | | Supervisor's initials: |
| Day 6 | Return to full activity since all paperwork (doctor's note/return to play form) turned into Parks and Recreation supervisor. Goal is to reach & maintain full exertion. Resume full participation in competition. | Y/N | Coach/Parent initials: |

### RTP Soccer

| Day 1 | Goal is to reach 30-40% of maximum heart rate. Walking at 2.5 mph or riding a stationary bike for 20-30 minutes. | Y/N | Coach/Parent initials: |
| Day 2 | Goal is to reach 40-60% of maximum heart rate. Jogging (medium pace) for 20-30 minutes. Sit-ups x 25, Push-ups x 20, Lunge walks x 20. | Y/N | Coach/Parent initials: |
| Day 3 | Goal is to reach 60-80% of maximum heart rate. Running (fast pace) for 20-30 minutes. Sit-ups x 50, Push-ups x 30, Lunge walks x 30. Practice individual drills for 15 minutes: can include juggling, cone drills, penalty/goal/corner kicks, sprints, backpedaling. No headers or diving for ball. | Y/N | Coach/Parent initials: |
| Day 4 | Goal is to reach 80% of maximum heart rate. Participate in Non-Contact practice drills: Warm up (jogging/stretching 10-20 minutes) and practice with teammates for 45-60 minutes total. Can include drills from Stage 3 but no touching, no headers, no diving for ball. Burpees with a jump x 10. | Y/N | Coach/Parent initials: |
| Day 5 | Must Have doctors clearance note turned into parks and recreation supervisor to go onto day 5. | | Supervisor’s initials: |
| Day 6 | Goal is to reach & maintain full exertion. Resume full participation in competition. | Y/N | Coach/Parent initials: |
### RTP Softball/Baseball

| Day 1 | Goal is to reach 30-40% of maximum heart rate. Walking at 2.5 mph or riding a stationary bike for 20-30 minutes. | YES | Coach/Parent initials NO |
| Day 2 | Goal is to reach 40-60% of maximum heart rate. Jogging (light pace) for 20-30 minutes; sit-ups x 25, push-ups x 20, lunges x 20. | YES | Coach/Parent initials NO |
| Day 3 | Goal is to reach 60-80% of maximum heart rate. Jogging (medium pace) or running poles in outfield for 30 minutes; sit-ups x 40, push-ups x 25, lunges x 30. Soft toss/catch with partner. | YES | Coach/Parent initials NO |
| Day 4 | Goal is to reach 80% of maximum heart rate. Jogging (medium to fast pace) for 20 minutes. Agilities including high knees, butt kicks, carioca, tin soldiers (20 yards) x 2 each; left toss/catch with partner (not to exceed 60 ft). Hit off tee, short toss hitting/bunting in cages; fielding ground & fly balls; Burpees x 10. Soft toss/catch with partner. | YES | Coach/Parent initials NO |
| Day 5 | Goal is to reach full exertion. Participate in full-contact practice including live hitting/bunting, fielding live balls, base running. | YES | Coach/Parent initials NO |
| Day 6 | Goal is to reach & maintain full exertion. Resume full participation in competition. | YES | Coach/Parent initials NO |

**Sideline Card**

**Things to do:**
- Ask questions they should know (Team, Parents name, Place)
- Look at there eyes are pupils bouncing up and down or side to side
- Have them stick out tongue
- Observe their behavior, become angry, emotional or become very tired.

**Call 911 Immediately If:**
- Loss of Consciousness (LOC)
- Pupil(s) bouncing up and down or side to side
- Vomiting
- Stick out tongue and it falls to one side
- Seizure or convulsions

**Signs and Symptoms:**
Headache, Dizziness, Nausea, sensitive to noise / light, balance issues, blurry vision, Confusion, Difficulty Remembering, Confusion, More emotional (Anger, Crying), Don’t feel right.
The Standard of Best Practice

• With many parks and recreation departments developing and implementing a concussion protocol the standards are being set and if a litigation situation arises and your department does not have a concussion policy and procedure or protocol in place are you prepared to write the check after lawyers find you up to standards.

• This not only includes policy and procedure but equipment certification. If you have not had your equipment recertified after initial purchase you are negligent. **Helmets should be certified yearly after use.** NOCSAE standards include recertification standards for helmets used in football, baseball, softball, ice hockey and lacrosse.

NOCSAE

National Operating Committee on Standards for Athletic Equipment

• Recertified helmets must have a recertification label that includes the name of the recertifying firm and the year of recertification. This seal may be placed on the interior or exterior of the shell in an area in which it can be easily read without removal of any permanent component and will also contain the following language: “This helmet has been recertified according to procedures established to meet the NOCSAE Standard.”

• NOCSAE urges that the warning statement be shared with members of the football, baseball, softball and lacrosse squads and that all coaches alert participants to the potential for injury. The wording of the warning label as set forth in the NOCSAE standard specifies the core information that must be conveyed by the label, but permits a manufacturer to add or supplement the content as it determines necessary.
Stickers

Litigation

No one is safe from litigation. Make sure you are doing all you can do to protect the participants, coaches, officials, you and your parks and recreation department.
Laws / Policies

- South Carolina Law (SCHSL Concussion Policy) Section 59-63-75 of South Carolina Code under the education title
- State of Colorado Senate Bill 11-040
- Town of Christiansburg Parks and Recreation Department, Christiansburg, VA
- City of Summerville, MA Parks and Recreation Department
- Highlands Ranch Metro District, Highlands Ranch, CO [www.highlandsranch.org](http://www.highlandsranch.org)
- Anne Arundel County Department of Recreation and Parks, Annapolis, MD [www.aacounty.org/recparks](http://www.aacounty.org/recparks)

References

- CDC: [http://www.cdc.gov/headsup/youthsports/training/index.html](http://www.cdc.gov/headsup/youthsports/training/index.html)
- NFHS: [www.nfhslearn.com](http://www.nfhslearn.com)
- Concussion Legacy foundation: [ConcussionFoundation.org](http://ConcussionFoundation.org)
- NOCSAE: [https://nocsaе.org/](https://nocsaе.org/)
- Highlands Ranch Metro District: [www.highlandsranch.org](http://www.highlandsranch.org)
- Anne Arundel County Department of Recreation and Parks: [www.aacounty.org/recparks](http://www.aacounty.org/recparks)
- [https://www.myactivehealth.com/hwcontent/content/special/tp23364spec.html](http://https://www.myactivehealth.com/hwcontent/content/special/tp23364spec.html)