

2014 Concussion Management Plan



For:

Dane County Area Youth Football League

Date:

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Prepared by:

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1. Overview

1.1. In response to the growing concern over concussion in youth athletics as well as 2011 WISCONSIN ACT 172, relating to concussions and other head injuries sustained in youth athletic activities, there is a need for Youth Sports Programs to develop and utilize a "Concussion Management Plan". While local and travel limitations in the availability of specifically trained school and medical personnel are acknowledged, the following document serves as a standard for concussion management in the Dane County Area Youth Football League (DCAYFL).

1.1.1 Gov. Scott Walker signed Wisconsin's concussion legislation into law on April 2, 2012.

The law requires several components pertinent to youth sports participation:

- education of coaches, parents, athletes
- removal from play of any athlete suspected of having sustained a concussion
- requires written authorization from a medical professional before the athlete can return to practice/game
- requires State Department of Public Instruction, in conjunction with the Wisconsin Interscholastic Athletic Association (WIAA), to develop related guidelines

Excerpt from Wisconsin State Statute 118.293: Concussion and head injury

"(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."

1.2. The following components will be outlined as part of a comprehensive concussion management plan:

1.2.1. Concussion Overview (section 2)

1.2.2. Concussion Education for Athletes and Parent(s)/Guardian(s) (section 3)

1.2.3. Concussion Education for Coaches (section 4)

1.2.4. Concussion Action Plan (section 5)

1.2.5. Attachment A: Statement Acknowledging Receipt of Concussion Education

1.2.6. Attachment B: Post Concussion Instructions

1.2.7. Attachment C: Progressive Return to Play Protocol

2. What is a Concussion?

2.1. Concussion, or mild traumatic brain injury (mTBI), in accordance with the 3rd International Conference on Concussion in Sport (2008), is defined as a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces. Common elements include but are not limited to:

Confusion	Disequilibrium	Post-traumatic Amnesia (PTA)
Feeling 'in a fog', 'zoned out'	Retrograde Amnesia (RGA)	Vacant stare (Glassy eyed)
Disorientation	Emotional lability	Delayed verbal and motor responses
Dizziness	Inability to focus	Slurred/incoherent speech
Headache	Excessive Drowsiness	Nausea/Vomiting
Loss of consciousness (LOC)		
Visual Disturbances including light sensitivity, blurry vision, or double vision		

3. Concussion Education for Student Athletes and Parent(s)/Guardian(s)

3.1. At the beginning of individual sport seasons, student-athletes shall be presented with a discussion about concussions and given a copy of appropriate concussion education materials.

3.1.1. This information will be presented by the individual Program Directors or Player Safety Coach's in the DCAYFL in cooperation and consultation with athletic trainers or local medical resources as needed.

3.2. Examples of educational material are available through CDC's "Heads Up: Concussion in High School Sports – A fact sheet for Athletes". These materials are available free of charge from the CDC. To order or download go to the CDC concussion webpage or use the following links:

http://www.cdc.gov/concussion/pdf/Athletes_Fact_Sheet-a.pdf

http://www.cdc.gov/concussion/pdf/Parents_Fact_Sheet-a.pdf

3.3. All student-athletes and their parents/guardians will sign a statement in which the student-athlete accepts the responsibility for reporting their head injuries to the coaching/athletic training staff, parents, or other health care personnel including signs and symptoms of concussion. This statement will also acknowledge having received the above-mentioned educational handouts.

(See **Attachment A**)

3.4. All athletes and parents shall be required to participate in the above education prior to their participation in any practice or competition through the DCAYFL. No athlete may participate in a DCAYFL activity (practice or game) unless the athlete and parent/guardian return the information sheet signed by the athlete and parent/guardian.

3.5. The signed statement (**Attachment A**) will be required to be presented at the main official DCAYFL Weigh In on August 24, 2013. The form can also be presented at any other official weigh in's.

4. Concussion Education for Coaches

4.1. It is required that each year that the member coaches and Board members of the DCAYFL shall review the Concussion Management Plan and a copy of the CDC's "Heads Up: Concussion in Youth Sports – A Guide for Coaches" <http://www.cdc.gov/concussion>

4.2. All DCAYFL coaches and Board Members shall complete a course dealing with concussion, its signs, symptoms and management. This course shall be completed prior to the start of practices or August 1st of each year or prior to working with athletes.

4.2.1. As determined by DCAYFL Board of Directors, repetition of the course will be required in subsequent years.

4.2.2. USA Football Coach Education Program online class will be used by **all** DCAYFL coaches. This program incorporates a concussion education section

5. Concussion Action Plan

5.1. When an athlete shows any signs, symptoms or behaviors consistent with a concussion, the athlete shall be removed immediately from practice or competition and evaluated by a Licensed Athletic Trainer or other health care professional with specific training in the evaluation and management of concussion.

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

5.1.1. DCAYFL personnel, including coaches are encouraged to utilize a pocket guide on the field to assist them in recognizing a possible concussion. An example pocket guide is available as part of the CDC toolkit "Heads Up: Concussion in High School Sports" available at <http://www.cdc.gov/concussion>

5.2. Where possible, the athlete shall be evaluated on the sideline by the Licensed Athletic Trainer or other appropriate health care professional.

5.3. An athlete displaying any sign or symptom consistent with a concussion shall be withheld from further competition or practice and **shall not** return to any DCAYFL activity until he or she is evaluated by a health care and receives a written clearance to participate in the activity from the health care provider.

5.3.1 An Athlete removed from competition for suspected concussion **will not** return to participation or competition on the day that he or she was removed.

5.4. The athlete will receive serial monitoring for deterioration. Athletes and their parent/guardian shall be provided with written instructions upon dismissal from the practice/game. See **Attachment B** for a copy of the instructions.

5.5. In accordance with DCAYFL Emergency Action Plans, immediate referral to Emergency Medical Services should be provided for any of the following "Red Flag Signs or Symptoms".

5.5.1. Loss of Consciousness

5.5.2. Seizure like activity

5.5.3. Slurring of speech

5.5.4. Paralysis of limb(s)

5.5.5. Unequal pupils or dilated and non-reactive pupils

5.5.6. At any point where the severity of the injury exceeds the comfort level of the coaches, parent/guardian or on-site medical personnel

5.6. For the purposes of this document, a "Health care provider" means a person to whom all of the following apply:

5.6.1. He or she holds a credential that authorizes the person to provide health care.

5.6.2. He or she is trained and has experience in evaluating and managing pediatric concussions and head injuries.

5.6.3. He or she is practicing within the scope of his or her credential.

5.7. Subsequent management of the student-athlete's concussion shall be at the discretion of the treating health care professional, and may include the following:

5.7.1. Direction of return to play protocol, to be coordinated treating health care provider.

5.7.2. Final authority for Return-to-Play shall reside with the attending health care professional (see 5.6), or their designee. Prior to returning to competition, the concussed athlete must have a written return-to-play clearance form signed by a "health care provider" as per section 5.6. This signed clearance must be presented to the DCAYFL member Player Safety Coach or Program Director prior to any participation in any DCAYFL activity.

5.7.3. Upon receipt of the signed clearance, the DCAYFL member Player Safety Coach, team coach, parents, and the student-athlete shall following the progressive return to play protocol outlined on **Attachment C**. The completed Attachment C forms shall be kept by either the program's Player Safety Coach or by the Program Director for at least one calendar year.

5.8. The incident, evaluation, continued management, and clearance of the student-athlete with a concussion shall be documented.

5.9. The Program Director or Player Safety Coach will be required to keep a copy of each individual signed statement (**Attachment A**) from student-athletes and their parents/guardians. This information **must** be kept by the Program Director or Player Safety Coach for at least one calendar year. The DCAYFL member Program Director or Player Safety Coach must retain the written clearance from a concussed athlete for at least one calendar year and must present it to any health care provider of the affected athlete or DCAYFL Board.

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ATTACHMENT A:

Statement Acknowledging Receipt of Education and Responsibility to report signs or symptoms of concussion to be included as part of the "Participant and Parental Disclosure and Consent Document".

I, _____, of _____
Athlete Name *Program*

Hereby acknowledge having been provided with education about the signs, symptoms, and risks of sport related concussion and understand the importance of, and acknowledge my responsibility of immediately reporting any signs or symptoms of a head injury/concussion to my coaches, parent(s)/guardian(s) and sports medicine staff. I understand that there is a possibility that participation in my sport may result in a head injury and/or concussion.

By signing below, I acknowledge that my institution has provided me with specific educational materials on what a concussion is and given me an opportunity to ask questions about areas and issues that are not clear to me on this issue.

Signature of athlete

Date

I, the parent/guardian of the athlete named above, hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion.

I acknowledge the Dane County Area Youth Football League (DCAYFL) Policy that any student-athlete showing signs, symptoms or behaviors consistent with a concussion shall be removed immediately from practice or competition and evaluated by available medical personnel, Licensed Athletic Trainer, or other health care professional with specific training in the evaluation and management of concussion.

I understand any athlete removed from practice or competition for concern of concussion WILL NOT return to participation on the day of injury and shall not return to any DCAYFL activity until he or she is evaluated by a health care professional and receives a written clearance to participate in the activity from the health care provider.

Signature and printed name of parent/guardian

Date

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ATTACHMENT B: Immediate Post Concussion Instructions

The following instructions are to be given to each athlete and their parent/guardian after sustaining a concussion, as identified in section 5.4 of the Dane County Area Youth Football League Concussion Management Plan.

Head Injury Precautions

During the first 24 hours:

1. Diet – drink only clear liquids for the first 8-12 hours and eat reduced amounts of foods thereafter for the remainder of the first 24 hours.
2. Pain Medication – do not take any pain medication unless specifically directed and prescribed by a physician.
3. Activity – activity should be limited for the first 24 hours, this may involve no school, and may also involve no video games, extracurricular or physical activities or work when applicable.
4. Observation – several times during the first 24 hours:
 - a. Check to see that the pupils are equal. Both pupils may be large or small, but the right should be the same size as the left.
 - b. Check the athlete to be sure that he/she is easily aroused; that is, responds to shaking or being spoken to, and when awakened, reacts normally.
 - c. Check for and be aware of any significant changes. (See #5 below)
5. Conditions may change significantly within the next 24 hours. Immediately obtain emergency care for any of the following signs or symptoms:
 - a. Persistent or projectile vomiting
 - b. Unequal pupil size (see 4a above)
 - c. Difficulty in being aroused
 - d. Clear or bloody drainage from the ear or nose
 - e. Continuing or worsening headache
 - f. Seizures
 - g. Slurred speech
 - h. Inability to recognize people or places – increasing confusion
 - i. Weakness or numbness in the arms or legs
 - j. Unusual behavior change – increasing irritability
 - k. Loss of consciousness

6. Improvement

The best indication that an athlete who has suffered a significant head injury is progressing satisfactorily is that he/she is alert and behaving normally.

Attachment C
DCAYFL Progressive Return to Play Protocol

Athlete's Name: _____ **Grade:** _____

Following a concussion, an athlete should return to sports practices under the supervision of an appropriate health care professional. When available, be sure to work closely with your team's certified athletic trainer.

DCAYFL follows a 5 step return to play protocol that begins after the athlete presents with written clearance from his/her physician and is completely symptom free. Each step takes 1 full day. On days 1-3, the athlete does not wear football equipment and these activities can be done at home with parental supervision. If at any point in the process, the athlete reports any concussion symptoms at all (ex: headache, sensitivity to light, etc.) they are to return home and rest until they are completely symptom free. They then begin the 5 step process again starting at Day 1. Please write in the athlete's response, note the date and either the coach or parent supervising the athlete initials the form.

Day 1: Are you experiencing any concussion symptoms now? _____, Date _____.

Coach/parent initials _____.

If, "No.", then proceed with the Day 1 protocol of light aerobic activity, 5-10 minutes of low impact activity such as an exercise bike or walking. No weightlifting at this point.

Day 2: Are you experiencing any concussion symptoms now? _____, Date _____.

Coach/parent initials _____.

If, "No.", then proceed with the Day 2 protocol of moderate intensity exercise, moderate jogging, brief running, moderate intensity weightlifting, for example.

Day 3: Are you experiencing any concussion symptoms now? _____, Date _____.

Coach/parent initials _____.

If, "No.", then proceed with the Day 3 protocol of heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact football drills in all 3 planes of movement.

Day 4: Are you experiencing any concussion symptoms now? _____, Date _____.

Coach/parent initials _____.

If, "No.", then proceed with the Day 4 protocol of a return to controlled contact in practice. Use a quick whistle and limited full contact drills to allow the athlete to return comfortably to play.

Day 5: Are you experiencing any concussion symptoms now? _____, Date _____.

Coach/parent initials _____.

If, "No.", then proceed to full contact practice drills, scrimmage and game play.

The athlete has now returned to full play.

After the athlete returns to full play, the coach and parents need to continuously communicate with the athlete and each other through the remainder of the season to ensure that no concussion symptoms return.

If any concussion symptoms recur, the athlete should see their personal physician again.