

TENNESSEE YOUTH SPORTS CONCUSSION **SAMPLE** POLICY

(Adapted from the Tennessee Secondary School Athletic Association Concussion Policy)

(The following information and forms comply with the Tennessee sports concussion law.)

In 2013, the Tennessee General Assembly enacted Public Chapter 148. This Act, effective January 1, 2014, requires that school and community organizations sponsoring youth athletic activities establish guidelines to inform and educate coaches, youth athletes and other adults involved in youth athletics about the nature, risk, and symptoms of concussion and head injury. Every individual involved in youth athletics must become more proactive in identifying and treating athletes who show signs of concussion or head injury. In order to address this critical issue, the National Federation of State High School Associations ("NFHS") includes the following language in every sport rule book publication:

Any player who exhibits signs, symptoms or behaviors consistent with a concussion such as loss of consciousness, headache, dizziness, confusion or balance problems, shall be immediately removed from the game and shall not return to play until cleared by an appropriate health care professional.

Education is the key to identifying and treating student-athletes that show signs of a concussion during athletic participation. It is very important that every administrator, coach, parent, official, athlete and health-care professional know the symptoms and steps to take when dealing with student-athletes that display signs of a possible concussion. Concussion can be a serious health issue and should be treated as such.

SAMPLE POLICY

1. Information concerning the nature, risk and symptoms of concussion and head injury, should be reviewed by all school administrators, coaches, youth athletes and their parent or guardian. The Tennessee Department of Health has concussion information available at <http://www.tn.gov/health/article/tbi-concussion>

The following information includes a copy of "Signs/Symptoms of Concussion". The required Centers for Disease Control and Prevention concussion checklist is available at www.cdc.gov/concussion/pdf/TBI_schools_checklist_508-a.pdf Every individual involved in athletics at the sponsoring school or youth organization must review concussion information annually and sign a form that states this process has been completed.

2. The NFHS has developed a free 20-minute course online entitled "Concussion in Sport – What You Need to Know." The course may be accessed at www.nfhslearn.com. Athletic directors and coaches, whether employed or volunteer, must complete this course annually.

3. Prior to the annual initiation of practice or competition the following persons must review and sign a concussion and head injury information sheet: all coaches, athletic director, any appointed licensed health care professional, AND the lead administrator of a nonpublic school / local education agency's director of schools. (sample information sheet for coaches provided)

4. Prior to the annual initiation of practice or competition, all youth athletes and the athlete's parent/guardian should review a concussion and head injury information sheet. A form confirming this review (sample information sheet provided) shall be signed and returned by the youth athlete, if the athlete is 18 years of age or older; or, by the athlete's parent/ guardian, for athletes younger than 18 years of age.

5. Any youth athlete who shows signs, symptoms and behavior consistent with a concussion shall immediately be removed from the activity or competition for evaluation by a licensed medical doctor, osteopathic physician or clinical neuropsychologist with concussion training, or physician assistant with concussion training who is a member of a health care team supervised by a Tennessee licensed medical doctor or osteopathic physician.

6. No youth athlete who has removed from play due to suspected concussion shall return to practice or competition until the youth athlete is evaluated by a health care provider and receives written clearance from the health care provider for a full or graduated return to play.

The attached Concussion Return to Play Form has been approved by TDH and should be used in practices and games. The form was adapted from the Acute Concussion Evaluation plan on the Centers for Disease Control and Prevention website http://www.cdc.gov/headsup/pdfs/providers/ace_ed-a.pdf. It contains specific instructions that shall be followed before an athlete can return to sports. The form is to be completed and signed by a licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training before an athlete that has been removed from practice or a game may return to participate. A copy of the form must be kept on file at the school or by the community-based youth athletic organization administrator.

7. All documentation of the completion of a concussion recognition and head injury safety education course program and signed concussion and head injury information sheets shall be maintained by the school or athletic organization for a period of three years.

PROTOCOL FOR REGISTERED OFFICIALS DURING CONTESTS

1. Determine prior to the start of the contest whether a school/community-based youth athletic organization has access to a designated health care professional* during the contest.
2. Continue to monitor players for possible signs of injury as usual.
3. Remove any player that shows signs, symptoms or behaviors consistent with a concussion per CDC Concussion Checklist.
4. Inform the head coach that the player is being removed for showing signs, symptoms or behavior consistent with a concussion.
5. The school/community-based youth athletic organization shall have the player examined by their designated health care professional. If the designated health care professional determines that the student has not sustained a concussion, the head coach may so advise the officials during an appropriate stoppage of play and the athlete may re-enter competition pursuant to contest rules.
6. The head coach is in charge of getting clearance from the school/community-based youth athletic organization's designated health-care professional.
7. If the school/ community-based youth athletic organization does not have access to a designated health care professional, or if the school/community-based youth athletic organization's designated health care professional suspects the athlete may have sustained a concussion, the only means for an athlete to return to practice or play is to complete an evaluation by a licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training, or a physician assistant with concussion training who is a member of a health care team supervised by a Tennessee licensed medical doctor or osteopathic physician, and present a "Concussion Return to Play" (RTP) clearance to the school/community based youth athletic organization.
8. If signs, symptoms and behaviors consistent with concussion are observed by an official, and a designated health care professional is not available to evaluate the athlete, the "Concussion Return to Play" form MUST be completed and signed by a licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training, or a physician assistant with concussion training who is a member of a health care team supervised by a Tennessee licensed medical doctor or osteopathic physician, and shown to the official(s) by the head coach prior to a student-athlete returning to participate in a contest the same day.
9. Officials have no role in the diagnosis of a concussion. NFHS rules do require that the officials remove players from the contest when signs, symptoms or behaviors consistent with a concussion are observed and the above written protocol must be followed.

*Designated health care professionals – certified athletic trainer, licensed nurse practitioner, physician's assistant, medical doctor or osteopathic physician

PROTOCOL FOR RESPONSE OF SCHOOLS/COMMUNITY-BASED YOUTH ATHLETIC ORGANIZATION REPRESENTATIVES IF PLAYERS EXHIBIT SIGNS, SYMPTOMS OR BEHAVIORS CONSISTENT WITH A CONCUSSION DURING PRACTICE OR COMPETITION

1. Coaches (employed or volunteer) and other persons in roles of authority shall remove any player that shows signs, symptoms or behaviors consistent with a concussion from the activity or competition.
2. The school/community-based youth athletic organization shall have the player examined by the school/community-based youth athletic organization's designated health care professional. If the designated health care professional determines that the student has not sustained a concussion, the player may return to the activity or competition.
3. The head coach shall be responsible for obtaining clearance from the school/ community-based youth athletic organization's designated health care professional.
4. If the school/community-based youth athletic organization does not have access to a designated health care-professional or if the school/community-based youth athletic organization's designated health care professional suspects that the athlete may have sustained a concussion, the only means for an athlete to return to practice or play is complete an evaluation by a licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training, or a physician assistant with concussion training who is a member of a health care team supervised by a Tennessee licensed medical doctor or osteopathic physician, and present a signed "Concussion Return to Play" (RTP) clearance. Schools/community-based youth athletic organizations must keep this form on file for a period of three years.

Designated health care professionals – certified athletic trainer, licensed nurse practitioner, physician's assistant, medical doctor or osteopathic physician

Signs/Symptoms of Concussion

Signs (observed by coach)	Symptoms (reported by athletes)
<ul style="list-style-type: none">• Appears dazed or stunned• Is confused about assignment or position• Forgets an instruction• Is unsure of game, score or opponent• Moves clumsily• Answers questions slowly• Loses consciousness, even briefly• Can't recall events <i>prior</i> to hit or fall• Can't recall events <i>after</i> hit or fall	<ul style="list-style-type: none">• Headache• Fogginess• Difficulty concentrating• Easily confused• Slowed thought processes• Difficulty with memory• Nausea• Lack of energy, tiredness• Dizziness, poor balance• Blurred vision• Sensitive to light and sounds• Mood changes – irritable, anxious or tearful

Suggested Concussion Management:

A concussion is a traumatic brain injury that interferes with normal brain function. An athlete does not have to lose consciousness (be “knocked out”) to have suffered a concussion.

1. No athlete should return to play or practice on the same day of a concussion.
2. Any athlete suspected of having a concussion should be evaluated by an appropriate health-care professional that day.
3. Any athlete with a concussion should be medically evaluated and cleared by an appropriate health-care provider - licensed medical doctor, osteopathic physician or clinical neuropsychologist with concussion training, or a physician assistant with concussion training who is a member of a health care team supervised by a Tennessee licensed medical doctor or osteopathic physician - prior to resuming participation in any practice or competition.
4. A Concussion Return to Play (RTP) form must be provided by the returning player to the school/community-based youth athletic organization. This document should outline a step-wise protocol for return to practice or competition and should include provisions for delayed RTP based upon return of any signs or symptoms.

For more information, the NFHS has also developed a free 20-minute course online entitled “Concussion in Sport – What You Need to Know” that is encouraged for every individual involved in youth/student athletics. It can be accessed at www.nfhslearn.com

CONCUSSION RETURN TO PLAY FORM

This form is adapted from the Acute Concussion Evaluation care plan on the Centers for Disease Control and Prevention website (www.cdc.gov/injury). All medical providers are encouraged to review this site if they have questions regarding the latest information on the evaluation and care of the youth athlete following a concussion injury. **Please initial any recommendations selected.**

Athlete's Name: _____

Date of birth: _____

Date of Injury: _____

This return to play plan is based on today's evaluation.

Date of Evaluation: _____

Care plan completed by: _____

Return to this office /Time: _____

Return to school on (date): _____

- RETURN TO SPORTS:
1. Athletes should not return to practice or play the same day that their head injury occurred.
 2. Athletes should never return to play or practice if they still have ANY symptoms.
 3. Athletes, be sure that your coach and/or athletic trainer are aware of your injury, symptoms, and has the contact information for the treating health care provider.

The following are the return to sports recommendations at the present time:

PHYSICAL EDUCATION: _____ Do Not Return to PE class at this time. _____ May Return to PE class.

SPORTS: _____ Do not return to sports practice or competition at this time.

_____ May gradually return to sports practices under the supervision of the health care professional for your school or team.

_____ May be advanced back to competition after phone conversation with treating health care provider.

_____ Must return to the treating health care provider for final clearance to return to competition.

-OR- _____ Cleared for full participation in all activities without restriction.

Treating Health Care Provider Information (Please Print/Stamp) Please check:

_____ Medical Doctor (M.D.) _____ Osteopathic Physician (D.O.) _____ Clinical Neuropsychologist w/ concussion training
_____ Physician Assistant with concussion training who is a member of a health care team supervised by a Tennessee licensed medical doctor or osteopathic physician.

Provider's Name: _____ Provider's Office Phone: _____

Provider's Signature: _____ Office address: _____

Gradual Return to Play Plan

Return to play should occur in gradual steps beginning with light aerobic exercise only to increase your heart rate (e.g. stationary cycle); moving to increasing your heart rate with movement (e.g. running); then adding controlled contact if appropriate; and finally return to sports competition.

Pay careful attention to your symptoms and your thinking and concentration skills at each stage or activity. After completion of each step without recurrence of symptoms, you can move to the next level of activity the next day. Move to the next level of activity only if you do not experience any symptoms at the present level. If your symptoms return, let your health care provider know, return to the first level and restart the program gradually.

Day 1: Low levels of physical activity (i.e. symptoms do not come back during or after the activity). This includes walking, light jogging, light stationary biking and light weightlifting (low weight – moderate reps, no bench, no squats).

Day 2: Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate intensity on the stationary cycle, moderate intensity weightlifting (reduce time and or reduced weight from your typical routine).

Day 3: Heavy non-contact physical activity. This includes sprinting/running, high intensity stationary cycling, completing the regular lifting routine, non-contact sport specific drills (agility – with 3 planes of movement.)

Day 4: Sports specific practice.

Day 5: Full contact in a controlled drill or practice.

Day 6: Return to competition

