



Concussion Policies and Program

Definitions

Concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head that can change the way the brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth. Even a "ding," or what seems to be a mild bump or blow to the head can result in a concussion.

Licensed Health Care Provider means a licensed physician or physician assistant, a licensed psychologist with specialty training in neuropsychology (neuropsychologist); or a licensed nurse practitioner.

Return-to-play means participation in a non-medically supervised practice or athletic competition after a period of exclusion.

Athlete means any player participating in any try-out, practice or contest of an EYO Team.

Youth sports program means a program organized for recreational athletic competition or instruction for participants who are under the age of 21 years.

EYO – Elkridge Youth Organization

Coach's Education

EYO will require that each coach is trained in concussion risk and management.

To accomplish this training, each coach shall be required to complete the Howard County Recreation and Parks Coaches Registry application process. This process includes the completion of the National Federation of High School's on-line concussion certification training course

Proof of Completion –

Upon completion of the on-line course, and the coaches registry application, coaches will receive a coaches identification badge from HCRP which will serve as proof of the completion of the required concussion training.

Concussion Awareness for Athletes, Parents or Guardians

EYO shall require all athletes, parents or guardians, to receive an informational sheet describing:

- *The nature and risk of a concussion or head injury*
- *The criteria for removal from play and return to play*
- *The risks of not reporting injury and continuing to play*
- *Appropriate academic accommodations for diagnosed concussion victims*

Informational materials used emanated from the Center for Disease Control's (CDC) tools for youth and high school sports coaches, parents, athletes, and health care professionals

EYO has posted parent and athlete concussion information sheets on its website

Required Acknowledgement

Every athlete and at least one parent or guardian must sign and date the Parent & Athlete Concussion Information Sheet and submit it to their coach prior to playing or practicing in any EYO activity

Removal from Play

After an appropriate medical assessment, any athlete suspected of sustaining a concussion shall immediately be removed from practice or play.

Return-to Play

The athlete shall not return until cleared by a licensed health care provider authorized to provide sports physical examinations and trained in the evaluation and management of concussions.

*Proof of clearance for return-to-play shall be documented by the athlete's parent or guardian submitting the **Medical Clearance for Suspected Head Injury Form** to their coach. This form must be completed by a Licensed Health Care Provider.*

*The parent or guardian and head coach must then complete and sign the **Return to Play Protocol Form** as the steps are completed. Both the Return-To-Play Protocol and Medical Clearance forms must be given to the sport commissioner within seven (7) days of completion.*

The forms can be found on the EYO website in the "More Information" section under "Bylaws and Policies".

Required Protective Gear

Every athlete participating in baseball or softball is required to wear a batting helmet while batting or in the field of play as a base runner or on-deck batter or base coach. All helmets must be NOCSAE certified. A helmet certified to a NOCSAE standard provides a substantial level of protection for serious head injuries, including concussions, but the NOCSAE helmet standard is not a concussion standard, and no helmet can prevent all concussions, even those certified to the NOCSAE standard. Currently there are no helmet standards in existence that are concussion specific. NOCSAE has been and is currently dedicating millions of dollars in concussion specific scientific research to try and identify criteria that could be used in a concussion specific helmet standard.

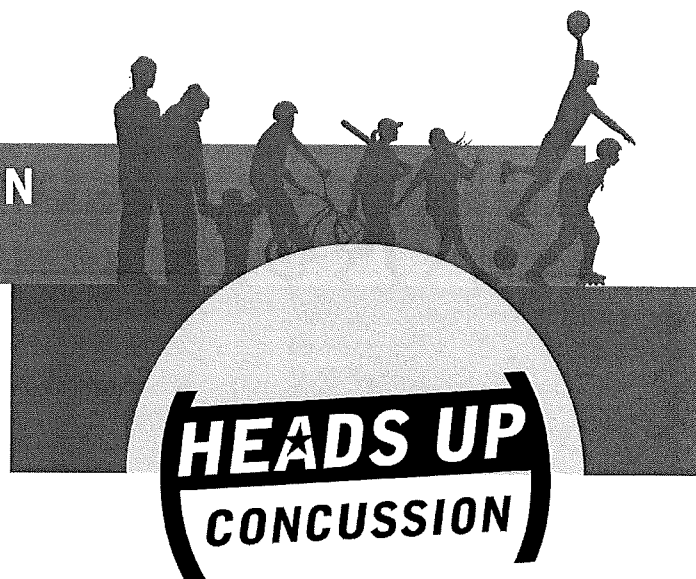
Youth Sports Programs use of School Property

Youth sports programs seeking to use school facilities must verify distribution of concussion information to parents or guardians and receive verifiable acknowledgement of receipt.

EYO will annually affirm to the local school system of their compliance with the concussion information procedure in accordance with Maryland Department of Education Concussion policies.

ELKRIDGE YOUTH ORGANIZATION

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

EYO SPORTS

HOW CAN I SPOT A POSSIBLE CONCUSSION?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

SIGNS OBSERVED BY PARENTS OR COACHES

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows mood, behavior, or personality changes.
- Can't recall events prior to or after a hit or fall.

SYMPTOMS REPORTED BY CHILDREN AND TEENS

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

WHAT ARE SOME MORE SERIOUS DANGER SIGNS TO LOOK OUT FOR?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

WHAT SHOULD I DO IF MY CHILD OR TEEN HAS A POSSIBLE CONCUSSION?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

HOW CAN I HELP KEEP MY CHILDREN OR TEENS SAFE?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - » Work with their coach to teach ways to lower the chances of getting a concussion.
 - » Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - » Ensure that they follow their coach's rules for safety and the rules of the sport.
 - » Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

TO LEARN MORE GO TO >> cdc.gov/HEADSUP

JOIN THE CONVERSATION AT

➔ www.facebook.com/CDCHEADSUP

Content Source: CDC's HEADS UP campaign. Customizable HEADS UP fact sheets were made possible through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

EYO SPORTS

Medical Clearance for Suspected Head Injury

To be completed by a Licensed Health Care Provider (LHCP)

Directions: Provide this form to the health care provider evaluating the student's injury. Return form to school nurse immediately. If the student is diagnosed with a concussion, the form will be copied by the school nurse and the original form returned to the parent to use at the follow-up visit that clears the student for participation in athletics.

Student Name: _____

Date of Injury: _____

Initial Evaluation

Date: _____	LHCP* Name: _____
Signature: _____	Phone: _____
Diagnosis:	<input type="checkbox"/> No Concussion, may immediately resume all activities without restriction
	<input type="checkbox"/> Concussion *
	Date student may return to school: _____
Note: Student will be removed from all sports and physical education activities at school until medically cleared. School will implement standard academic accommodations unless specific accommodations are requested.	
* (LHCP is a Physician, Nurse Practitioner, Physician's Assistant, Neuropsychologist)	

*Follow-Up Evaluation (Required for Athletes with Concussions)

All student athletes with concussions must be medically cleared before beginning supervised Gradual Return to Sports /Physical Education Participation (RTP) program. According to COMAR 13A.06.08.01, the following licensed health care providers are permitted to authorize a student athlete to return to play:

- (1) A licensed physician trained in the evaluation and management of concussions;
- (2) A licensed physician's-assistant trained in the evaluation and management of concussions in collaboration with the physician assistant's supervising physician or alternate supervising physician within the scope of the physician assistant's Delegation Agreement approved by the Board of Physicians;
- (3) A licensed nurse practitioner trained in the evaluation and management of concussions;
- (4) A licensed psychologist with training in neuropsychology and in the evaluation and management of concussions; or
- (5) A licensed athletic trainer trained in the evaluation and management of concussions, in collaboration with the athletic trainer's supervising physician or alternate supervising physician and within the scope of the Evaluation and Treatment protocol approved by the Board of Physicians.

I certify that I am aware of the current medical guidance on concussion evaluation and management; the above-named student-athlete has met all of the criteria for medical clearance for his/her recent concussion, and as of the date below is ready to return to a supervised Gradual Return to Sports/Physical Education Participation (RTP) program (lasting a minimum of 5 days.) Note: Students whose symptoms return during the RTP progression will be directed to stop the activity, rest until symptom free. The student will resume activity at the previous stage of the protocol that was completed without recurrence of symptoms. Students with persistent symptom return will be referred to their health care provider for evaluation.

Date: _____ LHCP Name: _____

Signature: _____ Phone: _____

¹ 2010 AAP Sport-Related Concussion in Children and Adolescents, 2008 Zurich Concussion in Sport Group Consensus.



Graduated Return to Play Protocol

Description of Stage	Date Completed	Supervised by
STAGE 1: LIGHT AEROBIC ACTIVITY <u>Begin stage 1 when:</u> Student is cleared by health care provider and has no symptoms <u>Sample activities for stage 1:</u> 20-30 minutes jogging, stationary bike or treadmill		
STAGE 2: HEAVY AEROBIC AND STRENGTH ACTIVITY <u>Begin stage 2 when:</u> 24 hours have passed since student began stage 1 AND student has not experienced any return of symptoms in the previous 24 hours <u>Sample activities for stage 2:</u> Progressive resistance training workout consisting of all of the following: <ul style="list-style-type: none"> • 4 laps around field or 10 minutes on stationary bike, and • Ten 60 yard sprints, and • 5 sets of 5 reps: Front squats/push-ups/shoulder press, and • 3-5 laps or walking lunges 		
STAGE 3: FUNCTIONAL, INDIVIDUAL SPORT-SPECIFIC DRILLS WITHOUT RISK OF CONTACT <u>Begin stage 3 when:</u> 24 hours have passed since student began stage 2 AND student has not experienced any return of symptoms in the previous 24 hours <u>Sample activities for stage 3:</u> 30-45 minutes of functional/sport specific drills coordinated by coach or athletic trainer. NOTE: no heading of soccer ball or drills involving blocking sled.		
STAGE 4: NON-CONTACT PRACTICE <u>Begin stage 4 when:</u> 24 hours have passed since student began stage 3 AND student has not experienced any return of symptoms in the previous 24 hours <u>Sample activities for stage 4:</u> Full participation in team's regular strength and conditioning program. NOTE: no heading of soccer ball or drills involving blocking sled permitted.		
STAGE 5: FULL-CONTACT PRACTICE AND FULL PARTICIPATION IN PHYSICAL EDUCATION <u>Begin stage 5 when:</u> 24 hours have passed since student began stage 4 AND student has not experienced any return of symptoms in the previous 24 hours <u>Sample activities for stage 5:</u> Unrestricted participation in practices and physical education		
STAGE 6: RETURN TO GAME <u>Begin stage 6 when:</u> 24 hours have passed since student began stage 5 AND student has not experienced any return of symptoms in the previous 24 hours		