

WANTAGH SEAFORD PAL SC CONCUSSION POLICY effective 3/17/16

1- All travel coaches will go through ENYYSA Risk Management procedures and take a training course in order to get approved in Concussion awareness. All coaches who do not go through the ENYYSA Risk Management (any non-travel coach or assistant coach), will also need to be aware of all concussion protocols and take the following

course: <http://www.cdc.gov/headsup/youthsports/training/index.html>. Once the coach has taken this course they are to send the Coaching Director a copy of their certificate. This applies to all Pre Travel Academy and Intramural Coaches, unless they also coach a LIJSL team.

2- All coaches are to know and be aware of the USSF guidelines regarding concussions. These can be found at: <http://www.ussoccer.com/about/recognize-to-recover/concussion-guidelines>

3- All coaches will be made aware and follow the information as provided within this policy and protocol listed below.

4- If a player is removed from a game and there is suspicion of a head injury in any game that is played within Wantagh Seaford PAL SC then the player will not be allowed to return to play unless cleared by a medical professional as described below.

5- If a player is removed from a game because of a suspected head injury and their pass is sent in to LIJSL by the referee, the pass will be held by LIJSL until the player can provide proof of being cleared to play by a medical professional.

6- Upon receiving approval from the medical professional, the coach or parent will forward this proof to the Wantagh Seaford PAL SC Coaching Director.

7- The Coaching Director will have the responsibility of forwarding the proof of clearance to LIJSL. The player's pass will be forwarded to the Coaching Director who will return the pass to the player's Coach. Any player in the Pre-Travel Academy or Intramurals held out of play due to a concussion will, through their coach, forward the medical clearance to the Coaching Director.

8- All Coaches will know, understand and follow the new USSF's Heading Guidelines put into effect as of 1/1/2016 for players u13 and younger. No

heading for 11U and younger players and limited heading for 12U and 13U players. See <http://usclubsoccer.org/2016/03/14/implementation-guidelines-for-u-s-soccers-player-safety-campaign-concussion-initiatives-heading-for-youth-players/> for more information.

9- If in doubt... hold the player out....

Additional information

The Concussion Rule states, *“Any athlete who exhibits signs, symptoms or behaviors consistent with a concussion (such as loss of consciousness, headaches, dizziness, confusion or balance problems) shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health-care professional”*. We emphasize in the concussion rule that coaches and officials are NOT expected to “diagnose” a concussion. This is the responsibility of the appropriate health-care professional.

The responsibility for observing signs, symptoms, and behaviors that are consistent with a concussion is shared by both sport officials and Club officials. The following protocol should be followed if any signs, symptoms or behaviors are observed.

Sport official: Remove the athlete from the contest. The official is NOT responsible for the sideline evaluation or the management of the athlete once they have been removed from the game. The official does not have to receive any paper work clearing the player to return to the game.

Club official: Remove the athlete from the contest. The athlete needs to be *assessed by an appropriate health care professional. Health personnel include the Chief School Medical Officer, school nurse, physician, certified athletic trainer or an EMT that is a member of the on-site EMS squad. If the appropriate health care professional suspects a concussion, the athlete **MAY NOT** return to the contest. The athlete **MAY NOT** return if an appropriate health care professional is not available. It is recommended that any athlete that suffers a concussion should not return to play the day of the injury. An athlete that has been diagnosed with a concussion **MUST** be cleared by a certified Medical Doctor.*

We have Many resources to help Club officials, sport officials, parents, and students learn more about concussion management. They can be found above in item 1 and 2.

We have included a list of possible signs, symptoms, and behaviors that can be observed by Club officials. We have also included, for Club officials, a recommended return to play protocol. We encourage anyone that has questions or concerns to contact the Coaching Director of our Club.

SIGNS, SYMPTOMS, AND BEHAVIORS OF A POSSIBLE HEAD TRAUMA

1. Problems in Brain Function

- a. Confused state** – Dazed look, vacant stare, confusion about what happened or is happening.
- b. Memory problems** – Can't remember assignment on play, opponent, score of game, or period of the game. Can't remember how or with whom he or she traveled to the game, what he or she is wearing, what was eaten for breakfast etc.
- c. Symptoms reported by athlete** – Headache, nausea, or vomiting, blurred or double vision, oversensitivity to sound, light or touch, ringing in the ears, feeling foggy or groggy.
- d. Lack of sustained attention** – Difficulty sustaining focus adequately to complete a task or a coherent thought or conversation.

2. Speed of Brain Function: Slow response to questions, slow slurred speech, incoherent speech, slow body movements, slow reaction time.

3. Unusual Behaviors: Behaving in a combative, aggressive or very silly manner, or just atypical for the individual. Repeatedly asking the same question over and over. Restless and irritable behavior with constant motion and attempts to return to play or leave. Reactions that seem out of proportion and inappropriate. Changing position frequently and having trouble resting or finding a comfortable position. These can be manifestations of post-head trauma difficulties.

4. Problems with Balance and Coordination: Dizzy, slow, clumsy movements, inability to walk a straight line or balance on one foot with eyes closed.

Recommended Return to Play Protocol (under the direction of a Medical Doctor)

Day 1: No exertional activity until medically cleared and asymptomatic for 24

hours.

Day 2: Begin low-impact activity such as walking, stationary bike, etc.

Day 3: Initiate aerobic activity fundamental to specific sport such as skating, running, etc.

Day 4: Begin non-contact skill drills specific to sport such as dribbling, ground balls, batting, etc.

Day 5: Full contact in practice setting

If the athlete remains without symptoms, he or she may return to play.

Special note: Athlete must remain asymptomatic to progress to next day. If symptoms return, the athlete must return to the previous level. Medical check should occur before contact.