

Active City, Inc. Concussion and Head injury Policy

This document was developed to provide coaches with an annual review of current and relevant information regarding concussions and head injuries and to establish a policy for handling suspected concussions and return to play. It includes guidance from the 2017 Concussion in Sport Group Consensus Statement from the 5th international Conference on Concussion in Sport that was developed to provide further understanding and management of sports-related concussions.

The awareness and actions of the coach when are is critical to protecting young athletes. In addition to reviewing this document, each coach must review:

- Centers for Disease Control and Prevention (CDC) Heads Up Concussion in Youth Sports training course: <https://www.cdc.gov/headsup/youthsports/training/index.html>

This form is to be reviewed annually and kept on file prior to commencing a coaching assignment for an Active City program.

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 rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells." (CDC, 2021).

Section 1. Signs and Symptoms of a Concussion: Overview

A concussion should be suspected if any one or more of the following signs or symptoms are present following an impact or suspected impact as described in the CDC definition above.

Signs of a concussion may include (i.e., what the athlete displays/looks like to an observer):

- Confusion/disorientation/irritability
- Trouble resting/getting comfortable
- Lack of concentration
- Slow response/drowsiness
- Incoherent/slurred speech
- Slow/clumsy movements
- Loss of consciousness
- Amnesia/memory problems
- Acts silly, combative or aggressive
- Repeatedly asks the same questions
- Dazed appearance
- Restless/irritable
- Constant attempts to return to play
- Constant motion
- Disproportionate/inappropriate reactions
- Balance problems

Symptoms of a concussion may include (i.e., what the athlete reports):

- Headache or dizziness
- Nausea or vomiting
- Blurred or double vision
- Oversensitivity to sound/light/touch
- Ringing in ears
- Feeling foggy or groggy

A coach **MUST** immediately remove an athlete from participating in any Active City Sponsored athletic activity who: a) is observed to exhibit signs, symptoms or behaviors consistent with a concussion following an observed or suspected blow to the head or body; or b) is diagnosed with a concussion, regardless of when such concussion or head injury may have occurred. **Upon removal of the athlete, the coach or manager must inform the Active City Executive Director and the coach, AC Executive Director or their designee must notify the parent or legal guardian within 24 hours that the athlete has experienced a head injury and has exhibited signs and symptoms of a concussion.**

Section 2. Return to Play (RTP) Protocol Overview

It is impossible to accurately predict how long an individual's concussion will last. There must be full recovery before an athlete is allowed to resume participating in athletic activity. No athlete may resume participation until that athlete has received written medical clearance from a licensed health care professional (physician, physician assistant, advanced practice registered nurse (APRN), athletic trainer) trained in the evaluation and management of concussions.

Concussion Management Requirements:

1. No athlete shall return to participation in the athletic activity on the same day of a head injury or concussion.
2. If there is any loss of consciousness, vomiting or seizures, the athlete **MUST** be transported immediately to the hospital.
3. The athlete should not be left alone after the injury. Close observation and monitoring of an athlete **MUST** continue following a concussion or head injury to ensure that there is no worsening/escalation of symptoms.
4. Any athlete with signs or symptoms related to a concussion **MUST** be evaluated by a licensed health care professional (physician, physician assistant, advanced practice registered nurse (APRN), athletic trainer) trained in the evaluation and management of concussions.
5. The athlete **MUST** obtain an initial written clearance from one of the licensed health care professionals identified above directing the athlete into a well-defined RTP stepped protocol similar to the one outlined below. If at any time signs or symptoms return during the RTP progression, the athlete should cease activity.
6. After the RTP protocol has been successfully administered (no longer exhibits any signs or symptoms or behaviors consistent with concussions), final written medical clearance is required by one of the licensed health care professionals identified above for the athlete to fully return to unrestricted participation in practices and competitions.

Medical Clearance RTP protocol (There should be at least 24 hours for each step of the progression)

Stage	Rehabilitation steps/Aim	Functional exercise at each step of rehabilitation/Activity	Goal of each step
0	It is recommended that an initial period of 24 – 48 hours of both relative physical rest and cognitive rest is achieved before beginning the RTP progression identified in Stages one through six below (McCrorry, P. et al., 2017). If at any time signs or symptoms should worsen during the RTP progression, the athlete should stop activity that day. If the symptoms are gone the next day, the athlete may resume the RTP progression at the last step completed in which no symptoms were present. If symptoms persist, the athlete should be referred to a healthcare professional who is an expert in the management of concussions.		
1	Symptom-limited activity	Daily activities that do not provoke symptoms	Gradual reintroduction of work/school activities
2	Light aerobic exercise	Walking or stationary cycling at slow to medium pace; No resistance training	Increase heart rate
3	Sport-specific exercise. No contact	Jogging, brief running or skating drills; No head impact activities	Add movement
4	Non-contact training drills	Harder trainer drills (e.g., ball/puck/baton passing drills); May start progressive resistance training	Exercise, coordination and increased thinking/concentration
5	Full contact practice	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6	Return to sport	Normal game play	Return to full athletic participation