

Youth Sport Concussion Protocol

Sport Management Institute
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NRPA

As promoters of health, wellness and physical fitness, and as the gatekeepers of the public space accessed for that purpose, there is an inherent responsibility for the parks and recreation agencies to provide information and resources to the public to deal with the issues of concussion prevention, assessment and treatment. There is an abundance of resources and information available to create and implement policy and provide education to communities.

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Objective

- To establish a policy that will provide ALL youth sport coaches and parents associated sports programs and/or programs held at fields and or facilities permitted by or supported by the _____ Department of Parks and Recreation. Provide guidelines involving how to recognize signs and symptoms of a concussion and procedures for dealing with individuals and/or parents when a concussion is suspected, as well as mandatory rules regarding the return to play/activity for the participant.

Education of Parents and Staff

- A concussion can be caused by a blow to the head, jolt to the body, or any sudden force that results in a rapid acceleration/deceleration of the brain inside the skull. This impact of the brain against the rigid inside walls of the skull can cause a change in neurological function and a host of other symptoms depending on which part of the brain was injured. Youth athletes are particularly vulnerable to the effects of a concussion. Even what appears to be very minor is at real risk of catastrophic results when an athlete is returned to action too soon.
- **Second Impact Syndrome**, which in some cases can be fatal, is a direct result of returning to activity participation before all symptoms have cleared this is especially true for those under 14 years of age.

Information

While most players heal within a few weeks, an athlete who returns to play before a concussion has completely resolved risks re-injuring an already injured brain which can have life threatening consequences.

Therefore, continued participation in any sport / activity following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death.

Well-Being of Participants

The well-being of the athlete/participant is our greatest concern during any practice or game, coaches' officials and parents are being asked to make all efforts to ensure that concussed athletes/participants do not continue to participate. Thus, coaches, parents, and officials should also be looking for signs of concussion in all participants and should immediately remove any suspected concussed participant from play.

It's far better to miss one or two games as a precautionary matter than to risk permanent brain damage or death. **No game or activity is worth a life.**

What to look for

Concussions can appear in many different ways. A person does not have to lose consciousness to suffer a concussion. Any participant who exhibits any signs, symptoms, or behaviors consistent with a concussion as the one's mentioned below, he/she shall be immediately removed from the activity and **shall not return to play until cleared by an appropriate health-care professional.**

Signs and Symptoms

Signs

- Temporary loss of consciousness
- Delayed response to questions
- Appearing dazed
- Slurred speech
- Balance issues
- More Emotional (Crying, Angry)
- Vomiting

Symptoms

- Headache or a feeling of pressure in the head
- Dizziness or "seeing stars"
- Ringing in the ears
- Nausea
- Sensitivity to light or noise
- Feeling Tired

****An athlete does not have to have all of the signs and symptoms to have a concussion. One sign and/or symptom can be enough to pull for a concussion****

Role of Coaching Staff or Activity Leaders:

- Coaches, Coaching Staff or activity leaders will NOT be expected to “diagnose” a concussion. That is the job of an appropriate health-care professional.
- However, they will be asked to use their best judgment in observing the signs, symptoms and behaviors, associated with concussions.
- If a member of a youth team coaching staff observes questionable signs, symptoms, or behavior, he/she must remove the participant from the game and/or activity for further evaluation and notify the parent/guardian and the parks and recreation supervisor.

Course of Action to be taken when removed from game/activity.

1. Remove person from activity/competition
2. Notify Parent or Guardian
3. Notify appropriate parks and recreation staff
4. Fill out appropriate injury/incident report
5. No Participant may return to activity on the same day.
6. Any participant suspected of having a concussion should be evaluated by an appropriate healthcare professional within 72 hrs. of the “injury”. **Note:** an appropriate healthcare professional should be knowledgeable in the evaluation and management of sports-related concussions and may include MD’s, DO’s, NP, PA and certified athletic trainers.

Continued

7. Any participant with a concussion must be **medically cleared** by an appropriate healthcare professional prior to completing return to play (RTP) and resuming participation in any activity, practice, game or league play. This clearance shall be in the form of a written letter signed by the healthcare professional (MD, DO). A copy of this letter must be supplied to parks and recreation department supervisor before day 5 of RTP can be completed.

8. At this point the recommended 5 day gradual return to play must take place. The documentation of what was done on each day must signed by coach/parent. When the fifth day has been completed **ALL** the supporting documentation must be turned into the parks and recreation supervisor for athlete/participant to be cleared to take part in activity associated with the parks and recreation department.

Return to Play Guidelines

- Participant may not progress to the next stage until 24 hours has passed. **(CAN NOT DO 2 STAGES IN 1 DAY)**
- If symptoms of a concussion recur, or if concussion signs and/or behaviors are observed at any time during the return-to-activity program, the athlete must discontinue all activity immediately.
- If symptoms recur at any step, patient must return to prior level they completed without a recurrence of any sign or symptom after a 24-hour period has passed.


Injury / Accident Form

Injury / Accident Form

Name: _____ Injury Date: _____ Time of Injury: _____
 Sex M / F: _____ DOB: _____ Sport / Activity: _____
 Where did Injury Occur: _____ When: Practice Game Other: _____
 Body Part: _____
 Pain Scale: 1 2 3 4 5 6 7 8 9 10
 Observation: Swelling / Deformity / Bleeding / other: _____
 How did it occur: _____
 Concussion Signs or symptoms: yes / no
 Action Taken: _____
 Was EMS Called: _____ Time Called: _____ By Whom: _____
 Was parent notified: _____ Time: _____ How: In person Phone call VM
 Phone # Called: _____
 Coaches Signature: _____
 Parks and Recreation Staff Signature: _____

Injury / Accident Form

Name: **Billy Smoth** Injury Date: 10/26/18 Time of Injury: 5:30pm
 Sex M / F: _____ DOB: 12/16/2010 Sport / Activity: Football
 Where did Injury Occur: **Washington Elementary field** When: Practice Game Other: _____
 Body Part: **Head**
 Pain Scale: 1 2 3 4 5 6 7 8 9 10
 Observation: Swelling / Deformity / Bleeding / other: **Holding head**
 How did it occur: **Was running a passing route caught ball and was tackled and his head slammed into ground**
 Concussion Signs or symptoms: **yes / no**
 Action Taken: **Removed from practice and was observed until parents arrived**
 Was EMS Called: **No** Time Called: _____ By Whom: _____
 Was parent notified: **yes** Time: 6:45 PM How: **In person** Phone call VM
 Phone # Called: _____
 Coaches Signature: **Nick Saben**
 Parks and Recreation Staff Signature: _____



Symptom Check List

Name: _____
 Injury Date: _____
 Sport: _____
 MOI: _____


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POST-CONCUSSION SYMPTOM SCALE

SEVERITY RATING
 Please use this scale to rate each symptom

None	Mild	Moderate	Severe
0	1 2	3 4	5 6

Symptoms	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Headache							
"Pressure in head"							
Neck Pain							
Nausea or vomiting							
Dizziness							
Blurred Vision							
Balance Problems							
Sensitivity to light							
Sensitivity to noise							
Feeling slowed down							
Feeling like "in a fog"							
"Don't feel right"							
Difficulty concentrating							
Difficulty remembering							
Fatigue or low energy							
Confusion							
Drowsiness							
Trouble falling asleep (if applicable)							
More emotional							
Irritability							
Sadness							
Nervous or anxious							
Total							



SCL

Name: Billy Smith

Injury Date: 10/26/18

Sport: Football

MOI: Tackled and head slammed to ground

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SEVERITY RATING
Please use this scale to rate each symptom
None Mild Moderate Severe
0 1 2 3 4 5 6

POST-CONCUSSION SYMPTOM SCALE

Symptoms	Date:10/26/18	Date:1/27/18	Date:1/28/18	Date:1/29/18	Date:1/3/18	Date:	Date:
Headache	4	3	1	0	0		
"Pressure in head"	4	1	0	0	0		
Neck Pain	0	0	0	0	0		
Nausea or vomiting	5	0	0	0	0		
Dizziness	0	3	1	0	0		
Blurred Vision	2	0	0	0	0		
Balance Problems	3	3	0	0	0		
Sensitivity to light	0	4	2	0	0		
Sensitivity to noise	2	5	2	0	0		
Feeling slowed down	0	3	0	0	0		
Feeling like "in a fog"	3	1	0	0	0		
"Don't feel right"	6	2	1	0	0		
Difficulty concentrating	0	3	1	0	0		
Difficulty remembering	4	0	0	0	0		
Fatigue or low energy	0	4	1	0	0		
Confusion	0	0	0	0	0		
Drowsiness	4	1	0	0	0		
Trouble falling asleep (if applicable)	0	2	1	0	0		
More emotional	0	2	1	0	0		
Irritability	0	2	0	0	0		
Sadness	6	2	1	0	0		
Nervous or anxious	0	0	0	0	0		
Total							

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Return To Play Progression

Day 1: Light aerobic activity: Walking, swimming, exercise bike; keeping exertion for 10-15 min

Day 2: Moderate aerobic activity light resistance training: 20 min Exertional drills in sport, (e.g., running drills in football/soccer, skating drills in hockey). Then 10-20 min calisthenics, (jumping jacks, sit ups, mountain climbers, burpees)

Day 3: Sport-specific exercises NON-contact training drills: Progression to more complex noncontact drills, e.g., passing / catching drills in football, shooting/passing in basketball, hitting drills in volleyball

Day 4: Limited Full-contact practice: (if no recurrence of symptoms through first 3 steps and cleared by physician)

Day 5: Full contact practice: Game like activity Return to full sport participation.

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RTP Football

	EXERCISE	DATE	COMPLETED / COMMENTS
Day 1	Walking at 2.5 mph or Riding a stationary bike for 20-30 minutes.		YES NO Parent / Coach initials
Day 2	Jogging (medium pace) for 20-30 minutes Sit-ups x 25, Push-ups x 20, Lunge walks x 20.		YES NO Parent / Coach initials
Day 3	Running (fast pace) for 20-30 minutes, 50 Sit-ups 30 Push-ups Lunge walks x 30. Practice individual drills: can include tire running/high knees, sprint ladder, 40 yd sprints, throwing/kicking the football. Can receive football but only low passes. Must wear helmet		YES NO Parent / Coach initials
Day 4	Participate in Non-contact practice drills (not touching another person) Warm up (jogging/stretching 10-20 minutes) and practice team drills for 45-60 minutes total. Can include drills from Stage 3 but no hits & not touching another person/blocking dummies. Burpees with a jump x 15.		YES NO Parent / Coach initials
Must Have doctors clearance note turned into parks and recreation supervisor to go onto day 5.			Supervisors Initials
Day 5	Participate in full-contact practice. Can resume hits to blocking dummies & teammates. Wear helmet as usual.		YES NO Parent / Coach initials
Day 6	All paper work must be turned in to recreation supervisor (Dr Note and RTP sign off) Resume full participation in competition.		Supervisors initials

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Medical RTP Form

SCHSL Concussion Return to Play Form

This form is adapted from the Acute Concussion Evaluation (ACE) care plan on the CDC web site. 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 scholastic athlete following a concussion injury. Please initial any recommendations that you select.

Athlete's Name _____ Date of Birth _____
 Date of Injury _____

This return to play plan is based on today's evaluation Date of Evaluation _____
 Return to this office Date/Time _____
 Return to school on (date) _____

Care plan completed by _____

RETURN TO SPORTS

Please Note →

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

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 provider for your school or team.
 May be advanced back to competition after phone conversation with attending physician.
 Must return to Physician for final clearance to return to competition.

- OR -

Cleared for full participation in all activities without restriction.

Medical Office Information (Please Print/Stamp)

Physician's Name _____ Physician's Office phone _____
 Physician'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

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Training and Instruction for staff and all volunteers

Annual Training: All Department program staff, coaches, and volunteers who participate in organized youth athletic activities, as well as coaches and volunteers of youth sports-related organizations using facilities and/or fields permitted or supported by the parks and recreation department shall complete an annual training on the prevention and recognition of sports-related head injuries and the associated health risks, including second impact syndrome. Documentation of such training shall be maintained by the user group organization and verified by the parks and recreation department prior to issuing permits for facility and/or field use each season.

Training and Instruction for staff and all volunteers

All personnel, coaches, and volunteers participating in youth athletic activities at fields and/or facilities permitted or supported by the Department shall be required to complete annual concussion education training through one or more of the following approved programs:

- CDC's concussion education training: www.cdc.gov/concussion Use the Concussion in Youth Sports training module. Then choose Launch the Course on right hand side.
- NFHS concussion course: <https://nfhslearn.com/courses/61064/concussion-in-sports> This course is more geared toward High School coaches.
- Concussion education event sponsored by the Department with Sport Medical Professional

Outside Leagues

Independent youth leagues not under the Department are required to provide the department with a letter verifying the completion of concussion training by their staff, coaches, and volunteers. The letter must be signed by the youth league’s board of directors

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RICHLAND SCHOOL DISTRICT ONE

CONCUSSION INFORMATION SHEET FOR STUDENT-ATHLETES & PARENT/LEGAL GUARDIANS

SC Bill H3601: South Carolina State Law requires all SCHS athletes and their parents/legal guardians to be given an information sheet on concussions which informs of the nature and risk of concussion and brain injury and the risks of returning to play after sustaining a head injury. This document serves as an informational sheet to be kept by the parents or guardians for future referral.

What is a concussion? A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

How do I know if I have a concussion? There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability/things bother you more easily	Sleeping more than usual
Taking longer to figure things out	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to your stomach/queasy	Being more moody	Trouble falling asleep
Difficulty remembering new information	Vomiting/throwing up	Feeling nervous or worried	Feeling tired
	Dizziness	Crying more	
	Balance problems		
	Sensitivity to noise or light		

Tabelle is adapted from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)

What should I do if I think I have a concussion? If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

When should I be particularly concerned? If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

What are some of the problems that may affect me after a concussion? You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long-term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur once you have a concussion, you are more likely to have another concussion.

How do I know when it's ok to return to physical activity and my sport after a concussion? After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.

This sheet is for your records and personal use, please retain.

RICHLAND SCHOOL DISTRICT ONE

Student-Athlete & Parent/Legal Guardian Concussion Statement

**If there is anything on this sheet that you do not understand, please ask a school staff member to explain it to you.
This form must be completed for each student-athlete, even if there are multiple student-athletes in each household.

Student-Athlete Name: _____

Parent/Legal Guardian Name(s): _____

We have read the *Student-Athlete & Parent/Legal Guardian Concussion Information Sheet*.
If true, please check box.

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Guardian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), athletic trainer, or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, athletic trainer, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, athletic trainer or medical professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a physician to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away right away. I realize that resolution from this injury is a process and may require more than one medical evaluation.	
	I realize that ER/Urgent Care physicians will not provide clearance for return to play from this injury on the day they are injured.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I understand that I will have to complete a graduated return to play and have written permission from a physician before I will be able to return to my sport per the school's concussion management policy.	
	I have read and received the concussion symptoms on the Concussion Information Sheet.	

Signature of Student-Athlete _____ Date _____

Signature of Parent/Legal Guardian _____ Date _____

PLEASE RETURN THIS COMPLETED FORM TO THE SCHOOL'S ATHLETIC DEPARTMENT

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RTP General Activity

	EXERCISE	DATE	COMPLETED/COMMENTS
Day 1	Walking at medium pace (2.5 mph) or riding a stationary bike for 20-30 minutes.		YES NO Coach/Parent Initials:
Day 2	Walking at medium pace, jogging (light pace), or use of elliptical machine or stationary bike with very light or no resistance for 20-30 minutes. Sit-ups x 25; push-ups x 10; lunge walks x 20		YES NO Coach/Parent Initials:
Day 3	Walking at brisk pace, jogging (medium pace), or use of an elliptical machine OR stationary bike with mild resistance for 30 minutes. Sit-ups x 30; push-ups x 10; lunge walks x 30		YES NO Coach/Parent Initials:
Day 4	Walking at fast pace (incline optional), jogging (medium pace, incline/hills optional), or use of an elliptical machine or stationary bike with moderate resistance for 30 minutes. Sit-ups x 40; push-ups x 15; lunge walks x 20		YES NO Coach/Parent Initials:
	Must Have doctors clearance note turned into parks and recreation supervisor to go onto day 5.		YES NO Supervisor's initials
Day 5	Walking at fast pace (add incline), jogging (medium to fast pace, add incline/hills), or use of an elliptical machine or stationary bike with moderate resistance for 30-45 minutes. Light weightlifting acceptable (high repetitions using light weights).		YES NO Coach/Parent Initials:
Day 6	Return to full activity once all paperwork (doctor's note/return to play form) turned into Parks and Recreation supervisor.		YES NO Supervisor's Initials:

RTP Soccer

	EXERCISE	DATE	COMPLETED / COMMENTS
Day 1	Goal is to reach 30-40% of maximum heart rate Walking at 2.5 mph or Riding a stationary bike for 20-30 minutes.		YES NO Coach/Parent initials
Day 2	Goal is to reach 40-60% of maximum heart rate Jogging (medium pace) for 20-30 minutes Sit-ups x 25, Push-ups x 20, Lunge walks x 20		YES NO Coach/Parent initials
Day 3	Goal is to reach 60-80% of maximum heart rate Running (fast pace) for 20-30 minutes, Sit-ups x 50, Push-ups x 30, Lunge walks x 30. Practice individual drills for 15 minutes: can include juggling, cone drills, penalty/goal/corner kicks, sprints, backpedaling. No headers or diving for ball.		YES NO Coach/Parent initials
Day 4	Goal is to reach 80% of maximum heart rate Participate in Non-Contact practice drills: Warm up (jogging/stretching 10-20 minutes) and practice with teammates for 45-60 minutes total. Can include drills from Stage 3 but no touching another person, no headers, no diving for ball. Burpees with a jump x 10,		YES NO Coach/Parent initials
	Must Have doctors clearance note turned into parks and recreation supervisor to go onto day 5.		Supervisor's Initials
Day 5	Goal is to reach full exertion. Participate in full-contact practice, can resume headers/dives.		YES NO Coach/Parent initials
Day 6	Goal is to reach & maintain full exertion. Resume full participation in competition		YES NO Coach/Parent initials

RTP Softball/Baseball

	EXERCISE	DATE	COMPLETED / COMMENTS
Day 1	Goal is to reach 30-40% of maximum heart rate Walking at 2.5 mph or riding a stationary bike for 20-30 minutes		YES NO Coach/Parent initials
Day 2	Goal is to reach 40-60% of maximum heart rate Jogging (light pace) for 20-30 minutes; sit-ups x 25, push-ups x 20, lunge walks x 20		YES NO Coach/Parent initials
Day 3	Goal is to reach 60-80% of maximum heart rate Jogging (medium pace) or running poles in outfield for 30 minutes Sit-ups x 40, push-ups x 25, lunge walks x 30 Soft toss/catch with partner		YES NO Coach/Parent initials
Day 4	Goal is to reach 80% of maximum heart rate Jogging (medium to fast pace) for 20 minutes. Agilities including high knees, butt kicks, carioca, tin soldiers (20 yards) x 2 each Soft toss/catch with partner (not to exceed 60 ft) Hit off tee, short toss hitting/bunting in cages Fielding ground & fly balls Burpees w/jump x 10.		YES NO Coach/Parent initials
	Must Have doctors clearance note turned into parks and recreation supervisor to go onto day 5.		Supervisor's initial
Day 5	Goal is to reach full exertion. Participate in full-contact practice including live hitting/bunting, fielding live balls, base running.		YES NO Coach/Parent initials
Day 6	Goal is to reach & maintain full exertion. Resume full participation in competition.		YES NO Coach/Parent initials

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Sideline Card

Things to do:

- Ask questions they should know (Team, Parents name, Place)
- Look at there eyes are pupils bouncing up and down or side to side
- Have them stick out tongue
- Observe their behavior, become angry, emotional or become very tired.

Signs and Symptoms:

Headache, Dizziness, Nausea, sensitive to noise / light, balance issues, blurry vision, Confusion, Difficulty Remembering, Confusion, More emotional (Anger, Crying), Don't feel right.

Call 911 Immediately If:

- Loss of Consciousness (LOC)
- Pupil (s) bouncing up and down or side to side
- Vomiting
- Stick out tongue and it falls to one side
- Seizure or convulsions

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The Standard of Best Practice

- With many parks and recreation departments developing and implementing a concussion protocol the standards are being set and if a litigation situation arises and your department does not have a concussion policy and procedure or protocol in place are you prepared to write the check after lawyers find you up to standards.
- This not only includes policy and procedure but equipment certification. If you have not had your equipment recertified after initial purchase you are negligent. **Helmets should be certified yearly after use.** NOCSAE standards include recertification standards for helmets used in football, baseball, softball, ice hockey and lacrosse.

NOCSAE

National Operating Committee on Standards for Athletic Equipment

- Recertified helmets must have a recertification label that includes the name of the recertifying firm and the year of recertification. This seal may be placed on the interior or exterior of the shell in an area in which it can be easily read without removal of any permanent component and will also contain the following language: "This helmet has been recertified according to procedures established to meet the NOCSAE Standard."
- NOCSAE urges that the warning statement be shared with members of the football, baseball, softball and lacrosse squads and that all coaches alert participants to the potential for injury. The wording of the warning label as set forth in the NOCSAE standard specifies the core information that must be conveyed by the label, but permits a manufacturer to add or supplement the content as it determines necessary.

Stickers



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Litigation

No one is safe from litigation.
Make sure you are you doing
all you can do to protect the
participants , coaches,
officials, you and your parks
and recreation department.



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Laws / Policies

- South Carolina Law (SCHSL Concussion Policy) Section 59-63-75 of South Carolina Code under the education title
- State of Colorado Senate Bill 11-040
- Town of Christiansburg Parks and Recreation Department, Christiansburg, VA
- City of Summerville, MA Parks and Recreation Department
- Highlands Ranch Metro District, Highlands Ranch, CO
www.highlandsranch.org
- Anne Arundel County Department of Recreation and Parks, Annapolis, MD www.aacounty.org/recparks

References

- McCrory P, et al. Br J Sports Med 2018;51:838–847. doi:10.1136/bjsports-2017-097699
- CDC: <http://www.cdc.gov/headsup/youthsports/training/index.html>
- NFHS: www.nfhslearn.com
- Concussion Legacy foundation: ConcussionFoundation.org
- NOCSAE: <https://nocsae.org/>
- Highlands Ranch Metro District: www.highlandsranch.org
- Anne Arundel County Department of Recreation and Parks: www.aacounty.org/recparks
- SCHSL: <http://schsl.org/>
- <https://www.myactivehealth.com/hwcontent/content/special/tp23364spec.html>

Questions



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