



LBA Brain Injury/Concussion Risk Management Program

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Policies and Educational Awareness Training

Identify Suspected Cases of Concussions

The highest medical authority at a practice or game is the person who is in the best position to diagnose a suspected concussion and to make the call. The presence of (or immediate access to) a medical doctor (MD), doctor of osteopathy (DO), athletic trainer (AT), physician's assistant (PA), nurse practitioner (NP), or paramedic (PM) trained in concussion recognition is ideal. However, in cases where medical professionals are not present or immediately available, a person should be present who is at least EMT certified or is currently certified in Red Cross Community First Aid or the equivalent.

Signs observed by parents, guardians, or sports staff: appears dazed or stunned; is confused about the assignment or position; forgets instructions; is unsure of game, score, or opponent; moves clumsily; answers questions slowly; loses consciousness (even briefly); shows behavior or personality changes; can't recall events prior to hit or fall; and can't recall events after hit or fall.

Symptoms reported by the player: headache or pressure in the head; nausea or vomiting; balance problems or dizziness; double or blurry vision; sensitivity to light; sensitivity to noise; feeling sluggish, hazy, foggy, or groggy; concentration or memory problems; confusion; or does not "feel right".

What to do: If athletes report or exhibit one or more of the signs listed above or say they "just don't feel right" after a bump, blow, or jolt to the head or body, they may have a concussion and need to be further evaluated.

Danger signs that require immediate medical attention: one pupil larger than the other; drowsiness or inability to wake up; a headache that gets worse and does not go away; weakness, numbness, or decreased coordination; repeated vomiting or nausea; slurred speech; convulsions or seizures; inability to recognize people or places; increasing confusion, restlessness, or agitation; unusual behavior, loss of consciousness (even brief). If one or more of these danger signs occur after a bump, blow, or jolt to the head or body: call 9-1-1 or transport the athlete immediately to the emergency room.

On-Field Medical Status Evaluation (Example Questions)*:

Orientation Questions: (ask the athlete)

What period/quarter/half are we in?	Who scored last?
What stadium/field is this?	Do you remember the hit?
What city is this?	What team did we play last?

Who is the opposing team?	Repeat the following words: Girls, Dog, Green.
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Concentration: (ask the athlete)

Repeat the days of the week backward (starting with today)

Repeat the months of the year backward (starting with December)

Repeat these numbers backward 63, (36), 419 (914), 6294 (4926)

Exertional Maneuvers:

Complete 5 jumping jacks/Complete 5 sit-ups.

Word List Memory: (ask the athlete)

Repeat the three words from earlier: Girls, Dog, Green

*Other superior sideline assessment tools are available including SCAT, ImPact, King Devit, and sideline apps such as HitCheck.

Athlete Removal by Sports Official and Re-Entry into Contest

When an athlete has been removed from a contest by a sports official due to signs or symptoms of a concussion, the only persons who should clear an athlete's reentry are a medical doctor (MD), doctor of osteopathic medicine (DO), physician's assistant (PA), registered nurse practitioner (NP), paramedic (PM), or athletic trainer (AT). If none of these are present on-site at the contest, the athlete shall not return to that contest or any subsequent contest until cleared.

If a Concussion Is Suspected, the Following Actions Should Be Taken

Remove the athlete from play - if any of the signs and symptoms are observed, remove the athlete from play. When in doubt, sit them out!

Make sure the athlete is evaluated by a medical Provider who is experienced in evaluating concussions. Let the professionals judge the severity.

Inform the athlete's parents/guardians and provide them with the CDC fact sheet on "Concussions for parents" to help them monitor the athlete for signs and symptoms:
[HERE](#)

Keep the athlete out of play the day of the injury AND until a medical Provider experienced in evaluating concussion says it's OK for the athlete to return. They

must provide written medical clearance and the athlete should be asymptomatic at rest and with exertion. The medical provider should require the athlete to follow a progressive return-to-play protocol. Here is a link to the CDC's progressive return to play protocol: [HERE](#)

Instruction and Supervision

Athletes should wear the proper sport-specific equipment.

Teach and practice safety rules of play and encourage good sportsmanship.

Teach and practice correct sport-specific techniques for minimizing injuries.

Educational Awareness through Online Training, Information Handouts and Administration/Document Retention

Coaches Basic Concussion Training Course (Free)

All paid and/or volunteer coaches are required to complete the [NFHS Concussion in Sports](#) video every year with a certificate of completion documentation retained at LBA for a period of at least 16 years.

Athlete/Parent Concussion Awareness Information Sheet

The following CDC Parent / Athlete Concussion Information Sheet should be distributed annually to all athletes and parents (if minor participants) with the signed and dated sheet retained at LBA for a period of at least 16 years: [HERE](#)

Compliance with State Concussion Laws and NFHS Recommendations

To the extent that our state's concussion laws exceed the requirements outlined above, we should comply with our state's law.

To the extent that our state's version of National Federation of High School Associations (NFHS) rules, regulations, or recommendations on brain injury exceed the requirements outlined above, we should comply with such standards.

Distribution/Acknowledgement/Documentation

A hard or electronic copy of this risk management program which includes policies and educational awareness training will be distributed to each administrator and staff/volunteer member prior to the start of every season. Each should acknowledge in writing (wet or electronic signature) that they have received and carefully reviewed the entire program and will comply with its terms. LBA will maintain documentation on an annual basis that this risk management plan was distributed.