

SDCLOA Concussion Training

THE RULE

- Team Time-outs Rule 4-25, Article 7:
- Any player who exhibits signs, symptoms or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion or balance problems) shall be immediately removed from the game and shall not return to play until cleared by an appropriate health-care professional. This time-out, if not charged, is an official's time-out. (See NFHS Suggested Guidelines for Management of Concussion, in Appendix B on page 111.)

Play Ruling

- 4.25.7 Situation: Play is suspended because of an injured player. The official determines that the player needs to be evaluated for that injury by an appropriate health-care professional. Can the player return to the game?
- **RULING:** Once the official determines that a player is in need of evaluation by an appropriate health-care professional, then *the responsibility* to have that evaluation done *rests with the head coach* if the injury was a possible concussion.
- Only an appropriate health-care professional can evaluate the player and determine if a concussion has occurred and, if so, when it is appropriate for the player to return to play. It is the responsibility of the head coach (not the official) to verify with the appropriate health-care professional that the player has been cleared to return to play. After returning to play, however, should it become apparent to the official that the player needs further evaluation, the official can and should remove the player from the game for further evaluation.
- NOTE: Each individual state association determines and defines “appropriate health-care professional.”

from the CIFSDS Green Book (for all of CIF):

- Concussion Protocol : A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game **shall be removed from competition at that time for the remainder of the day.** A student-athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in education and management of concussion and receives written clearance to return to play from that health care provider. On a yearly basis, a concussion and head injury information sheet shall be signed and returned by all athletes and the athlete's parent or guardian before the athlete's initiating practice or competition. (Approved May 2010 Federated Council/Revised May 2012 Federated Council)
- ***Q: What is meant by “licensed health care provider?”***
- ***A: The “scope of practice” for licensed health care providers and medical professionals is defined by California state statues. This scope of practice will limit the evaluation to a medical doctor (MD) or doctor of osteopathy (DO).***
- ***From conversation with CIF assistant director: If you think there is a problem, push the problem on to the coach and/or trainer – they make the call. “***
- ***“Hey Coach, you need to take a look”.***

- “Coach – this player should be evaluated”

“WHEN IT DOUBT, SIT THEM OUT”

Our Role as Officials

- As many as 25 percent of the concussions reported among high school athletes result from aggressive or illegal play activity.
- Enforce Safe Play. You Set the Tone for Safety.

Our Role

- Watch out for possible concussions.
 - ▶ Use injury timeouts to ensure that an athlete with a possible concussion is removed from play. When in doubt, sit them out!
 - ▶ Enforce the rule that an athlete with a possible concussion cannot return to play on the same day of the injury and until seen and cleared by a health care provider.

How can I keep the athletes safe?

- Sports are a great way for children and teens to stay healthy and can help them do well in school.
- As a high school official, your actions (including strict officiating) help set the tone for safe play and can help lower an athlete's chances of getting a concussion or other serious injury.
- Aggressive and/or unsportsmanlike behavior among athletes can increase their chances of getting a concussion or other serious injury.
- Here are some ways you can help keep athletes safe: Create a culture of safety at a game or competition:
 - Enforce the rules of the sport for fair play, safety, and sportsmanship.
 - Penalize athletes for unsafe actions such as:
 - › Striking another athlete in the head.
 - › Using their head or helmet to contact another athlete.
 - › Making illegal contacts or checking, tackling, or colliding with an unprotected opponent.
 - › Trying to injure or put another athlete at risk for injury.

From the NCAA:

- NCAA: A concussion is a brain injury that may be caused by a blow to the head, face, neck or elsewhere on the body with an “impulsive” force transmitted to the head. Concussions can occur without loss of consciousness or other obvious signs.
- NCAA policy of “Recognize and Refer”: To help recognize a concussion, watch for the following two events among your student-athletes during both games and practices:
 1. **A forceful blow to the head or body that results in rapid movement of the head, AND**
 2. **ANY CHANGE in the student-athlete’s behavior, thinking or physical functioning (see signs and symptoms).**

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.

- Can change the way your brain normally works
- Can occur during practices or games in any sport
- Can happen even if you haven't been knocked out (only 10% of concussions result in unconsciousness)
- Can be serious even if you've just been "dinged" or had your "bell rung"

From NFHS:

Suggested Guidelines for Management of Concussion

A concussion is a traumatic brain injury that interferes with normal brain function. An athlete does not have to lose consciousness (be “knocked out”) to have suffered a concussion. Only 10% of concussions result in loss of consciousness.

Common Signs Symptoms of Concussion Include:

- **Appears dazed or stunned**
- **Is confused about assignment or position**
- **Forgets an instruction**
- **Is unsure of game, score, or opponent**
- **Moves clumsily**
- **Answers questions slowly**
- **Loses consciousness(even briefly)**
- **Shows mood, behavior or personality changes**
- **Cant recall events prior to hit or fall**
- **Cant recall events after hit or fall**
- **Headaches or “pressure’ in 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**
- **Does not “feel right” or is “feeling down”**

NFHS Suggested Concussion Management:

- No athlete should return to play (RTP) or practice on the same day of a concussion.
- Any athlete suspected of having a concussion should be evaluated by an appropriate health-care professional that day.
- Any athlete with a concussion should be medically cleared by an appropriate healthcare professional prior to resuming participation in any practice or competition.
- After medical clearance, RTP should follow a step-wise protocol with provisions for delayed RTP based upon return of any signs or symptoms.

- For further details please see the “NFHS Suggested Guidelines for Management of Concussion” at www.nfhs.org.
- Revised and Approved October 2013

- NFHS Concussion Protocol Training – Certificate Program – www.nfhslearn.com

- 30 minute video: “Concussion in Sport ”

SPORTS CONCUSSION STATISTICS FROM CDC

- Head impacts and concussions caused by contact sports are a quickly growing epidemic among young athletes. When left undetected, concussions can result in long-term brain damage and may even prove fatal.
- To preserve the young athlete's head health, mental cognition and ability to succeed, it is critical that coaches, players and parents are aware of the inherent dangers and how to properly perform a concussion evaluation.
- CDC reports show that the amount of reported concussions has doubled in the last 10 years. The American Academy of Pediatrics has reported that emergency room visits for concussions in kids ages 8 to 13 years old has doubled, and concussions have risen 200 percent among teens ages 14 to 19 in the last decade.
- While the first hit can prove problematic, the second or third head impact can cause permanent long-term brain damage. Cumulative sports concussions are shown to increase the likelihood of catastrophic head injury leading to permanent neurologic disability by 39 percent.
- **High school football accounts for 47 percent of all reported sports concussions, with 33 percent of concussions occurring during practice. After football, ice hockey and soccer pose the most significant head health risk.**
- Without medical professionals present to assess the head impact or impact measurement data to review, head health management standards decline. Athletes are left vulnerable and ill-equipped without information readily available about their own health.

Sports Concussion Statistics:

- 3,800,000 concussions reported in 2012, double what was reported in 2002
- 33% of all sports concussions happen at practice
- 39% -- the amount by which cumulative concussions are shown to increase catastrophic head injury leading to permanent neurologic disability
- 47% of all reported sports concussions occur during high school football
- 1 in 5 high school athletes will sustain a sports concussion during the season
- 33% of high school athletes who have a sports concussion report two or more in the same year
- 4 to 5 million concussions occur annually, with rising numbers among middle school athletes
- 90% of most diagnosed concussions do not involve a loss of consciousness
- An estimated 5.3 million Americans live with a traumatic brain injury-related disability (CDC)

Awareness: Concussion Rates per Sport

The below numbers indicate the amount of sports concussions taking place per 100,000 athletic exposures. An athletic exposure is defined as one athlete participating in one organized high school athletic practice or competition, regardless of the amount of time played.

- Football: 64 -76.8 from 2009 stats: 52
- Boys' ice hockey: 54 43
- Girl's soccer: 33 35
- Boys' lacrosse: 40 - 46.6 32
- Girls' lacrosse: 31 – 35 39
- Boys' soccer: 19 - 19.2 17
- Boys' wrestling: 22 - 23.9 22
- Girls' basketball: 18.6 – 21 20
- Girls' softball: 16 - 16.3 15
- Boys' basketball: 16 - 21.2 9
- Girls' field hockey: 22 - 24.9 18
- Cheerleading: 11.5 to 14
- Girls' volleyball: 6 - 8.6
- Boys' baseball: Between 4.6 - 5
- Girls' gymnastics: 7
- Golf - .5

Resources

- From the NFHS Code of Ethics for Officials: Officials shall take reasonable steps to educate themselves in the recognition of emergency conditions that might arise during the course of competition.
- www.nfhslearn.com
- www.cdc.gov/headsup
- www.uslacrosse.org/safety

The RULE:

We talk about this – It is never too late to throw a flag if we do have a big hit and we know the kid needs assistance.....

Remember when emotion is high and logic is low, WE need to be the voice of reason here, and we have the Rule to back us up.

- Team Time-outs Rule 4-25, Article 7:
- Any player who exhibits signs, symptoms or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion or balance problems) shall be immediately removed from the game and shall not return to play until cleared by an appropriate health-care professional. This time-out, if not charged, is an official's time-out. (See NFHS Suggested Guidelines for Management of Concussion, in Appendix B on page 111.)
- “Coach – this player should be evaluated.”