



INJURIES AND CONCUSSION MANAGEMENT

Coaches:

Below is the WHYSA protocol for serious injuries and all head injuries. In addition, it should be noted that WHYSA has adopted the policies and procedures used by the West Hartford Public School system for head injuries and concussions. Please see link below.

http://whpsconard.sharpschool.net/athletics/training_department/concussion_management/

We **cannot** underestimate the risks associated with any injury and in particular those associated with head injuries and concussions. The medical and sports community have become keenly aware of such risks and we learn more with every season. Returning a child to play following a head injury can be very risky and the Club recommends that coaches consult with the child's parent and err on the side of caution no matter how small the head injury may appear.

WHYSA Injury Protocol:

1. The Coach shall be the principle point of contact between the Club and the child and his/her parents and/or guardians;
2. The Coach shall notify the appropriate Division Coordinator and the Co-Executive Vice President, David B. Heinz who acts as the Clubs risk manager Email: vicepres2@whysa.org;
3. The Coach, Division Coordinator, and Mr. Heintz shall work together to investigate the incident and prepare a an appropriate injury report to be sent to the Club's President, Corporation Counsel and Secretary, and other appropriate Club Board personnel;
4. The Coach, Division Coordinator, and Mr. Heintz shall work together to maintain appropriate contact and communications with the injured child and his/her parents and/or guardians until all issues or concerns are addressed.

I have passed the "Post-Concussion Management" section from the Conard Website below:

Post-Concussion Management:

Any athlete exhibiting signs or symptoms of a concussion will be withheld from play until evaluated by a healthcare professional, which includes the licensed athletic trainer.

When an athlete is symptom free with normal daily activities (school, work, studying, etc), they will begin the "return to play (RTP) protocol" under the guidance of the athletic trainer. The RTP protocol consists of a 5 step gradual progression back to exercise. Each step is separated by at least 24 hours. If

symptoms return during exercise, the athlete will have to repeat that step the next day and cannot advance until they are symptom free.

The five steps are as follows:

- 1) Easy aerobic activity (stationary bike, elliptical machine)
- 2) More sport specific aerobic activity (running, skating)
- 3) Non-contact sport specific drills (dribbling, shooting, passing, etc)
- 4) Full-contact practice
- 5) Game play

If the athlete has a neuropsychological baseline test (ImPACT), they will be given the test again prior to their return to full contact to ensure that their neurological function is back within their baseline. The ImPACT test is used as a tool in the return to play protocol to help the medical staff make a return to play decision. It is not the only piece of information that is taken into consideration. The athlete must be free of all symptoms at rest and with exertion **and** ImPACT scores must be within baseline measurements. Prior history of concussion and other pertinent information will be taken into consideration when making a return to play decision. Each concussion is managed on an individual basis.

Regards,

David

David B. Heintz

Co-Vice President

West Hartford Youth Soccer Association