



CYLA Concussion Policy and Procedures

Medical management of sports-related concussion continues to evolve. Recently, there has been a significant amount of new research regarding sports-related concussions in high school athletes. Carteret Youth Lacrosse (CYLA) has adopted this protocol to provide education about concussion for coaches, parents, and athletes. This protocol outlines procedures for coaches to follow in managing concussions, and outlines League policy as it pertains to return to play issues following a concussion.

CYLA seeks to provide a safe return to activity for all athletes following any injury, but particularly after a concussion. In order to effectively and consistently manage these injuries, procedures have been developed to aid in insuring that concussed athletes are identified, treated and referred appropriately, receive appropriate follow-up medical care and are fully recovered prior to returning to activity.

All coaches shall attend a yearly meeting or take an approved online concussion training course in which procedures for managing sports-related concussion are discussed.

Recognition of Concussion

Common signs and symptoms of sports-related concussion

Signs (observed by others):

- Athlete appears dazed or stunned
- Confusion
- Forgets plays
- Unsure about game, score, opponent
- Moves clumsily (altered coordination)
- Balance problems
- Personality change
- Responds slowly to questions
- Forgets events prior to hit
- Forgets events after the hit
- Loss of consciousness (any duration)

Symptoms (reported by athlete):

- Headache
- Fatigue
- Nausea or vomiting
- Double vision, blurry vision
- Sensitive to light or noise
- Feels sluggish
- Feels "foggy"
- Problems concentrating
- Problems remembering

These signs and symptoms following a witnessed or suspected blow to the head or body are indicative of probable concussion. Any athlete who exhibits any of the above signs, symptoms, or any behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the contest or practice and shall not return to play until cleared by an appropriate health care professional.

Management and Referral Guidelines for All Coaches

1. The following situations indicate a medical emergency and require activation of the Emergency Medical System:

- Any athlete with a witnessed loss of consciousness (LOC) of should be spine boarded and transported immediately to nearest emergency department via emergency vehicle.
- Any athlete who has symptoms of a concussion, and who is not stable (i.e., condition is worsening), is to be transported immediately to the nearest emergency department via emergency vehicle.

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- An athlete who exhibits any of the following symptoms should be transported immediately to the nearest emergency department, via emergency vehicle.
 - deterioration of neurological function
 - decreasing level of consciousness
 - decrease or irregularity in respirations
 - any signs or symptoms of associated injuries, spine or skull fracture, or bleeding
 - mental status changes: lethargy, difficulty maintaining arousal, confusion or agitation • seizure activity

2. An athlete who is symptomatic but stable, may be transported by his or her parents. The parents should be advised to contact the athlete's primary care provider, or seek care at the nearest emergency department, on the day of the injury.

Guidelines and Procedures for Coaches:

Recognize concussion

1. All coaches should become familiar with the signs and symptoms of concussion that are described above.
2. Annual training will occur for coaches of every age division.

Remove from activity

Any athlete who exhibits any of the above listed signs, symptoms, or any behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health care professional.

When in doubt, sit 'em out

Refer the athlete for medical evaluation

1. The coach is responsible for notifying the athlete's parents of the injury.
 - a. Contact the parents to inform them of the injury. Depending on the injury, either an emergency

vehicle will transport or parents will pick the athlete up at the event for transport. (see Section II).
b. A medical evaluation is required to begin the process of "Return to Play".

2. In the event that an athlete's parents cannot be reached, and the athlete is able to be sent home (rather than directly to MD):

- The coach should insure that the athlete will be with a responsible individual, who is capable of monitoring the athlete and understanding the home care instructions, before allowing the athlete to go home.
- The coach should continue efforts to reach a parent.
- If there is any question about the status of the athlete, or if the athlete is not able to be monitored appropriately, the athlete should be referred to an Emergency Department for evaluation. A coach should accompany the athlete and remain with the athlete until a parent arrives.

*** Athletes with suspected head injuries should not be permitted to drive home. ***

3. Coaches should seek assistance from the host site certified athletic trainer (ATC) or team physician, if available at an away contest.

Return to Play (RTP) Procedures After Concussion

1. Return to activity and play is a medical decision. The athlete must meet all of the following criteria in order to progress to activity:

Asymptomatic at rest and with exertion (including mental exertion in school) AND have written clearance from their primary care provider or concussion specialist (athlete must be cleared for progression to activity by a physician other than an Emergency Room physician, if diagnosed with a concussion).

2. Once the above criteria are met, the athlete will be progressed back to full activity following the stepwise process detailed below. (For steps 5 – 7 the coach must have a very specific plan to follow as directed by the athlete's physician).

3. Progression is individualized, and will be determined on a case by case basis. Factors that may affect the rate of progression include: previous history of concussion, duration and type of symptoms, age of the athlete, and sport/activity in which the athlete participates. An athlete with a prior history of concussion, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport may be progressed more slowly.

4. The Stepwise progression as described below:

At Home or Medical Facility under Physician and/or Parent supervision and monitoring:

Step 1. Complete cognitive rest. This may include staying home from school or limiting school hours (and studying) for several days. Activities requiring concentration and attention may worsen symptoms and delay recovery.

Step 2. Return to school full-time.

Step 3. Light exercise. This step cannot begin until the athlete is no longer having concussion symptoms and is cleared by a physician for further activity. At this point the athlete may begin walking or riding an exercise bike. No weight-lifting.

Step 4 may occur at home or at practice depending on physician recommendation Step 4. Running in the gym or on the field. No helmet or other equipment.

Steps 5 – 7 will occur at practice. Coaches must sit them out at any sign of returning symptoms and report such observations to the parent/guardian.

Step 5. Non-contact training drills in full equipment. Weight-training can begin. Step 6. Full contact practice or training.

Step 7. Play in game. Must be cleared by physician before returning to play.

- The athlete should spend 1 to 2 days at each step before advancing to the next. If post concussion symptoms occur at any step, the athlete must stop the activity and the treating physician must be contacted. Depending upon the specific type and severity of the symptoms, the athlete may be told to rest for 24 hours and then resume activity at a level one step below where he or she was at when the symptoms occurred.