



## Best Practices for Concussion Management

### 1. Contents

Scope.....	1
Definitions.....	2
Concussion Information.....	2
Education and Training.....	3
General Prevention.....	4
Full-Contact Football Practices.....	4
Removal from Activity .....	5
Signs and Symptoms.....	5
Forms .....	6
Return to Activity .....	7
Return to Learn .....	8
Recommended Baseline Testing.....	8

### 2. Scope

- a. Concussion management applies to all school-sponsored athletic activities.
  - 1) Interscholastic high school teams
  - 2) High school summer league teams
  - 3) Interscholastic middle school teams
  - 4) All intramural teams
  - 5) Competitive sport club teams
    - a) Refer to “Competitive Sports and Sports Club Self-Insurance Program”

- b. Exception: athletic activity during the regular school day or as part of a physical education course.
- c. Section 7, Full-Contact Practices, applies to high school and middle school football teams.

### 3. Definitions

- a. “Full-contact practice” means a practice where drills or live action is conducted that involves collisions at game speed, where players execute tackles and other activity that is typical of an actual tackle football game.
- b. “Off-season” means a period extending from the end of the regular season until 30 days before the commencement of the next regular season.
- c. “Preseason” means a period of 30 days before the commencement of the regular season.
- d. “Regular season” means the period from the first interscholastic football game or scrimmage until the completion of the final interscholastic football game of that season.

### 4. Concussion Information

- a. A concussion is a type of traumatic brain injury caused by a bump, blow, or jolt to the head that can change the way the brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be mild bump or blow to the head can be serious.
- b. Children and adolescents may be at particular risk because their developing brains are especially vulnerable to the potentially catastrophic effects of multiple head injuries
- c. Concussions can occur in *any* sport or recreation activity. All coaches, parents, and athletes need to learn concussion signs and symptoms and what to do if a concussion occurs. Concussions may or may not involve loss of consciousness.
- d. Effects of concussion can include impaired thinking or memory, movement, sensation (e.g., vision or hearing), or emotional functioning (e.g., personality changes, depression). Repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
- e. Recognition and proper response to concussions when they first occur can help prevent further injury or even death.

## 5. Education and Training

### a. High School Coaches (California Education Code, section 35179.1)

- 1) In addition to certification in cardiopulmonary resuscitation (CPR) and first aid, coaches are to have a basic understanding of the signs and symptoms of concussions and the appropriate response to concussions.
- 2) Concussion training may be fulfilled through entities offering free, online, or other types of training courses.

#### a) Free online training can be found on these websites:

<http://nfhslearn.com/electiveDetail.aspx?courseID=15000>

<http://www.cdc.gov/concussion/sports/index.html>

<https://www.edurisksolutions.org>

- 3) It is recommended that this training is completed every two (2) to three (3) years.

### b. Middle school and elementary school coaches are recommended to be trained regarding the signs and symptoms of concussions and the appropriate response to concussions.

- 1) Free online training can be found on these websites:

<http://nfhslearn.com/electiveDetail.aspx?courseID=15000>

<http://www.cdc.gov/concussion/sports/index.html>

<https://www.edurisksolutions.org>

- 2) It is recommended that this training is completed every two (2) to three (3) years.

### c. Parents and Athletes (California Education Code, section 49475)

- 1) A concussion and head injury information sheet is to be signed and returned by the athlete and the athlete's parent or guardian before the athlete's initiating practice or competition.

#### a) Forms can be found on these websites:

<http://www.vcssfa.org/Forms.aspx>

<http://www.cifstate.org/index.php/the-latest-news/concussions>

[http://www.cdc.gov/concussion/HeadsUp/high\\_school.html](http://www.cdc.gov/concussion/HeadsUp/high_school.html)

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

- 2) The information sheets or similar forms are to be sent home, signed, and collected annually.

## 6. General Prevention

- a. Limit contact during sports practices (when appropriate for the sport).
  - 1) See also Section 7, Full-Contact Football Practices.
- b. Put in place rule changes and/or banning or limiting the use of certain drills or techniques to help reduce the risk of injury.
- c. Check sports equipment often. This includes making sure the equipment fits the athletes well, is in good condition, stored properly, and is repaired and replaced based on instructions from the equipment manufacturer.

## 7. Full-Contact Football Practices (California Education Code, section 35179.5)

- a. A high school or middle school football team shall not conduct more than two full-contact practices per week during the preseason and regular season.
  - 1) The full-contact portion of a practice shall not exceed 90 minutes in any single day.
- b. A high school or middle school football team shall not hold a full-contact practice during the off-season.
  - 1) “Full-contact practice” means a practice where drills or live action is conducted that involves collisions at game speed, where players execute tackles and other activity that is typical of an actual tackle football game. (Education Code, section 35179.5,(c),(1))
  - 2) Definition of Practice (CIF Bylaws, Article 50, General Rules, 506 C.)
    - a) Any school team or individual activity organized by the coach that is intended to maintain or improve a student-athlete’s skill proficiency in a sport; AND/OR
    - b) Any school team or individual activity that includes skill drills, game situation drills, inter-squad scrimmages or games, weight training, chalk talks, film review, meetings outside of school time (excluding parent meetings) that are implicitly/explicitly required by the coach; AND/OR
    - c) Any other coach-directed or supervised school team or individual activity or instruction for a specific sport (private, small group or positional instruction, etc.) AND/OR
    - d) Any other team or individual instruction for a specific sport organized or supervised by any team member, or anyone else associated with the high school athletic program, team or school; AND
    - e) Outside organization activity (club, etc.), shall not be used to circumvent these Bylaws.

## 8. Removal From Activity (California Education Code, section 49475)

- a. If a concussion is suspected, the coaches and/or instructors are to take the following steps:
  - 1) An athlete that experiences a forceful bump, blow, or jolt to the head or has had a helmet forcefully removed is to be removed from practice or a game/competition.
  - 2) The athlete is to be monitored for signs and symptoms of concussion.
  - 3) If signs or symptoms of concussion do not exist, the athlete can be returned to the practice or game/competition.
    - a) This may require a significant amount of time out of the practice or game/competition
  - 4) If signs or symptoms of concussion do exist, the athlete is to be removed from the practice or game/competition.
  - 5) Parents or guardians are to be notified of the suspected concussion.
  - 6) The athlete is not to return to practice or game/competition until he or she is evaluated by a licensed health care provider who is trained in the management of concussions.
    - a) The “scope of practice” for licensed health care providers and medical professionals is defined by California state statutes. This scope of practice will limit the evaluation to a medical doctor (MD) or doctor of osteopathy (DO).  
– California Interscholastic Federation (CIF)
  - 7) The athlete is not permitted to return to the practice or game/competition until he or she receives written clearance to return to the practice or game/competition from that licensed healthcare provider

## 9. Signs and Symptoms

- a. Signs are indications of an injury or illness that can be observed by another person
  - 1) Appears dazed or confused
  - 2) Is confused about assignment or position
  - 3) Forgets an instruction
  - 4) Unsure of game, score, or opponent
  - 5) Moves clumsily
  - 6) Answers questions slowly
  - 7) Loses consciousness (even briefly)
  - 8) Shows mood, behavior, or personality changes
  - 9) Cannot recall events prior to or immediately after hit or fall

- b. Symptoms are indications of an injury or illness that are felt by the injured or ill person, but cannot be readily observed by another person
  - 1) Headache or “pressure” in head
  - 2) Nausea with or without vomiting
  - 3) Balance problems or dizziness
  - 4) Double or blurry vision
  - 5) Sensitivity to light or noise
  - 6) Feeling sluggish, hazy, foggy, or groggy
  - 7) Concentration or memory problems
  - 8) Confusion
  - 9) Just not “feeling right” or is “feeling down”

## 10. Forms

### a. Required Forms

- 1) A Concussion Information Sheet (SFA 5210, SFA 5210S)
- 2) Voluntary Sports/Athletic Event or Activity Informed Consent and Liability Release, Acknowledgement and Assumption of Potential Risk
- 3) Field Trip Authorization and Medical Treatment Authorization (SFA 2010, SFA 2010S)
- 4) Report of Personal Accident
  - a) Required to be completed each time a concussion is suspected
  - b) To be forwarded to the District Risk Management Department or Business Office
- 5) Written clearance is required from a health care provider, trained in the management of concussions, to return to activity from a suspected concussion, even when no concussion is diagnosed, as well as a diagnosed concussions.
  - a) See recommended forms Return to School after Concussion and Head Injury and Acute Concussion Evaluation (ACE)

### b. Recommended Forms

- 1) Concussion Checklists
  - a) Preseason (before the athlete’s initiating practice or competition)
  - b) Concussion and Head Injury Management
- 2) Baseline Testing, see Section 13,

- 3) Notice to Parent (SFA 5220, SFA 5220S)
- 4) Return to School after Concussion or Head Injury (SFA 5230)
- 5) Acute Concussion Evaluation (ACE)

## 11. Return to Activity

- a. Written clearance is required from a health care provider, trained in the management of concussions, to return to activity from a suspected concussion, even when no concussion is diagnosed.
- b. If a licensed health care provider determines that the athlete sustained a concussion or a head injury, written clearance is required from a health care provider for the athlete to return to activity.
  - 1) See Section 10, Recommended Forms: Return to School after Concussion and Head Injury
- c. The athlete is required to complete a graduated return-to-play protocol of no less than seven (7) days in duration under the supervision of a licensed health care provider. (California Education Code, section 49475)
- d. The athlete is allowed to return to games/competition only with written permission from a licensed health care provider who is trained in the management of concussions.
  - 1) See Section 10, Recommended Forms: Acute Concussion Evaluation (ACE)
- e. The Centers for Disease Control and Prevention recommends the following return-to-activity steps:

Note: These steps are to be supervised by the licensed health care provider as described in Section 8.

- 1) Aerobic conditioning
  - a) Walking, swimming, stationary cycling
  - b) Low to moderate intensity, no more than 30 minutes
  - c) If symptoms return, wait until symptom free for 24 hours, repeat step 1
  - d) No symptoms for 24 hours, move to step 2
- 2) Sport-specific drills, no contact
  - a) Running, jumping, swimming
  - b) Moderate intensity, no more than 60 minutes
  - c) If symptoms return, wait until symptom free for 24 hours, repeat step 1
  - d) No symptoms for 24 hours, move to step 3

- 3) Non-contact training drills
  - a) Running patterns, passing, resistance training
  - b) Moderate to hard intensity, no more than 90 minutes
  - c) If symptoms return, wait until symptom free for 24 hours, repeat step 2
  - d) No symptoms for 24 hours, move to step 4
- 4) Full contact practice
  - a) No intensity or duration restrictions
  - b) If symptoms return, wait until symptom free for 24 hours, repeat step 3
  - c) No symptoms for 24 hours, move to step 5
- 5) Return to games/competition
- f. Following these, or similar, steps can minimize the risk of second impact complications.

## 12. Return to Learn

- a. In most cases, a concussion will not significantly limit a student's participation in school;
- b. In some cases, a concussion can affect multiple aspects of a student's ability to participate, learn, and perform well in school.
- c. The experience of learning and engaging in academic activities that require concentration can actually cause a student's concussion symptoms to reappear or worsen.
- d. A health care professional, trained in the management of concussions, should offer guidance about when it is safe for a student to return to school and appropriate levels of cognitive activity.

## 13. Recommended Baseline Testing

- a. Baseline testing is a voluntary pre-season exam conducted by a trained health care professional. Baseline tests are used to assess an athlete's balance and brain function (including learning and memory skills, ability to pay attention or concentrate, and how quickly he or she thinks and solve problems), as well as for the presence of any concussion symptoms. Results from baseline tests (or pre-injury tests) can be used and compared to a similar exam conducted by a health care professional during the season if an athlete has a suspected concussion.
- b. Baseline testing should take place during the pre-season—ideally prior to the first practice. It is important to note that some baseline and concussion assessment tools are only suggested for use among athletes ages 10 years and older.



- 1) Acute Concussion Evaluation (ACE) Care Plan
  - a) A form used to evaluate athletes suspected of having a concussion, but can be used pre-concussion.
  - b) Recommended by the US Centers for Disease Control and Prevention (CDC)
- 2) Sport Concussion Assessment Tool 2 (SCAT2)
  - a) A form often used pre-concussion, but can be used to evaluate athletes suspected of having a concussion.
  - b) Recommended by North American Concussion Safety Programs
- 3) Neurocognitive tests are computer-based and designed to record the subtle higher cognitive functions of the brain. Tested functions include memory, processing speed, attention span, problem-solving skills, and verbal recognition.