

The South Carolina Independent School Association



Concussion Policy

Injury Prevention and Control

What is a concussion?

How do I recognize a possible concussion?

Know your concussion ABC's!

What can I do to prevent a concussion in sports?

What should I do if a concussion occurs?

Return to practice/return to play procedures.

Football Contact Rules

The South Carolina
Independent School Association

Concussion Policy

Injury Prevention and Control

School Requirements:

1. Each school shall have a written policy.

2. The policy shall address these areas:

A. Required education of coaching staff.

*SCISA requires that every coach (head coaches, assistant coaches, paid and volunteer coaches) take either the NFHS Concussion Course or completes the CDC's "Head's Up" Training every year prior to his/her first practice.

- The NFHS Course can be found at www.nfhslearn.com

- The CDC's Head's Up Training can be found at:
www.cdc.gov/concussion/HeadsUp/Training

B. Education/awareness of parents and players.

- Schools are required to provide concussion education/awareness to parents and student-athletes. The pre-season parents' meeting provides an appropriate opportunity to present parents and student-athletes with concussion awareness.

- The CDC's Head's Up Training and/or NFHS Course are both highly recommended.

C. Concussion prevention.

D. Player injury evaluation. *If in doubt, sit them out!*

E. Identification of "*appropriate medical personnel*".

F. Establish a Return to Practice/Play Protocol.

- SCISA Concussion Return to Play Form

G. Continual monitoring of athletes.

H. Reporting method.

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 that can change the way your 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.

Concussions can occur in *any* sport or recreation activity. So, all coaches, parents, and athletes need to learn concussion signs and symptoms and what to do if a concussion occurs.

How Can I Recognize a Possible Concussion?

To help recognize a concussion, you should watch for the following two things among your athletes:

- A forceful bump, blow, or jolt to the head or body that results in rapid movement of the head.

AND

- Any change in the athlete’s behavior, thinking, or physical functioning.

Athletes who experience *any* of the signs and symptoms listed below after a bump, blow, or jolt to the head or body should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says they are symptom-free and it’s OK to return to play.

Signs Observed by Coaching Staff

- 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
- Can’t recall events *prior* to hit or fall
- Can’t recall events *after* hit or fall

Signs Observed by Coaching Staff

- Headache 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”

Remember, you can’t see a concussion and some athletes may not experience and/or report symptoms until hours or days after the injury. Most people with a concussion will recover quickly and fully. But for some people, signs and symptoms of concussion can last for days, weeks, or longer



Know Your Concussion ABCs

A — Assess the situation

B — Be alert for signs and symptoms

C — Contact a health care professional

What Can I Do to Prevent Concussions?

As a coach or parent, you play a key role in preventing concussions and responding properly when they occur. Here are some steps you can take to help prevent concussions and ensure the best outcome for your athletes, the team, league or school.

Educate athletes and other parents or coaches about concussion. Before the first practice, talk to athletes and parents, and other coaches and school officials about the dangers of concussion and potential long-term consequences of concussion. Explain your concerns about concussion and your expectations of safe play. Show the videos and pass out the concussion fact sheets for athletes and for parents at the beginning of the season and again if a concussion occurs. Remind athletes to tell coaching staff right away if they suspect they have a concussion or that a teammate has a concussion.

Monitor the health of your athletes. Make sure to ask if an athlete has ever had a concussion and insist that your athletes are medically evaluated and are in good condition to participate. Some schools and leagues conduct preseason baseline testing (also known as neurocognitive tests) to assess brain function—learning and memory skills, ability to pay attention or concentrate, and how quickly someone can think and solve problems. These tests can be used again during the season if an athlete has a concussion to help identify the effects of the injury. Prior to the first practice, determine whether your school or league would consider conducting baseline testing.

During the Season: Practices and Games - *Insist that safety comes first!!!*

- Teach and practice safe playing techniques.
- Encourage athletes to follow the rules of play and to practice good sportsmanship at all times.
- Make sure athletes wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.

Teach athletes it's not smart to play with a concussion. Rest is key after a concussion. Sometimes athletes, parents, and other school or league officials wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your athlete convince you that they're "just fine."

Prevent long-term problems. If an athlete has a concussion, their brain needs time to heal. Don't let them return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says they are symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short time period (hours, days, weeks)—can slow recovery or increase the chances for long-term problems.

Work closely with league or school officials. Be sure that appropriate individuals are available for injury assessment and referrals for further medical care. Enlist health care professionals (including school nurses) to monitor any changes in the athlete's behavior that could indicate that they have a concussion. Ask athletes or parents to report concussions that occurred during any sport or recreation activity. This will help in monitoring injured athletes who participate in multiple sports throughout the year.

Postseason

Keep track of concussion. Coaches should work with other school or league officials to review injuries that occurred during the season. Discuss with others any needs for better concussion prevention or response preparations.

Review your concussion policy and action plan. Discuss any need for improvements in your concussion policy or action plan with appropriate health care professionals and school and league officials.

Appropriate Health-Care Professional



Athletic game officials are required by the NFHS Rules (The National Federation of High School Associations) to “immediately remove from the game, any player who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) and the player shall not return to play until cleared by an appropriate health-care professional”.

Contest Officials Role – to recognize the symptoms consistent with that of a concussion and remove the athlete from the contest until he/she has been diagnosed by an appropriate health-care professional. [Officials shall always rule on the side of caution with the health and safety of the athlete being his primary and foremost concern].

Appropriate Health-Care Professional: an individual(s) from the following professions who are designated as the persons to diagnose whether an athlete has or does not have a concussion:

MD - A medical doctor licensed to practice medicine in South Carolina

DO - A doctor of osteopathic medicine licensed to practice in South Carolina

PA - A physicians assistant licensed to practice in South Carolina

NP - A registered nurse practitioner licensed to practice in South Carolina

PM - A paramedic licensed to practice in South Carolina

AT - An athletic trainer certified nationally or by the State of South Carolina

These shall be the only persons who shall clear an athlete’s re-entry into a contest when the athlete has been removed from the contest due to signs or symptoms of a concussion (as described in the NFHS rules book for each sport). If none of these are present at the contest, the athlete shall not return to that contest or any subsequent contest until cleared by one of the above listed health-care professionals.



What Should I do If a Concussion Occurs?

If you suspect that an athlete has a concussion, implement your 4-step action plan:

1. Remove the athlete from play.

Look for signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head or body.

***** *When in doubt, keep the athlete out of play.***

2. Ensure that the athlete is evaluated by a health care professional experienced in evaluating for concussion.

Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods that they can use to assess the severity of concussions. As a coach, recording the following information can help health care professionals in assessing the athlete after the injury:

- Cause of the injury and force of the hit or blow to the head or body
- Any loss of consciousness (passed out/knocked out) and if so, for how long
- Any memory loss immediately following the injury
- Any seizures immediately following the injury
- Number of previous concussions (*if any*)

3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion.

Make sure they know that the athlete should be seen by a health care professional experienced in evaluating for concussion.

4. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says they are symptom-free and it's OK to return to play.

A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.



The South Carolina Independent School Association Concussion Return to Play Form

This form is adapted from the Acute Concussion Evaluation (ACE) care plan on the CDC website (www.cdc.gov/injury). All medical providers are encouraged to review this site if they have questions regarding the latest information on the evaluation and care of the scholastic athlete following a concussion injury. **Please initial any recommendations that you select.**

Student-Athlete's Name _____ School _____
Date of Birth _____ Date of Injury _____

This Return To Play Plan Is Based On Today's Evaluation

Date of Evaluation _____ Care Plan Completed By _____
Return to this office (Date/Time) _____ Return to School on (date) _____

Return To Sports



1. Athletes **should not** return to practice or play the same day that their head injury occurred.
2. Athletes **should never** return to play or practice if they still have **Any Symptoms**.
3. Athletes, be sure that your coach and/or athletic trainer are aware of your injury, symptoms, and has the contact information for the treating physician.

The following are the return to sports recommendations at the present time:

School: Physical Education Do **NOT** return to PE class at this time. May return to PE Class at this time.

Sports Participation

- Do Not** return to sports practice or competition at this time.
- May gradually return to sports practice under the supervision of the healthcare provider for your school or team.
- May be advanced back to competition after phone conversation with attending physician.
- Must return to Physician for final clearance to return to competition.
- CLEARED** for **FULL Participation** in all activities **without restriction**.
-

Medical Office Information (Please Print/Stamp)

Physician's Name _____ Physician's Office Phone _____
Physician's Signature _____ Office Address _____

Return to Play (RTP) Procedures After a Concussion

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). Once the above criteria are met, the athlete will be progressed back to full activity following the step-wise process. (This progression must be closely supervised by a Certified Athletic Trainer. If your school does not have an athletic trainer, then the coach must have a very specific plan to follow as directed by the athlete's physician). 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. Stepwise progression as described below:

- 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: Running in the gym or on the field. No helmet or other equipment.
- 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.

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.

Typical Return to Play/Practice Protocol

Stage	Functional Exercise	Objective
1. No Activity	Complete physical and cognitive rest	Recovery
2. Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity <70% maximum predicted heart rate. No resistance training	Increase heart rate
3. Sport-specific exercise	Running drills. No head impact activities	Add Movement
4. Non-contact training drills	Progression to more complex training drills, e.g. passing drills in football. May start progressive resistance training	Exercise, coordination, and cognitive load
5. Full contact practice	Following <u>written medical clearance</u> , participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6. Normal game play		

SCISA Football Practice Policy:

CONTACT

The purpose of these guidelines is to provide football coaches with guidelines to establish consistent methods designed to limit the chance for injury during structured practice sessions. SCISA is committed to advancing player safety to protect the health and well-being of every child. In addition to coaching education, a key element of player health and safety is the responsibility of all coaches to conduct organized practices and teach proper fundamentals in a safe environment.

The following practice restrictions are designed to enhance player safety. On practice fields across America, coaches are recognizing the importance of conducting smarter, safer practices by limiting the amount of full contact.

We remain committed to adopting the best evidence-based practices. We recognize that even with the latest research available, there is no clear consensus in this area. Accordingly, we will update these recommendations and guidelines in accordance with the evidence. Ideally, this emerging data will help us understand the potential for long-term adverse cognitive, emotional and/or neurological effects from concussions and/or other repeated head contact without associated symptoms. Based on what is known about concussions today, the guiding principles in developing these recommendations were to reasonably limit head contact and thus concussion risk (USA Football).

Pre-Season Contact Restrictions (July 30 - August 15)

1. Practices with Contact cannot be scheduled for more than four (4) days in a week.
2. Practices with contact cannot be scheduled in both sessions of a two-a-day practice day.
3. Practice sessions with contact is limited to no more than thirty (30) minutes in which contact activities take place. *Exception: football scrimmage.*
4. Total “contact” time is limited to no more than 120 minutes per week.

It is recognized that preseason practices may require more full-contact time than practices occurring in the regular season to allow for teaching fundamentals with sufficient repetition to prepare for the season. Coaches are encouraged to introduce contact through a progressive manner to ensure they are using proper technique before full-contact (Thud & Live Action) drills are allowed.

The following schedule shall in effect starting on August 17, 2015, Week 0.

1. Practices with Contact cannot be scheduled for more than two days in a week.
2. One Practice sessions with contact is limited to no more than forty-five (45) minutes in which contact activities take place. The second contact practice is limited to no more than thirty (30) minutes in which contact activities take place.
3. Total “contact” time is limited to no more than 75 minutes per week.

Penalty: these practice restrictions are a part of an comprehensive plan to minimize student injury. Failure to comply with these rules shall result in a \$500 Fine and at least a one game suspension for the Head Coach.

Levels of Contact

Levels of Contact focuses on varying intensity levels throughout practices to build player confidence, ensure their safety and prevent both physical and mental exhaustion.

Five intensity levels are used to introduce players to practice drills which position them to master the fundamentals and increase skill development.

CONTACT	INTENSITY	DESCRIPTION
Air	0	Players run a drill unopposed without contact.
Bags	1	Drill is run against a bag or another soft-contact surface.
Control	2	Drill is run at assigned speed until the moment of contact; one player is pre-determined the 'winner' by the coach. Contact remains above the waist and players stay on their feet.
Thud	3	Drill is run at assigned speed to competitive speed through the moment of contact; no pre-determined "winner." Contact remains above the waist, players stay on their feet and a quick whistle ends the drill.
Live Action	4	Drill is run in game-like conditions and is the only time that players are taken to the ground.

Full-contact consists of both "Thud" and "Live Action"

The first three levels of Contact "Air," "Bags," and "Control" are considered no- or controlled-contact, and thus no limitations are placed on their use in practice.

By definition, "Thud" involves initiation of contact at full speed with no pre-determined winner, but no take-down to the ground. Initial contact, particularly with linemen, is just as physical with "Thud" as with "Live Action."

"Live Action" likely carries a higher injury risk to the body than does "Thud."

References

1. Casa D, Guskiewicz K, Anderson S, Courson R, Heck J, Jimenez C, McDermott B, Miller M, Stearns R, Swartz E, Walsh K, "National Athletic Trainers' Association Position Statement: Preventing Sudden Death in Sports." Journal of Athletic Training; 96-118, 2012.
2. Broglio SP, Martini DN, Kasper L, Eckner JT, Kutcher JS. "Estimation of Head Impact Exposure in High School Football: Implications for regulating contact practices." Am J Sport Med 41 (12): 2877- 2884, 2013.
3. Martini DJ, Eckner JT, Kutcher JS, Broglio SP, "Sub concussive Head Impact Biomechanics: Comparing Differing Offensive Schemes." Med. Sci. Sport Exerc. 45 (4): 755-761, 2013.
4. National Federation of State High School Associations Recommendations and Guidelines for Minimizing Head Impact Exposure and Concussion Risk in Football <http://www.nfhs.org/media/1014079/2014-nfhs-recommendations-and-guidelines-for-minimizing-head-impact-final-october-2014.pdf>
5. USA Football.