

SCHOOL DISTRICT, ORGANIZATION, CLUB SAMPLE POSITION STATEMENT

CONCUSSIONS:

Prevention, Identification, Treatment and Management (Including Return to Play Guidelines)

The “ENTITY” understands that concussions are one of the most commonly reported injuries in children and adolescents who participate in sports and recreational activities. The CDC estimates that as many as three million nine hundred thousand sports and recreation related concussions occur in the United States each year. Continuing to play with a concussion or symptoms of a head injury leaves the young athlete especially vulnerable to greater injury, including death. The “ENTITY” supports a cautious and conservative approach to concussions and head injuries by promoting the Six R’s of Concussion Management:

The Six R’S of “School District” Concussion Management

1. **Reliable** education, training, and head injury information for coaches, players, and parent/guardians
2. **Recognition** that each youth athlete and head injury, is unique to that individual
3. **Required** IMPACT computerized neuropsychological testing for both Baseline and Post-Injury evaluations
4. **Removal** of symptomatic athletes from play
5. **Restriction** from play while symptomatic
6. **Return** to play on a graduated basis (following exertion) under the supervision of a health care professional. The medical professional must provide a written release for the athlete to return.

It is the Position of the “ENTITY” that:

The “ENTITY” shall ensure that all coaches (all sports) receive annual training to learn how to recognize the symptoms of a concussion and how to seek medical treatment for a person suspected of having a concussion. This will be completed under the direction of the District Athletic Director (School Districts), and must be completed prior to the beginning of the season for the “ENTITY” athletic team.

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The National Federation of State High School Associations (NFHS) provides concussion guidelines and educational resources to inform coaches, athletes, and parents/guardians of the nature and risk of concussion and head injury, including the risks of continuing to play after a concussion or head injury. The information supplied by the NFHS is considered to be the minimum acceptable standard of concussion training.

In conjunction with the annual Physical Examination Requirement, a Concussion and Head Injury Information sheet shall be signed and returned by the athlete and athlete's parent/guardian prior to the athlete initiating practice or competition.

Computerized preseason baseline neuropsychological testing for athletes in Contact/Collision Sports (football, soccer, wrestling, basketball, competitive spirit, rugby, lacrosse, ice hockey and field hockey) should be required on a bi-annual basis, primarily during the athlete's freshman and junior years. The AIA & "ENTITY" standard is the ImPACT Test. If not required, the "ENTITY" should provide information to athletes and their families about the importance and benefits of technology based neurocognitive testing.

- Computerized preseason baseline neuropsychological testing (ImPACT Test) is recommended for athletes in limited contact sports (Baseball, Softball, Volleyball) and must be made available (but not required) for all athletes in non-contact sports (bi-annual basis).
- The ImPACT test may be administered by athletic trainers, team physicians, private physicians, or through the AIA's designated Testing and Management Company (School Districts). All athletic trainers administering the ImPACT Test must be affiliated with a Physician that also utilizes the ImPACT Test, or test through the AIA designated Testing and Management Company. Post-injury ImPACT Testing must be conducted under the license of a Physician, or through the AIA's Testing Company.
- Coaches are required to hold a team parent/guardian meeting prior to the start of each sporting season to review Coaches' team rules along with Sports Concussion Guidelines in effect.
- An athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition immediately. A coach, athletic trainer, or sideline physician must remove an athlete from play if the athlete exhibits signs, symptoms, or behaviors consistent with a concussion following an observed or suspected blow to the head or body.

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When In Doubt, Sit Them Out

An athlete who has been removed from play may not return to play (RTP) until the athlete is evaluated by a licensed healthcare professional (Physician, Neurologist, Emergency Room Physician, Team Physician, or an Athletic Trainer (ATC) and a Team Physician) trained in the evaluation and management of concussions and receives written clearance to return to play from that healthcare professional. The healthcare professional may be a volunteer. The written clearance must be retained by the “ENTITY’S” Athletic Director or Program Manager. It is recommended (but not required) that the healthcare professional conduct Post-Injury ImPACT testing, as ImPACT (neuropsychological testing) is part of the evaluation process used by many of those professionals that are experts in the field of concussions.

Use of School District Facilities

The “School District” requires that organizations representing youth athletes ages 11 and older be required to demonstrate their compliance with “School District” Concussion Guidelines prior to the contracting of school district facilities for youth sports and recreational purposes. This includes demonstrating a written Concussion Education Program that includes training methods, computerized neuropsychological testing approach, and physician support for the organization. The “School Districts” may refer validation and clearance of such organizations to the AIA designated Testing and Management Company.