

Blacksnake Youth Soccer Association Volunteer and Coaching Concussion Management Policy

The recognition and treatment of athletes who have suffered a concussion has become a national priority. As a result of an increasing number of studies revealing concussions, if not properly treated, can result in permanent physical and cognitive deficits, including learning disabilities. The data also suggest concussions can lead to the development of dementia and other long-term issues earlier than expected. These risks led the State of Idaho to enact law (of Section 33-1625 of Idaho Code) for all school districts develop policies related to sports concussion consistent with the current recommendations of the U.S. Centers for Disease Control and Prevention. Additional recommendations for these policies come from the National Federation of High Schools (NFHS) and the Idaho High School Activities Association (IHSAA), among others. Recovery from a concussion requires limitation of physical activity, especially sports activity such as practice, drills, games, and physical education classes. In significantly symptomatic athletes, mental activity should also be limited cognitively to allow the brain time to heal. These activities may include limiting assignments, quizzes and tests, allowing greater time to complete such academic tasks, and encouraging frequent breaks from cognitive stressors. In severe cases, additional accommodations may need to be made through an Individualized Education Plan (IEP) in consultation with medical professionals.

To better manage instances of concussion in our sports program, the Blacksnake Youth Soccer Association (BYSA) requires the following Concussion Action Plan (CAP):

1. All coaches must complete BYSA's current concussion management training. This training will include up-to-date information on the identification of concussion, the signs and symptoms associated with the injury, the risks involved with allowing athletes to continue to play while symptomatic, methods of concussion assessment, and the importance of gradual return to play practices.
2. Information about sports-related concussions will be provided to parents annually by our website and printed brochure.
3. If, during a practice or game, an athlete sustains a concussion or exhibits the signs, symptoms or behaviors of the injury, that athlete must be immediately removed from all athletic activity.
4. The **coach is responsible** to provide BYSA's **Athlete Concussion Medical Referral Form (ACMRF)** to the athlete's parent/guardian immediately following practice or game.
5. The **coach is responsible** to notify BYSA (blackfootsoccer@gmail.com) via email they have provided the **ACMRF** to the athlete's parent/guardian. Include the **player's name and date** this was provided to the parents/guardians of the athlete.
6. The **athlete may not return to any practice or game activity until he/she is evaluated** by a licensed health care professional trained in the evaluation and management of concussion (i.e., physician, physician assistant, nurse practitioner, or athletic trainer).
7. The athlete and his/her parent/guardian must provide **written medical clearance via the ACMRF** from that licensed health care provider **prior to** the athlete being allowed to resume physical activity.
8. Once the athlete receives written medical clearance to return to physical activity, coaches will adhere to recommended clearance to play by a qualified licensed health care professional.
9. The **coach is responsible** to notify BYSA (blackfootsoccer@gmail.com) via email when the player was cleared to play and if any restrictions were recommended by the qualified licensed health care professional.

BYSA's Concussion Management Policy was modeled from the information provided by the Idaho State University Center for Sports Concussion, "[Idaho Concussion Management Implementation Guide for School & Sport Administration](#)", 2012.

Blacksnake Youth Soccer Association ATHLETE CONCUSSION MEDICAL REFERRAL FORM

Athlete's Name: _____ Date of Suspected Concussion: _____

Location of Suspected Concussion: _____ Activity: Soccer-related

Referred By (coach, director, other): _____

Brief description of how injury occurred (attach copy of Sport Concussion Assessment Tool 2 (SCAT2), if completed by onsite medical professional):

Signs/Symptoms Observed or Experienced by Athlete After Injury Occurred (check all that apply):

- Appeared Dazed, Stunned, or Disoriented
- Forgot Plays or Demonstrates Short-Term Memory Difficulties (e.g. is unsure of the game, score, or opponent)

- Exhibited Difficulties with Balance or Coordination
- Answered Questions Slowly or Inaccurately

- Lost Consciousness: How long?: _____

- Demonstrated Behavior or Personality Changes/Overly Emotional
- Was Unable to Recall Events Prior To or After the Hit
- Had Headache

- Was Nauseous or Vomiting
- Complained of Blurry Vision
- Had Difficulty Remembering
- Complained of Being Sensitive to Bright Lights/Loud Noises

Section below to be completed by a qualified health care professional

In accordance with Idaho House Bill #632 (Youth Sports Concussion Bill), Blacksnake Youth Soccer Association has a strict concussion management policy. If during any practice or game situation, an athlete sustains a concussion or exhibits the signs, symptoms or behaviors consistent with the injury; he/she must be immediately removed from all athletic participation. That athlete may only return to physical activity if/when he/she is evaluated by a licensed health care provider trained in the evaluation and management of sports concussion and receives a written clearance to return to play. The written clearance (Athlete Concussion Medical Referral Form) must be returned to coach and/or League.

By signing this form, I acknowledge that I have thoroughly evaluated this athlete for concussion and have decided that the athlete is symptom free and it is safe for him/her to return to physical activity:

- Cleared to Return to Play – NO RESTRICTIONS
- Cleared to Return to Play - WITH THE FOLLOWING RESTRICTIONS: _____
- Cleared to Return to Play – Begin 5-Day Gradual Return to Play Protocol
 - Day 1- No Activity
 - Day 2- Light Aerobic Exercises
 - Day 3- Sport Specific Exercises
 - Day 4- Non-Contact Training Drills
 - Day 5- Full-Contact Practice or Game

Signed: _____ Date: _____

Physician/Physician Assistant/Nurse Practitioner/Certified Athletic Trainer/Sport-Certified Physical Therapist

Print Name: _____