

Owasso Youth Football Related Concussion Procedure

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.

Owasso Youth Football has established 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 policy as it pertains to return to play issues following a concussion.

Owasso Youth Football 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, referred appropriately and are fully recovered prior to returning to activity.

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 signs, symptoms, or 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.

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Management and Referral Guidelines

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

1. Any athlete with a witnessed loss of consciousness (LOC) of any duration should be spine boarded and transported immediately to nearest emergency facility via emergency vehicle.
2. 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 facility via emergency vehicle.
3. An athlete who exhibits any of the following symptoms should be transported immediately to the nearest emergency facility 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
4. 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

- All coaches should become familiar with the signs and symptoms of concussion that are described above.
- Annual training will occur for coaches.

Remove from activity

Any athlete who exhibits signs, symptoms, or 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

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.
 - 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):
 - a. 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.
 - b. The coach should continue efforts to reach a parent.

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3. 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 Facility for evaluation. A coach should accompany the athlete and remain with the athlete until a parent arrives.

Return to Play (RTP) Procedures after 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:

- 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).
- 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.

Practice Risk Mitigation Guidelines for Coaches

Below are the guidelines all football coaches need to follow to reduce the potential of coaches to our players.

1. No full speed head-on blocking or tackling drills in which the players line up more than 3 yards apart are permitted. (Having two linemen in stances immediately across the line of scrimmage from each other and having full-speed drills where the players approach each other at an angle, but not straight ahead in to each other are both permitted.) However, there should be no intentional head-to-head contact!
2. The amount of contact at each practice will be reduced to a maximum of 1/3 of practice time (either total of each practice or 1/3 of total weekly practice time). In this context, "contact" means any drill or scrimmage in which drills; down line vs. down line full-speed drills; and scrimmages.

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