

Concussion Procedure and Protocol For Clayton County Athletics Events

Concussion: a traumatic brain injury that interferes with normal brain function. Medically, a concussion is a complex, physiological event to the brain that is induced by trauma which may or may not involve a loss of consciousness (LOC). Concussion results in a constellation of physical, cognitive, emotional, and sleep-related symptoms. Signs or symptoms may last from several minutes to days, weeks, months or even longer in some cases.

Concussion signs, Symptoms, and Management at Training and Competitions

Step 1:

Did a concussion occur?

Evaluate the player and note if any of the following signs and/or symptoms are present:

- (1) Dazed look or confusion about what happened.
- (2) Memory difficulties.
- (3) Neck pain, headaches, nausea, vomiting, double vision, blurriness, ringing noise or sensitive to sounds.
- (4) Short attention span. Can't keep focused.
- (5) Slow reaction time, slurred speech, bodily movements are lagging, fatigue, slowly answers questions or has difficulty answering questions.
- (6) Abnormal physical and/or mental behavior.
- (7) Coordination skills are behind, ex: balancing, dizziness, clumsiness, reaction time.

Step 2:

Is immediate emergency treatment needed?

This would include the following scenarios:

- (1) Spine or neck injury or pain.
- (2) Behavior patterns change, unable to recognize people/places, less responsive than usual.
- (3) Loss of consciousness.
- (4) Headaches that worsen
- (5) Seizures
- (6) Very drowsy, can't be awakened
- (7) Repeated vomiting
- (8) Increasing confusion or irritability
- (9) Weakness, numbness in arms and legs

Step 3:

If a possible concussion occurred, but no immediate emergency treatment is needed, what should be done now?

Focus on these areas every 5-10 min for the next 1-2 hours, without returning to any activities:

- (1) Balance, movement.
- (2) Speech.
- (3) Memory, instructions, and responses.
- (4) Attention on topics, details, confusion, ability to concentrate.
- (5) State of consciousness
- (6) Mood, behavior, and personality
- (7) Headache or "pressure" in head
- (8) Nausea or vomiting
- (9) Sensitivity to light and noise

Players shall not re-enter competition, training, or partake in any activities for at least 24 hours. Even if there are no signs or symptoms after 15-20 min, activity should not be taken by the player.

Step 4:

If there is a possibility of a concussion, do the following:

- (1) The Concussion notification form is to be filled out in duplicate and signed by a team official of the player's team
- (2) Have the parent/legal guardian sign and date the form, and give the parent/legal guardian one of the copies of the completed form. If the parent/guardian is not present, then the team official is responsible for notifying the parent/legal guardian ASAP by phone or email and then submitting the form to the parent/ legal guardian by email or mail. When the parent /legal guardian is not present, the team official must make a record of how and when the parent/ legal guardian was notified. The notification will include a request for the parent/legal guardian to provide confirmation and completion of the Concussion Notification Form whether in writing or electronically.

Step 5:

A player diagnosed with a possible concussion may return to Clayton County Athletics play only after their parent or legal guardian provides a signed authorization to the Athletic Coordinator.

Notification of Possible Concussion For Clayton County Athletics

(The Athletic Coordinator will complete this form in duplicate, keeping one signed copy)

Today, _____ [month & day], 2_____ [year], during practice / game [circle which] held at

_____ [insert field/venue],

_____ [insert player's name] received a possible concussion.

We want to formally advise you of this possibility, and also remind you of the signs and symptoms that may arise from such an injury which might require further evaluation and/or treatment by a medical professional.

It is common for a concussed player to have one or many concussion symptoms. There are four types of symptoms: physical, cognitive, emotional, and sleep.

If your daughter or son starts to show signs of these symptoms, or there any other symptoms you notice about the behavior or conduct of your son or daughter, you should consider seeking immediate medical attention.

These symptoms might include, among other signs, the following:

- | | | |
|-----------------------------|-----------------------------|---------------------------------|
| -Memory difficulties | -Less responsive than usual | -Neck pain |
| -Delicate to light or noise | -Headaches that worsen | -Odd behavior |
| -Repeats the same answer | -Vomiting | -Slurred speech |
| -Focus issues | -Irregular sleep | -Slowed reactions |
| -Seizures Patterns | -Irritability | -Weakness/numbness in arms/legs |

Please take the necessary precautions and seriously consider seeking a professional medical opinion should your child exhibit any of the above symptoms. Clayton County Athletics strongly encourages that your medical professional also clears your child for return to any sport activities before you allow your daughter or son to participate further. Until you, as parent or legal guardian, authorize your child to return to play (preferably after seeking a professional medical opinion), please consider the following guidelines for your child:

- Refrain from participation in any activities the day of, and the day after, the occurrence.
- Refrain from taking any medicine unless (1) current medicine, prescribed or authorized, is permitted to be continued to be taken, and (2) any other medicine is prescribed by a licensed health care professional.
- Refrain from cognitive activities requiring concentration such as TV, video games, computer work, and text messaging if they are causing symptoms.

If you are unclear and have questions about the above symptoms, please immediately contact a medical doctor for evaluation and/or clarification on your child's condition.

Your child will not be permitted to return to play in any Clayton County Athletics affiliated activity until you sign and return the "**RETURN TO PLAY**" **AUTHORIZATION** form.

(Signature of Affiliate Coach/Representative)

(Signature of Parent or Legal Guardian)

Clayton County Athletics “Return to Play” Authorization Form

(To be signed by the player’s parent or legal guardian and returned to the home park)

By inserting my name and date below, and returning this “Return to Play” Form to my local Clayton County Athletics park, I acknowledge that I have read the information contained in the original notification form. I also acknowledge that I am the player’s parent or legal guardian and that I have been advised by Clayton County Athletics of common Concussion symptoms, including the importance in seeking professional medical guidance before authorizing my child’s return to play any sports within any Clayton County Athletics sanctioned activity.

Please be advised that a player formally identified as suffering a possible concussion injury may not return to play until the player’s parent or legal guardian confirms that they believe it safe for their child to do so. Parents/Guardians are strongly encouraged to consider seeking a professional medical opinion of their child’s fitness to resume playing before returning this signed authorization to the local Clayton County Athletics park.

Player Name: _____ Gender: _____

Player’s Team: _____

Player’s Home Park: _____

Age Division: _____

Parent/Legal Guardian Signature: _____ Date: _____

Head Coach Signature: _____ Date: _____

If the injured participant was seen by a health care professional, please submit documentation of that visit with this form.

The participant’s Athletic Coordinator is required to maintain a copy of this record for future reference.