



CONCUSSION AND RETURN TO PLAY PROTOCOLS
RCI SPORTS MANAGEMENT SOLUTIONS (RCI)

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WHAT IS CONCUSSION:

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells.

https://www.cdc.gov/headsup/basics/concussion_what.html

CONCUSSION SIGNS AND SYMPTOMS:

Children and teens who show or report one or more of the signs and symptoms listed below, or simply say they just “don’t feel right” after a bump, blow, or jolt to the head or body, may have a concussion or more serious brain injury.

Concussion Signs Observed	Concussion Symptoms Reported
<ul style="list-style-type: none">• Can’t recall events prior to or after a hit or fall• Appears dazed or stunned• Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent• Moves clumsily• Answers questions slowly• Loses consciousness (even briefly)• Shows mood, behavior, or personality changes	<ul style="list-style-type: none">• Headache or “pressure” in head• Nausea or vomiting• Balance problems or dizziness, or double or blurry vision• Bothered by light or noise• Feeling sluggish, hazy, foggy, or groggy• Confusion, or concentration or memory problems• Just not “feeling right,” or “feeling down”

Signs and symptoms may not show up straight away and you should continue to check for signs of concussion right after the injury and a few days after the injury.

For further education and training RCI encourages all person’s to visit the CDC Heads Up website.

<https://www.cdc.gov/headsup/index.html>

If there is any thought that a concussion is possible, all persons should seek medical attention before returning to play.

CONCUSSION POLICY:

- 1) Information concerning the nature, risk and symptoms of concussion and head injury, should be reviewed by all tournament directors, on-site staff, coaches, youth athletes and their parent or guardian. The Center of Disease and Control has concussion information available at <https://www.cdc.gov/headsup/index.html>
- 2) All information is to be included with all communications to tournament directors, coaches, youth athletes and their parents and guardians and training and education is to be encouraged.
- 3) The tournament director is required to have a recognized first aid certified person on-site during their events who is trained in recognizing the signs and symptoms of concussion.
- 4) Any youth athlete who shows signs, symptoms and behavior consistent with a concussion shall immediately be removed from the activity or competition for evaluation by a licensed medical doctor, or other physician with concussion training.
- 5) No youth athlete who has been removed from play due to suspected concussion shall return to practice or competition until the youth athlete is evaluated by a health care provider and receives written clearance from the health care provider for a full or graduated return to play.
 - a. The attached Concussion Return to Play Form should be used in practices and games. The form was adapted from the Acute Concussion Evaluation care plan on the CDC website (see appendix 1)
- 6) All documentation associated with the concussion should be maintained by the organization for a minimum of three years.

CONCUSSION PROTOCOL FOR REGISTERED OFFICIALS DURING CONTESTS:

- 1) Determine prior to the start of the contest whether the tournament director has access to a designated health care professional during the contest.
- 2) Continue to monitor players for possible signs of injury as usual.
- 3) Remove any player that shows signs, symptoms or behaviors consistent with a concussion per CDC Heads Up.
- 4) Inform the head coach that the player is being removed for showing signs, symptoms of behavior consistent with a concussion.
- 5) The designated health care professional shall examine the player. If the designated health care professional determines that the athlete has not sustained a concussion, the head coach may so advise the officials and the athlete may re-enter competition pursuant to contest rules.
- 6) If there is no health care professional on-site to examine the athlete and there is suspected concussion the only means for an athlete to return to practice or play is to complete an evaluation by a licensed medical doctor or other physician with concussion training.
- 7) The return to play form must be filled out and signed prior to the athletes return to competition.
- 8) Officials have no role in the diagnosis of a concussion but should remove players from the contest when signs, symptoms or behaviors consistent with a concussion are observed and the above written protocol must be followed.

SUGGESTED CONCUSSION MANAGEMENT:

A concussion is a traumatic brain injury that interferes with normal brain function. An athlete does not have to lose consciousness (be “knocked out”) to have suffered a concussion.

- 1) No athlete should return to play or practice on the same day of a concussion.
- 2) Any athlete suspected of having a concussion should be evaluated by an appropriate health-care professional that day.
- 3) Any athlete with a concussion should be medically evaluated and cleared by an appropriate health-care provider prior to resuming participation in any practice or competition.

APPENDIX 1 – CONCUSSION RETURN TO PLAY FORM:

Athletes Details

Athletes Name:	Date of birth:
Date of Injury:	Location:

This return to play plan is based on today's evaluation

Care plan completed by:
Date of evaluation:

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 health care provider.

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

	Do not return to sports practice or competition at this time.
	May gradually return to sports practices under the supervision of the health care professional for your team
	May be advanced back to competition after phone conversation with treating health care provider
	Must return to the treating health care provider for final clearance to return to competition
	Cleared for full participation in all activities without restriction

Treating Health Care Provider Information (Please print/stamp)

Providers Name:	Providers Office Phone:
Providers Signature:	Officer Address:

Gradual Return to Play Plan

Pay careful attention to your symptoms and your thinking and concentration skills at each stage or activity. After completion of each step without recurrence of symptoms, you can move to the next level of activity the next day. Move to the next level of activity only if you do not experience any symptoms at the present level. If your symptoms return, let your health care provider know, return to the first level and restart the program gradually.

Day 1: Low levels of physical activity (i.e. symptoms do not come back during or after the activity). This includes walking, light jogging, light stationary biking and light weightlifting (low weight – moderate reps, no bench, no squats).

Day 2: Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate intensity on the stationary cycle, moderate intensity weightlifting (reduce time and or reduced weight from your typical routine).

Day 3: Heavy non-contact physical activity. This includes sprinting/running, high intensity stationary cycling, completing the regular lifting routine, non-contact sport specific drills (agility – with 3 planes of movement.)

Day 4: Sports specific practice.

Day 5: Full contact in a controlled drill or practice.

Day 6: Return to competition