Concussion Management Plan

For:

Franklin Little League

League ID #1490611

Franklin WI

Date: 4/01/13

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Franklin Little League Concussion Management Plan
Draft#1 (4/1/13)

1. Overview

1.1. In response to the growing concern over concussion in athletics there is a need to develop and utilize a "Concussion Management Plan". While regional limitations in the availability of specifically trained Manager and coaches and medical personnel are acknowledged, the following
document serves as a standard for concussion management.

1.2. The following components will be outlined as part of a comprehensive concussion management plan:

1.2.1. Concussion Overview (section 2)

1.2.2. Concussion Education for Student-Athletes and Parent(s)/Guardian(s)(section 3)

1.2.3. Concussion Education for Coaches (section 4)

1.2.4. Pre-season concussion assessment (section 5)

1.2.5. Concussion action plan (section 6)

1.2.6. Appendix A: Statement Acknowledging Receipt of Concussion Education

1.2.7. Appendix B: Post Concussion Instructions

1.2.9.Appendix D: Return to Play Protocol

2. What is a Concussion?

2.1. Concussion, or mild traumatic brain injury (mTBI), in accordance with the 3rd International Conference on Concussion in Sport (2008), is defined as a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces. Common elements include but are not limited to:

Confusion	Disequilibrium	Post-traumatic Amnesia (PTA)
Feeling 'in a fog', 'zoned out'	Retrograde Amnesia (RGA)	Vacant stare (Glassy eyed)
Disorientation	Emotional lability	Delayed verbal and motor responses
Dizziness	Inability to focus	Slurred/incoherent speech
Headache	Excessive Drowsiness	Nausea/Vomiting
Loss of consciousness (LOC)		
Visual Disturbances including light sensitivity, blurry vision, or double vision		

3. Concussion Education for Athletes and Parent(s)/Guardian(s)

3.1. At the beginning of individual sport seasons, athletes shall be presented with a discussion about concussions.

3.1.1. This information will be presented during annual safety clinics to managers and coaches. Additional, local medical resources may also participate as needed.

3.1.2 This information will be presented to athletes and their parents/guardians by the team manager.

3.2. At the beginning of individual sport seasons, parent/guardian(s) shall be presented with a link to the CDC's "Heads Up: Concussion in High School Sports – A Fact sheet for parents"

3.3. These materials are available free of charge from the CDC. To order or download go to the CDC concussion webpage or use the following link: http://www.cdc.gov/concussion

3.4. All athletes and their parents/guardians will sign a statement in which the athlete accepts the responsibility for reporting their injuries and illnesses to the coaching staff, parents, or other health care personnel including signs and symptoms of concussion. This statement will also acknowledge having received the link to the above-mentioned educational handouts. **See Appendix A**

3.5. All athletes shall be **required** to participate in the above education prior to their participation in any Franklin Little League games.

4. Concussion Education for Coaches

4.1. It is required that each year that Franklin Little League managers and coaches shall review the concussion management plan and be informed of the link to the CDC's "Heads Up: Concussion in High School Sports – A Guide for Coaches" http://www.cdc.gov/concussion

5. Pre-season concussion assessment

5.1. Optimally a concussion history should be included as part of all of a athlete's pre-participation physical health examinations with their health care professional. Pre-participation exams are not required and should be determined by the athletes parents/guardians.

6. Concussion Action Plan

6.1. When a athlete shows any signs, symptoms or behaviors consistent with a concussion, the athlete shall be removed immediately from practice or competition and evaluated by a health care professional with specific training in the evaluation and management of concussion.

6.1.1. Coaches are encouraged to utilize a pocket guide on the field to assist them in recognizing a possible concussion. An example pocket guide is available as part of the CDC toolkit "Heads Up: Concussion in High School Sports" available at http://www.cdc.gov/concussion

6.2. Where possible, the athlete shall be evaluated on the sideline by the Licensed Athletic Trainer or other appropriate health care professional.

6.3. A athlete displaying any sign or symptom consistent with a concussion shall be withheld from the competition or practice and shall not return to activity until receiving clearance from a licensed physician (MD or DO). The athlete's parent/guardian(s) shall be immediately notified of the situation.

6.4. In accordance with Franklin Little League concussion plan, immediate referral to Emergency Medical Services should be provided for any of the following "Red Flag Signs or Symptoms".

6.4.1. Loss of Consciousness

6.4.2. Seizure like activity

6.4.3. Slurring of speech

6.4.4. Paralysis of limb(s)
6.4.5. Unequal pupils or dilated and non-reactive pupils

6.4.6. At any point where the severity of the injury exceeds the comfort level of the on-site medical personnel

6.7. For the purposes of this document, a health care professional is defined as one who is trained in management of concussion and who is:

6.7.1. A licensed physician (M.D./D.O.)

6.7.2. Advanced nurse practitioner

6.7.3. Neuropsychologist

6.7.4. Physician assistant (PA) working under the direction of a physician (M.D./D.O.).

6.7.5. Licensed athletic trainer working under the direction of a physician (M.D./D.O.).

6.8. Subsequent management of the athlete's concussion shall be at the discretion of the treating health care professional, and may include the following:

6.8.1. When possible, repeat neurocognitive testing with comparison to baseline test results.

6.8.2. Medication management of symptoms, where appropriate

6.8.4. Direction of return to play protocol, to be coordinated with the assistance parent/guardian and their health care professional.

6.8.7. Final authority for Return-to-Play shall reside with the attending health care professional (see 6.7), or their designee. Prior to returning to competition, the concussed student athlete must have a return-to-play clearance form signed by a licensed Physician (MD or DO).

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APPENDIX A: Statement Acknowledging Receipt of Education and Responsibility to report signs or symptoms of concussion to be included as part of the "Participant and Parental Disclosure and Consent Document".

I, _____, of Franklin Little League

Athlete Name

hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion. I also acknowledge my responsibility to report to my coaches, parent(s)/guardian(s) any signs or symptoms of a concussion.

_____ _____

signature and printed name of /athlete *Date*

I, the parent/guardian of the student athlete named above, hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion.

_____ _____

signature and printed name of parent/guardian *Date*

Further information on concussions can be attained at the following link:

CDC's "Heads Up: Concussion in High School Sports – A Guide for Coaches"
http://www.cdc.gov/concussion

Your Little League Sports Concussion Management Plan

APPENDIX B: Immediate Post Concussion Instructions

The following instructions are to be given to each athlete and their parent/guardian after sustaining a concussion, as identified in section 6.4 of the Your Name Concussion Management Plan

Head Injury Precautions

During the first 24 hours:

1. Diet – drink only clear liquids for the first 8-12 hours and eat reduced amounts of foods thereafter for the remainder of the first 24 hours.

2. Pain Medication – do not take any pain medication unless specifically directed and prescribed by a physician.

3. Activity – activity should be limited for the first 24 hours, this would involve no school, video games, extracurricular or physical activities or work when applicable.

4. Observation – several times during the first 24 hours:
   a. Check to see that the pupils are equal. Both pupils may be large or small, but the right should be the same size as the left.
   b. Check the athlete to be sure that he/she is easily aroused; that is, responds to shaking or being spoken to, and when awakened, reacts normally.
   c. Check for and be aware of any significant changes. (See #5 below)

5. Conditions may change significantly within the next 24 hours. Immediately obtain emergency care for any of the following signs or symptoms:

   a. Persistent or projectile vomiting
   b. Unequal pupil size (see 4a above)
   c. Difficulty in being aroused
   d. Clear or bloody drainage from the ear or nose
   e. Continuing or worsening headache
   f. Seizures
   g. Slurred speech
   h. Inability to recognize people or places – increasing confusion
   i. Weakness or numbness in the arms or legs
   j. Unusual behavior change – increasing irritability
   k. Loss of consciousness

6. Improvement

   The best indication that an athlete who has suffered a significant head injury is progressing satisfactorily is that he/she is alert and behaving normally.

APPENDIX D: Return to Play Protocol, to be included in "Return to Play Clearance Form".

- Recovery from concussion and progression through the Return-to-Play stages is individualized and determined on a case-by-case basis. Many factors influence the rate of progression and include previous concussion history, duration and types of symptoms, age and sport/activity that the athlete participates in. Athletes with history of prior concussion, extended duration of symptoms, or participation in collision or contact sports may progress more slowly.
- The following table is adapted from the 3rd International Conference on Concussion in Sport and provides the framework for the return to play protocol.
- It is expected that student-athletes will start in stage 1 and remain in stage 1 until symptom free.
- The athlete may, under the direction of the health care professional and the guidance of the licensed athletic trainer, progress to the next stage only when the assessment battery has normalized (including symptom assessment and cognitive assessment with computerized or other appropriate neurocognitive tool).
- It is anticipated that at least 24 hours will be required, at a minimum, of being asymptomatic with each stage before progressing to the next stage.
- Utilizing this framework, in a **best case scenario**, a patient sustaining a concussion and being asymptomatic by the next day will start in Rehabilitation Stage 1 at post injury day 1 and progress through to stage 6, 'Return to Play' by post injury day 6.
- There may be circumstances, based on an individual's concussion severity, where the return to play protocol may take longer. Under all circumstances the progression through this protocol shall be overseen by the managing health care professional and licensed athletic trainer.
- Each student-athlete with a concussion shall be personally evaluated by a health care professional at least one time during this process.
- When the athlete has successfully passed through stage 5 (Full Contact Practice) and has previously been evaluated by a physician, verbal clearance to return to play may be obtained by the licensed athletic trainer or designated school personnel. Otherwise, a visit with a physician is required before such clearance to return to play will be granted.
- A completed "Return to Play Clearance Form" indicating the student is medically released to return to full competition shall be provided to school officials prior to a student's being allowed to resume competition after suffering a concussion.

Stage	Functional Exercise or Activity	Objective	Recommended Tests Administered before advancing to next stage
1. No structured physical or cognitive activity	Only Basic Activities of Daily Living (ADLs). When indicated, complete cognitive rest followed by gradual reintroduction of schoolwork.	Rest and recovery, avoidance of overexertion	Initial Post-injury test battery: - Symptom checklist - Computer based Neuropsychological Testing
2. Light Aerobic Physical Activity	Non-impact aerobic activity (e.g. swimming, stationary biking) at < 70%estimated maximum heart rate for up to 30 minutes as symptoms allow	Increase heart rate, maintain condition, assess tolerance of activity	- Symptom checklist
3. Moderate aerobic physical activity and Non-contact training drills at half speed	Non-contact sport specific drills atreduced speed; Aerobic activity at 70-85% estimated maximum heart rate;light resistance training (e.g. weights at<50% previous max ability)	Begin assimilation into team dynamics, introduce more motion and non-impact jarring activities	-Symptom checklist
4. Non-contact training drills at full speed	Regular Non-contact training drills; aerobic activity at maximum capacity including sprints; regular weight lifting routine	Ensure tolerance of all regular activities short of physical contact.	- Symptom checklist -Computer based Neuropsychological Testing
5. Full Contact Practice	Full Contact Practice	Assess functional skills by coaching staff, ensure tolerance of contact activities	- Symptom checklist
6. Return to Play	Regular game competition		

Appropriate health-care professional:

• An appropriate health-care professional is one who is trained in the management of concussion and who is:

- A licensed physician (M.D./D.O.)
- Advanced nurse practitioner
- Neuropsychologist
- Physician assistant (PA) working under the direction of a physician (M.D./D.O.)
- Licensed athletic trainer working under the direction of a physician (M.D./D.O.)