

Arundel Soccer Association Concussion Management Policy

Approved and Adopted by the Board of Directors: April 2015

This Policy adopted by the Arundel Soccer Association (ASA) Board of Directors will serve as the standard operating procedure and policy for managing and monitoring concussion injuries for all ASA players. The following policy will be adopted by all members within ASA. All members will be subject to the rules and guidelines outlined in this policy.

This policy was developed based on the Maryland Youth Concussion Legislation, HB 858 and SB 771, approved on May 19, 2011, which requires that the department of education develop policies and to implement programs to provide awareness of the risks of concussions/head injuries to coaches, school personnel, students, and parents/guardians; requires the removal from play of a student suspected of sustaining a concussion or other head injury in a practice or game; and requires that the student may not return to play until evaluated and cleared by a licensed health care provider trained in the evaluation and management of concussions.

A concussion is a brain injury that is caused by a blow or force to the head or body that is followed by a change in behavior or performance. A concussion can range from mild to very severe and manifests itself differently in each individual.

Education about Concussions

ASA is dedicated to educating its members on how to recognize signs and symptoms of concussions, along with providing a protocol to follow when dealing with this injury. ASA will host at-least one concussion seminar a year for coaches/parents where they can attend to learn more about concussions. ASA will provide members with up to date information about the concussion protocol, signs and symptoms, and recovery via the ASA webpage.

All teams (either coach, team manager or both) will complete the CDC's online concussion training. Each team will be required to have at least one team official with a concussion certification. A link to the online training can be found in the Additional Resources section of this policy.

All coaches must address this policy with parents at least once a year. Coaches will provide hand-outs as necessary and will provide the link to the CDC educational course for parents which can be found in the Additional Resources section of this policy.

Parents and players will be required to sign and submit to team officials the Anne Arundel County Parks and Rec's Concussion Form. The link to the Anne Arundel County Parks and Rec's Concussion Form can be found in the Additional Resources section of this policy.

Signs and Symptoms of Concussions

Signs and Symptoms of Concussions may include, but are not limited to the following:

- Headache or pressure in the head

- Dizziness
- Nausea/Vomiting
- Ringing in Ears
- Disorientation/Confusion
- Balance Problems
- Difficulty Concentrating/ Remembering
- Personality Changes
- Vision Changes
- Amnesia
- Sensitivity to light
- Sensitivity to noise
- Loss of Consciousness
- Slow reaction time
- Slurred Speech
- Neck Pain
- Feeling sluggish, hazy or groggy

Protocol for Concussions

ASA's Concussion Protocol, based on the US Youth Soccer Protocol, is as follows:

1. Did a concussion occur?
 - Evaluate the player for Signs and Symptoms located above.

2. Is emergency treatment needed? If so contact an ambulance for transport.
 - This would include the following symptoms:
 1. Spine and Neck injury
 2. Behavior patterns change
 3. Loss of Consciousness (Any changes in level of consciousness or loss of consciousness)

3. If a possible concussion has occurred, but no emergency treatment is needed, what should now be done?
 - If any of the above symptoms have occurred, player may not re-enter the game.
 - Focus on these areas every 5-10 minutes for the next 1-2 hours:
 1. Balance
 2. Speech
 3. Memory
 4. Attention on topics, details

 - Players suffering a suspected concussion should be evaluated by a licensed health care professional trained in concussion evaluation and management as soon as possible. Licensed health care providers include certified athletic trainers licensed in Maryland, a medical doctor (MD), preferably a neurologist or a primary care physician, a doctor of osteopath (DO) or a neuropsychologist PhD.

ASA participants retain absolute freedom of choice in selecting a licensed health care provider. ASA does have a relationship with MedStar Sports Medicine as a preferred provider for medical services to meet the needs of ASA participants, if desired. These services can be obtained at the Waugh Chapel MedStar Health location in Gambrills, MD or various other locations throughout the region

- Players may not re-enter competition, training or partake in any activities for the next 24 hours, even if symptoms have subsided after 15-20 minutes of initial injury.

- Players must be evaluated by a licensed healthcare provider and given written clearance by this individual before returning to play.

- All Concussions must be reported by the players’ coach to the appropriate League Manager immediately upon diagnosis by a certified professional. No player can return to action until cleared for action and that League Manager.

Return to Play Guidelines after Sustaining a Concussion

A player may not return to play without clearance by a licensed health care professional trained in concussion evaluation and management of concussion, provided in writing to his/her coach.

Any coach allowing a player to participate in team or club activities before deemed appropriate by the licensed health care provider may be subject to fines or removal from the club at the discretion of the ASA Board of Directors.

ASA’s Return to Play Guidelines (based on CDC Return to Play Progression which is adapted from the [International Concussion Consensus Guidelines](#)) are as follows:

Rehabilitation Stage	Functional Exercise	Objective
1. Light aerobic exercise - 5 to 10 minutes	Walking, light jogging or stationary cycling. Absolutely no weight lifting, jumping or hard running	Increase heart rate
2. Moderate Activity - reduced from typical routine	Running drills, ball handling drills, no head impact activities	Add limited body and head movement
3. Non-contact training drills – close to typical routine	Progression to more complex training drills. May start moderate-intensity weightlifting.	More intense body and head movement non-contact
4. Practice and full contact	Following medical clearance; participate in normal training activities	Reintegrate in full contact practice
5. Return to competition	Normal game and practice	

Each step must take at-least 1 day before moving on to the next step. If at any time the player has reoccurring symptoms, he/she is to cease all training and see his/her physician.

Additional Resources:

Anne Arundel County Parks and Rec's Concussion Form -

http://www.aacounty.org/RecParks/coaches_information/resource/Rec%20and%20Parks%20Concussion%20Form.pdf

CDC Educational Course - <http://www.cdc.gov/headsup/parents/index.html>

CDC Online Concussion training - <http://www.cdc.gov/headsup/youthsports/training/index.html>.

CDC Fact Sheet for Parents - http://www.cdc.gov/concussion/pdf/parents_Eng.pdf

CDC Fact Sheet for Players - http://www.cdc.gov/concussion/pdf/parents_Eng.pdf

CDC Fact Sheet for Coaches - http://www.cdc.gov/concussion/pdf/coaches_Engl.pdf

US Youth Soccer Concussion Protocol - http://www.cdc.gov/concussion/pdf/coaches_Engl.pdf