

Southern Lehigh Youth Baseball Concussion Policy and Procedures

Policy Statement: This document outlines policies and procedures to assist in the management of concussions and the safe return to play for athletes enrolled in Southern Lehigh Youth Baseball.

Purpose: To develop and articulate a thorough method for the recognition, evaluation, and management of athletes who have sustained a concussion. Specifically, ensure the proper diagnosis and management of concussions as well as prevent prolonged recovery or permanent disability.

Definition of concussion:

1. Concussion is defined as a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces.
2. Concussion may be caused by either a direct blow to the head, face, neck, or elsewhere on the body with an “impulsive” force transmitted to the head.
3. Concussion typically results in the rapid onset of short – lived impairment of neurologic function that resolves spontaneously.
4. Concussion results in a set of clinical symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive symptoms typically follows a sequential course; however, it is important to note that in a small percentage of cases; post concussive symptoms may be prolonged.

Community Educational Goals:

1. Athletes
 - a. Athletes will be educated on the importance of taking responsibility for reporting their signs and symptoms to the coach, or parent.
 - b. The athlete will also be educated on the importance of adhering to the concussion protocol should a concussion occur, they must be an active participant in adherence to the recovery process.
2. Coaches
 - a. The Concussion Guidelines will be reviewed annually with coaches.
 - b. The coach will also be educated on the importance of adhering to the concussion protocol should a concussion occur, they must be an active participant in adherence to the recovery process.
 - c. All coaches will be mandated to complete Heads Up to Youth Sports- Online Training. (<https://www.cdc.gov/concussion/headsup>)
3. Parents
 - a. Parents will be educated on the importance of taking responsibility for reporting their child’s signs and symptoms to the coach.
 - b. The parent will also be educated on the importance of adhering to the concussion protocol should a concussion occur, they must be an active participant in adherence to the recovery process.
 - c. Parents will be encouraged to complete Heads Up training to fully understand the dangers of concussion and to be able to better understand the signs and symptoms of concussion.

Management

1. Acute Management

- a. Coaches who observe any athlete exhibiting signs and/or symptoms of concussion shall perform a sideline concussion screen: Child SCAT3 for ages 5-12 or SCAT3 for ages 13 and up.
 - 1) Potential Signs of Concussion
 - 2) Section 1- Glasgow Coma Scale (GCS)
 - 3) Section 2- Maddock Questions

- b. A Positive screen will include:
 - a) Any “Yes” Questions answered in Potential Signs of Concussion
 - b) Section 1 - GCS score of less than 15
 - c) Section 2 - Maddock Questions
 1. Score of less than 4 on the Child SCAT3
 2. Score of less than 5 on the SCAT3

- c. Any athlete who is exhibiting signs and/or symptoms of concussion, regardless of the outcome of the sideline assessment, shall be removed for the remainder of the event and not allowed to perform activities that may increase the severity of the signs and/or symptoms.
 - 1) WHEN IN DOUBT, KEEP THEM OUT

- d. The head coach will be responsible for keeping the athlete out of competition for the day and contacting the parents of the athlete.

- e. The athlete should be released only to the direct supervision of the parent(s)/guardian unless arrangements have been made between the head coach and the parent(s)/guardian.
 - 1) ALWAYS give parents the option of emergency transportation.
 - 2) Provide parents with CONCUSSION HOME MANAGEMENT INSTRUCTIONS and copy of the sideline assessment form.

2. Emergency referral

- a. The athlete will be transported to the nearest medical facility by EMS if any of the following signs/symptoms are noted:
 - 1) Loss of consciousness on the field/court lasting greater than 30 seconds
 - 2) Decreasing level of consciousness (Glasgow Coma Scale of less than 15)
 - 3) Abnormally unequal, dilated, or unreactive pupils
 - 4) Any signs or symptoms of associated head or neck injuries, spine or skull fractures, or bleeding
 - 5) Mental status changes: lethargy, difficulty maintaining arousal, confusion, or agitation
 - 6) Weakness or numbness
 - 7) Slurring of speech
 - 8) Headaches that are worsening over time

- b. Athletes that are stable, but symptomatic can be transported by their parents. Athletes whose parents are not at the practice or game, shall be notified immediately by the Head Coach, or in his absence, an assistant coach.

3. Return to play guidelines

- a. The athlete must meet **all** the following criteria to return play
 - 1) Asymptomatic at rest and with exertion; AND
 - 2) Athletes must remain asymptomatic for 7 days; AND
 - 3) Athletes that have had a positive sideline assessment as defined by the Child-SCAT3 for children ages 5-12 or SCAT3 for children ages 13 and up must obtain written clearance from an appropriate medical professional and provide a Return to Play Medical Clearance Form (See below)
 - a) The State of Pennsylvania defines an appropriate medical professional as:
 1. A licensed physician who is trained in the evaluation and management of concussions
 2. A licensed or certified healthcare professional trained in the evaluation and management of concussions and designated by the appropriate licensed physician
 3. A licensed psychologist who is neuropsychologically trained in the evaluation and management of concussions or who has postdoctoral training in neuropsychology and specific training in the evaluation and management of concussions

4. Gradual return to play

- a. Progression is individualized and will be determined on case by case basis. The speed of progression will be established by collaboration between athlete, parent, coach, and physician.
 - 1) Factors affecting speed of progression:
 - a) Previous concussion history
 - b) Duration and type of symptoms
 - c) Age of athlete
 - d) Sport of participation
- b. Stepwise progressions will be utilized. Each step should take 24-48 hours. Athlete must remain asymptomatic before taking the next step. If symptoms return, a 24-hour suspension of progression should take place before resuming the previous level.
 - 1) If symptoms return during progression, athletes should be removed from participation until symptoms resolve.
 - 2) If symptoms don't resolve, athlete should be referred back to physician for re-evaluation
- c. Southern Lehigh Youth Baseball utilizes the Zurich Consensus Statement from the 3rd International Congress on Concussion in Sport as follows (each step requiring 24-48 hours):
 - 1) Step 1: Light aerobic exercise (ie: stationary bike, elliptical machine, routine home play)
 - 2) Step 2: Moderate aerobic exercises (begin running program)
 - 3) Step 3: Functional exercises (increase running intensity, begin agilities, NON-contact sport specific drills)
 - 4) Step 4: NON-contact practice activities
 - 5) Step 5: Full contact practice
 - 6) Step 6: Full game participation
- d. ALL return to play guidelines must be met and each step must be completed in its entirety with ATC clearance prior to being cleared to participate.

5. Acknowledgements

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Guskiewicz KM, Bruce SL, Cantu RC, et al. National Athletic Trainers' Association position statement: Management of sport-related concussion. *Journal of Athletic Training*. 2004;39:280-297.

Center for Disease Control: Heads Up: Concussions in High School Sports, Toolkit
http://www.cdc.gov/ncipc/tbi/coaches_tool_kit.htm#