



## Department of Parks & Recreation (DPR) Youth Sports League Concussion Action Plan

### **Overview**

The County of Maui Department of Parks & Recreation requires each team that participates in a DPR youth league to adhere to the following Concussion Action Plan (CAP). A CAP is a plan that coaches, parents, officials, players and recreation staff will follow when an athlete is suspected of having a concussion. The CAP ensures a uniform care of athletes with a suspected concussion while participating in a DPR youth league. It is imperative that coaches, parents, officials, players and staff review and understand the CAP to ensure the health and safety of all athletes.

### **Hawaii Concussion Law Act 262**

Every state in the US has a concussion law. The purpose of these laws is to prevent permanent or catastrophic brain injuries. Like all the concussion laws, Hawaii Concussion Law Act 262 requires:

- Concussion Education and Awareness programs for parents, coaches, athletes and officials
- Mandatory removal from participation when a concussion is suspected
- Medical clearance from a licensed health care provider prior to returning to participation.

Act 262 requires concussion education programs for organized athletic activities where participants are eleven years of age and under nineteen years of age.

### **Definition of a Concussion**

A concussion is a traumatic brain injury induced by biomechanical forces such as a direct hit to the head or to the body. Some features of a concussion include:

- Concussion typically results in impairments that may vary in length. The impairments usually resolve spontaneously.

- Concussion signs and symptoms affect brain function rather than structural injury therefore no abnormalities are seen on neuroimaging (CT Scan, Radiographs, MRI)
- Concussions may result in a range of signs and symptoms that may or may not involve loss of consciousness

### **Concussion Action Plan (CAP)**

A CAP is a plan that explains what needs to be done when a possible concussion occurs. It identifies policies, responsibilities and documentation when a concussion event occurs or is reported.

The CAP ensures a standard of care across an organization and at all age levels. It limits an organization's exposure to liability by having a plan in place. The CAP should be reviewed annually and revised as needed.

- CAP is reviewed prior to the start of season practices
- It is reviewed by league coaches, parents, officials, players and DPR staff
- Coaches must sign a Coaches Agreement confirming they have reviewed and will adhere to league concussion policies

### **Preseason Policy and Procedures**

- Distribute CAP packet to all coaches. Packet will include:
  - Concussion Recognition Tool 5 (CRT5) Handout
  - Injury Report Form
  - Coaches Agreement
  - Possible Concussion Notification to Parent
  - Gradual Return to Play Protocol
- Ensure Parents have received concussion education and awareness information. Parents may receive information through:
  - HCAMP Online BrainSpace Parent education course
  - CDC heads up handout

### **Coaches Expectations:**

- Prior to the first practice coaches need to complete a concussion education and awareness session. Coaches will need to complete the training annually.
  - Visit BrainSpace education course by logging into [www.HCAMP.info/mauidpr](http://www.HCAMP.info/mauidpr)
- Coaches must develop an Emergency Transportation Plan for their practice site
- At the first practice it is highly recommended that coaches discuss with their athletes:
  - Importance of reporting concussions
  - Importance of reporting a teammates concussion
  - Sportsmanship and avoiding dangerous and risky behaviors on the field of play

## **Parents Expectations:**

- Prior to first practice parents are highly encouraged to complete a concussion education and awareness session
  - Visit BrainSpace education course by logging into [www.HCAMP.info/mauidpr](http://www.HCAMP.info/mauidpr)
- Parents are encouraged to be an “extra set of eyes” and report any player who may have a suspected concussion

## **What to do when a concussion is suspected?**

- Athlete must be removed from participation and shall not be allowed to return to play that same day
- A coach familiar with signs and symptoms of a concussion should monitor the suspected concussed athlete. Coaches should monitor athlete using the Concussion Recognition Tool 5 (CRT5).
- Athlete with a suspected concussion should not be left alone or allowed to drive home on their own
- Parents should be notified of a concussion event as soon as possible
- Athlete may not return to participation until a written medical clearance is obtained from a licensed health care provider

*911 MUST be called when:*

Loss of consciousness	No breathing or pulse noted	Numbness in arms or legs
Pupils are unequal in size	Repeated vomiting	Seizures
Slurred speech	Worsening headaches	Suspected neck injury
Eyes sensitive to light	Fluid coming out of ears and/or nose	Increasing confusion

*Coaches should not be hesitant to call 911 if they feel unsure*

## **What to do if calling 911?**

- Be sure to provide name of athlete, age and nature of injury
- Be familiar with nearby streets
- Have someone (preferably an adult) wait and meet the ambulance roadside to direct them to the injured athlete
- Head coach will call the athlete’s parent(s) if they are not at the practice or game
- Head coach will contact league director by phone as soon as time allows
- Head coach will document using Injury Report form and submit to league director within 24 hours of the incident

## **Return to Play:**

Prior to returning to participate or engage in any organized team activity a written medical clearance must be obtained from a licensed health care provider. *Parent notes are not accepted under any circumstances.* The written medical clearance must be received by DPR prior to any athlete being allowed to return.

## **Gradual Return to Play Protocol:**

- In the case of a concussion, the head coach shall follow the Return to Play Protocol prior to allowing an athlete unrestricted participation
- Coaches should monitor the Gradual Return to Play Protocol
- If an athlete presents any signs or symptoms during the Gradual Return to Play Program, the athlete should be removed from activity and parent(s) should be notified
- Each step is separated by a 24 hour period. It will take an athlete a minimum of 4 practices before unrestricted activity should be allowed
- For more sports specific Gradual Return to Play Protocol examples visit: [www.hawaiiiconcussion.com](http://www.hawaiiiconcussion.com) under resources

Written Medical Clearance obtained	NO symptoms reported for at least 24 hours	
Step 1	<b>Light aerobic activity:</b> 10 minute slow to moderate run	Increase heart rate
Step 2	<b>Sports Specific exercises:</b> Strenuous running, basic drills, no contact	Increase activity and movement
Step 3	<b>Non-Contact Training drills:</b> Harder drills and activities	Exercise, coordination and increase thinking
Step 4	<b>Full contact practice:</b> Normal training activities	Restore confidence and assessment of skills by coach
Step 5	<b>Unrestricted activity</b>	

## Coaches Agreement

In preparation for the upcoming season please initial the following:

Initial	Agreement
	I have reviewed and understand the DPR Concussion Action Plan
	I have completed the approved concussion education course
	I agree to remove any player who has signs or symptoms of a concussion
	I agree not to allow any athlete to return until cleared by a licensed health care professional
	I agree to follow the Gradual Return to Play Protocol
	I agree to have an emergency transportation plan for my practice location

Coaches Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Injury Report Form**

Athlete's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Gender: M F

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_ Facility: \_\_\_\_\_

Injured Body Part: \_\_\_\_\_

Person Filling out this Form: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Describe how the injury happened:

Describe action taken after the injury:

Parent in attendance: YES or NO

Did parent witness the incident: YES or NO

Was 911 called: YES or NO

Concussion suspected: YES or NO

Did athlete return to participation: YES or NO

Witness names & numbers: \_\_\_\_\_

ADDITIONAL NOTES:

## Possible Concussion - Notification to Parent

Athlete's name: \_\_\_\_\_

Date of injury: \_\_\_\_\_ Time of injury: \_\_\_\_\_ Location: \_\_\_\_\_

Name of parent notified: \_\_\_\_\_ Notified by: In-person \_\_\_ Phone \_\_\_

### Description of Event:

### Initial Signs Observed: (please circle)

Dazed or "Glassy Eyes"      Confused or Disoriented      More Emotional      Seizures  
Difficulty following Directions      Loss of Balance or Clumsiness      Loss of Consciousness      Vomiting  
Other: \_\_\_\_\_

### Symptoms Reported: (please circle)

Headache      Dizziness      Nausea      Low Energy      Difficulty Remembering  
Sensitivity to Noise      Visual Problem      Sensitivity to Light      Difficulty Concentrating  
Other: \_\_\_\_\_

If you notice the following, call 911 or take your child to the ER:

- Difficulty Breathing    ● Seizures    ● Neck Pain    ● Unequal, dilated, unreactive pupils
- Decreased Level of Consciousness    ● Increased Intensity of Headaches    ● Mental Status Changes

### Parent Information Checklist:

- Take your child to your physician for follow up care
- During the first 24-72 hours, limit cognitive stimulation such as texting, video games, computer use, reading and writing
- No practice, games or physical activity until advised or cleared by a physician
- Call the school's front office, counselor or student services coordinator to let the school know that your child has a concussion
- 8 to 10 hours of continuous sleep at night is recommended. Avoid frequent napping.
- Must have a medical clearance from a licensed health care provider before your child may return to practice or play

Report filled out by: \_\_\_\_\_ DPR review by: \_\_\_\_\_

## **Emergency Transportation Plan**

- Coaches should have an Emergency Transportation Plan for all practice locations
- Practice the Emergency Transportation Plan prior to start of season practice

### **Role of the First Responder (DPR Staff, Coach, Official, Parent)**

- Control the scene (gain access to athlete)
- Assess the athlete (determine state of consciousness, breathing, pulse, etc)
- Call 911 (if necessary)
- Keep athlete under your supervision until parents or medical personnel arrive

### **If 911 is called, direct a responsible person or people (preferably an adult if available) to do the following:**

- Check to see that any gates, posts, doors are accessible for an ambulance or gurney
- Be on the lookout for medical personnel, flag them down and lead them to the injured athlete
- Help control the scene to keep bystanders away from the injured athlete

**For more information on Concussion Awareness visit: [hawaiiconcussion.com](http://hawaiiconcussion.com), email: [info@hawaiiconcussion.com](mailto:info@hawaiiconcussion.com) or call: (808) 956-3807**