Hunterdon Hoosiers, Inc.
CONCUSSION POLICY

All administrators, coaches, youth athletes and their parent or guardian should review information concerning the nature, risk and symptoms of concussion and head injury.

1. The following information includes a copy of "Signs/Symptoms of Concussion." The required Centers for Disease Control and Prevention concussion checklist is available at www.cdc.gov/concussion/pdf/TBI_schools_checklist_508-a.pdf. Every individual involved in athletics at Hunterdon Hoosiers, Inc. must review concussion information annually and sign a form that states this process has been completed.
2. Prior to the annual initiation of practice or competition, all staff members must review a concussion and head injury information sheet.
3. Prior to the annual initiation of practice or competition, all youth athletes and the athlete's parent and/or guardian must review a concussion and head injury information sheet.
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, osteopathic physician, or a clinical neuropsychologist with concussion training.
5. No youth athlete who has been removed from play due to a 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. The youth athlete must then present a "Return to Play" form to Hunterdon Hoosiers, Inc. before being allowed to participate again. Hunterdon Hoosiers, Inc. must keep a copy of the form on file.
6. Concussion Forms have been reviewed by Hunterdon Hoosiers, Inc. Board of Directors and are available on www.hunterdonhoops.com. The form was adapted from the Acute Concussion Evaluation plan on the Centers for Disease Control and Prevention website www.cdc.gov/injury. It contains specific instructions that shall be followed before an athlete can return to play.
7. All documentation verifying completion of a concussion recognition and head injury safety education course program shall be maintained by Hunterdon Hoosiers, Inc. for a period of three years.

Protocol for Staff Members during Practices and Games

1. Monitor players for possible signs of injury.
2. Remove any player who shows signs, symptoms, or behaviors consistent with a concussion per CDC Concussion Checklist.
3. Inform the parent that the player is being removed for showing signs, symptoms, or behavior consistent with a concussion.
4. The parent shall have the player examined by his or her designated health care professional immediately prior to return to play.
5. If Hunterdon Hoosiers, Inc. does not have access to a designated health care professional, or if a designated health care professional suspects the athlete may have sustained a concussion, the only means for an athlete to return to practice or play is to complete an

evaluation by a licensed medical doctor, osteopathic physician, or a clinical neuropsychologist with concussion training.

6. If signs, symptoms, and behaviors consistent with concussion are observed by an official, and a designated health care professional is not available to evaluate the athlete, the "Return to Play" Form must be completed and signed by a licensed medical doctor, osteopathic physician, or a clinical neuropsychologist with concussion training and shown to the official(s) by the head coach prior to a student-athlete returning to participate in a contest the same day.
7. Officials have no role in the diagnosis of a concussion. NFHS rules do require that the officials remove players from the contest when signs, symptoms or behaviors consistent with a concussion are observed and the above written protocol must be followed.

Designated health care professionals is defined as a certified athletic trainer, licensed nurse practitioner, physician's assistant, medical doctor, or osteopathic physician

Signs and Symptoms of Concussion

Signs (observed by coach)	Symptoms (reported by athletes)
• Appears dazed or stunned • Is confused about assignment or position • Forgets an instruction • Is unsure of game, score or opponent • Moves clumsily • Answers questions slowly • Loses consciousness, even briefly • Can't recall events *prior* to hit or fall • Can't recall events *after* hit or fall	• Headache • Fogginess • Difficulty concentrating • Easily confused • Slowed thought processes • Difficulty with memory • Nausea • Lack of energy, tiredness • Dizziness, poor balance • Blurred vision • Sensitive to light and sounds • Mood changes – irritable, anxious or tearful

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. An appropriate health-care professional should evaluate any athlete suspected of having a concussion 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.
4. The returning player must provide a "Return to Play" Form to the Hunterdon Hoosiers, Inc. This document outlines a step-wise protocol for return to practice or competition, including provisions for delayed return to paly based upon return of any signs or symptoms.

5. For more information, the NFHS has also developed a free 20-minute course online entitled "Concussion in Sport – What You Need to Know" that is encouraged for every individual involved in youth/student athletics. It can be accessed at www.nfhslearn.com

Gradual Return to Play Plan

1. Return to play should occur in gradual steps beginning with light aerobic exercise only to increase your heart rate (e.g. stationary cycle); moving to increasing your heart rate with movement (e.g. running); then adding controlled contact if appropriate; and finally return to sports competition.
2. 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.
    a. 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).
    b. 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).
    c. 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.)
    d. Day 4: Sports specific practice.
    e. Day 5: Full contact in a controlled drill or practice.
    f. Day 6: Return to competition