

UPDATES TO CYM CONCUSSION RULES 07/4/14

9.85 A concussion is a traumatic brain injury. Signs and symptoms may show immediately or may not appear for 24-48 hours. All CYM coaches are responsible for reading and being familiar with the 'Concussion Handout for Parents' handout and making certain all parents/guardians of team members have a copy of this handout. In the event an athlete receives a potential head injury during a practice or game the following steps must be taken:

9.85.1 An athlete that receives a potential head injury during a practice or game may not return to the practice/game/contest that day unless a Qualified Health Care Professional (QHCP - State Licensed MD or DO, Registered Nurse, Athletic Trainer Certified, or Physician Assistant) examines the athlete, completes and signs the **“CYM HEAD INJURY –FORM #1”** authorizing the athlete’s return. In addition the parent of the athlete also must complete and sign the form. The coach of the team must complete the coach section of the form. The completed form must be submitted to the CYM Office within 24 hours. If no QHCP is present or if the QHCP present cannot rule out a concussion, it must be assumed the athlete has a concussion and the athlete **MAY NOT** return until such time as the athlete is seen by a MD/DO – SEE SECTION 9.85.2. If the athlete is dazed or shows symptoms of a concussion, the athlete must be seen by an MD or DO. SEE SECTION 9.85.2. **NOTE – A “potential head injury” as it pertains to section 9.85.1 means an event that occurs to a player that leads the head coach or assistant coaches to suspect a possible head injury to the player. This section will apply if the coaches confirm the child did hit his/her head on the ground, floor, stands, another player, or other object or continue to suspect a possible concussion due to observations of the event. It is important to remember that a concussion can still occur due to a violent shaking or snapping of the head without making contact with an object. IMPORTANT – “When in doubt – sit them out.”**

9.85.2 An athlete who receives a potential head injury during a practice, contest or game in which the athlete is dazed or shows symptoms of a concussion as described in the DIAA “Concussion Handout for Parents” the athlete **MAY NOT** return to the practice/game/contest until such time as the athlete is seen by a physician (MD/DO). The physician (MD/DO) must complete the **“CYM HEAD INJURY – FORM #2”** authorizing the return of the athlete. In addition, the parent of the athlete with the head injury must also complete and sign the form. The coach of the team must complete the

coach section of the form. The completed “**CYM HEAD INJURY – FORM #2**” must be submitted to the CYM Office prior to the athlete being authorized by the CYM Office to return to participate in the CYM Sports program.

9.85.3 The head coach of the team must report a head injury as described above to the Office for Catholic Youth Ministry web site within 24 hours of the head injury occurring.

9.85.4 If a coach violates the above rules, sanctions to the coach can range from a warning, suspension or dismissal from coaching in the CYM athletic program for a period of time to be determined by the Office for Catholic Youth Ministry.

Parent/ Player Concussion Information Form

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

Headaches	Pressure in head	Nausea or vomiting
Neck pain	Balance problems	Dizziness
Disturbed vision	Light/noise sensitivity	Sluggish
Feeling foggy	Drowsiness	Changes in sleep
Amnesia	“Don’t feel right”	Low energy
Sadness	Nervousness	Irritability
Confusion	Repeating questions	Concentration problems

Signs observed by teammates, parents and coaches may include:

Appears dazed	Vacant facial expression
Confused about assignment	Forgets plays
Unsure of game/score etc	Clumsy
Responds slowly	Personality changes
Seizures	Behavior changes
Loss of consciousness	Uncoordinated
Can’t recall events before or after hit	

What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one (second impact syndrome). This can lead to prolonged recovery, or even to severe brain swelling with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries, and concussions are no different. As a result, education of administrators, coaches, parents and students is the key for the student-athlete’s safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. You should also inform your child’s coach if you think that your child may have a concussion Remember it is better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

Note

Any athlete suspected of having a concussion may not return to play until cleared by a physician using the ACE form found on the DIAA website. Teams not adhering to this rule shall have to forfeit all games played or trained for during the ineligible time period.

For current and up-to-date information from the CDC on concussions you can go to:

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

For a current update of DIAA policies and procedures on concussions you can go to:

http://www.doe.k12.de.us/infosuites/students_family/diaa/

For a free online training video on concussions you can go to:

<http://www.nfhs.org/education.aspx>



A Fact Sheet for PARENTS

WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- 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)
- Shows behavior or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

Symptoms Reported by Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not “feel right”

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

Every sport is different, but there are steps your children can take to protect themselves from concussion.

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

- 1. Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
- 2. Keep your child out of play.** Concussions take time to heal. Don’t let your child return to play until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
- 3. Tell your child’s coach about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

It’s better to miss one game than the whole season.



ATENCIÓN CONMOCIÓN CEREBRAL EN EL DEPORTE JUVENIL

Hoja Informativa para los PADRES

¿QUÉ ES LA CONMOCIÓN CEREBRAL?

Una conmoción cerebral es una lesión en el cerebro, causada por un golpe en la cabeza o una sacudida. Incluso una pequeña conmoción o lo que parece ser un golpe o sacudida leve puede ser serio.

La conmoción cerebral no puede verse. Los signos y síntomas de una conmoción pueden aparecer inmediatamente después de la lesión o puede que no aparezcan, o se hagan visibles algunos días o meses después de haber sufrido la lesión. Si su hijo tiene los signos de una conmoción cerebral o si usted nota algún síntoma, busque atención médica de inmediato.

¿CUÁLES SON LOS SIGNOS Y SÍNTOMAS DE LA CONMOCIÓN CEREBRAL?

Signos que notan los padres y los tutores

Si su hijo ha sufrido un golpe en la cabeza o una sacudida durante un juego o una práctica, obsérvelo para determinar si tiene alguno de los siguientes signos y síntomas de una conmoción cerebral:

- Luce aturdido o fuera de control
- Se confunde con la actividad asignada
- Olvida las jugadas
- No se muestra seguro del juego, la puntuación ni de sus adversarios
- Se mueve con torpeza
- Responde con lentitud
- Pierde el conocimiento (así sea momentáneamente)
- Muestra cambios de conducta o de personalidad
- No puede recordar lo ocurrido antes de un lanzamiento o un caída
- No puede recordar lo ocurrido después de un lanzamiento o un caída

Síntomas que reporta el atleta

- Dolor o "presión" en la cabeza
- Náuseas o vómitos
- Problemas de equilibrio, mareo
- Visión doble o borrosa
- Sensibilidad a la luz y al ruido
- Se siente débil, confuso, aturdido o grogui
- Problemas de concentración o memoria
- Confusión
- No se "siente bien"

¿CÓMO AYUDAR A SU HIJO A PREVENIR UNA CONMOCIÓN CEREBRAL?

Aunque todo deporte es diferente, hay medidas que puede tomar para protegerse.

- Haga que siga las reglas impartidas por el entrenador y las reglas del deporte que practica.
- Invítelo a mantener el espíritu deportivo en todo momento.
- Haga que su hijo use el equipo protector adecuado según la actividad que realiza (como casco, almohadillas protectoras, canilleras o protector dental). El equipo de protección debe ajustarse bien, debe hacerse el mantenimiento adecuado, y el jugador debe usarlo correctamente y en todo momento.
- Aprenda a identificar los signos y síntomas de la conmoción.

¿QUÉ DEBE HACER SI CREE QUE SU HIJO HA SUFRIDO UNA CONMOCIÓN CEREBRAL?

- 1. Busque atención médica de inmediato.** Un profesional de la salud podrá determinar la seriedad de la conmoción cerebral que ha sufrido el niño y cuándo podrá regresar al juego sin riesgo alguno.
- 2. No permita que su hijo siga jugando.** Las conmociones cerebrales necesitan de un cierto tiempo para curarse. No permita que su hijo regrese al juego hasta que un profesional de la salud le haya dicho que puede hacerlo. Los niños que regresan al juego antes de lo debido - mientras el cerebro está en proceso de curación - corren un mayor riesgo de sufrir otra conmoción. Las conmociones cerebrales siguientes pueden ser muy serias. Pueden causar daño cerebral permanente que afectarán al niño de por vida.
- 3. Informe al entrenador del niño sobre cualquier conmoción cerebral que el niño haya sufrido recientemente.** Los entrenadores deben saber si el niño ha sufrido una conmoción recientemente en CUALQUIER deporte. El entrenador no necesariamente sabrá si el niño ha tenido una conmoción en otro deporte o actividad a menos que usted se lo diga.

Es preferible perderse un juego que toda la temporada.

CYM HEAD INJURY – FORM #1

THIS FORM IS TO BE USED AT THE TIME OF A HEAD INJURY ONLY!

Catholic Youth Ministry takes head injuries very seriously. As per CYM rules, an athlete that receives a potential head injury during a practice or game may not return to the practice/game/contest that day unless a Qualified Health Care Professional (QHCP - State Licensed MD or DO, Registered Nurse, Athletic Trainer Certified, or Physician Assistant) completes the below form and authorizes the athlete's return. If no QHCP is present or if the QHCP present cannot rule out a concussion, it must be assumed the athlete has a concussion and the athlete **MAY NOT** return until such time as the athlete is seen by an MD/DO and the "CYM HEAD INJURY – FORM #2" is provided to the CYM office as noted in CYM rules. If the athlete is dazed or shows symptoms of a concussion, this form is **NOT** to be used and the athlete must be seen by an MD or DO and the CYM Return to Play Form completed.

TO BE COMPLETED BY COACH OF TEAM PRIOR TO RETURN OF ATHLETE

DATE OF INJURY: _____ TIME OF INJURY: _____
SITE (FIELD/GYM/STADIUM) WHERE INJURY OCCURRED: _____
NAME OF ATHLETE: _____
GRADE: _____ DATE OF BIRTH: _____
SCHOOL/PARISH TEAM NAME: _____ SPORT: _____
HOW HEAD INJURY OCCURRED: _____
COACH OF TEAM: _____

NOTE: The coach of the team must submit this completed form to the CYM Office (FAX 302-658-7617) no later than 24 hours from the time of the injury AND must complete the CYM online Injury Report within 24 hours.

TO BE COMPLETED/SIGNED BY QHCP PRIOR TO RETURN OF ATHLETE

PRINTED NAME OF QHCP: _____
QHCP'S ADDRESS: _____
CITY: _____ STATE _____ ZIP _____
QHCP OFFICE NUMBER: _____ MEDICAL LIC # _____
I HAVE RECEIVED HEAD INJURY TRAINING: YES _____ NO _____

I declare that I am a Qualified Health Care Professional (QHCP). I have examined the above named athlete who received a head injury on above date and I was able to rule out a concussion. The above named athlete is cleared to return to full participation in all CYM athletics.

SIGNATURE OF QHCP: _____ DATE: _____

TO BE COMPLETED/SIGNED BY PARENT/GUARDIAN PRIOR TO RETURN OF ATHLETE

By signing this document authorizing the above named athlete to return to participation in CYM sports, I agree to release the above named parish/school, the Catholic Diocese of Wilmington, Catholic Youth Ministry and all of their employees, directors, administrators, youth ministers and volunteers from all legal liability for accidental injuries suffered by my child as a result of participation in athletic activities.

PRINTED NAME OF PARENT/GUARDIAN: _____ RELATIONSHIP _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

CYM HEAD INJURY - FORM #2

**THIS FORM IS TO BE USED IF THE ATHLETE WITH A HEAD INJURY
WAS NOT CLEARED BY A QHCP ON THE DAY OF THE INJURY!**

Catholic Youth Ministry takes head injuries very seriously. As per CYM rules, an athlete that receives a potential head injury during a practice, contest or game in which the athlete is dazed or shows symptoms of a concussion as described in the DIAA "Concussion Handout for Parents" the athlete **MAY NOT** return to the practice/game/contest until such time as the athlete is seen by a physician (MD/DO). In addition, this form must be completed by a qualified physician (MD/DO only), the head coach of the team and the parent of the athlete with the head injury and submitted to the CYM Office prior to being authorized to return to participate in the CYM Sports program.

TO BE COMPLETED BY COACH OF TEAM PRIOR TO RETURN OF ATHLETE

DATE OF INJURY: _____ TIME OF INJURY: _____
SITE (FIELD/GYM/STADIUM) WHERE INJURY OCCURRED: _____
NAME OF ATHLETE: _____
GRADE: _____ DATE OF BIRTH: _____
SCHOOL/PARISH TEAM NAME: _____ SPORT: _____
HOW HEAD INJURY OCCURRED: _____
COACH OF TEAM: _____

Doctor's Clearance:

___ - I have personally evaluated the above athlete on _____ and performed a thorough history and physical exam.

___ - I was able to rule out a concussion.

___ - I treated the above individual for a concussion and the above individual is now released to participate fully in all CYM sports without restrictions as of _____ (Date).

PRINTED NAME OF PHYSICIAN: _____
OFFICE ADDRESS: _____
CITY: _____ STATE _____ ZIP _____
OFFICE NUMBER: _____ MEDICAL LIC # _____ State: _____
I HAVE RECEIVED HEAD INJURY TRAINING: YES _____ NO _____

SIGNATURE OF PHYSICIAN: _____ DATE: _____

TO BE COMPLETED/SIGNED BY PARENT/GUARDIAN PRIOR TO RETURN OF ATHLETE

By signing this document authorizing the above named athlete to return to participation in CYM sports, I agree to release the above named parish/school, the Catholic Diocese of Wilmington, Catholic Youth Ministry and all of their employees, directors, administrators, youth ministers and volunteers from all legal liability for accidental injuries suffered by my child as a result of participation in athletic activities.

PRINTED NAME OF PARENT/GUARDIAN: _____ RELATIONSHIP _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____