

Concussion Procedure and Protocol For Lakefront Soccer Club

Concussion: a traumatic brain injury that interferes with normal brain function. Medically, a concussion is a complex, pathophysiological event to the brain that is induced by trauma which may or may not involve a loss of consciousness (LOC). Concussion results in a constellation of physical, cognitive, emotional, and sleep-related symptoms. Signs or symptoms may last from several minutes to days, weeks, months or even longer in some cases.

CONCUSSION SIGNS, SYMPTOMS AND MANAGEMENT AT TRAINING AND COMPETITIONS

Step 1: Did a concussion occur?

Evaluate the player and note if any of the following signs and/or symptoms are present:

- (1) Dazed look or confusion about what happened.
- (2) Memory difficulties.
- (3) Neck pain, headaches, nausea, vomiting, double vision, blurriness, ringing noise or sensitive to sounds.
- (4) Short attention span. Can't keep focused.
- (5) Slow reaction time, slurred speech, bodily movements are lagging, fatigue, and slowly answers questions or has difficulty answering questions
- (6) Abnormal physical and/or mental behavior.
- (7) Coordination skills are behind, ex: balancing, dizziness, clumsiness, reaction time.

Step 2: Is emergency treatment needed?

This would include the following scenarios:

- (1) Spine or neck injury or pain
- (2) Behavior patterns change unable to recognize people/places, less responsive than usual
- (3) Loss of consciousness.
- (4) Headaches that worsen
- (5) Seizures
- (6) Very drowsy, can't be awakened
- (7) Repeated vomiting
- (8) Increasing confusion or irritability
- (9) Weakness, numbness in arms and legs

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Step 3: If a possible concussion has occurred, but no emergency treatment is needed, what should be done now?

Focus on these areas every 5-10 min for the next 1-2 hours, without returning to any activities:

- (1) Balance, movement.
- (2) Speech.
- (3) Memory, instructions, and responses.
- (4) Attention on topics, details, confusion, ability to concentrate.
- (5) State of consciousness
- (6) Mood, behavior, and personality
- (7) Headache or “pressure” in head
- (8) Nausea or vomiting
- (9) Sensitivity to light and noise

Step 4: A player diagnosed with a possible concussion may return to US Youth Soccer play only after release from a medical doctor or doctor of osteopathy specializing in concussion treatment and management

Step 5: If there is a possibility of a concussion, do the following:

- (1) The attached Concussion Notification Form is to be filled out in duplicate and signed by a team official of the player’s team.
- (2) If the player is able to do so, have the player sign and date the Form.
If the player is not able to sign, note on the player’s signature line “unavailable”.
- (3) If a parent/legal guardian of the player is present, have the parent/legal guardian sign and date the Form, and give the parent/legal guardian one of the copies of the completed Form.
If the parent/legal guardian is not present, then the team official is responsible for notifying the parent /legal guardian ASAP by phone or email and then submitting the Form to the parent/legal guardian by email or mail. When the parent/legal guardian is not present, the team official must make a record of how and when the parent/legal guardian was notified. The notification will include a request for the parent /legal guardian to provide confirmation and completion of the Concussion Notification Form whether in by mail or electronically.
- (4) Player Pass
 - (a) In league play. The team official must also obtain the player’s pass from the Referee, and attach it to the copy of the Form retained by the team.
 - (b) In tournament play, including, but not limited to, Regional and National Tournament play in the US Youth Soccer National Championships and President’s Cup. The tournament committee will obtain the player’s pass and keep it until a proper medical release relating to the injured player is received by the committee.

Lakefront Soccer Club

Possible Concussion Notification

Today, _____, 20____, at the

DESCRIBE ACTIVITY (PRACTICE OR COMPETITION), LOCATION AND TIME OF DAY

_____ received a possible concussion during practice or competition. Lakefront Soccer Club and Staff want to make you aware of this possibility and symptoms that may arise which may require further evaluation and/or treatment.

If your daughter or son starts to show signs of these symptoms, or there any other symptoms you notice about the behavior or conduct of your son or daughter, you should consider seeking immediate medical attention:

- | | | |
|-----------------------|----------------------------|---------------------------------------|
| - Memory difficulties | - Neck pain | - Delicate to light or noise |
| - Headaches | - Odd behavior | - Repeats the same answer or question |
| - Vomiting | - Fatigued | - Slow reactions |
| - Focus issues | - Irregular sleep patterns | |

Please take the necessary precautions and consider seeking a professional medical opinion before allowing your daughter or son to participate further. Until a professional medical opinion is provided, please consider the following guidelines:

- Refraining from participation in any activities the day of, and the day after, the occurrence.
- Refraining from taking any medicine unless (1) current medicine, prescribed or authorized, is permitted to be continued to be taken, and (2) any other medicine is prescribed by a licensed health care professional.

If you are unclear and have questions about the above symptoms, please contact a licensed health care professional. **Please be advised that a player who suffers a concussion may not return to play until there is provided a signed clearance from a licensed medical doctor who specializes in concussion treatment and management.**

Player Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Team Official Signature: _____ Date: _____

By inserting my name and date as parent/legal guardian and returning this form electronically, I confirm that I have been provided with, and acknowledge that, I have read the information contained in the Form. If returning the signed form electronically, email to: Office@LakefrontSC.com. If returning the signed Form by mail, send it to the following address: Lakefront SC, 865 Publishers Parkway, Webster, New York 14580

THIS FORM MUST BE SIGNED BY PARENT/LEGAL GUARDIAN AND RETURNED TO LSC CLUB OFFICE PRIOR TO THE PLAYER RETURNING TO PLAY.