

# **Louisiana High School Athletics Association**

## **Concussion Information and Resources for Coaches, Officials, Student-Athletes and Parents**

### **Introduction**

Concussions are one of the most reported injuries in children and adolescents who participate in sports and recreational activities. The Centers for Disease Control and Prevention (CDC) estimate that as many as three million nine hundred thousand sports-related and recreation-related concussions occur in the United States each year. A concussion is caused by a blow or motion to the head or body that causes the brain to move rapidly inside the skull. The risk for long-term, chronic cognitive, physical, and emotional symptoms is significant when a concussion or head injury is not properly recognized, evaluated, and managed. Continuing to play with a concussion or symptoms of head injury leaves the young athlete especially vulnerable to greater catastrophic injury and even death. Although research is constantly expanding and ever evolving around the connection between sport related concussion injuries and conditions such as post-concussion syndrome and chronic traumatic encephalopathy, basic knowledge of concussion injuries as well as adoption of proper recognition and evidence-based management techniques remain paramount to protect the youth athlete.

The Legislature of Louisiana recognized the need to establish a law to protect our athletes and provide guidelines on concussion management leading to the signing and enacting of the "Louisiana Youth Concussion Act" in 2011.

The Louisiana High School Athletics Association (LHSAA) Sports Medicine Advisory Committee serves as an advocate for the health and safety for all LHSAA student-athletes and is a trusted advisor for the LHSAA to create guidelines and recommendations to assist with proper risk reduction, recognition, and management of these sport related injuries. This committee has met and developed guidance and resources to help LHSAA member schools comply with state law. This document includes sample educational materials and resources to disseminate to coaches, officials, student-athletes, and their parents to help LHSAA members be compliant with their responsibilities detailed in the law. This documentation should be exclusively kept on file at the school as the LHSAA does not require a copy of these documents.

Here's to a safe and successful season for all participating schools, teams, athletes, and officials.

Respectfully,

Eddie Bonine  
LHSAA Executive Director

### **ACT 314: Louisiana Youth Concussion ACT**

ACT 314 gives the responsibility of compliance of the act to the governing authority of each public and nonpublic elementary school, middle school, junior high school, and high school. It has three major requirements.

1. Prior to beginning of each athletic season, provide pertinent information to all coaches, officials, volunteers, youth athletes, and their parents or legal guardian which informs of the nature and risk of concussion and head injury, including the risks associated with continuing to play after a concussion or head injury.
2. Require each coach, whether such coach is employed or a volunteer, and every official of a youth activity that involves interscholastic play to complete an annual concussion recognition education course.
3. Requires as a condition of participation in any athletic activities that the youth athlete and the youth athlete's parent or legal guardian sign a concussion and head injury information sheet which provides adequate notice of the statutory requirements which must be satisfied in order for an athlete who has or is suspected to have suffered a concussion or head injury to return to play.

#### **Educational Materials and Resources**

- LHSAA Concussion Rule (Adopted in 2010)
- Condensed SCAT 6
- Return to Learn Progression (Sample)
- Return to Play Progression (Sample)
- LHSAA Return-to-Competition Form
- Center for Disease Control and Prevention (CDC) Heads Up Fact Sheet for
  - High School Coaches
  - Officials
  - Student-Athletes, and Parents
- LHSAA Concussion Statements for
  - Coaches
  - Officials
  - Student-Athletes and Parents

To help meet the education course aspect of ACT 314, the LHSAA recommends that individuals go to the NFHS website, [www.nfhslearn.com](http://www.nfhslearn.com), and click the link Concussion in Sports, under Courses.

#### **Additional Resources:**

Louisiana ACT No. 314

[https://lern.la.gov/wp-content/uploads/Act\\_314\\_-\\_2011\\_Reg\\_Session.pdf](https://lern.la.gov/wp-content/uploads/Act_314_-_2011_Reg_Session.pdf)

National Federation of State High School Associations (NFHS) Suggested Guidelines for Management of Concussion in Sports

<https://www.nfhs.org/media/1020401/suggested-guidelines-for-management-of-concussion-in-sports-april-2019-final.pdf>

Sport Concussion Assessment Tool 6 (SCAT6)

<https://bjsm.bmj.com/content/57/11/622>

Centers for Disease Control and Prevention (CDC Heads Up Resources)

<https://www.cdc.gov/headsup/index.html>

### **LHSAA BASIC CONCUSSION RULE**

Any player who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion or balance problems) shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health care professional.

*A concussion is a traumatic brain injury that interferes with normal brain function. An athlete does not have to lose consciousness to have suffered a concussion.*

Concussion symptoms include:

- Headache
- "Pressure in head"
- Neck pain
- Nausea or vomiting
- Dizziness
- Blurred vision
- Balance problems
- Sensitivity to light
- Sensitivity to noise
- Feeling slowed down
- Feeling "in a fog"
- "Don't feel right"
- Difficulty concentrating
- Difficulty remembering
- Fatigue or low energy
- Confusion
- Drowsiness
- Trouble falling asleep
- More emotional
- Irritability
- Sadness
- Nervous or anxious

LHSAA Adopted Concussion Management Protocol:

1. No athlete shall return to play (RTP) or practice on the same day of a concussion.
2. Any athlete suspected of having a concussion shall be evaluated by a health-care professional, when clinically appropriate.
  - a. Health care provider definition: "Health care provider" means a physician as defined in R.S.37:1262(2), a licensed nurse practitioner, or licensed physician assistant.
3. Any athlete diagnosed with concussion shall be medically cleared by a health care provider, each of which must be licensed to practice in Louisiana, prior to resuming participation in any practice or competition.
4. After medical clearance, RTP should follow a step-wise protocol with provisions as determined by the health care provider, each licensed to practice in Louisiana, for delayed RTP based upon return of any signs or symptoms.

**ON-FIELD ASSESSMENT**  
**UNOFFICIAL CONDENSED FORMAT**

**SCAT 6 Sport Concussion Assessment Tool For Adolescents 13+ & Adults**

[ 1 ] Demographics		Step 2: Glasgow Coma Scale	
Name:		Time of Assessment:	
DOB:		Date of Assessment:	
ID Number:		<b>Best Eye Response (E)</b>	1 1 1
Time of Injury:		No eye opening	2 2 2
Date of Injury:		Eye opening to pain	3 3 3
Sex: Male / Female / Prefer Not to Say / Other		Eye opening to speech	4 4 4
Team/School:		Eye opening spontaneously	
Dominant Hand: R / L / Ambidextrous		<b>Best Verbal Response (V)</b>	1 1 1
First Language:		No verbal response	2 2 2
Preferred Language:		Incomprehensible sounds	3 3 3
		Inappropriate words	4 4 4
		Confused	5 5 5
		Oriented	
<b>Concussion History</b>		<b>Best Motor Response (M)</b>	1 1 1
How many diagnosed concussions has the athlete had past?		No motor response	2 2 2
When was the most recent concussion?		Extension to pain	3 3 3
How long was the recovery from the most recent concussion?		Abnormal flexion to pain	4 4 4
Primary Symptoms:		Flexion/withdrawal to pain	5 5 5
		Localized to pain	6 6 6
		Obeys commands	
		<b>GCS (E + V + M)</b>	

Step 1: Observable Signs		Step 3: Cervical Spine		Step 4: Oculomotor		Step 5: Maddocks Memory		Box 1: Red Flags	
<p><b>O Witnessed    O Observed on Video</b></p> <p>Lying motionless on playing surface</p> <p>Falling unprotected to the surface</p> <p>Balance/gait difficulties, motor incoordination, ataxia, stumbling, slow/l labored movements</p> <p>Disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions</p> <p>Blank or vacant look</p> <p>Facial injury after head trauma</p> <p>Impact seizure</p> <p>High-risk mechanism of injury (sport-dependent)</p>	<p>Y N</p> <p>Y N</p> <p>Y N</p> <p>Y N</p> <p>Y N</p> <p>Y N</p> <p>Y N</p> <p>Y N</p>	<p>In a patient who is not lucid or fully conscious, a cervical spine injury should be assumed and spinal precautions taken.</p> <p>Neck pain at rest?</p> <p>Tenderness to palpation?</p> <p>If NO neck pain and NO tenderness, does the athlete have full range of ACTIVE pain free movement</p> <p>Are limb strength and sensations normal?</p>	<p>Y N</p> <p>Y N</p> <p>Y N</p> <p>Y N</p>	<p>Coordination: Is finger to nose normal for both hands with eyes open and closed?</p> <p>Ocular/Motor: Without moving their head or neck, can the patient look side-to-side and up-and-down without double vision?</p> <p>Are observed extra ocular eye movements normal? If not, describe:</p>	<p>Y N</p> <p>Y N</p> <p>Y N</p> <p>Y N</p>	<p>"I am going to ask you a few questions, please listen carefully and give your best effort. First, tell me what happened?"</p> <p>What venue are we at today?</p> <p>Which half is it now?</p> <p>Who scored last in this match?</p> <p>What team did you play last week/last game?</p> <p>Did your team win the last game?</p> <p><b>Maddocks Score:</b></p>	<p>0 1</p> <p>0 1</p> <p>0 1</p> <p>0 1</p> <p>0 1</p>	<p>• Neck pain or tenderness</p> <p>• Seizures or convulsions</p> <p>• Double vision</p> <p>• Loss of consciousness</p> <p>• Weakness or tingling/burning in more than 1 arm or in the legs</p> <p>• Deteriorating conscious state</p> <p>• Vomiting</p> <p>• Severe or increasing headache</p> <p>• Increasingly restless, agitated, or combative</p> <p>• GCS &lt;15</p> <p>• Visible deformity of the skull</p>	

**RED FLAGS**  
See box 1

**YES** → **Remove from Play for Immediate Medical Assessment or Transport to Hospital/Medical Centre**

**NO** → **Positive Observable Signs?**

**YES** → **Remove from Play for Immediate Medical Assessment or Transport to Hospital/Medical Centre**

**NO** → **Glasgow Coma Scale Score <15?**

**YES** → **Remove from Play for Immediate Medical Assessment or Transport to Hospital/Medical Centre**

**NO** → **Neck Pain, Tenderness, or Loss of Range of Motion?**

**YES** → **Spinal Immobilisation and Cervical Collar**

**NO** → **Coordination or Ocular/Motor Screen Abnormality?**

**YES** → **Remove from Play for Immediate Medical Assessment or Transport to Hospital/Medical Centre**

**NO** → **Memory/Maddocks Questions Score <5?**

**YES** → **Remove from Play for Immediate Medical Assessment or Transport to Hospital/Medical Centre**

**NO** → **Continue with SCAT6 Administration**

### **Return To Learn Protocol**

1. Prepare to return to academic activities
  - a. Begin light mental activity for short periods of time (about 15 minutes several times/day)
  - b. Limit other mental/cognitive activities, especially those that worsen symptoms
    - i. For example, computers, phones, video games
2. Begin light activity academics
  - a. Return to class
    - i. This may be a single class or limited number of classes at first
    - ii. See if a classmate can take notes while you work on paying attention
    - iii. Change seating arrangement to limit distractions/stimulation
  - b. Work on short/small assignments
    - i. Work for short periods with rest in between
    - ii. Avoid computer, if able, due to the risk of eye strain, headache, or neck tension
  - c. Continue to limit problematic cognitive activities
    - i. Computer, texting, watching TV, etc.
3. Increase academic workload
  - a. Return to more/all classes
    - i. Begin taking notes
    - ii. Work on major assignments, tests, and projects
4. Return to normal academic workload
  - a. Return to ALL classes
  - b. Arrange to take tests and complete missed work, if any

\*The Return to Learn Progression can begin at any stage depending on the student athlete's symptoms. The health care provider will make that determination.

***Progression through the strategy is symptom limited (i.e., no more than a mild and brief exacerbation of current symptoms related to the current concussion) and its course may vary across individuals based on tolerance and symptom resolution. Further, while the Return to Learn (RTL) and Return to Sport (RTS) strategies can occur in parallel, student athletes should complete full RTL before unrestricted RTS.***

### **Return To Play Protocol**

Rehabilitation Stage	Functional Exercise at Each Stage of Rehabilitation	Objective of Each Stage
1. No Activity	Symptom limited physical and cognitive rest	Recovery
2. Light aerobic exercise	Walking, swimming, or stationary cycling keeping intensity <70% maximum permitted heart rate	Increase heart rate Perform for 30 minutes
3. Sport-specific exercise	Skating drills in hockey. Running drills in soccer. No head impact activities.	Add movement Perform for 30 minutes
4. Non-contact training drills	Progression to more complex training drills. For example, passing drills in football and soccer	Improve exercise, coordination, and increase cognitive load
5. Full contact practice	Following medical clearance participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6. Return to play Normal game play	Normal game play	

**If at any point concussion symptoms present or worsen, the player is to stop athletic activity. The health care provider will determine if the player must return to the prior step or re-attempt the stage on the following day. Once the prior step is completed without symptoms, the player may progress to the next step and attempt to complete it again.**

***Progression through the strategy is symptom limited (i.e., no more than a mild and brief exacerbation of current symptoms related to the current concussion) and its course may vary across individuals based on tolerance and symptom resolution. Further, while the Return to Learn (RTL) and Return to Sport (RTS) strategies can occur in parallel, student athletes should complete full RTL before unrestricted RTS.***



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## LHSAA Return to Competition Form

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The LHSAA requires a written statement from a health care provider for an athlete to return to competition after sustaining a concussion or head injury.

"If a competitor is determined to have a concussion, he/she shall not be permitted to continue practice or competition the same day. Written approval of a health care provider shall be required for the athlete to return to competition. If a health care provider recommends an athlete not continue, he/she shall not be overruled."

The undersigned attending health care provider has examined the student-athlete identified below and gives permission for the student-athlete to return to competition on the date and in the sport identified.

*"Health care provider" means a physician as defined in R.S.37:1262(2), a licensed nurse practitioner, or licensed physician assistant.*

<b>Athlete</b>	<b>Sport</b>
<b>School</b>	
<b>Date of Concussion</b>	<b>Date to Return</b>
<b>Attending Health Care Provider</b>	<b>LA Medical License</b>

**Attending Health Care Provider Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Athletes must receive written clearance from their health care provider to complete the graduated return to play progression.

*This form shall be completed in its entirety and should be maintained by the school and the health care professional. The LHSAA does not maintain this record.*



# A FACT SHEET FOR High School Coaches



Below is information to help high school coaches protect athletes from concussion or other serious brain injury, and to help coaches know what to do if a concussion occurs.

## What is a concussion?

A concussion is a type of traumatic brain injury caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells.

## What is a subconcussive head impact?

A subconcussive head impact is a bump, blow, or jolt to the head that *does not* cause symptoms. This differs from concussions, which *do* cause symptoms. A collision while playing sports is one way a person can get a subconcussive head impact. Studies are ongoing to learn about subconcussive head impacts and how these impacts may or may not affect the brain of young athletes.

## How can I keep athletes safe?

As a high school coach, your actions can help lower an athlete's chances of getting a concussion or other serious injury. Aggressive or unsportsmanlike behavior among athletes can increase their chances of getting a concussion or other serious injury.<sup>3</sup> Here are some ways you can help:

### Talk with athletes about concussion:

- Set time aside throughout the season to talk about concussion.
- Ask athletes about any concerns they have about reporting concussion symptoms.
- Remind athletes that safety comes first and that you expect them to tell you and their parent(s) if they think they have experienced a bump, blow, or jolt to their head and "don't feel right."

### Focus on safety at games and practices:

- Teach athletes ways to lower the chances of getting a hit to the head.
- Enforce rules that limit or remove the risk of head impacts.
- Tell athletes that good sportsmanship is expected at all times, both on and off the field.
- Be sure to also work closely with your team's athletic trainer, when available, to promote concussion safety.

## Multiple concussions

Athletes who have ever had a concussion have a higher chance of getting another concussion. A repeat concussion can lead to more severe symptoms and longer recovery.<sup>1,2</sup>

### Coach's to-do list:

- ✓ Talk with athletes about concussion.
- ✓ Teach athletes ways to lower their chances of getting a hit to the head.
- ✓ Encourage concussion reporting among your athletes.
- ✓ Know what to do if you think an athlete has a concussion.
- ✓ Learn how to help an athlete safely return to play after a concussion.



[cdc.gov/HEADSUP](https://cdc.gov/HEADSUP)

### Make sure athletes do not perform these unsafe actions:

- Use their head or helmet to contact another athlete.
- Make illegal contact or check, tackle, or collide with an unprotected opponent.
- Try to injure another athlete.

### Stay up to date on concussion information:

- Review your state, league, or school's concussion plans and rules.
- Take a training course on concussion. The Centers for Disease Control and Prevention (CDC) offers free concussion training at [cdc.gov/HEADSUP](https://cdc.gov/HEADSUP).
- Download CDC's HEADS UP app or another resource that provides a list of concussion signs and symptoms.

### Check equipment and sports facilities:

- Make sure all athletes wear a helmet that is appropriate for the sport or activity; ensure that the helmet fits well and is in good condition.
- Work with the game or event manager to fix any concerns, such as tripping hazards or goal posts without proper padding.

One study found that nearly 70% of athletes continued to play with concussion symptoms.<sup>4</sup>



## How can I spot a possible concussion?

Athletes who show or report one or more of the signs and symptoms listed below—or who simply say they just “don’t feel right”—after a bump, blow, or jolt to the head or body may have a concussion or other serious brain injury. Concussion signs and symptoms often show up soon after the injury, but it can be hard to tell how serious the concussion is at first. Some symptoms may not show up for hours or days.

### Signs coaches or parents may observe:

- Seems confused
- Forgets an instruction or is unsure of the game, position, score, or opponent
- Moves clumsily
- Answers questions slowly or repeats questions
- Can’t remember events before or after the hit, bump, or fall
- Loses consciousness (even for a moment)
- Has behavior or personality changes

### Signs of a more serious brain injury

In rare cases, a concussion can cause dangerous bleeding in the brain, which puts pressure on the skull. Call 9-1-1 if an athlete develops one or more of these danger signs after a bump, blow, or jolt to the head or body:

- A headache that gets worse and does not go away
- Significant nausea or repeated vomiting
- Unusual behavior, increased confusion, restlessness, or agitation
- Drowsiness or inability to wake up
- Slurred speech, weakness, numbness, or decreased coordination
- Convulsions or seizures (shaking or twitching)
- Loss of consciousness (passing out)

### Symptoms athletes may report:

- Headache
- Nausea or vomiting
- Dizziness or balance problems
- Bothered by light or noise
- Feeling foggy or groggy
- Trouble concentrating or problems with short- or long-term memory
- Does not “feel right”

### Some athletes may not report a concussion because they don’t think a concussion is serious.

They may also worry about:

- Losing their position on the team or losing playing time during a game,
- Putting their future sports career at risk,
- Looking weak,
- Letting down their teammates or the team, and/or
- What their coach or teammates think of them.<sup>5-7</sup>

## What should I do if an athlete has a possible concussion?

As a coach, if you think an athlete may have a concussion, you should:

### Remove the athlete from play.

**When in doubt, sit them out!** Record and provide details on the following information to help the school nurse, athletic trainer, or first responders assess the athlete after the injury:

- Cause of the injury and force of the hit or blow to the head or body
- Any loss of consciousness (passed out) and for how long
- Any memory loss right after the injury
- Any seizures right after the injury
- Number of previous concussions (if any)

### Keep an athlete with a possible concussion out of play on the same day of the injury and until cleared by a healthcare provider.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess an athlete for a possible concussion and decide when it is safe for the athlete to return to play.

### Inform the athlete's parent(s) about the possible concussion.

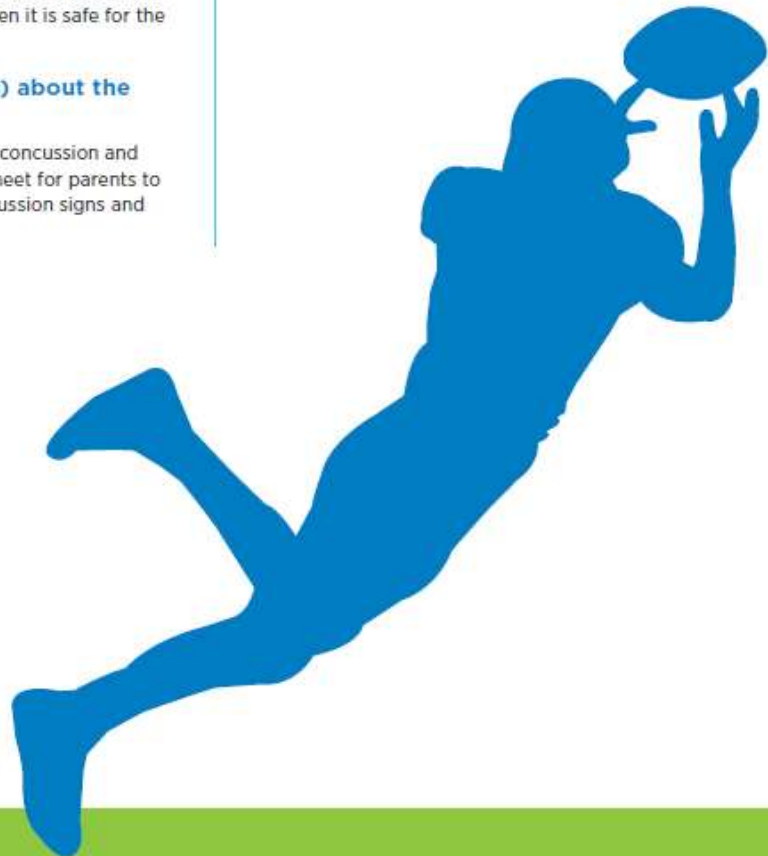
Let parents know about the possible concussion and give them the CDC HEADS UP fact sheet for parents to help them watch the athlete for concussion signs and symptoms at home.

### Ask for written instructions from the athlete's healthcare provider on return to play.

This should include information about when the athlete can return to play and steps you should take to help the athlete safely return to play. Athletes who continue to play while having concussion symptoms have a greater chance of getting another concussion. A repeat concussion that occurs before the brain has fully healed can be very serious and can increase the chance for long-term problems. It can even be fatal.

### Offer support during recovery.

An athlete may feel frustrated, sad, angry, or lonely while recovering from a concussion. Talk with them about it, and allow an athlete recovering from a concussion to stay in touch with their teammates, such as cheering on their team at practices and competitions.





## What steps should I take to help an athlete return to play?

An athlete's return to school and sports should be a gradual process that is approved and carefully managed and monitored by a healthcare provider. When available, be sure to also work closely with your team's certified athletic trainer.

There are six gradual steps to help an athlete safely return to play. These steps should not be done in one day, but instead over days, weeks, or months. **An athlete should move to the next step only if they do not have any new symptoms at the current step.**

**Step 1:** Return to non-sports activities, such as school, with a greenlight from the healthcare provider to begin the return-to-play process

**Step 2:** Light aerobic exercise

- Goal: Increase the athlete's heart rate
- Activities: Slow to medium walking or light stationary cycling

**Step 3:** Sport-specific exercise

- Goal: Add movement
- Activities: Running or skating drills; no activities with risk for contact

**Step 4:** Non-contact training drills

- Goal: Increase exercise, coordination, and thinking
- Activities: Harder training drills and progressive resistance training

**Step 5:** Full-contact practice

- Goal: Restore confidence and have coaching staff assess functional skills
- Activities: Normal training activities

**Step 6:** Return to regular sports activity

**Remember:** It is important for you and the athlete's parent(s) to watch for concussion symptoms after each day's activities, particularly after each increase in activity. If an athlete's concussion symptoms come back, or if he or she gets new symptoms when becoming more active at any step, this is a sign that the athlete is working too hard. The athlete should stop these activities, and the athlete's parent should contact the healthcare provider. After the athlete's healthcare provider says it is okay, the athlete can begin at the step before the symptoms started.



1. Chrisman SPD, Lowry S, Herring SA, et al. Concussion incidence, duration, and return to school and sport in 5- to 14-year-old American football athletes. *J Pediatr*. 2019;207:176-184. doi:10.1016/j.jpeds.2018.11.003.

2. Guskiewicz KM, McCrea M, Marshall SW, et al. Cumulative effects associated with recurrent concussion in collegiate football players: the NCAA Concussion Study. *JAMA*. 2003;290(19):2549-2555.

3. Collins CL, Fields SK, Comstock RD. When the rules of the game are broken: what proportion of high school sports-related injuries are related to illegal activity? *Inj Prev*. 2008;14(1):34-38.

4. Rivara FP, Schiff MA, Chrisman SP, Chung SK, Ellenbogen RG, Herring SA. The effect of coach education on reporting of concussions among high school athletes after passage of a concussion law. *Am J Sports Med*. 2014;42(5):1197-1203.

5. Kerr ZY, Register-Mihalik JK, Marshall SW, Evenson KR, Mihalik JP, Guskiewicz KM. Disclosure and non-disclosure of concussion and concussion symptoms in athletes: review and application of the socio-ecological framework. *Brain Inj*. 2014;28(8):1009-1021.

6. Register-Mihalik JK, Guskiewicz KM, McLeod TC, Linnan LA, Mueller FO, Marshall SW. Knowledge, attitude, and concussion-reporting behaviors among high school athletes: a preliminary study. *J Athl Train*. 2013;48(5):645-653.

7. Chrisman SP, Quintkitt C, Rivara FP. Qualitative study of barriers to concussive symptom reporting in high school athletics. *J Adolesc Health*. 2013;52(3):330-335.

*The information provided in this fact sheet or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other healthcare provider.*

Revised August 2019

To learn more,  
go to [cdc.gov/HEADSUP](https://cdc.gov/HEADSUP)



**Louisiana High School Athletic Association**  
**Coaches Concussion Statement**

After reading the CDC Heads Up Concussion Fact Sheets and reviewing the LHSAA Concussion Management Protocol, I am aware of the following information:

Initial:	
	A concussion is a brain injury which athletes should report to their health care provider or athletic trainer.
	A concussion can affect the athlete's ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance. You cannot always see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.
	Athletes shall not return to play in a game or practice on the same day that they are suspected of having a concussion.
	Athletes diagnosed with a concussion must be assessed by a health care provider. Athletes will begin a graduated return to play protocol following full recovery of neurocognition and balance.
	Concussed athletes are much more likely to experience complications if they return to play before symptoms resolve including but not limited to permanent brain damage or even death.

I commit to the following:

Initial:	
	I will not knowingly allow the athlete to return to play in a game or practice if he/she has received a blow to the head or body that results in concussion-related symptoms.
	If I suspect one my athletes has a concussion, it is my responsibility to have that athlete see the medical staff.
	I will encourage my athletes to report any suspected injuries and illnesses to the health care provider or athletic trainer, including signs and symptoms of concussions.

\_\_\_\_\_  
Signature of Coach

\_\_\_\_\_  
Printed Name of Coach

\_\_\_\_\_  
Date

This form must be kept on record with the school.

# A FACT SHEET FOR Sports Officials



The information in this fact sheet can help you protect athletes from concussions or other serious brain injuries and know what to do if an athlete might have a concussion.

## Understand concussion

A concussion is a type of traumatic brain injury caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

## Help keep athletes safe

As a sports official, you help set the tone for safe play and can help lower an athlete's chances of getting a concussion or other serious injury. When athletes are overly aggressive or make illegal actions, they can increase the risk for concussion for themselves and other athletes. Here are some ways you can keep athletes safe:

- Enforce the rules for fair play, safety, and good sporting behavior.
- Learn to recognize the signs and symptoms of concussions so you can be confident about when an athlete should be removed from a game or competition.
- Stop play whenever there is a concern for the safety of athletes, and remove an athlete from a game or competition if you observe concussion signs or if the athlete reports concussion symptoms.
- Penalize athletes for unsafe actions, such as:
  - Using their head or helmet to contact another athlete.
  - Making illegal contacts or checking, tackling, or colliding with an unprotected athlete.
  - Trying to injure or put another athlete at risk for injury.
- Use correct terminology, such as concussion and brain injury. Avoid words, such as *bell ringers* and *dings* to describe a concussion because these can make light of a serious problem.
- Use pre-season and pre-game meetings to remind coaches to promote a culture of concussion safety with athletes.

## Take action for a possible concussion

If you suspect that an athlete might be experiencing concussion symptoms, pull them from play. **When in doubt, get them out.**

An athlete who is allowed to continue playing with a concussion, or who is returned to play too soon, is at risk for a repeat brain injury. This can lead to a longer recovery and poorer health outcomes.



## Stay up to date on concussion policies and information

- Review your state, league, and organization's concussion policies. Be aware that concussion policies may vary by location and sport. Most policies state that an athlete cannot return to a game or competition on the same day the possible concussion occurred and cannot return before being cleared by a healthcare provider.
- Take a training course on concussion. The Centers for Disease Control and Prevention (CDC) offers free concussion training for sports officials at [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP).
- Talk with other sports officials to share strategies that enforce safe and fair play.

GOOD SPORTS  
MODEL IT. EXCELLENCE.



# ENFORCE SAFE PLAY. SPORTS OFFICIALS SET THE TONE FOR SAFETY.

## Spot a possible concussion

Athletes with one or more of the signs and symptoms listed below after a bump, blow, or jolt to the head or body may have a concussion or other serious brain injury.

### Concussion signs that sports officials, parents, or coaches might observe in athletes:

- Appearing confused, dazed, or stunned
- Looking unsure of game, score, or opponent
- Moving clumsily (appearing off-balance or dizzy)
- Being slow to answer questions
- Being unable to remember events before or after the hit, bump, or fall
- Losing consciousness (only occurs in about 10-15% of concussions)
- Showing behavior or personality changes

### Concussion symptoms that athletes might feel and report:

- Having a headache
- Feeling nauseated or vomiting
- Experiencing balance problems or dizziness
- Seeing double or having fuzzy vision
- Feeling sensitive to light or noise
- Feeling sluggish
- Feeling mentally foggy
- Having difficulty concentrating or remembering plays
- Being confused about what play it is or what part of the game it is

### Signs of a more serious brain injury

Have someone call 9-1-1 if an athlete develops one or more of these danger signs after a bump, blow, or jolt to the head or body:

- Drowsiness or inability to wake up or inability to stay awake
- Repeated vomiting
- Convulsions or seizures (seizures can include violent, uncontrollable shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Slurred speech, weakness, numbness, or decreased coordination
- One pupil larger than the other
- A headache that gets worse and does not go away

*The information provided in this fact sheet or through links to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other healthcare provider.*

Revised August 2022

To learn more,  
go to **cdc.gov/HEADSUP**





**Louisiana High School Athletic Association**  
**Officials Concussion Statement**

After reading the CDC Heads Up Concussion Fact Sheets and reviewing the LHSAA Concussion Management Protocol, I am aware of the following information:

Initial:	
	A concussion is a brain injury which athletes should report to their health care provider, athletic trainer, or coach.
	A concussion can affect the athlete's ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance. You cannot always see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.
	Athletes shall not return to play in a game or practice on the same day that they are suspected of having a concussion.
	Athletes diagnosed with a concussion must be assessed by a health care provider. Athletes will begin a graduated return to play protocol following full recovery of neurocognition and balance.
	Concussed athletes are much more likely to experience complications if they return to play before symptoms resolve including but not limited to permanent brain damage or even death.

I commit to the following:

Initial:	
	I will not knowingly allow the athlete to return to play in a game or practice if he/she has received a blow to the head or body that results in concussion-related symptoms.
	If I suspect an athlete has a concussion, it is my responsibility to have that athlete see the health care provider, athletic trainer, or coach.
	I will encourage my athletes to report any suspected injuries and illnesses to the medical staff, including signs and symptoms of concussions.

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Printed Name of Official

\_\_\_\_\_  
Date

This form must be kept on record with the Regional Coordinator of Officials for the local officials association.



## A FACT SHEET FOR High School Athletes



This sheet has information to help you protect yourself from concussion or other serious brain injury and know what to do if a concussion occurs.

### WHAT IS A CONCUSSION?

A concussion is a brain injury that affects how your brain works. It can happen when your brain gets bounced around in your skull after a fall or hit to the head.

### What Should I Do If I Think I Have a Concussion?



**Report It.** Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. It's up to you to report your symptoms. Your coach and team are relying on you. Plus, you won't play your best if you are not feeling well.

**Get Checked Out.** If you think you have a concussion, do not return to play on the day of the injury. Only a healthcare provider can tell whether you have a concussion and when it is OK to return to school and play. The sooner you get checked out, the sooner you may be able to safely return to play.



### Give Your Brain Time to Heal.

A concussion can make everyday activities, such as going to school, harder. You may need extra help getting back to your normal activities. Be sure to update your parents and doctor about how you are feeling.

### Why Should I Tell My Coach and Parent About My Symptoms?



- Playing or practicing with a concussion is dangerous and can lead to a longer recovery.
- While your brain is still healing, you are much more likely to have another concussion. This can put you at risk for a more serious injury to your brain and can even be fatal.

**GOOD TEAMMATES KNOW:  
IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.**



[cdc.gov/HEADSUP](https://cdc.gov/HEADSUP)

## How Can I Tell If I Have a Concussion?

You may have a concussion if you have any of these symptoms after a bump, blow, or jolt to the head or body:

-  ..... **Get a headache**
-  ..... **Feel dizzy, sluggish, or foggy**
-  ..... **Are bothered by light or noise**
-  ..... **Have double or blurry vision**
-  ..... **Vomit or feel sick to your stomach**
-  ..... **Have trouble focusing or problems remembering**
-  ..... **Feel more emotional or “down”**
-  ..... **Feel confused**
-  ..... **Have problems with sleep**

Concussion symptoms usually show up right away, but you might not notice that something “isn’t right” for hours or days. A concussion feels different to each person, so it is important to tell your parents and doctor how you are feeling.

## How Can I Help My Team?



### **Protect Your Brain.**

Avoid hits to the head and follow the rules for safe and fair play to lower your chances of getting a concussion. Ask your coaches for more tips.



### **Be a Team Player.**

You play an important role as part of a team. Encourage your teammates to report their symptoms and help them feel comfortable taking the time they need to get better.

The information provided in this document or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other healthcare provider.

*Revised January 2019*

To learn more,  
go to [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)



## A FACT SHEET FOR Parents



### What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

### What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

If your child or teen reports one or more of the symptoms of concussion listed below, or if you notice the signs or symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

## Signs & Symptoms of a Concussion

### Signs Observed by Parents or Guardians

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to hit, bump, or fall
- Can't recall events *after* hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

### Symptoms Reported by Your Child or Teen

#### Thinking/Remembering

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

#### Physical

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

#### Emotional

- Irritable
- Sad
- More emotional than usual
- Nervous

#### Sleep\*

- Drowsy
- Sleeps *less* than usual
- Sleeps *more* than usual

*\*Only ask about sleep symptoms if the injury occurred on a prior day.*

To download this fact sheet in Spanish, please visit: [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP). Para obtener una copia electrónica de esta hoja de información en español, por favor visite: [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)  
January 2021





## Danger Signs

Be alert for symptoms that worsen over time.

Your child or teen should be seen in an emergency department right away if she or he has one or more of these danger signs:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Children and teens with a suspected concussion should **NEVER** return to sports or recreation activities on the same day the injury occurred.

They should delay returning to their activities until a healthcare provider experienced in evaluating for concussion says it's OK to return to play. This means, until permitted, not returning to:

- Physical Education (PE) class
- Sports practices or games
- Physical activity at recess

### What should I do if my child or teen has a concussion?

#### 1. Seek medical attention right away.

A healthcare provider experienced in evaluating for concussion can determine how serious the concussion is and when it is safe for your child or teen to return to normal activities, including physical activity and school (concentration and learning activities).

#### 2. Help them take time to get better.

If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen may need to limit activities while s/he is recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse. After a concussion, physical and cognitive activities—such as concentration and learning—should be carefully managed and monitored by a healthcare provider.

#### 3. Talk to your child or teen about how they are feeling.

Your child may feel frustrated, sad, and even angry because s/he cannot return to recreation and sports right away, or cannot keep up with schoolwork. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement.

### How can I help my child return to school safely after a concussion?

Most children can return to school within a few days. Help your child or teen get needed support when returning to school after a concussion. Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms.

Your child's or teen's healthcare provider can use CDC's Letter to Schools to provide strategies to help the school set up any needed supports.

As your child's symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed
- Spend fewer hours at school
- Be given more time to take tests or complete assignments
- Receive help with schoolwork
- Reduce time spent reading, writing, or on the computer
- Sit out of physical activities, such as recess, PE, and sports until approved by a healthcare provider
- Complete fewer assignments
- Avoid noisy and over-stimulating environments

To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP) or call 1.800.CDC.INFO

January 2021



**Louisiana High School Athletic Association**  
**Student-Athlete and Parent Concussion Statement**

After reading the CDC Heads Up Concussion Fact Sheets and reviewing the LHSAA Concussion Management Protocol, I am aware of the following information:

Athlete Initial:		Parent Initial:	
			A concussion is a brain injury which I am responsible for reporting to my coach, athletic trainer, or health care provider.
			A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance. You cannot always see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.
			Athletes shall not return to play in a game or practice on the same day that they are suspected of having a concussion.
			Athletes diagnosed with a concussion must be assessed by a health care provider. Athletes will begin a graduated return to play protocol following full recovery of neurocognition and balance.
			Concussed athletes are much more likely to experience complications if they return to play before symptoms resolve including but not limited to permanent brain damage or even death.

I commit to the following:

Athlete Initial:		Parent Initial:	
			I will report all injuries and illnesses to my coach, athletic trainer and/or health care provider.
			I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.
			If I suspect a teammate has a concussion, I will report the injury to my coach, athletic trainer, or team health care provider.

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Printed Name of Student-Athlete

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

This form must be kept on record with the school.