



**DELAWARE HEALTH
AND SOCIAL SERVICES**
Division of Public Health

DEVELOPING CONCUSSION POLICIES: A Guide for Non-scholastic Youth Athletic Activity Organizations





DEVELOPING CONCUSSION POLICIES: A Guide for Non-scholastic Youth Athletic Activity Organizations

▶ TABLE OF CONTENTS

3	INTRODUCTION
4	POLICY COMPONENTS
4	Purpose Statement
5	Education and Training Requirements
5	Athlete and Parent/Guardian Education
6	Team, Game, & Non-Scholastic Athletic Activity Official Education
7	Concussion Response
7	Removal from Play
8	Evaluation and Clearance to Return
9	Penalties
10	Concussion Management
11	Return to Learn
12	Return to Play
13	Acknowledgements
14	APPENDICES
14	Appendix A: Concussion Fact Sheet for Athletes
16	Appendix B: Concussion Fact Sheet for Parents/Guardians
18	Appendix C: Sample Acknowledgment Form
19	Appendix D: Concussion Fact Sheet for Coaches
21	Appendix E: Return to Learn Protocol
23	Appendix F: Return to Play Protocol

This publication is published by the the State Council for Persons with Disabilities Brain Injury Committee and the Delaware Department of Health and Social Services, Division of Public Health in support of the DE Code: [Title 16, Chapter 30L Concussion Protection in Youth Athletic Activities Act \(CPYAAA\)](#) | Issued September 2017.

Introduction



Delaware State Council for Persons with Disabilities (SCPD) Brain Injury Committee (BIC) created *Developing Concussion Policies: A Guide for Youth Athletic Activity Organizations* to assist in writing and implementing policies for the prevention and management of sports- and recreation-related concussions in accordance with Delaware state law ([Title 16, Chap 30L](#)). For any questions related to this guide, to request technical assistance, or to request printed materials, contact SCPD at scpd@delaware.gov.

➤ How to Use This Guide

Effective concussion policies should not only be in compliance with Delaware law, the Health Insurance Portability and Accountability Act (HIPAA), and the Family Educational Rights and Privacy Act (FERPA), but also provide clear guidance for implementation. This document is designed to assist your organization in creating such policies.

The guide is laid out as follows:

POLICY SECTION — These are the main components of policy required by state law.

PURPOSE — This is a brief explanation of the purpose and importance of each section of the policy.

POLICY SUBSECTION — Some policy sections are broken down into subsections. For example, the Education and Training Requirements section is divided into two subsections: “Athlete and Parent/Guardian Education” and “Team and Game Official Education.”

THINGS TO CONSIDER — These are questions to ask and things to consider when writing your organization’s policy.

- *What* is being required?
- *Who* is responsible?
- *How* will this be implemented?
- *When* will this be done and how frequently?

EXAMPLE LANGUAGE — At the end of each section is sample policy language that can be adapted and customized to fit your organization’s structure.

Policy Components



Purpose Statement

Your organization should establish a purpose statement to open the concussion policy. The purpose statement should reinforce the seriousness of concussions, state the intention of the policy, and cite the state law ([Title 16, Chap 30L](#)) mandating the policy.

➤ Things to Consider:

- **What group is responsible for adopting your organization’s policies?**
 - Board of directors
 - Franchise owner
 - Other organizational governing body or board
- **What requirements will be set for regular review and revision of the policy?**
 - How often will the policy be reviewed (e.g., annually)?
 - What position will be responsible for identifying needed revisions (e.g., updates to state law)?
- **What position(s) will be responsible for implementation of the policy?**
 - Individual position (e.g., program director)
 - Team-based approach

➤ Example Language

*The **[organization]** recognizes that concussions, a type of traumatic brain injury (TBI), are serious injuries with negative outcomes that can affect an individual physically, emotionally, behaviorally, and/or cognitively, with the potential for long-term impacts on brain development. While concussions have many causes, these brain injuries are commonly sustained by youth participating in athletics or other recreational activities. The purpose of this policy is: to maximize safety with respect to sports- and recreation-related concussions by educating staff, team and game officials, athletes, and parents/guardians about concussions; providing guidance on how to prevent and manage concussions; and supporting youth returning to activities after a concussion, in accordance with Delaware state law ([Title 16, Chap 30L](#)). This policy will be reviewed on an annual basis. The **[assigned position]** will be responsible for reviewing requirements of state law against this concussion policy and for seeking any technical assistance needed for policy review and revision. The **[assigned position(s)]** will be responsible for implementation of this policy.*

Education and Training Requirements

Concussion policies should establish standards for regular, ongoing concussion education and training for athletes, parents/guardians, team and game officials. Consistent presentation of accurate and current concussion information is essential in the prevention and management of childhood concussions.

Athlete and Parent/Guardian Education

State law requires athletes and their parents/guardians to receive a concussion fact sheet on an annual basis, before participating in any non-scholastic athletic activity or program. The policy section must include the types of information included in fact sheets (e.g., symptoms, risks, dangers of returning to play too quickly). The policy should also detail procedures for collecting and maintaining signed acknowledgment forms from athletes and parents/guardians stating they have received the information sheet and understand its contents. A mandatory info form is available at <https://scpd.delaware.gov/brainToolkit/biConcussion/index.shtml?dc=conParentPlayer>.



- ▶ [Concussion Fact Sheet for Athletes](#) (Appendix A)
- ▶ [Concussion Fact Sheet for Parents/Guardians](#) (Appendix B)
- ▶ [Sample Acknowledgment Form](#) (Appendix C)

Things to Consider:

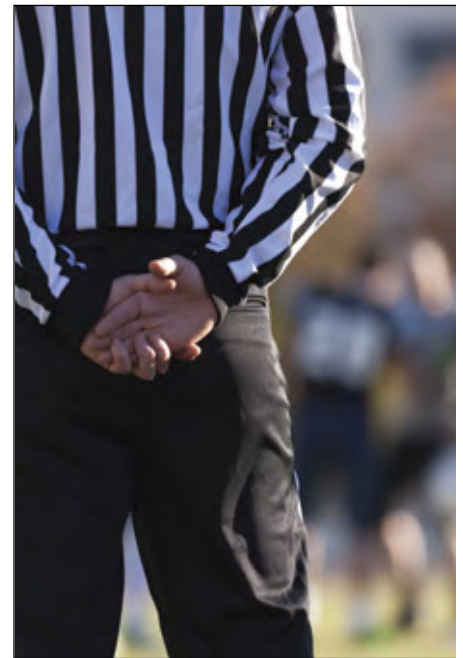
- **What fact sheet(s) and acknowledgment form will your organization use?**
 - Will these be appended to the policy?
- **How will concussion information be disseminated to athletes and parents/guardians?**
 - During what time period (e.g., during enrollment/registration, sports physicals, tryouts)?
- **Who will be responsible for distributing concussion information?**
- **Who will be responsible for collecting and maintaining completed acknowledgment forms?**
 - Where will records be maintained (e.g., administrative office, branch office, with the governing board)?
 - How will forms be collected (e.g., in-person, email, fax) and stored (e.g., electronic files, hard copy storage)?
- **Who will verify acknowledgment form completion prior to athletics participation?**
- **What penalties will be set for allowing athletes to participate without record of a current, completed acknowledgment form?**

Example Language

On an annual basis, the [assigned position] will provide athletes and their parents/guardians concussion information on the nature and risk of the injury, including the risk of continuing to play after a concussion. Athletes and parents/guardians must complete, annually, an acknowledgment form affirming receipt and understanding of the provided concussion information. These acknowledgment forms must be turned in to the [assigned position] prior to participation in practice or competition; original hard copy forms will be stored in [location]. The [assigned position] will be responsible for verifying receipt of a completed acknowledgment form prior to athletics participation. Staff, including volunteers, who knowingly allow an athlete to participate in practice or competition prior to receipt of the completed acknowledgment form will be subject to discipline according to the Penalties section of this policy. (See appendix for fact sheet(s) and acknowledgment form.)

Team, Game, & Non-Scholastic Athletic Activity Official Education

State law requires team and game officials to complete annual concussion training provided by the National Federation of State High School Associations (NFHS), and additional training from a comparable program or resource if necessary. Documentation of completed training must be maintained and readily available upon request. No team, game, or recreational athletic activity official may be entrusted with the care and safety of athletes without documentation of training. A link to Concussion training for Coaches and officials is available on the SCPD website at: <https://scpd.delaware.gov/brainToolkit/biConcussion/index.shtml?dc=conCoach> The NFHS trainings are free of charge for Online completion. Each training provides a certificate of completion that serves as documentation of the completed training required by state law.



▶ [Concussion Fact Sheet for Coaches \(Appendix D\)](#)

▶ [NFSHSA Online Training](#)

➤ Things to Consider:

■ How does your organization define “team officials?”

- Who is responsible for athletes and held to training requirements (e.g., coaches, program directors, athletic trainers, volunteers)?

■ How does your organization define “game officials?”

- How are game officials retained (e.g., employees, contract employees, volunteers)?

■ How will your organization provide training ?

- What space will your organization use?
- Will your organization provide computer and Internet access?

■ When will your organization complete training ?

- During what time frame (e.g., academic year, pre-season, sports season)?
- Will your organization require a deadline to submit training documentation?

■ How will your organization collect, verify, and maintain training records?

- Are there differences in collecting and maintaining training records for volunteers?
- Who in your organization will bear responsibility for maintaining records of completion?
- Where will your organization maintain records (e.g., administrative or branch office, with the governing board)?
- How will your organization store forms (e.g., electronic files, hard copy storage)?

■ What penalties will your organization set for not meeting training requirements?

➤ Example Language

On an annual basis, team and game officials must complete [selected training]. Training must be completed by [identified team, game, or athletic activity officials] before the [identified time frame]. The [assigned position(s)] are responsible for coordinating space and computer access, maintaining training documentation that is readily available upon request, and storing original hard copy training certificates in [location]. No team, game, or athletic activity official may be entrusted with the care and safety of athletes prior to completion of annual concussion training. Participation in athletics programs without documentation of current concussion training will result in disciplinary action according to the Penalties section of this policy.

► Concussion Response

Appropriate response to a suspected concussion is essential for an athlete's safety and recovery after an injury. The response portion of the concussion policy should cover the following: when to remove an athlete from play, medical evaluation, and requirements for returning to activities. Policies should prioritize athletes' health and safety first and foremost and reinforce penalties for failure to follow concussion policy protocols.

Removal from Play

Removing an athlete from play immediately after a suspected concussion is the first step in protecting them from further injury. Signs and symptoms of a concussion may not appear for hours or days after the initial impact. A second hit to the head or body, before an initial concussion is healed, can be deadly, a rare but devastating event referred to as second impact syndrome. Concussion policies should detail who is responsible for removing an athlete from play and when an athlete should be removed. Because signs and symptoms of a concussion do not always emerge immediately after a blow to the head or body, policies should not limit removal from play to immediate signs of injury. Once an athlete is removed from play, they may not return to play on the same day of the injury without written clearance from a licensed health care provider.

► Things to Consider:

- **How will your organization document the injury?**
 - Who is responsible for documenting the injury incident?
 - What information will your organization include (e.g., date and time of injury, circumstances, signs of concussion, symptoms reported, guardians notified)?
- **What position(s) within your organization will receive notification of the incident?**
 - Who is responsible for these notifications?
- **How will your organization communicate with parents/guardians after an athlete is removed from play?**
 - Who is responsible for contacting an athlete's parents/guardians?
 - What concussion information will that individual(s) provide to parents/guardians?
- **Will your organization conduct any follow-up with the athlete's family?**
 - Who is responsible for follow-up?
 - How will the individual(s) document follow-up contact?
- **What is your organization's emergency action plan?**
 - Who is responsible for coordinating emergency procedures?

► Example Language

Any non-scholastic team, game, or athletic activity official who becomes aware or suspects that an athlete sustained a concussion should immediately remove the athlete from the practice, activity, or game. Remove athletes from play when:

- *An athlete has taken, or is suspected to have taken, a blow or impact to the head or body with potential to cause a concussion.*
- *A team, game, or athletic activity official becomes aware of or suspects that an athlete is exhibiting signs, symptoms, or behaviors consistent with sustaining a concussion.*

The [assigned position(s)] are responsible for initial and follow-up communication with organizational staff and the athlete's parents/guardians, documenting injury circumstances and follow-up, and, when appropriate, enacting the emergency action plan.

Evaluation and Clearance to Return

A licensed health care provider must evaluate athletes removed from play for a suspected concussion. Athletes must receive written clearance from a licensed health care provider, who is trained in concussion management, to return to activities post-concussion. Permission to return to activities from parents/guardians is not acceptable, nor is verbal clearance from any source. State law defines a “health care provider” as an individual who is registered, certified, licensed, or otherwise recognized by the state to provide medical or psychological treatment and who is trained and experienced in the evaluation, management, and care of concussions ([Title 16, Chap 30L](#)). Policies must detail procedures for collecting and storing releases for athletes to return to activities after a concussion.

Before returning to any non-scholastic athletic activity, an athlete should complete the Return to Learn Protocol and be symptom free for at least 24 hours. If school is not in session, the athlete should have returned to all activities of daily living and been symptom free for at least 24 hours.



➤ Things to Consider:

- **Who will your organization make responsible for collecting and maintaining clearance records?**
 - Where will your organization maintain records (e.g., administrative office, branch office, with the governing board)?
 - How will your organization store records (e.g., electronic files, hard copy storage)?
 - How long will your organization maintain records?
 - How will your organization meet HIPAA and FERPA requirements?
- **How will your organization proceed until you receive written clearance (e.g., will you add the athlete to a to a no-play list)?**
 - Who will coordinate?

➤ Example Language

Athletes removed from practice or competition because of a suspected concussion will not be allowed to return to play the same day. Prior to beginning the Return to Play Protocol, the athlete must complete the Return to Learn Protocol (have returned to all activities of daily living and been symptom free for at least 24 hours when school is not in session) and receive written clearance to return to play from a licensed health care provider. An athlete’s parent/guardian is not eligible to give consent for the athlete to return to activities. Verbal clearance is not acceptable. The [assigned position] is responsible for collecting records of written clearance, maintaining records in [location], and coordinating appropriate support(s) for an athlete to return to activities. Staff, including volunteers, who knowingly allow an athlete to participate in practice or competition prior to receipt of written clearance to return to play from a licensed health care provider are subject to disciplinary action according to the Penalties section of this policy.

▶ Penalties

Youth sports organizations' concussion policies must include predetermined penalties for team, game, or athletic activity officials who do not remove an athlete from play upon a suspected concussion. Organizational leadership may establish harsher penalties than these minimums; however, all penalties should be established in policy before enforcement.

These policies should be shared with the parents/guardians of the athlete participating in the athletic activity.



- ▶ **First violation:** “Required completion of additional concussion recognition and management education as predetermined by the governing board.” Additional training must be documented, with record of completion readily available upon request.
- ▶ **Second violation:** “Suspension from the sport or activity until an appearance in front of the governing board.” The appearance before the governing board may involve a determination as to whether or not the individual will continue in their role with the organization.

▶ Things to Consider:

- **How will your organization make team and game officials aware of these penalties?**
 - When will notification occur (e.g., during on-boarding, with annual concussion training, pre-sports season)?
- **Who will your organization make responsible for coordinating penalty enforcement?**
 - How will you hold volunteers to penalty standards?
- **Who will your organization make responsible for maintaining additional training records?**
 - Where will you maintain records (e.g., administrative or branch office, or governing board)?
 - How will you store records (e.g., electronic files, hard copy storage)?
 - How long will you maintain records?

▶ Example Language

Any team, game, or athletic activity official who does not remove an athlete from a practice or competition upon a suspected concussion is subject to the following penalties. Team, game, or athletic activity officials include [specify all applicable coaching, athletic, and officiating staff]. The first violation will require the official to complete additional concussion recognition and management education. [Specify the selected additional training.] Document and submit training completion to the [assigned position]. The [assigned position] is responsible for maintaining training documentation that is readily available upon request and for storing original hard copy training certificates in [location]. Upon a second violation, the official will receive suspension from the sport or activity until an appearance in front of the [organization leadership]. The appearance before the [organization leadership] may involve a determination as to whether or not the individual will continue in their role with the organization.



Concussion Management

After a concussion, returning to activities – classroom, non-scholastic athletic, or other activities– requires appropriate management to promote full recovery. The concussion management section of your policy should detail how your organization will support athletes in gradually returning to full athletic activity participation.

Concussions can have many causes outside of athletics. Regardless of the cause, effective concussion management requires a wraparound, collaborative approach with several team members contributing to supporting youth in their gradual return to activities. The approach to concussion management is influenced by organization type, capacity, staff or volunteer roles, and availability. Coaches, organization staff and/or administrators, parents/guardians, teachers, school nurses, and counselors, are all examples of possible concussion management team members. These individuals play a vital role in creating a culture that values safety and open communication, encourages reporting of concussion symptoms, and supports youth throughout the process of recovery.

► Concussions Off the Field

Concussions have many causes and are not limited to sports, athletic or recreational activities. Other common causes of concussions include:

- **Falls**
 - Falls cause 49% of brain injuries among children (CDC, 2019)
- **Motor vehicle crashes**
 - Traffic crashes
 - All-terrain vehicle (ATV) crashes
- **Being struck by or against an object or another person**
 - Domestic violence
 - Assault
 - Abusive head trauma

Youth non-scholastic athletic activity organizations need to prepare to support athletes who suffer a concussion off the playing field. Your organization must follow the same protocols to protect these athletes and gradually return them to play just as you would if the athlete sustained a concussion during a practice or competition. For more information, visit <https://scpd.delaware.gov/brainToolkit/biConcussion/index.shtml>

What if You Suspect Abuse?

Every person in Delaware who has reason to believe that a child under 18 has been abused or neglected or is in danger of being abused or neglected is **required by law** to immediately make a report.

Delaware Child Abuse Hotline (24-hour statewide): 1-800-292-9582

Return to Learn

After a concussion, athletes should gradually return to the classroom by following the Return to Learn Protocol when school is in session. The athlete should complete the Return to Learn Protocol with their school *before* returning to athletic activity and beginning the Return to Play Protocol with your organization. If school is not in session, the athlete should have returned to all activities of daily living and be symptom free for at least 24 hours before starting the Return to Play Protocol. Return to Learn Protocol is available at: <https://www.biausa.org/brain-injury/about-brain-injury/concussion-mtbi/return-to-learn>

▶ [Return to Learn Protocol](#) (Appendix E)

➤ Things to Consider:

When school is in session:

- How will your organization verify that an athlete completed the Return to Learn Protocol at their school and been symptom free at least 24 hours?
 - Who will your organization make responsible?
 - How will your organization document verification?

When school is not in session:

- How will your organization verify an athlete has returned to all activities of daily living and been symptom free for at least 24 hours prior to beginning the Return to Play Protocol?
 - Who will your organization make responsible?
 - How will your organization document verification?

➤ Example Language

The [assigned position] is responsible for verifying with the parent/guardian that an athlete has, during the academic year, completed the Return to Learn Protocol or has returned to full activities of daily living outside of the academic year and been symptom free for at least 24 hours. The [assigned position] is responsible for collecting and maintaining all related documentation.



Return to Play

Athletes must have written clearance from a licensed health care provider before returning to athletic activity after a suspected concussion. Similar to returning to the classroom and other activities, this is a gradual process guided by the Return to Play Protocol. Athletes must complete the Return to Play Protocol before returning to play when school is in session; when school is not in session, athletes must have returned to all activities of daily living and be symptom free for at least 24 hours. If concussion symptoms return or worsen at any point when following the Return to Play Protocol, the athlete must stop the protocol. The Return to Play Protocol for Delaware is available in [Appendix F](#) and here: <https://www.biausa.org/brain-injury/about-brain-injury/concussion-mtbi/return-to-play>.



► Concussion Parent Player Information Form

► Things to Consider:

- How will your organization train staff and/or volunteers on Delaware's Return to Play Protocol?
 - Will your organization append the protocol to the policy?
- Who will coordinate the Return to Play Protocol?
- Who will maintain records of Return to Play Protocol completion?
 - Where will your organization maintain records (E.g., administrative or branch office, or governing board)?
 - How will your organization store records (E.g., electronic files, hard copy storage)?
- Who will document and notify parents/guardians of new/returning concussion signs and symptoms?

► Example Language

After a concussion, athletes must progress through the Return to Play Protocol ([see appendix](#)) before they are allowed to return to full athletic activity participation. Athletes must complete the Return to Learn Protocol or, outside of the academic year, have returned to all activities of daily living and been symptom free for at least 24 hours before beginning the Return to Play Protocol. Athletes must have written clearance from a licensed healthcare provider to begin the Return to Play Protocol. The [\[assigned position\]](#) is responsible for overseeing and documenting an athlete's return to play progress. If concussion symptoms return while going through the protocol, the [\[assigned position\]](#) must document this and report it to the athlete's parent/guardian. The athlete may not participate in full practice or in competition until they have completed the Return to Play Protocol.

► Conclusion

Concussions are serious injuries that affect how the brain functions. These effects can be short term, lasting only a few days, to long term/lifelong. A concussion can happen anywhere. Everyone plays an important role in learning how to spot a concussion and knowing what to do if they think a child or teen has a concussion. Delaware state law requires all youth sports and athletic organizations to have a policy in place that addresses concussion education, prevention, and management ([Title 16, Chap 30L](#)). This guide can help your organization develop a concussion policy that meets the requirements of state law and promotes athletes' health and safety. For technical assistance and questions related to this guide, contact SCPD at <https://scpd.delaware.gov/about/aboutIn/index.shtml?dc=contact>.

— ACKNOWLEDGEMENTS:

State Council for Persons with Disabilities

John McNeal, Director

Carol Shrader, Policy Director

Amber Rivard, Administrative Specialist II

Dee Rivard, Traumatic Brain Injury Administrator

Concussion Protection in Youth Athletic Activities Act (CPYAAA) Working Group

Karen McGloughlin, Chair; Social Service Administrator, Division of Public Health, Department of Health & Social Services (DHSS)

Stefanie Lancaster, Vice Chair, Social Service Administrator, Developmental Disabilities Council (DDC)

Elizabeth Booth, Esquire; Community Legal Aid Society, Inc., Disability Law Program

Dee Rivard, Traumatic Brain Injury Administrator, State Council for Persons with Disabilities (SCPD)

Cheryl Doucette, Executive Director, Brain Injury Association of Delaware (BIADE)

Delaware's Brain Injury Committee

Christine Applegate, Chair; Survivor; BSN, RN, CRRN, & Neurosurgery Nurse Navigator, Bayhealth Hospital, Kent Campus

Stefanie Lancaster, Vice-Chair, Survivor, Social Service Administrator, Developmental Disabilities Council (DDC)

Kaitlyn Angermeier, Injury Prevention Coordinator for Trauma Department at ChristianaCare Hospital

Elizabeth Booth, Esquire; Community Legal Aid Society, Inc., Disability Law Program

Andrew Burdan, Brain Injury Advocate & Caregiver

Susan Campbell, Public Health Treatment Program Administrator; Department of Health & Social Services (DHSS)

Tammy Clifton, Survivor, CBIS & Past President of the Brain Injury Association of Delaware (BIADE)

Megan Coulbourne, Therapy Manager; Encompass Health Rehabilitation Hospital of Middletown

Susan Cowdery, M.D., LTSS Medical Director, Highmark Health Options

Cheryl Doucette, Executive Director; Brain Injury Association of Delaware (BIADE)

Debbie Dunlap, Parent of a Survivor & Brain Injury Advocate

Amy Fierro, SUD Harm Reduction and Infection Prevention Nurse; Division of Substance Abuse and Mental Health, Department of Health & Social Services (DHSS)

Tina Fountain, Psychologist, Division of Developmental Disabilities Services (DDDS)/Admin, Department of Health & Social Services (DHSS)

Katie Freeman, Psychologist; Division of Prevention and Behavioral Health Services, Department of Services for Children, Youth, & Their Families (DSCYF)

Lauren Grieder, Director of Therapy Operations at Encompass Health Rehabilitation Hospital of Middletown

Nicole Laird, Social Worker Rehabilitative Medicine at Nemours Children's Hospital

Lynda Lord, Director of Professional Services; Division of Developmental Disabilities Services (DDDS), Department of Health & Social Services (DHSS)

Dale Matusevich, Director of Exceptional Children Resources, Delaware Department of Education (DOE) Karen McGloughlin, Social Service Administrator, Office of Women's Health (OWH), Division of Public Health (DPH), Department of Health & Social Services (DHSS)

Nancy Ranalli, Director of Community Outreach & Assistive Technology, Easterseals of Delaware

Dee Rivard, Traumatic Brain Injury Administrator, State Council for Persons with Disabilities (SCPD)

Brenda Rodriguez, VR District Administrator, Division of Vocational Rehabilitation (DVR), Delaware Department of Labor (DOL)

Haresh Sampathkumar, M.D., Psychiatrist, Delaware NeuroRehab

Carrie Sewell-Roberts, Social Work Supervisor at Nemours Children's Hospital

Lacie Spence, Administrative Coordinator, Governor's Advisory Council for Exceptional Children (GACEC) Kerri Stitsworth, Physicians Liaison, Theraplay Inc., Middletown, DE

Carey Swartzentruber, Survivor, Owner Operator Flying Acres Farm, & Firefighter, Greenwood Volunteer Fire Co.

Tiffani Taylor, Outpatient Program Director, PAM Health Rehabilitation Hospital of Dover

Concussion Facts

Youth Athletes



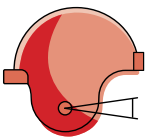
What is a concussion?

When an athlete gets their “bell rung” or gets “lit up” they have suffered a concussion. Concussions are a type of *traumatic brain injury (TBI)*. Concussions are caused by a bump, blow, hit, or jolt to the head or body that moves the head and brain rapidly back and forth. Falling or being hit against or by another person or object are common causes of concussions. Your head doesn’t have to be struck to cause a concussion; for example, a body-to-body hit has the potential to cause a concussion.



What does a concussion do to my brain?

When you experience a concussion, your brain may bounce or twist inside your skull, sometimes stretching or damaging brain cells and causing chemical changes within the brain. A concussion interrupts your brain’s functioning. When your brain is injured by a concussion, the injury can affect you physically, emotionally, behaviorally, and/or cognitively (how you think).



Can concussion risk be reduced?

YES! There are ways to reduce your risk of a concussion. Practice good sportsmanship and follow your coach’s instructions for safe game play. If you play contact sports, learn the fundamentals and appropriate techniques. Make sure bicycle, athletic, and ATV helmets fit properly and are worn consistently. While a helmet doesn’t prevent a concussion, it does protect your head from more severe injuries.



Can I keep playing after a concussion?

Your brain needs time to heal after a concussion. If you *continue to play or return to play too soon*—before your brain has finished healing—you have a greater chance of getting another concussion. **A repeat concussion that occurs while your brain is still healing can be very serious and can affect you for a lifetime. It can even be fatal.** If you think you may have sustained a concussion during a practice or game, **immediately** talk to your coach, game official, athletic trainer, or parent/guardian and **remove yourself from play**. Do **not** return to play on the same day as the injury. You need to see a health care provider to be evaluated for a concussion and given written clearance to return to play.



SIGNS AND SYMPTOMS



There are many signs and symptoms of a concussion. **Concussion symptoms may appear minutes, hours, or days after the initial injury.** Symptoms may be physical, emotional, behavioral, or cognitive (affect thinking). You may notice these symptoms yourself or someone else may observe them. If you experience any of these symptoms after a blow to the head or body, tell someone immediately.

Physical

- Headache or pressure in the head
- Dizziness, balance problems
- Nausea or vomiting
- Sensitivity to noise, ringing in ears
- Sensitivity to light, blurry or double vision
- Feel tired
- Tingling
- Do not “feel right”
- Feel dazed, stunned

Emotional/Behavioral

- Become irritable
- Become sad or depressed
- More emotional than usual
- Anxious or nervous
- Personality or behavioral changes such as becoming impulsive

Cognitive

- Trouble thinking clearly
- Trouble concentrating
- Trouble remembering, can't recall events before or after the hit
- Feel sluggish, hazy, foggy, or groggy
- Feel “slowed down”
- Repeat questions or answer questions more slowly
- Confusion
- Forget routine things

DANGER SIGNS

If one or more of these symptoms emerges after a hit to the head or body, **IMMEDIATELY** call 911 or get someone to drive you to the nearest emergency room.

- One pupil larger than the other
- Drowsy or cannot wake up
- Headache that gets worse and does not go away
- Slurred speech, weakness, numbness
- Decreased coordination
- Loss of consciousness
- Repeated vomiting or ongoing nausea
- Shaking or twitching (convulsions or seizures)
- Unusual behavior, increased confusion, restlessness, or agitation

For more information visit:

<https://scpd.delaware.gov/brainToolkit/biConcussion/index.shtml?dc=conInfo#symptoms>



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health

Concussion Facts

Parents & Guardians



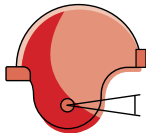
What is a concussion?

When an athlete gets their “bell rung” or gets “lit up” they have suffered a concussion. Concussions are a type of *traumatic brain injury (TBI)*. When a child or adolescent sustains a concussion, their brain may bounce or twist inside the skull, sometimes stretching or damaging brain cells and causing chemical changes within the brain. This movement interrupts the brain’s functioning and can impact your child physically, emotionally, cognitively, and behaviorally.



How do concussions happen?

Concussions are caused by a bump, blow, hit, or jolt to the head or body that moves the head and brain rapidly back and forth. Common causes are falls and being hit against or by another person or object. Your child’s head does not have to be struck to cause a concussion – a body-to-body hit has the potential to cause a concussion.



Can concussion risk be reduced?

YES! There are ways to reduce your child’s risk of a concussion. Talk to your child about practicing good sportsmanship and following coaches’ instructions for safe game play. Make sure bicycle, athletic, and ATV helmets fit properly and are worn consistently. While a helmet doesn’t prevent a concussion, it does protect your child’s head from more severe head injuries. Make sure your child’s school and sports organizations have established concussion policies and protocols; they should have procedures in place for coach training and returning to learn and play after a concussion.



Can my child keep playing after a concussion?

The brain needs time to heal after a concussion. An athlete who *continues to play* or who *returns to play too soon* – before the brain has finished healing – has a greater chance of getting another concussion. **A repeat concussion that occurs while the brain is still healing can be very serious and can affect a child for a lifetime. It can even be fatal.** If you suspect your child has sustained a concussion during a practice or a game, make sure they are **immediately** removed from play. Do **not** allow your child to return to play on the same day as the injury.



SIGNS AND SYMPTOMS



There are many signs and symptoms of a concussion. **Concussion symptoms may appear minutes, hours, or days after the initial injury.** Symptoms may be physical, emotional, behavioral, or cognitive (affect thinking). You may observe these signs in your child or your child may report symptoms to you.

Physical

- Headache or pressure in the head
- Dizziness, balance problems
- Nausea or vomiting
- Sensitivity to noise, ringing in ears
- Sensitivity to light, blurry or double vision
- Feels tired
- Tingling
- Does not “feel right”
- Seems dazed, stunned

Emotional/Behavioral

- Becomes irritable
- Becomes sad or depressed
- More emotional than usual
- Anxious or nervous
- Personality or behavioral changes, such as becoming impulsive

Cognitive

- Trouble thinking clearly
- Trouble concentrating
- Trouble remembering, can’t recall events before or after the hit
- Feels sluggish, hazy, foggy, or groggy
- Feels “slowed down”
- Repeats questions or answers questions more slowly
- Confusion
- Forgets routine things

DANGER SIGNS

If one or more of these signs emerges after a hit to the head or body, **IMMEDIATELY** call 911 or take your child to the nearest emergency room.

- One pupil larger than the other
- Drowsy or cannot wake up
- Headache that gets worse and does not go away
- Slurred speech, weakness, numbness
- Decreased coordination
- Loss of consciousness
- Repeated vomiting or ongoing nausea
- Shaking or twitching (convulsions or seizures)
- Unusual behavior, increased confusion, restlessness, or agitation

Learn more at: <https://scpd.delaware.gov/brainToolkit/biConcussion/index.shtml>



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

➤ Appendix C: Sample Acknowledgment Form

SAMPLE Concussion Fact Sheet Acknowledgment Form

In compliance with Delaware Concussion Protection in Youth Athletic Activity Act of [Title 16, Chapter 30L](#), this acknowledgment form confirms that I have read, understood, and signed the State of Delaware's Parent/Player Concussion Information Form and my child's organizational Concussion Policy information and that if the athlete could not independently read it due to reading ability, I have shared its key points with the athlete on potential concussions that can occur during participation in athletics provided by: _____

Name of person or organization providing form

I, _____, as an athlete who participates in athletic activities.
(PRINT student/athlete's name)

at _____ and I, _____
(Print Name of Organization) (PRINT legal guardian's full name)

as the parent/guardian, have read the concussion information provided to us by

_____. **We understand the information and warnings, including, but not limited to, the signs and symptoms of a concussion and the dangers of continuing to participate in or returning to athletic activity too quickly after a concussion.**

(Signature of student/athlete)

(Date)

(Signature of parent/legal guardian)

(Date)

*This organizational acknowledgment form **and** the State of Delaware's Parent/Player Concussion Information Form must be completed annually prior to the athlete's participation in non-scholastic athletic activity, practice, play or competition as defined by [Title 16, Chapter 30L of the Delaware Code](#).*

Concussion Facts

Coaches



What is a concussion?

When an athlete gets their “bell rung” or gets “lit up” they have suffered a concussion. A concussion is a type of *traumatic brain injury (TBI)* caused by a bump, blow, hit, or jolt to the head or body that moves the head and brain rapidly back and forth. This sudden movement can cause the brain to bounce or twist inside the skull, sometimes stretching and damaging brain cells and creating chemical changes in the brain. The effects of a concussion can be serious and should be treated as such. The brain continues to grow and develop into the mid-twenties; disruptions to that development from a TBI in childhood or adolescence can have long-term consequences on the brain’s functioning.



When an athlete takes a hit

If you suspect an athlete has sustained a concussion, **immediately** remove them from play. Do **not** allow the athlete to return to play on the same day as the injury (unless the athlete is evaluated by a licensed health care provider who provides *written* clearance allowing same-day return to play). Record the time and circumstances of the injury, along with any concussion signs/symptoms you observe or the athlete reports to you, and provide this information to the medical team.



WHEN IN DOUBT, SIT THEM OUT

The brain needs time to heal after a concussion. An athlete who continues to play or who returns to play too soon – before the brain has finished healing – has a greater chance of getting another concussion. **A repeat concussion that occurs while the brain is still healing can be very serious and can affect an athlete for a lifetime. It can even be fatal.**



MYTH: A concussion always causes you to lose consciousness (pass out).

FACT: Most concussions don’t cause you to pass out. In fact, concussion symptoms may not appear for hours or days after the hit.



SIGNS AND SYMPTOMS



There are many signs and symptoms of a concussion. **Concussion symptoms may appear minutes, hours, or days after the initial injury.** Symptoms may be physical, emotional, behavioral, or cognitive (affect thinking). You may observe these signs in an athlete or the athlete may report symptoms to you.

Physical

- Headache or pressure in the head
- Dizziness, balance problems
- Nausea or vomiting
- Sensitivity to noise, ringing in ears
- Sensitivity to light, blurry or double vision
- Feels tired
- Tingling
- Does not “feel right”
- Seems dazed, stunned

Emotional/Behavioral

- Becomes irritable
- Becomes sad or depressed
- More emotional than usual
- Anxious or nervous
- Personality or behavioral changes, such as becoming impulsive

Cognitive

- Trouble thinking clearly
- Trouble concentrating
- Trouble remembering, can’t recall events before or after the hit
- Feels sluggish, hazy, foggy, or groggy
- Feels “slowed down”
- Repeats questions or answers questions more slowly
- Confusion
- Forgets routine things

DANGER SIGNS

If one or more of these signs emerges after a hit to the head or body, **IMMEDIATELY** call 911 or tell the parent/guardian to take the athlete to the nearest emergency room.

- One pupil larger than the other
- Drowsy or cannot wake up
- Headache that gets worse and does not go away
- Slurred speech, weakness, numbness
- Decreased coordination
- Loss of consciousness
- Repeated vomiting or ongoing nausea
- Shaking or twitching (convulsions or seizures)
- Unusual behavior, increased confusion, restlessness, or agitation

Learn more at:

<https://scpd.delaware.gov/brainToolkit/biConcussion/index.shtml?dc=conInfo#symptoms>



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health



RETURN TO LEARN: BACK TO CLASS AFTER A CONCUSSION

WHAT IS A CONCUSSION AND HOW CAN IT IMPACT LEARNING?

- A concussion is a type of traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head or body that moves the head and brain rapidly back and forth, causing the brain to bounce or twist in the skull. Concussion symptoms can impact a student physically, cognitively, and emotionally. These symptoms may disrupt the student's ability to learn, concentrate, keep track of assignments, process and retain new information, tolerate light and noise, and appropriately regulate emotions and behaviors. School professionals play a vital role in creating a culture that values safety and open communication, encourages students to report symptoms, and supports students throughout the process of recovery. Teachers and other school staff can provide symptom-based classroom accommodations while the student's brain continues to heal from the concussion. Supports can be lifted as the brain heals and concussion symptoms no longer keep the student from full classroom participation.
- After a concussion, it is as important to rest the brain as it is the body. Students will need an initial break, usually 2 to 3 days, from cognitive activities such as problem solving, concentrating or heavy thinking, learning new things, memorizing, reading, texting, computer or mobile device time, video games, and watching television. Upon clearance from their health care provider, students can gradually return to learning activities.
- Providing appropriate support for a student returning to school after a concussion requires a collaborative team approach. Teachers, school counselors, school nurses, school administration, parents/guardians, the student, and the student's health care provider are examples of these team members. Continuous communication between students, caregivers, health care providers, and school staff is vital to ensure the student's individual needs are understood and consistently met by their support team throughout recovery.

CONCUSSION SIGNS TO WATCH FOR IN THE CLASSROOM

- Increased problems paying attention or concentrating
- Increased problems remembering or learning new information
- Longer time needed to complete tasks or assignments
- Difficulty organizing tasks or shifting between tasks
- Inappropriate or impulsive behavior during class
- Greater irritability or more emotional than usual
- Less ability to cope with stress
- Difficulties handling a stimulating school environment (lights, noise, etc.)
- Physical symptoms (headache, fatigue, nausea, dizziness)

EXAMPLES OF SCHOOL SUPPORTS



- Reduce assignments and homework to key tasks only and base grades on adjusted work.
- Provide extra time to work on assignments and take tests.
- Provide written instructions, study guides, and/or help for classwork.
- Limit tests to one per day.
- Allow students to demonstrate understanding of a concept orally instead of in writing.
- Provide class notes and/or allow students to use a computer or tape recorder to record classroom information.



- Allow time to visit the school nurse for treatment of headaches or other symptoms.
- Provide rest breaks.
- Provide extra time to go from class to class to avoid crowds.
- If students are bothered by light, allow sunglasses, blue light blocking glasses, or sitting in a less bright location (e.g., draw blinds, sit them away from windows).
- If students are bothered by noise, provide noise-reducing headphones and a quiet place to study, test, or spend lunch or recess.
- Do not substitute concentration activities for physical activity (e.g., do not assign reading instead of PE).



- Develop an emotional support plan (e.g., identify an adult with whom they can talk if feeling overwhelmed).
- Locate a quiet place students can go when feeling overwhelmed.
- Students may benefit from continued involvement in certain extracurricular activities, such as organizational or academic clubs, as approved by their health care provider.
- Arrange preferential seating, such as moving the student away from windows (e.g., bright light) or talkative peers, or closer to the teacher.

Provide structure and consistency; make sure all teachers are using the same strategies.

RETURN TO LEARN PROTOCOL

OVERVIEW



Every student will experience a concussion differently. One student may spend an extended time in one return to learn phase, while another may not need a particular phase at all.



PHASE 1

No school

A licensed health care provider should provide written clearance for a student to return to school after a concussion. A concussion management team should be assembled and begin to develop a plan for the student.



PHASE 2

Half-day attendance with accommodations

The concussion management team leader should meet with the student and their parents to review information from the health care provider (e.g., current symptoms and recommended accommodations), concussion management team member roles and responsibilities, and the initial concussion management plan.



PHASE 3

Full-day attendance with accommodations

Monitor the student for worsening or reemerging symptoms during class. The concussion management team should be communicating on a regular basis to evaluate progress and collaborating to revise the concussion management plan as needed based on any changes in symptoms or symptom severity.



PHASE 4

Full-day attendance without symptoms

When the student can participate in all classes and has been symptom free for at least 24 hours, they may begin the Return to Play Protocol for physical activities at school (e.g., gym, PE classes, athletics participation).



PHASE 5

Full school and extracurricular involvement

For most students, accommodations for concussion recovery are temporary and informal. When recovery is prolonged, however, formal support services (e.g., an individualized education plan, a response to intervention protocol, or 504 plan) may be needed to support the student.

Learn more at: <https://www.biausa.org/brain-injury/about-brain-injury/concussion-mtbi/return-to-learn>



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health



RETURN TO PLAY: BACK TO SPORTS AFTER A CONCUSSION



Before you begin:



An athlete's progression through the Return to Play Protocol should be monitored by a designated return to play case manager such as a coach, athletic trainer, or school nurse.



Each step should take a *minimum* of 24 hours; it should take at least one week to proceed through the full Return to Play Protocol. This process can take several weeks or months, depending on the individual and the injury.



If concussion symptoms return at any step during the return to play process, the protocol must be stopped. The athlete may only resume return to play activities when they have been symptom free for a *minimum* of 24 hours. Return to play progression must resume at the step before symptoms reemerged.

Example: An athlete going through the Return to Play Protocol has progressed to Step 5 (practice and contact) when concussion symptoms return. Return to play activities must be halted until the symptoms stop and remain absent for at least 24 hours. At that point, the Return to Play Protocol resumes; however, the athlete restarts at Step 4 (heavy non-contact activity), the step before concussion symptoms reemerged.

WHEN IN DOUBT, SIT THEM OUT

Athletes should not begin the Return to Play Protocol on the same day of the injury. A licensed health care provider must evaluate the athlete and provide written clearance for the athlete to return to activity. Continuing to play, or returning to play too soon, after a concussion increases the chances of sustaining another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect an athlete for a lifetime.

It can even be fatal.

RETURN TO PLAY PROTOCOL



STEP 1: BACK TO REGULAR ACTIVITIES



Goal: Complete normal activities and remain symptom free for at least 24 hours



STEP 2: LIGHT AEROBIC ACTIVITY



Goal: Minimal increase in heart rate
Time: 5-10 minutes
Feels easy: walking \leq 2 mph, stretching exercises
NO weight lifting, resistance training, jumping, or hard running.



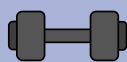
STEP 3: MODERATE ACTIVITY



Goal: Noticeable increase in heart and respiratory rates with limited body and head movement
Time: Less time than typical routine
Feels fairly easy to somewhat hard: brisk walking (15 min/mile)
NO head impact activities. **NO** helmet or other equipment use.



STEP 4: HEAVY NON-CONTACT ACTIVITY



Goal: High-intensity activity without contact
Time: Close to typical routine
Non-contact training drills in full uniform, weight lifting, resistance training, running, high-intensity stationary cycling.



STEP 5: PRACTICE AND CONTACT



Goal: Return to practice, full contact as applicable to sport



STEP 6: RETURN TO PLAY



Goal: Return to full game play, practice, and competition



To learn more visit: <https://www.biausa.org/brain-injury/about-brain-injury/concussion-mtbi/return-to-play>



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health