



Dear UFA Parent, Athlete, Coach and Health Care Provider:

The United Futbol Academy (UFA) has adopted GA Soccer's **POLICY ON CONCUSSION AWARENESS AND RETURN TO PLAY GUIDELINES**. The following document is effective Fall 2016 and must be completed if a concussion is suspected.

UFA has implemented the new policy and guidelines as follows:

- 1) provide educational materials to parents, coaches, team managers and staff prior to the official start of the Fall 2016 season by the following means: email, social media and UFA Website
- 2) require a revised medical release form be filled out by player's parent/guardian
- 3) require team managers and coaches to have medical releases on hand at all UFA training/games (Via paper or mobile device pdf file)
- 4) a copy of all releases should be sent to the appropriate UFA Branch Registrar
- 5) require that all coaches, team managers and staff complete the CDC 'Heads Up' Concussions in Youth Sports training course and forward the completion certificate to the UFA Branch Registrar.
- 6) effective immediately: **WHEN IN DOUBT – SIT THEM OUT**; provide the parents with the UFA Concussion Awareness and Return to Play Protocol and notify the Branch Registrar immediately following the occurrence. The Branch Registrar should then email the parent, Coach and TM instructions on how to proceed and collect the parents' signed acknowledgement of the injury, including receipt of UFA Concussion Awareness and Return to Play Protocol. The Branch Registrar will promptly store the pdf acknowledgement in the appropriate UFA database.
- 7) After completing the Return to Play Protocol and having been medically released to full participation by the managing health care professional, a completed Concussion Return to Play Form must be presented to UFA with a carbon copy to the parent and coach, and must include the physician, parent/guardian and athlete's signatures
- 8) UFA Branch Registrar must store the signed Return to Play Form in the designated UFA database.

All UFA parents, coaches, team managers and staff have been provided the 'Heads Up' Fact Sheet along with instructions to view CDC videos and training courses. All UFA parents are required to acknowledge receipt and understanding of said information by completing and signing the revised UFA Medical Release, to include player's history of any previous head trauma.

In addition, all UFA coaches, team managers and staff are required to complete the CDC 'Heads Up' Concussion in Youth Sports Training Course and UFA will maintain a copy of that certificate.

UFA has made reasonable efforts to ensure that all parents, athletes, coaches, team managers and staff have all the necessary resources to thoroughly educate themselves on the serious nature of traumatic brain injuries (TBI). However, the severity of a jolt to the head or body may not always present symptoms right away. **WHEN IN DOUBT – SIT THEM OUT!**

Please thoroughly read and review the forms below and return to UFA Branch Registrars once completed and signed. For questions or additional information, please contact UFA at concussions@unitedfa.org.

United Futbol Academy

The FACTS

‘Heads Up’ Concussion Fact Sheet for Coaches – Parents/Guardians/Athletes

WHAT IS A CONCUSSION? A concussion is a type of traumatic brain injury—or TBI— 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—literally causing the brain to bounce around or twist within the skull.

This sudden movement of the brain causes stretching and tearing of brain cells, damaging the cells and creating chemical changes in the brain.

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

HOW CAN I RECOGNIZE A POSSIBLE CONCUSSION?

Concussions can result from a fall or from athletes colliding with each other, the ground, or with an obstacle, such as a goalpost. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

As a coach, parent and/or athlete: you are on the front line in identifying an athlete with a suspected concussion. You know your athletes well and can recognize when something is off—even when the athlete doesn’t know it or doesn’t want to admit it.

So to help spot a concussion, you should watch for and ask others to report the following two things:

1. A forceful bump, blow, or jolt to the head or body that results in rapid movement of the head.

AND

2. Any concussion signs or symptoms, such as a change in the athlete’s behavior, thinking, or physical functioning.

Signs and symptoms of concussion generally show up soon after the injury, but the full effect of the injury may not be noticeable at first. For example, in the first few minutes, the athlete might be slightly confused or appear a little bit dazed, but an hour later they can’t recall coming to the practice or game.

You should repeatedly check for signs of concussion and also tell parents what to watch out for at home. Any worsening of concussion signs or symptoms indicates a medical emergency.

WHAT ARE THE POSSIBLE SYMPTOMS OF A CONCUSSION?

SYMPTOMS REPORTED BY ATHLETE:

• Headache or “pressure” in head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to light • Sensitivity to noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just not “feeling right” or is “feeling down”

SIGNS OBSERVED BY PARENTS/ GUARDIANS:

• Appears dazed or stunned • Is confused about assignment or position • Forgets an instruction • Is unsure of game, score, or opponent • Moves clumsily • Answers questions slowly • Loses consciousness (even briefly) • Shows mood, behavior, or personality changes

SIGNS OBSERVED BY COACHING STAFF:

• Appears dazed or stunned • Is confused about assignment or position • Forgets an instruction • Is unsure of game, score, or opponent • Moves clumsily • Answers questions slowly • Loses consciousness (even briefly) • Shows mood, behavior, or personality changes • Can’t recall events prior to hit or fall • Can’t recall events after hit or fall

WHAT ARE CONCUSSION DANGER SIGNS?

In rare cases, a dangerous blood clot may form on the brain in an athlete with a concussion and crowd the brain against the skull.

Call 9-1-1 or take the athlete to the emergency department right away if after a bump, blow, or jolt to the head or body the athlete exhibits one or more of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD I DO IF A CONCUSSION IS SUSPECTED?

No matter whether the athlete is a key member of the team or the game is about to end, an athlete with a suspected concussion should be immediately removed from play. To help you know how to respond, follow the Heads Up four-step action plan:

1. **REMOVE THE ATHLETE FROM PLAY.** Look for signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head or body. When in doubt, sit them out!
2. **ENSURE THAT THE ATHLETE IS EVALUATED BY AN APPROPRIATE HEALTH CARE PROFESSIONAL.** Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods that they can use to assess the severity of concussions. As a coach, recording the following information can help health care professionals in assessing 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/knocked out) and if so, for how long
 - Any memory loss immediately following the injury
 - Any seizures immediately following the injury
 - Number of previous concussions (if any)
3. **INFORM THE ATHLETE'S PARENTS OR GUARDIANS.** Let them know about the possible concussion and give them the Heads Up Fact Sheet for parents. This fact sheet can help parents monitor the athlete for signs or symptoms that appear or get worse once the athlete is at home or returns to school.
4. **KEEP THE ATHLETE OUT OF PLAY.** An athlete should be removed from play the day of the injury and until an appropriate health care professional says they are symptom-free and are cleared to return to play. After you remove an athlete with a suspected concussion from practice or play, the decision about return to practice or play is a medical decision.

In the event that a parent/guardian refuses medical treatment for a player that has received a bump or jolt to the body or head and a concussion is suspected, UFA reserves the right to present the facts to the UFA Risk Management Committee (RMC). Should the RMC decide that it is in the best interest of the player to SIT OUT, UFA reserves the right to remove the player from the GA Soccer roster and dis-allow continued play at UFA.

Please Note: Sometimes people wrongly believe that it shows strength and courage to play injured. Some athletes may also try to hide their symptoms.

Don't let your athlete convince you that he or she is "just fine" or that he or she can "tough it out." Discourage others from pressuring injured athletes to play. **Emphasize to athletes and parents that playing with a concussion is dangerous.**

WHY SHOULD I BE CONCERNED ABOUT CONCUSSIONS?

Most athletes with a concussion will recover quickly and fully. But for some athletes, signs and symptoms of concussion can last for days, weeks, or longer.

If an athlete has a concussion, his or her brain needs time to heal. A repeat concussion that occurs before the brain recovers from the first—usually within a short time period (hours, days, weeks)—can slow recovery or increase the chances for long-term problems. In rare cases, repeat concussions can result in brain swelling or permanent brain damage. It can even be fatal.

HOW CAN I HELP ATHLETES TO RETURN TO PLAY GRADUALLY?

An athlete should return to sports practices under the supervision of an appropriate health care professional. When available, be sure to work closely with a certified athletic trainer.

Below are five gradual steps that you and the health care professional should follow to help safely return an athlete to play. Remember, this is a gradual process. These steps should not be completed in one day, but instead over days, weeks, or months.

BASELINE: Athletes should not have any concussion symptoms. Athletes should only progress to the next level of exertion if they do not have any symptoms at the current step.

STEP 1: Begin with light aerobic exercise only to increase an athlete's heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging. No weight lifting at this point.

STEP 2: Continue with activities to increase an athlete's heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (reduced time and/or reduced weight from your typical routine).

STEP 3: Add heavy non-contact physical activity, such as sprinting/ running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).

STEP 4: Athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.

STEP 5: Athlete may return to competition.

If an athlete's symptoms come back or she or he gets new symptoms when becoming more active at any step, this is a sign that the athlete is pushing him or herself too hard. The athlete should stop these activities and the athlete's health care provider should be contacted. After more rest and no concussion symptoms, the athlete should begin at the previous step.

DID YOU KNOW?

- Young children and teens are more likely to get a concussion and take longer to recover than adults.
- Athletes who have ever had a concussion are at increased risk for another concussion.
- All concussions are serious.
- Recognition and proper response to concussions when they first occur can help prevent further injury or even death.

HOW CAN I HELP PREVENT CONCUSSIONS OR OTHER SERIOUS BRAIN INJURIES?

Insist that safety comes first. To help minimize the risks for concussion or other serious brain injuries:

- Ensure that athletes follow the rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure the athlete wears the right protective equipment for their activity. Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Wearing a helmet is a must to reduce the risk of severe brain injury and skull fracture. However, a helmet doesn't make an athlete immune to concussion. There is no "concussion-proof" helmet.

Check with your league, school, or district about concussion policies. Concussion policy statements can be developed to include:

- The school or league's commitment to safety
- A brief description of concussion
- Information on when athletes can safely return to school and play.

"WHEN IN DOUBT, SIT THEM OUT!"

My player _____ (player's name), received this document in response to a suspected head trauma/concussion on _____ (date). Per UFA Concussion Protocol, I have read and understand the above facts regarding Concussions. I further understand that it is in the best interest of my player to be assessed by a health care professional prior to returning to play. I will work with my player's health care professional to forward UFA the required return to play documents as stipulated below.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY

Received by: _____

Signature: _____ Date: _____

Now that I Know the Facts... Discuss and Evaluate the Symptoms

STEP 1: DID A CONCUSSION OCCUR?

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

STEP 2: IS IMMEDIATE EMERGENCY TREATMENT NEEDED?

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

STEP 3: IF A POSSIBLE CONCUSSION OCCURRED, BUT NO IMMEDIATE EMERGENCY TREATMENT IS NEEDED, WHAT SHOULD BE DONE NOW?

Focus on these areas every 5-10 min for the next 1 - 2 hours, without returning to any activities: (1) Balance, movement. (2) Speech. (3) Memory, instructions, and responses. (4) Attention on topics, details, confusion, ability to concentrate. (5) State of consciousness (6) Mood, behavior, and personality (7) Headache or "pressure" in head (8) Nausea or vomiting (9) Sensitivity to light and noise

Players shall not re-enter competition, training, or participate in any activities for at least 24 hours. Even if there are no signs or symptoms after 15-20 min, activity should not be taken by the player.

STEP 4: IF THERE IS A POSSIBILITY OF A CONCUSSION, DO THE FOLLOWING:

(1) The NOTIFICATION OF POSSIBLE CONCUSSION FORM is to be filled out in duplicate and signed by a team official of the player's team. (2) Have the parent/legal guardian sign and date the Form, and give the parent/legal guardian one of the copies of the completed Form. If the parent/legal guardian is not present, then the team official is responsible for notifying the parent/legal guardian ASAP by phone or email and then submitting the Form to the parent/legal guardian by email or mail. When the parent/legal guardian is not present, the team official must make a record of how and when the parent/legal guardian was notified. The notification will include a request for the parent/legal guardian to provide confirmation and completion of the Notification of Possible Concussion Form whether in writing or electronically.

STEP 5: A PLAYER DIAGNOSED WITH A POSSIBLE CONCUSSION may return to Georgia Soccer play only after their parent or legal guardian provides a signed Return to Play Form from a Ga. Licensed health care provider (as defined under current Ga. law) to the local affiliate coach.

References for additional information (not endorsed by Georgia Soccer):

Kissick MD, James and Karen M. Johnston MD, PhD. "Return to Play After Concussion." Collegiate Sports Medical Foundation. Volume 15, Number 6, November 2005. http://www.csmfoundation.org/Kissick_-_return_to_play_after_concussion_-_CJSM_2005.pdf. April 22, 2011.

National Federation of State High School Associations. "Suggested Guidelines for Management of Concussion in Sports". 2008 NFHS Sports Medicine Handbook (Third Edition). 2008 77-82. <http://www.nfhs.org>. April 21, 2011.

Notification of Possible Concussion for Georgia Soccer Events

(Please complete this form in duplicate, keeping one signed copy)

Today, _____ [month & day], 2 _____ [year], during practice / game [circle which] held at

_____ [insert field/venue],

_____ [insert player's name] received a possible concussion.

We want to formally advise you of this possibility, and also remind you of the signs and symptoms that may arise from such an injury which shall require further evaluation and/or treatment by a Georgia licensed medical professional.

Having been so notified of this possible head injury, your child will not be allowed to participate in any further Georgia Soccer sanctioned games or practices until your child is evaluated by an authorized Health Care Provider who subsequently provides us with a written approval for your child to safely return to play. This authorization form is found below. This decision is made in the best interest of your child's safety and well-being.

It is common for a concussed player to have one or many concussion symptoms. There are four types of symptoms: physical, cognitive, emotional, and sleep.

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

- | | | |
|-----------------------------|---------------------------------|-----------------|
| -Memory difficulties | -Less responsive than usual | -Neck pain |
| -Delicate to light or noise | -Headaches that worsen | -Odd behavior |
| -Repeats the same answer | -Vomiting | -Slurred speech |
| -Focus issues | -Irregular sleep | -Slow reactions |
| -Seizures Patterns | -Weakness/numbness in arms/legs | -Irritability |

Please take the necessary precautions and seriously consider seeking a professional medical opinion should your child exhibit any of the above symptoms. Georgia Soccer requires that your medical professional also clears your child for return to soccer activity before you allow your daughter or son to participate further. Until you, as parent or legal guardian, get authorization for your child to return to play after seeking a professional medical opinion, please consider the following guidelines for your child:

- Refrain from participation in any activities the day of, and the day after, the occurrence.
- Refrain from taking any medicine unless (1) current medicine, prescribed or authorized, is permitted to be continued to be taken, and (2) any other medicine is prescribed by a licensed health care professional.
- Refrain from cognitive activities requiring concentration such as TV, video games, computer work, and text messaging if they are causing symptoms.

If you are unclear and have questions about the above symptoms, please immediately contact a medical doctor for evaluation and/or clarification on your child's condition.

Your child **will not** be permitted to return to play in any Georgia Soccer affiliated activity until you sign and return the **“RETURN TO PLAY” FORM**.

(Signature of Affiliate Coach/Representative)

(Signature of Parent or Legal Guardian)

GEORGIA SOCCER “RETURN TO PLAY” FORM

(To be signed by the Player’s Parent or Legal Guardian and Returned to the Affiliate)

By inserting my name and date below, and returning this “Return to Play” Form to the UFA Branch Registrar, I acknowledge that I have read the information contained in the original notification form. I also acknowledge that I am the player’s parent or legal guardian and that I have been advised by Georgia Soccer of common Concussion symptoms, including the requirement in getting professional medical clearance before authorizing my child’s return to play soccer within any Georgia Soccer sanctioned activity.

Please be advised that a player formally identified as suffering a possible concussion injury shall not return to play until the player’s parent or legal guardian confirms that they have a professional medical opinion of their child’s fitness to resume playing before returning this signed authorization to the UFA Branch Registrar.

Player Name [Print]: _____

Player’s Team [Print]: _____

Player’s Affiliate/Club Name [Print]: _____

Age Group & Competitive Division [Print]: _____

Parent/Legal Guardian Name [Print]: _____

Parent/Legal Guardian Signature: _____ Date: _____

Team Coach Name [Print]: _____

Team Coach Signature: _____ Date: _____

STATEMENT OF RELEASE TO RETURN TO PLAY BY GA. LICENCED HEALTH CARE PROVIDER

I have examined the above named player and my professional medical opinion is that he/she is able to return to play [*circle one*] **IMMEDIATELY / GRADUATED** participation*

[state period of time for graduated return to play/all clear date] _____

*Attach any supporting documents for return to play/prescription.

Ga. Licensed Health Care Provider Name [Print] _____

Ga. Licensed Health Care Provider Signature: _____ Date: _____

Ga. License Number (if applicable) _____ Expiration Date: _____

Contact Address: _____

Contact Phone: Cell: _____ Office: _____