Nashua Cougars Concussion Management Policy

The recognition and treatment of youth sports participants who have suffered a concussion has become a national priority. As a result of an increasing number of studies that have revealed that concussions, not properly treated, can result in permanent physical and cognitive deficits, including learning disabilities. The data also suggests that concussions can lead to the development of dementia and other long-term issues earlier than expected. These risks have led the Nashua Cougars to develop policies related to sports concussion that are consistent with the current recommendations of the U.S. Centers for Disease Control and Prevention.

Recovery from a concussion may require limitation of physical activity, especially sports activity such as practice, drills, games and physical education classes. In significantly symptomatic youth sports participants, mental activity may also need to be limited cognitively to allow the brain time to heal.

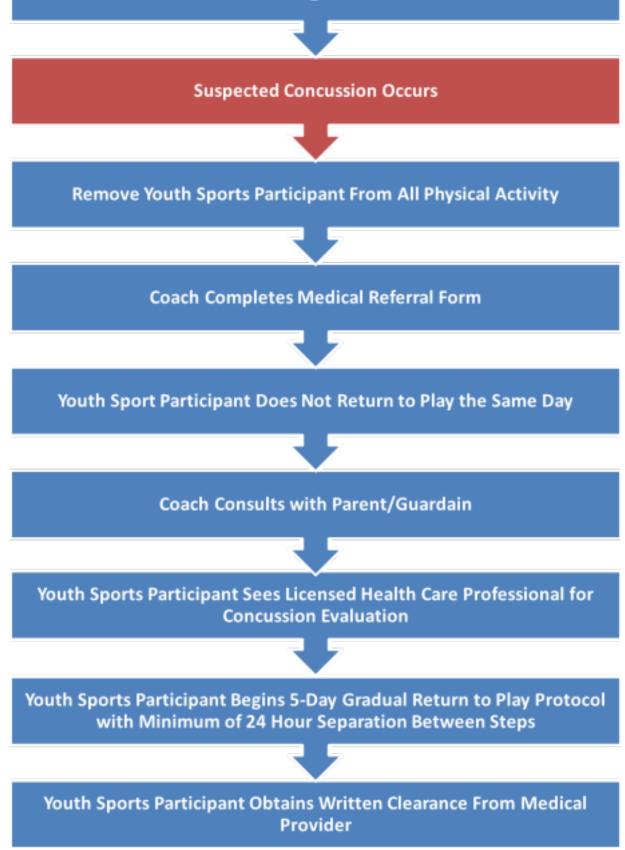
To better manage instances of concussion in our sports programs, the Nashua Cougars requires the following:

 All coaches and officials must complete annual training in the area of current concussion management practices and provide proof to the Nashua Cougars Program prior to the start of each sports season. The training should include up-to-date information on the identification of concussion, the signs and symptoms associated with the injury, the risks involved with allowing youth sports participants to continue to play while symptomatic, methods of concussion assessment and the importance of gradual return to play practices.

- 2. Information about sports-related concussion will be provided to parents about concussion prior to the start of each sports season and parents will be asked to provide written acknowledgment of receiving such information prior to their child(ren) being allowed to participate in any sport activity.
- 3. Prior to the start of every sport season, parents will receive educational materials about the risks of concussion prevalent in each sport, how to identify the signs and symptoms associated with concussion, along with the potential risks involved with playing while symptomatic. Parents will also be informed about the Nashua Cougars concussion policy.
- 4. If, during a practice or a game, a youth sports participant sustains a concussion or exhibits the signs, symptoms or behaviors of concussion, the youth sport participant must be removed from all sport activity. The youth sport participant may not return to any practice or game activity until he/she is evaluated by a licensed healthcare professional trained in the evaluation and management of concussion (i.e., physician, physician assistant, nurse practitioner, athletic trainer, or Sport-Certified Physical Therapist). The youth sport participant must provide written clearance from that provider prior to the athlete being allowed to return to participation. The Nashua Cougars Team Coordinator will keep evidence of all written clearance forms on file for a period no shorter than seven (7) years.

For more information please contact Nashua Cougars @ info.nashuacougars@gmail.com

Concussion Management Flow Chart



Nashua Cougars Youth Sports Participant Concussion Medical Referral

| Youth Sports Participant: | | | |
|--|---|--|---|
| Date of Suspected Concussion: | | | |
| Location where Injury Occurred | : | | |
| Activity: | Referred by: | | |
| Short Description of How Injury | Occurred: | | |
| Signs/Symptoms Observed or E | xperienced by Youth Spor | ts Participant After I | njury Occurred: |
| € Appeared dazed, stunned, | or disoriented | | |
| € Forgot plays or demonstra | - | fficulties | |
| € Exhibited difficulties with I | | | |
| € Answered questions slowly | / or inaccurately | | |
| € Lost consciousness | | | |
| How long: | | ly amotional | |
| € Demonstrated behavior or € Unable to recall events pri | | iy emotional | |
| € Had a headache | | | |
| € Was nauseous or vomiting | 1 | | |
| € Complained of blurry visio | | | |
| € Had difficulty remembering | | | |
| € Complained of being sensi | | oises | |
| exhibiting signs, symptoms, or behave participation. The youth sports partici- care provider trained in the evaluation | viors consistent with concussio ipant may only return to phys on and management of sports | n, he/she must be imm ical activity if/when he/ concussion and receive | me situation, a youth sports participant nediately removed from all sport she is evaluated by a licensed health a written clearance to return to play. (youth sport participant name) er to return to physical activity: |
| € Cleared to Return to Play | - NO RESTRICTIONS | | |
| € € Must Return for Follow Up | Visit (Date) / | 1 | |
| | /////// | / | |
| Signed: | Date: | | (Physician, Physician |

Signed: _____ Date:_____ Date:_____ Assistant, Nurse Practitioner, Certified Athletic Trainer, Sport-Certified Physical Therapist,etc)

Print Name:_____

Please note that the Nashua Cougars Board Member will review this form following completion by a licensedhealth care provider to approve full return to participation. This review will occur during normal businesshours and the coach will be notified of receipt of this form.