

# **California's Youth Concussion Law AB-2007: Best Practices for your Youth Sports Organization**

**Presented By: Buchalter and InjureFree**

# Presenters

## Buchalter:

- Anne Marie Ellis [aellis@buchalter.com]
- Paul A. Alarcon [palarcon@buchalter.com]

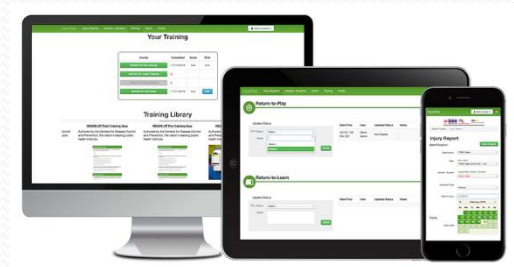
## InjureFree:

- Charlie Wund [charlie.wund@injurefree.com]

# About Us

- Buchalter is a full service law firm with offices throughout California, Arizona and Washington.
- Anne Marie and Paul are experienced attorneys who handle high stakes litigation, regulatory and class action matters, as well as crisis and risk management for various clients.

# InjureFree *iF*<sup>TM</sup>



- InjureFree is a product of the Agency for Student Health Research. The web-based injury reporting platform was created in response to the rising concern for athlete safety and the long-term effects of concussions. After a four year development project, the HIPAA and FERPA compliant software and mobile app reporting platform is now collecting injury reports across the world.
- InjureFree was designed to be a solution for organizations working to improve athlete care and is focused on providing stakeholders and caregivers a tool for the future. The data collected is being used by administrators to improve health outcomes within their populations and collectively throughout the world.

# Outline for the Webinar

- Concussions in Youth Sports
- A Brief History of Return to Play Laws
- Best Practices for Ensuring Compliance
- Potential Ramifications of Return to Play Laws
- New Laws on the Horizon Affecting Youth Sports
- Questions?

# Concussions in Youth Sports

# Know Your Risk

- Not all orgs have a concussion problem
- Allocate resources
- Review injury policy
- Increase transparency

Injury (group) 1	Gender / Sport (group)		
	Female	Male	Grand Total
Muscle/Tendon/Strain	169	167	336
Sprain/Ligament	151	132	283
Contusion	80	76	156
Overuse	62	27	89
Concussion	54	20	74
Other	31	27	58
Fracture	26	32	58
Concussion (Suspected)	12	10	22
Meniscus Tear	11	7	18
Wound Care	5	9	14
Knee	10	3	13
Dislocation	7	5	12
Cartilage	6	5	11
Subluxation	8	1	9
Bursitis	1	6	7
Superficial (Abrasion)	4	2	6
Eye	3	1	4
Heat Related	4		4
Labral Tear		4	4
Nose Bleed	2	2	4
Infection (Skin)	1	2	3
Growth Plate		2	2
Nerve Damage	2		2
Preventative Care		2	2
Chronic Disease		1	1
Internal		1	1
MTBI	1		1
<b>Grand Total</b>	<b>650</b>	<b>544</b>	<b>1,194</b>

# Brief History of Return to Play Laws





# The Core Principles

- Since 2009, every state has adopted a Return to Play law regulating youth athletics and head injuries.
- Core Principles underlying Return to Play Laws:
  - Awareness—Coaches and staff be able to recognize a potential concussion; parents must be able to give informed consent.
  - Caution—Immediate removal if concussion *suspected*. (When in doubt, sit it out.)
  - Medical Clearance—no return to play until examined and cleared by a qualified healthcare provider.

# Brief Summary of AB 2007

- California's first Return to Play law was focused on scholastic sports programs (Cal. Educ. Code § 49475)
- AB 2007 was passed by CA legislature and signed into law by Governor Brown, and went into effect on January 1, 2017 (Health and Safety Code § 124235)
  - Expands the “Return to Play” laws in Education Code with some key differences.

# AB 2007 applies to:

- Any organization, business, nonprofit entity, or a local governmental agency that sponsors or conducts amateur sports competitions, training, camps, or clubs in which persons 17 years or younger participate



Includes 27 sports:



- Baseball
- Basketball
- Bicycle Motocross (BMX)
- Boxing
- Competitive Cheerleading
- Diving
- Equestrian Activities
- Field Hockey
- Football
- Full Contact Martial Arts
- Gymnastics
- Ice Hockey
- Lacrosse
- Parkour
- Rodeo
- Roller Derby
- Rugby
- Skateboarding
- Skiing
- Soccer
- Softball
- Surfing
- Swimming
- Synchronized Swimming
- Volleyball
- Water Polo
- Wrestling

How do we  
begin to comply?

# CDC “HEADS UP” Program

- Collaborative effort
- Initiated in ~2003
  - Initially focused on healthcare professional
  - Incorporated sports programs and schools
- Not-sport specific
  - Though focus has been given to individual sports
- Integrated Into InjureFree

## Heads Up Program

Center for Disease Control and Prevention  
American Association for Health Education  
Association of State and Territorial Health Officials  
Institute for Preventative Sports Medicine  
National Association for Sport and Physical Education  
National Safety Council  
North American Brain Injury Society  
University of Pittsburgh Medical Center Sports Medicine Concussion Program  
U.S. Department of Education  
Children's National Medical Center  
USA Football  
YMCA of the USA  
Amateur Athletic Union  
American College of Emergency Physicians  
American Medical Society for Sports Medicine  
Institute for the Study of Youth Sports  
Children's Safety Network  
National Center for Sports Safety  
National Council for Accreditation for Coaching Education  
National Council of Youth Sports  
National Recreation and Park Association  
National Youth Sports Coaches Association  
President's Council on Physical Fitness and Sports  
State and Territorial Injury Prevention Directors Association  
The Children's Hospital of Philadelphia  
Youth Sports Research Council, Rutgers, The State University of NJ

# CDC "HEADS UP" Program

**HEADS UP**

- HEADS UP
- Brain Injury Basics +
- Helmet Safety
- HEADS UP to Parents
- HEADS UP to Youth Sports** -
- Online Concussion Training
- Coaches
- Parents
- Athletes
- Sports Officials
- Atención: Conmoción Cerebral en el Deporte Juvenil
- HEADS UP to School Sports +
- HEADS UP to Schools +
- HEADS UP to Health Care Providers +

CDC > HEADS UP

## HEADS UP to Youth Sports

[f](#) [t](#) [+](#)

To help ensure the health and safety of young athletes, CDC developed the HEADS UP Concussion in Youth Sports initiative to offer information about concussions to coaches, parents, and athletes involved in youth sports. The HEADS UP initiative provides important information on preventing, recognizing, and responding to a concussion.

Specific Concussion Information for...

**Coaches**

Concussion resources for youth sports coaches

[More >](#)

**Parents**

Concussion resources for parents of youth athletes

[More >](#)

**Sports Officials**

Concussion resources for youth sports officials

[More >](#)

**Young Athletes**

Concussion resources for youth athletes

[More >](#)

**Coaches**

Concussion resources for youth sports coaches

[More >](#)

# CDC "HEADS UP" Program

Training Home > Heads Up Quiz

**HEADS UP CONCUSSION IN YOUTH SPORTS**

**1 CONCUSSION BASICS**

**2 RECOGNIZING A CONCUSSION**

**3 RESPONDING TO CONCUSSIONS**

**4 GETTING BACK IN THE GAME**

**5 CONCUSSION PREVENTION**

**RESOURCE CENTER**

**HEADS UP CONCUSSION IN YOUTH SPORTS**

**CDC**

**PARTICIPATING ORGANIZATIONS**

Play Button



# Step 1:

## Annual Concussion Information Sheet

# Annual Concussion Information Sheet

- Every year
- *Before* practice or competition
- Athlete and parent must sign and return
- Can use hard copy/fax/email
- Must include:
  - Description of head injuries and potential consequences

# Annual Concussion Information Sheet, cont.

- The signs and symptoms of concussion
- The best practices for removal of an athlete from play after a suspected concussion
- The organization's steps for returning an athlete to play after a concussion or head injury

## CONCUSSION Information Sheet



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

### 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. 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.

### How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - › Work with their coach to teach ways to lower the chances of getting a concussion.
  - › Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
  - › Ensure that they follow their coach's rules for safety and the rules of the sport.
  - › Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.

**Talk with your children and teens about concussion.** Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*

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



 **Plan ahead.** What do you want your child or teen to know about concussion?

### How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or 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.

#### Signs Observed by Parents or Coaches

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the 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 or after* a hit or fall.

#### Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

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**Concussions affect each child and teen differently.** While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



## What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

Revised 5/2015

### Discuss the risks of concussion and other serious brain injury with your child or teen and have each person sign below.

*Detach the section below and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injury.*

I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Athlete Signature: \_\_\_\_\_

I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_

## What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.



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

You can also download the CDC HEADS UP app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION



## A QUIZ FOR COACHES, ATHLETES, AND PARENTS

*Review the "Heads Up: Concussion in Youth Sports" materials and test your knowledge of concussion.*

**Mark each of the following statements as True (T) or False (F)**

1. A concussion is a brain injury.
2. Concussions can occur in any organized or unorganized recreational sport or activity.
3. You can't see a concussion and some athletes may not experience and/or report symptoms until hours or days after the injury.
4. Following a coach's rules for safety and the rules of the sport, practicing good sportsmanship at all times, and using the proper sports equipment are all ways that athletes can prevent a concussion.
5. Concussions can be caused by a fall or by a bump or blow to the head or body.
6. Concussion can happen even if the athlete hasn't been knocked out or lost consciousness.
7. Nausea, headaches, sensitivity to light or noise, and difficulty concentrating are some of the symptoms of a concussion.
8. Athletes who have a concussion should not return to play until they are symptom-free and have received approval from a doctor or health care professional.
9. A repeat concussion that occurs before the brain recovers from the first can slow recovery or increase the likelihood of having long-term problems.

**ANSWER KEY:** 1. True; 2. True; 3. True; 4. True; 5. True; 6. True; 7. True; 8. True; 9. True

***It's better to miss one game than the whole season.***

For more information and to order additional materials **free-of-charge**, visit:

[www.cdc.gov/ConcussionInYouthSports](http://www.cdc.gov/ConcussionInYouthSports)

# Tracking Parent Concussion Content

English ▾

## Your Training

Portland Youth S... ▾

Course	Completed	Score	Print
HEADS UP Info Sheet	✓ 2/8/2018	N/A	PDF
HEADS UP Quiz	✓ 2/16/2018	9/9	N/A

## Your Child's Training

Harper Beck ▾

Portland Youth S... ▾

Course	Completed	Score	Print

# Tracking Parent Concussion Content

InjureFree   Injury Reports   Athletes / Students   **Admin**   Training   Profile   Malcolm Stone ▾

Organizations / Organization Details / Boy's Blue Flash

## Boy's Blue Flash

Edit Team Profile

### Manage Team

Parent Name	Athlete Name	Concussion Ed.	Account Registration	
Beck, Thomas	Beck, Harper	Complete	Active	<a href="#">View Profile</a>
Lee, Tarin	Lee, Steven	Incomplete	Active	<a href="#">View Profile</a>
Patterson, Ted	Patterson, James	Incomplete	Active	<a href="#">View Profile</a>
Starr, Martha	Starr, Paul	Incomplete	Active	<a href="#">View Profile</a>
Zinn, Paige	Zinn, Howard	Incomplete	Active	<a href="#">View Profile</a>

1-5 of 5   20 per page



## Step 2:

Annual coach /  
administrator education

# Annual Coach/Admin. Education

- Concussion and head injury education
- Annual education at least once before supervising athletes
- May be online or in-person
- Tip: Make sure the stakeholders document their training and retain the records!
- Under Edu. Code – coaches required to receive training on concussions, First Aid, CPR and AEDs every *two* years

# Tracking Coach Concussion Content

Organizations / Organization Details / Boy's Blue Flash

## Boy's Blue Flash

[Edit Team Profile](#)



### Manage Team

#### Staff

[Add Staff](#)

[Remove Staff](#)

Staff Name	Concussion Ed.	Account Registration	
Cruz, Corey	Incomplete	Active	<a href="#">View Profile</a>
Kaufmann, Oliver	Incomplete	Active	<a href="#">View Profile</a>

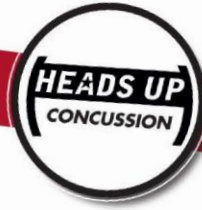
**Step 3:**  
**Suspected concussion /**  
**head injury**

# If suspected concussion / head injury:

- Remove athlete from athletic activity for the remainder of the day
- How do we know what a suspected concussion is?
- Must be evaluated by a licensed health care provider
  - What does *licensed health care provider* mean?
  - Trained in the evaluation and management of concussions!

# Suspected Concussion

## HEADS UP CONCUSSION ACTION PLAN



### IF YOU SUSPECT THAT AN ATHLETE HAS A CONCUSSION, YOU SHOULD TAKE THE FOLLOWING STEPS:

1. Remove the athlete from play.
2. Ensure that the athlete is evaluated by a health care professional experienced in evaluating for concussion. Do not try to judge the seriousness of the injury yourself.
3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion.
4. Keep the athlete out of play the day of the injury. An athlete should only return to play with permission from a health care professional, who is experienced in evaluating for concussion.

▶ **"IT'S BETTER TO MISS ONE GAME, THAN THE WHOLE SEASON."**



### CONCUSSION SIGNS AND SYMPTOMS

Athletes who experience 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.

#### 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 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

[ INSERT YOUR LOGO ]

JOIN THE CONVERSATION AT [www.facebook.com/CDCHeadsUp](https://www.facebook.com/CDCHeadsUp)

TO LEARN MORE GO TO [WWW.CDC.GOV/CONCUSSION](http://WWW.CDC.GOV/CONCUSSION)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

# If athlete removed for suspected concussion or head injury:

- Parent or guardian must be notified of the:
  - Date / time of injury
  - Symptoms observed
  - Treatment provided
  - This is not required under the Education Code

When Head Injuries Are Reported

Number of Days Between Injury Date and Reported Date	Number of Records		Percent Difference	
	2016	2017		
0		20.00		
1	1.00	48.00		4,700.00%
2	8.00	8.00		0.00%
3	2.00	7.00		250.00%
4	2.00			-100.00%
5	3.00	6.00		100.00%
6	1.00	1.00		0.00%
7		1.00		
8		1.00		
9	1.00			-100.00%
11	1.00			-100.00%
13		1.00		

**Letter to Parent**

Dear Parent:

This letter is to notify you that your child was removed from athletic activity today due to a suspected concussion. Additional details are provided below:

Athlete Removal from Play Report	
Athlete Name	
Date of Injury	
Time of Injury	
Description of Incident	
Symptoms Observed	
Treatment Provided	

Please take your athlete to be evaluated by a licensed health care provider. He or she will not be allowed to return to athletic activity until written clearance to return to athletic activity is received from a licensed health care provider. If it is determined that your athlete sustained a concussion or other head injury, he or she must complete the [League Name] Return to Play Protocol under the supervision of Type equation here. a licensed health care provider before he or she is allowed to return to full activity.

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Name: \_\_\_\_\_



# If athlete removed for suspected concussion or head injury:

InjureFree

Inbox - charlie...nd@injurefree.com 11:50 AM



InjureFree Injury Report HZ81LJ2

To: cwmedstaff@injurefree.com

Hello Sue Clapton,

As part of Portland Youth Soccer's commitment to provide timely communication to parents/guardians of youth soccer players, Injury Report HZ81LJ2 was submitted for your child while participating with his/her team (Org Code 36H7P). This notification is provided to you as the Parent/Guardian of the athlete. For more information, you may contact your child's coach.

Furthermore, Portland Youth Soccer has created a partnership with Portland Sports Medicine that provides our families with access to specialists within 24-48 hours. If your child is in need of medical services, families are welcome to continue using their current provider or can contact our partner's directly by dialing [\(844\) 363-9100](tel:8443639100) to schedule an appointment with a specialist, or follow this [link](#). Don't forget to mention your affiliation with Portland Youth Soccer for expedited service!

Thank you,

InjureFree Support

[support@injurefree.com](mailto:support@injurefree.com) | [\(866\) 591-2747, Option 2](tel:8665912747) | [www.injurefree.com](http://www.injurefree.com)

# If athlete removed for suspected concussion or head injury:

Injury Report Form: Portland Youth Soccer

IDENTIFICATION			
Athlete/Student	Kyle, Harper	Report Id	HZ81LJ2
Student/Org ID	951753	Reported By	Malcolm Stone
Date of Birth	4/12/2005	Date Reported	1/23/18, 11:25 AM, PST
Gender	Female		

EVENT INFORMATION			
Date of Injury	1/23/2018	Event	Practice
Sport	Soccer		

INJURY DESCRIPTION	
Did the athlete/student return to activity immediately?	No
Injury	Concussion (Suspected)
Body Part	Head
Body Side	Not Applicable
Medications Administered	
Initial Assessment	
Was the injury a result of contact?	Contact with another player
What were the field conditions at	Dirt
At which location did the injury	
Were the player's parents	Yes
Is follow-up with a physician	

SYMPTOMS			
Date/Time	User	Symptom	Notes
1/23/18, 11:25 AM, PST	Malcolm Stone	ADD: Achy/ Dull Pain	
1/23/18, 11:25 AM, PST	Malcolm Stone	ADD: Discoloration	

TREATMENTS			
Date/Time	User	Treatment	Notes
1/23/18, 11:25 AM, PST	Malcolm Stone	ADD: Crutches by Athletic Trainer	

# If NO concussion or head injury ultimately found:

- The athlete still requires written clearance from a licensed health care provider before returning to play
- Maintain a copy of this documentation!

**Step 4:**  
**What if there is a  
concussion or head injury?**

# Return to play protocol:

- Graduated return to play of no less than 7 days under the supervision of a licensed health care provider TRAINED in the management of concussions
- Children with mild traumatic brain injuries who participate in competitive or recreational activities require careful management to avoid re-injury or prolonged recovery
- Collision sports = special management/evaluation

## Return to Play Protocol

CA STATE LAW AB 2007 STATES THAT RETURN TO PLAY (I.E., COMPETITION) CANNOT BE SOONER THAN 7 DAYS AFTER EVALUATION BY A LICENSED HEALTH CARE PROVIDER WHO HAS MADE THE DIAGNOSIS OF CONCUSSION, AND ONLY AFTER COMPLETING A GRADUATED RETURN TO PLAY PROTOCOL.

### Instructions:

- This is an example of a graduated return to play protocol that MUST be completed before you can return to FULL COMPETITION.
  - A licensed health care provider must initial each stage after you successfully pass it.
  - An athlete should be back to normal academic activities before beginning Stage II, unless otherwise instructed by your physician.
- After Stage I, an athlete cannot progress more than one stage per day (or longer if instructed by your physician).
- If symptoms return at any stage in the progression, your athlete should IMMEDIATELY STOP any physical activity and follow up with your licensed health care provider. In general, if your athlete is symptom-free the next day, return to the previous stage where symptoms had not occurred.
- Seek further medical attention if your athlete cannot pass a stage after 3 attempts due to concussion symptoms, or if your athlete feels uncomfortable at any time during the progression.



You must have written licensed health care provider clearance to begin and progress through the following Stages as outlined below, or as otherwise directed by your physician. Minimum of 6 days to pass Stages I and II.

Date & Initials	Stage	Activity	Exercise Example	Objective of the Stage
	I	No physical activity for at least 2 full symptom-free days	• No activities requiring exertion (weight lifting, jogging, P.E. classes)	• Recovery and elimination of symptoms
	II-A	Light aerobic activity	• 10-15 minutes (min) of walking or stationary biking • Must be performed under direct supervision by designated individual	• Increase heart rate to no more than 50% of perceived maximum (max) exertion (e.g., < 100 beats per min) • Monitor for symptom return
	II-B	Moderate aerobic activity (Light resistance training)	• 20-30 min jogging or stationary biking • Body weight exercises (squats, planks, pushups), max 1 set of 10, no more than 10 min total	• Increase heart rate to 50-75% max exertion (e.g., 100-150 bpm) • Monitor for symptom return
	II-C	Strenuous aerobic activity	• 30-45 min running or	• Increase heart rate to > 75%

\*\*Adapted from resources developed by the California Interscholastic Federation available here:

[http://www.cifstate.org/sports-medicine/concussions/CIF\\_Concussion\\_Return\\_to\\_Play\\_Protocol.pdf](http://www.cifstate.org/sports-medicine/concussions/CIF_Concussion_Return_to_Play_Protocol.pdf)

		(Moderate resistance training)	stationary biking • Weight lifting $\leq$ 50% of max weight	max exertion • Monitor for symptom return
	II-D	Non-contact training with sport-specific drills (No restrictions for weightlifting)	• Non-contact drills, sport-specific activities (cutting, jumping, sprinting) • No contact with people, padding or the floor/mat	• Add total body movement • Monitor for symptom return
<p><b>Prior to beginning Stage III, please make sure that written licensed health care provider clearance for return to play, after successful completion of Stages I and II, has been given to your school's concussion monitor.</b></p>				
	III	Limited contact practice	• Controlled contact drills allowed (no scrimmaging)	• Increase acceleration, deceleration and rotational forces
		Full contact practice Full unrestricted practice	• Return to normal training, with contact • Return to normal unrestricted training	• Restore confidence, assess readiness for return to play • Monitor for symptom return
<p><b>MANDATORY: You must complete at least ONE contact practice before return to competition, or if non-contact sport, ONE unrestricted practice</b> <i>(If contact sport, highly recommend that Stage III be divided into 2 contact practice days as outlined above)</i></p>				
	IV	Return to play (competition)	• Normal game play (competitive event)	• Return to full sports activity without restrictions

Athlete's Name: \_\_\_\_\_

Date of Concussion \_\_\_\_\_

Diagnosis: \_\_\_\_\_

\*\*Adapted from resources developed by the California Interscholastic Federation available here:  
[http://www.cifstate.org/sports-medicine/concussions/CIF\\_Concussion\\_Return\\_to\\_Play\\_Protocol.pdf](http://www.cifstate.org/sports-medicine/concussions/CIF_Concussion_Return_to_Play_Protocol.pdf).

## Athletes / Students

Show Inactive

Organization

Name	Team	Gender	Date of Birth	Status	
Beck, Harper	Boy's Blue Flash (Portland Youth Soccer) Girl's White Lightning (Portland Youth Soccer)	Male	December 16, 2005	Active	<a href="#">View/Edit</a>
<b>Black, James</b>	PE Class - Boy's Other (CW School) Recess - Co-Ed Other (CW School)	Male	February 18, 2006	Active	<a href="#">View/Edit</a>
Collins, Grace	PE Class - Boy's Other (CW School)	Female	February 8, 2006	Active	<a href="#">View/Edit</a>
Colorado, Claire	PE Class - Boy's Other (CW School)	Female	January 19, 2006	Active	<a href="#">View/Edit</a>
Diamond, Stacey	PE Class - Boy's Other (CW School)	Female	June 30, 2006	Active	<a href="#">View/Edit</a>
Durant, Kimberly	Girl's White Lightning (Portland Youth Soccer)	Female	October 15, 2006	Active	<a href="#">View/Edit</a>
Herrera, Juan	Recess - Co-Ed Other (CW School)	Male	April 29, 2006	Active	<a href="#">View/Edit</a>
Kyle, Harper	Girl's White Lightning (Portland Youth Soccer)	Female	April 12, 2005	Active	<a href="#">View/Edit</a>



InjureFree Injury Reports Athletes / Students Admin Training Profile Malcolm Stone

## Athletes / Students

Organization: All

Name	Team	Status	Action
Beck, Harper	Boys' / Girls'	Active	View/Edit
<b>Black, James</b>	PE / Rec	Active	View/Edit
Collins, Grace	PE / Rec	Active	View/Edit
Colorado, Claire	PE / Rec	Active	View/Edit
Diamond, Stacey	PE / Rec	Active	View/Edit
Durant, Kimberly	Girls'	Active	View/Edit
Herrera, Juan	Rec	Active	View/Edit
Kyle, Harper	Girls'	Active	View/Edit

### Edit Athlete / Student

Return-to-Play Status: **Not Cleared** [Update] [History]

Return-to-Learn Status: Cleared [Update] [History]

Concussion Education Requirements: Complete

First Name \*: James

Middle Name:

Last Name \*: Black

# Step 5: Adoption of Policies and Procedures

# Adoption of policies and procedures

- Adopt and enforce policies regarding these topics:
  - Distribution, collection, accessibility and maintenance of concussion information sheets;
  - Communication of your policies and procedures;
  - Removal from play;
  - Injury reporting to parents;
  - Evaluation by a licensed health care provider; and
  - Return to play.

# Coordinate Medical Partners

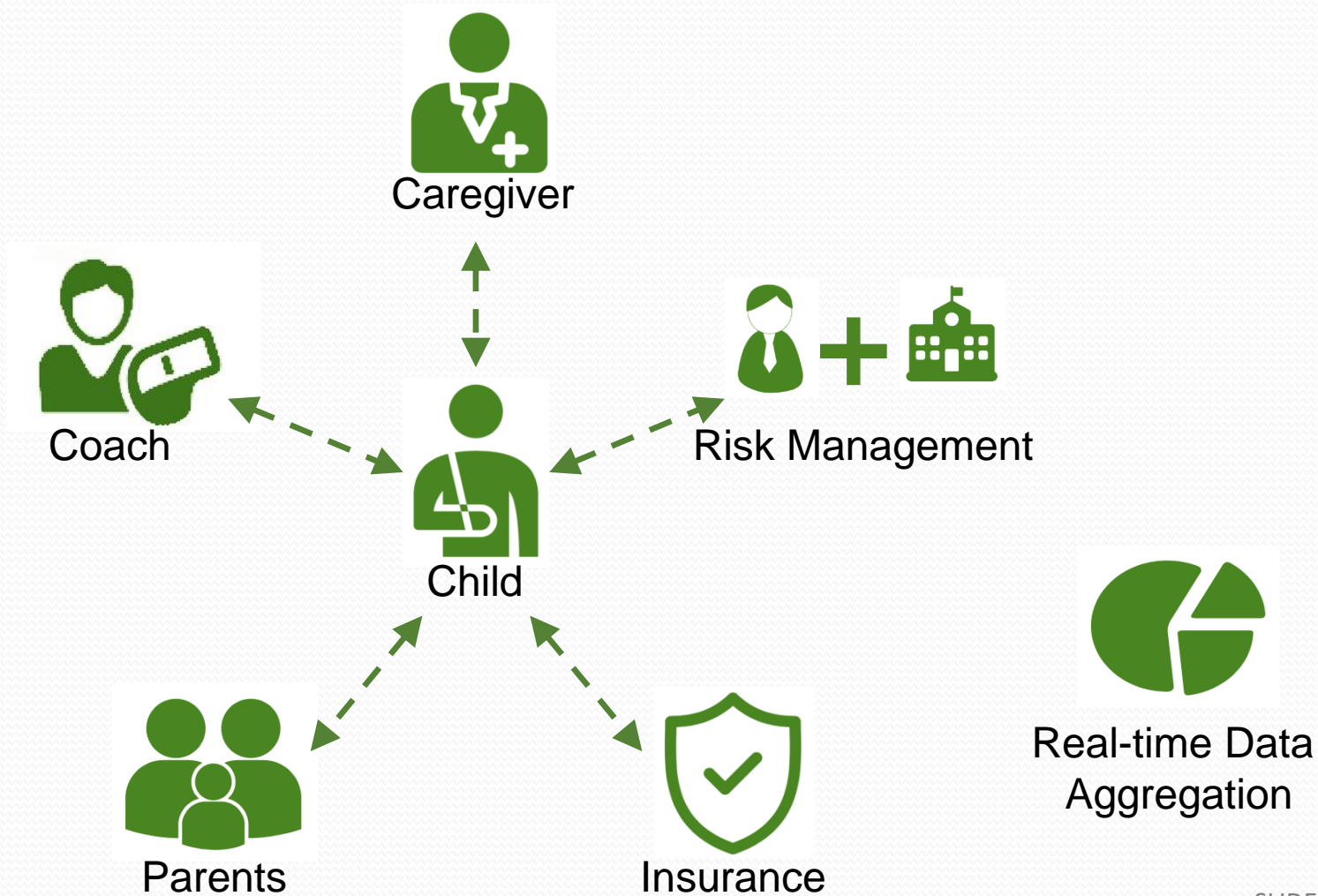


**Athletic Trainers**

*“I just wanted to let you know that we used the hotline number for the Medstar Sports Med. Program after my son fractured his wrist and it was wonderful! We were able to get an appt. same day and Dr. Dawson was great! Thank you for this program!”*

- Lucia Donatelli SLIDE 44

# Increase Transparency



# Ramifications of AB 2007

# Ramifications

- Youth Sports Organizations can expect:
  - Increased costs of doing business for youth sports organizations.
    - Provide training and educational materials, securely maintain records, need to increase liability insurance limits to deal with potential liability (discussed next).
  - Decreased willingness on the part of coaches to volunteer.
  - Future changes to liability insurance policies.

# Increased Potential for Liability

- California's new Return to Play law creates a new set of “minimum safety” standards.
  - A failure to comply will likely serve as a basis for liability should an athlete be seriously injured. (Doctrine of negligence per se.)
  - Traditional defenses likely will not apply.
    - Assumption of risk
    - Waivers
  - Some Return to Play laws provide limitations on potential liability—California does not!



# Expect New Laws

# Safe Youth Football Act

- Would limit tackle football programs to the high school level.
- Premised on theory that Chronic Traumatic Encephalopathy (CTE) is caused by repetitive sub-concussive impacts to the head sustained over a period of time.
- No state has enacted.
  - Similar legislation in Illinois, Maryland and New York that set minimum ages.
  - Some apply to public leagues; others to all leagues.
  - Include other sports (hockey, lacrosse, soccer).

# Safe Sport Authorization Act of 2017

- Federal legislation following the Nassar accusations/USA Gymnastics.
- Became law on Feb. 14, 2018.
- Requires youth sports organizations to report sexual abuse allegations to law enforcement within 24 hours; not adjudicate them “in-house”.
- Enacts “The United States Center for Safe Sport” to ensure compliance and investigate complaints.
- Minimum damages \$150k / victim.

# New Blood Test

- FDA has recently approved the Brain Trauma Indicator test for adults (not kids).
- Measures two biomarkers that appear in the blood after a brain injury: UCH-L1 and GFAP. Can be detected within 15-20 minutes of injury.
- Test can be taken within 12 hours of injury, and results within 3-4 hours.
- This test does not diagnose, detect or rule out concussion. Helps determine if CT Scan is necessary.

Questions/  
Comments?

# Thank you for your time and attention today

Anne Marie Ellis

[aellis@buchalter.com](mailto:aellis@buchalter.com)

949-224-6223

Charlie Wund

[charlie.wund@injurefree.com](mailto:charlie.wund@injurefree.com)

866-591-2747 x801

Paul A. Alarcon

[palarcon@buchalter.com](mailto:palarcon@buchalter.com)

949-224-6298