

Brain Injury Risk Management Program



Educational Awareness through Online Training and Information Handouts and Administration / Document Retention

Our MBYLL member program has adopted and should implement the following Brain Injury risk management program:

Coaches - Basic Concussion Training Course (Free)

All coaches should complete the National Alliance for Youth Sports Concussion Training Video upon initial assignment and again every two years with certificate of completion documentation retained at team / organization / league level for a period of at least 15 years:

[NAYS Concussion Training Video](#)

Staff / Participant / Parent Concussion Awareness Information Sheet

The following CDC Parent / Athlete Concussion Information Sheet should be distributed annually to all staff, participants, and parents with the signed and dated sheet retained at the organization level for a period of at least 15 years:

[CDC Concussion Information Sheet](#)

Baseline Neurocognitive Testing

It is strongly recommended that each athlete take a baseline neurocognitive test prior to the start of conditioning / training camp. In the event of a concussion, this baseline test will assist the health care professionals in making return-to-play decisions.

Identify Suspected Cases of Concussions

The highest medical authority at a practice or game is the person who is in the best position to diagnose a suspected concussion and to make the call. The presence of (or immediate access to) a medical doctor (MD), doctor of osteopathy (DO), or athletic trainer trained in concussion recognition is ideal. However, in cases where medical professionals are not present or immediately available, a person should be present who is at least EMT certified or is currently certified in Red Cross Community First Aid or the equivalent.

Signs observed by parents, guardians, or sports staff:

- appears dazed or stunned
- is confused about the assignment or position
- forgets instructions
- is unsure of game, score, or opponent
- moves clumsily
- answers questions slowly
- loses consciousness (even briefly)
- shows behavior or personality changes
- can't recall events prior to hit or fall
- can't recall events after hit or fall.

Symptoms reported by player:

- headache or pressure in the 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
- does not “feel right”

What to do

If athletes report or exhibit one or more of the signs listed above or say they “just don’t feel right” after a bump, blow, or jolt to the head or body, they may have a concussion.

Danger signs (which require immediate medical attention):

- one pupil larger than the other
- drowsiness or inability to wake up
- headache that gets worse and does not go away
- weakness, numbness, or decreased coordination
- repeated vomiting or nausea
- slurred speech
- convulsions or seizures
- inability to recognize people or places
- increasing confusion, restlessness, or agitation
- unusual behavior, loss of consciousness (even brief).

If one or more of these danger signs occur after a bump, blow, or jolt to the head or body: call 9-1-1 or transport the athlete immediately to the emergency room.

On-field Medical Status Evaluation

*Example questions and assessment tools**

Orientation Questions: (ask the athlete)

- ✓ What period/quarter/half are we in?
- ✓ What stadium/field is this?
- ✓ What city is this?
- ✓ Who is the opposing team?
- ✓ Who scored last?
- ✓ Do you remember the hit?
- ✓ What team did we play last?
- ✓ Repeat the following: girls, dog, green

Concentration: (ask the athlete)

- ✓ Repeat the days of the week backwards (starting with today)
- ✓ Repeat the months of the year backward (starting with December)
- ✓ Repeat these numbers backward 63, (36), 419 (914), 6294 (4926)

Exertional Maneuvers:

- ✓ Complete 5 jumping jacks
- ✓ Complete 5 sit-ups

Word List Memory: (ask the athlete)

- ✓ Repeat the three words from earlier: girls, dog, green

*Other superior assessment tools (some of which require professional administration) are available and should be researched including:

- SCAT5
- Child SCAT5
- ImPACT
- King-Devick test
- HitCheck: Sideline Concussion Test

If a Concussion is Suspected, the Following Actions Should Be Taken

1. **Remove the athlete from play.** If any of the signs and symptoms are observed, remove the athlete from play. When in doubt, sit them out!
2. **Make sure the athlete is evaluated by a licensed physician, licensed neuropsychologist, certified athletic trainer, or other licensed health care professional as determined by the department of public health.** Let the professionals judge the severity.
3. **Inform the athlete's parents / guardians and provide them with the CDC fact sheet** on "Concussions for parents" to help them monitor the athlete for signs and symptoms: [CDC Concussion Information Sheet](#)
4. **Keep the athlete out of play the day of the injury AND until a licensed physician, licensed neuropsychologist, certified athletic trainer, or other licensed health care professional as determined by the department of public health provides written return to play permission to an authorized club representative.**

No Encouragement of Dangerous Play

Coaches, trainers, and volunteers should not encourage any dangerous play that violates the age appropriate "No Contact" or "Limited Contact" rules of MBYLL / USL / NFHS.

Proper Fitting and Care of Helmets

All equipment managers and coaches should be trained on the proper fitting and care of helmets. Resources on this topic can be found here: [Moms Team Proper Helmet Fit Checklist](#)

Compliance with State Concussion Laws and NFHS Recommendations

To the extent that our state's concussion laws exceed the requirements outlined above, we should comply with our state's law. A summary of state concussion laws (click the map for Massachusetts) can be found here:

[State Concussion Laws](#)

To the extent that our state's version of National Federation of High School Associations (NFHS) rules, regulations, or recommendations on brain injury exceed the requirements outlined above, we should comply with such standards.

Distribution / Acknowledgement / Documentation

An electronic copy of this risk management program should be distributed to each administrator and staff member prior to the start of every season. Each should acknowledge in writing (wet or electronic signature) that they have received and carefully reviewed the entire program. The sports organization should maintain documentation on an annual basis of the risk management plan that was distributed as well as the administrator and staff acknowledgements.

DISCLAIMER

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Revised by MBYLL: January 2019