Greg Louie, Principal
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Policy, Protocol and Procedures for the Management of Sports-Related Concussions at Saratoga High School

Medical management of sports-related concussion is constantly evolving. In recent years, there has been a large amount of research into sports-related concussions in high school athletes. There have also been significant legislative changes detailing appropriate education, assessment, treatment and return to activity. Saratoga High School has established this protocol to provide education about concussions for athletic department staff and other school personnel. This protocol outlines procedures for staff to follow in managing head injuries, and outlines school policy as it pertains to return to play issues after concussion.

Saratoga High School seeks to provide a safe return to activity for all students after injury, particularly after a concussion. It is estimated that as many as 3.8 million sport and recreation related concussions occur each year.[1] Both concussions and awareness of concussions is rising. Data from emergency department visits rose 62% from 2001-2009.[2] While most concussions do not cause long-term injury, some do. Research indicates that the majority of catastrophic, long-term head injuries are a result of returning to play too soon, before the concussion has healed. In order to effectively and consistently manage these injuries, and safeguard our students' health, procedures have been developed to aid in ensuring that concussed students are identified, treated and referred appropriately, receive appropriate follow-up medical care during the school day, including academic assistance, and are fully recovered prior to returning to activity.

In addition to recent research, several primary documents were consulted in developing this protocol. The California Interscholastic Federation has created a series of educational documents, protocols and forms to aid schools in safely managing concussions.[3] The "Summary and Agreement Statement of the 2nd International Conference on Concussion in Sport, Prague 2004",[4] and the "National Athletic Trainers' Association Position Statement: Management of Sport-Related Concussion"[5] were also primary documents.

This protocol will be reviewed on an ongoing basis, by the SHS medical and administrative staff. Any changes or modifications will be reviewed and given to athletic department staff and appropriate school personnel in writing. All athletic department staff will attend a yearly in-service meeting in which procedures for managing sports-related concussion are discussed.

Updated June 2020 by Liz Gilmore Alves, MA, ATC

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[1] Langlois JA, Rutland-Brown W, Wald MM. The epidemiology and impact of traumatic brain injury: a brief overview. J Head Trauma Rehabil. 2006;21(5):375–378.
[2] Centers for Disease Control and Prevention. Nonfatal traumatic brain injuries related to sports and recreation activities among persons aged 19 years, United States, 2001–2009. MMWR Morb Mortal Wkly Rep. 2011;60(39):1337–1342.
[3] http://www.cifstate.org/sports-medicine/concussions/index
[4] McCrory P, et al. Summary and Agreement Statement of the 2nd International Conference on Concussion in Sport, Prague 2004. Clin J Sports Med. 2005; 15(2):48-55.
[5] Guskiewicz KM, et al. National Athletic Trainers' Association Position Statement: Management of Sport-Related Concussion. J Athl Train. 2004;39(3):280-297.

Contents

I. Prevention of Concussions and Pre-Concussion Activities

A. Coach Education

1. All coaches will view the NFHS' program on preventing concussions prior to the start of the competitive season.[6]
2. All coaches will review Concussion Management Policies annually.
3. Coaches must complete a concussion education program at least every two years, as mandated by AB 1451.

B. Athlete Education

1. All athletes will view a video presentation educating them on concussions prior to the start of the competitive season.
2. Athletes and a parent or guardian will sign a concussion awareness form.
3. Athletes are not allowed to participate in sports without a signed concussion awareness form, as mandated by AB 25.

C. ImPACT Neuropsychological Testing

1. ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing) is a research-based software tool utilized to evaluate recovery after concussion.[7] ImPACT evaluates multiple aspects of neurocognitive function, including memory, attention, brain processing speed, reaction time, and post-concussion symptoms.
2. All athletes at Saratoga High School are encouraged to take a baseline ImPACT test prior to participation in sports at SHS (usually freshman year). They are encouraged to take a follow up baseline two years after their initial baseline to account for further brain development
3. Athletes and parents are responsible for signing up for ImPACT testing.
4. Coaches are encouraged to set aside time for team baseline testing.

D. Equipment

1. All equipment will be appropriately fitted by a coach or athletic trainer
2. All equipment will be reconditioned according to the equipment governing association's recommendations for each item of equipment

II. Recognition of Concussion

A. Awareness of Signs and Symptoms

1. All sports staff will be aware of common signs and symptoms of sports-related concussion.
    a. Signs (Observed by Others):
        i. Athlete appears dazed or stunned
        ii. Confusion (about assignment, plays, etc.)
        iii. Forgets plays
        iv. Unsure about game, score, opponent
        v. Moves clumsily (altered coordination)
        vi. Balance problems
        vii. Personality change
        viii. Responds slowly to questions
        ix. Forgets events prior to hit
        x. Forgets events after the hit

[6] Available at https://nfhslearn.com/courses/61129/concussion-in-sports
[7] http://www.impacttest.com

xi. Loss of consciousness (any duration)

b. Symptoms (Reported by Student):
   i. Headache
   ii. Fatigue
   iii. Nausea or vomiting
   iv. Double vision, blurry vision
   v. Sensitive to light or noise
   vi. Feels sluggish
   vii. Feels "foggy"
   viii. Problems concentrating
   ix. Problems remembering

**These signs and symptoms are indicative of probable concussion. Other causes for symptoms should also be considered.

B. Assessment

1. The Athletic Trainer (AT) will assess the injury if they are present at the time of injury.
2. If the AT is not available, the coach MUST withhold the student from play until a licensed healthcare professional (LHP) rules out a possible concussion.
   a. Licensed Healthcare Professional: an AT, MD, or DO trained in concussion evaluation.
3. If the AT is not available, the coach is responsible for notifying the student's parents about the injury and recommending the student seek medical attention.
4. AT assessment may include
   a. Evaluation of cognitive impairment (altered or diminished cognitive function)
   b. General cognitive status, determined by simple sideline cognitive testing.
   c. SCAT (Sports Concussion Assessment Tool)[8], SAC, or other standard tool for sideline cognitive testing.
   d. ImPACT Testing
5. Signs and symptoms should be evaluated continuously while the student is being assessed.
6. Students will be referred to their physician for further assessment and clearance, as mandated by AB 25, AB 2127 and CIF Bylaws.

III. Immediate Management and Referral Guidelines for Coaches

A. RECOGNIZE, REMOVE, REFER

1. **Recognize** Concussion
   a. All coaches should become familiar with the signs and symptoms of concussion that are described in section I.
   b. Very basic cognitive testing should be performed to determine the severity of cognitive deficits.
   c. If a coach has any doubts about whether the student's symptoms constitute a concussion, the AT should be notified, and the student should be removed from activity.
2. **Remove** from Activity

[8] McCrory P, et al

   a. Any student who exhibits signs or symptoms of a concussion should be removed immediately, assessed, and is NOT allowed to return to activity that day.
   b. The student should not return to activity until evaluated and cleared medically. A student must obtain both written clearance from a physician, and clearance from the AT before returning to activity.
3. **Refer** the Student for Medical Evaluation
   a. Coaches should report all head injuries to the SHS Certified Athletic Trainer (AT), Liz Alves, as soon as possible, for medical assessment and management, and for coordination of home instructions and follow-up care.
   b. If the AT is not present, coaches are responsible for contacting the student's parent or guardian, and following the protocol in Referral When the AT is Not Available (Section III, Part B.)
   c. If present, the AT will be responsible for contacting the student's parents and providing follow-up instructions.
   d. The AT will follow the guidelines in Section IV.

B. Referral When the AT is Not Available

1. If the SHS AT is unavailable, or the student is injured at an away event, the coach is responsible for notifying the student's parent or guardian of the injury and following the General Guidelines for Management of Sports-Related Concussions (Section IV).
2. Coaches should seek assistance from the host site AT if at an away contest.
3. If the student is injured at school during school hours while the AT is unavailable, the student should be brought to the Health Secretary.
4. Contact the parent or guardian to inform them of the injury and make arrangements for them to pick up the student. Coaches must make contact with a parent or guardian before releasing the student.
5. The Coach should insure that the student will be with a responsible individual, who is capable of monitoring the student and understanding the home care instructions, before allowing the student to go home. Do not send the student home alone.
6. Contact the AT via cell phone or email (lalves@lgsuhsd.org) with the student's name and contact number, so that follow-up care can be initiated.

IV. General Guidelines for Management of Sports-Related Concussion[9]

A. Hospital Referrals

1. If there is any question about the mental status of the student, or if the student is not able to be monitored appropriately, the student should be referred to the Emergency Department for evaluation.
2. A coach, school representative, authorized adult or AT should accompany the student and remain with the student until the parents arrive.
3. Parents or guardians may authorize a responsible adult to accompany the student until they are able to arrive.

B. Transportation

1. Use of Emergency Vehicles
   a. Any student with a witnessed loss of consciousness (LOC) of any duration should be spine boarded and transported immediately to the nearest Emergency Department via ambulance.

[9] Guskiewicz KM, et al

b. Any student who has symptoms of a concussion, and who is not stable (i.e., condition is changing or deteriorating), is to be transported immediately to the nearest Emergency Department via emergency vehicle.
c. Any student who exhibits any of the following symptoms should be transported immediately to the nearest emergency department, via emergency vehicle.
    i. Deterioration of neurological function
    ii. Decreasing level of consciousness
    iii. Decrease or irregularity in respirations
    iv. Decrease or irregularity in pulse
    v. Unequal, dilated, or unreactive pupils
    vi. Any signs or symptoms of associated injuries, spine or skull fracture, or bleeding
    vii. Changes in mental status: lethargy, difficulty maintaining arousal, confusion or agitation
    viii. Seizure activity
    ix. Cranial nerve deficits

2. Any student who is symptomatic but stable, may be transported by his or her parents. The parents should be advised to contact the student's primary care physician, or seek care at the nearest Emergency Department, on the day of the injury.
3. Students with suspected head injuries should not be permitted to drive home.
4. Parents may choose the option of emergency transportation in any circumstance.

C. Notification

1. The AT will contact the student's parents and give written and verbal home and follow-up care instructions.
2. If the AT is unavailable, the coach must initiate contact with the student's parents.
3. The AT will communicate with the student's guidance counselor and health secretary regarding the student's neurocognitive and recovery status, if needed.
4. The athletic trainer will discuss the student's status with the coach to ensure the student is participating at a safe level.
5. The coach will obtain participation details from the AT before allowing the student to participate in any activities.

D. Referral to Physician

1. In accordance with AB 25, AB 2127, and CIF Bylaws, any student experiencing symptoms associated with a concussion is **required** to see a physician for clearance.

E. Post-Concussion ImPACT Testing

1. The AT is responsible for administering post-concussion ImPACT testing if applicable.
2. The student may also take the ImPACT test at their physicians' office.
3. The initial post-concussion test will be administered within 48-72 hours post-injury, whenever possible.
4. Repeat post-concussion tests will be given at appropriate intervals, dependent upon clinical presentation.
5. The AT will review post-concussion test data with the student and the student's parent or guardian if desired.
6. Physicians will have access to student ImPACT tests through the ImPACT Passport program.

7. The AT or the student's parent or guardian may request that a neuropsychological consultant review the test data. The student's parents will be responsible for charges associated with the consultation.

F. Continued Monitoring

1. The AT will monitor the student and keep school personnel informed of the individual's symptoms and neurocognitive status, for the purposes of developing or modifying an appropriate health care plan for the student if school personnel request such information.
2. The student is responsible for being truthful with their symptoms.
3. The AT will discuss the student's home behavior with parents periodically.
4. Parents, teachers, coaches and friends are encouraged to share their observations about the student with the AT, so that the AT has a more complete view of the student's behavior and symptoms.

G. Documentation

1. The AT will maintain appropriate documentation regarding assessment and management of the injury.
2. All correspondence with the student, parents, school staff and medical staff may be included in the student's injury file.

H. Return to Play

1. The AT will monitor recovery & coordinate the appropriate return to play activity progression, in accordance with the physician's orders and the timeline provided by AB 2127 and CIF Bylaws.
2. Return to Learn Procedures must be completed before Return to Play Procedures can be completed. Students must return to fully participating in academics in order to be cleared to return to physical or athletic activities.

V. Return to Learn (RTL) Procedures

A. RTL Overview

1. Returning to school after a concussion may be challenging for some students. While many students are able to return to school with no modification, some students experience increased symptoms and delayed recovery.
2. The CIF has created a Return to Learn (RTL) Protocol[10] to help ease this transition for students.
3. SHS will follow these guidelines for students that have increased symptoms when attempting to return to school.
4. CIF RTL form is included on the following page.
5. If a student develops Post-Concussion Syndrome, (when the symptoms of a concussion last longer than 6 weeks) SHS will work with the student, parent or guardian, guidance counselor, teachers and health secretary to create a long-term modification plan which could include delayed or minimized assessments, or an incomplete grade in some or all classes.

[10] http://www.cifstate.org/sports-medicine/concussions/CIF_Concussion_RTL_Protocol.pdf

B. CIF Return to Learn Protocol

CIF Concussion Return to Learn (RTL) Protocol

Instructions:

- Keep brain activity below the level that causes worsening of symptoms (e.g., headache, tiredness, irritability).
- If symptoms worsen at any stage, stop activity and rest.
- Seek further medical attention if your child continues with symptoms beyond 7 days.
- If appropriate time is allowed to ensure complete brain recovery before returning to mental activity, your child may have a better outcome.
  - Do not try to rush through these stages.
- Please give this form to teachers/school administrators to help them understand your child's recovery.

Stage	Home Activity	School Activity	Physical Activity
Brain Rest/ Restful Home Activity	• Initially sleep as much as needed (allow at least 8-10 hours of sleep) • Allow short naps during day (less than 1 hour at a time) • Move towards setting a regular bedtime/wake up schedule as symptoms improve • Avoid bright light if bothersome • Stay well-hydrated and eat healthy foods/snacks every 3-4 hours • Limit "screen time" (phone, computer, video games) as symptoms tolerate; use large font	• No school • No homework or take-home tests • May begin easy tasks at home (drawing, baking, cooking) • Soft music and 'books on tape' okay • Limit reading of hard-copy books as symptoms tolerate (e.g., short intervals of 10-15 min) • Once your child can complete 60-90 minutes of light mental activity without a worsening of symptoms they may go to the next step	• Walking short distances initially to get around is okay • As symptoms improve, progress physical activity, like vigorous walking • No strenuous exercise or contact sports • No driving
	Progress to the next stage when your child starts to improve, but may still have some symptoms		
Return to School - *PARTIAL DAY*	• Set a regular bedtime/wake up schedule • Allow 8-10 hours of sleep per night • Limit napping to allow for full sleep at night • Stay well-hydrated and eat healthy foods/snacks every 3-4 hours • Limit "screen time" and social activities outside of school as symptoms tolerate	• Gradually return to school • Sit in front of class • Start with a few hours/half-day • Take breaks in the nurse's office or a quiet room every 2 hours or as needed • Avoid loud areas (music, band, choir, shop class, locker room, cafeteria, loud hallway and gym) • Use brimmed hat/earplugs as needed • Use preprinted large font (18) class notes • Complete necessary assignments only • Limit homework time • No tests or quizzes • Multiple choice or verbal assignments better than long writing assignments • Tutoring or help as needed • Stop work if symptoms increase	• Progress physical activity and as instructed by physician • No strenuous physical activity or contact sports • No driving
	Progress to the next stage as symptoms continue to improve and your child can complete the activities listed above		
Return to School - *FULL DAY*	• Allow 8-10 hours of sleep per night • Avoid napping • Stay well-hydrated and eat healthy foods/snacks every 3-4 hours • "Screen time" and social activities outside of school as symptoms tolerate	• Progress to attending core classes for full days of school • Add in electives when tolerated • No more than 1 test or quiz per day • Give extra time or untimed homework/tests • Tutoring or help as needed • Stop work if symptoms increase	• Progress physical activity and as instructed by physician • No strenuous physical activity or contact sports • Okay to drive
	Progress to the next stage when your child has returned to full school and is able to complete all assignments/tests without symptoms		
Full Recovery	• Return to normal home and social activities	• Return to normal school schedule and course load	• Start CIF Return to Play Protocol

A. Guidance Counselor's Responsibilities

1. The guidance counselor will monitor the student and recommend appropriate academic accommodations for students who are exhibiting symptoms of concussion or post-concussion syndrome.
2. The guidance counselor will facilitate communication with the athlete's teachers if needed.
3. If the student is in P.E., the guidance counselor will communicate to the P.E. teacher that the student is restricted from all physical activity until further notice.

B. Teacher Responsibilities

1. Teachers will modify environment, workload and testing if needed

C. Student Responsibilities

1. Students will update their teachers, guidance counselor and AT about their symptoms and progress throughout the day as symptoms and ability changes, at least once per day.
2. Students understand that missed work may need to be made up once they are fully recovered.
3. Students understand that they must be fully returned to school in order to return to play.

D. Health Secretary Responsibilities

1. The Health Secretary will check in with the student daily.
2. The Health Secretary will provide a quiet space for the student to rest, if necessary.
3. The Health Secretary will communicate with the AT regarding all student concussions.

VI. Return to Play (RTP) Procedures

A. RTP Overview

1. Returning to physical activity too soon is the leading cause of catastrophic, long term brain injury. The CIF and State of California seek to protect athletes by outlining a Return to Play (RTP) Protocol[11], included at the end of this section.
2. The RTP protocol cannot start until the athlete is symptom-free.
3. The RTP protocol cannot be completed in less than seven (7) days.

B. Returning to Play on the Same Day of Injury

1. As previously discussed in this document, any student who exhibits signs or symptoms of concussion, or has abnormal cognitive testing, must not be permitted to return to play on the day of the injury. Any student who denies symptoms but has abnormal sideline cognitive testing should be held out of activity. "When in doubt, hold them out."

C. Return to Play after Concussion

1. The athlete must meet all of the following criteria in order to begin the RTP activities:
    a. Asymptomatic at rest and during daily life activities (including mental exertion in school) AND:
    b. Within normal range of baseline on post-concussion ImPACT testing if ImPACT was used AND
    c. Fully participating and returned to school AND
    d. Have scheduled a clearance appointment with a physician within the next 72 hours or have written clearance from a primary care physician or specialist to begin gradual

[11] http://www.cifstate.org/sports-medicine/concussions/CIF_Concussion_Return_to_Play_Protocol.pdf

i. The athlete must be cleared by a physician other than an Emergency Room physician.

e. Once the above criteria are met, the student will be progressed back to full activity following a stepwise process, (as mandated by AB 2127 and CIF Bylaws), under the supervision of the AT.
f. RTP activities must be completed under the supervision of AT or designee.
g. The process will be documented on the CIF Return to Play Protocol form, included at the end of this section.
h. Some athletes may be cleared for light aerobic activity while returning to school if authorized by their doctor to do so.

2. Progression is individualized and will be determined on a case by case basis.
    a. Factors that may affect the rate of progression include:
        i. Previous history of concussion
        ii. Duration and type of symptoms
        iii. Age of the athlete
        iv. Sport/activity in which the athlete participates.
    b. An athlete with a prior history of concussion, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport will progress more slowly.
3. Athletes will not be allowed to progress past non-contact exercise without written clearance from a primary care physician or non-emergency specialist.
4. If the athlete experiences post-concussion symptoms during any phase, the athlete will discontinue activity until at least 24 hours after the last symptom. The athlete will return to the last symptom free stage of the stepwise progression.
5. The athlete should see the AT daily for re-assessment and instructions until he or she has progressed to unrestricted activity, and been given a written report to that effect, from the AT.
6. No coach will allow an athlete to return to activity without communication with the AT indicating what activity the athlete may perform.
7. Coaches are responsible for communicating with the AT about an athlete's status.

D. CIF Return to Play Protocol

CIF Concussion Return to Play (RTP) Protocol

CA STATE LAW AB 2127 STATES THAT RETURN TO PLAY (I.E., COMPETITION) CANNOT BE SOONER THAN 7 DAYS AFTER EVALUATION BY A PHYSICIAN (MD/DO) WHO HAS MADE THE DIAGNOSIS OF CONCUSSION, AND ONLY AFTER COMPLETING A GRADUATED RETURN TO PLAY PROTOCOL.

Instructions:

- A graduated return to play protocol MUST be completed before you can return to FULL COMPETITION. Below is the CIF RTP Protocol.
  - A certified athletic trainer (AT), physician, or identified concussion monitor (e.g., athletic director, coach), must initial each stage after you successfully pass it.
  - You should be back to normal academic activities before beginning Stage II, unless otherwise instructed by your physician.
- After Stage I, you cannot progress more than one stage per day (or longer if instructed by your physician).
- If symptoms worsen at any stage in the progression, IMMEDIATELY STOP any physical activity and follow up with your school's AT, other identified concussion monitor, or your physician. In general, if you are symptom-free the next day, return to the previous stage where symptoms had not occurred.
- Seek further medical attention if you cannot pass a stage after 3 attempts due to concussion symptoms, or if you feel uncomfortable at any time during the progression.

You must have written physician (MD/DO) 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	Limited physical activity that does not exacerbate symptoms for at least 2 days	• Untimed walking okay • No activities requiring exertion (weight lifting, jogging, P.E. classes)	• Recovery and reduction/elimination of symptoms
	II-A	Light aerobic activity	• 10-15 minutes *(min)* of brisk walking or stationary biking • **Must be performed under direct supervision by designated individual**	• Increase heart rate to ≤ 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, push-ups), max 1 set of 10, ≤ 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 *(Moderate resistance training)*	• 30-45 min running or stationary biking • Weight lifting ≤ 50% of max weight	• Increase heart rate to > 75% 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
Prior to beginning Stage III, please make sure that written physician (MD/DO) clearance for return to play, after successful completion of Stages I and II, has been given to your school's concussion monitor. *You must be symptom-free prior to beginning Stage III.*				
	III	Limited contact practice	• Controlled contact drills allowed (no scrimmaging)	• Increase acceleration, deceleration and rotational forces • Restore confidence, assess readiness for return to play • Monitor for symptom return
		Full contact practice Full unrestricted practice	• Return to normal training, with contact • Return to normal unrestricted training	
MANDATORY: You must complete at least ONE contact practice before return to competition, or if non-contact sport, ONE unrestricted practice *(If contact sport, highly recommend that Stage III be divided into 2 contact practice days as outlined above)*				
	IV	Return to play (competition)	• Normal game play (competitive event)	• Return to full sports activity without restrictions

Athlete's Name: _____ **Date of Injury** _____ **Date of Concussion Diagnosis:** _____

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APPENDIX

California Law AB 25[12]

California Law AB 2127[13]

[12] Assem. Bill 25, 2011-2012 Reg. Ses., ch. 456, 2011 Cal. Stat. http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_0001-0050/ab_25_bill_20111004_chaptered.html
[13] Assem. Bill 2127, 2014 Reg. Ses., ch. 165, 2014 Cal. Stat. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201320140AB2127

California Law AB 25

BILL NUMBER: AB 25 CHAPTERED

BILL TEXT

CHAPTER 456
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AMENDED IN ASSEMBLY MARCH 25, 2011
AMENDED IN ASSEMBLY JANUARY 31, 2011

INTRODUCED BY Assembly Member Hayashi
(Coauthors: Assembly Members Buchanan, Conway, Fong, Hill, Huffman, Ma, Nestande, John A. Pérez, and Smyth)
(Coauthors: Senators Alquist, Padilla, Steinberg, and Strickland)

DECEMBER 6, 2010

An act to add Section 49475 to the Education Code, relating to athletics.

LEGISLATIVE COUNSEL'S DIGEST

AB 25, Hayashi. School districts: athletics: concussions and head injuries.

Existing law authorizes school districts to provide specified medical services in connection with athletic events that are under the jurisdiction of, or sponsored or controlled by, school districts. These services include medical or hospital insurance for pupils injured while participating in athletic activities and ambulance service for pupils, instructors, spectators, and other individuals in attendance at athletic activities.
This bill would require a school district that elects to offer athletic programs to immediately remove from a school-sponsored athletic activity for the remainder of the day an athlete who is suspected of sustaining a concussion or head injury during that activity. The bill would prohibit the return of the athlete to that activity until he or she is evaluated by, and receives written clearance from, a licensed health care provider, as specified. The bill would require, on a yearly basis, a concussion and head injury information sheet to be signed and returned by the athlete and the athlete's parent or guardian before the athlete's initiating practice or competition. These provisions would not apply to an athlete engaged in an athletic activity during the regular school day or as part of a physical education course, as specified.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 49475 is added to the Education Code, to read:
49475.

(a) If a school district elects to offer an athletic program, the school district shall comply with both of the following:

(1) An athlete who is suspected of sustaining a concussion or head injury in an athletic activity shall be immediately removed from the activity for the remainder of the day, and shall not be permitted to return to the activity until he or she is evaluated by a licensed health care provider, trained in the management of concussions, acting within the scope of his or her practice. The athlete shall not be permitted to return to the activity until he or she receives
written clearance to return to the activity from that licensed health care provider.
(2) On a yearly basis, a concussion and head injury information sheet shall be signed and returned by the athlete and the athlete's parent or guardian before the athlete's initiating practice or competition.

(b) This section does not apply to an athlete engaging in an athletic activity during the regular school day or as part of a physical education course required pursuant to subdivision (d) of Section 51220.

Assembly Bill No. 2127

CHAPTER 165

An act to amend Section 49475 of, and to add Section 35179.5 to, the Education Code, relating to interscholastic sports.

[Approved by Governor July 21, 2014. Filed with Secretary of State July 21, 2014.]

LEGISLATIVE COUNSEL'S DIGEST

AB 2127, Cooley. Interscholastic sports: full-contact football practices: concussions and head injuries.

(1) Existing law establishes a system of public elementary and secondary schools operated by local educational agencies throughout this state. Under existing law, public and private secondary schools participate in interscholastic sports, and are authorized to enter into associations or consortia to enact and enforce rules relating to eligibility for, and participation in, these activities. Existing law acknowledges the role of the California Interscholastic Federation in the regulation of interscholastic sports in this state.
This bill would express legislative findings and declarations relating to head injuries sustained by high school pupil-athletes, particularly those who play football. The bill would prohibit high school and middle school football teams of school districts, charter schools, or private schools that elect to offer an athletic program from conducting more than 2 full-contact practices, as defined, per week during the preseason and regular season, as defined. The bill would also prohibit the full-contact portion of a practice from exceeding 90 minutes in any single day, and completely prohibit full-contact practice during the off-season, as defined. The bill would urge the California Interscholastic Federation to develop and adopt rules to implement this provision. The bill would provide that these provisions do not prohibit the California Interscholastic Federation, an interscholastic athletic league, a school, a school district, or any other appropriate entity from adopting and enforcing rules intended to provide a higher standard of safety for athletes than the standard established under the bill.

(2) Existing law requires a school district, charter school, or private school, if it offers an athletic program, to immediately remove an athlete from an athletic activity for the remainder of the day if the athlete is suspected of sustaining a concussion or head injury, and prohibits the athlete from returning to the athletic activity until the athlete is evaluated by a licensed health care provider, trained in the management of concussions and acting within the scope of his or her practice, and the athlete receives written clearance from the licensed health care provider to return to the athletic activity. Existing law also requires, on a yearly basis, a concussion and head injury information sheet to be signed and returned by the athlete and athlete’s parent or guardian before the athlete initiates practice or competition.
This bill would provide that an athlete suspected of sustaining a concussion or head injury is prohibited from returning to the athletic activity until the athlete is evaluated by a licensed health care provider, as defined to mean a licensed health care provider trained in the management of concussions and acting within the scope of his or her practice, and the athlete receives written clearance from a licensed health care provider. The bill would further provide that, if a licensed health care provider determines that the athlete sustained a concussion or a head injury, the

athlete is required to complete a graduated return-to-play protocol of no less than 7 days in duration under the supervision of a licensed health care provider. The bill would urge the California Interscholastic Federation to develop and adopt rules and protocols to implement this provision.

DIGEST KEY
Vote: majority Appropriation: no Fiscal Committee: no Local Program: no

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BILL TEXT
THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1.
The Legislature finds and declares all of the following:
(a) Concussions and other mild traumatic brain injuries affect thousands of California's high school pupil-athletes each year. Many concussions or head injuries go undetected due to a lack of recognition of symptoms or intentional underreporting of symptoms.
(b) Most concussions do not involve a loss of consciousness, according to the federal Centers for Disease Control and Prevention.
(c) The symptoms of concussions vary, and most symptoms are not necessarily specific to concussion. Symptoms may include dizziness, sensitivity to light, and loss of consciousness.
(d) Pupil-athletes who suffer a concussion are more likely to suffer an additional concussion than someone who has never been concussed.
(e) Children and adolescents are skeletally immature, and are thus more likely to be concussed or suffer a brain injury than adults.
(f) Many athletes want to keep playing despite a concussion or head injury. In a study published by the American Academy of Pediatrics in October 2012, 32 percent of high school football players reported that they had experienced symptoms of concussion but did not pursue medical attention.
(g) Many high schools lack the standard of care afforded to college and professional players. At the collegiate and professional level, neurologists and other physicians are available. High schools cannot afford this. In California, coaches or athletic trainers are required to remove any player from practice or competition if that player is exhibiting signs or symptoms of a concussion or head injury.
(h) Medical experts recommend that the recovery and rehabilitation process from a concussion proceed conservatively. Experts suggest that the recovery and rehabilitation process should have six stages, which should be supervised and should last at least 24 hours each, and that athletes should be prohibited from proceeding until they are asymptomatic. According to the American Academy of Pediatrics, adolescents suffer from post-concussive symptoms longer than adults or college students.
(i) Researchers agree that there is no way to "condition" the brain for hits to the head. Researchers strongly contend that hits to the brain should be minimized as much as possible.
(j) Several academic and scientific studies have asserted that the cumulative effects of sub-concussive blows to the brain due to football may contribute to long-term brain damage and early-onset dementia, including chronic traumatic encephalopathy (CTE).
(k) A Boston University study in 2012 studied the brains of 85 deceased athletes and military veterans with histories of repeated mild traumatic brain injuries. Eighty percent of those studied had CTE. Six of the deceased were football players who had not played past high school.

(l) In 2010, a 21-year-old University of Pennsylvania football player committed suicide. After a subsequent brain study, he was found to have early stages of CTE. The athlete had never been diagnosed with a concussion, and had never even complained of a headache. Doctors contend that his CTE must have developed from concussions he dismissed or from the thousands of sub-concussive collisions he endured while playing football, most of which occurred while his brain was still developing.
(m) Nineteen states have banned off-season full-contact high school football practices. California allows each of its 10 sections to make its own determination. Several of those sections still allow full-contact summer and spring practices.
(n) Several states have limited full-contact practices during the preseason and regular season.
(o) Maryland and Connecticut require that a supervised return-to-play protocol be followed in the event of a concussion or head injury.

SEC. 2.
Section 35179.5 is added to the Education Code, to read:
35179.5.
(a) (1) If a school district, charter school, or private school elects to offer an athletic program, it shall comply with all of the following:
(A) A high school or middle school football team shall not conduct more than two full-contact practices per week during the preseason and regular season.
(B) The full-contact portion of a practice shall not exceed 90 minutes in any single day.
(C) A high school or middle school football team shall not hold a full-contact practice during the off-season.
(2) For purposes of this section, a team camp session shall be deemed to be a practice.
(b) The California Interscholastic Federation is urged to develop and adopt rules to implement this section.
(c) As used in this section:
(1) “Full-contact practice” means a practice where drills or live action is conducted that involves collisions at game speed, where players execute tackles and other activity that is typical of an actual tackle football game.
(2) “Off-season” means a period extending from the end of the regular season until 30 days before the commencement of the next regular season.
(3) “Preseason” means a period of 30 days before the commencement of the regular season.
(4) “Regular season” means the period from the first interscholastic football game or scrimmage until the completion of the final interscholastic football game of that season.
(d) This section shall not prohibit the California Interscholastic Federation, an interscholastic athletic league, a school, a school district, or any other appropriate entity from adopting and enforcing rules intended to provide a higher standard of safety for athletes than the standard established under this section.

SEC. 3.
Section 49475 of the Education Code is amended to read:
49475.
(a) If a school district, charter school, or private school elects to offer an athletic program, the school district, charter school, or private school shall comply with both of the following:
(1) An athlete who is suspected of sustaining a concussion or head injury in an athletic activity shall be immediately removed from the athletic activity for the remainder of the day, and shall not be permitted to return to the athletic activity until he or she is evaluated by a licensed health

care provider. The athlete shall not be permitted to return to the athletic activity until he or she receives written clearance to return to the athletic activity from a licensed health care provider. If the licensed health care provider determines that the athlete sustained a concussion or a head injury, the athlete shall also complete a graduated return-to-play protocol of no less than seven days in duration under the supervision of a licensed health care provider. The California Interscholastic Federation is urged to work in consultation with the American Academy of Pediatrics and the American Medical Society for Sports Medicine to develop and adopt rules and protocols to implement this paragraph.
(2) On a yearly basis, a concussion and head injury information sheet shall be signed and returned by the athlete and the athlete's parent or guardian before the athlete initiates practice or competition.
(b) As used in this section, "licensed health care provider" means a licensed health care provider who is trained in the management of concussions and is acting within the scope of his or her practice.
(c) This section does not apply to an athlete engaging in an athletic activity during the regular schoolday or as part of a physical education course required pursuant to subdivision (d) of Section 51220.