



FOOTBALL

2019 Safety Risk Management Policy



2019 Safety Policy

- **Purpose**

- To maximize the safety for our football players, including but not limited to head safety (e.g. concussions) by standardizing our approach to
 - Pre-season preparation,
 - Initial assessment of suspected concussed athletes by professional medical staff,
 - Facilitating the safe return to play of concussed athletes, and
 - Protecting players from excessive cumulative brain injury

- **Mission**

- To operate the safest youth football Association in America
- Create the safest environment for the Southern Marin Youth Football (SMYF) player athletes
- Establish the SMYF Association as a Pop Warner leader in practices and protocols regarding head safety

- **Authority**

- The SMYF Vice President has accountability for the implementation, operation, compliance, and measurement / reporting of this procedure

- **Enforcement & Appeals**

- There is no appeal process for this policy by the head coach, assistant coach, player, or parent for any head safety event.



Definition of a Concussion

- For the purposes of this policy the Southern Marin Broncos will refer to the:
 - U.S. Center for Disease Control. Additional information is available via this [link](#).
 - Zurich 2012 Statement on Concussion in sports. A full text version of the statement can be found via this link [2012 Zurich Definition of a Concussion](#).

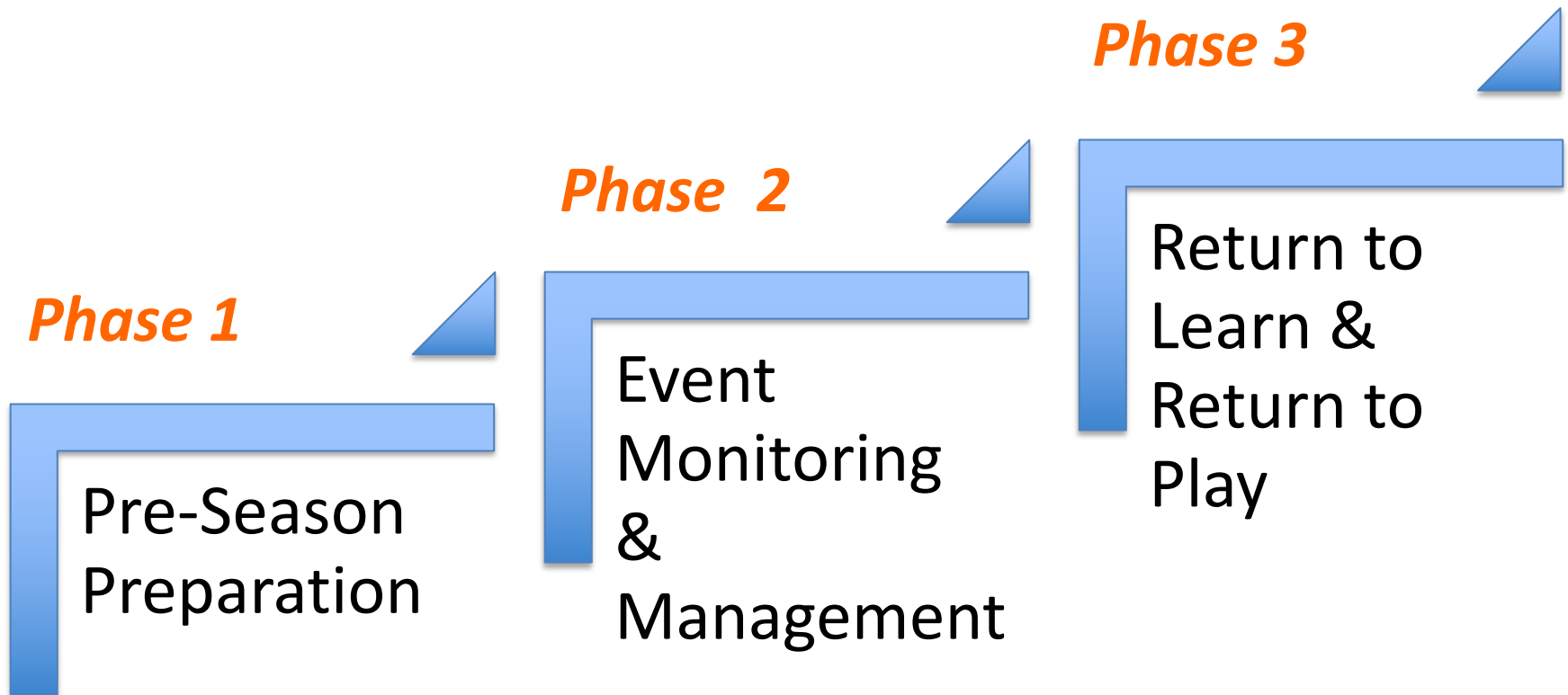
Definition of a Head Safety Event



- For the purposes of this policy the SMYF Association define a head safety event as:
 - The declaration of a suspicion of a concussive event, resulting from a sideline assessment performed by any coach at anytime as described in Phase 2.

Head Safety Process

3 Phase Process





Phase 1: Pre-Season Preparation

Baseline Tests & Common Sensors

- Baseline test every player prior to any team contact participation using the following:
 - Baseline Test - administered by Marin General, an SMYF approved external 3rd party

Phase 2: Event Monitoring & Mgmt.

Summary



There are no appeals by the head coach, assistant coach, player, or parent for any head safety event.



Phase 2: Event Monitoring

Daily Routine Tasks

1. All players are required to be marked as eligible in the AMP to be able to play in a game or practice
2. Each practice the Head Coach and PSC will evaluate the AMP eligibility to confirm that anyone ineligible does not take the field.
3. Each game the Head Coach and PSC will evaluate the AMP eligibility to confirm that anyone ineligible does not take the field.
4. For any injuries, the PSC will create a case for that player in the AMP and work with all stakeholders to manage that case to a successful conclusion.
 - Injuries are defined as:
 - A. Type A – Suspicion of Concussive Event
 - B. Type B – Anytime Bleeding Occurs
 - C. Type C – Anytime a Coach removes a player from the rest of practice for that day
5. If there are no injuries that day, the PSC will mark that day as "No Injuries Reported" in the AMP.
6. The PSC will also mark the days where no practice was held, in the AMP.

Phase 2: Event Monitoring & Mgmt.

Suspicion of Concussive Event



1. All players, coaches, and parents have a responsibility to observe the health and safety of all SMYF player athletes, and to act with the highest degree of integrity consistent with our football culture if they suspect a player athlete is at risk from a head safety perspective. In doing so, we keep a high index of suspicion for concussion.
2. A concussed athlete may not present with obvious symptoms and may not realize they have a concussion. Administrators, Coaches, Parents, and other players may notice confusion or poor execution of plays in a teammate, and it is everyone's responsibility to report any concerns to coaching and or SMYF rostered staff to trigger a sideline assessment. An athlete may also hide symptoms for fear of being removed from the game; therefore, it is tantamount that all players, coaches, and parents are educated about the signs and impact of concussive hits.
3. The following events trigger a sideline concussion assessment
 - Any loss of consciousness
 - Player is slow to get up following a hit to the head
 - Player is observed to have motor coordination/ balance problem
 - Player has an unusual blank or vacant look
 - Player is disoriented
 - Player is clutching his head after a hit
 - If player reports any of the following symptoms: Headache, Dizziness, Balance or coordination difficulties, Nausea or vomiting, Amnesia regarding the circumstances surrounding the injury, Cognitive slowness, Light/ sound sensitivity, Disorientation, Visual disturbance, Tinnitus (ringing in the ears)
 - It is important to keep a high index of suspicion for concussion. A concussed athlete may not present with obvious symptoms and may not realize they have a concussion - use this opportunity to observe player behavior beyond just the players response to questions - he may not want to report his condition so the Coach / Parent / EMT (in game situations) must use his / her best judgment based on observation.

Phase 2: Event Monitoring & Mgmt.

Suspicion of Concussive Head Safety Event



4. Based on this sideline assessment, a coach can declare a “suspicion of a concussive event”
 - Any coach can declare a suspicion of a concussive event.
 - To declare a suspicion of a concussive event, the assessing coach will notify the head coach.
 - To reiterate, there can be no appeal by the head coach, assistant coach, player, or parent for a suspicion of a concussive event.
5. In the case of a suspicion of a concussive event, the player athlete is removed from all physical activity immediately and the Phase 3: Return to Play protocol is invoked.



Phase 3: Return to Play

Suspicion of Concussive Head Safety Event

- If a head safety event occurs the following protocol will be enforced.
 - **Step 1 – Player Safety Champion (PSC) or Coach Intervention**
 - Player immediately taken off the field of play. If this is deemed an emergency situation, the PSC calls 911 while the First Aid Trained Coach takes care of the child.
 - Player's parent or guardian is notified via (1) phone call or voice mail, and (2) text.
 - PSC or Coach documents the event immediately in the Alliance Management Platform (AMP), capture all the necessary details on the field while the child is still present
 - Player remains with the Coach or PSC until first responder or parent arrives
 - Player is ineligible to play until the Return to Play criteria is complete
 - **Step 2 - Parent / Guardian Intervention**
 - Parent consults their child's primary doctor for diagnosis options as soon as possible after the head safety event.
 - The RTP protocol won't begin until at least 24 hours after injury so the athlete is monitored for delayed onset of symptoms.
 - Player to perform the re-baseline testing no earlier than 48 hours after the head safety event.
 - At the family's discretion, the player is encouraged to be evaluated by either a physician or neuropsychologist who specializes in sports-related concussions.

Phase 3: Return to Play

Suspicion of Concussive Head Safety Event



- If a head safety event occurs the following protocol will be enforced.
 - **Step 3a – If a concussion diagnosis is NOT reached by a licensed medical professional**
 - Player's primary doctor will evaluate the baseline test results to assign a treatment protocol, or issue a written notice releasing the child to return to the field. Once the written notice of release is provided by the doctor, it must be scanned and uploaded into the AMP for clearance by the Broncos Administrator. Individuals within the team do not have authority to release the child back to play.
 - If no concussion diagnosis is reached, the child could be permitted to return to play immediately. The doctor's note will dictate final authority on return to play timelines.
 - **Step 3b - If a concussion diagnosis is confirmed by a licensed medical professional**
 - Player's primary doctor will evaluate the baseline test results to diagnose a concussion and prescribe a treatment protocol
 - Player and parents of player must adhere to the treatment protocol as suggested by both aforementioned parties
 - Possible treatment recommendations may include behavioral strategies such as sleep, diet, and hydration schedules, academic accommodations to help the athlete remain in school, limitations on screen time and/or video games, and specific guidelines on physical activity and/or return to sport.

Phase 3: Return to Play

Suspicion of Concussive Head Safety Event



- If a head safety event occurs the following protocol will be enforced.
 - **Step 4 - Return to Play (RTP) Criteria**
 - Successful completion / compliance with treatment protocol as prescribed by the licensed healthcare professional, AND
 - Player's primary doctor will issue a written notice releasing the child to return to play. Once the written notice of release is provided by the doctor, it must be scanned and uploaded into the AMP for clearance by the Broncos Administrator. Individuals within the team do not have authority to release the child back to play.
 - The return to play protocol is a minimum of 7 days from the date of the doctor's note releasing the player, per CA state law.
 - The player is permitted back on the field ONLY once the AMP process has completed, clearing the child for play.
 - NOTE – RTP could take longer depending on the players recovery progress.

Roles & Responsibilities

Responsibility	Head Coach	Player Safety Champion	Parent	Vice President	President	EMT
Pre-Season Baseline Test	D	I	A	D/I	D/I	
Practice and Game Monitoring	A	A	A	I	D/I	C
Clearing Player for each Practice / Game	D	A	D	D/I	D/I	I
Completing the Return to Play Protocol	A	A	D	C/I	C/I	

- **Driver** – The driver of the responsibility like the person steering a car.
- **Accountable** - One or more people who ultimately own the implementation of this protocol on the field and within the team, and are responsible if it fails.
- **Contributors** – Others who support the implementation of the responsibility in alignment with this protocol.
- **Informed** - Those who are kept up to date on the implementation of the responsibility, kept informed of decisions and status.

Player Safety Champion

Role Description



- Player Safety Champions are responsible for managing the Broncos Safety Risk Management Policy for their team and be a 3rd party observer for all practices and games They will record injuries in support of the coaches and play a front line role with managing all return to play procedures for all injuries on their team.
 - The Broncos will train all PSCs and Team Managers (aka Team Mom's) on the Safety Risk Management Policy, Processes, and Procedures
 - One PSC is required to attend every practice and game
 - There must be at least three, and no more than 6 PSCs per team

With 3 PSCs per team:

the anticipated volunteer time is 2-4 hours per person per week

With 6 PSCs per team:

the anticipated volunteer time is 1-2 hours per person per week

Player Safety Champion 2019 U10



#	Name	Cell Phone
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Player Safety Champion

2019 U12 Blue



#	Name	Cell Phone
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Player Safety Champion

2019 U12 Orange



#	Name	Cell Phone
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Player Safety Champion

2019 U14



#	Name	Cell Phone
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Player Safety Champion 2019 U12 & U14 Cheer



#	Name	Cell Phone
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

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 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.”



FOOTBALL

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.

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.

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.



TO LEARN MORE GO TO > > cdc.gov/HEADSUP

JOIN THE CONVERSATION AT

↳ www.facebook.com/CDCHEADSUP

Content Source: CDC's HEADS UP campaign. Customizable HEADS UP fact sheets were made possible through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).