

Over the years we've seen our fair share of collisions and accidents - soccer, after all, is a contact sport.

With that in mind, and in an effort to ensure the safety and well-being of our membership, we're instituting the following protocol for all incidents of head trauma that could result in a concussion, mild or otherwise.

This policy takes effect immediately and will be adhered to at all league games and practices. A print out of this document will be available at both locations in our field bags along with the medical kit.

Ramblers Board of Directors

## **RAMBLERS CONCUSSION PROTOCOL**

1. Concussion definition
2. Concussion signs, symptoms, and immediate recognition
3. Removal from game
4. Professional evaluation
5. Return to activity guidelines

### **1. CONCUSSION DEFINITION**

Concussion, also known as mild traumatic brain injury, occurs due to injury typically from contact, either with or without loss of consciousness and can lead to a variety of symptoms including headache, dizziness, neuropsychiatric symptoms and cognitive impairment.

### **2. WHAT ARE THE SYMPTOMS AND SIGNS OF A CONCUSSION?**

Symptoms can include one or a combination of the following:

- Loss of consciousness
- Headache
- Confusion
- Lack of coordination/balance
- Memory loss
- Nausea
- Vomiting
- Dizziness
- Ringing in the ears
- Seizures
- Sleeplessness
- Excessive fatigue

Following the incident, there are signs that can point towards a concussion even if symptoms aren't present immediately. Signs of a concussion can include:

- Change in behavior

- Sleeping much more or less than usual
- Increased anxiety
- Repeated vomiting
- Unprompted dizziness
- Frequent/constant headaches
- Distractibility
- Light or noise sensitivity

### 3. REMOVAL FROM GAME

Immediate recognition of the situation is key. The referee, captains and board members present are expected to stop play and tend to the injured player(s) immediately. **If a player experiences a concussion of any degree they are to be brought off the field and assessed. If they lose consciousness, they are not to be moved.** If a medical professional is present that player should be assessed and/or sent to the ER for follow up - self assessment is not an option. **The concussed player is prohibited to enter the field of play, and it is the duty of the referee, captains, and board members present to enforce this.** This includes playoffs, semis and finals. No game outcome is more important than member safety.

### 4. PROFESSIONAL EVALUATION

**If no medical professional is present or the severity of the concussion requires further evaluation (i.e., head imaging), immediately escort the player to the nearest urgent care or emergency room.** To prevent prolonged symptoms, side effects, and/or permanent damage, it is crucial that the player be screened by a medical professional well-versed in concussion screening. The player should not go alone especially if going directly from the field/point of the incident.

*Lenox Health Greenwich Village ER, 30 7th Ave, New York, NY 10011 is open 24 hours and closest to both field locations.*

### 5. RETURN TO ACTIVITY GUIDELINES

*From the CDC: "It is important to monitor symptoms and cognitive function carefully during each increase of exertion. Athletes should only progress to the next level of exertion if they are not experiencing symptoms at the current level. If symptoms return at any step, an athlete should stop these activities as this may be a sign the athlete is pushing too hard. Only after additional rest, when the athlete is once again not experiencing symptoms for a **minimum of 24 hours**, should he or she start again at the previous step during which symptoms were experienced."*

We want you back on the field enjoying the game, but head trauma is a serious injury and taking the right steps to get back to the game is important. Review the following guidelines and abide by any instructions given by your healthcare provider.

#### Recovery week 1

- Medical assessment by a trained healthcare provider
- Rest and refrain from physical activity

**Recovery week 2**

- Symptom-limited activity; slow walking, 10-15 minutes, low effort/heart rate

**Recovery week 3**

- Light exercise with increase heart rate. Walking, swimming, stationary bike 20-30 minutes, 70% effort/heart rate max
- Sports specific exercise, simple movement activities, 30 minutes, 80% effort/heart rate max
- Non-contact training (no scrimmage), with mild conditioning and more complex drills, 60 minutes, 90% effort/heart rate max

**Recovery Week 4**

- Medical clearance provided by a trained healthcare provider
- Full contact practice/scrimmage
- Return to games