

# ***Sacramento Youth Football***

## ***- SYF -***

### **Concussion Rule, Policy and Guidelines**

National Federation of State High School Associations *Rule 3-5-10b* provides, any player who exhibits signs, symptoms or behaviors consistent with a concussion shall be immediately removed from the game and shall not return to play until cleared by an appropriate health care professional. SYF commissioner and league policy, which is consistent with CIF policy, is that once a player is removed in a game he or she is not allowed to return to the game that day irregardless of a health care professional's oral or written opinion on that day. Furthermore, a written medical clearance shall be made by an appropriate health care professional before that player (or cheer person) is allowed to participate at a practice or game, a copy of the written medical clearance and authorization shall be kept by the team president and in addition shall be delivered to the SYF league commissioner, *before* said player (or cheer person) may practice or play in a future game. **There shall be no exceptions, the safety and welfare of the amateur athlete (whether in football or cheer) is to be given first and foremost priority.** Any violation of this rule and policy will result in the immediate suspension of the head coach (or other coaches), forfeiture of the game in which said player participates without proper written medical authorization, and/or as otherwise deemed appropriate by the SYF league commissioner.

Further, these policies and guidelines shall apply to all other serious injuries.

(See following pages for symptoms, guidelines, and other information on concussions)

association policy.

- I. For a one-minute intermission between the first and second and the third and fourth periods and following a try, successful field goal or safety and prior to the succeeding free kick.

**ART. 8 . . . Authorized conferences**

- a. An authorized conference may be held during:
  1. a charged time-out;
  2. an official's time-out (3-5-7g, 3-5-7k and 3-5-7l); or
  3. if granted by the referee in 3-5-10.
- b. Only one type of authorized team conference may be used during:
  1. any charged time-out; or
  2. official's time out (3-5-7g, 3-5-7k and 3-5-7l)
- c. Only an Outside Nine Yard Mark Conference may be held in 3-5-8a(3).

**ART. 9 . . .** Unless the clock is already stopped, an official's time-out shall be taken as soon as the ball becomes dead following a change of team possession or whenever the covering official declares the ball dead, and it appears to him the ball has reached the line to gain.

**ART. 10 . . .** An official's time-out (which is not charged to either team) occurs, and the player shall be replaced for at least one down, unless halftime or an over-time intermission occurs when:

- a. An apparently injured player is discovered by a game official while the ball is dead and the clock is stopped and for whom the ready-for-play signal is delayed, or for whom the clock is stopped.
- b. Any player who exhibits signs, symptoms or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion or balance problems) shall be immediately removed from the game and shall not return to play until cleared by an appropriate health-care professional. (See NFHS Suggested Guidelines for Management of Concussion, in Appendix B on page 97.)
- c. A game official discovers any player who is bleeding, has an open wound, has any amount of blood on his/her uniform, or has blood on his/her person. The player shall be directed to leave the game until the bleeding is stopped, the wound is covered, the uniform and/or body is appropriately cleaned, and/or the uniform is changed before returning to competition. (See NFHS Communicable Disease Procedures, in Appendix D on page 99.)
- d. **The helmet comes completely off during the down without being directly attributable to a foul by an opponent.**

**ART. 11 . . .** A player, directed by his coach or the head coach, may request and be granted a time-out for the purpose of the coach and the referee reviewing a decision which may have resulted from misapplication or misinterpretation of a rule, provided the request is made prior to the time the ball becomes live following the play to be reviewed, unless the period has officially ended. When a time-out is so granted, the referee will confer with the coach at the sideline in

*conferred*

8. The penalty for a live-ball foul by the defensive team is administered from the basic spot, except when that spot is in the end zone.
9. The loss of down aspect of a penalty has no significance following a change of possession or if the line to gain is reached after enforcement.

### 2012 POINTS OF EMPHASIS

#### CONCUSSIONS, CONTACT TO AND WITH THE HELMET, HELMET TECHNOLOGY AND PROPER HELMET FITTING

Once again, the NFHS Football Rules Committee has chosen to emphasize the head and helmet as a point of emphasis for the 2012 season. Concerns continue about 1) concussion and the risks of initiating contact with and to the helmet; 2) contact initiated above the shoulders, particularly contact to the helmet, both by the person receiving the contact, and the person delivering the contact; and 3) proper helmet fitting. Game officials, coaches, administrators and players involved in the game must continue to be diligent as it relates to all of these aspects.

##### Concussions

Concussions continue to be a focus of attention in football at all levels of competition. The NFHS has been at the forefront of national sports organizations in emphasizing the importance of concussion education, recognition and proper management.

Discussion of proper concussion management at all levels of play in all sports has led to the adoption of rules changes and concussion-specific policies by multiple athletic organizations, state associations and school districts. Coaches and game officials need to become familiar with the signs and symptoms of a concussed athlete so that appropriate steps can be taken to safeguard the health and safety of participants.

Athletes must know that they should never try to "tough out" a suspected concussion. Teammates, parents and coaches should never encourage an athlete to "play through" the symptoms of a concussion. In addition, there should never be an attribution of bravery associated with athletes who play despite having concussion signs or symptoms. The risks of such behavior must be emphasized to all members of the team, as well as all coaches and parents. If an athlete returns to activity before being fully healed from an initial concussion, the athlete is at an increased risk for a repeat concussion. A repeat concussion that occurs before the brain has a chance to recover from the first can slow recovery or increase the chance for long-term problems. In rare cases, a repeat concussion can result in severe swelling and bleeding in the brain that can be fatal. Governing bodies at all levels of play continue to review and revise playing rules and encourage practices that decrease the risk of concussion. Among the most concerning data from the past several high school football seasons is that concussions continue to account for a high percentage of the injuries reported and that more than half of all concussions were a direct result of helmet-to-helmet contact!

All coaches should undergo education and utilize available professional development tools regarding the signs and symptoms of concussion and the proper management of athletes with a suspected concussion. The NFHS offers the free course "Concussion in Sports: What You Need to Know" that is available at [www.nfhslearn.com](http://www.nfhslearn.com). The free course is a brief and user-friendly resource not just for coaches, but also for students, parents and other interested persons. Many states have developed their own education programs. It is incumbent upon coaches to lead by example in recognizing the seriousness of all suspected concussions.

**Contact to and with the Helmet**

Over the years, the NFHS Football Rules Committee has repeatedly emphasized the need to KEEP THE HEAD OUT OF FOOTBALL because of the potential for catastrophic head and neck injuries. The committee – in its publications for review by coaches and game officials – has specifically targeted some form of helmet review or illegal helmet contact emphasis 24 times since 1980. In the past few years, all levels of football have increased the focus on decreasing the risk of concussion, and it is widely conceded that one of the biggest steps in this effort is to eliminate direct helmet-to-helmet contact and any other contact both with and to the helmet.

Any initiation of contact with the helmet is illegal; therefore, there must be a focus on enforcing the existing rules. These rules include fouls such as butt blocking, face tackling and spearing (all of which are illegal helmet contact fouls) as well as other acts prohibited by the provisions regarding unnecessary roughness. These types of contact, such as blows to the head by the defender, initiating contact to the head, and helmet-to-helmet contact are all unnecessary to the playing of the game. When in doubt, contact to or with the helmet should be ruled a foul by game officials. \*

**Helmet Technology and Proper Helmet Fitting**

The heightened concern about concussions and the variety of football helmets available have led participants and coaches to seek a helmet that they believe will best protect a player from concussion. While many new football helmets incorporate innovative materials and designs, no existing football helmet is "concussion proof." Therefore, it is incumbent upon athletic administrators, coaches, game officials, parents and participants to understand the limitations of all protective equipment, including the helmet. Everyone must realize that a combination of best practices, including but not limited to, repeated instruction on proper tackling and blocking techniques, proper helmet fitting and equipment tracking/recertification procedures, and proper and consistent officiating, are the keys to limiting injury risk and must be emphasized within each program.

Proper helmet fit has been a concern in recent years as anecdotal and documented reports of players having helmets completely dislodged during games continue to mount. To emphasize this point, the NFHS Football Rules Committee has passed a rule for the 2012 season that will require the athlete to leave the game for a single play if the helmet comes off during live ball action, unless the removal is due to a foul by the defense. If no foul is called, then the player must be removed. It is imperative that the athletes take an active role in the proper fitting, wear and use of the helmet and realize the "comfort" shortcuts are not permitted.

Every football helmet manufacturer provides various helmet-fitting pamphlets with each helmet sold, detailing how to properly fit the helmet. If the helmet-fitting pamphlets or other football helmet-related instructions are missing, please contact the respective football helmet manufacturer.

**HEAT ACCLIMATIZATION AND PREVENTING HEAT ILLNESS**

Exertional Heatstroke (EHS) is the leading cause of preventable death in high school athletics. Athletes participating in high-intensity, long-duration or repeated same-day practices during the summer months or other hot-weather days pose the greatest risk. Football has received the most attention because of the number and severity of exertional heat illness-

National Federation of State  
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# Suggested Guidelines for Management of Concussion

A concussion is a traumatic brain injury that interferes with normal brain function. An athlete does not have to lose consciousness (be "knocked out") to have suffered a concussion.

## **Common Signs and Symptoms of Concussion Include:**

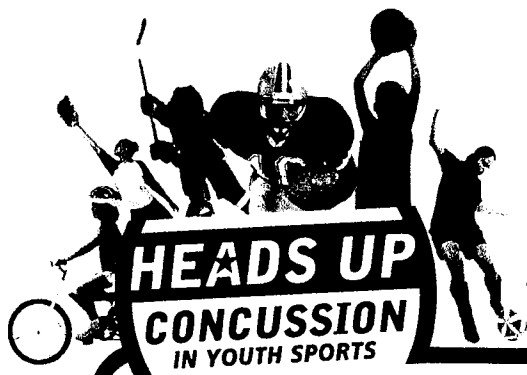
- headache
- fogginess
- difficulty concentrating
- easily confused
- slowed thought processes
- difficulty with memory
- nausea
- lack of energy, tiredness
- dizziness, poor balance
- blurred vision
- sensitive to light and sounds
- mood changes – irritable, anxious or tearful
- appears dazed or stunned
- confused about assignment
- forgets plays
- unsure of game, score or opponent
- moves clumsily
- answers questions slowly
- loses consciousness
- shows behavior or personality changes

## **Suggested Concussion Management:**

1. No athlete should return to play (RTP) or practice on the same day of a concussion.
2. Any athlete suspected of having a concussion should be evaluated by an appropriate health-care professional that day.
3. Any athlete with a concussion should be medically cleared by an appropriate health-care professional prior to resuming participation in any practice or competition.
4. After medical clearance, RTP should follow a step-wise protocol with provisions for delayed RTP based upon return of any signs or symptoms.

For further details please see the "NFHS Suggested Guidelines for Management of Concussion" at [www.nfhs.org](http://www.nfhs.org).

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## A Fact Sheet for **COACHES**

To download the coaches fact sheet in Spanish, please visit [www.cdc.gov/ConcussionInYouthSports](http://www.cdc.gov/ConcussionInYouthSports)  
Para descargar la hoja informativa para los entrenadores en español, por favor visite:  
[www.cdc.gov/ConcussionInYouthSports](http://www.cdc.gov/ConcussionInYouthSports)

### THE FACTS

- A concussion is a **brain injury**.
- All concussions are **serious**.
- Concussions can occur **without** loss of consciousness.
- Concussions can occur **in any sport**.
- Recognition and proper management of concussions when they **first occur** can help prevent further injury or even death.

### WHAT IS A CONCUSSION?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost.

The potential for concussions is greatest in athletic environments where collisions are common.<sup>1</sup> Concussions can occur, however, in **any** organized or unorganized sport or

recreational activity. As many as 3.8 million sports- and recreation-related concussions occur in the United States each year.<sup>2</sup>

### RECOGNIZING A POSSIBLE CONCUSSION

To help recognize a concussion, you should watch for the following two things among your athletes:

1. A forceful blow to the head or body that results in rapid movement of the head.

**-and-**

2. Any change in the athlete's behavior, thinking, or physical functioning. (See the signs and symptoms of concussion listed on the next page.)

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



## SIGNS AND SYMPTOMS

### SIGNS OBSERVED BY COACHING STAFF

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets sports plays
- 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 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
- Does not "feel right"

*Adapted from Lovell et al. 2004*

Athletes who experience any of these signs or symptoms after a bump or blow to the head should be kept from play until given permission to return to play by a health care professional with experience in evaluating for concussion. Signs and symptoms of concussion can last from several minutes to days, weeks, months, or even longer in some cases.

Remember, you can't see a concussion and some athletes may not experience and/or report symptoms until hours or days after the injury. If you have any suspicion that your athlete has a concussion, you should keep the athlete out of the game or practice.

### PREVENTION AND PREPARATION

As a coach, you can play a key role in preventing concussions and responding to them properly when they occur. Here are some steps you can take to ensure the best outcome for your athletes and the team:

- **Educate athletes and parents about concussion.** Talk with athletes and their parents about the dangers and potential long-term consequences of concussion. For more information on long-term effects of concussion, view the following online video clip: [http://www.cdc.gov/ncipc/tbi/Coaches\\_Tool\\_Kit.htm#Video](http://www.cdc.gov/ncipc/tbi/Coaches_Tool_Kit.htm#Video).



Explain your concerns about concussion and your expectations of safe play to athletes, parents, and assistant coaches. Pass out the concussion fact sheets for athletes and for parents at the beginning of the season and again if a concussion occurs.

- **Insist that safety comes first.**

- > Teach athletes safe playing techniques and encourage them to follow the rules of play.
- > Encourage athletes to practice good sportsmanship at all times.
- > Make sure athletes wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- > Review the athlete fact sheet with your team to help them recognize the signs and symptoms of a concussion.

Check with your youth sports league or administrator about concussion policies. Concussion policy statements can be developed to include the league's commitment to safety, a brief description of concussion, and information on when athletes can safely return to play following a concussion (i.e., an athlete with known or suspected concussion should be kept

from play until evaluated and given permission to return by a health care professional). Parents and athletes should sign the concussion policy statement at the beginning of the sports season.

- **Teach athletes and parents that it's not smart to play with a concussion.**

Sometimes players and parents wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let athletes persuade you that they're "just fine" after they have sustained any bump or blow to the head. Ask if players have ever had a concussion.

- **Prevent long-term problems.** A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in brain swelling, permanent brain damage, and even death. This more serious condition is called *second impact syndrome*.<sup>4,5</sup> Keep athletes with known or suspected concussion from play until they have been evaluated and given permission to return to play by a health care professional with experience in evaluating for concussion. Remind your athletes: "It's better to miss one game than the whole season."



## ACTION PLAN

### WHAT SHOULD A COACH DO WHEN A CONCUSSION IS SUSPECTED?

- 1. Remove the athlete from play.** Look for the signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head. Athletes who experience signs or symptoms of concussion should not be allowed to return to play. When in doubt, keep the athlete out of play.
- 2. Ensure that the athlete is evaluated right away by an appropriate health care professional.** Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods that they can use to assess the severity of concussions. As a coach, recording the following information can help health care professionals in assessing the athlete after the injury:
  - Cause of the injury and force of the hit or blow to the head
  - Any loss of consciousness (passed out/ knocked out) and if so, for how long
  - Any memory loss immediately following the injury
  - Any seizures immediately following the injury
  - Number of previous concussions (if any)

- 3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion.**

Make sure they know that the athlete should be seen by a health care professional experienced in evaluating for concussion.

- 4. Allow the athlete to return to play only with permission from a health care professional with experience in evaluating for concussion.** A repeat concussion that occurs before the brain recovers from the first can slow recovery or increase the likelihood of having long-term problems. Prevent common long-term problems and the rare *second impact syndrome* by delaying the athlete's return to the activity until the player receives appropriate medical evaluation and approval for return to play.

### REFERENCES

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***If you think your athlete has sustained a concussion... take him/her out of play, and seek the advice of a health care professional experienced in evaluating for concussion.***