



## GENERAL “RETURN TO PLAY” LAW INFORMATION FOR LEAGUES AND COACHES

Leagues are responsible for implementing a protocol to ensure (1) that each league coach is trained as required by the law; (2) that the coaches understand and abide by the Return to Play law; and (3) that each athlete’s parent or guardian is provided the required informational sheet at the beginning of each season.

### **Training for Coaches**

All coaches, regardless of age or paid or volunteer status, must complete, every three years, an online training program recognizing the signs and symptoms of concussions and head injuries provided by the Department of Health. Alternatively, the individual may hold a Pupil Activity Permit (“PAP”) issued by the Ohio Department of Education. PAPs are typically held by individuals who also coach at a school and have registration and certification requirements, too.

Leagues must track and verify each coach’s compliance with the training required by the new state law. Two different online trainings are available, and both take about 20 minutes to complete:

**NFHS video:** This option requires registration with the NFHS. The NFHS training is preferred because it allows the leagues and OSYSA to check the website and verify that you completed the training.

**\*\* If an individual intends to participate as a coach in Ohio South State League, Olympic Development Program, State Cup, or President’s Cup, he or she MUST take the NFHS training. \*\***

<http://www.nfhslearn.com/electiveDetail.aspx?courseID=38000>

**CDC Video:** This option does not require registration. If an individual chooses to complete this video, he or she must print the certificate of completion and submit it to the league.

[http://www.cdc.gov/concussion/HeadsUp/online\\_training.html](http://www.cdc.gov/concussion/HeadsUp/online_training.html)

Leagues must collect and maintain completion certificates and/or look-up the coaches on the NFHS website to verify completion. OSYSA recommends leagues select the NFHS training so that the leagues can easily review the NFHS website to confirm that coaches have completed the training.

OSYSA has created detailed step-by-step instructions for completing both videos, which are available on its website: <http://www.osysa.com/>



## GENERAL “RETURN TO PLAY” LAW INFORMATION FOR LEAGUES AND COACHES

### **Removal From and Return to Play: Three Key Rules for Coaches and Referees**

Ohio’s Return to Play law features three key rules that its leagues, coaches, referees, officials, and athletes and their families must abide by:

**Rule One:** Coaches, referees, or officials **must** remove from play an athlete exhibiting the signs and symptoms of a concussion during practice or a game. (See O.R.C. 3707.511 (D)(1).)

**Rule Two:** The athlete cannot return to play on the same day that he or she is removed after exhibiting symptoms of a concussion. (See O.R.C. 3707.511 (E)(1).)

**Rule Three:** The athlete is not permitted to return to play until he or she has been assessed by a physician or licensed health care provider approved by the youth sports organization and received **written** clearance. (See O.R.C. 3707.511 (E)(1).) Upon OSYSA’s request, leagues must be able to produce evidence of compliance with this obligation, including producing the written release. OSYSA strongly encourages each league to implement a protocol to ensure compliance with this obligation.

The signs and symptoms of a concussion during practice or a game, include, but are not limited to, **any** of the following:

- The athlete appears dazed or stunned.
- The athlete is confused about assignment or position.
- The athlete forgets plays.
- The athlete is unsure of game, score or opponent.
- The athlete moves clumsily.
- The athlete answers questions slowly.
- The athlete loses consciousness (even briefly).
- The athlete shows behavior or personality changes (irritability, sadness, nervousness, feeling more emotional).
- The athlete can’t recall events before or after hit or fall.
- The athlete experiences any headache or “pressure” in head (regardless of severity).
- The athlete feels nauseous or vomits.
- The athlete experiences balance problems or dizziness.
- The athlete complains of double or blurry vision.
- The athlete complains of sensitivity to light and/or noise.
- Feeling sluggish, hazy, foggy or groggy.
- The athlete complains of concentration or memory problems.
- The athlete displays or complains of confusion.
- The athlete does not “feel right.”
- The athlete has trouble falling asleep.
- The athlete is sleeping more or less than usual.



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OSYSA recommends that leagues provide coaches with a reference tool that includes these symptoms. The CDC has created such a tool that leagues may consider, which can be found on the CDC website and has also been included as **Attachment A**.

Once the athlete has been cleared to return to play, his or her physician may also implement a training regiment to slowly return the athlete to full activity. If the athlete was diagnosed with a concussion and the physician has not implemented a training regiment for return to play, OSYSA recommends that the league ask the athlete to obtain such a regiment from his or her physician.

OSYSA recommends that leagues implement a standard for notifying parents/guardians that the athlete was removed from play due to a suspected concussion. An example of a form is included as **Attachment B**. **This is not an obligation imposed under the Return to Play law, but OSYSA strongly encourages the leagues to collect and maintain these records.** OSYSA also recommends providing another copy of the Ohio Department of Health Youth Sports Concussion Information Sheet with the concussion notification form. Each league should implement a policy for the collection and maintenance of these records.

### **Information For Parents/Guardians**

All of OSYSA’s member leagues are responsible to provide a Youth Sports Concussion Information Sheet, supplied by the Ohio Department of Health, to the parent or other guardian of each athlete who wishes to practice for or compete in the league. (*See* O.R.C. 3707.511 (B)). This information must be provided yearly. Upon OSYSA’s request, leagues must be able to produce evidence of compliance with this obligation.

OSYSA recommends that leagues provide this information in the registration packets provided to all potential athletes. If the league certifies that a copy of the information sheet was contained in the registration packets provided to all potential athletes, OSYSA will consider this sufficient proof of compliance with this requirement. The information sheet is available on the Ohio Department of Health website and is included as **Attachment C**.

# **ATTACHMENT A**



### SIGNS AND SYMPTOMS

These signs and symptoms may indicate that a concussion has occurred.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETE
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets sports plays	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (even briefly)	Feeling sluggish, hazy, foggy, or groggy
Shows behavior or personality changes	Concentration or memory problems
Can't recall events prior to hit or fall	Confusion
Can't recall events after hit or fall	Does not "feel right"

### ACTION PLAN

If you suspect that a player has a concussion, you should take the following steps:

1. Remove athlete from play.
2. Ensure athlete is evaluated by an appropriate health care professional. Do not try to judge the seriousness of the injury yourself.
3. Inform athlete's parents or guardians about the known or possible concussion and give them the fact sheet on concussion.
4. Allow athlete to return to play **only** with permission from an appropriate health care professional.

### IMPORTANT PHONE NUMBERS

FILL IN THE NAME AND NUMBER OF YOUR LOCAL HOSPITAL(S) BELOW:

Hospital Name: \_\_\_\_\_

Hospital Phone: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Hospital Phone: \_\_\_\_\_

**For immediate attention, CALL 911**

*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.*

For more information and to order additional materials **free-of-charge**, visit:  
[www.cdc.gov/ConcussionInYouthSports](http://www.cdc.gov/ConcussionInYouthSports)

# **ATTACHMENT B**

**POSSIBLE CONCUSSION NOTIFICATION FORM**

Date of Injury: \_\_\_\_\_

Team Division: \_\_\_\_\_ Team Name: \_\_\_\_\_

Athlete Name: \_\_\_\_\_

Coach/Volunteer Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Injury Occurred During (select one):

Practice      Game      Scrimmage      Tournament      Other \_\_\_\_\_

How Injury Occurred: \_\_\_\_\_

Parent/Guardian:

Your child/athlete may have received a concussion during the event listed above. We want to make sure both you and your athlete are aware that the athlete may have suffered a concussion, remind you of the signs and symptoms of concussions, and make you aware of the steps that must be followed for the athlete to return to practice/games.

It is common for an athlete who has experienced a concussion to have one or many symptoms. Please refer to the Ohio Department of Health Concussion Information Sheet, which was previously provided to you and which we are again enclosing, for a detailed list of symptoms. Concussion symptoms can develop right away or up to 48-hours after the injury.

Please be advised that an athlete who is removed from play due to a suspected concussion may not return to play that same day, under any circumstances, and may not return to play, generally, until a physician has provided a written release permitting return to play. The signed medical release must be presented to the coach and/or league prior to re-entering team activities.

Athlete Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Coach Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

# ATTACHMENT C

# Ohio Department of Health Concussion Information Sheet

## For Youth Sports Organizations

Dear Parent/Guardian and Athletes,

This information sheet is provided to assist you and your child in recognizing the signs and symptoms of a concussion. Every athlete is different and responds to a brain injury differently, so seek medical attention if you suspect your child has a concussion. Once a concussion occurs, it is very important your athlete return to normal activities slowly, so he/she does not do more damage to his/her brain.

### What is a Concussion?

A concussion is an injury to the brain that may be caused by a blow, bump, or jolt to the head. Concussions may also happen after a fall or hit that jars the brain. A blow elsewhere on the body can cause a concussion even if an athlete does not hit his/her head directly. Concussions can range from mild to severe, and athletes can get a concussion even if they are wearing a helmet.

### Signs and Symptoms of a Concussion

Athletes do not have to be “knocked out” to have a concussion. In fact, less than 1 out of 10 concussions result in loss of consciousness. Concussion symptoms can develop right away or up to 48 hours after the injury. Ignoring any signs or symptoms of a concussion puts your child’s health at risk!

#### Signs Observed by Parents of Guardians

- ◆ *Appears dazed or stunned.*
- ◆ *Is confused about assignment or position.*
- ◆ *Forgets plays.*
- ◆ *Is unsure of game, score or opponent.*
- ◆ *Moves clumsily.*
- ◆ *Answers questions slowly.*
- ◆ *Loses consciousness (even briefly).*
- ◆ *Shows behavior or personality changes (irritability, sadness, nervousness, feeling more emotional).*
- ◆ *Can't recall events before or after hit or fall.*

#### Symptoms Reported by Athlete

- ◆ *Any headache or “pressure” in head. (How badly it hurts does not matter.)*
- ◆ *Nausea or vomiting.*
- ◆ *Balance problems or dizziness.*
- ◆ *Double or blurry vision.*
- ◆ *Sensitivity to light and/or noise*
- ◆ *Feeling sluggish, hazy, foggy or groggy.*
- ◆ *Concentration or memory problems.*
- ◆ *Confusion.*
- ◆ *Does not “feel right.”*
- ◆ *Trouble falling asleep.*
- ◆ *Sleeping more or less than usual.*

### Be Honest

Encourage your athlete to be honest with you, his/her coach and your health care provider about his/her symptoms. Many young athletes get caught up in the moment and/or feel pressured to return to sports before they are ready. It is better to miss one game than the entire season... or risk permanent damage!

### Seek Medical Attention Right Away

Seeking medical attention is an important first step if you suspect or are told your child has a concussion. A qualified health care professional will be able to determine how serious the concussion is and when it is safe for your child to return to sports and other daily activities.

- ◆ *No athlete should return to activity on the same day he/she gets a concussion.*
- ◆ *Athletes should **NEVER** return to practices/games if they still have ANY symptoms.*
- ◆ *Parents and coaches should never pressure any athlete to return to play.*

### The Dangers of Returning Too Soon

Returning to play too early may cause Second Impact Syndrome (SIS) or Post-Concussion Syndrome (PCS). SIS occurs when a second blow to the head happens before an athlete has completely recovered from a concussion. This second impact causes the brain to swell, possibly resulting in brain damage, paralysis, and even death. PCS can occur after a second impact. PCS can result in permanent, long-term concussion symptoms. The risk of SIS and PCS is the reason why no athlete should be allowed to participate in any physical activity before they are cleared by a qualified health care professional.

### Recovery

A concussion can affect school, work, and sports. Along with coaches and teachers, the school nurse, athletic trainer, employer, and other school administrators should be aware of the athlete’s injury and their roles in helping the child recover.

During the recovery time after a concussion, physical and mental rest are required. A concussion upsets the way the brain normally works and causes it to work longer and harder to complete even simple tasks. Activities that require concentration and focus may make symptoms worse and cause the brain to heal slower. Studies show that children’s brains take several weeks to heal following a concussion.



[www.healthyohiprogram.org/concussion](http://www.healthyohiprogram.org/concussion)

## Returning to Daily Activities

1. Be sure your child gets plenty of rest and enough sleep at night – no late nights. Keep the same bedtime weekdays and weekends.
2. Encourage daytime naps or rest breaks when your child feels tired or worn-out.
3. Limit your child's activities that require a lot of thinking or concentration (including social activities, homework, video games, texting, computer, driving, job-related activities, movies, parties). These activities can slow the brain's recovery.
4. Limit your child's physical activity, especially those activities where another injury or blow to the head may occur.
5. Have your qualified health care professional check your child's symptoms at different times to help guide recovery.

## Returning to School

1. Your athlete may need to initially return to school on a limited basis, for example for only half-days, at first. This should be done under the supervision of a qualified health care professional.
2. Inform teacher(s), school counselor or administrator(s) about the injury and symptoms. School personnel should be instructed to watch for:
  - a. Increased problems paying attention.
  - b. Increased problems remembering or learning new information.
  - c. Longer time needed to complete tasks or assignments.
  - d. Greater irritability and decreased ability to cope with stress.
  - e. Symptoms worsen (headache, tiredness) when doing schoolwork.
3. Be sure your child takes multiple breaks during study time and watch for worsening of symptoms.
4. If your child is still having concussion symptoms, he/she may need extra help with school-related activities. As the symptoms decrease during recovery, the extra help or supports can be removed gradually.

### Resources

ODH Violence and Injury Prevention Program  
[www.healthyohioprogram.org/vipp/injury.aspx](http://www.healthyohioprogram.org/vipp/injury.aspx)

Centers for Disease Control and Prevention  
[www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)

National Federation of State High School Associations  
[www.nfhs.org](http://www.nfhs.org)

Brain Injury Association of America  
[www.biausa.org/](http://www.biausa.org/)

## Returning to Play

1. Returning to play is specific for each person, depending on the sport. *Starting 4/26/13, Ohio law requires written permission from a health care provider before an athlete can return to play.* Follow instructions and guidance provided by a health care professional. It is important that you, your child and your child's coach follow these instructions carefully.
2. Your child should NEVER return to play if he/she still has ANY symptoms. (Be sure that your child does not have any symptoms at rest and while doing any physical activity and/or activities that require a lot of thinking or concentration).
3. Be sure that the athletic trainer, coach and physical education teacher are aware of your child's injury and symptoms.
4. Your athlete should complete a step-by-step exercise -based progression, under the direction of a qualified healthcare professional.
5. A sample activity progression is listed below. Generally, each step should take no less than 24 hours so that your child's full recovery would take about one week once they have no symptoms at rest and with moderate exercise.\*

### Sample Activity Progression\*

**Step 1:** Low levels of non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: walking, light jogging, and easy stationary biking for 20-30 minutes).

**Step 2:** Moderate, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: moderate jogging, brief sprint running, moderate stationary biking, light calisthenics, and sport-specific drills without contact or collisions for 30-45 minutes).

**Step 3:** Heavy, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: extensive sprint running, high intensity stationary biking, resistance exercise with machines and free weights, more intense non-contact sports specific drills, agility training and jumping drills for 45-60 minutes).

**Step 4:** Full contact in controlled practice or scrimmage.

**Step 5:** Full contact in game play.

\*If any symptoms occur, the athlete should drop back to the previous step and try to progress again after a 24 hour rest period.



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[www.healthyohioprogram.org/concussion](http://www.healthyohioprogram.org/concussion)