



# SCHOOL & COLLEGE LEGAL SERVICES OF CALIFORNIA

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## LEGAL UPDATE

May 15, 2015

**To:** Superintendents, Member School Districts (K-12)

**From:** Jennifer E. Nix, Schools Legal Counsel *JEN*

**Subject:** Concussions and Head Injuries in Student Athletes  
Memo No. 11-2015

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The laws addressing student athletes with suspected concussions or head injuries were recently amended to: (1) provide for a “graduated return-to-play protocol”; and (2) limit the duration and amount of full-contact football practices.<sup>1</sup> In making these changes, the Legislature expressed concern with the number of concussions or head injuries that go undetected due to a lack of recognition of symptoms or intentional underreporting of symptoms.<sup>2</sup> Schools, districts, or athletic leagues may adopt and enforce rules that provide for a higher standard of safety for athletes than the legal requirements.<sup>3</sup>

### Return-to-Play Protocol Requirements

Existing law requires that any athlete who is suspected of sustaining a concussion or head injury in an athletic activity must be immediately removed from that activity for the remainder of the day.<sup>4</sup> The athlete cannot return to the activity until he or she is evaluated by and receives written clearance from a “licensed health care provider.”<sup>5</sup> The amended law specifies that a licensed health care provider must be trained in the management of concussions and acting within the scope of his or her practice.<sup>6</sup>

The amended law requires that, if a licensed health care provider determines that an athlete has a concussion or brain injury, the athlete must complete a “graduated

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<sup>1</sup> Assembly Bill 2127 (effective Jan. 1, 2015).

<sup>2</sup> *Id.*

<sup>3</sup> Education Code section 35179.5(d).

<sup>4</sup> Education Code section 49475(a)(1).

<sup>5</sup> *Id.*

<sup>6</sup> Education Code section 49475(b). The California Interscholastic Federation provides that a licensed health care provider must be a medical doctor or a doctor of osteopathy. CIF Bylaw 503.H.

return-to-play protocol.”<sup>7</sup> The athlete may not return to the activity for at least seven days spent under the supervision of a licensed healthcare provider.<sup>8</sup> This new provision requires a student athlete who receives a concussion or brain injury during practice or competition to return to practice or competition gradually and progressively while under medical supervision in order to minimize risks and allow the brain to recover properly. This timeline is only a minimum timeline, and coaches should always be cautious when returning concussed athletes to play.

In response to this change in the law, the California Interscholastic Federation (“CIF”) updated its concussion protocols bylaw, Bylaw 503.H. CIF also created a Concussion Return-to-Play Protocol and a Grade Concussion Symptom Checklist for district use. Additionally, CIF developed a Concussion Return-to-Learn Protocol for district use, and a Physician Recommended School Accommodations Following Concussion form for an injured athlete’s licensed health care provider to fill out. These documents are all attached to this legal update, and are also available at <http://cifstate.org/sports-medicine/concussions/index>.

### **Limits on Full-Contact Practices**

The amended law also limits full-contact football practices for middle and high school teams.<sup>9</sup> Specifically:

- Teams may have no more than two full-contact practices per week during the preseason and the regular season.
  - A full-contact practice is one that has drills or live action involving collisions at game speed and players executing tackles and other activity typical of an actual tackle football game.
  - The full-contact portion of practice may not exceed 90 minutes in a single day.
  - A team camp session is considered a practice.
  - “Preseason” is defined as the 30 days prior to the first interscholastic football game or scrimmage.
  - “Regular season” is defined as the period from the first interscholastic football game or scrimmage to the completion of the final interscholastic football game of the season.
- Teams may not hold full-contact practice during the off-season.
  - As stated above, a team camp session is considered a practice.
  - “Off-season” is defined as the period from the end of the regular season to the beginning of the preseason.

### **Additional Requirements**

As a reminder, existing law requires that all high school coaches for any sport, paid or volunteer, receive training in CPR and first aid that includes basic training in the signs and symptoms of

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<sup>7</sup> Education Code section 49475(a)(1).

<sup>8</sup> *Id.*

<sup>9</sup> Education Code section 35179.5.



concussions and the appropriate response to concussions.<sup>10</sup> Existing law also requires districts to distribute an information sheet on concussions and head injuries to student athletes and parents each school year.<sup>11</sup> The student and his or her parent or guardian must sign and return the concussion information sheet prior to initiating practice or competition.<sup>12</sup> CIF has a concussion information sheet for Districts' use.<sup>13</sup>

### **Recommended Actions**

Districts are encouraged to review the CIF protocols regarding return-to-learn and return-to-play when available, and to establish procedures and protocols for evaluating, monitoring, and treating head injuries when they occur, and for evaluating and monitoring athletes following determination of a concussion or brain injury. Prior to any summer football practices, districts are encouraged to communicate the new limits on contact football practices to all middle and high school football coaches, including volunteer coaches, and to make sure the coaches are clear on when they may begin full-contact practices.

Please contact our office with questions regarding this Legal Update or any other legal matter.

### **Attachments**

*The information in this Legal Update is provided as a summary of law and is not intended as legal advice. Application of the law may vary depending on the particular facts and circumstances at issue. We, therefore, recommend that you consult legal counsel to advise you on how the law applies to your specific situation.*

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<sup>10</sup> Education Code section 35179.1. CIF has recently amended its bylaws to require that coaches receive training in sudden cardiac arrest and has added a sudden cardiac arrest protocol to its bylaws. See CIF Bylaws 22.B.(9); 503.J (attached). These changes were suggested by CIF's Sports Medicine Committee, and are not related to any legislative changes. The suggested biannual training on sudden cardiac arrest and related protocol, sometimes referred to by CIF as training on automated external defibrillators, is not required by law.

<sup>11</sup> Education Code section 49475(a)(2).

<sup>12</sup> *Id.*

<sup>13</sup> The form is available at [http://cifstate.org/sports-medicine/concussions/CIF\\_Concussion\\_Info\\_PPE\\_packet.pdf](http://cifstate.org/sports-medicine/concussions/CIF_Concussion_Info_PPE_packet.pdf), and is also attached to this legal update.



ROGER L. BLAKE, EXECUTIVE DIRECTOR

V.B.1.

# CALIFORNIA INTERSCHOLASTIC FEDERATION

CIF STATE OFFICE • 4658 DUCKHORN DRIVE • SACRAMENTO, CA 95834 • PH: 916-239-4477 • FX: 916-239-4478 • WWW.CIFSTATE.ORG

**To: Federated Council**

**Date: October 1, 2014**

**Re: Bylaw 503 H. Concussion Protocols as Per Ed. Code 49475.(a).(1)**

**Proposal Originated: C.I.F. Staff**

## **Proposal Reviewed**

9/9/2014 – Executive Committee  
9/23/2014 – Sports Medicine Advisory Committee  
9/30/2014 – Commissioners Committee  
10/7/2014 – Athletic Administrators Advisory Committee  
10/27/2014 – Federated Council – 1<sup>st</sup> Reading  
01/30/2015 – Federated Council – Action Item

## **Proposal Recommendation**

8-0 Support  
Will develop collateral materials for CIF  
10-0 Support

**Type: Bylaw Revision**

**Next: 10/7/2014 Athletic Administrators Committee**  
10/27/2014 – Federated Council

**Proposal Summary:** With the passage of A.B. 2127 (Cooley) the CIF must revise our “Return to Play,” 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.

**Fiscal Impact: None**

**Background:** In 2010 the CIF passed Bylaw 503 (formerly Bylaw 313) that required physicians signed “Return to Play” for any student suspected of having a concussion. This change 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 as required by A.B. 2127 that will be added to the Education Code on January 1, 2015



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## Concussion Protocol

A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time for the remainder of the day. A student-athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in education and management of concussion and receives written clearance to return to play from that health care provider. If a licensed health care provider, trained in education and management of concussion 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, from the time of diagnosis, in duration under the supervision of a licensed health care provider. On a yearly basis, a concussion and head injury information sheet shall be signed and returned by all athletes and the athlete's parent or guardian before the athlete's initiating practice or competition.

(Approved May 2010 Federated Council/Revised May 2012 Federated Council)

# CIF Concussion Return to Play (RTP) Protocol

CA STATE LAW AB 2127 (Effective 1/1/15) 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.

## Instructions:

- This *graduated return to play protocol* **MUST** be completed before you can return to FULL COMPETITION.
  - A certified athletic trainer (AT), physician, and/or identified concussion monitor (e.g., coach, athletic director), must monitor your progression and initial each stage after you successfully pass it.
  - Stages I to II-D take a *minimum* of 6 days to complete.
  - You must be back to normal academic activities before beginning Stage II, unless otherwise instructed by your physician.
  - You must complete one full practice *without restrictions* (Stage III) before competing in first game.
- After Stage I, you cannot progress more than one stage per day (or longer if instructed by your physician).
- If symptoms return 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 anytime 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 physician)

Date & Initials	Stage	Activity	Exercise Example	Objective of the Stage
	I	No physical activity for at least 2 full symptom-free days <u>AFTER</u> you have seen a physician	<ul style="list-style-type: none"> <li>No activities requiring exertion (weight lifting, jogging, P.E. classes)</li> </ul>	<ul style="list-style-type: none"> <li>Recovery and elimination of symptoms</li> </ul>
	II-A	Light aerobic activity	<ul style="list-style-type: none"> <li>10-15 minutes (<i>min</i>) of walking or stationary biking.</li> <li>Must be performed under <i>direct supervision</i> by designated individual</li> </ul>	<ul style="list-style-type: none"> <li>Increase heart rate to no more than 50% of perceived maximum (<i>max</i>) exertion (e.g., &lt; 100 beats per min)</li> <li>Monitor for symptom return</li> </ul>
	II-B	Moderate aerobic activity ( <i>Light resistance training</i> )	<ul style="list-style-type: none"> <li>20-30 min jogging or stationary biking</li> <li>Body weight exercises (squats, planks, push-ups), max 1 set of 10, no more than 10 min total</li> </ul>	<ul style="list-style-type: none"> <li>Increase heart rate to 50-75% max exertion (e.g., 100-150 bpm)</li> <li>Monitor for symptom return</li> </ul>
	II-C	Strenuous aerobic activity ( <i>Moderate resistance training</i> )	<ul style="list-style-type: none"> <li>30-45 min running or stationary biking</li> <li>Weight lifting ≤ 50% of max weight</li> </ul>	<ul style="list-style-type: none"> <li>Increase heart rate to &gt; 75% max exertion</li> <li>Monitor for symptom return</li> </ul>
	II-D	Non-contact training with sport-specific drills ( <i>No restrictions for weightlifting</i> )	<ul style="list-style-type: none"> <li>Non-contact drills, sport-specific activities (cutting, jumping, sprinting)</li> <li>No contact with people, padding or the floor/mat</li> </ul>	<ul style="list-style-type: none"> <li>Add total body movement</li> <li>Monitor for symptom return</li> </ul>

**Minimum** of 6 days to pass Stages I and II. 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

	III	Limited contact practice	<ul style="list-style-type: none"> <li>Controlled contact drills allowed (no scrimmaging)</li> </ul>	<ul style="list-style-type: none"> <li>Increase acceleration, deceleration and rotational forces</li> <li>Restore confidence, assess readiness for return to play</li> <li>Monitor for symptom return</li> </ul>
		Full contact practice Full unrestricted practice	<ul style="list-style-type: none"> <li>Return to normal training, with contact</li> <li>Return to normal unrestricted training</li> </ul>	

**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)	<ul style="list-style-type: none"> <li>Normal game play (competitive event)</li> </ul>	<ul style="list-style-type: none"> <li>Return to full sports activity without restrictions</li> </ul>
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Athlete's Name: \_\_\_\_\_ Date of Concussion Diagnosis: \_\_\_\_\_

## **CIF GRADED CONCUSSION SYMPTOM CHECKLIST**

**Today's Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Hours of sleep:** \_\_\_\_\_

☐ **Baseline**      ☐ **Post-Concussion (date of diagnosis):** \_\_\_\_\_

- Grade the 22 symptoms with a score of 0 through 6.
  - Note that these symptoms may not all be related to a concussion.
- You can fill this out at the beginning of the season as a baseline.
- If you suffer a suspected concussion, use this checklist to record your symptoms daily.
  - Be consistent and try to grade either at the beginning or end of each day.
- There is no scale to compare your total score to; this checklist helps you follow your symptoms on a day-to-day basis.
  - If your total scores are not decreasing, see your physician right away.
- Show your baseline (if available) and daily checklists to your physician.

	None		Mild		Moderate		Severe	
Headache	0	1	2	3	4	5	6	
“Pressure in head”	0	1	2	3	4	5	6	
Neck Pain	0	1	2	3	4	5	6	
Nausea or Vomiting	0	1	2	3	4	5	6	
Dizziness	0	1	2	3	4	5	6	
Blurred Vision	0	1	2	3	4	5	6	
Balance Problems	0	1	2	3	4	5	6	
Sensitivity to light	0	1	2	3	4	5	6	
Sensitivity to noise	0	1	2	3	4	5	6	
Feeling slowed down	0	1	2	3	4	5	6	
Feeling like “in a fog”	0	1	2	3	4	5	6	
“Don't feel right”	0	1	2	3	4	5	6	
Difficulty concentrating	0	1	2	3	4	5	6	
Difficulty remembering	0	1	2	3	4	5	6	
Fatigue or low energy	0	1	2	3	4	5	6	
Confusion	0	1	2	3	4	5	6	
Drowsiness	0	1	2	3	4	5	6	
Trouble falling asleep	0	1	2	3	4	5	6	
More emotional than usual	0	1	2	3	4	5	6	
Irritability	0	1	2	3	4	5	6	
Sadness	0	1	2	3	4	5	6	
Nervous or Anxious	0	1	2	3	4	5	6	
COLUMN TOTAL								
TOTAL SYMPTOM SCORE (Sum of all column totals)								

**NAME** \_\_\_\_\_ **HIGH SCHOOL** \_\_\_\_\_

**D.O.B.** \_\_\_\_\_ **SPORT** \_\_\_\_\_ **PHYSICIAN (MD/DO)** \_\_\_\_\_

## 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 than if he or she tries to rush through these guidelines.
- Please give this form to teachers/school administrators to help them understand your child's recovery.

Stage	Home Activity	School Activity	Physical Activity
<b>Brain Rest</b>	Rest quietly, nap and sleep as much as needed. Avoid bright light if bothersome. Drink plenty of fluids and eat healthy foods every 3-4 hours. Avoid "screen time" (text, computer, cell phone, TV, video games).	No school. No homework or take-home tests. Avoid reading and studying.	Walking short distances to get around is okay. No exercise of any kind. No driving.
	<i><b>This step usually ends 3-5 days after injury. Progress to the next stage when your child starts to improve, but s/he may still have some symptoms.</b></i>		
<b>Restful Home Activity</b>	Set a regular bedtime/wake up schedule. Allow at least 8-10 hours of sleep and naps if needed. Drink lots of fluids and eat healthy foods every 3-4 hours. Limit "screen time" to less than 30 minutes a day.	No school. May begin easy tasks at home (drawing, baking, cooking). Soft music and 'books on tape' ok. Once your child can complete 60-90 minutes of light mental activity without a worsening of symptoms he/she may go to the next step.	Light physical activity, like walking. No strenuous physical activity or contact sports. No driving.
	<i><b>Progress to the next stage when your child starts to improve and s/he has fewer symptoms.</b></i>		
<b>Return to School - PARTIAL DAY</b>	Allow 8-10 hours of sleep per night. Avoid napping. Drink lots of fluids and eat healthy foods every 3-4 hours. "Screen time" less than 1 hour a day. Spend limited social time with friends outside of school.	Gradually return to school. 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 sunglasses/ earplugs as needed. Sit in front of class. Use preprinted large font (18) class notes. Complete necessary assignments only. No tests or quizzes. Limit homework time. Multiple choice or verbal assignments better than lots of long writing. Tutoring or help as needed. Stop work if symptoms increase.	Light physical activity, like walking. No strenuous physical activity or contact sports. No driving.
	<i><b>Progress to the next stage when your child can complete the above activities without symptoms.</b></i>		
<b>Return to School - FULL DAY</b>	Allow 8-10 hours of sleep per night. Avoid napping. Drink lots of fluids and eat healthy foods every 3-4 hours. "Screen time" less than 1 hour a day. Spend limited social time with friends outside of school.	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.	Light physical activity, like walking. No strenuous physical activity or contact sports. No driving.
	<i><b>Progress to the next stage when your child has returned to full school and is able to complete all assignments/tests without symptoms.</b></i>		
<b>Full Recovery</b>	Return to normal home and social activities.	Return to normal school schedule and course load.	May begin and must complete the CIF Return to Play (RTP) Protocol before returning to strenuous physical activity or contact sports.



# Physician (MD/DO) Recommended School Accommodations Following Concussion

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, give permission for my physician to share the following information with my child's school and for communication to occur between the school and my physician for changes to this plan. Parent Signature: \_\_\_\_\_

Physician Name and Contact Information: \_\_\_\_\_ Physician Signature: \_\_\_\_\_

The patient will be reevaluated for revision of these recommendations in \_\_\_\_\_ weeks. Date: \_\_\_\_\_

This patient has been diagnosed with a concussion (a brain injury) and is currently under our care. Please excuse the patient from school today due to the medical appointment. Flexibility and additional supports are needed during recovery. The following are suggestions for academic adjustments to be individualized for the student as deemed appropriate in the school setting. Adjustments can be modified as the student's symptoms improve/worsen. Please see the CIF Return to Learn Protocol for more information (cifstate.org).

Area	Requested Modifications	Comments/ Clarifications
Attendance	<input type="checkbox"/> No School <input type="checkbox"/> Partial School day as tolerated by student – emphasis on core subject work <u>Encouraged Classes:</u> _____ <u>Discouraged Classes:</u> _____ <input type="checkbox"/> Full School day as tolerated by student <input type="checkbox"/> Water bottle in class/snack every 3-4 hours	
Breaks	<input type="checkbox"/> If symptoms appear/ worsen during class, allow student to go to quiet area or nurse's office; if No improvement after 30 minutes allow dismissal to home <input type="checkbox"/> <u>Mandatory Breaks:</u> _____ <input type="checkbox"/> Allow breaks during day as deemed necessary by student or teachers/school personnel	
Visual Stimulus	<input type="checkbox"/> Enlarged print (18 font) copies of textbook material / assignments <input type="checkbox"/> Pre-printed notes (18 font) or note taker for class material <input type="checkbox"/> Limited computer, TV screen, bright screen use <input type="checkbox"/> Allow handwritten assignments (as opposed to typed on a computer) <input type="checkbox"/> Allow student to wear sunglasses/hat in school; seat student away from windows and bright lights <input type="checkbox"/> Reduce brightness on monitors/screens <input type="checkbox"/> Change classroom seating to front of room as necessary	
Auditory Stimulus	<input type="checkbox"/> Avoid loud classroom activities <input type="checkbox"/> Lunch in a quiet place with a friend <input type="checkbox"/> Avoid loud classes/places (i.e. music, band, choir, shop class, gym and cafeteria) <input type="checkbox"/> Allow student to wear earplugs as needed <input type="checkbox"/> Allow class transitions before the bell	
School Work	<input type="checkbox"/> Simplify tasks (i.e. 3 step instructions) <input type="checkbox"/> Short breaks (5 minutes) between tasks <input type="checkbox"/> Reduce overall amount of in-class work <input type="checkbox"/> Prorate workload (only core or important tasks) /eliminate non-essential work <input type="checkbox"/> No homework <input type="checkbox"/> Reduce amount of nightly homework _____ minutes per class; _____ minutes maximum per night <input type="checkbox"/> Will attempt homework, but will stop if symptoms occur <input type="checkbox"/> Extra tutoring/assistance requested <input type="checkbox"/> May begin make-up of essential work	
Testing	<input type="checkbox"/> No Testing <input type="checkbox"/> Additional time for testing/ untimed testing <input type="checkbox"/> Alternative Testing methods: oral delivery of questions, oral response or scribe <input type="checkbox"/> No more than one test a day <input type="checkbox"/> No Standardized Testing	
Educational Plan	<input type="checkbox"/> Student is in need of an IEP and/or 504 Plan (for prolonged symptoms lasting >3 months, if interfering with academic performance)	
Physical Activity	<input type="checkbox"/> No physical exertion/athletics/gym/recess <input type="checkbox"/> Walking in PE class/recess only <input type="checkbox"/> May begin return to play following the CIF Return to Play (RTP) protocol (cifstate.org)	



ROGER L. BLAKE, EXECUTIVE DIRECTOR

V.B.6.

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**To:** Federated Council

**Date:** October 1, 2014

**Re:** Bylaw 22.B.(9) Coaches Education and Training  
Bylaw 503 J. Sudden Cardiac Arrest Protocol

**Proposal Originated:** C.I.F. Executive Committee

## **Proposal Reviewed**

9/9/2014 – Executive Committee  
9/23/2014 – Sports Medicine Advisory Committee  
9/30/2014 – Commissioners Committee  
10/7/2014 – Athletic Administrators Advisory Committee  
10/27/2014 – Federated Council – 1<sup>st</sup> Reading  
01/31/2014 – Federated Council – Action Item

## **Proposal Recommendation**

Directed Staff to Develop Proposal  
19-0 in support  
10-0 in support

**Type:** Bylaw Additions

**Next:** 10/7/2014 Athletic Administrator Advisory Committee

**Proposal Summary:** Training and education for coaches, parents and students for the awareness, recognition, and management of sudden cardiac arrest in student-athletes.

**Fiscal Impact:** Minimal. All materials available for free including the on-line education and training class through the *Eric Paredes Save A Life Foundation* and *Simon's Fund*.

**Background:** Sudden Cardiac Arrest (SCA) is the number two (2) cause of death in young people participating in education based athletics. While very rare, about 100 such deaths are reported each year in the United States in young athletes according to the American Heart Association. Tragically, California students have been on that list including one this past July. This Bylaw will alert coaches and parents to this condition, and ensure that they are aware of and know how best to react to the condition's warning signs. This spring, state legislatures in Delaware and Connecticut have implemented similar training requirements in their states.

- 22. B. (9)** Ensure that all coaches, paid and unpaid, will have completed a coaching education program that emphasizes the following components:
- a. Development of coaching philosophies consistent with school, school district and school board goals;
  - b. Sport psychology: emphasizing communication; reinforcement of young people's efforts; effective delivery of coaching regarding technique and motivation of the student-athlete;
  - c. Sport pedagogy: how young athletes learn and how to teach sport skills;
  - d. Sport physiology: principles of training; fitness for sport; development of a training program; nutrition for athletes; and the harmful effects associated with the use of steroids and performance-enhancing dietary supplements by adolescents;
  - e. Sport management: team management; risk management; and working within the context of an entire school program;
  - f. Training: certification in CPR **and** first aid that includes training in signs and symptoms of concussions **and sudden cardiac arrest**.
  - g. Knowledge of, and adherence to, statewide rules and regulations; as well as school regulations including, but not necessarily limited to, eligibility, gender equity and discrimination;
  - h. Sound planning and goal setting; AND
  - i. A school/district may use a coach that does not meet these standards for one sports season in an emergency. The coach must still hold a CPR and First Aid, **Concussion and Sudden Cardiac Arrest** certification as required under Title V. However, that person may not coach another season of sport without fulfilling this coaching education requirement. Any currently employed coach who has completed and passed a prior version of a coaching education program that meets the above listed criteria, as determined by the local administration, is exempt from this provision. The above certification is transferable between/among CIF member schools. Coaches may need to complete additional local school or school district requirements.
- NOTE:** Definition of a coach, paid or unpaid: Any individual that the school/district is required to approve under Title V, California Code of Regulations, Section 5593 and 5594 and/or under California Education Code 35179-35179.7, 49032 and 4125.01-45125.1.

## 503. ADMINISTRATIVE OVERSIGHT

The principal of each school shall be held responsible for the amateur standing and eligibility of the school's teams and team members under CIF, Section, and league rules.

### F. Coaching

Principals are responsible to insure that all coaches of the CIF member school for all individual or team(s) meet the requirements of the California Education Code 49032, 35179.1 and Bylaw 22.B.(9)  
(Revised February 2009 Federated Council)

### H. Concussion Protocol

A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time for the remainder of the day. A student-athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in education and management of concussion and receives written clearance to return to play from that health care provider. On a yearly basis, a concussion and head injury information sheet shall be signed and returned by all athletes and the athlete's parent or guardian before the athlete's initiating practice or competition. (Approved May 2010 Federated Council/Revised May 2012 Federated Council)

*Q: What is meant by "licensed health care provider?"*

A: The "scope of practice" for licensed health care providers and medical professionals is defined by California state statutes. This scope of practice will limit the evaluation to a medical doctor (MD) or doctor of osteopathy (DO).

### I. Steroid Prohibition

As a condition of membership, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parent(s)/guardian(s)/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition.  
**NOTE:** Article 1-12.N. (Revised May 2005 Federated Council)

### J. Sudden Cardiac Arrest Protocol

A student-athlete who passes out or faints while participating in, or immediately following, an athletic activity or who is known to have passed out or fainted while participating in or immediately following an athletic activity, must be removed immediately from participating in a practice or game for the remainder of the day. A student-athlete who has been removed from play after displaying signs and symptoms associated with sudden cardiac arrest may not return to play until the athlete is evaluated by a licensed health care provider and receives written clearance to return to play from that health care provider. On a yearly basis, a Sudden Cardiac Arrest information sheet shall be signed and returned by all athletes and the athlete's parent or guardian before the athlete's initiating practice or competition.

*Q: What is meant by "licensed health care provider?"*

A: The "scope of practice" for licensed health care providers and medical professionals is defined by California state statutes. This scope of practice will limit the evaluation to a medical doctor (MD) or doctor of osteopathy (DO).



# Concussion Information Sheet



## **Why am I getting this information sheet?**

You are receiving this information sheet about concussions because of California state law AB 25 (effective January 1, 2012), now Education Code § 49475:

1. The law requires a student athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.
2. Any athlete removed for this reason must receive a written note from a medical doctor trained in the management of concussion before returning to practice.
3. Before an athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the athlete and the parent or guardian.

Every 2 years all coaches are required to receive training about concussions (AB 1451), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

## **What is a concussion and how would I recognize one?**

A concussion is a kind of brain injury. It can be caused by a bump or hit to the head, or by a blow to another part of the body with the force that shakes the head. Concussions can appear in any sport, and can look differently in each person.

Most concussions get better with rest and over 90% of athletes fully recover, but, all concussions are serious and may result in serious problems including brain damage and even death, if not recognized and managed the right way.

Most concussions occur without being knocked out. Signs and symptoms of concussion (see back of this page) may show up right after the injury or can take hours to appear. If your child reports any symptoms of concussion or if you notice some symptoms and signs, seek medical evaluation from your team's athletic trainer and a medical doctor trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, is having difficulty staying awake or answering simple questions, he or she should be immediately taken to the emergency department of your local hospital.

On the CIF website is a ***Graded Concussion Symptom Checklist***. If your child fills this out after having had a concussion, it helps the doctor, athletic trainer or coach understand how he or she is feeling and hopefully shows progress. We ask that you have your child fill out the checklist at the start of the season even before a concussion has occurred so that we can understand if some symptoms such as headache might be a part of his or her everyday life. We call this a "baseline" so that we know what symptoms are normal and common. Keep a copy for your records, and turn in the original. If a concussion occurs, he or she should fill out this checklist daily. This Graded Symptom Checklist provides a list of symptoms to compare over time to make sure the athlete is recovering from the concussion.

## **What can happen if my child keeps playing with concussion symptoms or returns too soon after getting a concussion?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. There is NO same day return to play for a youth with a suspected concussion. Youth athletes may take more time to recover from concussion and are more prone to long-term serious problems from a concussion.

Even though a traditional brain scan (e.g., MRI or CT) may be "normal", the brain has still been injured. Animal and human studies show that a second blow before the brain has recovered can result in serious damage to the brain. If your athlete suffers another concussion before completely recovering from the first one, this can lead to prolonged recovery (weeks to months), or even to severe brain swelling (Second Impact Syndrome) with devastating consequences.

There is an increasing concern that head impact exposure and recurrent concussions contribute to long-term neurological problems. One goal of this concussion program is to prevent a too early return to play so that serious brain damage can be prevented.

<b>Signs observed by teammates, parents and coaches include:</b>	
<ul style="list-style-type: none"><li>• Looks dizzy</li><li>• Looks spaced out</li><li>• Confused about plays</li><li>• Forgets plays</li><li>• Is unsure of game, score, or opponent</li><li>• Moves clumsily or awkwardly</li><li>• Answers questions slowly</li></ul>	<ul style="list-style-type: none"><li>• Slurred speech</li><li>• Shows a change in personality or way of acting</li><li>• Can't recall events before or after the injury</li><li>• Seizures or has a fit</li><li>• Any change in typical behavior or personality</li><li>• Passes out</li></ul>






<b>Symptoms may include one or more of the following:</b>	
<ul style="list-style-type: none"><li>• Headaches</li><li>• "Pressure in head"</li><li>• Nausea or throws up</li><li>• Neck pain</li><li>• Has trouble standing or walking</li><li>• Blurred, double, or fuzzy vision</li><li>• Bothered by light or noise</li><li>• Feeling sluggish or slowed down</li><li>• Feeling foggy or groggy</li><li>• Drowsiness</li><li>• Change in sleep patterns</li></ul>	<ul style="list-style-type: none"><li>• Loss of memory</li><li>• "Don't feel right"</li><li>• Tired or low energy</li><li>• Sadness</li><li>• Nervousness or feeling on edge</li><li>• Irritability</li><li>• More emotional</li><li>• Confused</li><li>• Concentration or memory problems</li><li>• Repeating the same question/comment</li></ul>






### **What is Return to Learn?**

Following a concussion, student athletes may have difficulties with short- and long-term memory, concentration and organization. They will require rest while recovering from injury (e.g., avoid reading, texting, video games, loud movies), and may even need to stay home from school for a few days. As they return to school, the schedule might need to start with a few classes or a half-day depending on how they feel. They may also benefit from a formal school assessment for limited attendance or homework such as reduced class schedule if recovery from a concussion is taking longer than expected. Your school or doctor can help suggest and make these changes. Student athletes should complete the Return to Learn guidelines and return to complete school before beginning any sports or physical activities. Go to the CIF website (cifstate.org) for more information on Return to Learn.

### **How is Return to Play (RTP) determined?**

Concussion symptoms should be completely gone before returning to competition. A RTP progression involves a gradual, step-wise increase in physical effort, sports-specific activities and the risk for contact. If symptoms occur with activity, the progression should be stopped. If there are no symptoms the next day, exercise can be restarted at the previous stage.

RTP after concussion should occur only with medical clearance from a medical doctor trained in the evaluation and management of concussions, and a step-wise progression program monitored by an athletic trainer, coach, or other identified school administrator. Please see cifstate.org for a graduated return to play plan. [AB 2127, a California state law that became effective 1/1/15, states that return to play (i.e., full competition) must be **no sooner** than 7 days after the concussion diagnosis has been made by a physician.]

### **Final Thoughts for Parents and Guardians:**

**It is well known that high school athletes will often not talk about signs of concussions, which is why this information sheet is so important to review with them. Teach your child to tell the coaching staff if he or she experiences such symptoms, or if he or she suspects that a teammate has suffered a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms.**

#### *References:*

- American Medical Society for Sports Medicine position statement: concussion in sport (2013)
- Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012
- <http://www.cdc.gov/concussion/HeadsUp/youth.html>



## Concussion Information Sheet



**Please Return this Page**

I hereby acknowledge that I have received the Concussion Information Sheet from my school and I have read and understand its contents. I also acknowledge that if I have any questions regarding these signs, symptoms and the "Return to Learn" and "Return to Play" protocols I will consult with my physician.

\_\_\_\_\_  
Student-athlete Name Printed

\_\_\_\_\_  
Student-athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date