

Concussion Policy for Ravens Lacrosse Club Youth Lacrosse Program

1. Introduction

Ravens Lacrosse Club is committed to providing a safe and supportive environment for all athletes, coaches, volunteers, and families involved in our lacrosse program. The health and well-being of every player is our top priority. This Concussion Policy outlines the procedures and guidelines for recognizing, treating, and managing concussions to protect the safety of our athletes and ensure they receive the proper care.

2. Purpose

The purpose of this policy is to:

- Provide a clear and consistent approach to concussion management.
- Ensure that all participants, including athletes, coaches, and parents, are educated about concussions and their potential risks.
- Comply with state and federal laws regarding concussion management in youth sports.

3. Definition of a Concussion

A concussion is a type of mild traumatic brain injury (TBI) caused by a blow to the head or body that causes the brain to move rapidly within the skull. Symptoms may not appear immediately, and they can vary from mild to severe. Concussions are a serious injury and require careful management to avoid long-term effects.

4. Concussion Signs and Symptoms

Athletes may experience the following signs and symptoms of a concussion:

- **Physical:** Headache, nausea, dizziness, blurred vision, sensitivity to light or noise, fatigue, and difficulty sleeping.
- **Cognitive:** Difficulty concentrating, memory problems, confusion, or feeling "in a fog."
- **Emotional:** Irritability, sadness, nervousness, or heightened emotions.
- **Behavioral:** Appearing dazed or stunned, clumsiness, and slow reaction times.

It is important to note that not all symptoms will be visible immediately after the injury. Parents and coaches should be aware of both immediate and delayed symptoms.

5. Concussion Prevention

While concussions cannot always be prevented, Ravens Lacrosse Club is dedicated to promoting safety through:

- **Proper equipment:** Ensuring that athletes are provided with safe, properly fitting helmets and other protective gear.
- **Fundamental skills:** Emphasizing safe playing techniques, such as proper checking and body positioning, during training and games.
- **Education:** Providing educational resources and training for players, coaches, and parents on the recognition and prevention of concussions.

6. Concussion Protocol

In the event of a suspected concussion, the following protocol will be followed:

6.1. Removal from Play

- Any athlete suspected of having a concussion will be immediately removed from play or practice. This decision may be made by a coach, referee, or athletic trainer.
- The athlete will not be allowed to return to the game or practice on the same day.

6.2. Evaluation by a Medical Professional

- The athlete must be evaluated by a healthcare provider with experience in concussion management (e.g., physician, nurse practitioner, or athletic trainer).
- If the athlete is diagnosed with a concussion, they will be provided with written instructions for their care and the necessary steps for recovery.

6.3. Return-to-Play Protocol

- The athlete must be cleared by a healthcare professional before returning to play.
- The return-to-play process will follow a graduated step-by-step protocol, guided by the healthcare provider's recommendations and the athlete's symptoms.
- The athlete must be symptom-free for 24 hours at each stage before progressing to the next level of activity. Full return to play will only be allowed when the healthcare professional has cleared the athlete for unrestricted activity.

6.4. Written Documentation

- Documentation of the athlete's evaluation, diagnosis, and return-to-play clearance must be provided to Ravens Lacrosse Club prior to the athlete resuming participation in activities.
- Any written recommendations from the healthcare provider must be followed in full.

7. Education and Training

7.1. Coaches and Volunteers

- All coaches and volunteers must complete concussion training, which includes recognizing the signs and symptoms of a concussion and knowing the proper procedures for handling an injury. Training will be offered annually.
- Coaches will also be trained on how to implement safe play practices and techniques.

7.2. Parents and Athletes

- All parents and athletes will be required to review and sign an acknowledgment of the concussion policy before participating in any organized activities. This acknowledgment will confirm that the parent/guardian and athlete understand the risks associated with concussions and the importance of reporting symptoms immediately.

- Educational materials about concussion prevention and management will be provided to parents and athletes at the start of each season.

8. Legal Compliance

Ravens Lacrosse Club will comply with all local, state, and federal laws concerning concussion management, including but not limited to:

- State concussion laws governing return-to-play protocols.
- The National Federation of State High School Associations (NFHS) Concussion Management Guidelines.
- The Centers for Disease Control and Prevention (CDC) Heads Up concussion program.

9. Confidentiality

All medical information related to concussions will be kept confidential and shared only with those who need to know to ensure the safety of the athlete, including coaches, medical personnel, and the athlete's parents or guardians.

10. Conclusion

The safety and well-being of our athletes are the responsibility of all participants in our program. By adhering to this Concussion Policy, we aim to provide a safe and supportive environment that prioritizes the health of our youth lacrosse players. We encourage everyone involved in the program to remain vigilant in recognizing concussion symptoms, reporting injuries, and following the proper protocols for treatment and recovery.

Acknowledgment: I, the undersigned, acknowledge that I have received, read, and understand the Ravens Lacrosse Club Concussion Policy. I agree to follow the procedures outlined in this policy to ensure the health and safety of all participants.

Signature of Parent/Guardian | Signature of Athlete

Date: _____

Signature of Coach/Volunteer | Date: _____

This policy will be reviewed annually and updated as needed to ensure the safety of our athletes and compliance with applicable laws.