



Park City Ski Team Concussion Policy

During the 2011 session of the Utah State Legislature, H.B. 204 Substitute, "Protection of Athletes with Head Injuries" was passed and became effective on May 10, 2011. Although the Park City Ski Team ("PCST") had already implemented a concussion management protocol, the Park City Ski Education Foundation Board (the "Board") has now formally adopted and implemented a traumatic head injury/concussion policy (the "Concussion Policy") in order to comply with H.B. 204 and to inform and protect Park City Ski Team ("PCST") member athletes in the event of a head injury, or concussion, on or off the hill. The Program Director and the Risk Management Committee worked closely with Melinda Roalstad, MS, PAC of *Think Head First* to develop and implement the policy. A similar policy was also adopted and implemented by USSA.

As part of the implementation of the Concussion Policy, the PCST and the Board will be proactive in the education of parents, member athletes and coaches regarding the prevention of concussions and the recognition of signs and symptoms of a concussion. To further the education process, all PCST coaches and training staff will be required to attend annual training sessions in the prevention and recognition of concussions and are required to annually review the PCST Concussion Policy and the CDC publication: *Heads Up: Concussion in High School Sports – A Guide for Coaches* available at http://www.cdc.gov/concussion/HeadsUp/high_school.html. Training documentation will be retained by the PCST Program Coordinator.

In addition, an informed consent must be signed annually by parents and member athletes at registration PRIOR to an athlete's participation in any PCST sporting event (e.g., sanctioned training, practice, camps, competitions or tryouts). The consent will include a statement acknowledging the receipt of specified education materials, the review of said materials, and the responsibility of the athlete to report signs or symptoms of a concussion to their parents, coach or a designated PCST representative. The Consent forms will be retained by the PCST Program Coordinator. The Concussion Policy, along with links to informational resources for athletes and parents/guardians will be posted to the PCST website.

Action Plan for Concussion Management

Preseason Baseline Neurocognitive testing will be offered through Think Head First- Recommended but not mandatory.

- Complete prior to season beginning
- Highly recommended for individualized baseline cognitive level
- Annual testing for younger athletes under the age of 13 recommended

All coaches and athletic trainers are required to annually review the *UHSAA Concussion Management Plan* <http://uhsaa.org/SportsMed/ConcussionManagementPlan.pdf> and the CDC publication

Concussion Observed or Symptomatic from hard hit

Should an athlete sustain concussion or be suspected of sustaining concussion from traumatic biomechanical forces to head or body where athlete exhibits any signs/symptoms or behaviors that indicate concussion:

1. athlete is removed from training or game for the day

- acute triage as necessary → transport to hospital if warranted, if not →
- observation to end of training/competition → **ANY** deterioration → transport to hospital



2. parental notification

- Athlete held with observation for the remainder of training/competition with the serial monitoring until parents are notified
- Parents given home guidelines for serial monitoring for any deterioration -->
- CDC ACE Home instructions OR UHSAA Post Concussion Instructions
- Rest and symptoms improving with rest, follow up with medical provider in 24-72 hrs

3. consultation with medical provider trained in concussion management

- generally 24-72 hours post injury
- medical / clinical evaluation
- rescreen symptoms and balance testing
- post injury Impact testing recommended

Return to sport will be determined by:

1. Written medical clearance by a medical professional that has completed an education course in the evaluation and management of concussions within the past 3 years and provides written statement to the effect.
2. Successful progression in monitored conditioning/sport specific training where there is no return of symptoms – Parent/Therapist/Trainer/Coach