



# TEAM BINDER

**CLUB NAME:** \_\_\_\_\_

# Team Binder Requirements

Team Binders are **required** and should contain the following:

- **Active Roster - can be found on RX**
- **Photocopy of player's school ID card**
  - **(players that are homeschooled can show proof of identity (i.e drivers license) along with proof of school attendance**
- **Participant Emergency Info Sheet (emergency contact info)**
- **Injury Incident Report *several blank copies***
- **Concussion Medical Referral *several blank copies***
- **Completed Facility Specific Emergency Action Plan (inserted a template, please fill out properly)\***
- **Lightning Plan**
- **Technical Zone Example**
- **Player Boundary Requirements**
- **Coach Contact List**



# EMERGENCY INFORMATION/ MEDICAL RELEASE FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Emergency Contact Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ American Citizen (Yes/No): \_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Athlete Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## **MEDICAL EMERGENCY AND INSURANCE INFORMATION**

Name of Physician: \_\_\_\_\_ Physician Phone Number: (\_\_\_\_) \_\_\_\_\_

Name/Relation of Emergency Contact: \_\_\_\_\_

Contact Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Group Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Known Allergic Reactions: \_\_\_\_\_

Additional Major Medical Concerns: \_\_\_\_\_

## **PARENTAL CONSENT AND IDEMNIFICATION AGREEMENT**

I, the minor's parent and/or legal guardian authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed by available medical staff and/or a licensed physician when deemed necessary or advisable by appointed representatives in case of my absence. I waive my right of informed consent to such treatment and release from any litigation expenses, attorney fees, loss liability, and damage or cost any Releasees may incur as the result of any such claim.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# A FACT SHEET FOR Youth Sports Parents



This sheet has information to help protect your children or teens from concussion, or other serious brain injury.

## What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

## How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - Work with their coach to teach ways to lower the chances of getting a concussion.
  - Emphasize the importance of reporting concussions and taking time to recover from one.
  - Ensure that they follow their coach's rules for safety and the rules of the sport.
  - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no "concussion-proof" helmet. Even with a helmet, it is important for children and teens to avoid hits to the head.

**Talk with your children and teens about concussion.** Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious, or worry that if they report a concussion they will lose their position on the team or look weak. Remind them that *it's better to miss one game than the whole season.*

## How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

### Signs Observed by Parents

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events *prior to* or *after* a hit or fall

### Symptoms Reported by Children and Teens

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not "feeling right," or "feeling down"

**GOOD TEAMMATES KNOW:  
IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.**



[cdc.gov/HEADSUP](https://cdc.gov/HEADSUP)

# CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



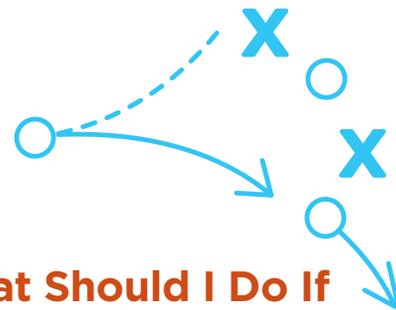
**Plan ahead.** What do you want your child or teen to know about concussion?

## What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1, or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

**Children and teens** who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.



## What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's healthcare provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. You may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

Revised January 2019

Provided by the St. Luke's Sports Medicine Concussion Clinic

(208) 381-2665

To learn more,

go to [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)



CDC HEADSUP





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## PARENT/GUARDIAN & ATHLETE CONCUSSION INFORMATION ACKNOWLEDGEMENT

I, \_\_\_\_\_, by signing below, hereby acknowledge that Rugby Idaho has provided me with the necessary and appropriate education on concussion as mandated under subsection 33-1625, Idaho Code. The education included appropriate guidelines that identified the signs and symptoms of concussion and head injury, and described the nature and risk of concussion and head injury in accordance with standards of the Centers for Disease Control and Prevention.

I acknowledge that in addition to receiving the education designated in the above paragraph, that I understand the nature of concussion, the signs and symptoms of concussion, and the risks of allowing a student athlete to continue to play after sustaining a concussion.

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)



# Injury Incident Report

Please send the report to the Executive Director after the injury. Email the form to Erin Breen  
executivedirector@rugbyidaho.com

## **Injured Participant Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Team: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (circle): Female Male

Position (circle): Player Coach Official Spectator Volunteer Other

Accident Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Accident: \_\_\_\_\_ AM or \_\_\_\_\_ PM

Area of Injury (Body Part): \_\_\_\_\_

Description of Incident:

Description of Treatment or Care:

Did the Participant continue to participate? NO YES

Was an ambulance called? NO YES

If an ambulance was called, participant was (circle one) ...

Assessed by EMT only

Treated and transported in an ambulance

## **Medical Staff Information (if one available):**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Medical Title (ATC, MD, etc.) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



# Injury Incident Report

Please send the report to the Executive Director after the injury. Email the form to Erin Breen  
executivedirector@rugbyidaho.com

## **Injured Participant Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Team: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (circle): Female Male

Position (circle): Player Coach Official Spectator Volunteer Other

Accident Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Accident: \_\_\_\_\_ AM or \_\_\_\_\_ PM

Area of Injury (Body Part): \_\_\_\_\_

Description of Incident:

Description of Treatment or Care:

Did the Participant continue to participate? NO YES

Was an ambulance called? NO YES

If an ambulance was called, participant was (circle one) ...

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Medical Title (ATC, MD, etc.) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Team: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (circle): Female Male

Position (circle): Player Coach Official Spectator Volunteer Other

Accident Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Accident: \_\_\_\_\_ AM or \_\_\_\_\_ PM

Area of Injury (Body Part): \_\_\_\_\_

Description of Incident:

Description of Treatment or Care:

Did the Participant continue to participate? NO YES

Was an ambulance called? NO YES

If an ambulance was called, participant was (circle one) ...

Assessed by EMT only

Treated and transported in an ambulance

## **Medical Staff Information (if one available):**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Medical Title (ATC, MD, etc.) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## Corrective Action Request

### ***Submitter Information***

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

### ***Incident Information***

Name/team of offending Party:

\_\_\_\_\_

Was there a threat of safety or injury: **YES NO**

Was a referee, coach or other Rugby Idaho official notified? **YES NO**

If yes, who: \_\_\_\_\_ When: \_\_\_\_\_

Nature of Offense (please describe in detail): *(include additional pages if needed)*



# Corrective Action Request

## ***Submitter Information***

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

## ***Incident Information***

Name/team of offending Party:

\_\_\_\_\_

Was there a threat of safety or injury: **YES NO**

Was a referee, coach or other Rugby Idaho official notified? **YES NO**

If yes, who: \_\_\_\_\_ When: \_\_\_\_\_

Nature of Offense (please describe in detail): *(include additional pages if needed)*



# Corrective Action Request

## ***Submitter Information***

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

## ***Incident Information***

Name/team of offending Party:

\_\_\_\_\_

Was there a threat of safety or injury: **YES NO**

Was a referee, coach or other Rugby Idaho official notified? **YES NO**

If yes, who: \_\_\_\_\_ When: \_\_\_\_\_

Nature of Offense (please describe in detail): *(include additional pages if needed)*



# Rugby Idaho – Return to Participation Medical Release

If an athlete sustains a concussion during athletic participation, or sustains an injury and exhibits the signs, symptoms, or behaviors consistent with a concussion, the athlete must be immediately removed from all athletic participation. The athlete may only return to physical activity if/when the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussions and receives the following written clearance to return to sport.

The following athlete has been evaluated and diagnosed with a concussion by a medical professional trained in the evaluation of concussions. The following steps must be completed under the supervision of a medical professional (MD, DO, PA, Advanced Practice Nurse *who is not the athlete's parent or guardian*) who **IS TRAINED IN THE EVALUATION AND MANAGEMENT OF CONCUSSIONS (as outlined in Idaho Code § 33-1625)**. This form must be signed by the above referenced medical professional and returned to **Rugby Idaho's Executive Director, Erin Breen: [executivedirector@rugbyidaho.com](mailto:executivedirector@rugbyidaho.com)**, in order for the athlete to return to participation.

Athlete Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Injury Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sport: \_\_\_\_\_ Level (Varsity, JV, Club, etc.) \_\_\_\_\_

Sideline evaluation completed: Yes  No  Evaluation completed by: \_\_\_\_\_

In accordance with the Centers for Disease Control and Prevention (CDC), the Return-to-Sport Strategy begins with Return-to-Learn (successfully tolerating school- resumption of full cognitive workload) and there is a six-step process gradually returning the athlete to normal activities. If more than mild exacerbation of symptoms (i.e., more than 2 points on a 0–10 scale) occurs during Steps 1–3, the athlete should stop and attempt to exercise the next day.

### Return-to-Sport Strategy

Athlete may begin the return-to-sport progression **ONLY AFTER** a mandatory 14-day rest period from the date of injury.

1	Symptom-limited activity	Daily activities that do not exacerbate symptoms (e.g., walking).
2	Aerobic exercise 2a. Light (up to approx. 55% max HR) then 2b. Moderate (up to approx. 70% max HR)	Stationary cycling or walking at slow to medium pace. May start light resistance training that does not result in more than mild and brief exacerbation* of concussion symptoms.
3	Individual sport-specific exercise	Sport-specific training away from the team environment (e.g., running, change of direction and/or individual training drills away from the team environment). <b>No activities at risk of head impact.</b>
Following authorization by your physician, Steps 4–6 should begin <u>after</u> the resolution of any signs and symptoms related to the current concussion, including during and after physical exertion. Athletes experiencing concussion-related signs/symptoms during Steps 4–6 should return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities.		
4	Non-contact training drills	Exercise to high intensity including more challenging training drills (e.g., passing drills, multiplayer training), can integrate into a team environment.
5	Full contact practice	Following medical clearance, participate in normal training activities.
If symptoms re-emerge with this level of exertion, then return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities. If the student remains symptom free for 24 hours after this level of exertion, then proceed to the next stage with <b>MEDICAL CLEARANCE</b> .		
6	Return to sport	Normal game play ( <b>minimum of 19 days from date of injury</b> ).
<b>Earliest Date of Return-to-Competition:</b> _____		

*\*Mild and brief exacerbation of symptoms is defined as an increase of no more than 2 points on a 0–10 point scale (with 0 representing no symptoms and 10 the worst symptoms imaginable) for less than an hour when compared with the symptoms reported prior to cognitive activity or physical exertion.*

I (treating MD/DO/PA/Advanced Practice Nurse) certify that the aforementioned athlete is cleared to begin the above Return to Sport Strategy and is cleared for full contact drills and training, and, **IF ASYMPTOMATIC**, may return to competition on: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Today's Date: \_\_\_\_\_

I (parent/guardian) attest that my child has successfully completed the full Return to Sport Strategy as outlined above and has been cleared to return to participation by a medical professional **trained in concussion management**. I understand that sports are inherently dangerous and realize that concussions are an injury that can occur. I also understand that this process/protocol is in place to protect my child, that any deviation from this process/protocol is under my volition, and I take full responsibility for any and all consequences of that decision.

Parent/Guardian name: \_\_\_\_\_ Athlete name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Athlete Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Today's Date: \_\_\_\_\_

## Rugby Idaho

Email completed form to Erin Breen, Rugby Idaho Executive Director at [executivedirector@rugbyidaho.com](mailto:executivedirector@rugbyidaho.com)

Rugby Idaho utilizes a standardized medical release form for players to return to participation following a concussion. No definitive data exists that allows us to absolutely predict when an athlete with a concussion can safely return to participation. There are significant differences that exist among healthcare providers relating to when they will permit an athlete to return to participation after having a concussion.

USA Rugby nor Rugby Idaho presume to dictate to medical professionals how to practice medicine. Neither is the information on this form meant to establish a standard of care. The organization does feel, however, that the guidelines included on the form represent a consensus of the literature. The components of the form are relevant to addressing the concerns of coaches, parents, athletes and qualified healthcare professionals.

### GOALS FOR ESTABLISHING A STANDARDIZED FORM:

1. Protect athletes from further harm. Youth athletes appear to be particularly vulnerable to the effects of concussion. They are more likely than adults to experience problems after concussion and often take longer to recover. Teenagers also appear to be more prone to a second injury to the brain that occurs while the brain is still healing from an initial concussion. This second impact can result in long-term impairment or even death. ***The importance of proper recognition and management of concussed athletes cannot be over-emphasized.***
2. Allow athletes to participate when it is deemed reasonably safe for them to do so. (This must NOT occur sooner than 19 days from the date of injury per USA Rugby guidelines.)
3. Establish guidelines to help minimize major differences in concussion management among providers who are signing the Return to Participation Medical Release.
4. Provide a basis of support for the healthcare provider making decisions on when an athlete can or cannot participate.

### IMPORTANT COMPONENTS FOR AN EFFECTIVE FORM:

1. Inclusion of the latest consensus statements so providers will understand the athletes must be symptoms free at rest and exertion and complete a graduated return to sport process. Returning students at an arbitrary date is **NOT** an option.
2. Inclusion of the date and nature of the injury as well as the earliest date to return to participation.
3. Inclusion of a detailed return to sport progression so that all athletes are managed safely and fairly.
4. Inclusion of all the components discussed has the potential to limit liability caused by a youth sport organization making medical decisions.

**NOTE TO HEALTHCARE PROFESSIONALS:** Please familiarize yourself with the “Consensus Statement on Concussion in Sport: The 6<sup>th</sup> International Conference on Concussion in Sport – Amsterdam, October 2022.” This document summarizes the most recent research and treatment techniques in regard to brain injury. The most noteworthy items to come from these conferences are the discontinuation of initial symptom-based grading scales and the addition of standardized return to sport guidelines.



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Sideline evaluation completed: Yes  No  Evaluation completed by: \_\_\_\_\_

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Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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Parent/Guardian name: \_\_\_\_\_ Athlete name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Athlete Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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## **EMERGENCY ACTION PLAN**

### **Field Name**

Street Address, City, State zip

### ***Catastrophic Injuries***

This is defined as any condition in which a student athlete's life is threatened or the student athlete risks permanent impairment. Examples include, but are not limited to, respiratory or cardiac arrest, spine & head injuries and possible fractures.

#### **1. Call 9-1-1.**

#### **2. Be sure to have the following information:**

- Name, address, telephone number of caller
- Number of athletes injured
- Condition of Athlete(s)
- First aid initiated by first responder
- Specific directions to emergency scene: Field Name

### ***Closest Hospital To Field***

Nearest/Most conveniently accessible hospital:

**Hospital Name**

**Phone # (xxx)xxx-xxxx**

**Street Address, City, State, Zip**

Insert Step by step directions from field to above hospital



## Lightning Plan

In case of lightning everyone must evacuate the area to a safe location. The referee has the power to end the match at any time if he/she believes that play should not continue because it would be dangerous.

The referee and/or coaches can use the guidelines from USA Rugby to help make a determination.

The distance the lightning is from the match will determine when it must be called and factor in when a game can restart. To determine the distance, use the flash to bang method. This is determined by time between flash of lightning and bang of thunder (flash to bang).

- **Flash to Bang Method:** Begin counting on the lightning flash, and stop counting when the associated thunder is heard. Take that number and divide by 5. That is the number of miles away the lightning is.
  - Example- Flash to bang is 25 seconds, divide by 5 = 5 miles away.

***When must a match, practice or other activity be stopped due to lightning?*** A match must be stopped if lightning is 6 miles or less away from the match location.

- If the time between flash to bang is 30 seconds or less, the match must be stopped and everyone moved to a safe location until the lightning has passed and is 6 miles or more away.

### ***If Time Allows for Match to Resume After Lightning:***

If a game, practice, or other activity is suspended or postponed due to lightning activity, before resuming, you must wait at least 30 minutes after the last lightning flash or sound of thunder. Each time lightning is seen or thunder is heard the 30-minute clock must be reset.

### ***If Time Does NOT Allow for Match to Resume:***

If at least 3/4<sup>th</sup> of the match has been played, match will be over and current score at that time will stand.

- 3/4<sup>th</sup> of 70 min match = at least 52 min & 30 sec played
- 3/4<sup>th</sup> of 60 min match = at least 45 min played
- 3/4<sup>th</sup> of 40 min match = at least 30 min played

If at least 3/4<sup>th</sup> of a match has NOT been played, match be rescheduled and will restart with remaining time on clock on the make-up day.

*Note: Coaches may both decide to end the match and not reschedule, keeping the current score. Both coaches must agree to this and the decision MUST be decided in front of the referee, as a witness.*

Example: Match ended with 15 minutes played. Match will re-start on scheduled makeup day with 15 minutes already played and same score carried over.

***Make-up Matches Policy:***

Games must not be cancelled or rescheduled for any reason other than severe weather. Coaches will work together to find the best make-up date to work for their teams. Then, they will work with the Executive Director to ensure trainers and referees can be assigned to the make-up match.

***Regular Season:***

Make-up games, when possible, will be played the Tuesday or Wednesday following the original date or a date decided by the coaches prior to playoffs. If no date is determined, the Executive Director will schedule the game. If the game does NOT take place on that date, the score will be logged as 0-0 OR if the match was stopped and had a score, the ending score will be kept.

***Post Season:***

Make-up games, if possible will be played the following day, or the Tuesday/Wednesday following the original date, or a date decided by the coaches. If no date is determined, the Executive Director will schedule the game. If the game does not take place on that date, the score will be logged as 0-0 OR if the match was stopped and had a score, the ending score will be kept.



## USA Rugby Policy - Severe Weather & Lightning

In the United States, there are an estimated 25 million cloud-to-ground lightning flashes each year (Orville and Huffines, 2001). Lightning has been the second greatest cause of storm-related deaths (after floods) in the United States during the past 40 years. This is a serious issue with severe consequences given the correct precautions are not taken.

### **The National Weather Service has established a multi-level awareness plan:**

**Level 1** – If planning outdoors activities, obtain the weather forecast beforehand. Know your local weather patterns.

**Level 2** – If you are planning to be outdoors, identify and say within traveling range of a proper shelter. Employ the “30-30 Rule” to know when to seek a safer location. The “30-30 Rule” states that when you see lightning, count the time until you hear thunder. If this time is 30 seconds or less go immediately to a safer place. If you can’t see the lightning, just hearing the thunder means lightning is likely within striking range. After the storm has apparently dissipated or moved on, wait 30 minutes or more after hearing the last thunder before leaving the safer location

**Level 3** – When lightning strikes, go to a safer location. Do not hesitate. What is a safer location? The safest place commonly available during a lightning storm is a large, fully enclosed substantially constructed building. Substantial construction also implies the building has wiring and plumbing, which can conduct lightning current safely to ground. Once inside, stay away from corded telephones, electrical appliances, lighting fixture, microphones, electric sockets and plumbing. Inner rooms are generally preferable from a safety viewpoint.

If you can’t reach a substantial building, an enclosed vehicle with a solid metal roof and metal sides is a reasonable second choice. Close the windows, lean away from the door, put your hands in your lap and don’t touch the steering wheel, ignition, gear shifter or radio. Convertibles, cars with fiberglass or plastic shells, and open framed vehicles are not suitable lightning shelters.

**Level 4** – If you cannot flee to a safer location, take action to minimize the threat of being stuck. Proceed from higher to lower elevations. Avoid wide-open areas, including sports fields. Avoid tall, isolated objects like trees, poles, and light posts. Do not consider unprotected open structures such as picnic pavilions, rain shelters and bus stops. Avoid contact with metal fences, metal bleachers, or other metal structures.

**Level 5** – If circumstances or a series of bad decisions have found you outside of a shelter, far removed from a safer place when lightning is occurring, there are still measures to be taken. Put your feet together, squat down, tuck your head, and cover your ears. When the immediate threat of lightning has passed, continue heading to the safest place possible.

**Level 6** – If the worst happens, there are key Lightning First Aid guidelines. First, if at all possible, call “9-1-1” immediately. Since all deaths from lightning strikes result from cardiac arrest and/or stopped breathing, begin treatment as soon as possible. CPR or mouth-to-mouth resuscitation is the recommended first aid, respectively.

We cannot control the weather, however we can decrease the possibility of injury through education and proper precautions.

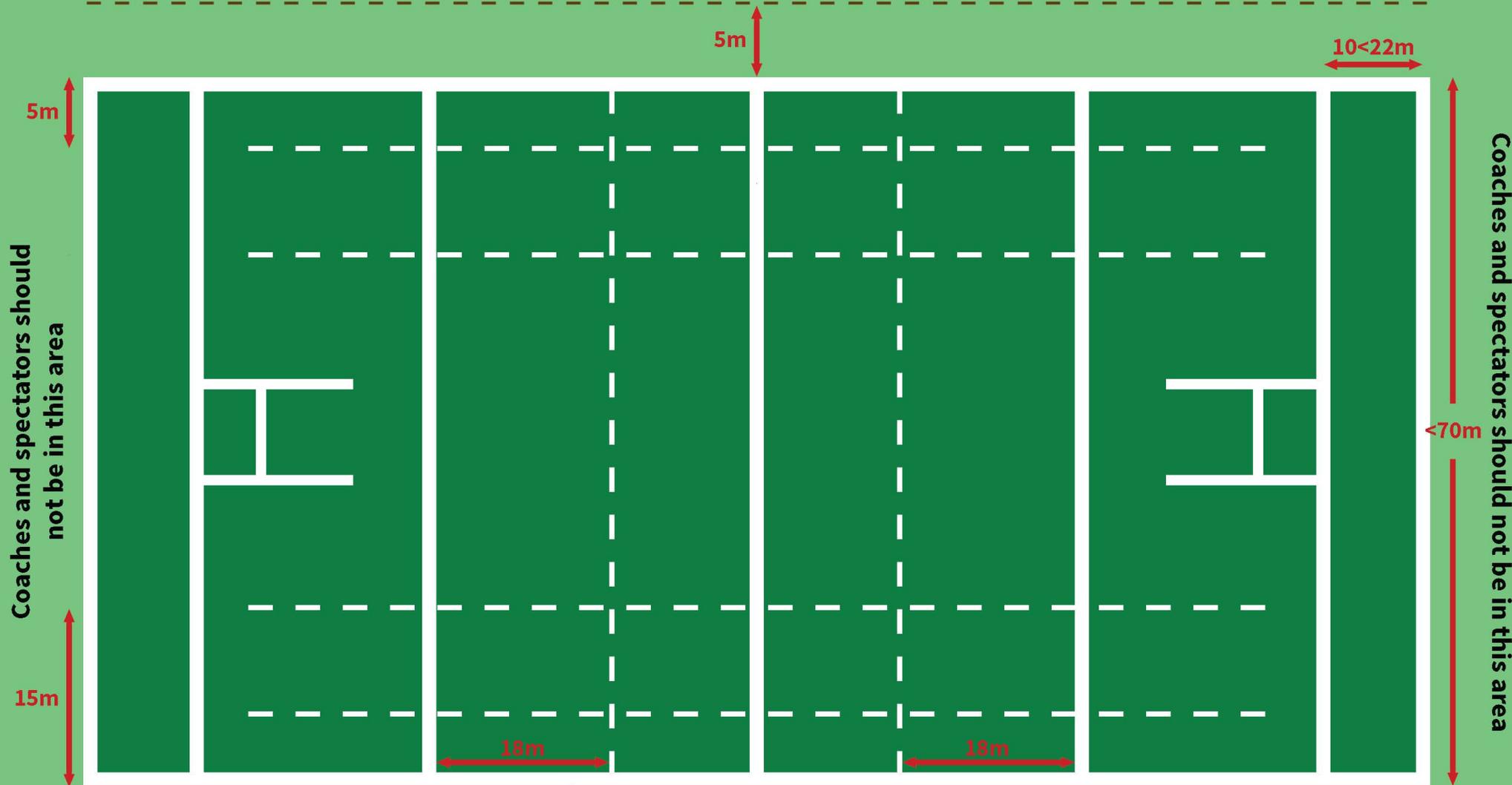
**Please note at USA Rugby National Championships an air horn will sound three times after which all matches must stop immediately and the advice outlined above should be observed.**

### **Appendix A. Lightning Safety Education Resources**

National Weather Service:	<a href="http://www.LightningSafety.noaa.gov">www.LightningSafety.noaa.gov</a>
National Severe Storms Laboratory	<a href="http://www.nssl.noaa.gov/researchitems/lightning.html">www.nssl.noaa.gov/researchitems/lightning.html</a>
National Lightning Safety Institute	<a href="http://www.LightningSafety.com/index.html">www.LightningSafety.com/index.html</a>
National Collegiate Athletic Association	<a href="http://www.ncaa.org/sports_sciences/sports_med_handbook/1d.pdf">http://www.ncaa.org/sports_sciences/sports_med_handbook/1d.pdf</a>
National Athletic Trainer’s Association	<a href="http://www.nata.org/publications/orhterpub/lightning.pdf">http://www.nata.org/publications/orhterpub/lightning.pdf</a>

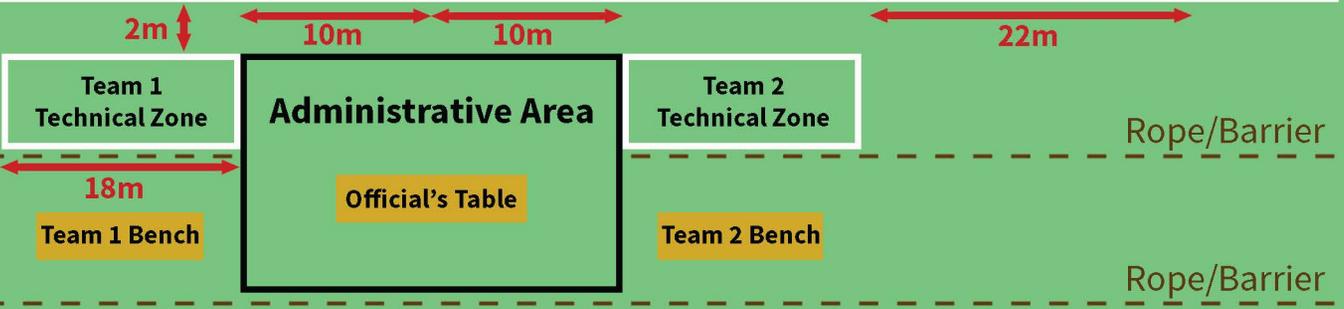
**Spectator Area for both team's spectators**

Rope/Barrier



Coaches and spectators should not be in this area

Coaches and spectators should not be in this area



**Should not have spectators on this side unless in a stadium or secondary ropes are present**

# Player Boundary Requirements

## Club and Player Affiliations:

Clubs currently have set boundaries, based on school district boundary maps, determining which school(s) makes up the club. Players that attend a school that has an affiliation with a rugby club must play for that rugby club. If a player attends a school that has no affiliation with a rugby club, please address the protocol for player boundaries below.

## Home/Charter School Student Eligibility:

- Home schooled students must show proof of enrollment and are eligible to play on a Rugby Idaho team
- Public School Team - If a homeschool/charter student wishes to represent a Rugby Idaho team based on a PUBLIC high school(s), his or her family must live within the attendance boundaries of the public high school(s) where his or her family resides.

## Recruitment Boundaries:

- Teams are high school based. Players are allocated to teams by school.
- Students attending private, charter or alternative schools, and the school does not offer rugby, may represent the school of Joint Residence of the student and the student's parents.
- A team may draw from multiple schools but they must be contiguous. Recruiting boundaries are subject to approval by Rugby Idaho and may change from year to year.
- Once a multi-school team builds a base of players where participation from one school is large enough to sustain a separate team, a new team will be formed as long as there are enough players to sustain the original team.
- Transfers will only be granted in the case of extreme hardship and only after petition and request are received and approved by the Board of Directors. (boundary criteria below)

## Player Boundary Criteria:

Kids will play for the rugby team as follows (in order of priority):

1. The high school they attend currently
2. High school where they play other varsity sports
3. High school boundary where they live
4. If no rugby team in any of the above situations the player can play for the team with the closest practice location
5. If a team chooses to move their practice location that team cannot obtain any existing players, that previously played for a different team, as a result of moving the practice location.
6. If there is a situation, not covered above we will default to IHSAA guidelines

*A player MUST petition to play with a club that is not affiliated with their school. The Board, on an individual basis, will consider player petitions. The board will share the petition with the coach of the affiliated team and must get their approval in addition to board approval. Player petition forms are found at <https://www.rugbyidaho.com/eligibility>*

# Rugby Idaho Concussion Management Plan



January 2026

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## **ATTENTION**

**This concussion management plan is provided for the free and personal use of the public to help school districts or various youth sport organizations comply with Idaho Code Section 33-1625. However, this document does not provide legal advice and is not a substitute for legal advice. Individuals or organizations with compliance concerns are encouraged to consult legal counsel.**

# Section 1: Mandatory Parent/Athlete Meeting

- (a) Prior to the start of each athletic season, a meeting shall be organized by the club director or other appropriate designated official to discuss the topic of concussion in youth sports.
- (b) Each athlete planning on participating in the sport shall attend the meeting with the parent or legal guardian of the athlete.
  - (i) Parents, athletes, and coaches should review the following material and have the opportunity to ask questions:
    - a. The definition of concussion
    - b. Signs and symptoms of the injury
    - c. Tips for prevention of the injury
    - d. Risks associated with continued play with a concussion
    - e. What to do if you suspect someone has sustained a concussion for emergency and non-emergency situations
    - f. The Centers for Disease Control and Prevention (CDC) 4 step action plan:
      - 1. Remove suspected injured athletes from play.
      - 2. Ensure the athlete is evaluated right away by an appropriate health care professional.
      - 3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion.
      - 4. Allow the athlete to return to sport only with permission from a health care professional with experience in evaluating concussion.
    - g. Any additional concussion resources provided to parents, athletes, and coaches
- (c) **Required Parent/Guardian Written Consent Form**
  - (i) Prior to beginning practice the athlete and the athlete's parent or guardian must receive and sign a "Parent/Guardian Written Consent Form" regarding concussion in youth sports. This form is an acknowledgement by the parent and athlete that they have received the education detailed under subsection (3) of section 33-1625, Idaho Code, that they understand the material and have had an opportunity to ask questions.
    - a. Parent/Guardian Written Consent forms should be kept on file for no less than seven (7) years by Rugby Idaho.

## Section 2: Biennial Concussion Training

### *Athletic Trainers, Coaches, & Staff*

- (a) Coaches & Staff:
  - (i) All coaches and staff must receive online concussion training upon hire and biennially thereafter.
    - a. Completion of the Idaho Concussion Training Course provided by the Idaho High School Activities Association and the St. Luke's Sports Medicine Concussion Clinic shall satisfy this requirement.
  - (ii) The course can be found at the following link:  
<https://www.stlukesonline.org/apps/concussion-education>
  - (iii) Evidence of training must be kept on file by Rugby Idaho.
- (b) Athletic trainers:
  - (i) All athletic trainers employed by the organization must receive online concussion training upon hire and biennially thereafter.
    - a. Athletic trainers must complete the St. Luke's Concussion Training Course that can be found at the following link: <https://www.stlukesonline.org/concussioneducation>
  - (ii) Evidence of training must be kept on file by Rugby Idaho.

## Section 3: Removal from Play Strategy

### *Coaches & Non-Medical Staff*

#### **STEP 1: REMOVE FROM PLAY**

If at any time it is suspected an athlete has sustained a concussion during practice or game play, the youth athlete shall be immediately removed from play and not be allowed to return to sport the same day. Once removed an athlete shall not be allowed to return to sport until authorized to return by a qualified health care professional.

**Please Note:** Most athletes who experience concussion will exhibit any one or more of a variety of symptoms. A loss of consciousness is **NOT** always present. Headache is the most common symptom, but not all athletes experience concussion in the same way. Symptoms of a concussion may not be evident until several minutes or hours later. The severity of the symptoms will also vary along with their duration. The following are a list of possible common signs and symptoms:

 <b>Observable Signs</b>	 <b>Reported Symptoms</b>
<p>Can't recall events prior to or after a hit or fall</p> <p>Appears dazed or stunned</p> <p>Moves clumsily</p> <p>Answers questions slowly</p> <p>Loses consciousness (even briefly)</p> <p>Shows mood, behavior, or personality changes</p> <p>Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent</p>	<p>Headache or "pressure" in the head</p> <p>Nausea or vomiting</p> <p>Balance problems or dizziness</p> <p>Double or blurry vision</p> <p>Bothered by light or noise</p> <p>Feeling sluggish, hazy, foggy, or groggy</p> <p>Confusion, or concentration or memory problems</p> <p>Just not "feeling right" or "feeling down"</p>

## **STEP 2: MONITOR**

Continue monitoring the athlete for other signs and symptoms, as well as for symptom severity. If the athlete is experiencing any of the below signs, the parents or guardians of the athlete may want to transport the athlete to the nearest emergency room. In the absence of a parent or guardian, or when in doubt about what action to take, **call 911 immediately**.

1. Headache that gets worse or does not go away
2. Weakness, numbness, or decreased coordination
3. Slurred speech
4. Looks very drowsy or cannot be awakened
5. Cannot recognize people or places
6. Is getting more and more confused, restless, or agitated

## **STEP 3: IS THERE AN EMERGENCY?**

If the condition of the athlete continues to deteriorate or if an athlete exhibits **ANY** of the below signs, **call 911 immediately and launch your organization's emergency action plan:**

1. Repeated vomiting or nausea.

2. Has one pupil (the black part in the middle of the eye) larger than the other.
3. Experiences convulsions or seizures.
4. Prolonged loss of consciousness (*a brief loss of consciousness should be taken seriously, and the person should be carefully monitored*).

#### **STEP 4: ENSURE ATHLETE RECEIVES A MEDICAL EVALUATION**

If not an emergency, ensure the injured athlete is evaluated by a proper medical professional. **DO NOT** try to judge the seriousness of the injury yourself. Coaches should seek assistance from the site athletic trainer or other appropriate medical personnel if available at a competition, and should always seek the assistance from an appropriate medical provider when an injury occurs at practice. **If a medical provider is not available on site, ensure that the parents or guardians of the athlete follow-up with an appropriate medical provider.**

#### **STEP 5: COMMUNICATE**

Contact the athlete's parents or guardians as soon as possible to inform them of the potential injury and provide them a factsheet on concussion available online by the Centers for Disease Control and Prevention. Communicate the injury to your organization's director or other appropriate personnel in a timely fashion.

# Section 4: Removal from Play Strategy

## *Athletic Trainers or Other Appropriate Medical Providers*

### **ATTENTION**

**Only individuals deemed a “qualified health care professional” under subsection (6) of section 33-1625, Idaho Code, may provide medical clearance for an athlete to return to play following a possible concussion. A qualified healthcare professional must meet two (2) criteria. The medical professional must be trained in the evaluation and management of concussions, AND must be one of the following:**

- (a) A physician or physician assistant licensed under chapter 18, title 54, Idaho Code;**
- (b) An advanced practice nurse licensed under section 54-1409, Idaho Code (a school nurse may not necessarily be an advanced practice nurse); or**
- (c) A licensed healthcare professional trained in the evaluation and management of concussions who is supervised by a directing physician who is licensed under chapter 18, title 54, Idaho Code (such as an Idaho Certified Athletic Trainer)**

*The following strategy (Section 4) is only intended for use by individuals deemed a qualified healthcare professional. If an individual is not a qualified healthcare professional, please use the removal from play strategy in Section 4.*

### **STEP 1: REMOVE FROM PLAY**

If at any time it is **suspected** an athlete has sustained a concussion, the youth athlete shall be **immediately removed from play**. No same day return to sport.

### **STEP 2: MONITOR**

Continue monitoring the athlete for other signs and symptoms, as well as for symptom severity. If the athlete is experiencing any of the below signs, the parents or guardians of the athlete may want to transport the athlete to the nearest emergency room. In the absence of a parent or guardian, or when in doubt about what action to take, **call 911 immediately**.

1. Headache that gets worse or does not go away
2. Weakness, numbness, or decreased coordination
3. Slurred speech
4. Looks very drowsy or cannot be awakened
5. Cannot recognize people or places

6. Is getting more and more confused, restless, or agitated

### **STEP 3: IS THERE AN EMERGENCY?**

If the condition of the athlete continues to deteriorate, or if an athlete exhibits **ANY** of the below signs, **call 911 immediately and launch your club's emergency action plan:**

1. Repeated vomiting or nausea.
2. Has one pupil (the black part in the middle of the eye) larger than the other.
3. Experiences convulsions or seizures.
4. Prolonged loss of consciousness (*a brief loss of consciousness should be taken seriously, and the person should be carefully monitored*).

### **STEP 4: SIDELINE EVALUATION**

If it is determined the situation is not an emergency, the medical provider may choose to use simple sideline cognitive tests to determine whether or not the athlete has any cognitive deficits.

- (a) A medical provider may choose to forego sideline cognitive testing if, in their best judgment, they feel the athlete is concussed. In this instance proceed to step 5.
- (b) Sideline tests include the latest version of the Sports Concussion Assessment Tool (SCAT), the Standardized Assessment of Concussion (SAC) or other standardized tools for sideline cognitive testing used with appropriate training.
  - (i) If the athlete has no cognitive or other identifiable deficits, it is reasonable for the individual to conclude a concussion did not occur and that it is safe for the athlete to return to sport after 24 hours. In this instance the individual may forego the remainder of this strategy, as well as section (6) and section (7) of this management plan.
  - (ii) If the athlete is experiencing cognitive or other identifiable deficits, proceed to step 5.

 <b>Observable Signs</b>	 <b>Reported Symptoms</b>
<p>Can't recall events prior to or after a hit or fall</p> <p>Appears dazed or stunned</p> <p>Moves clumsily</p> <p>Answers questions slowly</p> <p>Loses consciousness (even briefly)</p> <p>Shows mood, behavior, or personality changes</p> <p>Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent</p>	<p>Headache or "pressure" in the head</p> <p>Nausea or vomiting</p> <p>Balance problems or dizziness</p> <p>Double or blurry vision</p> <p>Bothered by light or noise</p> <p>Feeling sluggish, hazy, foggy, or groggy</p> <p>Confusion, or concentration or memory problems</p> <p>Just not "feeling right" or "feeling down"</p>

## STEP 5: COMMUNICATE WITH PARENT/GUARDIAN

Contact the athlete's parents or guardians as soon as possible to inform them of the injury and give them the fact sheet on concussion provided online by the Centers for Disease Control and Prevention. Discuss the content of the factsheet and answer any questions or concerns the parent or guardian may have. Provide written and verbal home and follow-up care instructions.

- (a) In the event an athlete's parents or guardians cannot be reached and the athlete is able to be sent home, the athletic trainer, coach, or other appropriate personnel should ensure the athlete will be with a responsible adult capable of monitoring the athlete and who understands the home care instructions before allowing the athlete to go home.

Additional steps to take are:

- (i) Continue efforts to reach the parents or guardians.
- (ii) If there is any question about the status of the athlete, or if the athlete is not able to be monitored appropriately, the athlete should be referred to the emergency department for evaluation. A coach, athletic trainer, or other appropriate personnel should accompany the athlete and remain with the athlete until the parents or guardians arrive.

**(iii) Athletes with suspected concussions should not be permitted to drive home.**

## Section 5: Return-to-Learn Strategy

- (a) Under subsection (7) of section 33-1625, Idaho Code it reads “Students who have sustained a concussion and return to school may need informal or formal accommodations, modifications of curriculum, and monitoring by a medical or academic staff until the student is fully recovered. A student athlete should be able to resume all normally scheduled academic activities without restrictions or the need for accommodation prior to receiving authorization to return to play by a qualified health care professional as defined in subsection (6) of this section.
- (b) The athletic trainer, school nurse, school counselor or other appropriate designated school administrator shall communicate and collaborate with the athlete, parents or guardians of the athlete, coaches, teachers and any necessary and pertinent outside medical professionals of the athlete, to create a plan that will support the athlete’s academic and personal needs while symptomatic.
- (i) Supporting a student recovering from a concussion requires a collaborative approach among school professionals, health care providers, parents or guardians of the athlete, as well as the athlete themselves, as s/he may need accommodations during recovery. Keep in mind that the accommodations that worked for one athlete may not work for another.
- (ii) If symptoms persist, accommodations for the student such as a 504 plan may be pertinent. A 504 plan is implemented when students have a disability (temporary or permanent) that affects their performance in any manner. Services and accommodations for students may include environmental adaptations, curriculum modifications, and behavioral strategies. The decision to implement a 504 plan should be arrived at through collaboration of all parties involved.
- (iii) Students may need to limit activities while they are recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms (such as headache or tiredness) to reappear or get worse. Students who return to school after a concussion may need to:
- a. Take rest breaks as needed
  - b. Initially, spend fewer hours at school (\*\* a complete absence from the school environment for more than one week is not generally recommended)
  - c. Be given more time to take tests or complete assignments
  - d. Receive help with schoolwork
  - e. Reduce time spent on the computer, reading, or writing
- (iv) It is normal for students to feel frustrated, sad, and even angry because they cannot return to recreation or sports right away, or cannot keep up with their schoolwork. A student may also feel isolated from peers and social networks. Talk with the student about these

issues and offer support and encouragement. As the student's symptoms decrease, the extra help or support can be removed gradually as decided on by the team involved.

- (c) As the athlete returns to academic and athletic activities the athletic trainer, school nurse, school counselor or other appropriate school personnel shall follow-up with the athlete periodically to ensure symptoms are decreasing, have been eliminated and have not returned, or to address any additional concerns of the athlete and the athlete's parents or guardians, and to adjust the academic and return to school strategy for the athlete if needed until the athlete has been fully reintegrated into normal academic activities.
- (d) The following 4-step progression is available as a general guideline for the athlete, the parents or guardians of the athlete, medical providers, and school professionals to reference for return to school purposes.
- (e) Return to learn and the first three steps of the return to sport strategy may occur simultaneously.

## Graduated Return-to-Learn Strategy

Following an initial period of relative rest (**maximum of 24-48 hours**), students can begin a gradual and incremental increase in their cognitive load. Progression through the strategy for students should be slowed when there is more than a mild and brief symptom exacerbation (worsening). *\*See asterisk below.*

**The Return-to-Learn strategy is an individualized process. The graph below is a general example and may not apply to every student.**

Step	Mental Activity	Activity at Each Step	Goal
<b>1</b>	Daily activities that do not result in more than a mild exacerbation* of symptoms related to the current concussion	Typical activities during the day (e.g., reading, social interactions, light walking) while minimizing screen time. Start with 5-15 minutes at a time and increase gradually.	Gradual return to typical activities
<b>2</b>	School activities with encouragement to return to school as soon as possible (as tolerated)	Homework, reading, or other cognitive activities at school or at home. <b>A complete absence from the school environment for more than one week is not generally recommended.</b>	Increase tolerance to cognitive work and connect socially with peers
<b>3</b>	Part-time or full days at school with academic accommodations as needed	Gradual introduction of schoolwork. May need to start with a partial school day or with greater access to rest breaks during the day.	Increase academic activities
<b>4</b>	Return to school full-time	Gradually progress in school activities until a full day can be tolerated without more than mild* symptom exacerbation.	Return to full academic activities and catch up on missed work

*Sources: Patricios JS, et al. Br J Sports Med 2023;57:695-711. doi:10.1136/bjsports-2023-106898. Reed N, Zemek R, et al. Living Guideline for Pediatric Concussion Care. doi:10.17605/OSF.IO/3VWV9*

\*Mild and brief exacerbation of symptoms is defined as an increase of no more than 2 points on a 0–10 point scale (with 0 representing no symptoms and 10 the worst symptoms imaginable) for less than an hour when compared with the symptoms reported prior to cognitive activity or physical exertion.

## Section 6: Return to Sport Strategy

### *Athletic Trainers or Other Appropriate Medical Providers*

#### **ATTENTION**

**Only individuals deemed a “qualified health care professional” under subsection (6) of section 33-1625, Idaho Code, may provide medical clearance for an athlete to return to play following a possible concussion. A qualified healthcare professional must meet two (2) criteria. The medical professional must be trained in the evaluation and management of concussions, AND must be one of the following:**

- (a) A physician or physician assistant licensed under chapter 18, title 54, Idaho Code;**
- (b) An advanced practice nurse licensed under section 54-1409, Idaho Code (a school nurse may not necessarily be an advanced practice nurse); or**
- (c) A licensed healthcare professional trained in the evaluation and management of concussions who is supervised by a directing physician who is licensed under chapter 18, title 54, Idaho Code (such as an Idaho Certified Athletic Trainer).**

*The following return to play process (Section 6) is only intended for use by individuals deemed a qualified healthcare professional. If an individual is not a qualified healthcare professional, the athlete must be referred to a medical professional who is deemed qualified to provide medical clearance for concussion injuries under Idaho law.*

**(a) Return to learn and the first three steps of the return to sport strategy may occur simultaneously.**

- (b) An athlete cleared to play by a qualified medical professional only provides clearance for the athlete to begin the stepwise return to sport strategy as set forth in section (d) below, unless the athlete has been directed through the stepwise return to sport progression by the outside medical provider(s) prior to being cleared. Administrators, coaches and parents must act reasonably and to the best of their ability to ensure an athlete is cleared by a proper medical provider experienced in the evaluation and management of concussion pursuant to subsection (6) of section 33-1625, Idaho Code.
  - (i) Clearance by a medical provider must be in written form and kept on file with Rugby Idaho for no less than seven (7) years.

- (c) If at any time, the athletic trainer or other qualified medical personnel feel the injury is beyond their expertise, scope of practice or comfort level, then the athlete shall be referred to a qualified health care professional trained in the evaluation and management of concussion for treatment and management of the injury.
  - (i) It is the responsibility of the athletic trainer or other on-site medical personnel to ensure that proper and sufficient communication takes place with any/all outside medical professionals to ensure medical providers have all pertinent medical information, are accurately informed of the details and severity of the injury, and that the medical provider receiving the referral is qualified to evaluate and manage concussions.
  
- (d) The return of an athlete to play shall be done in a stepwise fashion in accordance with the recommended return to sport strategies of the CDC and the NFHS. Proper instruction and supervision of an outside medical provider should be used if necessary. A parent or legal guardian should supervise each step of the return to sport process and should communicate regularly with coaches of the athlete to inform them of the athlete's progress.
  - (i) Each step of the return-to-sport strategy should take a minimum of 24 hours.

**The athlete should not be released for full Return to Sport unless they have resumed all normally scheduled academic activities without restrictions or the need for accommodations prior to receiving authorization to Return to Sport by a qualified healthcare professional as defined in subsection (6) of section 33-1625, Idaho code.**

Graduated Return-to-Sport Strategy			
Step	Exercise Strategy	Activity at Each Step	Goal
Athletes may begin Step 1 (i.e., symptom-limited activity) within 24 hours of injury, with progression through <b>each subsequent step typically taking a <u>minimum</u> of 24 hours.</b>			
1	Symptom-limited activity	Daily activities that do not exacerbate symptoms (e.g., walking).	Gradual reintroduction of work/school
If more than mild exacerbation of symptoms (i.e., more than 2 points on a 0–10 scale) occurs during Steps 1–3, the athlete should stop and attempt to exercise the next day.			
2	Aerobic exercise <b>2a.</b> Light (up to approx. 55% max HR) <b>then</b> <b>2b.</b> Moderate (up to approx. 70% max HR)	Stationary cycling or walking at slow to medium pace.  May start light resistance training that does not result in more than mild and brief exacerbation* of concussion symptoms.	Increase heart rate
If more than mild exacerbation of symptoms (i.e., more than 2 points on a 0–10 scale) occurs during Steps 1–3, the athlete should stop and attempt to exercise the next day.			
3	Individual sport-specific exercise	Sport-specific training away from the team environment (e.g., running, change of direction and/or individual training drills away from the team environment).  <b>No activities at risk of head impact.</b>	Add movement and change of direction
<b>Following authorization by your physician, Steps 4–6 should begin <u>after</u> the resolution of any signs and symptoms related to the current concussion, including during and after physical exertion.</b>			
Athletes experiencing concussion-related signs/symptoms during Steps 4–6 should return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities.			
4	Non-contact training drills	Exercise to high intensity including more challenging training drills (e.g., passing drills, multiplayer training), can integrate into a team environment.	Resume usual intensity of exercise, coordination, and increased thinking (activity-related cognitive skills)
5	Full contact practice	Following medical clearance, participate in normal training activities.	Restore confidence and assess functional skills by coaching staff
If symptoms re-emerge with this level of exertion, then return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities. <b>If the student remains symptom free for 24 hours after this level of exertion, then proceed to the next stage <u>with medical clearance via the Rugby Idaho Return to Participation Medical Release form.</u></b>			
6	Return to sport	Normal game play.	Fully back to sport

Sources: Patricios JS, et al. *Br J Sports Med* 2023;57:695-711. doi:10.1136/bjsports-2023-106898. Reed N, Zemek R, et al. *Living Guideline for Pediatric Concussion Care*. doi:10.17605/OSF.IO/3VWVN9

\*Mild and brief exacerbation of symptoms is defined as an increase of no more than 2 points on a 0–10 point scale (with 0 representing no symptoms and 10 the worst symptoms imaginable) for less than an hour when compared with the symptoms reported prior to cognitive activity or physical exertion.