

**Connecticut State Department of Education (CSDE)  
and the  
Connecticut Interscholastic Athletic Conference (CIAC)  
2023-24 Concussion and Head Injury Annual Review for Coaches  
Required for all School Coaches in Connecticut**

This document was developed to provide coaches with an annual review of current and relevant information regarding concussions and head injuries. It includes guidance from the 2017 Concussion in Sport Group Consensus Statement from the 5<sup>th</sup> international Conference on Concussion in Sport that was developed to provide further understanding and management of sports-related concussions.

In addition to reviewing this document, the annual review must include one of the following prescribed resources:

- Centers for Disease Control and Prevention (CDC) Heads Up Concussion in Youth Sports training course: <https://www.cdc.gov/headsup/youthsports/training/index.html> or
- National Federation of State High School Associations (NFHS) concussion training course: <https://nfhslearn.com/courses/concussion-in-sports-2>.

This form is to be completed annually and kept on file prior to commencing a coaching assignment for school athletics in accordance with [Section 10-149b](#) of the Connecticut General Statutes (C.G.S.), *Concussions: Training courses for coaches. Education plan. Informed consent form. Development or approval by State Board of Education. Revocation of coaching permit.*

**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 rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells.” (CDC, 2021).*

**Section 1. Concussion Education Plan Summary**

The Concussion Education Plan and Guidelines for Connecticut Schools was approved by the Connecticut State Board of Education in January 2015. Below is an outline of the requirements of the Concussion Education Plan. The complete document is accessible on the CSDE website at <http://portal.ct.gov/SDE/Publications/Concussion-Education-Plan-and-Guidelines-for-Connecticut-Schools>.

[C.G.S. Section 10-149b\(c\)](#) requires that each local and regional board of education must approve and then implement a Concussion Education Plan by using written materials, online training or videos, or in-person training that addresses, at a minimum, the following:

1. the recognition of signs or symptoms of a concussion;
2. the means of obtaining proper medical treatment for a person suspected of sustaining a concussion;
3. the nature and risks of concussions, including the danger of continuing to engage in athletic activity after sustaining a concussion;
4. the proper procedures for allowing a student-athlete who has sustained a concussion to return to athletic activity; and
5. current best practices in the prevention and treatment of a concussion.

**Section 2. Signs and Symptoms of a Concussion: Overview**

A concussion should be suspected if any one or more of the following signs or symptoms are present following an impact or suspected impact as described in the CDC definition above.

**Signs of a concussion may include (i.e., what the athlete displays/looks like to an observer):**

- Confusion/disorientation/irritability
- Trouble resting/getting comfortable
- Lack of concentration
- Slow response/drowsiness
- Incoherent/slurred speech
- Slow/clumsy movements
- Loss of consciousness
- Amnesia/memory problems
- Acts silly, combative or aggressive
- Repeatedly asks the same questions
- Dazed appearance
- Restless/irritable
- Constant attempts to return to play
- Constant motion
- Disproportionate/inappropriate reactions
- Balance problems

**Symptoms of a concussion may include (i.e., what the athlete reports):**

- Headache or dizziness
- Nausea or vomiting
- Blurred or double vision
- Oversensitivity to sound/light/touch
- Ringing in ears
- Feeling foggy or groggy

State law requires that a coach **MUST** immediately remove a student-athlete from participating in any intramural or interscholastic athletic activity who: a) is observed to exhibit signs, symptoms or behaviors consistent with a concussion following an observed or suspected blow to the head or body; or b) is diagnosed with a concussion, regardless of when such concussion or head injury may have occurred. **Upon removal of the athlete, a qualified school employee (principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach or school paraprofessional) must notify the parent or legal guardian within 24 hours that the athlete has experienced a head injury and has exhibited signs and symptoms of a concussion.**

**Section 3. Return to Play (RTP) Protocol Overview**

It is impossible to accurately predict how long an individual’s concussion will last. There must be full recovery before a student-athlete is allowed to resume participating in athletic activity. Connecticut law now requires that no athlete may resume participation until that athlete has received written medical clearance from a licensed health care professional (physician, physician assistant, advanced practice registered nurse (APRN), athletic trainer) trained in the evaluation and management of concussions.

**Concussion Management Requirements:**

1. No athlete shall return to participation in the athletic activity on the same day of a head injury or concussion.
2. If there is any loss of consciousness, vomiting or seizures, the athlete **MUST** be transported immediately to the hospital.
3. The athlete should not be left alone after the injury. Close observation and monitoring of an athlete **MUST** continue following a concussion or head injury to ensure that there is no worsening/escalation of symptoms.
4. Any athlete with signs or symptoms related to a concussion **MUST** be evaluated by a licensed health care professional (physician, physician assistant, advanced practice registered nurse (APRN), athletic trainer) trained in the evaluation and management of concussions.
5. The athlete **MUST** obtain an initial written clearance from one of the licensed health care professionals identified above directing the athlete into a well-defined RTP stepped protocol similar to the one outlined below. If at any time signs or symptoms return during the RTP progression, the athlete should cease activity.
6. After the RTP protocol has been successfully administered (no longer exhibits any signs or symptoms or behaviors consistent with concussions), final written medical clearance is required by one of the licensed health care professionals identified above for the athlete to fully return to unrestricted participation in practices and competitions.

**Medical Clearance RTP protocol (There should be at least 24 hours for each step of the progression)**

Stage	Rehabilitation steps/Aim	Functional exercise at each step of rehabilitation/Activity	Goal of each step
0	It is recommended that an initial period of 24 – 48 hours of both relative physical rest and cognitive rest is achieved before beginning the RTP progression identified in Stages one through six below (McCrary, P. et al., 2017). If at any time signs or symptoms should worsen during the RTP progression, the athlete should stop activity that day. If the symptoms are gone the next day, the athlete may resume the RTP progression at the last step completed in which no symptoms were present. If symptoms persist, the athlete should be referred to a healthcare professional who is an expert in the management of concussions.		
1	Symptom-limited activity	Daily activities that do not provoke symptoms	Gradual reintroduction of work/school activities
2	Light aerobic exercise	Walking or stationary cycling at slow to medium pace; No resistance training	Increase heart rate
3	Sport-specific exercise. No contact	Jogging, brief running or skating drills; No head impact activities	Add movement
4	Non-contact training drills	Harder trainer drills (e.g., ball/puck/baton passing drills); May start progressive resistance training	Exercise, coordination and increased thinking/concentration
5	Full contact practice	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6	Return to sport	Normal game play	Return to full athletic participation

