

USTA CONCUSSION POLICY ESTABLISHED



It is the purpose of the United States Trampoline and Tumbling Association (USTA), to promote amateur sports and we wish our members/participants who participate to do so in a manner that provides reasonable safety for their well-being.

The events and activities that are authorized by USTA are run by Local Host(s), local organizing committee(s), and/or member clubs. Athletic activities involve risks and dangers of injury and accidents may occur sometimes without fault. Available medical assistance may vary from venue to venue. The USTA recognizes that the potential for harm from concussions is a serious matter. While some accidents and even concussions may occur, the basis for the USTA's Concussion Policy is based upon trying to limit the potential harm, which could result from continued participation after such an injury.

We have therefore established this Concussion Policy for and on behalf of the USTA, which is as follows: Where there is reasonable cause to believe that a concussion may have occurred, such participant shall not be allowed to continue his/her participation in a USTA authorized event/activity without a medical release to resume such participation.

The USTA recommends all of its coaches, and other non-athlete members working with youth athletes avail themselves to the Center for Disease Control's (CDC) Head's Up program.



Forty-three states now have laws governing sports organizations and responsibility relative to concussion. It is important that we educate our members on this matter.

Coaches and other club leaders can take a free on-line course that will provide important information in the recommendation and decision-making in handling situations that may involve concussion injuries. This course will only take approximately 30 minutes of your day. The CDC also has downloadable handouts for athletes and their parents. You can visit www.cdc.gov.

[CONCUSSION SYMPTON CHECKLIST]

Signs and symptoms of concussion generally fall into four categories: somatic, cognitive, affective, and sleep.

SOMATIC

- " Headache
- " Dizziness
- " Balance disruption
- " Nausea/Vomiting
- " Visual disturbances (photophobia, blurry/double vision)
- " Phonophobia

COGNITIVE

- " Confusion
- " Anterograde amnesia
- " Loss of consciousness
- " Disorientation
- " Feeling mentally foggy+
- " Vacant stare
- " Inability to focus
- " Delayed verbal and motor responses
- " Slurred/incoherent speech
- " Excessive drowsiness

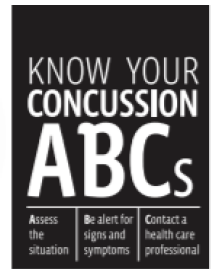
AFFECTIVE

- " Emotional lability
- " Irritability
- " Fatigue
- " Anxiety
- " Sadness

SLEEP

- " Trouble falling asleep
- " Sleeping more than usual
- " Sleeping less than usual

Concussion Signs and Symptoms Checklist



Student's Name: _____ **Student's Age:** _____ **Date/Time of Injury:** _____

Where and HOW Injury Occurred: *(Be sure to include cause and force of the hit or blow to the head.)* _____

Description Of Injury: *(Be sure to include information about any loss of consciousness and for how long, memory loss, or seizures following the injury, or previous concussions, if any. See the section on Danger Signs on the back of this form.)*

DIRECTIONS

Use this checklist to monitor students who come to you with a head injury. Students should be monitored for a minimum of 30 minutes. Check for signs or symptoms when the student is first injured, fifteen minutes later, and at the end of 30 minutes.

Students who experience one or more of the signs or symptoms of concussion after a bump, blow, or jolt to the head should be referred to a health care professional with experience in evaluating for concussion. For those instances when a parent is coming to take the student to a health care professional, observe the student for any new or worsening symptoms right before the student leaves. Send a copy of this checklist with the student for the health care profession to review.

To download this checklist in Spanish, please visit: www.cdc.gov/Concussion.
Para obtener una copia electronica de esta lista de sintomas en espanol pro favor visite: www.cdc.gov/Concussion.

OBSERVED SIGNS	0 MINUTES	15 MINUTES	30 MINUTES	Just prior to leaving
Appears dazed or stunned				
Is confused about events				
Repeats questions				
Answers questions slowly				
Can't recall events <i>prior</i> to the hit, bump or fall				
Can't recall events <i>after</i> the hit, bump or fall				
Loses consciousness (even briefly)				
Shows behavior or personality changes				
Forgets class schedule or routine				
PHYSICAL SYMPTOMS				
Headache or pressure in head				
Nausea or vomiting				
Balance problems or dizziness				
Fatigue or feeling tired				
Blurry or double vision				
Sensitivity to light				
Sensitivity to noise				
Numbness or tingling				
Does not feel right				
COGNITIVE SYMPTOMS				
Difficulty thinking clearly				
Difficulty concentrating				
Difficulty remembering				
Feeling more slowed down				
Feeling sluggish, hazy, foggy, or groggy				
EMOTIONAL SYMPTOMS				
Irritable				
Sad				
More emotional than usual				
Nervous				

Danger Signs

Be alert for symptoms that worsen over time. The student should be seen in an emergency department right away if s/he has:

- ☐ One pupil (the black part in the middle of the eye) larger than the other
- ☐ Drowsiness or cannot be awakened
- ☐ A headache that gets worse and does not go away
- ☐ Weakness, numbness, or decreased coordination
- ☐ Repeated vomiting or nausea
- ☐ Slurred speech
- ☐ Convulsions or seizures
- ☐ Difficulty recognizing people or places
- ☐ Increasing confusion, restlessness or agitation
- ☐ Unusual behavior
- ☐ Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Additional Information About This Checklist:

This checklist is also useful if a student appears to have sustained a head injury outside of school or on a previous day. In such cases, be sure to ask the student about possible sleep symptoms. Drowsiness, sleeping more or less than usual, or difficulty falling asleep may indicate a concussion.

To maintain confidentiality and ensure privacy, this checklist is intended only for use by appropriate employee professionals, health care professionals, and the student's parent(s) or guardian(s).

For a free tear-off pad with additional copies of this form, or for more information on concussion, visit: www.cdc.gov/Concussion.

Resolution of Injury:

- ☐ **Student returned to class**
- ☐ **Student sent home**
- ☐ **Student referred to health care professional with experience in evaluation for concussion**

SIGNATURE OF EMPLOYEE PROFESSIONAL COMPLETING THIS FORM: _____

TITLE: _____

COMMENTS:

* For more information on concussion and to order additional materials for professionals FREE-OF-CHARGE, visit: www.cdc.gov/Concussion.

