

GEORGIA RETURN TO PLAY ACT (2013)

INTERSCHOLASTIC RULES and the GEORGIA CONCUSSION COALITION

1. The Georgia High School Association follows the rules and procedures published by the **National Federation of State High School Associations**. For over 30 years the NFHS Football Rules Book has emphasized the importance of “getting the head out of football”.
 - a. In **2007**, the NFHS worked with the National Athletic Trainers Associations to distribute more than 16,000 DVDs entitled “Heads Up – Reducing the Risk of Head and Neck Injuries”
 - b. In **2010**, the NFHS published a set of protocols for concussion management, and distributed a free, on-line coaches’ education course on concussion management that was directed by Dr. Michael Koester, a medical doctor from Oregon who specializes in the treatment of head injuries.

2. In 2011 the **Georgia Concussion Coalition** was formed with over 80 members to discuss and to formulate concepts that would hopefully become a Georgia statute.
 - a. The **members** of the GCC included people from a variety of medical fields, people from athletic administration, people representing child advocacy groups, and representative of the Falcons and the NFL.
 - b. As a member of the GCC, I lobbied hard to build the conceptual framework based on the **NFHS protocols** that were already in place with GHSA sports.
 - c. The GCC contacted legislators to introduce a concussion bill in 2012, but it did not get traction. In the 2013 session of the Georgia General Assembly, **Representative Pruett** sponsored the bill that passed and was signed by Governor Deal.

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1. **Coverage Umbrella:**
 - a. All public and private schools that offered athletic competitions
 - b. All public recreation facilities that offered athletic competitions
 - c. All participants in athletic competitions from ages 7-19
 - d. EXCLUSION: Colleges and universities, school PE classes, and church leagues were strongly encouraged to follow the law, but were not mandated to do so.
2. **Educational Requirements:**
 - a. Provide information to parents about the nature and risks of concussions/head injuries as the start of each season
 - b. Establish education courses as endorsed by the Dept. of Public Health that focused on recognizing concussion symptoms - These courses were required for all coaches within the coverage umbrella.
3. **Administrative Requirements:**
 - a. Establish policies on concussion management and return to play protocols
 - i. Remove any player showing symptoms of a head injury immediately from practices and games
 - ii. A removed player may not return to play that day until an "approved health care provider" has evaluated the player and has definitely ruled out the occurrence of a concussion
 - iii. MANTRA: "When in doubt, keep him out."
 - iv. Subsequent return to play must occur on a graduated schedule as determined by the health care provider.
 - b. Establish criteria for who may be recognized as approved health care providers
 1. Licensed physicians
 2. Nurse Practitioners and Physician's Assistants under the supervision of a licensed physician
 3. A certified athletic trainer
 4. AND - All of these health care professional must have received some training in recognizing and treating concussion injuries

GHSB PROTOCOL [BY-LAW 2.68]

1. Coaches and officials are trained regularly about their roles in recognizing symptoms of concussions;
2. At all mandatory pre-season clinics, the removal from play and the return to play protocols are stressed to coaches and officials.
3. Coaches in all GHSB sports must take the online NFHS course on concussion management [www.nfhslearn.com] at least once every two years. (There are built-in accountability measures to verify a coach's participation.)
4. Officials do not declare a player to have sustained a concussion when they remove them from play – they simply tell the coach what they observed and tell them to evaluate the player.
5. NOTE: When there is no approved health care provider at a practice or game, the student may not return to play that day.
6. The GHSB provides a standardized information sheet on its web site (www.ghsa.net) that must be distributed by every head coach in all sports at the beginning of each season.
 - a. This information sheet must be signed in duplicate by the parent/guardian and the student – one copy is returned to the school for filing and the other copy is retained by the family
 - b. The information sheet is divided into three parts:
 - i. Part A: "Dangers of Concussion"
 - ii. Part B: "Common Signs/Symptoms of Concussion"
 - iii. Part C: "GHSB By-law 2.68 – the Specified Concussion Policy"

EFFICACY OF THE LAW:

1. [REALITY CHECK] Throughout the process to develop this law, I stressed that there can be **no guarantees** of safety to any participant, but these measures should minimize risks significantly when associated with the teaching of proper athletic techniques [EX: expansive motor vehicle code doesn't do away with all accidents]
2. The problem is more serious at **high school practices** than at games since attention is diffused among more players at the practices, and there are no officials to provide added supervision.
3. The problem is likely to be more serious at levels of athletic competition below high school since there are a wide variety of **youth programs**. Despite the valiant efforts of USA Football and others, there are many coaches and officials who have not received the necessary training in concussion management.

POSSIBLE ENHANCEMENT TO THE LAW

- A. Establish better **accountability procedures for medical professionals** in regard to reporting incidents of concussion and more detailed information gathered in regard to how the concussion was sustained.
 - a. This would include non-emergency clinics, and visits to doctors' offices, etc.
 - b. This needs to go beyond organized athletics into playground and household accidents
 - c. Compile more data about the age of concussion victims and the activities in which they were involved
 - d. NOTE: Anecdotal evidence indicates that some head injuries that occur in non-organized activities are not reported and/or not subjected to the same concussion management protocols as athletic groups
- B. We really need **more scientific data** instead relying on intuitive thinking or common sense
 - a. Why does one player sustain a concussion when engaged in the same type of activity as other players?
 - b. Is there really a cumulative effect leading to a concussion if a player sustains a certain number of "sub-concussive" collisions? [i.e., do we need time limits on contact drills in football?]