



### GENERAL POLICY STATEMENT

It shall be the policy of Iowa Soccer to require that all affiliate member/clubs, parents/legal guardians of youth players, along with all registered youth coaches and adult players be informed on the subject of concussive injury to players and to the best practices available for diagnosis and treatment for this potentially serious medical condition. This policy shall require all members to follow all Federal, State, and local legal requirements including, but not limited to, the removal from play of any player suspected to have had a head injury of any type. This Iowa Soccer policy will remain subservient to any and all future Federal, state, local laws and regulations as well as any established US Youth Soccer and/or the United States Soccer Federation policies.

Iowa Soccer asks parents, coaches, volunteer and paid staff, game officials, and affiliate member/club administrators to be vigilant in the area of player safety for all potentially serious types of injuries, including head, neck, and spine areas. Concussions, also referred to as traumatic brain injuries (TBI), are particularly significant during growth up to and during the teenage years.

It shall be the policy of Iowa Soccer to require that, at the time of registration, all member Affiliates and adult leagues inform the parents and legal guardians of each youth player of the general signs and symptoms of potential concussive injury by visiting the CDC's concussion resource page on their website.

<http://www.cdc.gov/headsup/>

Iowa Soccer and its member Affiliate soccer clubs are united in their dedication to the safety of all players involved in the sport of soccer. Further educational and other reference resources are available on the Iowa Soccer, US Youth Soccer, US Soccer Federation and CDC websites. (Links below)

<http://www.iowasoccer.org/>

<http://www.usyouthsoccer.org/HealthandSafetyResourceCenter/>

<http://www.ussoccer.com/about/recognize-to-recover>

<http://www.cdc.gov/headsup/>

### IMPLEMENTATION

**AFFILIATE MEMBERS/CLUBS:** Strongly encourage your members – players, parents and legal guardians - to observe these policy directives and guidelines. Affiliate Clubs and tournaments are strongly encouraged to review existing current best practices on the reasonable recognition and treatment of all injuries and related medical issues, including emergency plans for handling access and medical



transport, posted emergency information at practice and game sites, training and certification of those staff scheduled to be on site.

At the time of registration, access to concussion awareness information will be made available to coaches, youth players' parents and guardians.

Affiliate members/clubs should inform their coaches of this policy and the "Protocol" and "Notification" guidelines provided on Iowa Soccer website.

**COACHES:** Iowa Soccer *requires* all coaches to complete the CDC's online Heads Up concussion training program for coaches every two years. Access to this course is found on Iowa Soccer's website or by using the link below. After completing the test at the end of the program, please download your certificate, save it to a file and upload it into the provided portal on the risk management page of our website – [www.iowasoccer.org](http://www.iowasoccer.org). You may also download other valuable information on this page which includes Fact Sheet for Coaches and a Clipboard Concussion Information sheet, both valuable resources for your use. Just like our Disclosure Form requirements, the team will not be released to participate until the HEADS UP program certificate is uploaded.

<http://www.cdc.gov/headsup/youthsports/coach.html>

**PARENTS AND LEGAL GUARDIANS:** Iowa Soccer strongly encourages their member parents and legal guardians to take the CDC's online Heads Up concussion training program for parents.

<http://www.cdc.gov/headsup/youthsports/parents.html>

**PLAYERS:** Iowa Soccer strongly encourages their member players to take the CDC's online Heads Up concussion training program for athletes.

<http://www.cdc.gov/headsup/youthsports/athletes.html>

**TOURNAMENTS:** As per US Soccer Federation recommendations, all "major youth tournaments" should have an adequate number of health care providers (HCP) present for and accessible to coaches, referees and athletes as needed during play. For this purpose, a "major youth tournament" is intended to mean:

- (1) A tournament played over multiple days,
- (2) Where age-group-based champions will be determined, and
- (3) In which 64 or more teams (excluding teams U10 and younger) are entered.

The HCP should be a licensed health care professional such as an athletic trainer certified (ATC), or a physician (MD/DO), with a skill set in emergency care and sports medicine injuries and with knowledge and experience related to concussion evaluation and management. Each "major youth tournament"

hosting entity should collaborate and communicate with an HCP, if available, on an overall emergency action plan and discuss the management of environmental injuries, injury prevention, head injury management and return to play matters

## **ASSESSING PLAYERS**

### Games where a HCP is Present

Where an HCP (Health Care Professional) is present at games, any player who sustains a significant blow to the head or body, who complains about or is exhibiting symptoms consistent with having suffered a concussion or is otherwise suspected of having sustained a concussion, must be evaluated on the sideline by the on-site HCP. The on-site HCP will perform SCAT3 or Child SCAT 3, (<http://bjsm.bmj.com/content/47/5/259.full.pdf+html>) as applicable, and modified BESS (<http://knowconcussion.org/wp-content/uploads/2011/06/BESS.pdf>) to evaluate players on the field/sideline. Unless the on-site HCP determines that the player has not suffered a concussion, the player will not be permitted to return to play until the player has successfully completed the graduated RTP protocol described below and has been cleared to RTP by a physician.

(1) No coach shall permit a player who has been removed from a game for a concussion assessment to RTP until cleared to do so by an on-site HCP.

(2) If a coach seeks to allow a player who has been removed from a game for a concussion assessment and who has not been cleared to RTP by the on-site HCP to re-enter the game, the referee shall allow the player to return to the field but shall:

- (a) immediately stop play,
- (b) direct the player to leave the field of play and
- (c) direct the coach to remove the player and select a substitute.

(3) If a coach seeks to allow a player to re-enter the game who been removed from a game for a concussion assessment and who has not been cleared to RTP by the on-site HCP, the referee shall issue a warning to the coach. If a coach persists in seeking to allow such player to re-enter the game after having been issued a warning, the referee shall be entitled to take such other disciplinary measures as are permitted.

### Games and Practices Where No HCP is Present

Where no HCP is present at a game or practice, any player who sustains a significant blow to the head or body, who complains about or is exhibiting symptoms consistent with having suffered a concussion or is otherwise suspected of having sustained a concussion, must be evaluated by an HCP before the player will be allowed to return to practice or play.



(1) No coach shall permit a player who has been removed from a game for a concussion assessment to RTP until cleared to do so by an HCP.

(2) If a coach seeks to allow a player who been removed from a game for a concussion assessment to re-enter the game, the referee shall allow the player to return to the field but shall:

- (a) immediately stop play,
- (b) direct the player to leave the field of play and
- (c) direct the coach to remove the player and select a substitute.

(3) If a coach seeks to allow a player to re-enter the game who been removed from a game for a concussion assessment, the referee shall issue a warning to the coach. If a coach persists in seeking to allow such player to re-enter the game after having been issued a warning, the referee shall be entitled to take such other disciplinary measures as are permitted.

Unless an HCP determines that the player has not suffered a concussion and clears the player to RTP, the player will not be permitted to return to practice or play until the player has successfully completed the graduated RTP protocol described below and has been cleared to RTP by a physician who is specifically trained in concussion management.



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## RETURN TO PLAY (RTP)

Iowa Soccer also **requires** all member youth clubs to implement the “Return to Play” policy that is located on the “Possible Concussion Notification Form” for all suspected head injuries. When any coach or other local affiliate representative or league administrator suspects any player of having received a possible concussion injury, they will report this possibility to the player’s parent or legal guardian using the “Possible Concussion Notification Form” which is located on the Iowa Soccer website. In practice and league play where no athletic trainer is present, the team official/coach is responsible for managing the process. In tournament play and Iowa Soccer sponsored competitions, the Tournament Committee/Director/athletic trainer is responsible for managing the process

The graduated RTP protocol will consist of at least the following steps:

- (1) the player must be symptom free at rest for 24 hours before commencing the protocol;
- (2) the player must be symptom free after moderate activity for 24 hours;
- (3) the player must be symptom free after heavy activity for 24 hours;
- (4) HCP must confirm that the player has completed the RTP process and a physician must make the final RTP decision.

U.S. Soccer recommends that the graduated RTP protocol listed above be followed unless the player has a baseline test and access to a neuropsychologist.

## SUBSTITUTION RULES FOR CONCUSSED PLAYERS

If a player suffers a blow to the head, is suspected of having suffered a concussion or has an apparent head injury during the course of a game, the coach must remove the player from the game for a medical evaluation by a HCP knowledgeable in the diagnosis and management of concussions. If an HCP is not onsite, the parent must be given a “Possible Concussion Notification Form” which informs of the steps that must be completed before the player may be released to play.

A substitution for the evaluation of the concussion/head injury will not count against the team’s total number of allowed substitutions and substitution moments.

If the player with the suspected head injury has received clearance from the HCP to return to the game, the player may re-enter at any stoppage of play.

The evaluated player must replace the original substitute; this medical concussion substitution will NOT count as a substitution or a substitution moment.

The player that was temporarily substituted into the game for the player with the suspected head injury will be considered an available substitute and permitted to re-enter the game as a standard substitute.



Note that any cautions assessed to the substituted player will carry with that player throughout the remainder of the game, any red card to the substitute would apply to the team and the team would be required to utilize a substitution (if available) for the player with the suspected head injury to replace a different player.

U.S. Soccer recommends that, to the extent that clubs/leagues do not allow unlimited substitutions in connection with any games or tournaments, they follow the substitution rules set forth above.



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## **STEP BY STEP GUIDE FOR A SUSPECTED HEAD INJURY OF ANY TYPE**

The responsible party will be expected to manage implementation by carrying out the following steps:

Step 1: Assess. Determine but do not diagnose if a head injury occurred.

Step 2: Remove. Once determined, remove the player from the match.

Step 3: Monitor. Monitor the player on the sideline for symptoms and act appropriately.

Step 4: Collect. After the match, retrieve the player's player pass.

Step 4: Complete. Complete the "Possible Concussion Notification Form" in duplicate.

Step 5: Notify. Notify the parent of the incident and give the parent a copy of the "Possible Concussion Notification Form."

Step 6: Mail: Surrender the collected player pass to the club president or his/her designee. If a designee, the clubs notifies Iowa Soccer.

Step 7: Release. Iowa Soccer will notify the club president or designee when the player is released to participate and the player pass can be released back to the player.

Step 8: Mail/email. A copy of the "Possible Concussion Notification Form" must be sent to Iowa Soccer, which upon receipt will enter the incident into a database. It is the responsibility of the parent to get the proper clearance by following the Return to Play Policy included in the "Possible Concussion Notification Form". They will then mail/email the notification form with the required signatures to Iowa Soccer:

Iowa Soccer Association  
3106 Ingersoll Ave  
Des Moines, IA 50322  
Telephone: 515-252-6363  
Email: [cbetting@iowasoccer.org](mailto:cbetting@iowasoccer.org)



## GLOSSARY

1. Return to Play (RTP) – the act of a player being re-qualified to practice or play in games
2. Traumatic brain injuries (TBI) – also known as a concussion, occurs when an external force traumatically injures the brain
3. Centers for Disease Control (CDC) – governing body that oversees concussion management and assessment protocols
4. Best Practices (BP) - commercial or professional procedures that are accepted or prescribed as being correct or most effective.
5. Heads Up – CDC program for athletes, parents, coaches focused on concussions, assessment protocols and return to play criteria
6. Health Care Providers (HCP) - an individual who provides preventive, curative, promotional or rehabilitative health care services in a systematic way
7. Athletic Trainer Certified (ATC) - certified health care professional who practices in the field of sports medicine
8. SCAT 3 - the SCAt3 is a standardized tool for evaluating injured athletes for concussion and can be used in athletes aged from 13 years and older.
9. Child SCAT 3 - the SCAt3 is a standardized tool for evaluating injured athletes for concussion and can be used in athletes aged from 12 years and younger
10. Modified BESS - The Balance Error Scoring System 33-34 provides a portable, cost-effective and objective method of assessing static postural stability
11. Concussion assessment – assessment of a concussed athlete to determine if a possible traumatic brain injury occurred
12. Graduated RTP protocol – 72 hour graduated protocol for assessing return to play for concussed athletes
13. Possible Concussion Notification Form – the form required to be signed by a HCP that will release a concussed athlete to RTP