

MHSAA PROTOCOL FOR IMPLEMENTATION OF NATIONAL FEDERATION SPORTS PLAYING RULES FOR CONCUSSIONS

“Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health care professional.”

The language above, which appears in all National Federation sports rule books, reflects a strengthening of rules regarding the safety of athletes suspected of having a concussion. This language reflects an increasing focus on safety and acknowledges that the vast majority of concussions do not involve a loss of consciousness.

This protocol is intended to provide the mechanics to follow during the course of contests when an athlete sustains an apparent concussion.

1. The officials will have no role in determining concussion other than the obvious one where a player is either unconscious or apparently unconscious. Officials will merely point out to a coach that a player is apparently injured and advise that the player should be examined by a health care professional for an exact determination of the extent of injury.
2. If it is confirmed by the school’s designated health care professional that the student did not sustain a concussion, the head coach may so advise the officials during an appropriate stoppage of play and the athlete may reenter competition pursuant to the contest rules.
3. Otherwise, if competition continues while the athlete is withheld for an apparent concussion, that athlete may not be returned to competition that day but is subject to the return to play protocol.
 - a. Only an MD or DO may clear the individual to return to activity.
 - b. The clearance must be in writing.
 - c. The clearance may not be on the same date on which the athlete was removed from play.
4. Following the contest, an Officials Report shall be filed with a removed player’s school and the MHSAA.
5. In cases where an assigned MHSAA tournament physician (MD/DO) is present, his or her decision to not allow an athlete to return to activity may not be overruled.

SANCTIONS FOR NON-COMPLIANCE WITH CONCUSSION MANAGEMENT POLICY

Following are the consequences for not complying with National Federation and MHSAA rules when players are removed from play because of a concussion:

- A concussed student is ineligible to return to any athletic meet or contest on the **same day** the concussion is sustained.
- A concussed student is ineligible to enter a meet or contest on a **subsequent day** without the written authorization of an MD or DO.

These students are considered ineligible players and any meet or contest which they enter is forfeited.

In addition, that program is placed on probation through that sport season of the following school year.

For a second offense in that sport during the probationary period – that program is continued on probation through that sport season of the following school year and not permitted to participate in the MHSAA tournament in that sport during the original and extended probationary period.

(OVER)



RETURN TO COMPETITION

This form is to be used after an athlete is removed from and not returned to competition after exhibiting concussion symptoms. MHSAA rules require written authorization from a physician (MD/DO) before an athlete may return to activity after exhibiting concussion symptoms that caused that athlete to be removed for the duration of a contest.

In cases where an assigned MHSAA Tournament physician (MD/DO) is present, his or her decision to not allow a student to return to activity may not be overruled.

Athlete: _____ School: _____

Event/Sport: _____ Date of Injury: _____

REASON FOR ATHLETE'S INCAPACITY

PHYSICIAN'S ACTION

I have examined the named student-athlete following this episode and determined the following:

Permission is granted for the athlete to return to activity (may **not** return to practice or competition on the same day as the injury).

COMMENT: _____

DATE: _____

PHYSICIAN'S SIGNATURE (Must be MD or DO)

PHYSICIAN'S NAME (Printed): _____

**Copies to: Team Coach and Athletic Director
Duplicate as Needed**