

To: All North Texas Soccer Member Associations

Re: Concussion Awareness and Protocols

One of the priorities of US Soccer, North Texas Soccer, and all of our Member Associations is player safety. US Soccer has recently published information on concussion training, concussion protocols, and recommendations for heading the ball in certain age groups (Under 11 and younger). The information is evolving continuously, and we want to keep you as informed as possible.

For concussion training, please visit the North Texas Soccer website at www.ntxsoccer.org. You will find the links to a “Concussion Awareness Training” video on the homepage. We encourage all players, parents, coaches and referees to watch this video.

For concussion protocols, specific guidance has been given to referees for incidences that occur during games. The referee guidelines are at the bottom of this memo. These referee guidelines will be distributed to all North Texas Soccer referees within the next couple of days, and will be in effect immediately. A version of this memo will be emailed to all coaches within the next couple of days as well, so that coaches understand the referee’s responsibility.

Please note that having a healthcare professional (HCP) is not a requirement of these guidelines at the game fields. However, if a player is removed by the referee for a suspected concussion, the player may not return to play until they have been cleared by a HCP.

For guidelines on heading the ball in Under 11 and younger age groups, rule changes will be proposed on this specific item at the upcoming AGM in July, for the Member Associations to vote on. Member Associations may adopt the recommendations earlier for play within your Association, but keep in mind that interplay outside of your Association may not be playing by the new recommended rules unless and until the Member Associations vote favorably on the proposed rules.

US Soccer Concussion Initiative Guidelines

Referee Responsibility

Since 2012 referees have been instructed that a head, neck, spine or facial injury is to be treated as serious. The referee must stop play and the player removed from the field safely for evaluation and treatment. Stoppage for such an injury must occur immediately and not be delayed, regardless of where the ball is.

In December 2015 US Soccer published “Concussion Initiative Guidelines” to increase awareness of how to manage head injuries and to spread that awareness to parents, players, coaches and referees. The online presentation from US Soccer, *Concussions in Soccer Overview*, is required for everyone. See: <http://www.ussoccer.com/Referees/Resource-Center/Online-Training/Grade-8-Referee-Course.aspx%20>

In 2012, referees were provided with 9 “Triggers” to look for when confronted with a possible concussion event. Those 9 triggers or signs, are:

Motor un-coordination - Loss of consciousness or lying motionless on field - Slow to get up

Unsteady walk - Falling to the ground - Grabbing or clutching the head - Dazed or confused

Blank or vacant look - Facial cut in association with any of the above

What has changed for the Referee in 2016 as a result of the Guidelines?

Health Care Professional (HCP) is defined as a Medical Doctor (MD), Doctor of Osteopathic Medicine (DO) or a Certified Trainer (CT). No other designation is under the HCP umbrella for this definition.

1) All players, including goalkeepers, who leave the field for serious injury, possible concussion, MUST be evaluated by a Health Care Professional (HCP) before being allowed to return to play (RTP)

2) Prior to the match referees must ask if an HCP is present. (A specific introduction may be needed if a League or Association has not already defined the procedure for requesting the HCP’s services.)

3) Once the Referee determines that a player must be evaluated for a serious injury, with the possibility of concussion, there are two options if that player seeks to RTP.

a. The designated HCP present gives the player clearance to return and the referee may allow player re-entry at an appropriate time. (Allowing RTP does not mean that the referee crew should not continue to observe the player for any of the 9 triggers. Observation of any of the signs means play is stopped and the evaluation process/treatment starts over.)

b. Without an HCP present, if the player enters the field to RTP, the referee must stop play and require the player to again leave the field. (Do not deny re-entry because technically until the player steps onto the field, s/he is not again a player.)

Referees must know the local Rules of Competition for all affiliated games. For example, is there a form to be filled out by the designated HCP and presented to the referee allowing RTP? Even with a signed release the referee crew is still responsible to monitoring the behavior of the player for signs of possible concussion.

Regardless of the HCP requirements, the referee should include a report of any serious injury. Full details would include what was observed, time in the match and all actions taken. Specify whether the player did or did not RTP. Report if and when the player does RTP and any subsequent decision to require the player to leave the field again.