



KENNEWICK GRID KIDS FOOTBALL

Player Injury and Return to Play Protocol

Appendix F to the KGK Bylaws

Updated September 25, 2022

Appendix F: Injury and Return to Play Protocol

F1 Purpose

The Injury and Return to Play Protocol is part of a comprehensive effort to maintain a safe playing environment at Kennewick Grid Kids Football.

F2 Authority

Section 7.6 of the Kennewick Grid Kids Bylaws states: "The Player Injury Protocol shall be established by the Player Safety Coordinator and Executive Committee during each league year. The protocol shall be publicly published and distributed to members."

F3 Head and Neck Injuries

Any player identified by a coach, official, field monitor, board member, or parent/guardian as potentially having a concussion or other head or neck injury will be removed from play and not be permitted to reenter until he/she has been evaluated by a licensed health care provider trained in the evaluation and management of concussions. Players will immediately enter head/neck injury protocol.

F3.1 Signs and Symptoms of Concussion

Signs and symptoms of concussions can show up immediately following an injury or may not appear or be noticed until days after an injury. Signs and symptoms may include:

Symptoms Reported by Athlete:

- Headache or "pressure" in the head
- Nausea or vomiting
- Balance problems
- Dizziness
- Sensitivity to light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion

Observable Signs:

- Appears dazed or stunned
- Confused about assignments or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to and/or after hit or fall

F3.2 Identification

An athlete identified by a coach, official, field monitor, board member, or parent/guardian as having one or more signs or symptoms after a bump, blow, or jolt to the head or body will be assumed to have a potential concussion. The athlete will immediately enter the league head/neck injury protocol.

F3.3 Protocol

Immediately following identification of a potential head or neck injury the head/neck injury protocol will begin:

- Notify the athlete's head coach that the athlete is entering head/neck injury protocol
- Immediately remove the athlete from the game or practice and remove his/her helmet
- Notify the athlete's parent or guardian that the athlete has been removed from play due to possible head or neck injury, the circumstances leading to the possible injury, and the need for further medical evaluation
- The head coach must report the potential head or neck injury to the Player Safety Coordinator via text and the Player Injury Report as soon as is reasonably possible but not later than the morning following the injury

F3.4 Return to Play

No athlete with a potential concussion or other head or neck injury will be permitted to participate in a practice or game until he/she has received written clearance from a medical professional experienced in concussion evaluation. Written return to play clearance forms may not contain a future date for return to play. Return to play clearance forms must be submitted to the Player Safety Coordinator for final league clearance. Once cleared to return, the Player Safety Coordinator will notify the athlete's head coach that he/she is cleared to return to practice or game activities. The athlete will not be permitted to participate until approval has been received from the Player Safety Coordinator.

F4 Heat Illness

The protocol for handling heat illness such as heat exhaustion or heat stroke were developed using guidance from the National Athletic Trainers Association.

F4.1 Dehydration

F4.1.1 Signs and Symptoms

- Dry mouth
- Thirst
- Irritability
- Headache
- Dizziness
- Cramps
- Excessive Fatigue
- Inability to run fast or play at normal level for the child

F4.1.2 Protocol

- Move athlete to a shaded or air-conditioned area
- Provide athlete with fluids such as water or sports drinks

F4.1.3 Return to Play

The athlete may return to play once symptoms have resolved. Coaches should continue to monitor the athlete.

F4.2 Heat Cramps

F4.2.1 Signs and Symptoms

- Intense pain not associated with pulling or straining muscles
- Persistent muscle contractions that continue during and after exercise

F4.2.2 Protocol

- Provide athlete with sports drink to help replace fluid and sodium losses
- Lightly stretch, relax, and massage cramped muscle

F4.2.3 Return to Play

The athlete may return to play once cramping has subsided, and he/she feels and acts ready to participate.

F4.3 Heat Exhaustion

F4.3.1 Signs and Symptoms

- Athlete finds it difficult to keep playing
- Loss of coordination, dizziness, or fainting
- Profuse sweating or pale skin
- Headache
- Nausea, vomiting, or diarrhea
- Stomach/intestinal cramps or persistent muscle cramps

F4.3.2 Protocol

- Remove athlete from game or practice
- Begin treatment to include moving athlete to a shaded or air-conditioned area, removing additional clothing and/or equipment, cooling the athlete with cold water, fans or towels, having the athlete lie down with legs above his/her heart, and providing the athlete with water or sports drink if not nauseous or vomiting
- Notify the athlete's parent or guardian that the athlete has been removed from play due to possible heat exhaustion
- The head coach must report the heat illness to the Player Safety Coordinator via the Player Injury Report as soon as is reasonably possible but no later than the next required reporting period

F4.3.3 Return to Play

Any athlete identified as potentially suffering from heat exhaustion must be removed from play for the remainder of the day. He/she may return to play the next day or when symptoms have resolved, whichever is later. If the athlete seeks medical attention, written clearance must be provided to the Player Safety Coordinator prior the athlete returning to practices or games.

F4.4 Exertional Heat Stroke

F4.4.1 Signs and Symptoms

- Increase in core body temperature, usually above 104 degrees
- Seizures
- Altered consciousness or confusion
- Emotional instability, combativeness, irrational behavior, or decreased mental acuity
- Increased heart rate, decreased blood pressure, or rapid breathing
- Hot and wet or dry skin
- Headache
- Dizziness or weakness
- Nausea, vomiting, or diarrhea

F4.4.2 Protocol

- Remove athlete from game or practice
- Contact emergency medical services for immediate transport to the nearest emergency medical facility. While awaiting EMS personnel begin cooling the athlete.
- Notify the athlete's parent or guardian that EMS has been contacted due to suspected heat stroke
- The head coach must report the heat illness to the Player Safety Coordinator via text and the Player Injury Report as soon as is reasonably possible but no later than the next required reporting period

F4.4.3 Return to Play

No athlete with potential heat stroke will be permitted to participate in a practice or game until he/she has received written clearance from a medical professional. Return to play clearance forms must be submitted to the Player Safety Coordinator for final league clearance. Once cleared to return, the Player Safety Coordinator will notify the athlete's head coach that he/she is cleared to return to practice or game activities. The athlete will not be permitted to participate until approval has been received from the Player Safety Coordinator.

F5 Other Illness or Injury

F5.1 Illnesses or Injuries Not Requiring Medical Attention

F5.1.1 Examples

Examples of injuries not requiring medical attention include but are not limited to

- Bumps and bruises
- Cuts and scrapes
- Minor strains or sprains
- Any injury or illness that results in missing fewer than 3 consecutive practices or games

F4.3.2 Protocol

- Remove athlete from game or practice
- A Kennewick Grid Kids coach with a current USA Football coaches' card and a Kennewick Grid Kids Football coaches' certification must evaluate the player signs of injury.

- If, at the coach's discretion, the athlete is removed from the remainder of practice or more than one play series of a game, the parent/guardian must be notified of the circumstances leading to the injury and any treatment provided.
- The head coach must report the injury or illness to the Player Safety Coordinator via the Player Injury Report as soon as is reasonably possible but no later than the next required reporting period

F4.3.3 Return to Play

The athlete may re-enter the practice or game if the evaluating coach determines it is safe for the athlete to do so.

F5.1 Illnesses or Injuries Requiring Medical Attention

F5.1.1 Examples

Examples of injuries requiring medical attention include but are not limited to

- Potential bone breaks
- Injuries identified by a Kennewick Grid Kids certified coach or parent/guardian as needing further evaluation
- Any injury or illness that results in missing 3 or more consecutive practices or games

F4.3.2 Protocol

- Remove athlete from game or practice
- A Kennewick Grid Kids coach with a current USA Football coaches' card and a Kennewick Grid Kids Football coaches' certification must evaluate the player signs of injury.
- Notify the athlete's parent or guardian that the athlete has been removed from play due to injury, the circumstances leading to the injury, and the need for further medical evaluation
- The head coach must report the injury to the Player Safety Coordinator via the Player Injury Report as soon as is reasonably possible but not later than the morning following the injury

F4.3.3 Return to Play

No athlete with an injury requiring medical evaluation will be permitted to participate in a practice or game until he/she has received written clearance from a medical professional. Return to play clearance forms must be submitted to the Player Safety Coordinator for final league clearance. Once cleared to return, the Player Safety Coordinator will notify the athlete's head coach that he/she is cleared to return to practice or game activities. The athlete will not be permitted to participate until approval has been received from the Player Safety Coordinator.

F6 Reporting Responsibility

All head coaches will submit a weekly injury report to the player safety coordinator by no later than the second practice of the week. The report must contain all injuries regardless of significance level or whether the player missed playing time or not. Significant injuries must be reported as soon as reasonably possible. The player safety coordinator will review reports and assemble all injury reports into a league injury log made available to the executive committee. The player safety coordinator and/or executive committee may, at their discretion, request a player be further evaluated by a medical professional