# Concussion & Injury Protocol

This protocol governs the recognition, response, and return-to-play process for concussions and other injuries sustained during Texas Sports Academy (TSA) athletic activities, including practices, games, and conditioning.

> *This policy is written to align with Texas Education Code §38.157 ("Lone Star Concussion Law") and CDC HEADS UP guidance. TSA is not a UIL member school, but adopts these standards as best practice for athlete safety. Families are encouraged to have this reviewed by their own medical provider as needed.*

## 1. Guiding Principle

When in doubt, sit them out. No athlete suspected of having a concussion may return to practice or play the same day, regardless of how mild the symptoms appear or how much the athlete wants to continue.

## 2. Recognizing Signs & Symptoms

Coaches and staff are trained to watch for the following after any blow to the head, face, neck, or a hard fall:

- Observed: dazed or stunned appearance, confusion, forgetting plays, clumsy movement, slow to answer questions, loss of consciousness (even briefly), mood or behavior changes
- Reported by the athlete: headache, nausea, balance problems, dizziness, double or blurry vision, sensitivity to light or noise, feeling sluggish or foggy, concentration or memory problems

Any one of these signs is enough to trigger the removal protocol below — a full symptom list is not required.

## 3. Immediate Response Protocol

1. Remove the athlete from play immediately. No exceptions for game situations, playoff stakes, or athlete/parent objection.
2. Someone trained in first aid stays with the athlete and monitors for worsening symptoms (repeated vomiting, worsening headache, seizure, slurred speech, weakness/numbness, loss of consciousness). If any of these occur, call 911 immediately.
3. Notify the parent/guardian by phone as soon as the athlete is stable, not by text, and not at pickup.
4. Complete a TSA Injury Report Form the same day, documenting time of injury, mechanism, symptoms observed, and actions taken.
5. The athlete does not return to that day's practice or game under any circumstances.

## 4. Return-to-Learn & Return-to-Play

TSA requires written medical clearance from a physician (MD/DO) before an athlete may resume any athletic activity following a suspected or confirmed concussion. This clearance must specifically authorize return to full practice activity, not just return to school.

Because TSA's academic model is self-paced, families should also loop in the academic guide, as post-concussion symptoms can affect screen time tolerance and focus during computer-based coursework; workload and screen exposure may need to be temporarily modified even before full athletic clearance.

Once cleared, athletes follow a gradual, staged return under coach supervision:

- Stage 1 — Light aerobic activity only (walking, stationary cycling); no contact
- Stage 2 — Sport-specific movement (running, agility drills); no contact
- Stage 3 — Non-contact practice drills
- Stage 4 — Full-contact practice, pending no return of symptoms
- Stage 5 — Full return to competitive play

Each stage requires a minimum of 24 hours with no return of symptoms before advancing. If symptoms return at any stage, the athlete drops back to the prior symptom-free stage.

## 5. Other Injuries

For non-head injuries (sprains, fractures, dislocations, etc.), the same reporting standard applies: remove from play, notify the parent the same day, complete an Injury Report Form, and require a return-to-play note from a medical provider for any injury that required professional evaluation.

## 6. Heat-Related Illness

Given the Texas climate, TSA follows heat safety guidelines for all outdoor practice and conditioning:

- Mandatory water breaks at minimum every 20 minutes during practice
- Practice modified (reduced intensity, added shade breaks) when heat index reaches 95°F; practice moved indoors or cancelled above 104°F, per standard youth athletics guidance
- Staff watch for signs of heat exhaustion (heavy sweating, weakness, nausea, headache) and heat stroke (confusion, hot/dry skin, high body temperature — this is a 911 emergency)
- Any athlete showing heat illness signs is removed from activity, cooled, and monitored immediately

## 7. Staff Training & Emergency Preparedness

- All coaching staff complete a concussion-recognition training prior to the season and annually thereafter
- At least one staff member with current First Aid/CPR/AED certification is present at every practice and game
- Emergency contact information and any athlete-specific medical notes are accessible to coaching staff at every session
- A designated staff member confirms the nearest AED location and emergency access route at each practice/game venue before the season begins