



Ridgedale Athletic Association

Concussion Procedure & Protocol Manual

1) Purpose & Scope

This manual establishes concussion prevention, recognition, response, documentation, and return-to-play/cheer ("RTP/RTC") procedures for Ridgedale Athletic Association (RAA) youth basketball and cheerleading programs conducted in West Virginia. It aligns with West Virginia best practices and adopts standards equivalent to West Virginia Secondary School Activities Commission (WVSSAC) guidance and CDC HEADS UP recommendations. RAA applies these procedures to all athletes, coaches, volunteers, officials, and events under its control.

2) Key Definitions

Concussion: A traumatic brain injury caused by a bump, blow, or jolt to the head or body that causes the brain to move rapidly. Signs and symptoms can be subtle and may appear hours later.

Licensed Health Care Provider (LHCP): A professional licensed to evaluate and manage concussion in WV (e.g., MD/DO, PA, NP, or other provider operating within scope of practice).

Parent/Guardian: Athlete's legal parent/guardian or emergency contact on file.

3) Education & Acknowledgement

- **Coaches/Head Coaches:** Review and understand this Concussion and Procedure and Protocol Manual and acknowledge doing so when registering to coach.
- **Parents/Athletes:** Review and understand this Concussion and Procedure and Protocol Manual and acknowledge doing so when registering your child prior to participation.
- **Distribution:** RAA will make available on its website concussion informational material (e.g., CDC HEADS UP) to coaches, parents, and athletes.

4) Recognition – Common Signs/Symptoms

Observed/red flags: Appears dazed/confused; forgets plays; moves clumsily; slow to respond; behavior/personality changes; loss of consciousness (any duration).

Reported symptoms: Headache/pressure; nausea/vomiting; dizziness; balance problems; blurry/double vision; sensitivity to light/noise; feeling foggy; difficulty concentrating; memory problems; irritability; sleep changes.

Cheer-specific considerations: Concussions may result from stunts, pyramids, tumbling, or spotting errors—even without head contact.

5) Immediate Removal, Evaluation & Emergency Criteria

A) Immediate Removal: Any athlete suspected of concussion must be removed from play/cheer or practice immediately and for the remainder of that calendar day. “When in doubt, sit them out.”

B) Sideline Response: A trained coach or on-site trained professional performs a brief symptom and red-flag screen (no same-day clearance). Do not leave athlete unattended.

C) Call 911 / EMS if any of the following are present:

- Worsening headache, repeated vomiting, seizure, one pupil larger than the other, slurred speech, increasing confusion or agitation, neck pain, significant drowsiness/cannot be awakened, weakness/numbness, loss of consciousness, or suspected spine injury.

D) Parent Notification: Contact the parent/guardian immediately (or emergency contact). Provide the Concussion Home Instructions sheet and recommend evaluation by an LHCp as soon as possible.

6) Same-Day Restrictions

- No same-day return to practice, competition, cheer, or conditioning after suspected concussion.
- No bus ride home without an adult caregiver if concerning symptoms are present.

7) Documentation

Coaches or site directors must complete the RAA Concussion Incident Report within 24 hours and submit to the League Safety Coordinator. If EMS is activated, attach any run reports provided.

Maintain: (1) Incident Report, (2) Parent communication log, (3) LHCp written clearance and/or Return-to-Play/Cheer plan, (4) Any school Return-to-Learn accommodations if applicable.

8) Medical Evaluation & Follow-Up

- The athlete must be evaluated by an LHCp experienced in concussion management. RAA strongly recommends written guidance on return to school, activities, and sports/cheer.

- If concussion is diagnosed, athlete begins a symptom-limited, graduated RTP/RTC progression only after being symptom-free at rest and off symptom-masking medications, and only under LHCP guidance.
- If LHCP determines no concussion occurred, written documentation is required before any return to activity.

9) Graduated Return-to-Play (Basketball) / Return-to-Cheer Progression

Minimum 6 steps on separate days (or longer as directed by LHCP). Advance only if symptom-free during and for 24 hours after each step. If symptoms recur, stop, rest 24–48 hours, and return to the prior asymptomatic step or as directed by LHCP.

- Step 1 – Daily activities/academics: Return to school/normal life with LHCP clearance to start progression; symptom-limited cognitive and light physical activity.
- Step 2 – Light aerobic activity: 5–10 min light bike/walk/jog; no resistance training; no stunts/tumbling; no dribbling drills with contact.
- Step 3 – Moderate activity: Simple sport-specific drills at moderate intensity; light resistance training; no contact; no cheer stunts/pyramids/tosses.
- Step 4 – Heavy, non-contact: More intense non-contact basketball drills (e.g., layup lines, defensive footwork); cheer dance/conditioning; still no stunts/tumbling/pyramids/tosses.
- Step 5 – Practice with contact/cheer stunts: Full-contact basketball practice; for cheer, introduce stunts/tumbling/pyramids/tosses in controlled practice with spotting per LHCP guidance.
- Step 6 – Competition/Performances: Full game play or cheer performance with LHCP written clearance on file.

10) Return-to-Learn (School) Coordination

RAA encourages families to coordinate with the athlete's school on academic adjustments (reduced workload, rest breaks, extra time, limited screen use) until fully recovered. Coaches should respect and follow any school-issued accommodation.

11) Equipment, Environment & Prevention

- Enforce sport-specific rules on contact, rough play, and illegal screens; teach proper technique.
- Inspect courts, cheer surfaces, and stunt zones; use appropriate mats for cheer stunts; control crowds/benches.

- Hydration, sleep, and gradual conditioning; no participation when ill, overly fatigued, or after a recent head injury.
- Cheer: Strict stunt progressions, qualified coaches/spotters, and adherence to safety rules for youth cheer.

12) Roles & Responsibilities

Head Coaches: Enforce removal-from-play, start documentation, notify parents, and ensure staff compliance. Track athlete progressions and hold written clearances on site.

Assistant Coaches/Team Parents: Support monitoring, supervision, and communication; never leave an injured athlete alone.

Officials: Remove athletes suspected of concussion and notify the site director/coach.

Site Director/Safety Coordinator: Maintain incident files, ensure training compliance, and audit forms weekly in season.

Parents/Guardians: Monitor symptoms at home, seek medical evaluation, provide written LHCP clearances, and enforce rest when needed.

13) West Virginia Alignment & Compliance Note

Although §18-2-25a of the West Virginia Code explicitly governs WVSSAC member middle and high schools, RAA voluntarily adopts equivalent or stricter standards for youth leagues, including immediate removal, no same-day return, annual education, written LHCP clearance, and a graduated multi-day RTP/RTC progression. RAA will revise this manual as needed.

14) Forms & Templates

A) Concussion Incident Report (Complete within 24 hours)

Athlete Name	
Team / Division	
DOB / Age	
Date/Time of Injury	
Location (Gym/Mat)	
Mechanism (describe play/stunt)	
Observed Signs	
Reported Symptoms	
On-site Actions Taken	
Parent/Guardian Notified (time/method)	

B) Concussion Home Instructions (Give to parent/guardian)

- Monitor for red-flags (worsening headache, repeated vomiting, seizure, unequal pupils, confusion, can't be awakened, weakness/numbness). Seek emergency care if present.
- Relative rest for 24–48 hours, then gradual return to light cognitive/physical activity as tolerated per LHCP.
- Avoid activities with risk of head impact until medically cleared.
- No alcohol, drugs not prescribed, or driving until cleared.

C) Return-to-Play/Cheer Clearance

LHCP Name/License: _____ Clinic: _____ Phone: _____

Date of evaluation: _____ Diagnosis: Concussion No concussion Other: _____

Comments/School accommodations: _____

RTP/RTC authorized to BEGIN step: 1 2 3 4 5 6 (Circle)

Signature (LHCP): _____ Date: _____

D) Annual Concussion Information & Acknowledgment

We have reviewed the RAA concussion information and understand the risks of continuing to play or cheer with a possible concussion. We agree to report symptoms promptly and to follow medical guidance.

Parent/Guardian: _____ Date: _____ Athlete: _____ Date: _____

References & Resources

- West Virginia Code §18-2-25a – Management of concussions and head injuries (WVSSAC member schools).
- WVSSAC – Sports Medicine resources: Concussion Rule & Return-to-Play Protocol.
- CDC HEADS UP – Concussion guidelines: Return to Sports and Return to School.