

**Youth Concussion Advisory Group**  
**Meeting 2: Monday, September 22, 2014**  
 10:00 AM – 12:00 PM

Meeting Notes

**Advisory Group:**

Dr. Chinedu.Okeke (DPH), Dr. Karissa Niehoff, (CIAC), Dr. Theresa Miyashita (CATA), Dr, Carl Nissen (CSMS), Nancy Pugliese (CSDE), John Frassinelli (CSDE), Stephanie Knutson (CSDE), Dr. Jean Mee (CSDE),

Also in attendance:

Thomas Boudreau (CSDE), Dr. Karen Laugel (CT AAP), Jillian Wood (CT AAP), Diana Coyne (Parents Concussion Coalition), Pippa Bell Ader (Parents Concussion Coalition), Deb Shulansky (BIAC), Carrie Kramer (BIAC),

Introduction of Advisory Group members

Dr. Carl Nissen has been designated by the Connecticut State Medical Society (CSMS) as its representative to the advisory group.

Review of existing documents and requirements – see items 1-4 below.

Pocket concussion awareness cards, funded by Anthem, were distributed by Dr. Niehoff. The cards have been distributed to schools throughout the state.

Additional materials distributed:

- Heads Up Concussion in Youth Sports (CDC) Fact Sheet for Coaches [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion) (D.Coyne, PCC)
- Packet, distributed by Dr. Laugel, includes:
  - Letter containing AAP recommendations to the advisory group
  - Pocket Concussion Recognition Tool (card), funded by BJSM
  - Suggested edits for the annual review for coaches

**1) Review course information** and comments received.

This was provided to attendees by Dr. Niehoff in the form of a one-page document entitled:  
 Connecticut Interscholastic Athletic Conference  
 Concussion and Head Injury  
 Annual Review 2015-16  
 Required for ALL School Coaches in Connecticut

Comments received prior to meeting follow the meeting notes pages.

- 2) A sample template **Concussion Education Plan** for Parents and Student-Athletes was included in the materials distributed, and can also be accessed on the CASCIAC.ORG website at this direct link: <http://concussioncentral.ciacsports.com/theplan.html>

- 3) Discussion regarding the informed consent forms, examples of which were also provided by Dr. Niehoff.

**Outline of discussion Items 1-3:**

Most athletic directors and athletic programs are delivering concussion education and utilizing the consent form provided on the CIAC Web site. Most are face-to-face programs; some are online. CIAC provides resources, templates, videos (KN).

For parental education, CSMS makes a medical professional available if needed (CN).

Two-page document does not constitute a concussion education plan. For \$2500 Colorado will customize its plan to the peculiarities of this state. A comparison between existing CT and Rocky Mountain Children's Hospital Plan have been provided for the group (KL).

CIAC has taken actions in response to the legislation. While these are good changes, there is still some room for improvement (CN).

Question: Where do we go from here to make sure that all children (sic: not just athletes) are included? (KL)

Mention of the Arizona Brain Book, and CDC materials, accessible on its Web site, are free (DC)

There exists the duty to provide parents with updated materials (CO).

Requiring more than mandates raises issues of equity and accessibility. The group must be cognizant of what is realistic (CN).

A packet of materials, compiled and distributed to the advisory group, includes an NATA informed consent model (KL).

Concern expressed re: the Student & Parent- Concussion Education Plan & Consent Form recently disseminated to schools in CT referencing outdated citations from 2008 -2010 when there is much more relevant data and science available. Also, there is inaccurate information on the form. (CK)

Question: Are materials disseminated in Spanish or other languages? (CK)

Current information is not represented in CIAC materials (KL)

Power point slides are visuals only. Course content includes material addressed by KL's suggestions and CDC course (KN).

Recommended that coaches take CDC course every year (TM)

As the Director of Brain Injury Services at BIAC, Carrie Kramer oversees a Helpline that receives hundreds of calls each year. Many calls are from parents with significant concerns regarding concussive injuries sustained by their children. Some of the parents are also

permit-holding coaches in CT, coaching their children's youth sports teams. One of the most relevant and up-to-date resources the Helpline connects parents/coaches to is brain injury and concussion information readily available on the CDC website. This is a "go to" resource for coaches, educators, professionals and parents. It was strongly encouraged to have this information more prominently available via CIAC as another option to receive training. (CK)

CT has most rigorous coaching permit requirements in the country. Logistically, what can be administered? (KN)

Best practice should be the standard for what is administered (KL).

Existing initial course needs updating. Current program is adequate and appropriate. Evidence exists that online course, while convenient, are not as effective in helping people learn as personal contact (CN).

Logistical and procedural questions must be addressed. (TM)

Initial and refresher courses can be the same (DC).

Clarification: is KL's course initial or review? (CO)

Should be the same course (CN).

CIAC documents are missing return-to-play best practice by giving the coach the ability to determine when the child may return to play. All adults need to be involved in process and decision (KL).

Return-to-play protocol specified in CIAC materials (KN).

We are saying the same things – physician and coach must be involved (SK).

Concussion management "team" approach must be stressed (KL).

For measurability purposes the academic team needs to be involved. The cognitive sphere needs more emphasis (TB).

The whole child should be the focus. CSDE can provide guidance re: requirements and recommendations (SK).

Realistically, the whole team coming together will be logistically difficult (NP).

Difficult, but helps to increase the checks and balances to reduce bad outcomes (CN).

#### 4) Discussion related to the concussion reporting requirement -- Stephanie Knutson

Dr. Niehoff sent to advisory group members the concussion data collection form referenced in discussion.

There is still discussion pending at the COO level of CSDE as yet to determine a reporting procedure. Thus, the item was tabled yesterday during the public meeting (JF).

However, district personnel are asking for information (SK, JM).

There was general consensus that the concussion data collection form developed by CIAC is acceptable for dissemination to schools for the purpose of recording all incidents of concussion. The advisory group members concurred that the form should be sent out to schools with a memo instructing that the form can be used to record data for in-house retention, and that they will be notified at a later date regarding the reporting procedure. If some other data reporting format (school health survey or other) is ultimately identified, the data has been collected in the meantime and can be transferred to that format.

Proposed for timely action:

- CIAC generates a message to schools (superintendents, principals, athletic directors?) and send the memo and concussion data collection form prior to October 1
- CSDE (SK) generates a message to school health services personnel (school nurses) and send the memo and concussion data collection form prior to October 1
- CSDE (SK) and CIAC designee (KN) to collaborate on the content of the memo for consistency of the message.

Further discussion re: reporting incidences of concussion:

30 schools are currently participating in the Reporting of Injury (RIO) system; the system could be used for concussion reporting. CN offered to demonstrate the RIO system for the group.

For equity and accessibility, data collection and reporting must be simple, clear, no cost, and not dependent on technology (KN).

AAP is looking for software. It has located software for less than \$20K to develop a process for users. AAP is committed to funding the software if the state wants to go forward. (JW).

There are various competing vendors offering products (KN).

AAP would not sell the software; it would commit to the funding to make it accessible for all who want to use it. There are data protection issues that must be addressed (JW).

School personnel are asking for information about the data collection and reporting procedure. General consensus indicated that the form should be sent to school athletic programs by CIAC (K. Niehoff) and school health personnel (school nurses) by SDE (S. Knutson) with instructions that the form is for in-house data collection and retention pending further direction when the protocol has been determined.

The concussion education course (Module 15) will be made accessible to the group for review (KN)

The group's next steps include:

- First update the initial course materials based on information received and current science, then revise the review materials to reflect those updates (CN, TM volunteered to take this on).
- From the initial course, develop a 5-year refresher course and an annual review course.

- Inquire as to possibility of extending deadline for the advisor group to complete its work (CN to JF)

The designated advisory group members approved the existing initial course pending completion of the updated course in order to avoid a lapse in ability of an approved course.

The group scheduled **Oct. 9, 10 AM to 12 PM**, as a work session for the purposes of a RIO system demonstration and addressing new information and materials in the update of the initial course.

**PA 14-66: An Act Concerning Youth Athletics and Concussions**

Requires SDE to consult with DPH, the governing authority for intramural and interscholastic athletics, an appropriate organization representing licensed athletic trainers, and an organization representing county medical associations to:

- Develop or approve a training course regarding concussions. By October 1, 2014, and annually thereafter, the group must also develop or approve annual review materials.
- Develop a refresher course regarding concussions, including current best practices, and, for football coaches, current best practices around the frequency of games and full contact practices and scrimmages. • By January 1, 2015, develop a concussion education plan to be used by local and regional boards of education. Boards of education will be responsible for implementing such plan using written materials, online training or videos, or in person training.
- Develop a signed informed consent, which must include a summary of the concussion education plan, and a summary of the local board's policies regarding concussions. For the school year beginning July 1, 2015, local boards of education must prohibit a student athlete from participating in intramural or interscholastic athletic activities unless the student athlete and a parent or guardian returns such form.

Collect and report to DPH all occurrences of concussions, including the nature and extent of the concussion and the circumstances in which the student sustained the concussion.