

## Assembly Bill No. 2007

### CHAPTER 516

An act to add Article 2.5 (commencing with Section 124235) to Chapter 4 of Part 2 of Division 106 of the Health and Safety Code, relating to youth athletics.

[Approved by Governor September 23, 2016. Filed with  
Secretary of State September 23, 2016.]

#### LEGISLATIVE COUNSEL'S DIGEST

AB 2007, McCarty. Youth athletics: youth sports organizations: concussions or other head injuries.

Existing law requires a school district, charter school, or private school, if it offers an athletic program, to immediately remove an athlete from an athletic activity for the remainder of the day if the athlete is suspected of sustaining a concussion or head injury, and prohibits the athlete from returning to the athletic activity until the athlete is evaluated by a licensed health care provider, trained in the management of concussions, and acting within the scope of his or her practice, and the athlete receives written clearance from the licensed health care provider to return to the athletic activity. Existing law also requires, on a yearly basis, a concussion and head injury information sheet to be signed and returned by the athlete and athlete's parent or guardian before the athlete's initiating practice or competition.

This bill would apply these provisions to athletes participating in youth sports organizations, as defined to include organizations, businesses, nonprofit entities, or local governmental agencies that sponsor or conduct amateur sports competitions, training, camps, or clubs in which persons 17 years of age or younger participate in any of 27 designated sports. The bill would require youth sports organizations to notify the parents or guardians of athletes 17 years of age or younger who have been removed from athletic activities due to suspected concussions, as specified. The bill would require youth sports organizations to offer concussion and head injury education, or related educational materials, or both, to each of their coaches and administrators on a yearly basis, as prescribed. The bill would require each of these coaches and administrators to successfully complete the concussion and head injury education offered under the bill at least once either online or in person.

The bill would also require a youth sports organization to identify procedures for ensuring compliance with the bill's requirements for providing concussion and head injury education and a concussion and head injury information sheet. The bill would additionally require the youth sports organization to identify procedures to ensure compliance with the athlete removal provisions and the return-to-play protocol, as specified. The bill

would specify that it applies to all persons participating in the activities of a youth sports organization, irrespective of their ages.

*The people of the State of California do enact as follows:*

SECTION 1. Article 2.5 (commencing with Section 124235) is added to Chapter 4 of Part 2 of Division 106 of the Health and Safety Code, to read:

Article 2.5. Youth Sports Concussion Protocols

124235. (a) A youth sports organization that elects to offer an athletic program shall comply with all of the following:

(1) An athlete who is suspected of sustaining a concussion or other head injury in an athletic activity shall be immediately removed from the athletic activity for the remainder of the day, and shall not be permitted to return to any athletic activity until he or she is evaluated by a licensed health care provider. The athlete shall not be permitted to return to athletic activity until he or she receives written clearance to return to athletic activity from a licensed health care provider. If the licensed health care provider determines that the athlete sustained a concussion or other head injury, the athlete shall also complete a graduated return-to-play protocol of no less than seven days in duration under the supervision of a licensed health care provider.

(2) If an athlete who is 17 years of age or younger has been removed from athletic activity due to a suspected concussion, the youth sports organization shall notify a parent or guardian of that athlete of the time and date of the injury, the symptoms observed, and any treatment provided to that athlete for the injury.

(3) On a yearly basis, the youth sports organization shall give a concussion and head injury information sheet to each athlete. The information sheet shall be signed and returned by the athlete and, if the athlete is 17 years of age or younger, shall also be signed by the athlete's parent or guardian, before the athlete initiates practice or competition. The information sheet may be sent and returned through an electronic medium including, but not necessarily limited to, fax or electronic mail.

(4) On a yearly basis, the youth sports organization shall offer concussion and head injury education, or related educational materials, or both, to each coach and administrator of the youth sports organization.

(5) Each coach and administrator shall be required to successfully complete the concussion and head injury education offered pursuant to paragraph (4) at least once, either online or in person, before supervising an athlete in an activity of the youth sports organization.

(6) The youth sports organization shall identify both of the following:

(A) Procedures to ensure compliance with the requirements for providing concussion and head injury education and a concussion and head injury information sheet, as contained in paragraphs (3) to (5), inclusive.

(B) Procedures to ensure compliance with the athlete removal provisions and the return-to-play protocol required pursuant to paragraph (1).

(b) As used in this article, all of the following shall apply:

(1) “Concussion and head injury education and educational materials” and a “concussion and head injury information sheet” shall, at a minimum, include information relating to all of the following:

(A) Head injuries and their potential consequences.

(B) The signs and symptoms of a concussion.

(C) Best practices for removal of an athlete from an athletic activity after a suspected concussion.

(D) Steps for returning an athlete to school and athletic activity after a concussion or head injury.

(2) “Licensed health care provider” means a licensed health care provider who is trained in the evaluation and management of concussions and is acting within the scope of his or her practice.

(3) “Youth sports organization” means an organization, business, nonprofit entity, or a local governmental agency that sponsors or conducts amateur sports competitions, training, camps, or clubs in which persons 17 years of age or younger participate in any of the following sports:

(A) Baseball.

(B) Basketball.

(C) Bicycle motocross (BMX).

(D) Boxing.

(E) Competitive cheerleading.

(F) Diving.

(G) Equestrian activities.

(H) Field hockey.

(I) Football.

(J) Full contact martial arts.

(K) Gymnastics.

(L) Ice hockey.

(M) Lacrosse.

(N) Parkour.

(O) Rodeo.

(P) Roller derby.

(Q) Rugby.

(R) Skateboarding.

(S) Skiing.

(T) Soccer.

(U) Softball.

(V) Surfing.

(W) Swimming.

(X) Synchronized swimming.

(Y) Volleyball.

(Z) Water polo.

(AA) Wrestling.

(c) This section shall apply to all persons participating in the activities of a youth sports organization, irrespective of their ages. This section shall not be construed to prohibit a youth sports organization, or any other appropriate entity, from adopting and enforcing rules intended to provide a higher standard of safety for athletes than the standard established under this section.

**California Law – AB 2007**  
**Youth Sports Concussion Protocols now in effect!**

Free Online Concussion Training (Heads Up Concussion through CDC):

<https://www.cdc.gov/concussion/HeadsUp/Training/index.html>

Free Fact Sheets for Parents:

<https://www.cdc.gov/headsup/youthsports/parents.html>

Free Fact Sheets for Athletes:

<https://www.cdc.gov/headsup/youthsports/athletes.html>

AB 2007 – More info and the text of the bill

[http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill\\_id=201520160AB2007](http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201520160AB2007)

## CIF Concussion Return to Play (RTP) Protocol

**CA STATE LAW AB 2127 (Effective 1/1/15) STATES THAT RETURN TO PLAY (I.E., COMPETITION) CANNOT BE SOONER THAN 7 DAYS AFTER EVALUATION BY A PHYSICIAN (MD/DO) WHO HAS MADE THE DIAGNOSIS OF CONCUSSION.**

### Instructions:

- This *graduated return to play protocol* **MUST** be completed before you can return to FULL COMPETITION.
  - A certified athletic trainer (AT), physician, or identified concussion monitor (e.g., coach, athletic director), must initial each stage after you successfully pass it.
  - Stages I to II-D take a *minimum* of 6 days to complete.
  - You must be back to normal academic activities before beginning Stage II.
  - You must complete one full practice *without restrictions* (Stage III) before competing in first game.
- After Stage I, you cannot progress more than one stage per day (or longer if instructed by your physician).
- If symptoms return at any stage in the progression, **IMMEDIATELY STOP** any physical activity and follow up with your school's AT, other identified concussion monitor, or your physician. In general, if you are symptom-free the next day, return to the previous stage where symptoms had not occurred.
- Seek further medical attention if you cannot pass a stage after 3 attempts due to concussion symptoms, or if you feel uncomfortable at any time during the progression.

<b>You must have written physician (MD/DO) clearance to begin and progress through the following Stages as outlined below (or as otherwise directed by physician).</b>				
Date & Initials	Stage	Activity	Exercise Example	Objective of the Stage
	I	No physical activity for at least 2 full symptom-free days <b>AFTER</b> you have seen a physician	No activities requiring exertion (weight lifting, jogging, P.E. classes)	Recovery and elimination of symptoms
	II-A	Light aerobic activity	<ul style="list-style-type: none"> <li>• 10-15 minutes of walking or stationary biking</li> <li>• <b>Must be performed under direct supervision by designated individual</b></li> </ul>	<ul style="list-style-type: none"> <li>• Increase heart rate to no more than 50% of perceived max. exertion (e.g., &lt; 100 beats per minute)</li> <li>• Monitor for symptom return</li> </ul>
	II-B	Moderate aerobic activity Light resistance training	<ul style="list-style-type: none"> <li>• 20-30 minutes jogging or stationary biking</li> <li>• Body weight exercises (squats, planks, push-ups), max 1 set of 10, no more than 10 min total</li> </ul>	<ul style="list-style-type: none"> <li>• Increase heart rate to 50-75% max. exertion (e.g., 100-150 bpm)</li> <li>• Monitor for symptom return</li> </ul>
	II-C	Strenuous aerobic activity Moderate resistance training	<ul style="list-style-type: none"> <li>• 30-45 minutes running or stationary biking</li> <li>• Weight lifting ≤ 50% of max weight</li> </ul>	<ul style="list-style-type: none"> <li>• Increase heart rate to &gt; 75% max. exertion</li> <li>• Monitor for symptom return</li> </ul>
	II-D	Non-contact training with sport-specific drills No restrictions for weightlifting	<ul style="list-style-type: none"> <li>• Non-contact drills, sport-specific activities (cutting, jumping, sprinting)</li> <li>• No contact with people, padding or the floor/mat</li> </ul>	<ul style="list-style-type: none"> <li>• Add total body movement</li> <li>• Monitor for symptom return</li> </ul>
<b>Minimum of 6 days to pass Stages I and II. Prior to beginning Stage III, please make sure that written physician (MD/DO) clearance for return to play, after successful completion of Stages I and II, has been given to your school's concussion monitor.</b>				
	III	Limited contact practice  Full contact practice	<ul style="list-style-type: none"> <li>• Controlled contact drills allowed (no scrimmaging)</li> <li>• Return to normal training (with contact)</li> </ul>	<ul style="list-style-type: none"> <li>• Increase acceleration, deceleration and rotational forces</li> <li>• Restore confidence, assess readiness for return to play</li> <li>• Monitor for symptom return</li> </ul>
<b>MANDATORY: You must complete at least ONE contact practice before return to competition. (Highly recommend that Stage III be divided into 2 contact practice days as outlined above.)</b>				
	IV	Return to play (competition)	Normal game play	Return to full sports activity without restrictions

**Athlete's Name:** \_\_\_\_\_ **Date of Concussion Diagnosis:** \_\_\_\_\_



## Concussion Information Sheet



### **Why am I getting this information sheet?**

You are receiving this information sheet about concussions because of California state law AB 25 (effective January 1, 2012), now Education Code § 49475:

1. The law requires a student athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.
2. Any athlete removed for this reason must receive a written note from a medical doctor trained in the management of concussion before returning to practice.
3. Before an athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the athlete and the parent or guardian.

Every 2 years all coaches are required to receive training about concussions (AB 1451), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

### **What is a concussion and how would I recognize one?**

A concussion is a kind of brain injury. It can be caused by a bump or hit to the head, or by a blow to another part of the body with the force that shakes the head. Concussions can appear in any sport, and can look differently in each person.

Most concussions get better with rest and over 90% of athletes fully recover, but, all concussions are serious and may result in serious problems including brain damage and even death, if not recognized and managed the right way.

Most concussions occur without being knocked out. Signs and symptoms of concussion (see back of this page) may show up right after the injury or can take hours to appear. If your child reports any symptoms of concussion or if you notice some symptoms and signs, seek medical evaluation from your team's athletic trainer and a medical doctor trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, is having difficulty staying awake or answering simple questions, he or she should be immediately taken to the emergency department of your local hospital.

On the CIF website is a ***Graded Concussion Symptom Checklist***. If your child fills this out after having had a concussion, it helps the doctor, athletic trainer or coach understand how he or she is feeling and hopefully shows progress. We ask that you have your child fill out the checklist at the start of the season even before a concussion has occurred so that we can understand if some symptoms such as headache might be a part of his or her everyday life. We call this a "baseline" so that we know what symptoms are normal and common. Keep a copy for your records, and turn in the original. If a concussion occurs, he or she should fill out this checklist daily. This Graded Symptom Checklist provides a list of symptoms to compare over time to make sure the athlete is recovering from the concussion.

### **What can happen if my child keeps playing with concussion symptoms or returns too soon after getting a concussion?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. There is NO same day return to play for a youth with a suspected concussion. Youth athletes may take more time to recover from concussion and are more prone to long-term serious problems from a concussion.

Even though a traditional brain scan (e.g., MRI or CT) may be "normal", the brain has still been injured. Animal and human studies show that a second blow before the brain has recovered can result in serious damage to the brain. If your athlete suffers another concussion before completely recovering from the first one, this can lead to prolonged recovery (weeks to months), or even to severe brain swelling (Second Impact Syndrome) with devastating consequences.

There is an increasing concern that head impact exposure and recurrent concussions contribute to long-term neurological problems. One goal of this concussion program is to prevent a too early return to play so that serious brain damage can be prevented.

**Signs observed by teammates, parents and coaches include:**

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>• Looks dizzy</li><li>• Looks spaced out</li><li>• Confused about plays</li><li>• Forgets plays</li><li>• Is unsure of game, score, or opponent</li><li>• Moves clumsily or awkwardly</li><li>• Answers questions slowly</li></ul> | <ul style="list-style-type: none"><li>• Slurred speech</li><li>• Shows a change in personality or way of acting</li><li>• Can't recall events before or after the injury</li><li>• Seizures or has a fit</li><li>• Any change in typical behavior or personality</li><li>• Passes out</li></ul> |
|--|---|

**Symptoms may include one or more of the following:**

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Headaches</li><li>• "Pressure in head"</li><li>• Nausea or throws up</li><li>• Neck pain</li><li>• Has trouble standing or walking</li><li>• Blurred, double, or fuzzy vision</li><li>• Bothered by light or noise</li><li>• Feeling sluggish or slowed down</li><li>• Feeling foggy or groggy</li><li>• Drowsiness</li><li>• Change in sleep patterns</li></ul> | <ul style="list-style-type: none"><li>• Loss of memory</li><li>• "Don't feel right"</li><li>• Tired or low energy</li><li>• Sadness</li><li>• Nervousness or feeling on edge</li><li>• Irritability</li><li>• More emotional</li><li>• Confused</li><li>• Concentration or memory problems</li><li>• Repeating the same question/comment</li></ul> |
|--|--|

**What is Return to Learn?**

Following a concussion, student athletes may have difficulties with short- and long-term memory, concentration and organization. They will require rest while recovering from injury (e.g., avoid reading, texting, video games, loud movies), and may even need to stay home from school for a few days. As they return to school, the schedule might need to start with a few classes or a half-day depending on how they feel. They may also benefit from a formal school assessment for limited attendance or homework such as reduced class schedule if recovery from a concussion is taking longer than expected. Your school or doctor can help suggest and make these changes. Student athletes should complete the Return to Learn guidelines and return to complete school before beginning any sports or physical activities. Go to the CIF website (cifstate.org) for more information on Return to Learn.

**How is Return to Play (RTP) determined?**

Concussion symptoms should be completely gone before returning to competition. A RTP progression involves a gradual, step-wise increase in physical effort, sports-specific activities and the risk for contact. If symptoms occur with activity, the progression should be stopped. If there are no symptoms the next day, exercise can be restarted at the previous stage.

RTP after concussion should occur only with medical clearance from a medical doctor trained in the evaluation and management of concussions, and a step-wise progression program monitored by an athletic trainer, coach, or other identified school administrator. Please see cifstate.org for a graduated return to play plan. [AB 2127, a California state law that became effective 1/1/15, states that return to play (i.e., full competition) must be **no sooner** than 7 days after the concussion diagnosis has been made by a physician.]

**Final Thoughts for Parents and Guardians:**

**It is well known that high school athletes will often not talk about signs of concussions, which is why this information sheet is so important to review with them. Teach your child to tell the coaching staff if he or she experiences such symptoms, or if he or she suspects that a teammate has suffered a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms.**

**References:**

- American Medical Society for Sports Medicine position statement: concussion in sport (2013)
- Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012
- <http://www.cdc.gov/concussion/HeadsUp/youth.html>





## Concussion Information Sheet



**Please Return this Page**

I hereby acknowledge that I have received the Concussion Information Sheet from my school and I have read and understand its contents. I also acknowledge that if I have any questions regarding these signs, symptoms and the "Return to Learn" and "Return to Play" protocols I will consult with my physician.

\_\_\_\_\_  
Student-athlete Name Printed

\_\_\_\_\_  
Student-athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date