# Concussion Awareness and Management Program

**Thorbeckes Athletic Club**

**CORE SAFETY RULE**

When in doubt, sit them out. Any participant with a suspected concussion must be removed from activity immediately and may not return the same day unless a qualified health care provider determines that a concussion is not suspected.

**Effective date:** August 26, 2026

## 1. Purpose and Scope

Thorbeckes Athletic Club is committed to protecting the health and safety of every participant. This program establishes consistent concussion awareness, response, documentation, and return-to-activity practices across Thorbeckes-operated sports, fitness, recreation, camps, lessons, practices, competitions, and events.

This program applies to employees, coaches, instructors, trainers, contractors, volunteers, participants, and parents or guardians of minor participants. It supplements, but does not replace, Thorbeckes' emergency action plans, first-aid procedures, governing-body rules, or the judgment of licensed health care professionals.

**IMPORTANT LIMITATION**

Thorbeckes staff do not diagnose concussions. A concussion is a medical condition. Staff identify possible signs or mechanisms of injury, remove the participant from activity, provide appropriate emergency response, notify the responsible adult, document the event, and require medical clearance when applicable.

## 2. What Is a Concussion?

A concussion is a type of traumatic brain injury caused by a bump, blow, or jolt to the head, or by a hit to the body that causes the head and brain to move rapidly. It may occur with or without loss of consciousness. Signs and symptoms may appear immediately or develop over minutes or hours.

## 3. Education and Annual Acknowledgment

Before supervising activities, and at least annually thereafter, coaches, instructors, program supervisors, and other staff who make participant-safety decisions must complete concussion-awareness training designated by Thorbeckes. Training will address:

- how concussions occur and why prompt removal matters;
- common observed signs, reported symptoms, and danger signs;
- the immediate response protocol and when to call 911;
- communication, supervision, incident reporting, and transportation restrictions;
- return-to-learn/work and graduated return-to-sport principles; and
- sport- and activity-specific risk-reduction practices.

Youth participants and their parents or guardians will receive concussion information and complete the acknowledgment required by Thorbeckes before participation in covered organized youth sports and annually when required by program rules or applicable law.

## 4. Recognizing a Possible Concussion

A possible concussion should be suspected after a relevant impact or fall when any sign, symptom, behavior change, or memory problem is present. Common examples include:

| Observed by others | Reported by participant |
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| Appears dazed, stunned, confused, or forgetful | Headache or pressure in the head |
| Moves clumsily or answers slowly | Dizziness, balance problems, or nausea |
| Cannot recall events before or after the incident | Blurred/double vision or sensitivity to light/noise |

| | |
|---|---|
| Shows mood, behavior, or personality changes | Feeling foggy, slowed down, tired, or not right |
| Loses consciousness, even briefly | Difficulty concentrating or remembering |

## 5. Immediate Response: Remove, Observe, Escalate

1. **Stop the activity immediately.** Remove the participant from play, training, exercise, or instruction. Do not allow same-day return based only on symptom improvement.
2. **Assess for an emergency.** Follow the site emergency action plan. Call 911 for danger signs, a deteriorating condition, or whenever the situation appears life-threatening.
3. **Protect from further injury.** Keep the participant out of activity, limit unnecessary movement, and do not leave the participant alone. Do not move a person with a possible neck or spine injury unless needed for immediate safety.
4. **Notify.** Contact the parent or guardian for a minor, or the participant's emergency contact for an adult when appropriate. Notify the manager on duty or designated Safety Coordinator.
5. **Arrange safe transfer of care.** A participant with a suspected concussion must not drive. Release a minor only to a parent, guardian, emergency responder, or other authorized adult.
6. **Document.** Complete the Thorbeckes incident report before the end of the shift or as soon as circumstances permit. Record observable facts, actions taken, notifications, and disposition - not a medical diagnosis.

**EMERGENCY DANGER SIGNS - CALL 911**

Worsening severe headache; repeated vomiting; seizure or convulsions; increasing confusion, agitation, or unusual behavior; inability to wake or increasing drowsiness; slurred speech; weakness, numbness, or decreased coordination; one pupil larger than the other; double vision; loss of consciousness; neck pain or tenderness; suspected skull fracture; or any rapidly worsening condition.

## 6. Medical Evaluation and Follow-Up

A participant removed for a suspected concussion should be evaluated promptly by a licensed health care provider trained in concussion evaluation and management. Thorbeckes will provide the participant or responsible adult with written post-incident instructions and information about signs that require emergency care.

Staff will not administer medication, provide medical clearance, or pressure a participant to continue. Symptoms may evolve; the participant and responsible adult should continue monitoring and follow the treating provider's instructions.

## 7. Return to Learn, Work, Exercise, and Sport

Recovery and return are individualized. Return to regular daily activities, school, or work should follow the treating provider's guidance. Temporary adjustments may be appropriate. A participant may begin a graduated return-to-sport process only with health care provider approval.

For a youth athlete removed from play because a concussion or head injury is suspected, Thorbeckes requires evaluation by a licensed health care provider trained in concussion management and written clearance before return to play. Thorbeckes may apply the same written-clearance standard to adult participants or any program where safety warrants it.

| Step | Activity | Goal |
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| 1 | Regular daily activities | Back to school/work and usual non-sport activities, as directed |
| 2 | Light aerobic activity | Increase heart rate gently; no resistance training |
| 3 | Moderate activity | Add moderate movement and limited resistance activity |
| 4 | Heavy, non-contact activity | Add higher intensity and non-contact sport-specific drills |
| 5 | Controlled practice / full contact | Return to practice and contact only when appropriate and cleared |
| 6 | Competition / unrestricted activity | Return to full participation |

Each step generally takes at least 24 hours. Advance only if no new symptoms occur at the current step. If symptoms return, stop activity, contact the health care provider, and resume only as directed, typically at the prior symptom-free step.

## 8. Risk Reduction

Thorbeckes will reduce avoidable head-impact risk by:

- using qualified supervision, age- and skill-appropriate instruction, and progressive skill development;
- maintaining clear activity areas and controlling traffic, spacing, and participant numbers;
- inspecting and maintaining facilities, playing surfaces, mats, goals, nets, and other equipment;
- using sport-appropriate protective equipment that fits and is maintained correctly, while recognizing that no helmet prevents all concussions;
- enforcing safety rules, safe conduct, and prompt reporting of impacts and symptoms; and
- reviewing incidents for preventable hazards or needed changes in staffing, instruction, equipment, or procedures.

## 9. Roles and Responsibilities

Program leadership will maintain this program, designate training, retain required records, review incidents, and update procedures. Coaches, instructors, and staff will follow removal and emergency protocols without delay. Participants will report symptoms honestly and avoid hiding an injury. Parents and guardians will review education, communicate relevant restrictions, obtain evaluation and clearance, and notify Thorbeckes of changes in condition.

## 10. Documentation, Privacy, and Program Review

Incident reports, acknowledgments, medical restrictions, and written clearances will be handled as confidential safety records, shared only with personnel who need the information to protect the participant or administer the program, and retained according to Thorbeckes' record-retention practices and applicable law.

The Safety Coordinator will review this program at least annually and after a serious incident, change in applicable requirements, or significant update to recognized concussion guidance. Staff questions or reports should be directed to the manager on duty or designated Safety Coordinator.

## 11. References and Policy Basis

- Centers for Disease Control and Prevention (CDC), HEADS UP: concussion recognition, response, recovery, and 6-Step Return to Play Progression.
- Washington State Department of Health, concussion-management resources.
- RCW 28A.600.190 (Zackery Lystedt law): youth-sports education, removal from play, evaluation, and written return-to-play clearance requirements in covered settings.
- USA Gymnastics Member Club Sample Concussion Policy Template (source template supplied to Thorbeckes).

This program is an operational safety framework and is not medical or legal advice. Thorbeckes should have the final program reviewed by its medical, legal, insurance, and risk-management advisers and align it with the rules of each applicable sport governing body.

## Appendix A. Incident Documentation Minimums

The Thorbeckes incident report should capture enough factual information to support follow-up and program review without attempting a medical diagnosis:

- participant name, age or date of birth, program, activity, location, date, and time;
- description of the event or suspected mechanism of injury and the source of that information;
- observable signs, participant-reported symptoms, and any change while under supervision;
- names of staff and witnesses; immediate care, restrictions, and emergency actions;
- parent/guardian or emergency-contact notifications, time of contact, and transfer of care;
- EMS response or destination, if known; and
- follow-up restrictions, written clearance received, and date of authorized return.