

<http://www.nebsportsconcussion.org/component/content/article/54-in-the-news/144-nebraska-enacts-new-concussion-awareness-act-lb260.html>

Nebraska Legislature Enacts New Concussion Law

The [Nebraska Concussion Awareness Act](#) (LB260) went into effect July 2012. The new law affects public, private, denominational, or parochial schools ([Statute 71-9104](#)), as well as any city, village, business, or nonprofit organization ([Statute 71-9105](#)) sponsoring a sporting activity having athletes 19 years old or younger, where there is a cost to participants or where such costs are sponsored, i.e. club sports, select teams, Parks & Rec programs, Legion, Babe Ruth, YMCA, AAU, Pop Warner, Midget FB, etc.

There are 3 primary components to the Nebraska Concussion Awareness Act:

1. **Education** – **(a)** concussion educational training must be made available to all coaches on how to recognize symptoms of a concussion, and how to seek proper medical treatment. **(b)** Athletes and parents must be provided concussion information prior to an athlete's participation on an annual basis that includes (i) signs & symptoms of a concussion, (ii) risks posed by sustaining a concussion, and (iii) actions an athlete should take in response to sustaining a concussion – including informing their coaches.
2. **Removal of Athlete** – an athlete presenting with signs or symptoms of a concussion thereby being “reasonably suspected” of having sustained a concussion **(a)** must be removed from participation, and **(b)** may not return to participation until evaluated by appropriate licensed health care professional, **and**,
3. **Written & Signed Clearance for Return to Play (RTP)** – an athlete having been removed from participation for the purpose of presenting with signs or symptoms or “reasonably suspected” of having sustained a concussion must have, before RTP or participation is allowed by a coach, **(a)** written and signed clearance from an appropriate licensed health care professional, and **(b)** written and signed clearance from the athlete's parents.

The State's Medical Officer has identified several concussion training programs coaches may utilize. The following programs are free, ~20-30 min. online concussion training courses available by either of the [NFHS](#), [CDC](#), [ACTive](#), or [ConcussionWise](#). These concussion training courses are also found listed with links in the [Resources](#) section of this website.

A **Licensed Health Care Professional** means a physician or licensed practitioner under the direct supervision of a physician, e.g. physician assistant (PA-C) or nurse practitioner (APRN); a neuropsychologist, an athletic trainer (ATC); or a qualified individual able to **(a)** provide health care services where doing so falls within one's scope of practice in Nebraska, AND **(b)** is trained in the evaluation and management of traumatic brain injury among a pediatric population.

Several things to note about Nebraska's concussion law include, there is no concussion parental informed consent required. Schools/Organizations may want to consider requiring coaches to periodically register and complete a concussion training course – the law only mentions training being made available. The Nebraska School Activities Association (NSAA) now requires all high school coaches at member schools to complete concussion training on an annual basis. Neurocognitive testing ([ImPACT Test](#)) is above and beyond what the law requires and is not mandated largely due to costs involved with such testing. Schools/Organizations are not required to determine or verify an individual's qualification that signs a written clearance – such onus falls on who ever signs a clearance. Schools/Organizations must notify a parent of a concussed athlete of the date and time of the head injury, the observed signs & symptoms, and action taken. Nothing in the law will construe to create liability for or modify the liability or immunity of a school.

Commentary - So, What Does It Mean To Schools, Youth Sports Organizations, and for Coaches?

Schools/Organizations will need to have concussion educational information readily available to provide to athletes and parents annually. Schools/Organizations must demand written clearance from an appropriate licensed health care professional, as well as written clearance from a parent before any concussed athlete returns to participation. Schools should anticipate the number of concussions, if appropriately recognized, to increase significantly due to many occurring in the past being unrecognized or written-off as insignificant. On average, 10% of athletes in a contact or collision sport, and 15%-20% of FB players sustain concussions by current standards. There may be unwillingness by some to seek care

from a physician, and some may present with questionable written clearance. Coaches will not only have a duty, but will be required to know the “Symptoms” inherent to concussion, and will be responsible for “recognizing” concussions and the potential for head injury. Coaches will have to remove any such athlete “reasonably suspected” of having sustained a concussion, and not allow that athlete to RTP without the athlete first being evaluated by an appropriate licensed health care professional, and without the athlete having written clearance from both a licensed health care professional and the parent. Although these have been sound, yet unwritten rules to live and coach by, they are now mandated as of July 2012.

So, what’s the reality of it? The most difficulty in complying with this law will be the understanding by coaches and parents of what is actually considered a concussion. The most painful aspect for coaches dealing with concussions will be: “getting a ding” or an athlete “getting their bell rung” is a concussion. An athlete that was “dinged” or had their “bell rung” is very likely to present with fairly recognizable signs and symptoms and is to be considered having sustained a concussion - regardless at what point the signs and symptoms may clear. Another point is, RTP of a concussed athlete will be essentially out of the hands of a coach, *if* at any point there are any signs or symptoms, or one is “reasonably suspected” of sustaining a concussion. No longer can there be any reasoning or judgment on the part of a coach or parent as to how minor or severe a concussion might be as to when either might think it’s OK for an athlete to RTP – RTP will be solely restricted to a licensed health care professional’s decision. It will be prohibitive for an athlete presenting with signs or symptom in a game, even briefly, to RTP within the same game, and it may become more of a rarity for an athlete concussed in a Friday night FB game to return for the following week’s game.

Conversely, an athlete could essentially resume play, provided an appropriate assessment was made where no such symptom findings were apparent to a coach. Removal, evaluation by a licensed health care professional, and written clearance are necessary in the event “signs and symptoms” were present or a concussion was “reasonably suspected”. Finally, asking an athlete “Are you OK?”, or “Do you feel OK to play?” will no longer be an appropriate means to assess an athlete's condition. Coaches will need to follow an appropriate method of sideline assessment for recognizing potential concussions.

Also noteworthy, a school and coach should also retain the responsibility to disqualify an athlete’s RTP in the presence of a note from anyone that clears an athlete that remains symptomatic (still having symptoms). Coaches must understand this tenet and make the connection to real life situations on the playing field.

We are required by Nebraska LB 260 to provide Concussion Awareness information annually to all coaches, players and parents/guardians.

Further training information can be found on: <http://dhhs.ne.gov/publichealth/concussion/Pages/Training.aspx>
USA Volleyball has a sticker with concussion information that is available from the Great Plains Region office that coaches can paste to their clipboard.

There are also apps available for use by coaches or club directors.

<http://www.bryanhealth.com/LB260>