



Friday, October 10, 2014
2:00 – 4:00 p.m.

Youth Sports Concussion and Head Injury Return to Play Guidelines Committee

246 N. High Street, Columbus
8th Floor Conference Room

MINUTES

Director Hodges called to order the first meeting of the Youth Sports Concussion and Head Injury Return to Play Committee.

Carol Brock conducted roll call of the Committee members. Those present were: Dr. Andrew Russman, Dr. Brian Wilson, Dr. Eric Griffin, Dr. Jason Dapore, Dr. Kim Rothermel and Dr. William Ramsey.

Director Hodges introduced Ohio Department of Health (ODH) staff present at the meeting. Those in attendance included: Dr. Mary Applegate, Dr. Mary Diorio, Dr. Andy Wapner, Dr. Mbabazi Kariisa, Julie Walburn, Lance Himes, Melissa Bacon, Ann Weidenbenner, Jolene DeFiore-Hyrmer, Sara Morman, Robert Jennings, Jessie Crews and Carol Brock.

Director Hodges stated that the Committee has a very important charge and its work will be instrumental in protecting the health and welfare of young athletes. Director Hodges further explained that this is not an access issue, but rather a forum in which to develop evidence-based return to play guidelines.

Director Hodges stated that as chair, his role is to manage the process and help keep the Committee on target for its intended purpose.

Director Hodges stated that if the committee would prefer to hold some of the meetings in their respective communities, he would welcome that.

Lance Himes, ODH General Counsel, reviewed the two laws that helped set forth the framework for the Committee's charge:

HB 143: Physicians and licensed health care professionals acting in consultation with a physician can make return to play decisions.

HB 143 (Stinziano, O'Brien, 129th GA) – Governor Kasich signed legislation in December 2012 establishing requirements related to youth sports concussions. ODH was required to develop a concussion information sheet and post links to concussion training for coaches and referees on our website. Under the law, youth may only return to play if assessed by a physician or a licensed health care professional acting in consultation with a physician.

HB 487: Language establishing a concussion committee is signed into law and final authority is given to licensing boards.

HB 487 (Brenner, 130th GA) - The Senate added language to the Mid-Biennium Review (MBR) bill requiring ODH to establish a concussion committee tasked with developing guidelines related to youth sports concussions. The new law was signed in June 2014 and specifies that individual licensing boards will determine whether their licensees may assess and clear youth athletes for return to play. If the boards permit their licensees, the boards shall adopt rules equal to or more stringent than the committee's guidelines.

Director Hodges indicated that there will be decisions made at future meetings and that the Committee will be operating under open public meetings laws. Lance Himes discouraged Committee members from discussing issues related to their charge outside of the formal meeting process.

The work of this Committee must be completed by March 16, 2015. The licensing boards must have rules in place not later than September 17, 2015. The rules process takes approximately 5-8 months to get into place.

Mbabazi Kariisa, with the ODH Injury and Violence Prevention Program, gave a presentation on the youth activity concussion problem in Ohio. The presentation highlighted the following:

Emergency Department Visits (ED):

- From 2002 to 2011, 41,087 sports/recreation (S/R)-related traumatic brain injuries (TBIs) were treated in ED's among those 18 years and younger in Ohio, accounting for 15 percent of all ED-treated TBIs in this age group
- Over half (57 percent) of S/R TBI's treated in EDs resulted from sports activities and more than one-quarter (27 percent) resulted from pedal cycling (traffic and non-traffic)
- On average, nearly 4,000 youths were treated in EDs for S/R related TBIs each year, with a significant rise over the course of the study period: from 2,859 in 2002 to 4,813 in 2011
- Rapid increases in the number of ED treated S/R-related TBI's were found primarily for sports activities from 2002 to 2011
- S/R-related TBIs resulting from sports activities accumulated the most ED treatment charges during the study period (\$33.6 million).

Hospitalizations:

- 1,188 or about 11 percent of TBI hospitalizations among those 18 years and younger resulted from S/R-related activities between 2002 and 2009, with an average of 148 hospitalizations per year
- Pedal cycle TBIs accounted for the greatest number of S/R-related hospitalizations. Over half (55 percent) of S/R-related hospitalizations resulted from pedal cycle (traffic and non-traffic) activities and one-quarter resulted from sports.

Fatalities:

- From 2002-2011, 11 young Ohioans 18 years and younger died from TBIs associated with S/R activities. All of the fatalities were caused by traffic related pedal cycle TBIs.

Director Hodges asked the committee members their perspectives on the issues and what they expected from the process:

Dr. Brian Wilson-

- Dr. Wilson has a concern with the rural areas. A lot of the rural areas do not have team doctors.
- The safety of the athletes is the #1 priority.

Dr. Jason Dapore-

- HB143 was a great Bill and we need to act in the best interest of our athletes.

Dr. Eric Griffin-

- Dr. Griffin's concern is the safety of the athlete and their assessment.
- This is a serious matter and these kids need to be returned to play appropriately.

Dr. William Ramsey-

- Dr. Ramsey has worked in rural areas for the past ten years.
- The kids are the main focus and we need to make sure they are safe.
- The diagnosis and treatment of concussions is something we need to look at.

Dr. Andrew Russman-

- Dr. Russman suggested that the first mission of the committee should be to talk about specific guidelines.
- We see repeated concussions and these school-age children are at risk.
- How will this affect their learning? Return to school first vs. return to play.

Dr. Kim Rothermel-

- The health and safety of children is the #1 priority.

- There are a lot of people that care about these children.
- The proper diagnosis and treatment of concussions is very important for this committee

Director Hodges stated that as being a father of two, he looks very much forward to working with this committee and will provide any resources at his disposal.

ODH will provide a list to the Committee of who will be testifying as per statute. Dr. Russman stated that we need to look at other guidelines and have them available for the Committee.

Director Hodges asked for feedback on future meetings.

- Dr. Griffin stated that Friday afternoons are good for him.
- Dr. Russman suggested meeting once a month.
- Director Hodges suggested holding the meetings from 10:00 am – 3:00 pm.
- Robert Jennings informed everyone that we only have three months of meetings left before the guidelines need to go into the drafting phase . The committee may want to consider holding two meetings in the month of January
- Melissa Bacon suggested the committee consider holding a meeting every three weeks

Director Hodges stated the next meeting will be held November 7, 2014. Information will go out to everyone prior to the meeting.

Jessica Crews asked that members who may have guidelines they want considered to please send those to Robert Jennings.

Contact Robert Jennings at Robert.Jennings@odh.ohio.gov or at 614-644-8138 with questions you may have concerning this committee.

Meeting adjourned, 2:58 pm.