

Document ID PL-08	Title Concussion Management	Effective Date 3 Feb 2015
Revision 0	Prepared By Policy Committee	Date Prepared 2 Feb 2015
	Approved By Board of Directors	Date Approved 2 Feb 2015

Policy: The Club is committed to see practices recommended by the Ministry of Tourism, Culture and Sport as well as Cross County Canada are used to ensure that those diagnosed with a concussion are properly reintroduced to ski programs.

Purpose: To provide direction for Club coaches and instructors to respond to accidents which may involve a concussion and to put in place procedures for athletes and program participants who are diagnosed with a concussion to safely return to activity.

Scope: This policy applies to employees and volunteers of the Club who act as instructors or coaches in programs offered by the Club

Definitions: Club: Walden Cross Country Fitness Club

Club Facilities: Naughton Trails, Beaver Lake Trails, Voyageur Trails

Program Activities: Activities organized by the Club for programs (Racing Team, Jackrabbits, and Adventure and Adult lessons) that it offers to members and to Day-Fee Users

Off-site Group Activities: Program Activities that do not occur at Club facilities. This could include summer training/team-building activities such as canoe trips and races/events at other clubs.

Procedures:

When an accident occurs during a Program Activity and there is potential for a concussion:

- The person in charge of the activity (coach or instructor) will ensure any required first aid is performed. If the accident has the potential to have caused a concussion or if symptoms are exhibited, the person in charge will speak to the injured person or parent/guardian about the seriousness of the injury and potential for concussion. The person in charge instructor will encourage the individual to seek medical advice and not return to the activity.
- The person in charge will follow the Injured Person procedure (PR-09-03) and complete the necessary paperwork.
- Refer to Appendix A for more details on precautionary steps that individuals or parents/guardians and coaches/instructors should consider when dealing with a suspected concussion.

- For individuals participating in racing teams representing Walden Nordic or programs offered by the Club (e.g. Jackrabbits, adventure program, and Adult training), coaches/instructors will ensure that a participant is able to safely return to skiing after being diagnosed with a concussion by requiring the participant to provide a doctor's note or a signed waiver from the parent or guardian (Appendix C) indicating that the individual can be reintroduced to activity.
- The Club's Board will ensure that all coaches and instructors are made aware of the causes and symptoms of concussions and approaches to safely return participants to activity once medical specialist had indicated it safe to do so (refer to Page 8 of the Ministry of Tourism, Culture and Sport Concussion Guidelines – Appendix A or www.health.gov.on.ca/en/public/programs/concussions/docs/mtcs_concussion_guide_en.pdf and Page 116 of the Cross Country Canada Coaches Manual – Appendix B) or at. Other guidelines can be found at the web site maintained by Centers for Disease Control and Prevention www.cdc.gov/concussion/
- This policy will be reviewed at least every 4 years to ensure information contained remains relevant.

Other Club Policies and Procedures that Relate to this Policy:

PL-07	Health & Safety Policy
PR-07-01	Emergency Response Plans
PR-07-03	Injured Person

Revision History:

Revision	Date	Description of Changes	Requested By
0	2 Feb 2015	Final Approval by Board	Board of Directors

APPENDIX A:



Ministry of Tourism, Culture and Sport

***CONCUSSION GUIDELINES**

**These Informational guidelines have been prepared for general informational purposes only. They are not intended to and do not constitute any medical advice and do not contain any medical diagnoses, symptom assessments or medical opinions.*

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CONTEXT:

The government takes seriously the health and well-being of all participants in sport and recreation activities and is committed to helping all Ontarians succeed and lead safe, healthy, productive, and active lives.

We all have a role to play in ensuring the safety of those participating in physical activity and for encouraging and motivating participants to assume responsibility for their own safety and the safety of others.

Recent research has made it clear that a concussion can have a significant impact on an individual's health and well-being. In fact, research shows that activities that require concentration can actually cause concussion symptoms to reappear or worsen. If a concussion is not identified and properly managed, it can result in permanent brain damage and, in rare occasions, even death.

Research also suggests that an individual who suffers a second concussion before he/she is symptom-free from the first concussion is susceptible to Second Impact Syndrome – a rare condition that causes rapid and severe brain swelling and often catastrophic results.

Awareness of the signs and symptoms of concussion and knowledge of how to properly manage a concussion is critical to recovery and helping to ensure the individual is not returning to physical activities too soon, risking further complications.

A concussion is a clinical diagnosis made by a medical doctor. It is critical that someone with a suspected concussion be examined by a medical doctor or nurse practitioner.

The Ministries of Education, Health and Long-Term Care and Tourism, Culture and Sport are working together to increase awareness, inside and outside of the school setting, on head injury prevention and concussion identification and management.

DEFINITION:

A concussion:

- is a brain injury that causes changes in how the brain functions, leading to symptoms that can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty concentrating or remembering), emotional/behavioural (e.g., depression, irritability) and/or related to sleep (e.g., drowsiness, difficulty falling asleep);
- may be caused either by a direct blow to the head, face or neck, or a blow to the body that transmits a force to the head that causes the brain to move rapidly within the skull;
- can occur even if there has been no loss of consciousness (in fact most concussions occur without a loss of consciousness); and,
- cannot normally be seen on X-rays, standard CT scans or MRIs.

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COMMON SIGNS AND SYMPTOMS OF CONCUSSION:

Following a blow to the head, face or neck, or a blow to the body that transmits a force to the head, a concussion should be suspected in the presence of any one or more of the following signs or symptoms:

Possible Signs Observed <i>A sign is something that will be observed by another person (e.g., parent/guardian, teacher, coach, supervisor, peer).</i>	Possible Symptoms Reported <i>A symptom is something the student will feel/report.</i>
<p>Physical</p> <ul style="list-style-type: none"> • vomiting • slurred speech • slowed reaction time • poor coordination or balance • blank stare/glassy-eyed/dazed or vacant look • decreased playing ability • loss of consciousness or lack of responsiveness • lying motionless on the ground or slow to get up • amnesia • seizure or convulsion • grabbing or clutching of head <p>Cognitive</p> <ul style="list-style-type: none"> • difficulty concentrating • easily distracted • general confusion • cannot remember things that happened before and after the injury • does not know time, date, place, class, type of activity in which he/she was participating • slowed reaction time (e.g., answering questions or following directions) <p>Emotional/Behavioural</p> <ul style="list-style-type: none"> • strange or inappropriate emotions (e.g., laughing, crying, getting angry easily) <p>Sleep Disturbance</p> <ul style="list-style-type: none"> • drowsiness • insomnia 	<p>Physical</p> <ul style="list-style-type: none"> • headache • pressure in head • neck pain • feeling off/not right • ringing in the ears • seeing double or blurry/loss of vision • seeing stars, flashing lights • pain at physical site of injury • nausea/stomach ache/pain • balance problems or dizziness • fatigue or feeling tired • sensitivity to light or noise <p>Cognitive</p> <ul style="list-style-type: none"> • difficulty concentrating or remembering • slowed down, fatigue or low energy • dazed or in a fog <p>Emotional/Behavioural</p> <ul style="list-style-type: none"> • irritable, sad, more emotional than usual • nervous, anxious, depressed <p>Sleep Disturbance</p> <ul style="list-style-type: none"> • drowsy • sleeping more/less than usual • difficulty falling asleep

Additional Information:

- Signs/symptoms can appear right after the injury, or may appear within hours or days of the injury.
- The signs/symptoms may be different for everyone.
- An individual may be reluctant to report symptoms because of a fear that they will be removed from the activity, or their status on a team or in a game could be jeopardized.
- It may be difficult for younger children (under the age of 10) and those with special needs or where English/French is not their first language to communicate how they are feeling.
- Signs for younger children (under the age of 10) may not be as obvious as in older children/adults.

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INITIAL RESPONSE – Removal from Physical Activity:

An individual responsible for those who are participating in organized physical activity who believes that, following a blow to the head, face or neck, or a blow to the body that transmits a force to the head, a participant in the activity may have suffered a concussion needs to take immediate action. (see Appendix A for INITIAL RESPONSE – Removal from Physical Activity Flow Chart)

For a participant who is:

- **Unconscious**

- Initiate emergency action plan and **call 911**.
- If applicable, contact the child/youth's parent/guardian to inform them of the injury and that their child is being transported to the hospital.
- Stay with the individual until Emergency Medical Services arrives.
- Monitor and document any physical, emotional and/or cognitive changes.

For someone who is Unconscious:

- Assume there is also a possible head and/or neck injury and, **only if trained**, immobilize the individual before ambulance transportation to hospital.
 - Do not remove athletic equipment (e.g. helmet) unless there is difficulty breathing.
- If applicable, ensure the child/youth's parent/guardian is aware that he/she must inform the coach, administrator and/or supervisor of the child/youth's condition (i.e., concussed or not concussed) prior to the child/youth returning to physical activity.
- Even if consciousness is regained, he/she needs to be examined by a medical doctor or nurse practitioner. (see steps below for someone who is conscious)

- **Conscious**

- Remove the participant from the activity immediately.
- If signs are observed or symptoms are reported, **a concussion should be suspected**.
 - If a concussion is not suspected (i.e., signs are not observed and symptoms are not reported), the participant may resume physical activity; however, if applicable, a parent/guardian should be contacted and informed of the incident.*
- If applicable, contact the parent/guardian and inform them of the injury and the need to be examined by a medical doctor or nurse practitioner.
- Stay with the injured participant until a parent/guardian or emergency contact arrives.
- Monitor and document any physical, emotional and/or cognitive changes.

* Remember: signs and symptoms of concussion may appear within hours or days of the injury.

For a Participant who is Conscious:

- **If in doubt, sit them out.**
- Do not administer medication (unless conditions require it – e.g., insulin for diabetics).
- If applicable, ensure a parent/guardian is aware that he/she must inform the coach, administrator and/or supervisor of the participant's condition (i.e., concussed or not concussed) prior to their return to physical activity.

Note – Responsibility of Coach, Administrator and/or Supervisor

If a participant has been identified as having a suspected concussion, it is the responsibility of coach, administrator and/or supervisor of that activity to notify all affected parties including the participant, a

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parent/guardian (when appropriate) as well as other coaches, administrators and/or supervisors of the suspected concussion. At this point the individual should not participate in any physical activity until he/she has visited a medical doctor or nurse practitioner.

Note – Children/Youth Under the Age of 18

If the participant identified as having a suspected concussion is under the age of 18 and currently attending a publicly funded elementary/high school in Ontario then that student's parent/guardian should contact their school principal. The school principal will then inform all school staff (e.g., classroom teachers, physical education teachers, intramural supervisor, coaches, volunteers) who work with the child/youth that the child/youth should not participate in any learning or physical activities until the parent/guardian reports back to the school principal.

MEDICAL EXAMINATION:

Following examination by a medical doctor or nurse practitioner and prior to the individual returning to physical activity, the coach, administrator and/or supervisor must be informed of the results.

- If **No Concussion** is **Diagnosed**: the participant may return to physical activities.
- or
- If a **Concussion** is **Diagnosed**: the medically supervised gradual Return to Physical Activity (R2P) plan is put in place (*see Appendix B for Return to Physical Activity Flow Chart*).

Note – Parent/Guardian Responsibilities for Children/Youth Under the Age of 18

If the participant identified as having a concussion is under the age of 18 and currently attending a publicly funded elementary/high school in Ontario, it is the responsibility of that individual's parent/guardian to notify his/her school principal.

RETURN TO PHYSICAL ACTIVITY (R2P) (following a diagnosed concussion):

A participant with a diagnosed concussion follows a medically supervised and individualized gradual Return to Physical Activity (R2P) plan.

It is critical to recovery that the individualized R2P plan be developed through a collaborative team approach. This team should include:

- the concussed individual
- her/his parents/guardians (if applicable)
- his/her coach, administrator and/supervisor
- school staff, including teachers, coaches etc. (if applicable)
- a medical doctor or nurse practitioner

Ongoing communication and monitoring by all members of the team will be essential to successful recovery.

Note – Children/Youth Under the Age of 18

If the concussed participant is under the age of 18 and currently attending a publicly funded elementary/high school in Ontario then that student's parent/guardian should contact their child's school principal.

R2P – Step 1

The first step in the medically supervised gradual R2P plan is for the individual to have:

- limit cognitive activities which provoke symptoms (*e.g., activities requiring mental concentration such as reading, television, video games, texting*) and physical (*e.g., activities requiring physical exertion*) rest until her/his symptoms begin to show improvement (minimum of 24 hours). This is determined by the medical doctor or nurse practitioner in consultation with the concussed individual and parent/guardian (if applicable).

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Additional Information:

- The most important treatment for concussion is rest (i.e., cognitive and physical).
- A child/youth does not attend school during **R2P – Step 1**.

Note

In order to proceed to **R2P-Step 2**, the concussed individual or parent/guardian (if applicable) must report back to his/her coach, administrator and/or supervisor that he/she is symptom free.

R2P – Step 2

Activity: Individual light aerobic exercise only (e.g., walking or stationary cycling).

Restrictions: No resistance/weight training. No competition (including practices, scrimmages). No participation with equipment or with other participants. No drills. No body contact.

Note

In order to proceed to **R2P – Step 3**, the concussed individual or parent/guardian (if applicable) must report back to his/her coach, administrator and/or supervisor that he/she is symptom free.

R2P – Step 3

Activity: Individual sport specific exercise only (e.g. running, skating, shooting).

Restrictions: No resistance/weight training. No competition (including practices, scrimmages). No body contact, no head impact activities (e.g., heading a ball in soccer), or other jarring motions (e.g., high speed stops, hitting a baseball with a bat).

R2P – Step 4

Activity: Activities where there is no body contact (e.g., dance, badminton, volleyball). Light resistance/weight training. Non-contact practice and non-contact sport specific drills (e.g., ball drills, shooting drills).

Restrictions: No activities that involve body contact, head impact (e.g., heading the ball in soccer) or other jarring motions (e.g., high speed stops, hitting a baseball with a bat).

Note

Medical Clearance: In order for a concussed individual to move from R2P Step 4 to R2P Step 5 he/she must provide written documentation from a medical doctor or nurse practitioner to his/her coach, administrator and/or Supervisor. The documentation must indicate that the individual is symptom-free and able to return to full participation in physical activity before he/she can proceed to **R2P – Step 5**.

R2P – Step 5

Activity: Full participation in regular physical activities in non-contact sports. Full training/practices for contact sports.

Restrictions: No competition (e.g., games, meets, events) that involve body contact.

R2P – Step 6 (Contact Sports only)

Activity: Full participation in all physical activities, including contact sports.

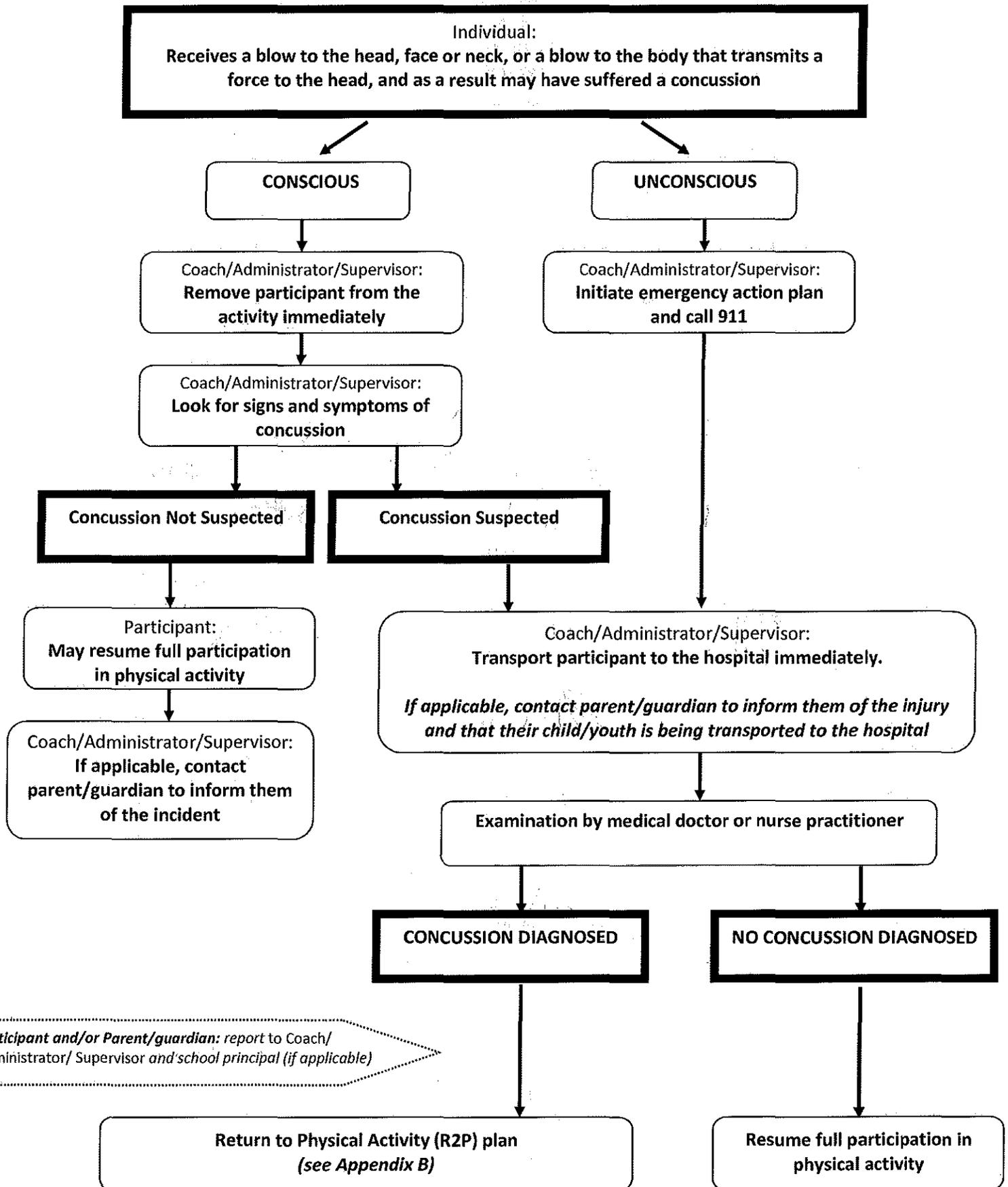
Restrictions: None.

Additional Information:

- Physical activities can cause concussion symptoms to reappear.
- Steps are not days – each step must take a minimum of 24 hours and the length of time needed to complete each step will vary based on the severity of the concussion.
- The concussed individual should be regularly monitored regularly for the return of any signs and/or symptoms of concussion.
 - If signs and/or symptoms return, consult with the medical doctor and/or nurse practitioner.

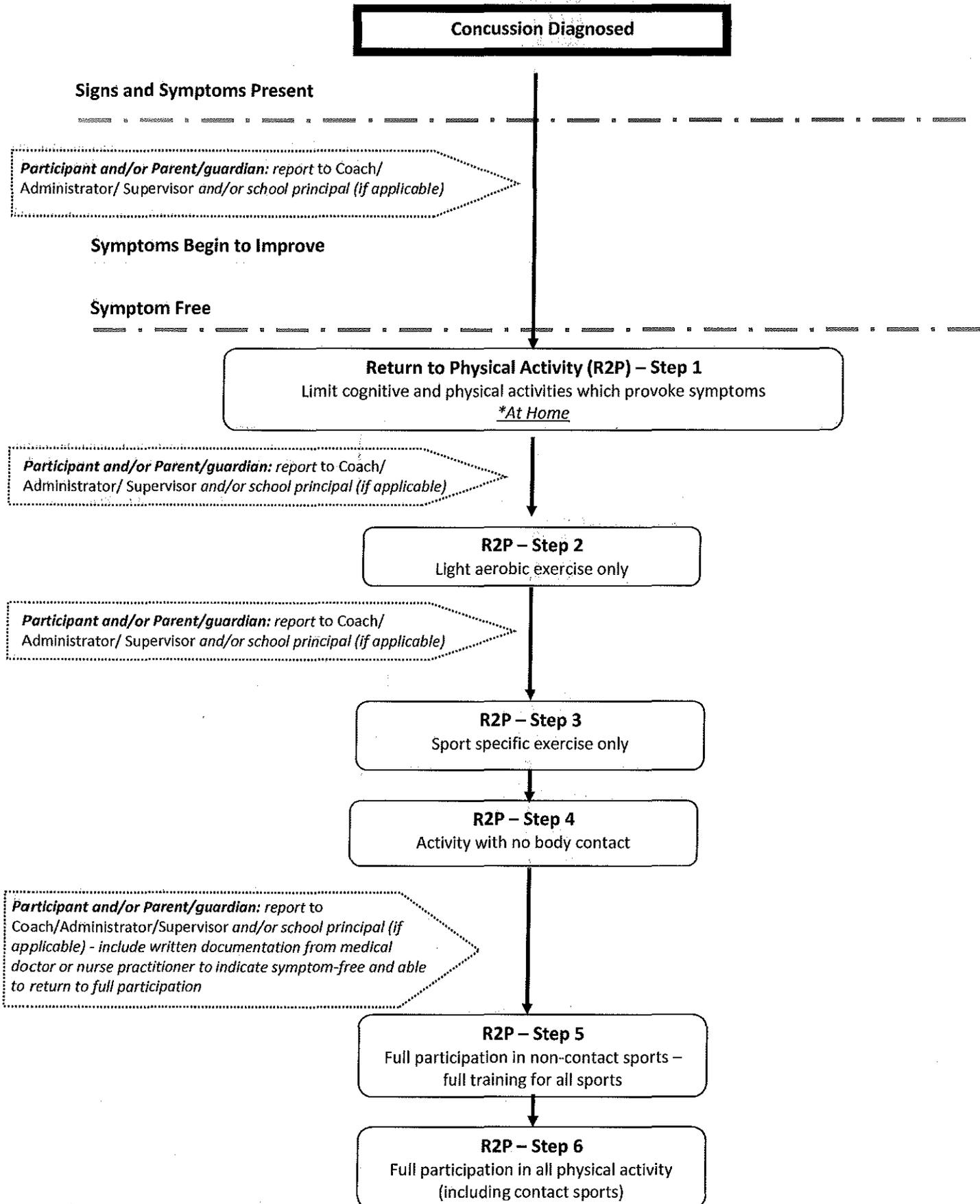
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Appendix A: INITIAL RESPONSE – Removal from Physical Activity



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Appendix B: RETURN TO PHYSICAL ACTIVITY (R2P)



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APPENDIX B:

Head Injuries And Concussions: Guidelines For Coaches

NB: The following information is presented as a series of guidelines only. Head injuries must be treated by a recognized medical professional.

Introduction

Head injuries and concussions can occur in many sports, either in training or during competitions. Because of the potentially grave consequences of injuries to the head, coaches must take certain precautions and should enforce strict safety measures when dealing with them.

The information contained in this section is not designed to train coaches on how to implement a medical treatment or to offer medical advice in the event of a concussion. Rather, its purpose is to provide some recommendations on how to manage situations involving head injuries in a responsible manner. It is important to note that there is presently a lack of consensus in the medical community regarding precise grading scales and return to training or competition criteria following concussions.

What is a concussion?

A concussion is an injury to the brain that results from a hit to the head, or to another part of the body that allows the transmission of impact forces to the head. It shows itself through a temporary alteration in the mental status of the individual, and may also be accompanied by some physical symptoms.

Some common causes of concussions

The situations that may result in head injuries vary greatly from sport to sport. Producing a comprehensive list of possible causes is therefore difficult. However, some common causes include:

direct blows to the head, face, jaw, or neck
collisions from the blind side, or hits from behind
hard fall on the buttocks, or whiplash effect
poor quality of protective sport equipment (shock absorption), failure to wear protective equipment designed for the head, or improper adjustment of the same
the environment (e.g. obstacles near playing surface)
significant differences in the skill level, age, or size of participants involved in activities with physical contact or risk of impact
poor physical condition, or insufficient strength in the neck and upper body musculature.

Symptoms

Symptoms observed in the case of a concussion include headache, dizziness, loss of consciousness, nausea, lethargy, memory loss, confusion or disorientation (lack of awareness of time, place, date), vacant stare, lack of focus, ringing in the ears, seeing stars or flashing lights, speech impairment, balance impairment, and problems with sight.

Other signs may include a major decrease in performance, difficulty following directions given by the coach, slow responses to simple questions, and displaying inappropriate or unusual reactions (laughing, crying) or behaviours (change in personality, illogical responses to sport situations).

A person can suffer from a concussion without losing consciousness.

Managing a participant with concussion symptoms

The following short-term measures should be implemented in the event that a participant suffers a concussion:

An unconscious participant, or an participant with significant changes in mental status following a head injury, must be transported to the emergency department of the nearest hospital by ambulance. This is a grave situation, and the participant *must be seen by a medical doctor immediately*. In such a situation, the *Emergency Action Plan must be implemented*.

A participant showing *any* of the concussion symptoms should not be allowed to return to the current practice or competition.

A participant showing concussion symptoms must not be left alone, and monitoring for the deterioration of his/her condition is essential. He/she should be medically evaluated as soon as possible following the injury. The circumstances of the injury should be recorded and communicated to the medical personnel.

If any of the concussion symptoms reoccur, the participant's condition should be considered serious, and the individual *must* go immediately to the hospital.

Managing the participant's return after a concussion

Although a participant may have been given the authorization to return to regular training and competition, this must be done gradually. The participant must be re-evaluated periodically during the weeks that follow his/her return, to ensure that there are no reoccurring symptoms.

Below are a series of steps to assist coaches in managing the return to training or to competition of a participant who has suffered a concussion. Each step should take at least one day, although proceeding through each step may take longer depending on individual circumstances (Step 5 applies predominantly to sports that involve body contact).

Step 1: No activity, complete rest; if no symptoms are observed for one full day, move to Step 2.

Step 2: Low-intensity continuous exercise, such as walking, jogging, or cycling on a stationary bicycle; if no symptoms are observed, move to Step 3.

Step 3: Low-intensity, sport-specific activity without contact; if no symptoms are observed, move to Step 4.

Step 4: Moderate-intensity sport-specific training activities without body contact; if no symptoms are observed, move to Step 5.

Step 5: Regular practice with body contact if it is required by the sport (no hard impact); if no symptoms are observed, move to Step 6.

Step 6: Return to regular training and to competition.

If symptoms do reoccur, the participant must immediately stop any form of activity and be examined by a medical doctor before resuming training or competition. It is extremely important for the participant, the coach, and the medical personnel to be open and frank when evaluating the participant's condition. If reoccurring symptoms are not disclosed, the participant may suffer permanent damage.

Repeated concussions

Some data suggest that after a first concussion, a person might be more at risk of suffering from concussive injuries in the future. If a participant has a history of repeated concussions, he/she should participate in sport activities only when *full clearance* to do so is obtained from a medical professional.

NB: This information is based on the summary and agreement statement of the first international symposium on concussion in sport held in Vienna in 2001, and on a brochure produced by Judo Canada, entitled "Safety First - What You Need To Know About Concussions." The Coaching Association of Canada is grateful to the Concussion in Sport Group and its chair, Dr. Karen M. Johnston, Division of Neurosurgery, McGill University Health Centre, and to Judo Canada's sport director, Andrzej Sadej, for permission to adapt this material. The Coaching Association of Canada also wishes to express its thanks to Dr. Johnston for reviewing this text.

