

ROCKLAND UNITED SOCCER CLUB



CONCUSSION PROTOCOL

The Rockland United Soccer Club “Concussion Protocol” borrows directly from the concussion protocol developed by the Ontario Physical and Health Education Association (OPHEA) as part of the Ontario Physical Education Safety Guidelines.

The term “player” is substituted wherever the term “student” appears in the OPHEA document that can be found at: <http://safety.ophea.net/concussion-protocols>

CONTEXT

Although the OPHEA document references school activities, the sections referencing concussions and subsequent return to play are employed by RUSC in preventing, identifying and managing concussions.

Club and team administrators, e.g. coaches and trainers, as well as players, parents and other volunteers play an important role in the prevention of concussions, identification of a suspected concussion, as well as the ongoing monitoring and management of a player with a concussion.

CONCUSSION DEFINITION

As indicated in the OPHEA document, “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.”

CONCUSSION DIAGNOSIS

Furthermore, as the document indicates, “a concussion is a clinical diagnosis made by a medical doctor or nurse practitioner. It is critical that a player with a suspected concussion be examined by a medical doctor or nurse practitioner.”

1. PREVENTION COMPONENT

The Director of Risk and Safety Management is a member of the Club’s Executive and is responsible for taking a preventative approach to encourage a culture of safety awareness within the Club’s activities.

The Club's policy includes strategies for preventing and minimizing the risk of sustaining concussions (and other head injuries) and long-term complications as follows:

- **the Club's player development focus (LTPD for ages U4 to U12) will be on foot skills and will not include heading the ball. The Club will inform all coaches of teams in U4 to U13 age groups that heading the ball is not to be included in any practice sessions and is to be discouraged in game play.**
- **the Club's Facilities Manager will regularly inspect and report to the Director – Risk and Safety Management on field and equipment conditions. Team administrators (coaches, managers, etc.) will be required to report any issues with field conditions or any equipment with which they have concerns to the Facilities Manager and Equipment Manager, respectively. The Facilities Manager, Equipment Manager and the Director – Risk and Safety Management will make a decision as to how to mitigate the issues;**
- **the Director – Risk and Safety Management will work with the relevant Directors to ensure that all Representative and Recreational Youth League coach manuals include a copy of this Concussion Protocol and the coaches will be informed to make themselves aware of the information.**
- **the Director – Risk and Safety Management will ensure that at least one team administrator from each team in the Representative Program has received first-aid training including identification and management of a concussion.**
- **the Club's Code of Conduct which requires the acknowledgement of team administrators, parents and players will ensure that all concerned are aware of the issues related to concussions and acknowledge the Club's "return to play" policy that is to be strictly adhered to by all members of the Club.**

2. IDENTIFICATION OF CONCUSSION

a) INITIAL RESPONSE:

If a player receives a 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, and as a result may have suffered a concussion, the individual (e.g. coach, trainer) responsible for that player must take immediate action as follows:

Unconscious Player (or where there was any loss of consciousness)

- **Stop the activity immediately – assume there is a concussion.**

- Initiate Emergency Action Plan and call 911. Do not move the player.
- Assume there is a possible neck injury and, only if trained, immobilize the player before emergency medical services arrive.
 - Do not remove athletic equipment (e.g., helmet) unless there is difficulty breathing.
- Stay with the player until emergency medical services arrive.
- Contact the player's parent/guardian (or emergency contact) to inform them of the incident and that emergency medical services have been contacted.
- Monitor and document any changes (i.e., physical, cognitive, emotional/behavioural) in the player.
 - Refer to the Club's injury report form.
- If the player regains consciousness, encourage him/her to remain calm and to lie still. Do not administer medication (unless the player requires medication for other conditions – e.g., insulin for a player with diabetes).
- **Report the incident to the Club using the Club's injury report form (included in the coach manual)**

Conscious Player

- Stop the activity immediately.
- When the player can be safely moved, remove him/her from the current activity or game.
- **Conduct an initial concussion assessment** of the player (see Appendix A – *Tool to Identify a Suspected Concussion*”).

b) INITIAL CONCUSSION ASSESSMENT

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:

TABLE 1: Common Signs and Symptoms of a Concussion

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

Note:

- Signs and symptoms can appear immediately after the injury or may take hours or days to emerge.
- Signs and symptoms may be different for everyone.
- A player may be reluctant to report symptoms because of a fear that he/she will be removed from the activity, his/her status on a team or in a game could be jeopardized or academics could be impacted.
- It may be difficult for younger players (under the age of 10), players with special needs or players for whom English/French is not their first language to communicate how they are feeling.
- Signs for younger players (under the age of 10) may not be as obvious as in older players.

i. If sign(s) ARE observed and/or symptom(s) ARE reported and/or the player FAILS the Quick Memory Function Assessment (see Appendix A):

Team Administration Response

- A concussion should be suspected – **do not allow the player to return to play in the activity, game or practice that day even if the player states that he/she is feeling better.**
- Contact the player’s parent/guardian (or emergency contact) to inform them:
 - of the incident;
 - that they need to come and pick up the player; and,
 - that the player needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.
- Monitor and document any changes (i.e., physical, cognitive, emotional/behavioural) in the player. If any signs or symptoms worsen, call 911.
- Do not administer medication (unless the player requires medication for other conditions – e.g., insulin for a player with diabetes).
- Stay with the player until her/his parent/guardian (or emergency contact) arrives.
 - The player must not leave the premises without parent/guardian (or emergency contact) supervision.
- **Report the incident to the Club using the Club’s injury report form (included in coach manual)**

Information to be provided to Parent/Guardian:

- Parent/Guardian must be:
 - informed that the player needs to be examined by a medical doctor or nurse practitioner as soon as possible that day; and, provided with a copy of the form used to identify the suspected concussion,
 - informed that they need to communicate to the Club’s Director – Risk and Safety Management the results of the medical examination (i.e. the player does not have a diagnosed concussion or the player has a diagnosed concussion) prior to the player returning to play (see Appendix B – ***Documentation of Medical Examination***).
 - **If no concussion is diagnosed**: the player may resume regular physical activities.
 - **If a concussion is diagnosed**: the player follows a medically supervised, individualized and gradual Return to Physical Activity Plan.

ii. If signs are NOT observed, symptoms are NOT reported AND the player passes the Quick Memory Function Assessment (see page 2 of Appendix A):

Team administration response:

- A concussion is not suspected - the player may return to physical activity.
- However the player's parent/guardian (or emergency contact) must be contacted and informed of the incident.
- **Reporting the incident to the Club using the Club's injury report form (included in coach manual) will be left to the discretion of the team administration**

Information to be provided to Parent/Guardian:

- Parent/Guardian must be informed that:
 - signs and symptoms may not appear immediately and may take hours or days to emerge;
 - the player should be monitored for 24-48 hours following the incident; and,
 - if any signs or symptoms emerge, the player needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.
- Team administrators may wish to use the ***Tool to Identify a Suspected Concussion*** (see Appendix A) to communicate this information to the parent/guardian.

iii. Responsibilities of the Club – Concussion suspected

Once a player has been identified as having a suspected concussion, the team administration (with the full support of the Club through the office of the Director – Risk and Safety Management) will inform the parent/guardian that the player shall not be allowed to participate in any further activities involving the Club until the parent/guardian communicates the results of the medical examination (i.e. the player does not have a diagnosed concussion or the player has a diagnosed concussion) to the team administration by completing and signing the form ***Documentation of Medical Examination*** in Appendix B.

A copy of the completed and signed form “Documentation of Medical Examination” must be forwarded to the Club for record-keeping purposes.

Figure 1: PROCESS IN IDENTIFICATION OF CONCUSSION



3. MANAGEMENT PROCEDURES FOR A DIAGNOSED CONCUSSION

If the ***Documentation of Medical Examination*** form (Appendix B) indicates a concussion, the player will not be permitted to return to play until such time as a medical certificate clearly indicating that there are no further issues related to the concussion is received by the Club.

A player with a diagnosed concussion needs to follow a medically supervised, individualized and gradual Return to Physical Activity Plan. A player with a diagnosed concussion must be symptom free prior to returning to play with any team associated with the Club.

In developing the Plan, the return to physical activity process follows an internationally recognized graduated stepwise approach. The 6-step process is as follows:

Step 1 – Return to Physical Activity

The player is not allowed to attend practices or games during Step 1.

The most important treatment for concussion is rest (i.e., cognitive and physical).

- Cognitive rest includes limiting activities that require concentration and attention (e.g., reading, texting, television, computer, video/electronic games).
- Physical rest includes restricting recreational/leisure and competitive physical activities.
- Step 1 continues for a minimum of 24 hours and until:
 - the player’s symptoms begin to improve; OR,
 - the player is symptom free;

as determined by the parents/guardians and the concussed player.

Parent/Guardian:

Before the player can return to practices, the parent/guardian must communicate to the team administration (see ***Appendix C – Documentation for a Diagnosed Concussion – Return to Physical Activity Plan***) that the player is symptom free (and the player will proceed directly to Step 2 – Return to Physical Activity).

Step 2 – Return to Physical Activity

Activity: Individual light aerobic physical activity only (e.g., walking, swimming or stationary cycling keeping intensity below 70% of maximum permitted heart rate)

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

Objective: To increase heart rate

Parent/Guardian:

Must report back to the team administration (see Appendix C – *Documentation for a Diagnosed Concussion – Return to Physical Activity Plan*) that the player continues to be symptom free in order for the player to proceed to Step 3.

Step 3 – Return to Physical Activity

Activity: Individual sport-specific physical activity only (e.g. running drills in soccer, skating drills in hockey, shooting drills in basketball)

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).

Objective: To add movement

Step 4 – Return to Physical Activity

Activity: Activities where there is no body contact (e.g., dance, badminton). Progressive resistance training may be started. Non-contact practice and progression to more complex training drills (e.g. passing drills in football and ice hockey).

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)

Objective: To increase exercise, coordination and cognitive load

Parent/Guardian:

Must provide the team administration with written documentation from a medical doctor or nurse practitioner (see Appendix C – *Documentation for a Diagnosed Concussion – Return to Physical Activity – Approval to Return to Practice*) that indicates the player is symptom free and able to return to full participation in physical activity in order for the player to proceed to Step 5 – Return to Physical Activity.

Team Administration:

Written documentation (see Appendix C – *Documentation for a Diagnosed Concussion – Return to Physical Activity – Approval to Return to Practice*) must be filed with the Club for record-keeping purposes.

Step 5 – Return to Physical Activity

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

Objective: To restore confidence and assess functional skills by teacher/coach

Parent/Guardian:

Must provide the team administration with written documentation from a medical doctor or nurse practitioner (see Appendix C – *Documentation for a Diagnosed Concussion – Return to Physical Activity – Approval to Return to Game Play*) that indicates the player is symptom free and able to return to full participation in physical activity in order for the player to proceed to Step 6 – Return to Physical Activity.

Team Administration:

Written documentation (see Appendix C – *Documentation for a Diagnosed Concussion – Return to Physical Activity – Approval to Return to Game Play*) must be filed with the Club for record-keeping purposes.

Step 6 – Return to Physical Activity (Contact sports only)

Activity: Full participation in contact sports

Restrictions: None

APPENDIX A – Tool to Identify a Suspected Concussion

Identification of Suspected 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 must be suspected in the presence of any one or more of the signs or symptoms outlined in the chart below and/or the failure of the Quick Memory Function Assessment.

1. Check appropriate box

An incident occurred involving _____ on _____.
(player name) (date)

He/she was observed for signs and symptoms of a concussion.

- No signs or symptoms described below were noted at the time. Note: Continued monitoring of the player is important as signs and symptoms of a concussion may appear hours or days later (refer to #4 below).
- The following signs were observed or symptoms reported:

Signs and Symptoms of Suspected Concussion	
Possible Signs Observed <i>A sign is something that is observed by another person (e.g., parent/guardian, teacher, coach, supervisor, peer).</i>	Possible Symptoms Reported <i>A symptom is something the player will feel/report.</i>
Physical <ul style="list-style-type: none"> <input type="checkbox"/> vomiting <input type="checkbox"/> slurred speech <input type="checkbox"/> slowed reaction time <input type="checkbox"/> poor coordination or balance <input type="checkbox"/> blank stare/glassy-eyed/dazed or vacant look <input type="checkbox"/> decreased playing ability <input type="checkbox"/> loss of consciousness or lack of responsiveness <input type="checkbox"/> lying motionless on the ground or slow to get up <input type="checkbox"/> amnesia <input type="checkbox"/> seizure or convulsion <input type="checkbox"/> grabbing or clutching of head 	Physical <ul style="list-style-type: none"> <input type="checkbox"/> headache <input type="checkbox"/> pressure in head <input type="checkbox"/> neck pain <input type="checkbox"/> feeling off/not right <input type="checkbox"/> ringing in the ears <input type="checkbox"/> seeing double or blurry/loss of vision <input type="checkbox"/> seeing stars, flashing lights <input type="checkbox"/> pain at physical site of injury <input type="checkbox"/> nausea/stomach ache/pain <input type="checkbox"/> balance problems or dizziness <input type="checkbox"/> fatigue or feeling tired <input type="checkbox"/> sensitivity to light or noise
Cognitive <ul style="list-style-type: none"> <input type="checkbox"/> difficulty concentrating <input type="checkbox"/> easily distracted <input type="checkbox"/> general confusion <input type="checkbox"/> cannot remember things that happened before and after the injury (see Quick Memory Function Assessment on page 2) <input type="checkbox"/> does not know time, date, place, class, type of activity in which he/she was participating <input type="checkbox"/> slowed reaction time (e.g., answering questions or following directions) 	Cognitive <ul style="list-style-type: none"> <input type="checkbox"/> difficulty concentrating or remembering <input type="checkbox"/> slowed down, fatigue or low energy <input type="checkbox"/> dazed or in a fog
Emotional/Behavioural <ul style="list-style-type: none"> <input type="checkbox"/> strange or inappropriate emotions (e.g., laughing, crying, getting angry easily) 	Emotional/Behavioural <ul style="list-style-type: none"> <input type="checkbox"/> irritable, sad, more emotional than usual <input type="checkbox"/> nervous, anxious, depressed
Other <ul style="list-style-type: none"> <input type="checkbox"/> 	Other <ul style="list-style-type: none"> <input type="checkbox"/>

If any observed signs or symptoms worsen, call 911.

2. Perform Quick Memory Function Assessment

Ask the player the following questions, recording the answers below. Failure to answer any one of these questions correctly may indicate a concussion:

- “At what venue are we at today?” Answer: _____
- “Which half is it now?” Answer: _____
- “Who scored last in this game?” Answer: _____
- “What team did you play last week /game?” Answer: _____
- “Did your team win the last game?” Answer: _____

3. Action to be Taken

If there are any signs observed or symptoms reported, or if the player fails to answer any of the above questions correctly:

- a concussion should be suspected;
- the player must be immediately removed from play and must not be allowed to return to play that day even if the player states that he/she is feeling better; and
- the player must not leave the premises without parent/guardian (or emergency contact) supervision.

In all cases of a suspected concussion, the player must be examined by a medical doctor or nurse practitioner for diagnosis and must follow the Club’s *Concussion Policy* and *Return to Play* process.

4. Continued Monitoring by Parent/Guardian

- Players should be monitored for 24 – 48 hours following the incident as signs and symptoms can appear immediately after the injury or may take hours or days to emerge.
- If any signs or symptoms emerge, the player needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.

5. Team Administrator name: _____

Team Administrator signature: _____ Date: _____

This completed form must be copied, with the original filed with the Club and a copy provided to parent/guardian.

APPENDIX B – Documentation of Medical Examination

This form to be provided to all players suspected of having a concussion. For more information see the Club's Concussion Protocol

_____ sustained a suspected concussion on _____.
(Player name) (date)

As a result, this player must be seen by a medical doctor or nurse practitioner.

Prior to returning to play, the parent/guardian must inform the Team Administrator of the results of the medical examination by completing the following:

Results of Medical Examination

- My child/ward has been examined and **no concussion** has been diagnosed and therefore may resume full participation in physical activity with no restrictions.
- My child/ward has been examined and **a concussion has been diagnosed** and therefore must begin a medically supervised, individualized and gradual Return to Physical Activity Plan.

Parent/Guardian signature: _____ Date: _____

Comments:

APPENDIX C – Documentation for Return to Physical Activity

Step 5 – Return to Physical Activity - Practices

Player may resume regular physical activities in non-contact sports and full training/practices for contact sports.

Approval to Return to Practice

I, _____ have examined _____
(medical doctor/nurse practitioner) (player name)
and confirm he/she continues to be symptom free and is able to return to regular physical activities in non-contact sports and full training/practices for contact sports.

Medical Doctor/Nurse Practitioner Signature: _____

Date: _____

Comments: _____

Step 6 – Return to Physical Activity - Games

Player may resume full participation in contact sports with no restrictions.

Approval to Return to Game Play

I, _____ have examined _____
(medical doctor/nurse practitioner) (player name)
and confirm he/she continues to be symptom free and is able to return to regular physical activities (game play) in contact sports and full training/practices for contact sports.

Medical Doctor/Nurse Practitioner Signature: _____

Date: _____

Comments: _____
