

Appendix 5 – Model Concussion Policy and Protocol



1.1 Introduction

The Canadian Concussion Collaborative recommends that all sport organizations and sport event organizers implement a concussion management protocol. In support of this, the Alberta Concussion Alliance has produced this Model Concussion Policy and Protocol to aid Alberta's sport community in realizing this goal.

This document is designed to provide guidance to organizations responsible for operating, regulating or planning sport and sporting events with a risk of concussion to participants in the development, establishment and implementation of policies, procedures and programs for the prevention, treatment, and education of sport-related concussions and head injuries.

1.2 Concussion Policy

[Organization name] is committed to maintaining the health of the community and believes that participating in the activities organized by **[Organization name]** can lead to better health. Our activities, as do most physical activities, have an inherent risk of concussion. **[Organization name]** recognizes that concussions are a significant public health issue because of their potential short- and long-term consequences. **[Organization name]** therefore enacts this policy and related protocols as tools to help prevent, recognize and properly treat concussions which may occur in our activities.

[Organization name] will endeavour to have all participants follow all treatment protocols, return to learn/work protocols and return to play protocols.

The proper treatment of a concussion is more important than participation in any sport/activity/work/school during the healing process.

1.3 Definitions

In this policy,

(a) Concussion means the definition of concussion from the 2012 Zurich consensus statement on concussion in sport:

Concussion is a brain injury and is defined as a complex pathophysiological process affecting the brain, induced by biomechanical forces¹.

In plain language, 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.

- (b) **Suspected Concussion** means the recognition that an individual appears to have either experienced an injury or impact that may result in a concussion, or is exhibiting unusual behaviour that may be the result of concussion.
- (c) **Concussion Diagnosis** means a clinical diagnosis made by a medical doctor or nurse practitioner. It is critical that an individual with a suspected concussion be examined by a medical doctor or nurse practitioner.

1.4 Stages of Concussion Management

(a) Education

[Organization name] will see that every player, parent and coach receives annual concussion education prior to the beginning of each season. Education must include the following topics:

- Physiology of a concussion
- Early recognition of signs and symptoms of a concussion
- Sport injury culture
- Sport-specific concussion prevention strategy
- Concussion Action Plan (CAP) Protocol
- Return to learn/work protocol following a concussion
- Return to play protocol following a concussion.

(b) Prevention: Ensuring Safe Play - Concussion Prevention Strategies

[Organization name] requires that all activity within its purview follows the rules of the game and that the rules will be consistently enforced in order to effectively ensure safe play.

All [Organization name] staff and participants will behave ethically at all times.

Sport-specific concussion prevention strategies as outlined in [Name of Document] will be implemented for all activity under the purview of [Organization Name].

(c) Identification – Using the Concussion Action Plan (CAP)

[Organization name] requires that a Concussion Action Plan (CAP) be available and implemented at all activities and events in case of a concussion or suspected concussion. A Concussion Action Plan (CAP) will allow proper care for athletes when a suspected concussion occurs. The CAP will provide appropriate direction to all individuals. [SEE CAP PROTOCOL].

(d) Documentation of Incident

[Organization name] will use the Concussion Documentation Form to record the details of the incident and the athlete's progression through the stages of concussion management.

There are several times throughout the duration of the concussion at which information needs to be documented:

- A. Time of injury- record and monitor all signs and symptoms for 48 hours following the injury. (Note if signs get worse and if any from the “red flag” symptoms show follow the emergency protocol).
- B. During recovery- record how much school/work/sport time has been missed, this is valuable for the athlete if they ever sustain another concussion.
- C. Return to play- documentation needs to occur if the athlete has clearance from a medical doctor before returning to game play. There should be documentation from the athlete that states he/she has successfully returned to school/work full time without reoccurring symptoms as well as successfully exercised to exhaustion without reoccurring symptoms.

(e) Return to Learn [SEE RETURN TO LEARN PROTOCOL]

This stepwise program starts with cognitive and physical rest. Follow each step through completion. If symptoms are severe at any step, stop and wait until the symptoms resolve and continue as tolerated. Physical activity during return to learn is restricted to walking as tolerated.

(f) Return to Play [SEE RETURN TO PLAY PROTOCOL]

Return to learn/work must be fully completed, the athlete must be in full time school environment without physical activity before starting return to play. Ensure that after completing a step, wait 24 hours before moving to the next step. The athlete must be asymptomatic throughout this process, if symptoms do come back, wait 24 hours after symptoms have subsided and when returning, start at the step previous. This should be medically guided.

1.7 Stages of Concussion Management and Associated Documents

Education

- Resources for Education of Players, Parents and Coaches

Prevention

- Sport-specific Concussion Prevention Strategy

Identification

- Concussion Action Plan

Management Procedures for a Diagnosed Concussion

- Return to Learn Protocol
- Return to Play Protocol
- Documentation Protocol (in development)
- Communication Protocol