Concussion Recommendations and Strategies:
For prevention to safe recovery of all sport and recreation related concussions

Best Practices
Culture
Responsibility

Values
Alberta Concussion Alliance
Concussion Recommendations and Strategies:
For prevention to safe recovery
from all sport and recreation related concussions

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Alberta Concussion Alliance (ACA) Vision
Prevention and safe recovery of all concussions.

ACA Mission
Alberta Concussion Alliance (ACA) will provide Albertans with easily accessible, research driven, concussion prevention and management practices that are simple and safe to use.

About the ACA
Alberta Concussion Alliance (ACA) is a group of professionals in Alberta who have come together to provide strategic direction to our community, about the prevention of and safe recovery from, sport and recreation-related concussions. ACA will encourage all community members, educators, employers, coaches, team staff, caregivers and healthcare providers to become educated in order to prevent concussions and use the appropriate tools to manage concussions properly. The ACA will review material biannually and make any necessary updates, to ensure that all knowledge and research is current in the document.

In the development of these recommendations and strategies we have utilized the following references, as well as input from our key stakeholders.

- Consensus Statement on Concussion in Sport—the 5th International Conference on Concussion in Sport held in Berlin, October 2016 (Consensus Statement, 2012)
- American Medical Society for Sports Medicine Position Statement: Concussion in Sport

Audience
These recommendations and strategies will provide current information pertaining to the prevention, recognition, and management of sport related concussions that can be utilized by Albertans 5-12 (Child) and 13 years plus (Adult) and who participate in, or are involved in recreation and sporting activities. These evidence based practical tools will enable individuals and groups to proactively take the necessary steps in the prevention, recognition and management of sport related concussions. The tools presented in these recommendations and strategies are appropriate for non-medical professionals.
All information provided in this document is intended for educational and general information purposes only. It is not intended to be prescriptive or to replace the care of a physician or licensed healthcare professional in the diagnosis and treatment of a sport related concussion.

**Definition of Sport Related Concussion**
ACA supports the definition of concussion from the Consensus Statement, 2016 on concussion in sport. Sport related concussion [SRC] is a traumatic brain injury induced by biomechanical forces. Several common features that may be utilized in clinically defining the nature of a concussive head injury include:

1. SRC may be caused either by a direct blow to the head, face, neck or elsewhere on the body with an impulsive force transmitted to the head.
2. SRC typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously. However, in some cases, signs and symptoms evolve over a number of minutes to hours.
3. SRC may result in neuropathological changes, but the acute clinical signs and symptoms largely reflect a functional disturbance rather than a structural neuroimaging studies.
4. SRC results in a range of clinical signs and symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive features typically follows a sequential course. However, in some cases symptoms may be prolonged.

**Definition of a Healthcare Practitioner**
Is defined by the Alberta Health Professions Act.

**Definition of a Medical Practitioner**
ACA defines Medical Practitioner as a physician or a nurse practitioner.
- What physicians (parachute definition)

**Definition of Concussion Management**
ACA defines concussion management as the complete structure of events for prevention, recognition, recovery and return of all individuals experiencing a concussion.

**Definition of a Suspected Concussion**
ACA defines suspected concussion as the recognition that an individual:
1) Appears to have either experienced an injury or impact that may result in a concussion
2) Is behaving unusually, which may be a result of concussion.
Please note that concussions can occur from an impact to the head, face, body or no impact at all.

**Definition of an Organization**
For the purpose of this document, an organization is a body that provides sport and recreation activities. This includes but is not limited to schools, sports teams, sport associations, and recreation centres.

**Prevention and Risk Management**
ACA supports the definition of prevention from the article Sport Concussion Education and Prevention by Charles H. Tator:

The prevention of concussions involve primary, secondary, and tertiary strategies.
- Primary strategies are those that prevent concussions from happening, such as the elimination of “body checking” in ice hockey until a certain age.
Secondary prevention refers to expert management of a concussion that has already occurred; such strategies are designed to prevent worsening, such as that which occurs most dramatically with second impact syndrome.

Tertiary strategies help prevent the long-term complications of concussion, such as chronic traumatic encephalopathy.

Strategies for Concussion Prevention
ACA recommends the following strategies to prevent concussion:

**Primary**
- **Policy and Protocol:** The governing body should create rules and regulations to protect athletes from concussions. Introduce new practices that outline ethics (fair and safe play), and limit risky behaviour to reduce concussion incidents. The governance of protocol is critical to its effectiveness.
- **Education:** Educating communities on the causes, signs and symptoms of concussions, safe concussion management, concussion modifiers (Consensus Statement 206 Table 2), and how to best protect themselves from injury.
- **Equipment:** All equipment used should meet national guidelines, fit correctly, and used for the purpose designed.

**Secondary**
- **Recognition:**
  - **Policy:** Policies should be put into place to prevent concussion and to ensure that in the event a concussion occurs, all people responsible in the situation are educated to effectively manage the concussion.
  - **Baseline testing:** ACA supports the Berlin Consensus Statement, 2016 on widespread baseline testing. ACA will continue to monitor the current research and will revise recommendations as required. At present, there is insufficient evidence to recommend the widespread routine use of baseline neuropsychological testing.1
  - **Treatment:** Once a concussion has occurred it is critical to follow the evidence based guidelines, see Appendices 2 and 3, and have the athlete seen by a medical practitioner as soon as possible following the injury (no more than 48 hours).

**Tertiary**
- **Culture:** “… psychological and sociocultural factors in sport play a significant role in the uptake of any injury-prevention strategy and require consideration”
- **Governance:** Ensure all sport and recreation delivery programs are audited and held accountable when adhering to the evidence based guidelines.

Implementation of Concussion Action Plan (CAP) for a 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 Appendix 6)

Evaluation of a Suspected Concussion (see Appendix 1)
A concussion should be suspected in the event that one or more symptoms are present following an injury. There are many different injuries that can result in concussion- do not assume that if the athlete did not hit their head that he/she does not have a concussion. It is critical to look at the player’s behaviour as well as the event that occurred when evaluating the injury. Onset of symptoms can take up to 24–48 hours. In the event that one or more symptoms are present following an impact or injury, medical attention is required.2 3
Diagnosis
The final determination regarding concussion diagnosis and/or fitness to play is a medical decision based on clinical judgment made by a physician and nurse practitioner.  

Safe Recovery Plan
Following diagnosis, the injured athlete will start a rest plan. The plan consists of:
1. Acute Phase initial period of physical and cognitive rest for approximately 24-48 hours limit cognitive activity, i.e. screen time, reading activities, and school/work assignments
2. Gradual and Progressive Activity: remove athlete from: leisure, sport, recreation and social activities “staying below their physical symptom-exacerbation thresholds (ie, activity should not bring on or worsen their symptoms)
   It is recommended that a Doctor’s note be provided to the caregiver/family and organization, as it will outline the rest plan as well as any strategies for the athlete to return back to work/play. Organizations are responsible for ensuring that appropriate release time is provided to the injured individual.

Safe Recovery Plan (see Appendices 2 and 3)
- Return to School Strategy (see Appendix 2): This stepwise program starts with an initial 24-48 hours of 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. Children and adolescents should not return to sport until they have successfully returned to school. However, early introduction of symptom limited physical activity is appropriate.
- Return to Sport (RTS) Strategy (see Appendix 3): In children and adolescents Return to School must be completed before starting return to sport (RTS). After completing each step, wait 24 hours before moving to the next step. If symptoms return, remove individual from all activity, wait 24 hours after symptoms have subsided and return back to the previous step. This process should be medically guided.

If the injured athlete is not actively recovering in 10-14 days post injury in adults and more than four weeks in children, they or their caregiver should speak with your medical practitioner and receive a referral to a concussion specialist.

Recommendations
- All Albertan’s 5-12 and 13 and older years and older, who participate in or are involved in recreation and sport activities should be educated in concussion management. All recommended documents should be available to them for reference (Appendices 1-4) and they should have detailed instruction on how to use each of them correctly.
- All school aged children should be receiving early and ongoing comprehensive concussion management education.
- All organizations in sport, recreation and education should have a concussion policy.
- All resources used to help guide concussion management should be supported by research.

Assessment of Resources
Currently there are many different resources on concussion management available to the public in different tools. The ACA will implement a systematic assessment of available concussion materials in order to direct Albertans to the most up-to-date, best available, evidence –based resources. Until the assessment tool is completed, the following is a list of resources that the ACA supports:
Websites
Concussion Awareness Training Tool: www.cattonline.com
Parachute: http://www.parachutecanada.org/
Centers for Disease Control and Prevention: http://www.cdc.gov/headsup
OPHEA: https://www.ophea.net/
Holland Bloorview Kids Rehabilitation Hospital: http://hollandbloorview.ca/programsandservices/concussioncentre/concussioneducation/whatisaconcussion

Printable documents
Parachute: http://www.parachute-canada.org/resources
Concussion Awareness Training Tool: http://ppcattonline.com/resources/
Centers for Disease Control and Prevention:
http://www.cdc.gov/headsup/pdfs/custom/headsupconclusion_parent_athlete_info.pdf
Holland Bloorview Kids Rehabilitation Hospital: http://hollandbloorview.ca/Assets/Concussion-center/Infographics.5.pdf
http://hollandbloorview.ca/Assets/Concussion-center/Infographics.3.pdf
http://hollandbloorview.ca/Assets/Concussion-center/Infographics.2.pdf

Return to School
Concussion Awareness Training Tool:
CATT: http://cattonline.com/returning-to-school/
Centers for Disease Control and Prevention: http://www.cdc.gov/headsup/basics/return_to_school.html
Centre for Childhood Disability Research:
https://canchild.ca/system/tenon/assets/attachments/000/001/007/original/ConcussionManagmentLetter_2.pdf

Return to Sport
Concussion Awareness Training Tool:
CATT: http://cattonline.com/returning-to-sport/
Centers for Disease Control and Prevention: http://www.cdc.gov/headsup/basics/return_to_sports.html

Research, position statements and academic journals
British Journal of Sports Medicine: http://bjsm.bmj.com/content/49/2/88.full?keytype=ref&ijkey=Yv45UEiJYBF4037

Videos
Dr. Mike Evans- Concussion Management and Return to Learn
https://www.youtube.com/watch?v=_55YmblG9YM
Dr. Mike Evans- Concussion 101
Online courses
Parachute: https://elearning.parachutecanada.org/
Centers for Disease Control and Prevention: http://www.cdc.gov/headsup/youthsports/training/
National Federation of State High School Associations: https://nfhslearn.com/courses/38000

Applications
Hockey Canada: https://www.hockeycanada.ca/en-ca/hockey-programs/safety/concussions
Moms Team: http://www.momsteam.com/smartphone-applications-provide-concussion-information-for-parents
Heads Up: http://www.cdc.gov/headsup/resources/app.html

Ethics
• Organizations should be encouraging every employee and client to behave ethically at all times.

Disclaimer
This charter attempts to reflect the current state of knowledge on the date of writing and will need to be modified according to the development of new knowledge. It provides an overview of issues that may be of importance to healthcare providers involved in the management of concussion. It is not intended as a standard of care, and should not be interpreted as such. This document is only a guide, and is of a general nature, consistent with the reasonable practice of an organization. Individual treatment will depend on the facts and circumstances specific to each individual case.1
References


6) Purcell LK, (March 3, 2014)). Sport-related concussion: Evaluation and management. Canadian Paediatric Society Healthy Active Living and Sports Medicine Committee Paediatric Child Health 2014;19(3);153-8

7) Dr. Garnet Cummings (2012), Brain Care Centre, *Concussion Position Statement*.


Appendix 1 - Return to School

Concussion Management
Return to School Guidelines

1. Step 1
- Daily activities at home that do not give the child symptoms
- Typical activities of the child during the day as long as they do not increase symptoms (e.g., reading, texting, screen time.)
  Start with 5-15 minutes at a time and gradually build up.
- Goal: Gradual return to typical activities

2. Step 2
- School activities
- Homework, reading or other cognitive activities outside of the classroom
- Goal: Increase tolerance to cognitive work

3. Step 3
- Return to school part-time
- Gradual introduction of schoolwork. May need to start with a partial school day or with increased breaks during the day
- Goal: Increase academic activities

4. Step 4
- Return to School full-time
- Gradually progress school activities until a full day can be tolerated
- Goal: Return to full academic activities and catch up on missed work

After returning to school full time without symptoms reoccurring, you may begin the return to play guidelines. Some accommodations may be necessary to ensure the student’s full recovery. Accommodations may include moving deadlines, removing some of the workload immediately, as well as allowing for a few days off to rest. It is recommended that parents and educators accommodate the need of the injured individual.

Children and adolescents should not return to sport until they have successfully returned to school. However, early introduction of symptom-limited physical activity is appropriate. Schools are encouraged to have Sport Related Concussion (SRC) policy that includes education on prevention and management for teachers, staff, students, and parents, and should offer appropriate academic accommodation and support to the students recovering from SRC. Students should have regular medical follow-up after an SRC to monitor recovery and help with return to school. Students may require temporary absence from school after injury.

For more information please visit: www.sportmedab.ca/ab-concussion-alliance

Produced in Partnership with:

Brain Care Centre

EDMONTON CIVIC EMPLOYEES CHARITABLE ASSISTANCE FUND
Concussion Management
Return to Sport Guidelines

Step 1
- Symptom-limited activity
- Daily activities that do not provoke symptoms
- Goal: Gradual reintroduction of work/school activities

Step 2
- Light aerobic exercise
- Walking or stationary cycling at a slow to medium pace
- No resistance training
- Goal: Increase heart rate

Step 3
- Sport-specific exercise
- Running or throwing drills. No impact activities
- Goal: Add movement

Step 4
- Non-contact training drills
- Harder training drills, eg. passing drills, May start progressive resistance training
- Goal: Exercise, coordination and increased thinking
- Go to doctor for clearance

Step 5
- Full contact practice
- Following medical clearance, participate in normal training activities
- Goal: Restore confidence and assess functional skills by coaching staff
- Normal game play!

Note: An initial period of 24-48 hours of both relative physical rest and cognitive rest is recommended before beginning the RTS progression. There should be at least 24 hours (or longer) for each step of the progression. If any symptoms worsen during exercise, the athlete should go back to the previous step. Resistance training should be added only in the later stages (stage 3 or 4 at the earliest). If symptoms are persistent (eg. more than 10-14 days in adults OR more than 1 month in children), the athlete should be referred to a health care professional who is an expert in the management of concussion.

For more information please visit:
www.sportmedab.ca/ab-concussion-alliance
Appendix 3: Concussion Recognition Tool 5

BJSM Online First, published on April 26, 2017 as 10.1136/bjsports-2017-097508CRT5

To download a clean version of the SCAT tools please visit the journal online (http://dx.doi.org/10.1136/bjsports-2017-097508CRT5)

Last updated: April 18, 2018
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 2016 Berlin Consensus Statement on Concussion In Sport:

*Sport related concussion (SRC) is a traumatic brain injury induced by biomechanical forces. Several common features that may be utilized in clinically defining the nature of a concussive head injury include:*

- **SRC may be caused either by a direct blow to the head, face, neck or elsewhere on the body with an impulsive force transmitted to the head.**
- **SRC typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously. However, in some cases, signs and symptoms evolve over a number of minutes to hours.**
- **SRC may result in neuropathological changes, but the acute clinical signs and symptoms largely reflect a functional disturbance rather than a structural injury and, as such, no abnormality is seen on standard structural neuroimaging studies.**
SRC results in a range of clinical signs and symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive features typically follows a sequential course. However, in some cases symptoms may be prolonged. The clinical signs and symptoms cannot be explained by drug, alcohol, or medication use, other injuries (such as cervical injuries, peripheral vestibular dysfunction, etc) or other comorbidities (e.g., psychological factors or coexisting medical conditions).

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 physician or nurse practitioner. It is critical that an individual with a suspected concussion be examined by a physician or nurse practitioner.

1.4 Stages of Concussion Management

(a) Education

[Organization name] will see that every player, parent and coach receives an 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 School [SEE RETURN TO SCHOOL PROTOCOL]

This stepwise program starts with cognitive and physical rest. Follow each step through completion. If symptoms reappear at any stage, stop, wait until the symptoms are gone for 24 hours and start back at the previous stage. You may need to move back a stage more than once during the recovery process. Physical activity during return to learn is restricted to walking as tolerated.

(f) Return to Sport [SEE RETURN TO SPORT 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, the athlete waits 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 back 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
Appendix 5 - Sample Implementation of Concussion Action Plan (CAP)

Part 1. Acute care

STEP 1: RECOGNIZE AND REMOVE
If at any time it is suspected an athlete has sustained a concussion or a head injury, immediately stop all activity. Do not move the individual. Reference the Concussion Management Pocket Tool for signs and symptoms (Appendix 4).

STEP 2: RE-EVALUATE
RED FLAGS PRESENT: Emergency Medical Services must be activated. Ensure that you follow the instructions given to you by the dispatcher.

NO RED FLAG SIGNS PRESENT: Get the athlete assessed by a physician in a timely manner (less than 48 hours post injury). Continue to monitor the athlete, as red flag signs can take up to 48 hours to appear. If red flag signs or symptoms do appear, activate EMS.

STEP 3: REST
It is recommended to have a brief period of rest for 24-48 hours post injury.

STEP 4: REHABILITATION
After the rest period, patients can be encouraged to become gradually and progressively more active, while staying free of all cognitive and physical symptoms. Most individuals recover in 10-14 days. During rehabilitation, the athlete should be medically guided through Return to School and Return to Sport, as seen in Appendixes 1 and 2.
STEP 5: CAP Tool

Concussion Action Plan (CAP)

RED FLAG
Signs and Symptoms
- Blocked airway / Not breathing
- Poor circulation
- Neck pain or tenderness
- Double vision
- Weakness or tingling/burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of Consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated, or combative

Suspected Head Injury/Concussion

STOP ACTIVITY/GAME PLAY
(remove from activity space if safe and able)

Assess for RED FLAG signs and symptoms

One or more RED FLAGS present

CALL 911
(Do NOT move individual or remove helmet)

Red Flags not present

Continue to monitor for red flags for 48 hours

Get assessed by a physician or nurse practitioner in a timely manner (less than 48 hours)

Diagnosed Concussion

Guided concussion management by healthcare practitioner (refer to Return to School/Return to Sport Guidelines)

Cleared by physician or nurse practitioner prior to contact or full participation in sport or recreation

- If at anytime it is suspected that an individual has sustained a concussion, immediately stop all activity. Do not move the individual.
- ACA defines suspected concussion as the recognition that an individual appears to have either experienced an injury or impact that may result in a concussion, or is behaving unusually that may be a result of concussion. Please note that concussions can occur from an impact to the head, face, neck or body or no impact at all.
- Concussion may happen in organized sport, unorganized sport, physical education classes, recreational activities.
- When concussion symptoms are present, the injured individual should not take any medication.
- Symptoms can be delayed up to 48 hours.
- When monitoring the individual, look for red flag and concussion symptoms, as well as symptom severity.

For more information please visit: www.sportmedab.ca/ab-concussion-alliance

Produced in Partnership with:

Brain Care Centre
SMCA
Edmonton Civic Employees Charitable Assistance Fund
Part 3. Communication plan

STEP 6: COMMUNICATE WITH PARENT/CAREGIVER

Contact the athlete’s parent/caregiver as soon as possible to inform them of the injury. Educate and provide the parent/caregiver with ACA’s concussion management tool, CAP, return to learn, and return to play guidelines.

a. In the event an athlete’s parent/caregiver cannot be reached, call the athlete’s emergency contact number and educate this person as well.

b. The athletic therapist, doctor, coach, team staff, nurse or other appropriate administrative personnel should ensure the caregiver is a responsible adult capable of monitoring the individual and who understands the CAP before allowing the individual to be released. Additional steps to take are:
   i. Continue efforts to reach the parent/caregiver.
   ii. Athletes with suspected concussion/head injuries are not permitted to drive themselves.

STEP 7: COMMUNICATE WITH SUPERVISORS AND DOCUMENTATION

Communicate the injury to the athlete’s supervisor. Such personnel may include the coach, athletic therapist, doctor, nurse, counsellor, employer, administrator or teachers of the injured athlete.

a. Communication should include documentation of the incident, and all events that followed.

STEP 8: SCHOOL COMMUNICATION PLAN

A plan should be established and utilized in every school to ensure proper communication to all teachers, coaches, school nurse, and administration. The athletes time spent in school is critical for the safe recovery of sport-related concussion, having the support from the school faculty is essential.