



Parasport New Brunswick Policies

Concussion Guidelines and Return to Play Policy

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Concussion Guidelines and Return to Play Policy

Preamble

Parasport NB is committed to maintaining the health, well-being and safety of all of its members. The Organization recognizes the increased awareness of concussions and their long-term effects and believes that prevention of concussions is paramount to protecting the health and safety of all members.

Parasport NB has developed this policy to help guide the management of participants who may have a suspected concussion or who may have been concussed as a result of participation in Parasport activities. This protocol and all associated documents will be reviewed on an annual basis to ensure alignment with emerging research, treatment and management best practices.

DEFINITIONS

The following terms have these meanings in this Policy:

- a) "Organization" – Parasport New Brunswick
- b) "Stakeholders" – athletes, participants, coaches, officials, trainers, instructors, volunteers, parents/guardians, staff and Board of Directors of Parasport New Brunswick

SCOPE

This policy applies to all athletes, participants, coaches, officials, trainers, instructors, volunteers, parents/guardians, staff and Board of Directors of Parasport NB.

PURPOSE

The Organization enacts this policy as a tool to help manage concussed and possible concussed participants. The Policy provides guidance in identifying common signs and symptoms of concussion, protocol to be followed in the event of a possible concussion, and return to play guidelines should a concussion be diagnosed.

This policy may not address every possible clinical scenario that can occur during Parasport NB activities but includes critical elements based on the latest evidence and current expert consensus.

It should be kept in mind that a concussion is a clinical diagnosis that can only be made by a physician. It is imperative that a physician examines someone with a suspected concussion within 48 hours of the impact.

PROCEDURE

Parasport NB expects all stakeholders and first aid/medical staff to be responsible for the recognition and reporting of participants who may demonstrate visual signs of a head injury or who report/demonstrate concussion-related symptoms.

A concussion should be suspected:

- in any athlete who sustains a significant impact to the head, face, neck, or body and demonstrates ANY of the visual signs of a suspected concussion or reports ANY symptoms of a suspected concussion as detailed in the *Concussion Recognition Tool 5 (Appendix 1)*.
- If a player reports ANY concussion symptoms to one of their peers, parents/guardians, teachers, or coaches or if anyone witnesses an athlete exhibiting any of the visual signs of concussion.

If a participant has been identified as having a suspected concussion, they should be immediately removed from the activity, regardless of whether the concussion occurs on or off the field of play. They are not permitted to return to the activity that day. If there are doubts- always assume a concussion has

occurred.

If the participant is unconscious, assume a neck/spine injury- Call 911. DO NOT MOVE THE PARTICIPANT.

- A. Contact the participant's parents/guardians/emergency contact to inform them of the injury and that the participant is being transported to the hospital.
- B. Stay with the participant until EMS arrives.
- C. Monitor the participant for concussion signs and symptoms (Appendix 1). If a healthcare professional is available, ask them to assist with this monitoring and evaluation.
- D. If consciousness is regained, the participant still needs to be examined by a physician.

If the participant is conscious- remove the participant from the activity immediately and:

- A. Contact the participant's parent/guardian/emergency contact to inform them of the incident.
- B. Monitor the participant for concussion signs and symptoms (Appendix 1). If a healthcare professional is available, ask them to assist with this monitoring and evaluation.
- C. Isolate the participant into a room or area to reduce external stimulus (noise, light, etc.)
- D. Stay with the participant until they can be taken to the hospital or home.
- E. Direct the participant to consult a physician for diagnosis and follow up as soon as possible.

All concussions and suspected concussions must be referred to a physician as soon as possible.

REPORTING

Once the injured participant has been properly cared for, an Incident Report Form shall be filed with Parasport NB within 48 hours. Incident Report Forms can be obtained by contacting the Parasport NB office.

RETURN TO LEARN/WORK

Concussion symptoms that affect memory and concentration can impact your performance at school or work. Return to learn/work helps students/employees gradually return to mental activity and learning, without putting too much strain on the brain.

RETURN TO PLAY

Most people fully recover after a concussion if they allow the concussion to heal completely before returning to strenuous activity. Sufficient time between the concussion and return to play is critical.

Once the participant's immediate needs have been met, the participant and the participant's family/guardians should be directed to the following Return to Play Guidelines:

If no concussion is diagnosed: the participant can return to play for the next practice/game.

If a concussion is diagnosed: the participant should only return to the activity by following the steps outlined below and as directed by a physician or licensed health care provider with training in concussions.

Step by Step Return to Play Guidelines

STEP	AIM	ACTIVITY	GOAL OF EACH STEP
1	Symptom-limiting activity	Rest and avoid any physical and cognitive activity that could increase symptoms. Remain at this stage until symptoms go away for 24 to 48 hours (up to a max of 3 - 4 days). Daily activities, light walk/wheel, household chores, limited screen time	Gradual reintroduction of daily activities
2	Light cognitive activity	Daily cognitive activities such as reading, homework, working from home, light texting or emails	Gradual re-introduction of cognitive activity. Once you can tolerate up to 1-hour of activity without getting symptoms, you can move to Stage 3
3	Light aerobic activity	Stretching and low to medium pace aerobic workouts. No resistance training. <i>-For example, 10-15 minutes of low intensity walking/wheeling or stationary cycling at sub symptom threshold intensity.</i>	Increase heart rate Proceed to Step 4 following medical clearance.
4	Sport-specific exercise	Low to moderate intensity sport specific activities such as skating, wheeling, running, etc. Moderate intensity individual aerobic and anaerobic work-outs. No team drills or head impact activities.	Add movement
5	Non-contact training drills	High intensity sport specific activities. Non contact individual and team drills. May start progressive resistance training. No head impact activities	Exercise, coordination, higher level difficult, intensity and some team drills
6	High physical exertion protocol	This includes a high intensity physical exertion test, overseen by your healthcare provider, to determine if you are ready for a full contact practice	Pass exertion test to move to full contact practice Proceed to step 7 following medical clearance
Medical clearance required before returning to full contact practices			
7	Full contact practice	Following medical clearance <i>- Participation in full practice without activity restriction</i>	Restore confidence and assess functional skills by coaching staff
8	Return to sport	Normal game play	

MEDICAL CLEARANCE

The participant is to consult with a physician and/or allied health professionals throughout the process AND provide proof of medical clearance before being eligible to move to Steps 4 and 7 as noted above. The Organization will comply with all directions provided by the physician, which may supersede this policy.

If a participant is showing signs of a concussion and/or has been clinically diagnosed as concussed, the Coach, Administrator and/or Supervisor of that participant shall prevent the participant from any Parasport NB activity until the required proof of medical clearance has been provided.

If a participant experiences any new concussion-like symptoms while returning to play, they should be instructed to stop playing immediately, notify their parents/guardians, coaches, trainer or teachers, and undergo follow-up *Medical Assessment*.

In the event that a participant sustains a new suspected concussion, this policy should be followed, beginning again at the medical assessment. A new Incident Report would need to be completed and submitted to Parasport NB as a new incident has occurred.

A copy of the medical clearance letter and a copy of the Incident Report(s) will be kept on file at the Parasport NB office.

NON-COMPLIANCE

Failure to abide by any of these guidelines and/or protocols contained within this policy may result in disciplinary action being taken by the Organization.

Credits

1. Curling Canada, June 2016, *Concussion Guidelines and Return to Play Policy*, Retrieved from <https://www.curling.ca/files/2019/10/Concussion-Guidelines-Return-to-Play-Policy.pdf>
2. Wheelchair Basketball Canada, 2019, *Concussion Protocol*, <https://www.wheelchairbasketball.ca/wp-content/uploads/2019/11/WHEELCHAIR-BASKETBALL-CANADA-CONCUSSION-PROTOCOL.pdf>
3. Complete Concussion Management, *What You Need to Know About Concussions*, <https://completeconcussions.com/drive/uploads/2018/12/CCMI-Concussion-Handbook-FINAL.pdf>

APPENDIX 1: Concussion Recognition Tool 5

CONCUSSION RECOGNITION TOOL 5®

To help identify concussion in children, adolescents and adults



RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS – CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Swells or increasing headache
- Deteriorating conscious state
- Double vision
- Seizure or convulsion
- Vomiting
- Nausea or tingling/ burning in arms or legs
- Loss of consciousness
- Increasingly restless, agitated or combative

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for an emergency support unless trained to do so).
- Do not remove a helmet or any other equipment unless trained to do so safely.
- Assessment for a spinal cord injury is critical.

If there are no Red Flags, identification of possible concussion should proceed to the following step:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Disorientation or confusion, or an inability to respond appropriately to questions
- Slow to get up after a direct or indirect hit to the head
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Blank or vacant look
- Facial injury after head trauma

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STEP 3: SYMPTOMS

- Headache
- Blurred vision
• More emotional
- "Pressure in head"
- Sensitivity to light
- More irritable
- Balance problems
- Sensitivity to noise
- Sadness
- Nausea or vomiting
- Fatigue or low energy
- Nervous or anxious
- Drowsiness
- "Don't feel right"
- Neck Pain
- Dizziness
- Feeding like "In a fog"
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeding like "In a fog"

STEP 4: MEMORY ASSESSMENT

(ATHLETES OLDER THAN 12 YEARS)

- Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:
- "What venue are we at today?"
 - "What teams did you play last week/game?"
 - "Which half is it now?"
 - "Did your team win the last game?"
 - "Who scored last in this game?"

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, translated or sold for commercial gain.

ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY. EVEN IF THE SYMPTOMS RESOLVE

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