

## CONCUSSION POLICY

Seven Oaks School Division places a high priority on the health, safety and overall wellness of our students and recognize that children and adolescents can be at high risk of concussion – especially while participating in certain sports.

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).
- Cannot normally be seen on X-rays, standard CT scans or MRIs.

Increasing awareness of concussions will help coaches, parents, teachers and students recognize, manage and most importantly prevent injuries and long-lasting effects.

This policy attempts to prevent and, when required, help coaches, parents and students manage and appropriately treat concussion. It is based on the *Canadian Guidelines on Concussion in Sport* (Parachute, July 2017) and outlines three areas of oversight: prevention, identification and management.

The Identification and Management portions of this policy apply to all students; however, the mandatory education and awareness portion applies specifically to students participating in the following identified hi-risk sports:

- Hockey
- Rugby
- Football
- Soccer
- Field Lacrosse

## Prevention

Education is key to preventing concussion in sport. Seven Oaks School Division is committed to providing its coaches, parents and players education that includes information on:

- The definition of concussion.
- Possible mechanisms of injury.
- Common signs and symptoms.
- Steps that can be taken to prevent concussions and other injuries from occurring in sport.
- What to do when an athlete has suffered a suspected concussion or more serious head injury.
- What measures should be taken to ensure proper medical assessment including Return-to-School and Return-to-Sport Strategies.
- Return-to-Sport medical clearance requirements.

As such, all teachers and volunteers responsible for coaching one of the high-risk sports must take part in pre-season concussion education, specifically, completing Parachute's *Online Concussion Training for Coaches* and signing a declaration that they will follow the diagnosis and management protocols as outlined in this policy.

Additionally, each coach must also procure Concussion Education Packages for his or her entire team. These packages include:

- Coach Guidelines for Concussion in Sport.
- Concussion Awareness posters.
- Parent Guidelines for Concussion in Sport.
- Athlete Guidelines for Concussion in Sport.
- Online Concussion Training for Athletes log-in information for each individual player.

All high school students participating in one of the identified high-risk sports must also take part in pre-season concussion education in the following ways:

- Receive Concussion Education package.
- Provide Parent Guidelines for Concussion in Sport to parents or guardians.
- Return signed Parent Guidelines for Concussion in Sport Receipt Acknowledgement to their coach.
- Complete the *Online Concussion Training for Athletes* course.

It is important that Physical Education team leaders have a clear understanding of concussion and concussion protocol and that they actively share this information with their entire team.

## Identification

Although the formal diagnosis of concussion should be made following a medical assessment, all sport stakeholders including athletes, parents, coaches, officials, teachers, trainers and licensed healthcare professionals are responsible for the recognition and reporting of athletes who demonstrate visual signs of a head injury or who report concussion symptoms. This is particularly important because many sport and recreation venues will not have access to on-site licensed healthcare professionals.

Seven Oaks School Division will, whenever possible, provide on-site medical responders for high-risk sport, however teachers and coaches are responsible for identifying a suspected concussion and/or recognizing the risk for concussion in the absence of a medical professional.

As per the *Canadian Guideline on Concussion in Sport*:

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 Appendix A: *Concussion Recognition Tool 5*). A concussion should also be suspected if a player reports ANY concussion symptoms to one of their peers, parents, teachers or coaches or if anyone witnesses an athlete exhibiting any of the visual signs of concussion. If a concussion is suspected coaches or sideline medical responders must immediately activate the **Sideline Medical Assessment Protocol**.

In some cases, an athlete may demonstrate signs or symptoms of a more severe head or spine injury including convulsions, worsening headaches, vomiting or neck pain. If an athlete demonstrates any of the 'Red Flags' indicated by the *Concussion Recognition Tool 5*, a more severe head or spine injury should be suspected and the **Emergency Medical Assessment Protocol** should be pursued immediately.

## Sideline Medical Assessment Protocol

If an athlete is suspected of sustaining a concussion but there is no concern for a more serious head or spine injury, the player should be immediately removed from the field of play.

### **Scenario 1: If a licensed healthcare professional is present**

The athlete should be taken to a quiet area and undergo Sideline Medical Assessment using the Sport Concussion Assessment Tool 5 (SCAT5) or the Child SCAT5. The SCAT5 and Child SCAT5 are clinical tools that should only be used by a licensed medical professional that has experience using these tools. It is important to note that the results of SCAT5 and Child SCAT5 testing can be normal in the setting of acute concussion. As such, these tools can be used by licensed healthcare professionals to

document initial neurological status but should not be used to make sideline return-to-sport decisions in youth athletes. Any youth athlete who is suspected of having sustained a concussion must not return to the game or practice and should be referred for Medical Assessment.

If a youth athlete is removed from play following a significant impact and has undergone Sideline Medical Assessment, but there are NO visual signs of a concussion and the athlete reports NO concussion symptoms, then the athlete can be returned to play but should be monitored for delayed symptoms.

**Scenario 2: *If there is no licensed healthcare professional present***

The athlete should be referred immediately for Medical Assessment by a medical doctor or nurse practitioner and the athlete must not return to play until receiving medical clearance.

**Emergency Medical Assessment Protocol**

An ambulance should be called immediately to transfer the patient to the nearest emergency department for further Medical Assessment. Coaches, parents, trainers and sports officials should not make any effort to remove equipment or move the athlete until an ambulance has arrived and the athlete should not be left alone until the ambulance arrives.

After emergency medical staff have completed their assessment, the athlete should be transferred to the nearest hospital for further evaluation.

In the case of youth (under 18 years of age) the athlete's parents or legal guardian should be contacted immediately to inform them of the athlete's injury. For athletes over 18 years of age their emergency contact person should be contacted if one has been provided.

**Management**

Whether treated at a hospital or on the sidelines by a medical responder athletes will be provided with a standardized Seven Oaks School Division Medical Assessment Letter (Appendix B) that notifies the athlete and their parents/legal guardian that they have been diagnosed with a concussion and may not return to any activities with a risk of concussion (such as sport) until medically cleared to do so by a medical doctor or nurse practitioner.

If no parent or guardian is present at the time of injury and assessment it is the responsibility of the teacher or coach to provide this letter to the athlete's guardian. If the assessment is conducted offsite a copy of this letter must be provided by the athlete's parent/guardian to the responsible teacher or coach for record-keeping purposes.

All Seven Oaks School Division students must also take part in Return-to-School and Return-to-Sport strategies (outlined by the attending medical professional) and present their physical education teacher or team coach with a Medical Clearance Letter (Appendix C) from their care provider prior to resuming their normal activities. It is important that all teachers and coaches understand Return to School and Return to Sport guidelines (Appendix D) and monitor their athletes for readiness throughout the process.

Athletes who have been provided with a Medical Clearance Letter may return to full sport activities as tolerated. If the athlete experiences any new concussion-like symptoms while returning to play, they should be instructed to stop playing immediately, notify their parents/legal guardian, coaches, trainer or teachers and undergo follow-up Medical Assessment. In the event that the athlete sustains a new suspected concussion the Canadian Guideline on Concussion in Sport should be followed as outlined here.

Both the Medical Assessments Letter and the Medical Clearance Letter must be kept (in confidentiality) by the Physical Education Department or school administration for a period of no less than five years.

# Concussion Recognition Tool – 5th Edition (CRT5)

Available online: <http://bjsm.bmj.com/content/bjsports/51/11/872.full.pdf>

## CONCUSSION RECOGNITION TOOL 5<sup>©</sup>

To help identify concussion in children, adolescents and adults



Supported by

**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
- 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

**Remember:**

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

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

### STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- 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
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

### STEP 4: MEMORY ASSESSMENT

(IN 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?"
- "Which half is it now?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last 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, rebranded 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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# Appendix B

## Medical Assessment Letter

Date: \_\_\_\_\_

Athlete's name: \_\_\_\_\_

To whom it may concern,

Athletes who sustain a suspected concussion should be managed according to the *Canadian Guideline on Concussion in Sport*. Accordingly, I have personally completed a Medical Assessment on this patient.

### Results of Medical Assessment

- This patient has not been diagnosed with a concussion and can resume full participation in school, work, and sport activities without restriction.
- This patient has not been diagnosed with a concussion but the assessment led to the following diagnosis and recommendations:

\_\_\_\_\_  
\_\_\_\_\_

- This patient has been diagnosed with a concussion.

The goal of concussion management is to allow complete recovery of the patient's concussion by promoting a safe and gradual return to school and sport activities. The patient has been instructed to avoid all recreational and organized sports or activities that could potentially place them at risk of another concussion or head injury. Starting on \_\_\_\_\_ (date), I would ask that the patient be allowed to participate in school and low-risk physical activities as tolerated and only at a level that does not bring on or worsen their concussion symptoms. The above patient should not return to any full contact practices or games until the coach has been provided with a *Medical Clearance Letter* provided by a medical doctor or nurse practitioner in accordance with the *Canadian Guideline on Concussion in Sport*.

Other comments:

\_\_\_\_\_  
\_\_\_\_\_

Thank-you very much in advance for your understanding.

Yours Sincerely,

Signature/print \_\_\_\_\_ M.D. / N.P. (circle appropriate designation)\*

*\*In rural or northern regions, the Medical Assessment Letter may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner. Forms completed by other licensed healthcare professionals should not otherwise be accepted.*

**We recommend that this document be provided to the athlete without charge.**

# Appendix C

## Medical Clearance Letter

Date: \_\_\_\_\_

Athlete's name: \_\_\_\_\_

To whom it may concern,

Athletes who are diagnosed with a concussion should be managed according to the *Canadian Guideline on Concussion in Sport* including the *Return-to-School* and *Return-to-Sport Strategies* (see page 2 of this letter). Accordingly, the above athlete has been medically cleared to participate in the following activities as tolerated effective the date stated above (please check all that apply):

- Symptom-limiting activity (cognitive and physical activities that don't provoke symptoms)**
- Light aerobic activity (Walking or stationary cycling at slow to medium pace. No resistance training)**
- Sport-specific exercise (Running or skating drills. No head impact activities)**
- Non-contact practice (Harder training drills, e.g. passing drills. May start progressive resistance training. Including gym class activities without a risk of contact, e.g. tennis, running, swimming)**
- Full-contact practice (Including gym class activities with risk of contact and head impact, e.g. soccer, dodgeball, basketball)**
- Full game play**

**What if symptoms recur?** Any athlete who has been cleared for physical activities, gym class or non-contact practice, and who has a recurrence of symptoms, should immediately remove himself or herself from the activity and inform the teacher or coach. If the symptoms subside, the athlete may continue to participate in these activities as tolerated.

Athletes who have been cleared for full contact practice or game play must be able to participate in full-time school (or normal cognitive activity) as well as high intensity resistance and endurance exercise (including non-contact practice) without symptom recurrence. Any athlete who has been cleared for full-contact practice or full game play and has a recurrence of symptoms, should immediately remove himself or herself from play, inform their teacher or coach, and undergo Medical Assessment by a medical doctor or nurse practitioner before returning to full-contact practice or games.

Any athlete who returns to practices or games and sustains a new suspected concussion should be managed according to the *Canadian Guideline on Concussion in Sport*.

Other comments:

\_\_\_\_\_  
\_\_\_\_\_

Thank-you very much in advance for your understanding.

Yours Sincerely,

Signature/print \_\_\_\_\_ M.D. / N.P. (circle appropriate designation)\*

*\*In rural or northern regions, the Medical Clearance Letter may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner. Forms completed by other licensed healthcare professionals should not otherwise be accepted.*

**We recommend that this document be provided to the athlete without charge.**

## Appendix D

### Return-to-School Strategy

The following is an outline of the *Return-to-School Strategy* that should be used to help student-athletes, parents, and teachers to partner in allowing the athlete to make a gradual return to school activities. Depending on the severity and type of the symptoms present, student-athletes will progress through the following stages at different rates. If the student-athlete experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage.

Stage	Aim	Activity	Goal of each step
1	Daily activities at home that do not give the student-athlete symptoms	Typical activities during the day as long as they do not increase symptoms (i.e. reading, texting, screen time). Start at 5-15 minutes at a time and gradually build up.	Gradual return to typical activities
2	School activities	Homework, reading or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work.
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.	Increase academic activities.
4	Return to school full-time	Gradually progress.	Return to full academic activities and catch up on missed school work.

### Sport-Specific Return-to-Sport Strategy

The following is an outline of the *Return-to-Sport Strategy* that should be used to help athletes, coaches, trainers, and medical professionals to partner in allowing the athlete to make a gradual return to sport activities. Activities should be tailored to create a sport-specific strategy that helps the athlete return to their respective sport.

An initial period of 24-48 hours of rest is recommended before starting their *Sport-Specific Return-to-Sport Strategy*. If the athlete experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage. It is important that youth and adult student-athletes return to full-time school activities before progressing to stage 5 and 6 of the *Sport-Specific Return-to-Sport Strategy*. It is also important that all athletes provide their coach with a *Medical Clearance Letter* prior to returning to full contact sport activities.

Stage	Aim	Activity	Goal of each step
1	Symptom-limiting activity	Daily activities that do not provoke symptoms.	Gradual re-introduction of work/school activities.
2	Light aerobic activity	Walking or stationary cycling at slow to medium pace. No resistance training.	Increase heart rate.
3	Sport-specific exercise	Running or skating drills. No head impact activities.	Add movement.
4	Non-contact training drills	Harder training drills, i.e. passing drills. May start progressive resistance training.	Exercise, coordination and increased thinking.
5	Full contact practice	Following medical clearance.	Restore confidence and assess functional skills by coaching staff.
6	Return to sport	Normal game play.	

Source: McCrory et al. (2017). Consensus statement on concussion in sport – the 5th international conference on concussion in sport held in Berlin, October 2016. *British Journal of Sports Medicine*, 51(11), 838-847. <http://dx.doi.org/10.1136/bjsports-2017-097699>