



Alberta Cerebral Palsy Sports Association

Coach and Volunteer Handbook

The ACPSA Coach and Volunteer Handbook is intended to improve knowledge and participation of coaches and volunteers by providing information on policies and procedures relevant to programs of the organization.

As our organization continues to grow and develop, these policies may also develop and change over time.

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Code of Conduct

All athletes, directors, officers, organizers, coaches, officials, managers, volunteers, personal care attendants, medical and paramedical personnel, employees and other members are all representatives of ACPSA and have a responsibility to:

- 1) Maintain the highest standard of behaviour by consistently demonstrating good sportsmanship, friendliness, cooperation and team spirit.
- 2) Adhere to ACPSA policies with respect to the Use of Prohibited Substances while participating in ACPSA events or representing ACPSA at local, national and international events.
- 3) Focus comments or criticism appropriately by avoiding public criticism of fellow athletes, coaches, officials, organizers, volunteers, employees and other members.
- 4) Refrain from any behaviour that constitutes harassment, where harassment is defined as any comment or conduct directed towards an individual or group that is offensive, abusive, racist, sexist, degrading or malicious.

Screening Policy

All new volunteers, coaches, board of directors and employees of the Alberta Cerebral Palsy Sports Association (ACPSA) are required to complete a police record check.

Due to the position of trust inherent in the provision of active, sport activities and recreation activities offered by the ACPSA, all individuals who are or may be, (i.e. coaches, volunteers) in regular, close physical contact with the members/participants' and those with administrative or fiscal responsibilities (committee members, and ACPSA Board members) are required to complete a police records check.

All police record checks for volunteer's, coaches and employees are to be completed before starting in any position with the ACPSA.

Individuals will sign a Statement of Intent (on the Police Record Check) committing to reporting any offense or charges which occur after their initial police record check is completed and during the time they continue to be associated with the ACPSA.

A current record check may be requested by the ACPSA at any time.

For additional information on ACPAS's Volunteer Screening Policy, you can view the full document online: www.acpsa.ca/important-documents/

Concussion Policy

ACPSA recognizes the Alberta Concussion Alliance (ACA) definition of a concussion as:

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

Simply put, a concussion is a brain injury that causes changes in how the brain functions, leading to symptoms that can be physical (headache, dizziness), cognitive (difficulty concentrating or remembering), emotional/behavioral (depression, irritability) and/or related to sleep (drowsiness, difficulty falling asleep).

A concussion 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

If a concussion is suspected in an individual, because they experienced an injury or impact that may result in a concussion or they are behaving unusually, proper concussion protocol should be employed, as outline in this policy.

A concussion can only be diagnosed 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.

Stages of Concussion Management

1. Education

ACPSA will provide a Pocket Recognition Tool (See Appendix A) to all programs and teams at the beginning of the year, and will replace as necessary, for use by team and program coaches, assistant coaches, volunteers and members.

Each program will also be provided with copies of:

- Concussion Action Plan
- Return to Learn guidelines
- Return to Play guidelines
- Coach and Volunteer Handbook

2. Prevention: Ensuring Safe Play

ACPSA requires that all its activities and sports follow the specific rules of the game for that sport, and that all rules are consistently enforced to ensure safe play to the best of our ability.

All equipment used in activities (such as boccia ramps and power soccer guards) must be set up and secured properly, and adjusted as needed to ensure proper fit and safety during play.

It is expected that all program/team coaches, assistant coaches, volunteers and members are actively watching to ensure safe play and safe equipment is being used at all times, and will stop play when necessary for safety.

3. Identification: Using the Concussion Action Plan

ACPSA requires that a Concussion Action Plan (CAP) be available and implemented at all programs, activities and events in case of a concussion or suspected concussion (See Appendix B).

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.

4. Documentation of Incident

ACPSA will provide Incident Report Forms for each program/team/event to be completed to record the details following an incident where a member incurs an injury.

5. Return to Learn and Return to Play Guidelines

The Return to Learn guidelines (See Appendix D) 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.

Return to Learn must be fully completed before starting Return to Play guidelines (see Appendix E). 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.

Conflict of Interest

An individual charged with carrying out a task of the association, is in a conflict of interest if they are directly involved in the decision making that would have a direct impact on personal gain for them, for their immediate family or any corporation, partnership or business controlled by the individual. This may include financial transactions, and/or affiliations which are not financially based, such as membership on the boards of other organizations, or membership in professional societies. Immediate family includes a spouse, child, sibling or parent of a person affected by this policy.

As soon as an individual is aware of their potential or confirmed conflict of interest, they shall declare this to the ACPSA Director of Programs. If an individual is unclear whether or not they are in conflict of interest, they will still bring forth this concern to the ACPSA Director of Programs for advisement, who may then bring to the board of directors for a final decision.

*ACPSA's full Conflict of Interest Policy can be viewed online www.acpsa.ca/important-documents/

Appeals to a Policy COMING SOON

APPENDIX A: Pocket Recognition Tool

A copy of this tool will be printed for each program, and can be downloaded from www.acpsa.ca/important-documents/

Pocket CONCUSSION RECOGNITION TOOL

To help identify concussion in children, youth and adults



RECOGNIZE & REMOVE

Concussion should be suspected **if one or more** of the following visible clues, signs, symptoms or errors in memory questions are present.

1. Visible clues of suspected concussion

Any one or more of the following visual clues can indicate a possible concussion:

- Loss of consciousness or responsiveness
- Lying motionless on ground/Slow to get up
- Unsteady on feet / Balance problems or falling over/Incoordination
- Grabbing/Clutching of head
- Dazed, blank or vacant look
- Confused/Not aware of plays or events

2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

- Loss of consciousness	- Headache
- Seizure or convulsion	- Dizziness
- Balance problems	- Confusion
- Nausea or vomiting	- Feeling slowed down
- Drowsiness	- "Pressure in head"
- More emotional	- Blurred vision
- Irritability	- Sensitivity to light
- Sadness	- Amnesia
- Fatigue or low energy	- Feeling like "in a fog"
- Nervous or anxious	- Neck Pain
- "Don't feel right"	- Sensitivity to noise
- Difficulty remembering	- Difficulty concentrating

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3. Memory function

Failure to answer any of these questions correctly may suggest a concussion.

"At 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?"

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

RED FLAGS

If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

- Athlete complains of neck pain	- Deteriorating conscious state
- Increasing confusion or irritability	- Severe or increasing headache
- Repeated vomiting	- Unusual behaviour change
- Seizure or convulsion	- Double vision
- Weakness or tingling/burning in arms or legs	

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 airway support) unless trained to do so
- Do not remove helmet (if present) unless trained to do so.

from McCrory et. al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013

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APPENDIX B: Concussion Action Plan (CAP):

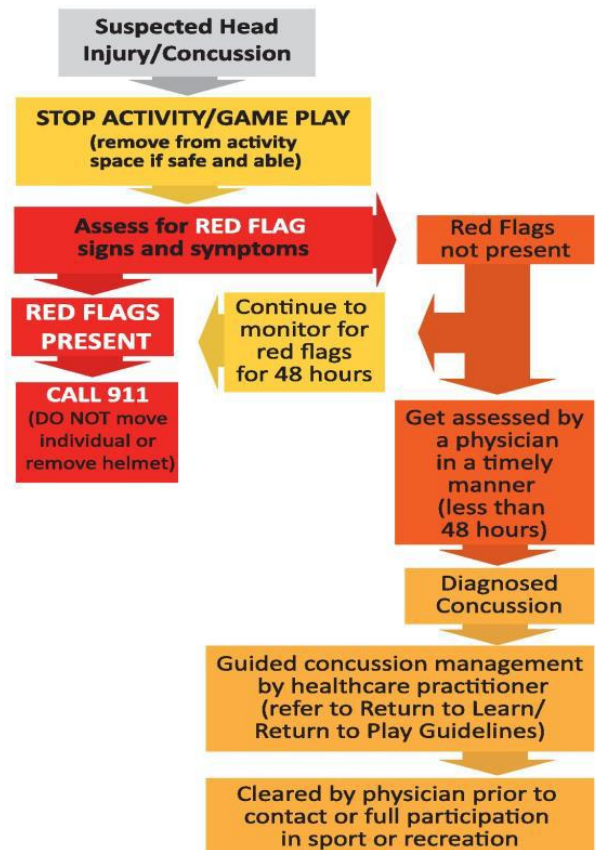
Concussion Action Plan (CAP)

RED FLAG
Signs and Symptoms

- Blocked airway / Not breathing
- Poor circulation
- Loss of consciousness
- Headaches that worsen
- Seizures
- Memory Loss
- Looks drowsy or cannot be awakened
- Repeated vomiting
- Slurred speech
- Cannot recognize people or places
- Increase confusion; unusual behavior change; irritability
- Weakness or numbness in arms or legs
- Neck Pain
- Double Vision

Signs and Symptoms of a Concussion

- Headache
- Dizziness
- Blurry Vision
- Feeling "slowed down" or "dazed"
- Sensitivity to light and sound
- Difficulty concentrating
- Difficulty with balance maneuvers
- General confusion
- Difficulty orienting to time and place
- Not feeling like yourself



- If at any time 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, body or no impact at all.
- Concussion may happen in organized sport, unorganized sport, physical education classes, recreational activities. Symptoms can be delayed up to 48 hours.
- When concussion symptoms are present, the injured individual should not take any medication.
- When monitoring the individual, look for red flag and concussion symptoms, as well as symptom severity.

Produced in Partnership with:



Brain Care Centre®
Early Intervention



Sport Medicine Council of Alberta
SMCA



INCIDENT REPORT FORM

Use this form to report any accident, injury, incident, close call or illness that occurs during any programming or events held by Alberta Cerebral Palsy Sports Association, to document the incident and assist with any investigations,

Please complete this form within 24 hours of the incident and submit the completed form to an ACPSA staff.

PERSON COMPLETING REPORT: _____

CONTACT NUMBER: _____

DATE: _____

This is documenting an:

☐ Injury ☐ Confrontation ☐ Damage to Property ☐ Illness

Did an injury or illness occur that required First Aid treatment?

☐ Yes ☐ No

If yes, who provide the First Aid treatment: _____

Did an incident occur that required an Emergency Responder (ambulance, paramedics, police)?

☐ Yes ☐ No

In case of illness or injury, was the Emergency Contact for the individual contacted?

☐ Yes ☐ No

If damage to property occurred, was this reported to the facility managers on site?

☐ Yes ☐ No

Details of Incident

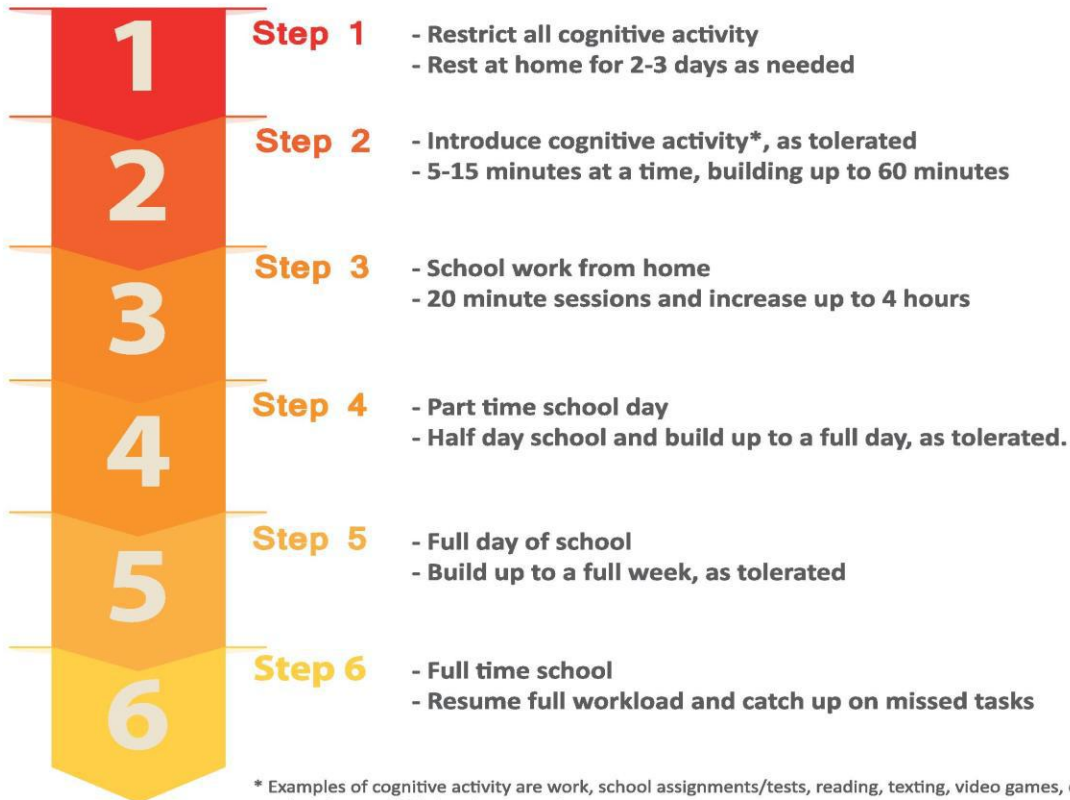
PERSON INVOLVED/INJURED:

☐ Participant ☐ Official ☐ Coach ☐ Volunteer ☐ Spectator ☐ Staff

Signature of ACPSA Staff who receives completed form

APPENDIX D: Return to Learn Guidelines:

Concussion Management Return to Learn Guidelines



After returning to full time school 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.

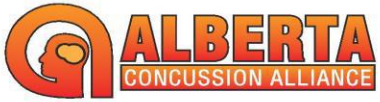
It is recommended that parents and educators accommodate the need of the injured individual.

For more information please visit:

www.braincarecentre.com
www.cattonline.com
www.parachutecanada.org

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Sport Medicine Council of Alberta
11759 Groat Road
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www.sportmedab.ca

Concussion Management Return to Play Guidelines



You must be symptom free for 24 hours after completing the step before moving to the next one. If the athlete experiences symptoms of concussion that come back, either with activity or later that day, he/she must stop the activity immediately, rest until symptoms resolve (minimum of 24 hours), and start again from the previous step. Return to play will be individual to the athlete and their injury.

For more information please visit:

www.braincarecentre.com
www.cattonline.com
www.parachutecanada.org

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