

## **Alberta Cerebral Palsy Sports Association Concussion Policy and Protocol**

### **1. Policy Statement:**

The Canadian Concussion Collaborative recommends that all recreation providers, sport organizations and sport event organizers implement a concussion management protocol. In support of this, the Alberta Cerebral Palsy Sports Association (ACPSA) is following the recommendations of the Alberta Concussion Alliance (ACA) to provide all coaches, volunteers, and members with information about the prevention of and safe recovery from, sport and recreation-related concussions.

ACPSA will endeavor to have all participants follow all treatment protocols, return to learn protocols and return to play protocols.

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

### **2. Background Information**

#### Concussion:

ACPSA recognizes the ACA's 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.

### **3. Stages of Concussion Management**

#### 3.1 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

### 3.2 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.

### 3.3 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.

### 3.4 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.

### 3.5 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.

## Appendix A: Pocket Recognition Tool

\*Download a PDF copy from [//www.acpsa.ca/important-documents/\\*](http://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 visible 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

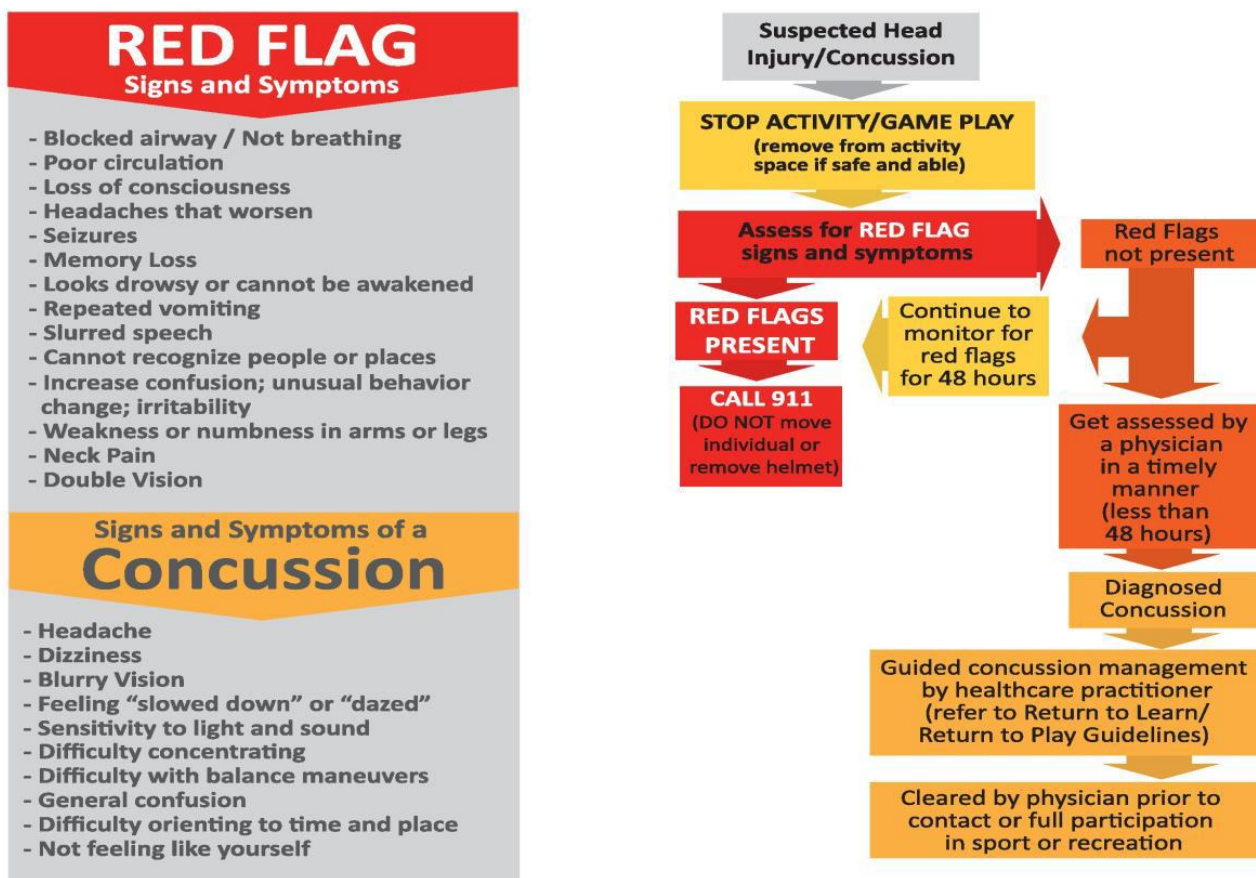
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Appendix B: Concussion Action Plan (CAP):



Sport Medicine Council of Alberta  
11759 Groat Road  
Edmonton Alberta T5M 3K6  
780-415-0812  
www.sportmedab.ca

## Concussion Action Plan (CAP)



- 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.

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Appendix C: Incident Report Form:



## 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:

## Alberta Cerebral Palsy Sports Association Concussion Policy

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

Name: \_\_\_\_\_

SECOND PERSON INVOLVED/INJURED (if needed)

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

Name: \_\_\_\_\_

INCIDENT DETAILS:

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

Location: \_\_\_\_\_

DESCRIPTION OF INCIDENT (program/event incident happened at, describe tasks being performed, sequence of events that were seen and heard, type of injury/illness)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

\*If more room is needed, please use the back of this page

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Signature of Person Completing this form

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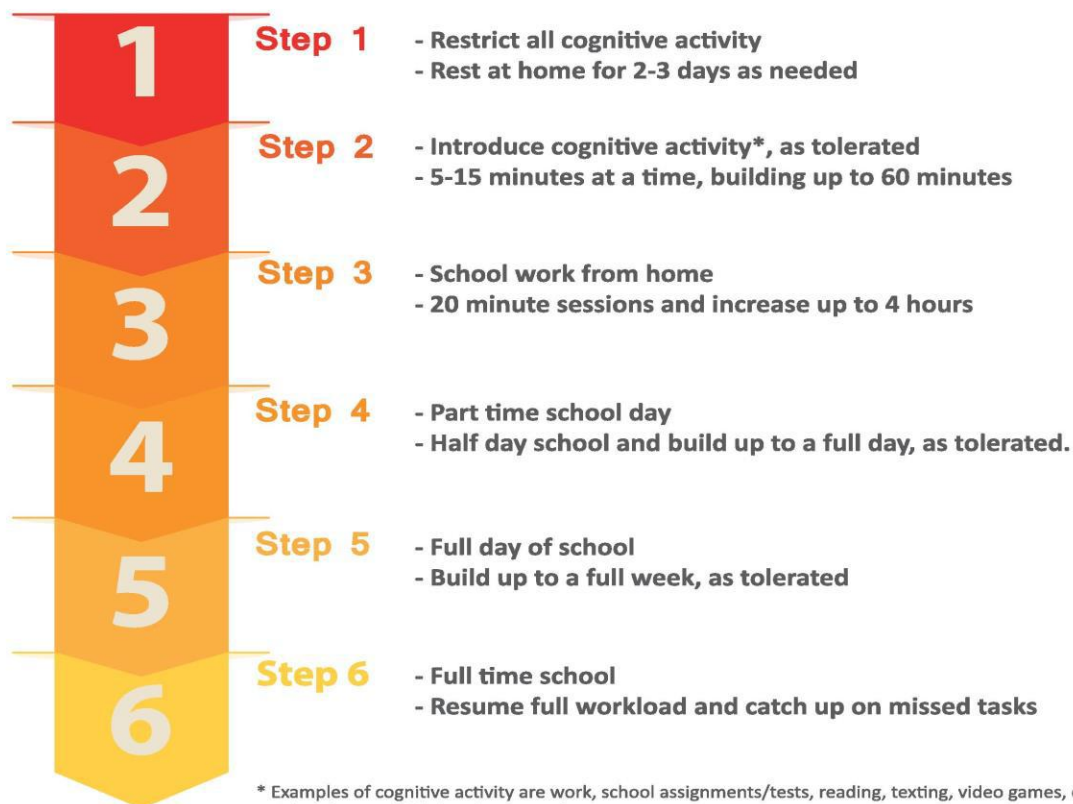
Signature of ACPSA Staff who receives completed form

Appendix D: Return to Learn Guidelines:



Sport Medicine Council of Alberta  
11759 Groat Road  
Edmonton Alberta T5M 3K6  
780-415-0812  
www.sportmedab.ca

## Concussion Management Return to Learn Guidelines



\* Examples of cognitive activity are work, school assignments/tests, reading, texting, video games, computer, television, and high level conversations.

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](http://www.braincarecentre.com)  
[www.cattonline.com](http://www.cattonline.com)  
[www.parachutecanada.org](http://www.parachutecanada.org)

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Appendix E: Return to Play Guidelines:



Sport Medicine Council of Alberta  
11759 Groat Road  
Edmonton Alberta T5M 3K6  
780-415-0812  
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](http://www.braincarecentre.com)  
[www.cattonline.com](http://www.cattonline.com)  
[www.parachutecanada.org](http://www.parachutecanada.org)

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## Alberta Cerebral Palsy Sports Association Concussion Policy

For additional resources on Concussions and Concussion Management visit:

[www.sportmedab.ca/ab-concussion-alliance](http://www.sportmedab.ca/ab-concussion-alliance)