CONCUSSION

PROTOCOL

Revised: August 17, 2017
Disclaimer / No Medical Advice Given. The information in this package is for informational purposes only and is not intended as a substitute for medical professional help, advice, diagnosis or treatment. Always seek the advice of your physician or other qualified healthcare provider with any questions you may have regarding medical care.
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1.0 Concussion Information

The definition of a concussion is “a complex patho-physiological process affecting the brain, induced by traumatic biomechanical forces.” “A disruption of normal brain function caused by some outside force.”

Some common features of a concussion are the rapid onset of short-lived neurological impairment that evolves over a number of minutes to hours and resolves sequentially and spontaneously. Symptoms reflect a functional disturbance rather than a structural injury.

The majority of concussion resolve within 7 – 10 days, although often longer for children and adolescents. This is due to greater susceptibility in their frontal region, resulting in greater symptoms and greater memory deficits. Repeat concussions are significantly more dangerous to teens and youth.

Concussions may be caused by a direct blow to the head, face or neck but also by a blow to the body with a force that is transmitted to the head.

A person does to NOT need to be knocked out to receive a concussion. Still, the amount of time an individual is unconscious does often reflect the severity of a brain injury. Less than an hour typically results in a minor/mild concussion from which full recovery is the norm.

A concussion should be suspected if an athlete displays signs and symptoms of behavior consistent with a concussion following an observed or suspected blow to the head or body.

1.1 Signs and Symptoms of a Concussion

<table>
<thead>
<tr>
<th>Signs of a Concussion</th>
<th>Early Symptoms</th>
<th>Delayed Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of consciousness</td>
<td>headache</td>
<td>light sensitivity</td>
</tr>
<tr>
<td>Balance problems</td>
<td>pressure in head</td>
<td>nose sensitivity</td>
</tr>
<tr>
<td>Unbalanced, uncoordinated movements</td>
<td>neck pain</td>
<td>difficulty concentrating</td>
</tr>
<tr>
<td>Disorientation or confusion</td>
<td>nausea</td>
<td>difficulty remembering</td>
</tr>
<tr>
<td>Memory loss</td>
<td>dizziness</td>
<td>fatigue / low energy</td>
</tr>
<tr>
<td>Blank or vacant stare</td>
<td>blurred vision</td>
<td>drowsiness</td>
</tr>
<tr>
<td>Acting different than usual</td>
<td>balance problems</td>
<td>trouble falling asleep</td>
</tr>
<tr>
<td></td>
<td>feeling 'slowed down'</td>
<td>more emotional</td>
</tr>
<tr>
<td></td>
<td>feeling like 'in a fog'</td>
<td>irritability</td>
</tr>
<tr>
<td></td>
<td>&quot;don't feel right&quot;</td>
<td>sadness</td>
</tr>
<tr>
<td></td>
<td>confusion</td>
<td>nervous or anxious</td>
</tr>
</tbody>
</table>

1.2 Concussion Management

Early management is between 24 to 72 hours after the concussion occurred. There should be limited physically activity with no practice, weight room and workouts. Light activity like walking does not exacerbate symptoms. There should be little or no school and limit activities requiring attention and concentration are suggested along with limited social activities to minimize symptoms.

Returning to learn and play is a medical decision that should be decided upon by a physician, athletic therapist, sport physiotherapist, massage therapist with educator involvement.
1.3 Schools Concussion Management Plan

Schools should have a Concussion Management Plan and it should answer the following questions:

Q: Who will provide concussion education?
A: Information for pre-injury and post-injury are enclosed.

Q: Who will recognize a concussion?
A: The information and video place the responsibility on everyone.

Q: Who can remove an athlete from play?
A: This should be established before the season begins.

Q: When can an athlete return to learn and play?
A: The information provided establishes the 6 step plan supported by the SHSAA.

1.4 Coaches Responsibilities

The Coaches should have a pre-season meeting that is attended by the parents and athletes to distribute and discuss concussion information. Please show the SHSAA video at [https://www.schoolcoach.ca/courses.aspx](https://www.schoolcoach.ca/courses.aspx). Have the coaches sign the Saskatchewan Brain Injury Association Charter: for Sports Coaches and Leaders. Have the players sign the Saskatchewan Brain Injury Association Pledge Form: for players.

The equipment should be a proper fit, especially with headgear. It needs to be well maintained and documented. The equipment sizing should be sized by someone who is trained to do so.

Coaches need to develop and use head smart drills. Skill progression drills must be used.

Having the knowledge and adhering to the rules will increase the athlete’s safety. Good officiating also emphasizes safety.

1.5 6 Step Graduated Return to Play Protocol

**Step 1:** No activity – complete physical rest  
**Step 2:** Light Aerobic Activity – increase heart rate without high concentration ie. walking  
**Step 3:** Sport Specific Activities – add movement, coordination, low risk activities ie. running  
**Step 4:** Drills without body contact – in practice, more complex drills, activities ie. weight training  
**Step 5:** Drills with body contact – after medical clearance, full practice or training  
**Step 6:** Game Play – return to competition
Concussion Education
Train Coaches

Pre-Season Meeting
Train Athletes and Parents

Recognize
Concussion

Respond: Emergency
Do not move athlete
Activate EMS

Inform Parents

Refer to Health Care professional

Respond: Non-Emergency
Remove from play

Evaluate

Monitor

Inform Parents

Refer to health care professional

Return
Cleared by a health care professional to begin activity

Return to learn
Return to play

Academic progressions including accommodations
Graduated 6-Step Return to Play

Non-restricted academic and game play
2.0 **SHSAA Concussion Protocol**

Education and providing information about Concussions in sport continues to be an area of emphasis for all groups that are involved in delivering sport to today’s youth. The creation of a concussion management protocol for the Saskatchewan High Schools Athletic Association was initiated at the 2013 AGM. This organization, along with many other organizations involved in youth sport, is committed to making a concussion awareness policy for all those individuals who are involved in student athlete sport.

Concussions can happen to anyone and can occur in virtually any activity. A study at McGill University indicated that two of the key factors behind serious and/or repeated concussions was a lack of awareness about brain injury. In conjunction with the Sport Medicine and Science Council, the Saskatchewan Brain Injury Association and the University of Saskatchewan, a number of initiatives and protocols have been developed.

2.1 **Facts about Concussions**
- You don’t need to be knocked out to suffer a concussion
- A concussion is a mild brain injury that affects the brain’s functions
- Every four minutes, a concussion occurs in Canada
- There are approximately 6,000 concussions in Saskatchewan every year
- A person is four times as likely to suffer a second concussion after having the first one and the effects may be more serious with each subsequent injury
- Signs/symptoms can show up immediately or may not be noticeable for hours or days
- Concussion symptoms differ with each person
- One in five sports injuries is a head injury
- If you think you have a concussion, YOU SHOULD NOT RETURN TO PLAY, and see your health care professional for diagnosis, treatment and a ‘Return to Play’ strategy

2.2 **Objectives of the SHSAA Protocol**
The goal of this policy and its protocols are to act as tools to help prevent, recognize and properly manage concussion in our school sports programs.

The protocol has been developed to ensure an increased provincial awareness of head injury and concussions; provide a united, consistent and reliable message about brain injuries, concussion prevention and treatment.

**WHEN IN DOUBT, SIT THEM OUT!**

2.3 **Concussion Management Guidelines**
Concussion is a brain injury and is defined from the Consensus Statement 2012 as a complex pathophysiological process affecting the brain, induced by biomechanical forces. Practically it is a brain injury that causes a disruption of normal brain function leading to symptoms that can be physical, cognitive, emotional/behavioural and/or related to sleep.

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.

2.4 **Prevention**
Prevention is the first objective in concussion management. The goal is to create an environment that will minimize concussion incidence and complications.
2.4.1 Education

**Coaches**
- All coaches involved in school sport must complete the free Concussion Management course located at: [http://www.schoollcoach.ca/courses.aspx](http://www.schoollcoach.ca/courses.aspx)
- Other approved courses include:
- In all of these accepted courses, the coach will have the opportunity to print their certificate of completion which should be submitted to the school. Each school is to track and compile the certificates of the coaches involved in delivering school sport as part of the extra-curricular programming.

**Students**
- All student athletes should receive concussion education prior to participation. Education for players is crucial if they are to self-report, respect their opponent, and play safe.
- Resources for student education could include the following:
  - [https://www.youtube.com/watch?v=zCCD52Pty4A](https://www.youtube.com/watch?v=zCCD52Pty4A)
  - [https://www.youtube.com/watch?v=55YmbIG9YM](https://www.youtube.com/watch?v=55YmbIG9YM)

**Parents**
- Education for parents is strongly recommended as the parents should know what a concussion is and recognize it in their child. This education will allow parents to know what to expect if their child is diagnosed with a concussion.
- Education of parents is easy to incorporate at pre-season parent meetings
- Concussion management protocols can also be reviewed
- Resources can include the two videos used for student education

2.4.2 Protective Equipment
Reference the Safety Precautions and Recommendations in the Football Activity section of the SHSAA annual handbook.

2.5 Identification
Identification is the second objective in concussion management. The goal is to optimize the early identification of possible or presumed concussions.

A concussion is suspected when it is recognized that an individual appears to have either experienced an injury or impact that may result in concussion, or is exhibiting unusual behavior that may be the result of a concussion. A concussion is diagnosed by a medical doctor or nurse practitioner.

The following stakeholders can identify a concussion: Athletes, including teammates and self-reporting Coaches, Parents, School staff, Officials, Health care professionals.

2.6 Management

Management is the third objective in concussion management. The goal is to optimize the management and obtain the best outcome for the concussed athletes.

*Emergency Action Plan*
Any athlete with a suspected head/spinal injury will be assessed using the Emergency Action Plan utilized at the host venue and not moved until deemed safe to do so.

*Concussion Action Plan*
An athlete suspected of suffering a concussion must be removed from play immediately and not return to activity on the same day. The athlete will be continually monitored for the presence of any “Red Flags” which if present will result in an urgent 911 call.

Each school must provide the coaches with the “Concussion Awareness Fact Sheet”, the “Pocket Concussion Recognition Tool” and the “Concussion Guidelines for the Coaches & Trainers”. These documents will be kept on their person when coaching.

- **Resources:**
  - Concussion Awareness Fact Sheet
  - Pocket Concussion Recognition Tool
    [http://www.parachutecanada.org/downloads/resources/Pocket_CRT_Final.pdf](http://www.parachutecanada.org/downloads/resources/Pocket_CRT_Final.pdf)
  - Concussion Guidelines for the Coaches & Trainers

Athletes suspected of a concussion and their parents/caregivers will be provided with the “Concussion Guideline for Athletes” and “Concussion Guidelines for Parents & Caregivers” respectively. These documents discuss concussion and identify the “Red Flags” to be monitored.

- **Resources:**
  - Concussion Guideline for Athletes
  - Concussion Guidelines for Parents & Caregivers

Athletes must be assessed by a medical doctor or nurse practitioner. Once a concussion diagnosis has been assessed the athlete will progress through a guided concussion management rehabilitation program by a health care practitioner. This will include a progressive guided return to learn process lead by a health care professional. Once the athlete has returned to full time school without symptoms, he/she can progress through the return to play guidelines under the management of a health care professional.

- **Resources:**

Athletes must receive clearance for full participation in sport from a medical doctor or nurse practitioner. This will be documented as the final step on the recording tool.
2.7 Concussion Awareness Fact Sheet

What is a Concussion

- By definition
  - ‘Concussion is a brain injury and is defined as a complete pathophysiological process affecting the brain, induced by biomechanical forces’
- Practically
  - A disruption of normal brain function caused by some type of outside force
- A concussion is suspected when it is recognized that an individual appears to have either experienced an injury or impact that may result in concussion, or is exhibiting unusual behavior that may be the result of a concussion. A concussion is diagnosed by a medical doctor or nurse practitioner.

Mechanism of Injury

- direct contact to head
- head contacting other object
- contact anywhere on the body with an impulsive force transferred to the head
- Sometimes the mechanism of injury is not seen by the coach. Any athlete exhibiting the signs or symptoms of a concussion should be reviewed for the possibility of a concussion. The coach may want to ask other players, other coaches, or parents in the stands if they saw the athlete suffer a mechanism of injury that may cause a concussion.

Signs and Symptoms of a Concussion

- An athlete may only have one sign or symptom after a contact to the head or body indicating a suspected concussion.
- Some signs and symptoms present early after a blow to the head or body while some develop over time.
- Athletes should be monitored if a concussion is suspected for the onset of delayed signs and symptoms or “Red Flags”

Signs of a Concussion

- loss of consciousness
- balance problems
- unbalanced, uncoordinated movements
- disorientation or confusion
- memory loss
- blank or vacant stare
- acting different than usual

Symptoms of a Concussion

- early symptoms
  - headache
  - pressure in head
  - neck pain
  - nausea
  - dizziness
  - blurred vision
  - balance problems
  - feeling 'slowed down'
  - feeling like 'in a fog'
  - "Don't feel right"
  - confusion
- delayed symptoms
- light sensitivity
- nose sensitivity
- difficulty concentrating
- difficulty remembering
- fatigue/low energy
- drowsiness
- trouble falling asleep
- more emotional
- irritability
- sadness
- nervous or anxious

**Recognition**
- A concussion is suspected when it is recognized that an individual appears to have either experienced an injury or impact that may result in concussion, or is exhibiting unusual behavior that may be the result of a concussion.

**Management**
Initiate the Emergency Action Plan
- ensure no other major injuries, including a spinal injury, prior to assessing for concussion
  - unconscious
  - weakness or numbness/tingling in extremities
  - severe neck pain
  - athlete does not want to move due to pain

Initiate the Concussion Action Plan
- if it is safe and you are able to do so, remove the athlete from the activity
- monitor the athlete for signs and symptoms of a concussion and document the injury
- monitor the athlete for the presence of “Red Flags” and call 911 if present
  - headache that gets worse
  - are very drowsy or can’t be awakened
  - can’t recognize people or places
  - have repeated vomiting
  - behave unusually or seem confused, are very irritable
  - have seizures (arms and legs jerk uncontrollably)
  - have weak or numb arms or legs
  - are unsteady on their feet, have slurred speech
- transfer care of the athlete to a parent/guardian and provide them with concussion education documents
- have the athlete follow up with a medical doctor or nurse practitioner
- if diagnosed with a concussion follow a guided progressive return to learn and play protocol under the supervision of a health care professional after a concussion diagnosis the athlete will be cleared for full return to play by a medical doctor or nurse practitioner
<table>
<thead>
<tr>
<th>COURSE</th>
<th>WHO</th>
<th>WHEN</th>
<th>HOW</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respect in Sport</td>
<td>All coaches and assistant coaches (both faculty and non-faculty) at all levels (Bantam, Junior and Senior) of school sport and administered by the District body.</td>
<td>Completion prior to the start of the sport season being coached.</td>
<td>One time course that takes approximately 3 hours to complete. Access to <a href="http://www.sasksport.sk.ca/RiS/">http://www.sasksport.sk.ca/RiS/</a> Once started, the course may be stopped and revisited without losing your place in the program</td>
<td>Equivalent courses that will be recognized as a replacement to the Respect in Sport: 1) NCCP Empower + 2) Hockey Canada ‘Speak Out” 3) Respect in Schools</td>
</tr>
<tr>
<td>Concussion Protocol</td>
<td>All coaches and assistant coaches (both faculty and non-faculty) at all levels (Bantam, Junior and Senior) of school sport administered by the District body.</td>
<td>Completion prior to the start of the sport season being coached.</td>
<td>One time course that takes approximately 20 minutes to complete. Access at <a href="http://www.schoolcoach.ca/courses.aspx">http://www.schoolcoach.ca/courses.aspx</a></td>
<td>Courses that are recognized: 1) Concussion in Sports-What you need to Know 2) Making Headway(Football) 3) Heads Up-Concussion in Sport Youth</td>
</tr>
<tr>
<td>Fundamentals of Coaching</td>
<td>Non-faculty coaches who: 1) Have not been previously approved by the School, School Division and SHSAA under the SHSAA Bylaw ‘Coaches and Supervisors’ 2) Are given the responsibility of coaching the team without faculty supervision</td>
<td>Course must be started by the E-5 date of the activity being coached and completed prior to the first round of SHSAA playoffs for that activity.</td>
<td>One time course that takes approximately 6 hours to complete. Access at <a href="http://www.schoolcoach.ca/courses.aspx">http://www.schoolcoach.ca/courses.aspx</a> Once started, the course may be stopped and revisited without losing your place in the program.</td>
<td>Becomes effective for the 2014-2015 school year.</td>
</tr>
<tr>
<td>Safe Contact Module</td>
<td>One coach per tackle football team at all levels (Bantam, Junior and Senior) of school sport administered by the District body.</td>
<td>Completion prior to the start of the sport season being coached.</td>
<td></td>
<td>Becomes effective for the 2017-2018 school year.</td>
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</tbody>
</table>
3.0 Concussion in Sports: Emergency vs. Non-emergency

3.1 Emergency Care Plan
The emergency care plan addresses immediate need for medical assistance in the instance of traumatic injury or illness. The emergency care plan assigns specific duties for effective evaluation, transport and follow-up of the situation. The emergency care plan impacts coaches, spectators, practice/game personnel as well as athletes. The emergency care plan must address situations that may occur from the first practice through the last team meeting; it includes weekdays as well as weekends.

A checklist is attached for duties assigned to specific individuals, or information pertinent to the specific team/sport.

This plan may be used for any sport, for any site where the team practices and/or competes. It must be available at any time. It should also include additional information specific to a unique site or other circumstance. The NFHS recommends placing the plan in a plastic “sleeve” and posting it at each specific athletic venue.

Should an injury occur which needs medical assistance; the following are critical items that would need to be addressed by a coach, certified athletic trainer (ATC), designated first aid responder and/or athletic administrator.

- Primary evaluation
- ABC’s
- Access Athletic Trainer or designated first aid responder by radio, if on site
- Access EMS Immediate primary care
  - Coach notifies Athletic Trainer or athletic administrator of all injuries within 24 hours.
- Medical Emergency
  - Notification of Parent
  - Notification of Athletic Trainer or designated first aid responder

(The following is recommended but shall not supersede procedures adopted by your school’s athletic department.)

Emergency care cards, first aid kit and quick access to ice shall be the standard for each practice and event.

In case of a catastrophic injury, no information should be given to any party other than EMS. The coach shall notify the principal and athletic director. The principal will consult their superintendent regarding the resale of appropriate information to the media.

The following page is a template for use at individual schools by individual teams. Other emergency plan templates are available from a variety of groups. The Sports Medicine Handbook from the National Federation of State High School Associations (NFHS) has such an option.
Emergency Care Plan

Date: ___________________________ School: _______________________________________

Coach: __________________________ Contact Number: ________________________________

Sport: __________________________________________________________________________

Game Site Street Address: ___________________________________________________________________________
Specific directions to game site from nearest major intersection: ________________________________

Practice Site Street Address: ______________________________________________________________________
Specific directions to practice site from nearest major intersection: ________________________________

Directions. Please complete and distribute a copy to all members of your coaching staff, the athletic administrator, designated first aid responder or athletic trainer. Discuss this plan with your coaching staff. Proper preparation can lead to quick, appropriate action.

_________________________ Where should EMS come to have quick access to the injured athlete?
_________________________ Who will give primary care to the athlete?
_________________________ Where is the first aid kit?
_________________________ Where are the emergency care cards?
_________________________ Who calls EMS?
_________________________ From which cell phone will the call to EMS be made?
_________________________ Who will notify the parents that the athlete is being transported to an emergency care facility?
_________________________ To which emergency care facility will athletes be transported?
_________________________ Who will notify the athletic administrator or athletic trainer?
_________________________ Who will manage the rest of the team while care is given to the injured athlete?
_________________________ Who will open any gates or doors for EMS?
_________________________ Who will meet EMS and direct them to the injured athlete?
_________________________ Who will travel with the injured athlete to the emergency care facility?
_________________________ Who will follow-up with the parents?
_________________________ Who will document the injury?
_________________________ Who will speak to parent in the instance of catastrophic injury?

Emergency Telephone Numbers

EMS________________________________ Athletic Trainer______________________________
Emergency Care Facility________________________ Athletic Administrator________________
3.2 Emergency Response

Any of the following warrants activating the Emergency Action Plan and EMS:

- Loss of consciousness
- Deteriorating mental status (lethargy, very drowsy or can’t be woken up, confusion or agitation)
- Potential spinal injury (numbness, tingling, weakness, persistent or increasing neck pain)
- Progressive worsening of symptoms, new neurological signs

DO NOT MOVE ATHLETES UNTIL INSTRUCTED BY THE EMS!
3.2.1 Emergency Response Checklist

Athlete’s Name: ___________________________ Sport: ___________________________

Test Administrator: ________________________ Test date: ________________________

For immediate attention, call 911!

Hospitalization No.: ________________________ Location: ________________________

Symptoms:
The presence of any of the following signs may suggest a concussion. Check the symptoms exhibited by the athlete.

☐ Loss of consciousness ☐ Feeling slowed down
☐ Seizure or convulsion ☐ Feeling line in a ‘fog’
☐ Amnesia ☐ ‘don’t feel right’
☐ Headache ☐ Difficulty concentrating
☐ ‘pressure in head’ ☐ Difficulty remembering
☐ Neck pain ☐ Fatigue or low energy
☐ Nausea and/or vomiting ☐ Confusion
☐ Dizziness ☐ Drowsiness
☐ Blurred vision ☐ More emotional
☐ Balance problems ☐ Irritability
☐ Sensitivity to light ☐ Sadness
☐ Sensitivity to noise ☐ Nervous or anxious

Memory Function:
What venue are we at today? ___________________________

Which half/quarter/period is it? ________________________

Who scored last in this game? _________________________

Who did you play last week? _________________________

Did your team win their last game? ____________________

Other comments ____________________________

Balance Testing:
Have them stand heel-to-toe with their non-dominant foot in the back. Their weight should be evenly distributed across both feet. They should try to maintain stability for 20 seconds with their hands on their hips and their eyes closed. If they stumble out of this position, they should open their eyes, return to the start position, and continue balancing. Start timing when they are set and their eyes are closed.

Observe them for 20 seconds. More than 5 errors in time (ie. Taking hands off hips, opening eyes, lifting a foot or heel, stepping, stumbling, falling….) may suggest a concussion.

Number or errors= __________________

ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PLAY, ASSESSED MEDICALLY, NOT LEFT ALONE, OR ALLOWED TO DRIVE A MOTOR VEHICLE.
3.3 Non-Emergency Response

Remove athlete from play and evaluate on the sideline using the Pocket Concussion Recognition Tool (distribute from CVAC)

- Monitor athlete and transfer care of the athlete to a responsible adult
- Refer athlete to a health care professional for a full evaluation and a ‘return to learn and play’ plan
- Call 911 or go to Emergency if the following danger signs occur: a headache that gets worse, very drowsy or can’t be awakened, can’t recognize people or places, repeated vomiting, irrational or irritable behavior, seizures, numbness and/or tingling, slurred speech
### 3.3.1 Non-Emergency Response Checklist

**Student’s Name** ____________________ **Grade** ________ **Date/Time of Injury** ____________________

**Where and how did the injury occur? (cause, force, body part contacted)**

**Description of the injury (include information about any loss of consciousness and for how long memory loss, seizures, previous concussions)**

Use this form to monitor students who come to your office with a head injury. Students should be monitored for a minimum of 30 minutes. Check for sign or symptoms when they arrive at your office, 15 minutes later, and at the end of 30 minutes.

<table>
<thead>
<tr>
<th>Observed Signs</th>
<th>0 minutes</th>
<th>15 minutes</th>
<th>30 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appears dazed or stunned</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Is confused about events</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repeats Questions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Answers questions slowly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can’t recall events prior to the hit, bump or fall</td>
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<td></td>
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<tr>
<td>Can’t recall events after to the hit, bump or fall</td>
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<td></td>
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<tr>
<td>Loses consciousness (even briefly)</td>
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<tr>
<td>Shows behavior or personality change</td>
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<td></td>
<td></td>
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<tr>
<td>Forgets class schedule or assignments</td>
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<td></td>
<td></td>
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<tr>
<td>Headache or ‘pressure’ in the head</td>
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<tr>
<td>Nausea or vomiting</td>
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<tr>
<td>Balance problems or dizziness</td>
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<tr>
<td>Fatigue or feeling tired</td>
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<tr>
<td>Blurry or double vision</td>
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<tr>
<td>Sensitivity to light and/or noise</td>
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<tr>
<td>Numbness or tingling</td>
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<tr>
<td>Does not ‘feel right’</td>
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<tr>
<td>Difficulty thinking clearly, concentrating or remembering</td>
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<tr>
<td>Feeling more slowed down, sluggish, hazy, foggy or groggy</td>
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<tr>
<td>Irritable, sad, nervous</td>
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<tr>
<td>More emotional than usual</td>
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</tbody>
</table>

**Resolution:**
- Student returned to class
- Student was sent home (with an adult)
- Student was referred to a Health Care Professional for evaluation

**Signature of adult completing this form** ____________________________________________

**Comments:** ________________________________________________________________________
Students who experience one or more of the signs or symptoms of concussion after a bump, blow, or jolt to the head should be referred to a health care professional with experience in evaluating for a concussion.

Danger Signs:
Be alert for symptoms that worsen over time. The student should be seen in an emergency department right away if he/she has:

- One pupil (the black part in the middle) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness or agitation
- Unusual behavior
- Loss of consciousness, even briefly

If a parent is coming to take the student to a health care professional, observe the student for a new or worsening symptoms right before the student leaves.

Send a copy of this checklist with the student for the health care professional to review. Also give the parent a copy of “Concussion Guidelines for the Parents/Caregivers”.

This checklist is also useful if a student appears to have sustained a head injury outside of school or on a previous school day. In such cases, be sure to ask the student about possible sleep symptoms. Drowsiness, sleeping more or less than usual or difficulty falling asleep may indicate a concussion.

To maintain confidentiality and ensure privacy, this checklist is intended only for use by appropriate school professionals, health care professionals and the student’s parent(s) or guardian(s).
4.0 Pre-Season Team Meeting with Parents and Athletes

There are a number of topics you, as a coach, will want to discuss with your student-athletes and parents at your pre-season meeting. This handout will only address the topic of concussions.

CVAC encourages you to include 20 minutes SHSAA video on concussions as part of the team meeting for football. It is available for group viewing at [www.schoolcoach.ca/courses.aspx](http://www.schoolcoach.ca/courses.aspx).

The SHSAA and CVAC expect every team to apply the 6 Step Graduated Return to Play Protocol with the student-athletes when they suffer a concussion. Parents also need to know that they are also expected to commit to this plan.

Everyone needs to be aware of and looking for symptoms of a concussion in themselves and others. There are pledge forms for the coaches and athletes to sign, found in section 5.1 and 5.2 of this Handbook. Coaches are encouraged to keep the players pledges on file and post theirs for all to see. The pledges are a bit elementary looking but they make the athletes commit. There is also guideline packages for the coaches, parents and athletes should a concussion occur.

4.1 6 Step Graduated Return to Play Protocol

An athlete should progress through this plan step by step. Medical clearance is vital prior to returning to game play.
5.0 Concussion Information Sheets / References Links

5.1 Saskatchewan Brain Injury Association: Charter for Sports Coaches & Leaders

5.2 Saskatchewan Brain Injury Association: Pledge Form for Players
http://www.sbia.ca/pdf/players.pdf

5.3 Concussion Guidelines for Coaches & Trainers

5.4 Heads Up – A Fact Sheet for Coaches
https://www.cdc.gov/headsup/default.aspx?chkLockMyColors=on&sn=Prairie+Spirit+School+Division&chkIncludeLogoPlaceholder=1&bc1=c35d25&bc2=CFD0D2&tc1=FFFFFF&tc2=333f40&tp=4

5.5 Concussion Guidelines for Parents and Caregivers

5.6 Heads Up – A Fact Sheet for Parents
https://www.cdc.gov/headsup/default.aspx?chkLockMyColors=on&sn=Prairie+Spirit+School+Division&chkIncludeLogoPlaceholder=1&bc1=bf5a23&bc2=ce6f3b&tc1=fff&tc2=ce6f3b&tp=8

5.7 Guidelines for Return to Play After a Concussion

5.8 Concussion Guidelines for Athletes

5.9 Heads Up – A Fact Sheet for Athletes

5.10 Concussion – A Must Read for Young Athletes
https://www.cdc.gov/headsup/pdfs/highschoolsports/concussion_a_must_read_for_young_athletes_fact_sheet.pdf

5.11 Emergency Plan
http://www.nfhs.org/

5.12 SHSAA Concussion Protocol
http://www.shsaa.ca.prod.sportngin.com/page/show/965463-shsaa%20concussion%20protocol%20and%20educational%20materials
CHARTER
for Sports Coaches & Leaders

This charter is intended to support a decrease in brain injuries like concussion in sports players. Signing this charter is a visible commitment by coaches and leaders in sports organizations to put player safety first and to improve their own knowledge about brain injury prevention and to share that information within the sports community.

1. I subscribe to the principle that the health and safety of sports players is of paramount importance.

2. I will provide leadership to minimize player injuries, especially brain injuries like concussion.

3. I will foster an environment that enables all players to participate in a safe and respectful way to protect themselves and their fellow players from injury, especially brain injuries like concussion.

4. I will continuously improve my knowledge of sports injury prevention, particularly regarding brain injuries like concussion; to learn the signs and symptoms of concussion and to follow the return to play guidelines for my sport. Links to concussion information and Return to Play guidelines can be found at: http://www.sbia.ca/sports.aspx

5. I commit to have my players checked out by a medical professional before allowing them to return to play after they experience a blow or fall that could result in a brain injury like a concussion.

Name: ___________________________ Position: _________________________

Organization: _______________________________________________________

Date: __________________________

Signature: _______________________

Saskatchewan Brain Injury Association

Don't Risk Your Future! Protect Your Brain!

Phone: 1-888-573-1555
Email: info_sbia@sasktel.net
Website: www.sbia.ca
Take BRAIN INJURY Out of Play!

PLEDGE FORM for Players

I want to take brain injury out of my play.

☐ I will play safely and respect my friends, team mates and opponents when I play.

☐ I will check it out, rather than hide it or tough it out when I take a blow or fall.

☐ I will protect my brain with the right head gear, used the right way when I...

☐ play hockey
☐ play football
☐ ride a bike
☐ ride an atv
☐ ride a snowmobile
☐ ski or snowboard
☐ use skateboards, inline skates, scooters
☐ other

RESPECT THE UNEXPECTED!

Studies show that when the right headgear is worn properly, brain injuries can be reduced by up to 88 per cent.

Name: __________________ Date: ______________

Don't Risk Your Future! Protect Your Brain!

Saskatchewan Brain Injury Association

Phone: 1-888-373-1555 Email: info_sbia@sasktel.net Website: www.sbia.ca
CHARTER for Sports Coaches & Leaders

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5. I commit to have my players checked out by a medical professional before allowing them to return to play after they experience a blow or fall that could result in a brain injury like a concussion.

Name: __________________________ Position: ____________________

Organization: _______________________________________________

Date: __________________________

Signature: ________________________________________________

Saskatchewan Brain Injury Association

Don't Risk Your Future! Protect Your Brain!

Phone: 1-888-573-1555      Email: info_sbia@sasktel.net      Website: www.sbia.ca
One of the main jobs of a youth sports coach is keeping athletes safe. This sheet has information to help you protect athletes from concussion or other serious brain injury, learn how to spot a concussion, and know what to do if a concussion occurs.

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

HOW CAN I HELP KEEP ATHLETES SAFE?

Sports are a great way for children and teens to stay healthy and can help them do well in school. As a youth sports coach, your actions create the culture for safety and can help lower an athlete’s chance of getting a concussion or other serious injury. Aggressive and/or unsportsmanlike behavior among athletes can increase their chances of getting a concussion or other serious injury. Here are some ways you can help keep your athletes safe:

Talk with athletes about the importance of reporting a concussion:

- Talk with athletes about any concerns they might have about reporting their concussion symptoms. Make sure to tell them that safety comes first and you expect them to tell you and their parent(s) if they think they have a concussion.

Create a culture of safety at games and practices:

- Teach athletes ways to lower the chances of getting a concussion.
- Enforce the rules of the sport for fair play, safety, and sportsmanship.
- Ensure athletes avoid unsafe actions such as:
  - Striking another athlete in the head;
  - Using their head or helmet to contact another athlete;
  - Making illegal contacts or checking, tackling, or colliding with an unprotected opponent; and/or
  - Trying to injure or put another athlete at risk for injury.

- Tell athletes that you expect good sportsmanship at all times, both on and off the playing field.

Keep up-to-date on concussion information:

- Review your state, league, and/or organization’s concussion guidelines and protocols.
- Take a training course on concussion. CDC offers concussion training at no cost at www.cdc.gov/HEADSUP.
- Download CDC’s HEADS UP app or a list of concussion signs and symptoms that you can keep on hand.

Check out the equipment and sports facilities:

- Make sure all athletes wear a helmet that fits well and is in good condition when appropriate for the sport or activity. There is no “concussion-proof” helmet, so it is important to enforce safety rules that protect athletes from hits to the head and when a helmet falls off during a play.
- Work with the game or event administrator to remove tripping hazards and ensure that equipment, such as goalposts, have padding that is in good condition.

Keep emergency contact information handy:

- Make sure all athletes wear a helmet that fits well and is in good condition when appropriate for the sport or activity. There is no “concussion-proof” helmet, so it is important to enforce safety rules that protect athletes from hits to the head and when a helmet falls off during a play.
- Work with the game or event administrator to remove tripping hazards and ensure that equipment, such as goalposts, have padding that is in good condition.
**HOW CAN I SPOT A POSSIBLE CONCUSSION?**

Athletes who show or report one or more of the signs and symptoms listed below—or simply say they just “don’t feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

**SIGNS OBSERVED BY COACHES OR PARENTS:**
- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows mood, behavior, or personality changes.
- Can’t recall events prior to or after a hit or fall.

**SYMPTOMS REPORTED BY ATHLETES:**
- Headache or “pressure” in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not “feeling right”, or “feeling down”.

**NOTE:** Concussion signs and symptoms often show up soon after the injury, but it can be hard to tell how serious the concussion is at first. Some symptoms may not be noticed or may not show up for hours or days.

**WHAT ARE SOME MORE SERIOUS DANGER SIGNS TO LOOK FOR?**

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or ensure an athlete is taken to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:
- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

**CONCUSSIONS AFFECT EACH ATHLETE DIFFERENTLY.**

While most athletes with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with an athlete’s parents if you notice their concussion symptoms come back after they return to play.

**WHAT SHOULD I DO IF I THINK AN ATHLETE HAS A POSSIBLE CONCUSSION?**

As a coach, if you think an athlete may have a concussion, you

**REMOVE THE ATHLETE FROM PLAY.**
When in doubt, sit them out!

**KEEP AN ATHLETE WITH A POSSIBLE CONCUSSION OUT OF PLAY ON THE SAME DAY OF THE INJURY AND UNTIL CLEARED BY A HEALTH CARE PROVIDER.**

Do not try to judge the severity of the injury yourself. Only a health care provider should assess an athlete for a possible concussion. After you remove an athlete with a possible concussion from practice or play, the decision about return to practice or play is a medical decision that should be made by a health care provider. As a coach, recording the following information can help a health care provider in assessing the athlete after the injury:
- Cause of the injury and force of the hit or blow to the head or body.
- Any loss of consciousness (passed out/knocked out) and if so, for how long.
- Any memory loss right after the injury.
- Any seizures right after the injury.
- Number of previous concussions (if any).

**INFORM THE ATHLETE’S PARENT(S) ABOUT THE POSSIBLE CONCUSSION.**
Let them know about the possible concussion and give them the HEADS UP fact sheet for parents. This fact sheet can help parents watch the athlete for concussion signs or symptoms that may show up or get worse once the athlete is at home or returns to school.

**ASK FOR WRITTEN INSTRUCTIONS FROM THE ATHLETE’S HEALTH CARE PROVIDER ON RETURN TO PLAY.**
These instructions should include information about when they can return to play and what steps you should take to help them safely return to play.
WHY SHOULD I REMOVE AN ATHLETE WITH A POSSIBLE CONCUSSION FROM PLAY?

The brain needs time to heal after a concussion. An athlete who continues to play with concussion has a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect an athlete for a lifetime. It can even be fatal.

SOME ATHLETES MAY NOT REPORT A CONCUSSION BECAUSE THEY DON’T THINK A CONCUSSION IS SERIOUS.

They may also worry about:
- Losing their position on the team or during the game.
- Jeopardizing their future sports career.
- Looking weak.
- Letting their teammates or the team down.
- What their coach or teammates might think of them.

WHAT STEPS CAN I TAKE TO HELP AN ATHLETE RETURN TO PLAY?

An athlete’s return to school and sports should be a gradual process that is approved and carefully managed and monitored by a health care provider. When available, be sure to also work closely with your team’s certified athletic trainer.

Below are five gradual steps that you, along with a health care provider, should follow to help safely return an athlete to play. Remember, this is a gradual process. These steps should not be completed in one day, but instead over days, weeks, or months.

BASELINE:
Athlete is back to their regular school activities, is no longer experiencing symptoms from the injury when doing normal activities, and has a green light from their health care provider to begin the return to play process.

An athlete should only move to the next step if they do not have any new symptoms at the current step.

STEP 1:
Begin with light aerobic exercise only to increase an athlete’s heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging. No weightlifting at this point.

STEP 2:
Continue with activities to increase an athlete’s heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (less time and/or less weight than a typical routine).

STEP 3:
Add heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).

STEP 4:
An athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.

STEP 5:
An athlete may return to competition.

REMEMBER:
It is important for you and the athlete’s parent(s) to watch for concussion symptoms after each day’s return to play progression activity. If an athlete’s concussion symptoms come back, or he or she gets new symptoms when becoming more active at any step, this is a sign that the athlete is pushing him- or herself too hard. The athlete should stop these activities, and the athlete’s health care provider should be contacted. After the okay from the athlete’s health care provider, the athlete can begin at the previous step.

 WHAT IS A CONCUSSION?
A concussion is a brain injury that cannot be seen on routine x-rays, CT scans, or MRIs. It affects the way a child may think and remember things, and can cause a variety of symptoms.

 WHAT ARE THE SYMPTOMS AND SIGNS OF CONCUSSION?
A CHILD DOES NOT NEED TO BE KNOCKED OUT (LOSE CONSCIOUSNESS) TO HAVE HAD A CONCUSSION.

<table>
<thead>
<tr>
<th>THINKING PROBLEMS</th>
<th>CHILD’S COMPLAINTS</th>
<th>OTHER PROBLEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Does not know time, date, place, period of game, opposing team, score of game</td>
<td>• Headache</td>
<td>• Poor coordination or balance</td>
</tr>
<tr>
<td>• General confusion</td>
<td>• Dizziness</td>
<td>• Blank stare/glassy eyed</td>
</tr>
<tr>
<td>• Cannot remember things that happened before and after the injury</td>
<td>• Feels dazed</td>
<td>• Vomiting</td>
</tr>
<tr>
<td>• Knocked out</td>
<td>• Feels “dinged” or stunned; “having my bell rung”</td>
<td>• Slurred speech</td>
</tr>
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<td></td>
<td>• Sees stars, flashing lights</td>
<td>• Slow to answer questions or follow directions</td>
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<tr>
<td></td>
<td>• Ringing in the ears</td>
<td>• Easily distracted</td>
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<tr>
<td></td>
<td>• Sleepiness</td>
<td>• Poor concentration</td>
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<tr>
<td></td>
<td>• Loss of vision</td>
<td>• Strange or inappropriate emotions (ie. laughing, crying, getting mad easily)</td>
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<tr>
<td></td>
<td>• Sees double or blurry</td>
<td>• Not playing as well</td>
</tr>
<tr>
<td></td>
<td>• Stomachache, stomach pain, nausea</td>
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</tbody>
</table>

 WHAT SHOULD YOU DO IF YOUR CHILD GETS A CONCUSSION?
Your child should stop playing the sport right away. They should not be left alone and should be seen by a doctor as soon as possible that day. If your child is knocked out, call an ambulance to take him/her to the hospital immediately. Do not move your child or remove any equipment such as helmet, in case of a cervical spine injury. Wait for paramedics to arrive.
HOW LONG WILL IT TAKE FOR MY CHILD TO GET BETTER?

The signs and symptoms of a concussion often last for 7-10 days but may last much longer. In some cases, children may take many weeks or months to heal. Having had previous concussions may increase the chance that a person may take longer to heal.

HOW IS A CONCUSSION TREATED?

THE MOST IMPORTANT TREATMENT FOR A CONCUSSION IS REST.

The child should not exercise, go to school or do any activities that may make them worse, like riding a bike, play wrestling, reading, working on the computer or playing video games. If your child goes back to activities before they are completely better, they are more likely to get worse, and to have symptoms longer. Even though it is very hard for an active child to rest, this is the most important step.

Once your child is completely better at rest (all symptoms have resolved), they can start a step-wise increase in activities. It is important that your child is seen by a doctor before he/she begins the steps needed to return to activity, to make sure he/she is completely better. If possible, your child should be seen by a doctor with experience in treating concussions.

WHEN CAN MY CHILD RETURN TO SCHOOL?

Sometimes children who have a concussion may find it hard to concentrate in school and may get a worse headache or feel sick to their stomach if they are in school. Children should stay home from school if their symptoms get worse while they are in class. Once they feel better, they can try going back to school part time to start (e.g. for half days initially) and if they are okay with that, then they can go back full time.

WHEN CAN MY CHILD RETURN TO SPORT?

It is very important that your child not go back to sports if he/she has any concussion symptoms or signs. Return to sport and activity must follow a step-wise approach:

<table>
<thead>
<tr>
<th>STEP</th>
<th>Activity Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>No activity, complete rest. Once back to normal and cleared by a doctor, go to step 2.</td>
</tr>
<tr>
<td>2)</td>
<td>Light exercise such as walking or stationary cycling, for 10-15 minutes.</td>
</tr>
<tr>
<td>3)</td>
<td>Sport specific aerobic activity (i.e. skating in hockey, running in soccer), for 20-30 minutes. NO CONTACT.</td>
</tr>
<tr>
<td>4)</td>
<td>“On field” practice such as ball drills, shooting drills, and other activities with NO CONTACT (i.e. no checking, no heading the ball, etc.).</td>
</tr>
<tr>
<td>5)</td>
<td>“On field” practice with body contact, once cleared by a doctor.</td>
</tr>
<tr>
<td>6)</td>
<td>Game play.</td>
</tr>
</tbody>
</table>

Note: Each step must take a minimum of one day. If your child has any symptoms of a concussion (e.g. headache, feeling sick to his/her stomach) that come back at any step, STOP activity, wait 24-48 hours, and resume activity at previous step.

When should I take my child to the doctor?

Every child who gets a head injury should be seen by a doctor as soon as possible. Your child should go back to the doctor IMMEDIATELY if, after being told he/she has a concussion, he/she has worsening of symptoms such as:

1. being more confused
2. headache that is getting worse
3. vomiting more than twice
4. strange behaviour
5. not waking up
6. having any trouble walking
7. having a seizure

Problems caused by a head injury can get worse later that day or night. The child should not be left alone and should be checked throughout the night. If you have any concerns about the child’s breathing or how they are sleeping, wake them up. Otherwise, let them sleep. If they seem to be getting worse, you should see your doctor immediately. NO CHILD SHOULD GO BACK TO SPORT UNTIL THEY HAVE BEEN CLEARED TO DO SO BY A DOCTOR.
WHAT IS A CONCUSSION?
A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?
If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

**SYMPTOMS REPORTED BY ATHLETE:**
- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

**SIGNS OBSERVED BY PARENTS/GUARDIANS:**
- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

• One pupil (the black part in the middle of the eye) larger than the other
• Drowsiness or cannot be awakened
• A headache that gets worse and does not go away
• Weakness, numbness, or decreased coordination
• Repeated vomiting or nausea
• Slurred speech
• Convulsions or seizures
• Difficulty recognizing people or places
• Increasing confusion, restlessness, or agitation
• Unusual behavior
• Loss of consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. SEEK MEDICAL ATTENTION RIGHT AWAY
   A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

2. KEEP YOUR CHILD OUT OF PLAY.
   Concussions take time to heal. Don’t let your child return to play the day of the injury and until a health care professional says it’s OK. Children who return to play too soon - while the brain is still healing - risk a greater chance of having a second concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

3. TELL YOUR CHILD’S COACH ABOUT ANY PREVIOUS CONCUSSION.
   Coaches should know if your child had a previous concussion. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

• Ensure that they follow their coach’s rules for safety and the rules of the sport.
• Encourage them to practice good sportsmanship at all times.
• Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
• Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
  • However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

HOW CAN I HELP MY CHILD RETURN TO SCHOOL SAFELY AFTER A CONCUSSION?

Children and teens who return to school after a concussion may need to:

• Take rest breaks as needed
• Spend fewer hours at school
• Be given more time to take tests or complete assignments
• Receive help with schoolwork
• Reduce time spent reading, writing, or on the computer

Talk with your child’s teachers, school nurse, coach, speech-language pathologist, or counselor about your child’s concussion and symptoms. As your child’s symptoms decrease, the extra help or support can be removed gradually.
A CONCUSSION is a serious event, but you can recover fully from such an injury if the brain is given enough time to rest and recuperate. Returning to normal activities, including sport participation, is a step-wise process that requires patience, attention, and caution.

Each step must take a minimum of one day but could last longer, depending on the player and his or her specific situation.

If symptoms reappear at any stage, go back to the previous stage until symptom-free for at least 24 hours.

STEP 1: No physical/sporting activity.
- Complete the Return to Learn protocol before beginning the Return to Play process. Refrain from participating in any sporting and physical activities. Only indulge in activities that do not worsen symptoms. Once symptoms are gone, a physician, preferably one with experience managing concussions, should be consulted before beginning a step wise return to play process.

STEP 2: Light aerobic exercise.
- Activities such as walking or stationary cycling. The player should be supervised by someone who can help monitor for symptoms and signs. No resistance training or weight lifting. The duration and intensity of the aerobic exercise can be gradually increased over time if no symptoms or signs return during the exercise or the next day.
  - Symptoms? Return to rest until symptoms have resolved. If symptoms persist, consult a physician.
  - No symptoms? Proceed to Step 3 the next day.

STEP 3: Sport specific activities.
- Activities such as skating or throwing can begin at step 3. There should be no body contact or other jarring motions such as high speed stops or hitting a baseball with a bat.
  - Symptoms? Return to rest until symptoms have resolved. If symptoms persist, consult a physician.
  - No symptoms? Proceed to Step 4 the next day.

STEP 4: Begin Drills without body contact.
- Symptoms? Return to rest until symptoms have resolved. If symptoms persist, consult a physician.
  - No symptoms? The time needed to progress from non-contact exercise will vary with the severity of the concussion and with the player. Proceed to Step 5 only after medical clearance.

STEP 5: “On Field” practice with body contact, once cleared by a doctor.
- Symptoms? Return to rest until symptoms have resolved. If symptoms persist, consult a physician.
  - No symptoms? Proceed to Step 6 the next day.

STEP 6: Game play.
RETURN TO PLAY GUIDELINES

NEVER RETURN TO PLAY IF YOU STILL HAVE SYMPTOMS!

A player who returns to active play before full recovery from the first concussion is at high risk of sustaining another concussion, with symptoms that may be increased and prolonged.

HOW LONG DOES THIS PROCESS TAKE?

These steps do not correspond to days! It may take many days to progress through one step, especially if the concussion is severe. As soon as symptoms appear, the player should return to rest until symptoms have resolved and wait at least one more day before attempting any activity. **The only way to heal a brain is to rest it.**

HOW DO I FIND THE RIGHT DOCTOR?

When dealing with concussions, it is important to see a doctor who is knowledgeable in concussion management. This might include your physician or someone such as a sports medicine specialist. Your family doctor maybe required to submit a referral to see a specialist. Contact the Canadian Academy of Sport and Exercise Medicine (CASEM) to find a sports medical physician in your area. Visit [www.casm-acms.org](http://www.casm-acms.org) for more information. You can also refer your doctor to [parachutecanada.org](http://parachutecanada.org) for more information.

WHO DO THESE GUIDELINES APPLY TO?

These guidelines were developed for children over the age of 10; those younger may require special guidelines, and more conservative treatment and care. Return to Play Guidelines should be at the discretion of the physician.

WHAT IF MY SYMPTOMS RETURN DURING THIS PROCESS?

Sometimes these steps can cause symptoms of a concussion to return. This means that the brain has not yet healed, and needs more rest. If any signs or symptoms return during the Return To Play process, they should stop the activity and rest until symptoms have resolved. The player must be re-evaluated by a physician before trying any activity again. Remember, symptoms may return later that day or the next, not necessarily during the activity!

NEVER RETURN TO PLAY IF YOU STILL HAVE SYMPTOMS!

A player who returns to active play before full recovery from the first concussion is at high risk of sustaining another concussion, with symptoms that may be increased and prolonged.
Concussion Guidelines for THE ATHLETE

WHAT IS A CONCUSSION?
A concussion is a brain injury that cannot be seen on routine x-rays, CT scans, or MRIs. It affects the way a person may think and remember things for a short time, and can cause a variety of symptoms.

WHAT ARE THE SYMPTOMS AND SIGNS OF CONCUSSION?
YOU DON’T NEED TO BE KNOCKED OUT (LOSE CONSCIOUSNESS) TO HAVE HAD A CONCUSSION.

<table>
<thead>
<tr>
<th>THINKING PROBLEMS</th>
<th>ATHLETE’S COMPLAINTS</th>
<th>OTHER PROBLEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Does not know time, date, place, period of game, opposing team, score of game</td>
<td>• Headache</td>
<td>• Poor coordination or balance</td>
</tr>
<tr>
<td>• General confusion</td>
<td>• Dizziness</td>
<td>• Blank stare/glassy eyed</td>
</tr>
<tr>
<td>• Cannot remember things that happened before and after the injury</td>
<td>• Feels dazed</td>
<td>• Vomiting</td>
</tr>
<tr>
<td>• Knocked out</td>
<td>• Feels “dinged” or stunned; “having my bell rung”</td>
<td>• Slurred speech</td>
</tr>
</tbody>
</table>

WHAT CAUSES A CONCUSSION?
Any blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion (ie. a ball to the head, being checked into the boards in hockey).

WHAT SHOULD YOU DO IF YOU GET A CONCUSSION?
You should stop playing the sport right away.
Continuing to play increases your risk of more severe, longer lasting concussion symptoms, as well as increases your risk of other injury. You should tell your coach, trainer, parent or other responsible person that you are concerned you have had a concussion, and should not return to play that day. You should not be left alone and should be seen by a doctor as soon as possible that day. You should not drive. If someone is knocked out, call an ambulance to take them to a hospital immediately. Do not move them or remove athletic equipment such as a helmet until the paramedics arrive.

Parachute is bringing attention to preventable injury and helping Canadians reduce their risk of injury and enjoy long lives lived to the fullest.
www.parachute canada.org
CONCUSSION GUIDELINES FOR THE ATHLETE

HOW LONG WILL IT TAKE TO GET BETTER?

The signs and symptoms of a concussion often last for 7-10 days but may last much longer. In some cases, athletes may take many weeks or months to heal. Having had previous concussions may increase the chance that a person may take longer to heal.

HOW IS A CONCUSSION TREATED?

CONCUSSION SYMPTOMS ARE MADE WORSE BY EXERTION, BOTH PHYSICAL AND MENTAL. THE MOST IMPORTANT TREATMENT FOR A CONCUSSION IS REST.

You should not exercise or do any activities that may make you worse, like driving a car, reading, working on the computer or playing video games. No snow shoveling, cutting the lawn, moving heavy objects, etc. If mental activities (eg: reading, concentrating, using the computer) worsen your symptoms, you may have to stay home from school. You may also have to miss work, depending on what type of job you have, and whether it worsens your symptoms. If you go back to activities before you are completely better, you are more likely to get worse, and to have symptoms last longer. Even though it is very hard for an active person to rest, this is the most important step.

Return to school should not happen until you feel better, and these activities do not aggravate your symptoms. It is best to return to school part-time at first, moving to full time if you have no problems. Once you are completely better at rest, you can start a step-wise increase in activities (see “When can I return to sport?”). It is important that you are seen by a doctor before you begin the steps needed to return to activity, to make sure you are completely better. If possible, you should be seen by a doctor with experience in treating concussions.

WHEN SHOULD I GO TO THE DOCTOR?

Anyone who gets a head injury should be seen by a doctor as soon as possible. You should go back to the doctor IMMEDIATELY if, after being told you have a concussion, you have worsening of symptoms like:

1. being more confused
2. headache that is getting worse
3. vomiting more than twice
4. not waking up
5. having any trouble walking
6. having a seizure
7. strange behaviour

WHEN CAN I RETURN TO SPORT?

It is very important that you do not go back to sports if you have any concussion symptoms or signs. Return to sport and activity must follow a step-wise approach:

STEP 1) No activity, complete rest. Once back to normal and cleared by a doctor, go to step 2.

STEP 2) Light exercise such as walking or stationary cycling, for 10-15 minutes.

STEP 3) Sport specific aerobic activity (ie. skating in hockey, running in soccer), for 20-30 minutes. NO CONTACT.

STEP 4) “On field” practice such as ball drills, shooting drills, and other activities with NO CONTACT (ie. no checking, no heading the ball, etc.).

STEP 5) “On field” practice with body contact, once cleared by a doctor.

STEP 6) Game play.

Note: Each step must take a minimum of one day. If you have any symptoms of a concussion (e.g. headache, feeling sick to your stomach) that come back either with activity, or later that day, stop the activity immediately and rest until symptoms resolve, for a minimum of 24 hours. See a doctor and be cleared before starting the step wise protocol again.

You should not go back to sport until you have been cleared to do so by a doctor.
A Fact Sheet for HIGH SCHOOL ATHLETES

WHAT IS A CONCUSSION?
A concussion is a brain injury that affects how your brain works. It can happen when your brain gets bounced around in your skull after a fall or hit to the head.

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

GET CHECKED OUT. If you think you have a concussion, do not return to play on the day of the injury. Only a health care provider can tell if you have a concussion and when it is OK to return to school and play. The sooner you get checked out, the sooner you may be able to safely return to play.

REPORT IT. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. It’s up to you to report your symptoms. Your coach and team are relying on you. Plus, you won’t play your best if you are not feeling well.

GIVE YOUR BRAIN TIME TO HEAL. A concussion can make everyday activities, such as going to school, harder. You may need extra help getting back to your normal activities. Be sure to update your parents and doctor about how you are feeling.

WHY SHOULD I TELL MY COACH AND PARENT ABOUT MY SYMPTOMS?

• Playing or practicing with a concussion is dangerous and can lead to a longer recovery.
• While your brain is still healing, you are much more likely to have another concussion. This can put you at risk for a more serious injury to your brain and can even be fatal.

GOOD TEAMMATES KNOW: IT’S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.
HOW CAN I TELL IF I HAVE A CONCUSSION?

You may have a concussion if you have any of these symptoms after a bump, blow, or jolt to the head or body:

- Get a headache
- Feel dizzy, sluggish or foggy
- Be bothered by light or noise
- Have double or blurry vision
- Vomit or feel sick to your stomach
- Have trouble focusing or problems remembering
- Feel more emotional or “down”
- Feel confused
- Have problems with sleep

Concussion symptoms usually show up right away, but you might not notice that something “isn’t right” for hours or days. A concussion feels different to each person, so it is important to tell your parents and doctor how you are feeling.

HOW CAN I HELP MY TEAM?

PROTECT YOUR BRAIN.
Avoid hits to the head and follow the rules for safe and fair play to lower your chances of getting a concussion. Ask your coaches for more tips.

BE A TEAM PLAYER. You play an important role as part of a team. Encourage your teammates to report their symptoms and help them feel comfortable taking the time they need to get better.

The information provided in this document or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other health care provider.

To learn more, go to www.cdc.gov/HEADSUP
CONCUSSION FACTS
• A concussion is a brain injury that affects how your brain works.
• A concussion is caused by a blow to the head or body:
  • from contact with another player, hitting a hard surface such as the ground, ice, or court, or
  • being hit by a piece of equipment such as a lacrosse stick, hockey puck, or field hockey ball.
• A concussion can happen even if you haven’t been knocked unconscious.
• If you think you have a concussion, you should not return to play on the day of the injury and until a health care professional says you are OK to return to play.

WHY SHOULD I REPORT MY SYMPTOMS?
• Unlike with some other injuries, playing or practicing with concussion symptoms is dangerous and can lead to a longer recovery and a delay in your return to play.
• While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and the likelihood of long term problems.
• In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to your brain. They can even be fatal.

CONCUSSION SYMPTOMS
• Concussion symptoms differ with each person and with each injury, and may not be noticeable for hours or days. Common symptoms include:
  • Headache
  • Confusion
  • Difficulty remembering or paying attention
  • Balance problems or dizziness
  • Feeling sluggish, hazy, foggy, or groggy
  • Feeling irritable, more emotional, or “down”
  • Nausea or vomiting
  • Bothered by light or noise
  • Double or blurry vision
  • Slowed reaction time
  • Sleep problems
  • Loss of consciousness

During recovery, exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse.

What Should I Do if I Think I Have a Concussion?

DON’T HIDE IT, REPORT IT.
Ignoring your symptoms and trying to “tough it out” often makes symptoms worse. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. Don’t let anyone pressure you into continuing to practice or play with a concussion.

GET CHECKED OUT.
Only a health care professional can tell if you have a concussion and when it’s OK to return to play. Sports have injury timeouts and player substitutions so that you can get checked out and the team can perform at its best. The sooner you get checked out, the sooner you may be able to safely return to play.

TAKE CARE OF YOUR BRAIN.
A concussion can affect your ability to do schoolwork and other activities. Most athletes with a concussion get better and return to sports, but it is important to rest and give your brain time to heal. A repeat concussion that occurs while your brain is still healing can cause long-term problems that may change your life forever.

All concussions are serious. Don’t hide it, report it. Take time to recover. It’s better to miss one game than the whole season.

*For more information about concussion and other types of traumatic brain injuries, go to www.cdc.gov/Concussion

A part of CDC’s Heads Up series
Todas las conmociones cerebrales son graves. No las ocultes, notifícales. Tómate tiempo para recuperarte. Es preferible perderte un juego que toda la temporada.

DATOS SOBRE LAS CONMOCIONES CEREBRALES

- Una conmoción cerebral es una lesión en el cerebro que afecta las funciones del mismo.
- Las conmociones cerebrales son causadas por un golpe en la cabeza o el cuerpo:
  - ya sea por el contacto con otro jugador, el impacto contra una superficie dura como el suelo, el hielo o una cancha
  - o por un golpe con una pieza de equipo deportivo como un palo de lacrosse, un disco de hockey o una pelota de hockey sobre césped.
- Una conmoción cerebral puede ocurrir aun cuando no hayas desmayado por el golpe.
- Si crees que tienes una conmoción cerebral, no vuelvas a jugar el mismo día en que sufriste la lesión y espera hasta que un profesional de la salud te diga que YA PUEDES volver a practicar deporte.

SÍNTOMAS DE LAS CONMOCIONES CEREBRALES

- Las conmociones cerebrales son distintas en cada persona y con cada lesión, y puede ser que no se noten sino hasta horas o días después. Los síntomas comunes incluyen:
  - Dolor de cabeza
  - Confusión
  - Dificultad para recordar o prestar atención
  - Problemas de equilibrio o mareo
  - Sentirse débil, desorientado, aturdido, atontado o grogui
  - Sentirse irritable, más sensible o bajo de ánimos
  - Náuseas o vómitos
  - Molestia causada por la luz o el ruido
  - Visión borrosa o doble
  - Reflejos lentos
  - Problemas para dormir
  - Pérdida del conocimiento.

¿POR QUÉ DEBO AVISAR QUE TENGO SÍNTOMAS?

- A diferencia de lo que ocurre con otras lesiones, jugar o practicar deportes cuando se tienen síntomas de conmoción cerebral es peligroso y puede llevar a una recuperación más lenta y a tener que esperar más tiempo para poder volver a jugar.
- Cuando tu cerebro se está curando, tienes una mayor probabilidad de sufrir una segunda conmoción. Las conmociones repetidas pueden aumentar el tiempo que toma la recuperación y la probabilidad de que surjan problemas a largo plazo.
- En casos poco frecuentes, las conmociones cerebrales repetidas en los atletas pueden ocasionar inflamación del cerebro o daño cerebral permanente. Incluso pueden ser mortales.

¿Qué debo hacer si creo que he sufrido una conmoción cerebral?

NO LAS OCULSE, NOTIFÍCÁLALAS.
Ignorar los síntomas y tratar de “hacerse el fuerte” por lo general los empeora. Notíficale a tu entrenador, tus padres o a tu instructor de educación física si crees que tú o uno de tus compañeros tiene una conmoción cerebral. No dejes que nadie te presione para continuar la práctica o el juego si tienes una conmoción.

HAZTE UN EXAMEN MÉDICO.
Solo un profesional médico puede determinar si sufriste una conmoción cerebral y cuándo PUEDES volver a jugador. En los deportes, se hacen pausas debido a lesiones o para sustituir jugadores para poder examinar a los lesionados y que el equipo tenga su mejor desempeño. Mientras más pronto te evalúen, más pronto podrás volver a jugar sin riesgos.

CUÍDA TU CEREBRO.
Una conmoción cerebral puede afectar tu capacidad para realizar actividades escolares y de otro tipo. La mayoría de los atletas que sufren una conmoción cerebral se mejoran y vuelven a jugar, pero es importante descansar y esperar un tiempo para que el cerebro se recupere. Una segunda conmoción cerebral que ocurra cuando el cerebro está curándose puede causar problemas a largo plazo y cambiarte la vida para siempre.