



# CONCUSSION



# PROTOCOL

**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 concussions 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 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

#### 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

#### 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

### 1.2 Concussion Management

Early management is between 24 to 72 hours after the concussion occurred. There should be limited physical activity with no practice, weight room and workouts. Light activity like walking does not exacerbate symptoms. There should be little or no school and limited 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> . 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

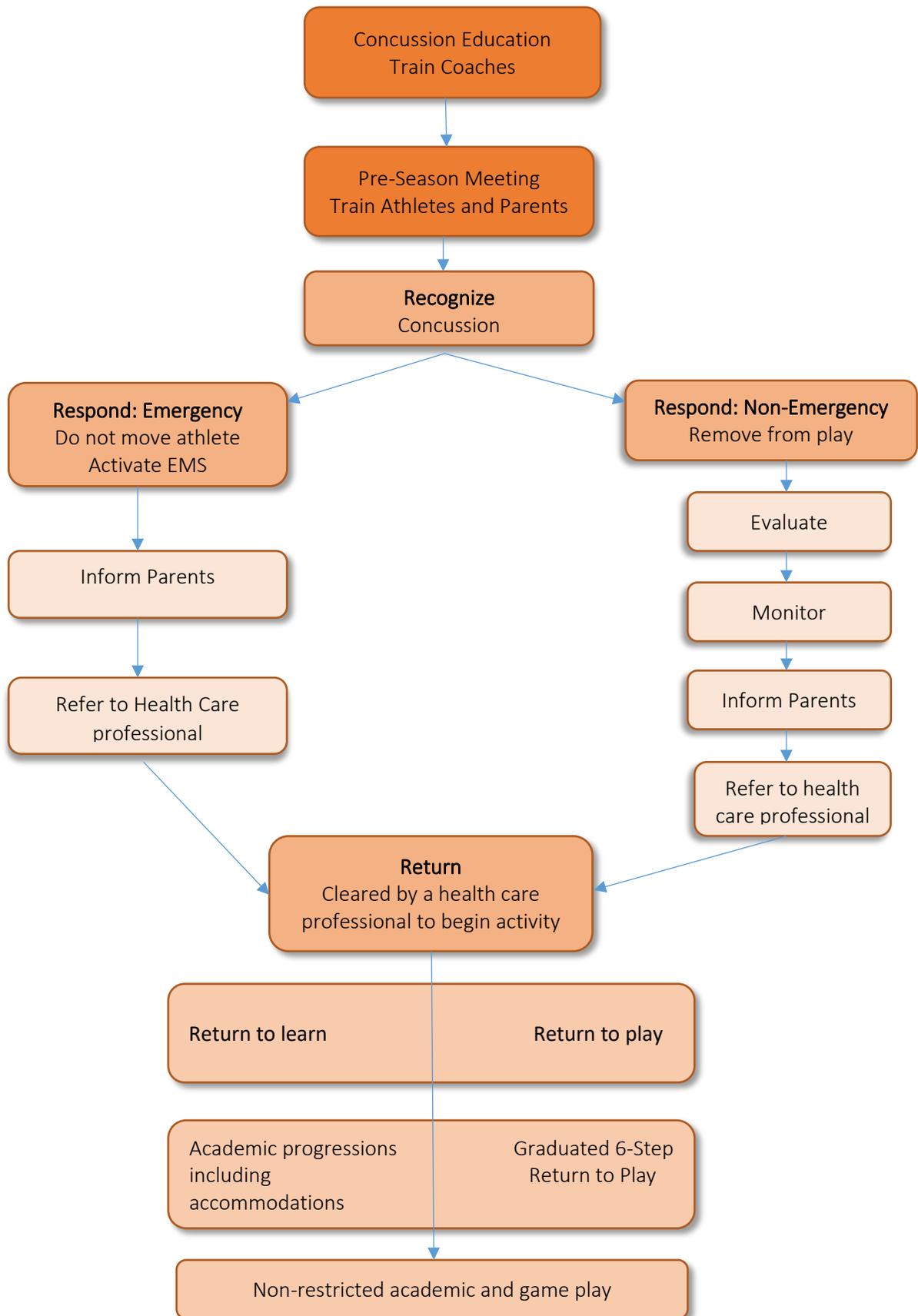
**Step 3:** Sport Specific Activities – add movement, coordination, low risk activities ie. running

**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

1.6 Concussion Flowchart



## 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 one 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 is 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 and 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.schoolcoach.ca/courses.aspx>
  - Instructions for completing the course  
[http://assets.ngin.com/attachments/document/0044/3873/Concussion\\_in\\_Sports\\_2014.pdf](http://assets.ngin.com/attachments/document/0044/3873/Concussion_in_Sports_2014.pdf)
- Other approved courses include:
  - *Making Headway in Football* <http://www.coach.ca/making-head-way-concussion-elearning-series-p153487%20/>
  - *Heads Up - Concussions in Youth Sports*  
<http://www.cdc.gov/concussion/headsup/training/>
- 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:
  - On-line training at <http://nfhslearn.com/courses?searchText=Concussion>
  - <https://www.youtube.com/watch?v=zCCD52Pty4A>
  - <https://www.youtube.com/watch?v=55YmblG9YM>

### *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.

All suspected concussions will be documented from identification of concussion to return to learn and play  
[http://assets.ngin.com/attachments/document/0111/4460/CATT\\_concussion-response-tool.pdf](http://assets.ngin.com/attachments/document/0111/4460/CATT_concussion-response-tool.pdf)

## 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**  
[http://assets.ngin.com/attachments/document/0111/3409/Concussion\\_Awareness\\_Fact\\_Sheet.pdf](http://assets.ngin.com/attachments/document/0111/3409/Concussion_Awareness_Fact_Sheet.pdf)
- **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**  
[http://horizon.parachutecanada.org/wp-content/uploads/2014/10/Coaches\\_Concussion\\_Guidelines.pdf](http://horizon.parachutecanada.org/wp-content/uploads/2014/10/Coaches_Concussion_Guidelines.pdf)

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**  
[http://horizon.parachutecanada.org/wp-content/uploads/2014/10/Athlete\\_Concussion\\_Guideline.pdf](http://horizon.parachutecanada.org/wp-content/uploads/2014/10/Athlete_Concussion_Guideline.pdf)
- **Concussion Guidelines for Parents & Caregivers**  
[http://horizon.parachutecanada.org/wp-content/uploads/2014/10/Parents\\_Caregivers\\_Concussion\\_Guidelines.pdf](http://horizon.parachutecanada.org/wp-content/uploads/2014/10/Parents_Caregivers_Concussion_Guidelines.pdf)

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:

- **Return to Learn** <http://www.sportmedab.ca/uploads/files/Documents/ACA/RTL.pdf>
- **Return to Play** <http://www.parachutecanada.org/downloads/resources/return-to-play-guidelines.pdf>

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
  - has a headache that gets worse
  - is very drowsy or can’t be awakened
  - can’t recognize people or places
  - has repeated vomiting
  - behaves unusually or seem confused, is very irritable
  - has seizures (arms and legs jerk uncontrollably)
  - has weak or numb arms or legs
  - is unsteady on their feet, has 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

2.8 Coach Education and the SHSAA



*SASKATCHEWAN HIGH SCHOOLS ATHLETIC ASSOCIATION*

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REGINA SK S4N 5B2

Phone: 306-721-2151 Fax: 306-721-2659

Email: [shsaa@shsaa.ca](mailto:shsaa@shsaa.ca)

Web Site: [www.shsaa.ca](http://www.shsaa.ca)

COURSE	WHO	WHEN	HOW	NOTES
Respect in Sport (no cost)	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.	Completion prior to the start of the sport season being coached.	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	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
<b>Concussion Protocol</b> (no cost)	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..	Completion prior to the start of the sport season being coached.	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>	Courses that are recognized: 1) Concussion in Sports-What you need to Know 2) Making Headway(Football) 3) Heads Up- Concussion in Sport Youth
Fundamentals of Coaching (\$95)	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	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.	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.	Becomes effective for the 2014-2015 school year.
Safe Contact Module (\$)	One coach per tackle football team at all levels (Bantam, Junior and Senior) of school sport administered by the District body	Completion prior to the start of the sport season being coached		Becomes effective for the 2017-2018 school year.

### 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 and for any site where the team practices and/or competes. It must be available at any times. 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.

- |   |   |
|---|---|
| <input type="checkbox"/> Loss of consciousness  | <input type="checkbox"/> Feeling slowed down      |
| <input type="checkbox"/> Seizure or convulsion  | <input type="checkbox"/> Feeling like in a 'fog'  |
| <input type="checkbox"/> Amnesia                | <input type="checkbox"/> 'don't feel right'       |
| <input type="checkbox"/> Headache               | <input type="checkbox"/> Difficulty concentrating |
| <input type="checkbox"/> 'pressure in head'     | <input type="checkbox"/> Difficulty remembering   |
| <input type="checkbox"/> Neck pain              | <input type="checkbox"/> Fatigue or low energy    |
| <input type="checkbox"/> Nausea and/or vomiting | <input type="checkbox"/> Confusion                |
| <input type="checkbox"/> Dizziness              | <input type="checkbox"/> Drowsiness               |
| <input type="checkbox"/> Blurred vision         | <input type="checkbox"/> More emotional           |
| <input type="checkbox"/> Balance problems       | <input type="checkbox"/> Irritability             |
| <input type="checkbox"/> Sensitivity to light   | <input type="checkbox"/> Sadness                  |
| <input type="checkbox"/> Sensitivity to noise   | <input type="checkbox"/> 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 of 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 (distributed by 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.

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

**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 symptom(s) 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 the 20 minute 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  
<http://www.sbia.ca/pdf/coaches.pdf>
- 5.2 Saskatchewan Brian Injury Association: Pledge Form for Players  
<http://www.sbia.ca/pdf/players.pdf>
- 5.3 Concussion Guidelines for Coaches & Trainers  
[http://horizon.parachutecanada.org/wp-content/uploads/2014/10/Coaches\\_Concussion\\_Guidelines.pdf](http://horizon.parachutecanada.org/wp-content/uploads/2014/10/Coaches_Concussion_Guidelines.pdf)
- 5.4 Heads Up – A Fact Sheet for Coaches  
<https://wwwn.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  
[http://horizon.parachutecanada.org/wp-content/uploads/2014/10/Parents\\_Caregivers\\_Concussion\\_Guidelines.pdf](http://horizon.parachutecanada.org/wp-content/uploads/2014/10/Parents_Caregivers_Concussion_Guidelines.pdf)
- 5.6 Heads Up – A Fact Sheet for Parents  
<https://wwwn.cdc.gov/headsup/default.aspx?chkLockMyColors=on&sn=Prairie+Spirit+School+Division&chkIncludeLogoPlaceholder=1&bc1=bf5a23&bc2=cec7c2&tc1=fff&tc2=ce6f3b&tp=8>
- 5.7 Guidelines for Return to Play After a Concussion  
<http://www.parachutecanada.org/downloads/resources/return-to-play-guidelines.pdf>
- 5.8 Concussion Guidelines for Athletes  
[http://horizon.parachutecanada.org/wp-content/uploads/2014/10/Athlete\\_Concussion\\_Guideline.pdf](http://horizon.parachutecanada.org/wp-content/uploads/2014/10/Athlete_Concussion_Guideline.pdf)
- 5.9 Heads Up – A Fact Sheet for Athletes  
[https://www.cdc.gov/headsup/pdfs/youthsports/factsheet\\_athletes\\_ages14-18-a.pdf](https://www.cdc.gov/headsup/pdfs/youthsports/factsheet_athletes_ages14-18-a.pdf)
- 5.10 Concussion – A Must Read for Young Athletes  
[http://braininjurycanada.ca/wp-content/uploads/2010/10/Concussion\\_A-Must\\_Read\\_for\\_Young\\_Athletes-a.pdf](http://braininjurycanada.ca/wp-content/uploads/2010/10/Concussion_A-Must_Read_for_Young_Athletes-a.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>