

## **CONCUSSION POLICY**

The Shelley Gautier Para-Sport Foundation (SGPSF) is committed to ensuring the safety and well-being of all participants in SGPSF programs. Despite the best efforts of staff, participating in sport, outdoor and recreational activities can result in injuries, including concussions. A concussion can have long-term complications if it is not dealt with properly.

To ensure the safety of all participants, this Concussion Policy was developed to:

- Provide a clear understanding of concussion related injuries
- Provide a clear procedure for dealing with concussion related injuries when staff, volunteers, seniors, adults, children or youth participating in a program sustain a concussion
- Reduce the risk of long-term complications related to concussions by requiring parents of children or youth who suffer a concussion to have their medical doctor sign a form clearing the participant to return to physical activity as part of their Return to Physical Activity (R2P) Plan; and
- Reduce the potential of long-term complications of concussion related injuries to adult participants of programs, volunteers and staff.

This Concussion Policy is intended to supplement existing emergency procedures, including first aid procedures, not replace them.

When it is aware of a diagnosis of concussion, the organization will work to the extent possible with the affected person to support their safe return to activities. These procedures apply to children, youth, adult/senior participants, volunteers and employees. When the term “participant” is used, it is meant to include all of those.

Information about concussion presented in this policy is not intended to constitute any medical advice and does not contain any medical diagnoses, symptoms, assessments or medical opinion. It is imperative that an individual who suffers from a concussion seeks medical attention immediately.

This policy is based on Guidelines developed by Ministry of Tourism, Culture and Sport; and ThinkFirst Canada.

The policy of the Shelley Gautier Para-Sport Foundation is to follow best practices to prevent injuries through safe, supervised activities. Safety equipment, such as helmets, must be worn by participants during outdoor rides, for instance.

## DEFINITIONS:

**A concussion:** Is a brain injury that causes changes in how the brain functions, leading to symptoms that can be:

- physical (e.g., headache, dizziness)
- cognitive (e.g., difficulty concentrating or remembering)
- emotional/behavioral (e.g., depression, irritability) and/or related to sleep (e.g., drowsiness, difficulty falling asleep)
- May be caused either by a direct blow to the head, face or neck, or a blow to the body that transmits a force to the head that causes the brain to move rapidly within the skull
- Can occur even if there has been no loss of consciousness - in fact loss of consciousness occurs in only about 5% of concussions.
- Cannot normally be seen on X-rays, standard CT scans or MRIs  
(From the Ontario Ministry of Tourism, Culture and Sport's Concussion Guidelines)

## Child or Youth:

- Throughout this policy, reference is made to children and youth. This term is used to mean "those under the age of 16 years or someone up to 18 years of age if under the care of a Children's Aid society". This is the definition used in our Child Protection policies.

## Return to Physical Activity Guidelines (R2P):

- When a concussion has been diagnosed, current best practice from concussion experts is that an R2P plan should be developed by the adult participant or by the parent of a child or youth in consultation with their physician.
- It would set out the critical steps that a participant (adult or child), who has been medically diagnosed with a concussion, is required to follow with medical supervision prior to their safe return to any physical activity. It is generally a 6-step plan.
- The program participant or the parent of a child or youth is responsible for ensuring that such a plan is developed and followed if needed. SGPSF does not participate in developing an R2P plan.

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However, if SGPSF is aware that a participant is on such a plan, it would guide reintegration to programs and activities.

- The R2P guidelines are attached for information as an Appendix A.
- The parent of a child or youth will be required to submit the *Parental Consent for a Child/Youth /Vulnerable Adult Returning to Activity Following a Concussion or a Potential Concussion* (Appendix B) to the program coordinator prior to participating in any physical activity.

**COMMON SIGNS AND SYMPTOMS OF CONCUSSION:**

Following a blow to the head, face or neck, or a blow to the body that transmits a force to the head, a concussion should be suspected in the presence of any one or more of the following signs or symptoms:

<b>Possible Signs Observed</b>	<b>Possible Symptoms Reported</b>
A sign is something observed by another person (e.g., parent/guardian, program leader, supervisor, peer)	A symptom is something the individual will feel/report.
<p><b>Physical</b></p> <ul style="list-style-type: none"> <li>• vomiting</li> <li>• slurred speech</li> <li>• slowed reaction time</li> <li>• poor coordination or balance</li> <li>• blank stare/glassy-eyed/dazed or vacant look</li> <li>• decreased playing ability</li> <li>• loss of consciousness or lack of responsiveness</li> <li>• lying motionless on the ground or slow to get up</li> <li>• amnesia</li> <li>• seizure or convulsion</li> <li>• grabbing or clutching of head</li> </ul> <p><b>Cognitive</b></p> <ul style="list-style-type: none"> <li>• difficulty concentrating</li> </ul>	<p><b>Physical</b></p> <ul style="list-style-type: none"> <li>• headache</li> <li>• pressure in head</li> <li>• neck pain</li> <li>• feeling off/not right</li> <li>• ringing in the ears</li> <li>• seeing double or blurry/loss of vision</li> <li>• seeing stars, flashing lights</li> <li>• pain at physical site of injury</li> <li>• nausea/stomach ache/pain</li> <li>• balance problems or dizziness</li> <li>• fatigue or feeling tired</li> <li>• sensitivity to light or noise</li> </ul> <p><b>Cognitive</b></p> <ul style="list-style-type: none"> <li>• difficulty concentrating or remembering</li> </ul>

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<ul style="list-style-type: none"> <li>• easily distracted</li> <li>• general confusion</li> <li>• cannot remember things that happened before and after the injury</li> <li>• does not know time, date, place, class, type of activity in which s/he was participating</li> <li>• slowed reaction time (e.g., answering questions or following directions)</li> </ul>	<ul style="list-style-type: none"> <li>• slowed down, fatigue or low energy</li> <li>• dazed or in a fog</li> </ul>
<p><b>Emotional/Behavioural</b></p> <ul style="list-style-type: none"> <li>• strange or inappropriate emotions (e.g., laughing, crying, getting angry easily)</li> </ul>	<p><b>Emotional/Behavioural</b></p> <ul style="list-style-type: none"> <li>• irritable, sad, more emotional than usual</li> <li>• nervous, anxious, depressed</li> </ul>
<p><b>Sleep Disturbance</b></p> <ul style="list-style-type: none"> <li>• drowsiness</li> <li>• insomnia</li> </ul>	<p><b>Sleep Disturbance</b></p> <ul style="list-style-type: none"> <li>• drowsy</li> <li>• sleeping more/less than usual</li> <li>• difficulty falling asleep</li> </ul>

The table above is reproduced from the Ontario Ministry of Tourism, Culture and Sport's Concussion Guidelines

**Note:**

- Signs/symptoms can appear right after the injury, or may appear within hours or days of the injury.
- The signs/symptoms may be different for everyone.
- An individual may be reluctant to report symptoms for fear that they will be removed from the activity, or their status on a team or in a group or game could be jeopardized.
- It may be difficult for younger children (under the age of 10) and those with special needs or where English is not their first language to communicate how they are feeling.
- Signs for younger children (under the age of 10) may not be as obvious as in older children/adults.

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## **PROCEDURE:**

### **INITIAL RESPONSE – Stop the Activity:**

In all cases, emergency first aid procedures should be followed according to normal practice. Those procedures will determine all initial responses.

- Call 911
- Follow emergency first aid procedures; monitor and document any physical, emotional and/or cognitive changes
- Notify the supervisor
- Do not transport anyone to hospital by car even if they regain consciousness
- In all cases, complete an incident report; if appropriate follow the crisis communication plan

### **Child/Youth:**

- Follow the normal department procedures to notify the parent/guardian
- If the parent is not present before the ambulance leaves, a staff member will accompany the child/youth to the hospital with a cell phone, the child's full name, parent contact information and any medications.
- Notify the parents that they must inform the supervisor of whether the child sustained a concussion before they can return to activities
- Follow normal procedures for the department for required 3<sup>rd</sup> party reporting (e.g serious occurrence in Child care)
- Staff in licensed child care will notify the school principal of the occurrence.
- A child/young person is not permitted to return until they are medically capable of full participation in their program.
- Call the parent to follow up. Determine the results of any medical exam.
- Whether the child has sustained a concussion or not, advise the parent that, since the child lost consciousness:
  - Their child will not be permitted to return until s/he is medically capable of full participation in their program.
  - They will be required to submit the Parental Consent for a Child/Youth /Vulnerable Adult Returning to Activity Following a Concussion or a Potential Concussion (Appendix B) to the SGPSF program leader prior to participating in any physical activity.
  - Send them the consent form

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### **Adult participant or volunteer:**

- Follow normal department procedures and call the emergency contact
- If available, an employee should accompany the participant to hospital with a cell phone, the person's full name, and emergency contact information
- Follow up to determine the results of any medical exam; document the conversation on an incident report
- For a Vulnerable Adult, follow the Child/Youth procedure

### **Employee who loses consciousness:**

- Follow normal department procedures and call the emergency contact
- Send a copy of the Workplace Accident Claim form
- If available, another employee should accompany the staff member to hospital with a cell phone, the person's full name, and emergency contact information
- Follow the normal guidelines to report to the Ministry of Labour
- Follow up to determine the results of any medical exam
- Contact Executive Director about any return to work concerns

### **THE PARTICIPANT REMAINS CONSCIOUS:**

- Stop the activity immediately; if in doubt, sit them out.
- Follow first aid procedures:
  - Monitor and document any physical, emotional and/or cognitive changes
  - Remember that in 95% of cases of concussion, the person does not lose consciousness.
  - If there is a change for the worse call 911
- If the participant must go to hospital, a staff member should accompany them if needed, if the emergency contact is unable to do so; take a cell phone, the person's full name, and the emergency contact information
- In all cases, complete an incident report; if appropriate, follow the crisis communication plan

*If a concussion is not suspected (i.e., signs are not observed and symptoms are not reported), the participant may resume physical activity.*

### **Child/Youth:**

- Follow the normal department procedures to notify the parent/guardian
- If an ambulance is called, if the parent is not present before the ambulance leaves, a staff member will accompany the child/youth to the hospital with a cell phone, the child's full name, parent contact

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information and any medications.

- o Notify the parents that they must inform the supervisor of whether the child sustained a concussion before they can return to activities

- o Follow normal procedures for the department for required 3<sup>rd</sup> party reporting (e.g Serious occurrence in childcare).

- o A child/youth is not permitted to return until they are medically capable of full participation in their program.

- o Call the parent to follow up. Determine the results of any medical exam.

- o Whether the child has sustained a concussion or not, advise the parent that:

- Their child will not be permitted to return until s/he is medically capable of full participation in his/her program.

- They will be required to submit the Parental Consent for a Child/Youth /Vulnerable Adult Returning to Activity Following a Concussion or a Potential Concussion (Appendix B) to the program coordinator prior to participating in any physical activity.

- Send them the consent form

**Adult participant or volunteer:**

- o Follow normal department procedures and call the emergency contact

- o Follow up to determine the results of any medical exam

- o For a Vulnerable Adult, follow the Child/Youth procedure

**Staff:**

- o Follow normal department procedures and call the emergency contact

- o Send a copy of the Workplace Accident Claim form

- o Follow up to determine the results of any medical exam

- o Contact HR about any return to work concerns

**Note:**

When there is any suspicion that a participant has potentially sustained a concussion, even if there is no loss of consciousness or no immediate symptoms, advise the participant and the parent/guardian as well as other appropriate staff so that they can monitor for potential future symptoms.

**MEDICAL EXAMINATION:**

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Before the participant can return to activities, the participant or parent must inform the program leader of the results of any examination by a medical doctor or nurse practitioner.

- **If No Concussion is Diagnosed:** the participant may return to physical activities.
- **If a Concussion is Diagnosed:** An R2P should be developed by the adult participant or by the parent of a child/youth in consultation with their physician. If the participant will share it, it will guide their safe reintegration to programs and activities.

**RETURN TO PHYSICAL ACTIVITY (R2P) GUIDELINES: (Following a diagnosed concussion)**

A Participant with a diagnosed concussion should follow an individual, medically supervised gradual R2P plan developed by the adult participant or the parent of child/youth in consultation with their physician. (See Appendix A for the guidelines).

The participant or the parent of a child/youth is responsible for ensuring that the plan is developed and followed. SGPSF is not involved in developing such a plan. Ongoing communication will be essential to success. A child/youth is not permitted to return until they are medically capable of full participation in their program.

Prior to an adult participant returning to activities, staff will have a discussion with him/her to explore any medical limitations they may have been given by their physician as a result of the concussion. Awareness of such limitations can help guide the participant's safe return to programs and activities. Document the discussion on an Incident Report.

**APPENDIX A: RETURN TO PHYSICAL ACTIVITY GUIDELINES (R2P)**

An adult participant with a diagnosed concussion should develop an R2P plan in consultation with their physician. For a child/youth, the plan should be developed by the parent in consultation with the physician.

It is the responsibility of the participant or of the parent of a child/youth to ensure that the plan is developed and followed. SGPSF is not involved in developing this plan, so ongoing communication will be essential to success.

The 6 step guidelines below are based those developed by the Ontario Ministry of Tourism, Culture and Sport. They represent samples of allowed activities and restrictions at various levels of recovery from concussion as determined by current medical best practice. The guidelines may help SGPSF staff understand the types of restrictions placed on someone diagnosed with concussion to ensure their safe integration to our programs and activities.

Steps are not days. Each step must take a minimum of 24 hours although it may be longer based on the severity of the concussion.

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Only a physician can determine the appropriate placement in the steps for someone recovering from a concussion.

## **R2P–Step1**

### **Activity:**

- Rest until the symptoms begin to show improvement (a minimum of 24 hours) as determined by the medical doctor.

### **Restrictions:**

- Limit cognitive activities which provoke symptoms (e.g., activities requiring mental concentration such as reading, television, video games, texting) and
- Limit physical activities (e.g., activities requiring physical exertion)
- A child/youth does not attend school during R2P – Step 1.

Note: In order to proceed to R2P-Step 2, the concussed individual or parent/guardian must report that s/he is symptom free.

## **R2P–Step2**

### **Activity:**

- Individual light aerobic exercise only (e.g., walking or stationary cycling).

### **Restrictions:**

- No resistance/weight training.
- No competition (including practices, scrimmages).
- No participation with equipment or with other participants.
- No drills.
- No body contact.

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**Note:**

In order to proceed to R2P – Step 3, the concussed individual or parent/guardian must report that s/he is symptom free.

### **R2P–Step3**

**Activity:**

- Individual sport specific exercise only (e.g. running, skating, shooting).

**Restrictions:**

- No resistance/weight training.
- No competition (including practices, scrimmages).
- No body contact, no head impact activities (e.g., heading a ball in soccer), or other jarring motions (e.g., high speed stops, hitting a baseball with a bat).

### **R2P–Step4**

**Activity:**

- Activities where there is no body contact (e.g., dance, badminton, volleyball, cycling).
- Light resistance/weight training.
- Non-contact practice and non-contact sport specific drills (e.g., ball drills, shooting drills).

**Restrictions:**

- No activities that involve body contact, head impact (e.g., heading the ball in soccer) or other jarring motions (e.g., high speed stops, hitting a baseball with a bat).

**Note:**

Medical Clearance: In order for a concussed individual to move from R2P Step 4 to R2P Step 5 s/he must provide written documentation from a medical doctor that indicates that the individual is symptom-free and able to return to full participation in physical activity before s/he can proceed to R2P – Step 5.

### **R2P–Step5**

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**Activity:**

- Full participation in regular physical activities in non-contact sports.
- Full training/practices for contact sports.

**Restrictions:**

- No competition (e.g., games, meets, events) that involve body contact.

R2P – Step 6 (For Contact Sports only)

**Activity:**

- Full participation in all physical activities, including contact sports.

**Restrictions:**

- None.
- No special monitoring

**Note:**

- Physical activities can cause concussion symptoms to reappear.
- If signs and/or symptoms return follow normal first aid procedures.

**APPENDIX B**

**PARENTAL CONSENT FOR AN ADULT PARTICIPANT CHILD/YOUTH/VULNERABLE ADULT RETURNING TO ACTIVITY FOLLOWING A CONCUSSION OR A POTENTIAL CONCUSSION**

This must be completed by the adult participant or parents/guardians of a child or youth who is at risk of having had a concussion. It has also been adapted for a vulnerable adult. It must be given to the program supervisor prior to return to participation in a SGPSF program.

A child or youth is someone under the age of 16 years or someone up to 18 years of age if under the care of a Children's Aid society.

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## **APPENDIX B (Continued): Consent Form**

**As a participant or parent/guardian of a child/youth participating in a program of SGPSF:**

- I understand the risk and long-term complications associated with a concussion
- I understand that SGPSF takes the safety of all participants in its programs very seriously; if there is a possibility that myself or a child/youth in my care sustained a concussion, the SGPSF needs to know in order to watch for signs and symptoms in the interest of my (or my child/youth's) safety and to ensure safe return to activity
- I understand that I (or my child/youth) is not permitted to return until s/he is medically capable of full participation in SGPSF programs
- If I (or my child/youth) sustained a concussion, I have obtained a Return to Physical Activity (R2P) clearance from a medical doctor to permit participation in a SGPSF program

I confirm that a physician has indicated that, to the best of their knowledge, I (or my child/youth) has not sustained a concussion (please sign below. A doctor's signature is not required)

OR

I confirm that a physician has diagnosed that I (or my child) has sustained a concussion but are/is now medically capable to resume full participation in his/her program. (Please sign below. A doctor's signature is required):

Adult Participant Name (please print):	
Adult Participant Signature:	
Date (mm/dd/yy):	
Child/youth/vulnerable adult Name (please print):	
Parent/Guardian Name (please print):	
Parent/Guardian Signature:	
Date (mm/dd/yy):	
<b>Only if Concussion is Diagnosed</b>	
Physician Name (please print):	
Physician Signature:	
Date (m/dd/yy):	