



Policy Number:	6.1
Policy Grouping:	Risk Management
Date First Adopted:	October 27, 2016
Date Last Amended:	October 27, 2016
Approved By:	OCPSA Board of Directors

6.1 CONCUSSION MANAGEMENT AND RETURN TO PLAY POLICY

Purpose

1. The purpose of this Policy is to support a safe and secure sporting environment within OCPSA programs, activities and events through education and awareness of concussion prevention, identification, management, treatment, and graduated return to play of athletes who have suffered a concussion.

Definition

2. A concussion is an alteration of the normal function of the brain induced by trauma. This 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. Concussion is often difficult to recognize, as many people do not complain of headache. Symptoms can be physical, cognitive, emotional/behavioural, and/or sleep related.

A concussion can occur even if there has been no loss of consciousness. In fact, most concussions occur without a loss of consciousness.

A concussion cannot normally be seen on X-rays, MRIs or standard CT Scans of the brain because a concussion is a disturbance of the brain's neurometabolic dysfunction rather than a structural brain injury. A concussion affects the function not the structure of the brain.

Importance of Concussion Recognition

3. A concussion is important to recognize so the brain is given adequate time to rest and heal. If an athlete returns to training or competition too early, symptoms may drag on, and put the athlete at risk for a second concussion or other significant injury.

The often vague symptom complex makes recognition of the diagnosis difficult at first and we often rely on the athlete to report the injury; it is a difficult task if that same athlete is concussed and not processing information properly.

This then puts the task directly in the hands of parents, coaches, therapists and/or doctors to recognize the concussion by observing an injury and noticing changes in behavior, thinking or physical functioning.

Common Symptoms of Concussion

4. Visible clues of suspected concussion - Any one of the following can indicate a concussion:
 - Loss of consciousness or responsiveness
 - Lying motionless on ground / Slow to get up
 - Unsteady on feet / Balance problems or falling over/incoordination
 - Grabbing / Clutching of head
 - Dazed, blank or vacant look
 - Confused / Not aware of plays or events

5. Signs and symptoms of suspected concussion - Any one of the following can indicate a concussion:
 - Loss of consciousness
 - Seizure or convulsion
 - Balance problems
 - Nausea or vomiting
 - Drowsiness
 - More emotional
 - Irritability
 - Sadness
 - Fatigue or low energy
 - Nervous or anxious
 - “Don’t feel right”
 - Difficulty remembering
 - Headache
 - Dizziness
 - Confusion
 - Feeling slowed down
 - “Pressure in head”
 - Blurred vision
 - Sensitivity to light
 - Amnesia
 - Feeling like “in a fog”
 - Neck pain
 - Sensitivity to noise
 - Difficulty concentrating

6. Memory function - Failure to answer any of these questions may suggest a concussion:
 - “What venue are we at today?” “Which event are you training/competing in right now?”
 - “What skill/routine did you perform last?”
 - “What do you remember just prior to the hit/fall?”

Concussion Awareness and Education

7. OCPA is committed to the long term health of our athletes. Current and credible concussion resources will be accessible to all athletes, coaches, parents and stakeholders. The resources will include information on concussion prevention, identification, management and treatment. A link to the Ministry's Concussion Program webpage is available on OCPA's website.

8. OCPA added the Coaches Association of Canada's 90 minute free online module “Making Head Way” to its coach certification pathway. For any boccia or athletics coach to receive “Certified” status at any National Coach Certification Program (NCCP) level “Making Head Way” is mandatory. The online module can be found here: <http://www.coach.ca/-p153487>.

Initial Response, Assessment and Diagnosis

9. Any athlete with any concussion symptoms following a fall or injury needs to be identified by their coach, therapist or doctor on site. Every athlete must then be evaluated by the therapist, and doctor if present.
10. The presence of any symptoms mandates the athlete's immediate removal from activity and requires a medical evaluation by a physician who has experience with traumatic brain injuries (concussions).
11. Severe concussion symptoms, such as a headache that gets worse, weakness or numbness, repeated vomiting, and/or slurred speech, are cause to seek emergency medical attention. For less severe concussions, medical evaluation within 24 hours of the injury is recommended.
12. An athlete who has sustained a suspected concussion cannot return to any aerobic or sport activity without the written consent of a physician.

Please refer to [Appendix A: Initial Response](#), from the Ministry of Tourism, Culture and Sport's Concussion Guidelines, for a more detailed account of the stages involved in the progression from concussion recognition/identification to diagnosis. OCPSA will follow this protocol.

Initial Management of the Concussion

13. The athlete should not be left alone in the first few hours. The initial treatment is rest until the complete resolution of symptoms. This includes both physical and cognitive, or mental rest. Athletes should therefore have a quiet environment and avoid excessive exposure to stimulation such as television, computer, video games or text messaging.
14. Athletes should avoid alcohol and medication use after concussion. Some analgesics (pain-killers) and anti-inflammatories may be prescribed, but it should be recognized that these might mask some of the signs and symptoms of concussion. Medical evaluation will decide whether any other acute investigations such as CT or MRI are warranted.

Recovery and Treatment

15. Recovery may take several days, weeks, months or even longer in more significant cases. The treatment for concussions is focused on physical and cognitive rest until the athlete no longer has symptoms. This means rest, even from simple activities.
16. Once the athlete is off all medications and is asymptomatic for a minimum of 24 hours, the Return to Physical Activity (R2P) progression can begin (please refer to Appendix B).
17. In cases where symptoms have persisted for many weeks or more, it may be necessary to be symptom free for a longer period of time before beginning the R2P process. If in doubt, a physician with experience with traumatic brain injuries should be consulted.

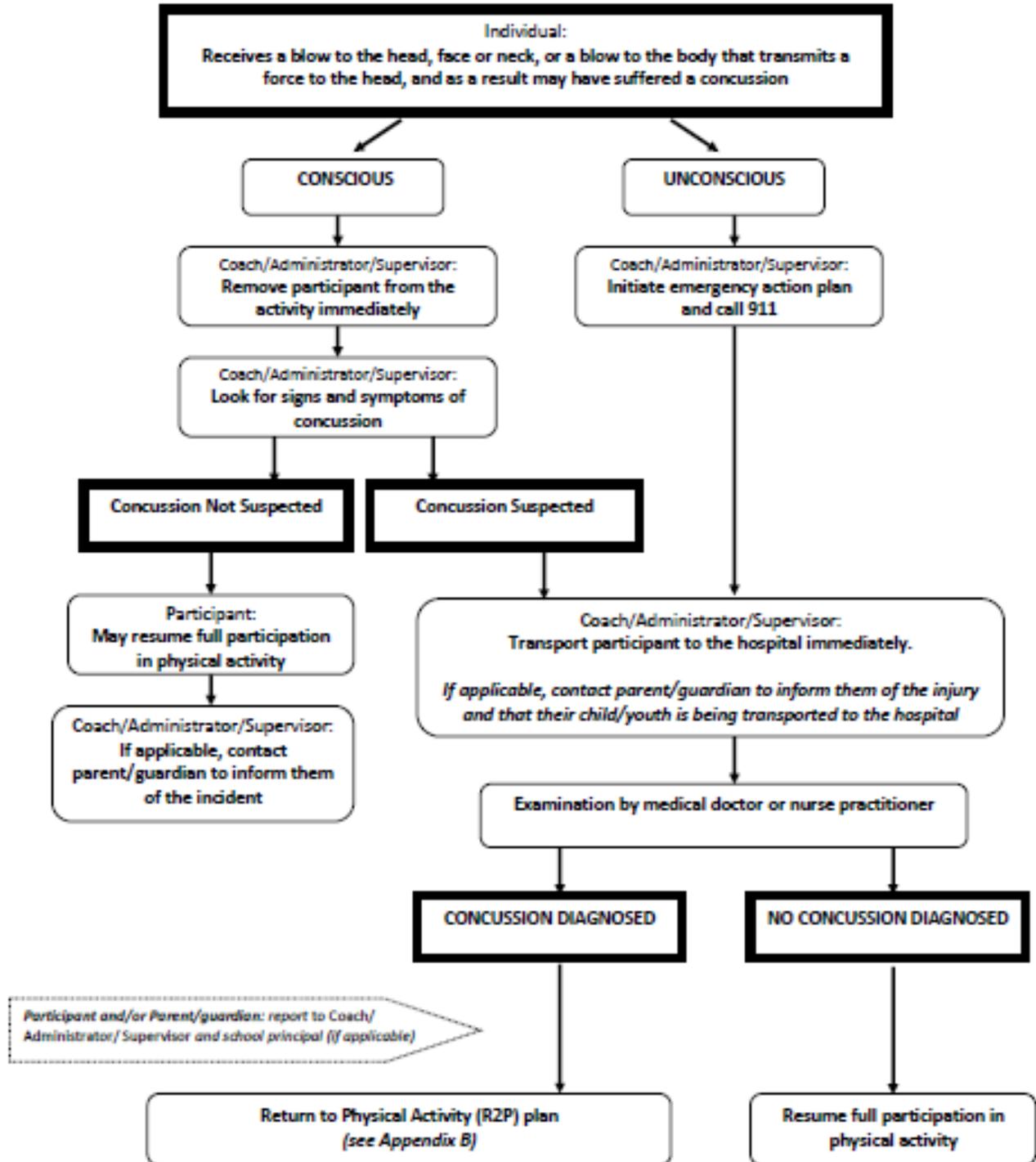
Graduated Return to Play

18. OCPSA recommends that a graduated return to play protocol is followed. There will be no return to play until the athlete has been medically cleared and has successfully returned to school / learning, if applicable, without worsening of symptoms.
19. When returning to play once medically cleared, a stepwise supervised program will be followed with stages of progression as per Appendix B: Return to Physical Activity (R2R) from the Ministry of Tourism, Culture and Sport's Concussion Guidelines. Please refer to same for a more detailed account of the stages of progression from concussion diagnosis to returning to play. OCPSA will follow this protocol.
20. OCPSA provides current and credible Return to Play / Return to Physical Activity resources on its website.

Appendix A

Ministry of Tourism, Culture and Sport – Concussion Guidelines*

Appendix A: INITIAL RESPONSE – Removal from Physical Activity

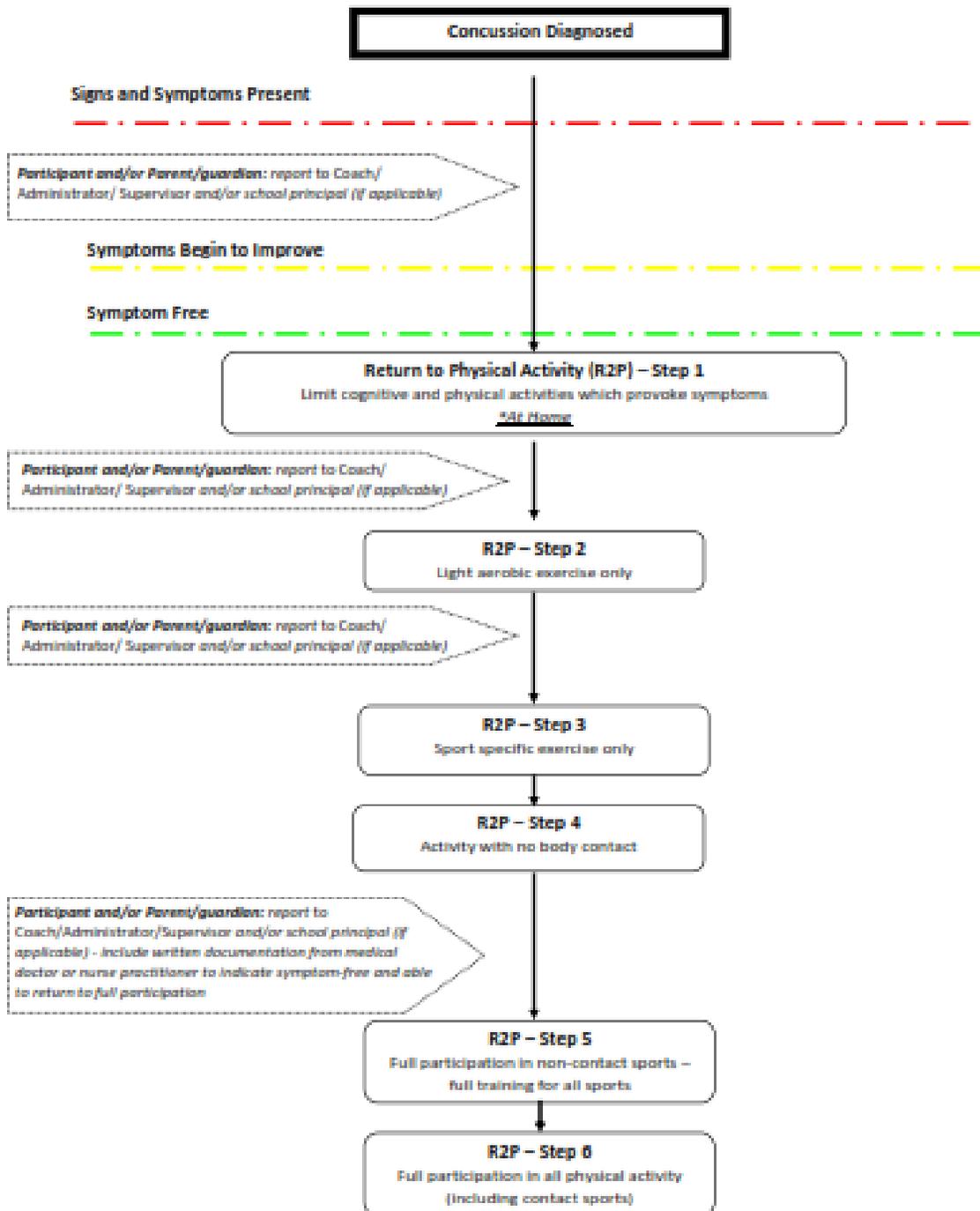


*These Informational Guidelines have been prepared for general informational purposes only. They are not intended to and do not constitute any medical advice and do not contain any medical diagnoses, symptom assessments or medical opinions.

Appendix B

Ministry of Tourism, Culture and Sport – Concussion Guidelines*

Appendix B: RETURN TO PHYSICAL ACTIVITY (R2P)



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