



Burlington Youth Soccer Club

CONCUSSION PROTOCOL

2018



BYSC CONCUSSION PROTOCOL



What is a concussion?

A concussion is a traumatic brain injury caused by rapid movement of the brain inside the skull. A concussion can be caused by a direct blow to the head, face, neck or body when a sudden force is transmitted to the head. A concussion causes a change in brain function which can result in a variety of signs and / or symptoms. A concussion is an evolving injury, therefore symptoms may appear immediately or 24-48 hours later. Less than 10% of all concussions include a loss of consciousness.

A concussion is a functional injury as opposed to a structural injury and therefore no abnormality can be found using a regular MRI or CT scan.

How serious is a concussion?

The danger exists when a concussion is not recognized or treated properly. A player returning to activities too early can be put at increased risk of serious and / or long-term consequences. **Second impact syndrome** is a rare but potentially fatal condition that occurs when a player sustains another concussion before their brain has properly healed from a previous one, leading to permanent or severe brain damage, or even death. Concussions can affect the younger, developing brain more seriously and must be managed appropriately.

BYSC Concussion Protocol

The BYSC, in partnership with Concussion Smarts Educational Services, has developed a Concussion Protocol based on the most current scientific research and recommendations put forth by the international experts in the field, as released in the 2017 Concussion in Sport Group (CISG) consensus statement. This Protocol is being implemented in an effort to maximize the safety of the players, reduce the risk of concussion, and prevent long-term or potentially permanent injury that may arise due to improper management of concussions.

As part of the Protocol, concussion education will be provided to players, parents, and team officials (coaches, trainers, managers) on an annual basis. All teams will have access to the following forms:

- **Emergency Action Plan (EAP)** (teams are encouraged to set up an **EAP** using this document in order to be prepared to deal with an emergency situation, should one arise at a soccer event)
- **Player Emergency Information Form** (completed for each player, each year)
- **Concussion Recognition Tool 5** (to identify a suspected concussion)
- **Player Injury Report Form** (completed for all injuries requiring an evaluation at a clinic or hospital, not just head injuries, in case OSA insurance needs to be accessed for any sanctioned soccer event – See OSA insurance link for insurance claims)
- **Medical Assessment / Medical Clearance Letter** (to obtain medical clearance before returning to play)
- **Return to Sport Communication Tool** (completed for all diagnosed concussions to assist with the RTSport process)
- **Player Code of Conduct** (to be completed annually by all parents as well as players aged 11+)

HEAD INJURY ON THE FIELD (OSA Sanctioned Event):

- 1) If a player receives a blow to the head, the player **must be immediately evaluated for any “Red Flags”**, as listed in **Step 1 of the Concussion Recognition Tool 5 (CRT5)**; if any **“Red Flags”** are present, player must be transported to the nearest ER; if player is unconscious, do not attempt to move the player and call 911 (**refer to Emergency Action Plan – EAP located in the resource folder and on the Concussion Resources webpage**).
- 2) If no **“Red Flags”** are present, continue to Sections 2 and 3, checking off all observable signs and all symptoms the player says ‘yes’ to; player must be encouraged to be honest and report all symptoms to prevent increased risk of negative consequences; for players aged 5-12, the wording from the Symptom Checklist from the Child-SCAT5 (see back of CRT5 form) can be used if the player has difficulty understanding the symptoms listed on the CRT5; in Section 4 (for players aged 13+), ask the 5 memory questions and make note of any errors. **Continue to watch for the development of any Red Flags.**
- 3) If the player reports any one or more symptoms, and/or exhibits one or more signs, and/or cannot answer one or more of the memory questions (if the injury takes place during a game), a concussion should be suspected. The following steps should be taken. Remember... **“When in doubt, sit them out!”**
 - a. Player **will not** return to play in that game/practice, **even if symptoms disappear.**
 - b. Team Official will speak with the player’s parents/guardian and explain that a **medical evaluation by a Medical Doctor (MD) or Nurse Practitioner (NP) is required** based on the results of the CRT5.
 - c. Parents/guardian will be provided with the completed CRT5 to **show MD or NP**; Team Official should take photo of the CRT5, and provide parents/guardian with the **Medical Assessment /Medical Clearance Letter** (which will need to be completed by the MD or NP and sent in to injury@burlingtonsoccer.com upon completion).
 - d. Team Official will complete the **Player Injury Report Form** and send in to injury@burlingtonsoccer.com **within 24 hours**, along with the picture of the completed CRT5
- 4) Team Official must **follow up with parents/guardian** following the medical evaluation to determine if the player has been cleared or is diagnosed with a concussion, and to ensure the completed **Medical Assessment /Medical Clearance Letter** is sent in to injury@burlingtonsoccer.com the same day.
- 5) Even if a player is medically cleared at the initial medical evaluation, it is advised that parents/guardians and coaches keep **watch for any new and/or returning symptoms** in the following days as symptoms can appear up to 48 hours after injury. If symptoms do appear, the player should return to their MD or NP for re-evaluation.
- 6) If diagnosed with a concussion, player must **rest for the initial 24-48 hours** (physical and mental rest). Team Official will provide parents with the **Return to Sport Communication Tool** which will be signed by parents at each step.
- 7) For all diagnosed concussions during the school year, parents/guardians are to **inform their child’s school** that their child has been diagnosed with a concussion. Follow the **Return-to-School Strategy** (see **Appendix A - Pre-Season Concussion Education Sheet - Parachute Canada**). If new/worsening symptoms appear, drop back to previous step.
- 8) Following the initial 24-48-hour rest period, the player can begin participating in Step 1 of the **Return-to-Sport Strategy** (see **Appendix A - Pre-Season Concussion Education Sheet - Parachute Canada**). Step 1 involves symptom-limiting activities as long as this does not cause new or worsening symptoms. Each step must be separated by a minimum of 24 hours; if symptoms worsen or new symptoms appear, drop back to the previous step. **Before attempting Step 5**, the player must have successfully returned to **full-time school without any symptoms**, and **medical clearance** must be obtained from a **MD or NP**; parents must send in **Medical Assessment /Medical Clearance Letter** to injury@burlingtonsoccer.com the same day and Team Official will await BYSC approval of the clearance note before the player can participate in contact sport; BYSC will advise Team Official whether the note has been accepted or if further action is required. **The following conditions must be met:** i) form is completed by a Medical Doctor or Nurse Practitioner; ii) clearance for Step 5 is at least 5 days from the date of diagnosis, such that

return to full game play is at least 7 days post-injury (concussions take a minimum of 7-10 days to heal while completing the 6-step return to sport process; most youth athletes will make a complete recovery within 1-4 weeks).

HEAD INJURY OCCURRING AT A NON-SANCTIONED EVENT (e.g. School, home, etc.):

- 1) If a player shows up for a practice/game and reports having hit his/her head earlier in the day or since the last practice/game, the Team Official should obtain a detailed history of the injury (i.e. ask if the player had immediate symptoms, if care was given, etc.).
- 2) Team Official should then go through the Concussion Recognition Tool (CRT5) with the player to evaluate the presence of signs and/or symptoms.
- 3) If the player reports having experienced symptoms at the time of impact and/or indicates currently experiencing symptoms, follow steps 3 to 8 in the section “**HEAD INJURY ON THE FIELD**”.

NOTE: If a player sustains a concussive injury outside of a sanctioned soccer event (e.g. at school, at home), check off the box at the top of the Player Injury Report Form and complete the relevant sections of this form and send in to injury@burlingtonsoccer.com as soon as possible; the player will not be eligible for OSA insurance coverage however they will need to be monitored and follow the concussion protocol to safely return to play.

WHEN TO SEE A SPECIALIST:

- Your Physician does not have expertise in concussion management
- Symptoms worsen at any time
- Symptoms persist more than 10-14 days for adults; > 4 weeks for youth
- History of: multiple concussions; migraines; mood disorder (e.g. depression/anxiety); developmental disorders (e.g. learning disabilities, ADHD)

BASELINE TESTING

Baseline Testing is an evaluation that can provide helpful information to the medical team when considering the readiness of the player to return to play. Baseline testing is completed pre-season so that pre-injury and post-injury functioning can be compared in the event of a concussion. A good baseline test should always include **2 components**. First, the **neurocognitive testing**, such as the ImPact test, which is a 20-min computerized test that evaluates things like memory, concentration, and reaction time. And secondly, a **baseline physical abilities test**, which evaluates areas such as balance and strength. However, baseline testing is only 1 part of concussion care; **an athlete must never be cleared to return to play based on repeat baseline testing alone**.

In August 2017, Parachute Canada released a statement regarding baseline testing in Canada, which states that baseline testing is not necessary and not recommended at this time. The full statement can be found here: [Parachute - Statement on Concussion Baseline Testing in Canada](#)

APPENDIX A

Parachute Canada – Pre-Season Concussion Education Sheet – page 2

http://www.parachutecanada.org/downloads/injurytopics/PreSeason-Education-Sheet_Parachute.pdf

WHEN CAN THE ATHLETE RETURN TO SCHOOL AND SPORTS?

It is important that all athletes diagnosed with a concussion follow a step-wise return to school and sports-related activities that includes the following Return-to-School and Return-to-Sport Strategies. It is important that youth and adult student-athletes return to full-time school activities before progressing to stage 5 and 6 of the Return-to-Sport Strategy.

Return-to-School Strategy¹

Stage	Aim	Activity	Goal of each step
1	Daily activities at home that do not give the student-athlete symptoms	Typical activities during the day as long as they do not increase symptoms (i.e. reading, texting, screen time). Start at 5-15 minutes at a time and gradually build up.	Gradual return to typical activities.
2	School activities	Homework, reading or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work.
3	Return to school part-time	Gradual introduction of schoolwork. May need to start with a partial school day or with increased breaks during the day.	Increase academic activities.
4	Return to school full-time	Gradually progress.	Return to full academic activities and catch up on missed school work.

Sport-Specific Return-to-Sport Strategy¹

Stage	Aim	Activity	Goal of each step
1	Symptom-limiting activity	Daily activities that do not provoke symptoms.	Gradual re-introduction of work/school activities.
2	Light aerobic activity	Walking or stationary cycling at slow to medium pace. No resistance training.	Increase heart rate.
3	Sport-specific exercise	Running or skating drills. No head impact activities.	Add movement.
4	Non-contact training drills	Harder training drills, e.g. passing drills. May start progressive resistance training.	Exercise, coordination and increased thinking.
5	Full contact practice	Following medical clearance and complete return to school.	Restore confidence and assess functional skills by coaching staff.
6	Return to sport	Normal game play.	

HOW LONG WILL IT TAKE FOR THE ATHLETE TO RECOVER?

Most athletes who sustain a concussion will make a complete recovery within 1-2 weeks while most youth athletes will recover within 1-4 weeks. Approximately 15-30% of patients will experience persistent symptoms (>2 weeks for adults; >4 weeks for youth) that may require additional medical assessment and management.

¹Source: McCrory et al. (2017). Consensus statement on concussion in sport – the 5th international conference on concussion in sport held in Berlin, October 2016. *British Journal of Sports Medicine*, 51(11), 838-847. <http://dx.doi.org/10.1136/bjsports-2017->