

TOUCH FOOTBALL ONTARIO CONCUSSION PROTOCOL



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INTRODUCTION

Touch Football Ontario (TFO) has developed the TFO Concussion Protocol to help guide the management of athletes who may have a suspected concussion as a result of participation in TFO activities.

PURPOSE

This protocol covers the recognition, medical diagnosis, and management of athletes, who may sustain a suspected concussion during a sport activity. It aims to ensure that athletes with a suspected concussion receive timely and appropriate care and proper management to allow them to return back to their sport safely. This protocol may not address every possible clinical scenario that can occur during sport-related activities but includes critical elements based on the latest evidence and current expert consensus.

WHO SHOULD USE THIS PROTOCOL?

This protocol is intended for use by all individuals who interact with athletes inside and outside the context of TFO organized sports activity, including athletes, coaches, officials, trainers, and regulated health professionals.

ENCOURAGING ONGOING CONCUSSION EDUCATION

Despite recent increased attention focusing on concussion there is a continued need to improve concussion education and awareness. Optimizing the prevention and management of concussion depends highly on the education of all stakeholders (athletes, coaches, officials, trainers, regulated health professionals) on current evidence-informed approaches that can prevent concussion and more serious forms of head injury and help identify and manage an athlete with a suspected concussion.

Concussion education should include information on:

- the definition of concussion;
- possible mechanisms of injury,
- common signs and symptoms; and
- what to do when an athlete has suffered a suspected concussion or more serious head injury.

TFO has a “recognize and remove” approach, this means that if any player is suspected of having a concussion they are immediately removed from the game or training and are to seek further medical support.

All TFO members are required to review the ***Concussion Recognition Tool 5*** document.

HEAD INJURY RECOGNITION

Although the formal diagnosis of concussion is to be made following a medical assessment, all stakeholders including athletes, parents, trainers, coaches, officials, and regulated health professionals are responsible for the recognition and reporting of athletes who may demonstrate visual signs of a head injury or who report concussion-related symptoms. This is particularly important because many sport and recreation venues will not have access to on-site regulated health professionals.

A concussion should be suspected:

- in any athlete who sustains a significant impact to the head, face, neck, or body and demonstrates

ANY of the visual signs of a suspected concussion or reports *ANY* symptoms of a suspected concussion as detailed in the ***Concussion Recognition Tool 5***.

- if an athlete reports *ANY* concussion symptoms to one of their peers, or coaches or if anyone witnesses an athlete exhibiting any of the visual signs of concussion.

In some cases, an athlete may demonstrate signs or symptoms of a more severe head or spine injury including convulsions, worsening headaches, vomiting or neck pain. If an athlete demonstrates any of the ‘Red Flags’

indicated by the *Concussion Recognition Tool 5*, a more severe head or spine injury should be suspected, and Emergency Medical Assessment should be pursued.

TFO TOURNAMENT CONCUSSION POLICIES

The recognition of a concussion is a shared responsibility of all stakeholders (athletes, coaches, officials, trainers, regulated health professionals). Any stakeholder recognizing a possible concussion during a game or prior to play should bring this situation to the referee's attention. The referee may remove any participant from any game whom he/she has been informed may have suffered a concussion or who sustains a significant impact to the head, face, neck, or body and demonstrates

ANY of the visual signs of a suspected concussion or reports *ANY* symptoms of a suspected concussion as detailed in the ***Concussion Recognition Tool 5***.

A removal from a game by a referee MUST be noted on the game card and brought to the immediate attention of the referee-in-chief and the tournament organizer who will follow up with that player to see if symptoms persist. That member may be directed to receive medical attention prior to returning to competition. If that recommendation is made then that member must have a physician or nurse practitioner complete the Canadian Guideline on Concussion in Sport | Medical Clearance Letter (Medical Clearance Letter) prior to resuming any TFO sponsored activity. If an athlete is removed from play following a significant impact and but there are NO visual signs of a concussion and the athlete reports NO concussion symptoms, then the athlete can return to play but should be monitored for delayed symptoms.

Emergency Medical Assessment

If an athlete is suspected of sustaining a more severe head or spine injury during competition or training, an ambulance should be called immediately to transfer the patient to the nearest emergency department for further Medical Assessment.

Coaches, trainers and officials are not make any effort to remove equipment or move the athlete until an ambulance has arrived and the athlete is not be left alone until the ambulance arrives. In the case of youth (under 18 years of age), the athlete's parents/guardians are to be contacted immediately to inform them of the athlete's injury. For athletes over 18 years of age, their emergency contact person is to be contacted if one has been provided. The member athlete must have a physician or nurse practitioner complete a Canadian Guideline on Concussion in Sport | Medical Clearance Letter (*Medical Clearance Letter*) prior to resuming any TFONT sponsored activity.

Once complete the Medical Clearance Letter is provided to the Tournament Coordinator and is kept on file for 2 years.

Medical Clearance Letter

Date: _____ Athlete's Name: _____

To whom it may concern,

Athletes who are diagnosed with a concussion should be managed according to the *Canadian Guideline on Concussion in Sport* including the *Return-to-School* and *Return-to-Sport Strategies* (see page 2 of this letter). Accordingly, the above athlete has been medically cleared to participate in the following activities as tolerated effective the date stated above (please check all that apply):

- Symptom-limiting activity (cognitive and physical activities that don't provoke symptoms)**
- Light aerobic activity (Walking or stationary cycling at slow to medium pace. No resistance training)**
- Sport-specific exercise (Running or skating drills. No head impact activities)**
- Non-contact practice (Harder training drills, e.g. passing drills. May start progressive resistance training. Including gym class activities without a risk of contact, e.g. tennis, running, swimming)**
- Full-contact practice (Including gym class activities with risk of contact and head impact, e.g. soccer, dodgeball, basketball)**
- Full game play**

What if symptoms recur? Any athlete who has been cleared for physical activities, gym class or non-contact practice, and who has a recurrence of symptoms, should immediately remove himself or herself from the activity and inform the teacher or coach. If the symptoms subside, the athlete may continue to participate in these activities as tolerated.

Athletes who have been cleared for full contact practice or game play must be able to participate in full-time school (or normal cognitive activity) as well as high intensity resistance and endurance exercise (including non-contact practice) without symptom recurrence. Any athlete who has been cleared for full-contact practice or full game play and has a recurrence of symptoms, should immediately remove himself or herself from play, inform their teacher or coach, and undergo medical assessment by a medical doctor or nurse practitioner before returning to full-contact practice or games.

Any athlete who returns to practices or games and sustains a new suspected concussion should be managed according to the *Canadian Guideline on Concussion in Sport*.

Other comments:

Thank-you very much in advance for your understanding.

Yours Sincerely,

Signature/print _____ M.D. / N.P. (circle appropriate designation)*

**In rural or northern regions, the Medical Clearance Letter may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner. Forms completed by other licensed healthcare professionals should not otherwise be accepted.*

We recommend that this document be provided to the athlete without charge.

Return-to-School Strategy¹

The following is an outline of the *Return-to-School Strategy* that should be used to help student-athletes, parents, and teachers to partner in allowing the athlete to make a gradual return to school activities. Depending on the severity and type of the symptoms present, student-athletes will progress through the following stages at different rates. If the student-athlete experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage.

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

The following is an outline of the *Return-to-Sport Strategy* that should be used to help athletes, coaches, trainers, and medical professionals to partner in allowing the athlete to make a gradual return to sport activities. Activities should be tailored to create a sport-specific strategy that helps the athlete return to their respective sport.

An initial period of 24-48 hours of rest is recommended before starting their *Sport-Specific Return-to-Sport Strategy*. If the athlete experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage. It is important that youth and adult student-athletes return to full-time school activities before progressing to stage 5 and 6 of the *Sport-Specific Return-to-Sport Strategy*. It is also important that all athletes provide their coach with a *Medical Clearance Letter* prior to returning to full contact sport activities.

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.	

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-2017-097699>

CONCUSSION RECOGNITION TOOL 5[©]

To help identify concussion in children, adolescents and adults



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RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS – CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

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STEP 3: SYMPTOMS

- Headache
- “Pressure in head”
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- “Don’t feel right”
- More emotional
- More Irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like “in a fog”

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:

- “What venue are we at today?”
- “Which half is it now?”
- “Who scored last in this game?”
- “What team did you play last week/game?”
- “Did your team win the last game?”

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

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