

Concussion Policy

Statement

1. All DiscNS members, players, coaches, and participants need to be aware Concussions in Ultimate and know steps to avoid, understand, identify and treat them if they occur.
2. This policy is based on the Concussion Policy from Ultimate Ontario.

Education

3. All players are encouraged to review the Making Head Way Concussion eLearning Series provided by Coaching Canada and available here: <https://www.coach.ca/-p153487>.
4. All National team coaches are required to complete this This Making Head Way course as per Ultimate Canada and NCCP requires.

What to do following a suspected concussion

5. If there is a loss of consciousness, progressive worsening or severe signs or symptoms
 - a. Follow standard emergency first aid procedures.
 - b. 911 or emergency paramedical services should be contacted immediately.
 - c. Assume that the athlete is in an unstable condition.
 - d. Assume that the athlete has also sustained a head/neck injury— Do not attempt to move the athlete or remove articles of clothing/equipment unless specifically trained to do so or there is a threat to the athlete's further safety e.g. an obstructed airway.
 - e. If applicable, ensure the athlete's legal guardian/parent is aware that an injury where a concussion is suspected has taken place and that the athlete is being assessed/transported by emergency services.
 - f. Monitor and document signs and symptoms including physical, emotional or cognitive changes.
 - g. Even if consciousness is regained, paramedical services should be contacted and the athlete should be considered to be in an unstable condition.
6. Regardless of whether there is a loss of consciousness or not, it is important for those who are suspected of having sustained a concussion to be assessed by a healthcare provider who is appropriately trained to evaluate and manage concussions.
7. If there is no loss of consciousness, the athlete should be removed from play immediately.
8. A player who is suspected of sustaining a concussion should never be allowed to return to play until an adequately trained healthcare provider assesses their ability to return to play. If it is uncertain whether a player has sustained a concussion, it should be assumed that they have and the player should be adequately assessed. "When in doubt, sit them out."
 - a. Remove the player from activity immediately.
 - b. Even in the absence of signs or symptoms, a concussion should be suspected if the mechanism of injury (see concussion recognition) is consistent with a concussion.

Remember that signs and symptoms of a concussion can occur hours to days following a concussion injury.

- c. Do not administer medication unless the player's condition requires it (e.g. insulin for diabetics).
- d. Contact the player's emergency contact/parent/guardian and inform them that the player needs to be assessed by an adequately trained healthcare practitioner.
- e. Stay with the injured player until an emergency contact/parent/guardian arrives.
- f. Monitor and document all physical, emotional or cognitive changes.
- g. If applicable, ensure a parent/guardian is aware that they must inform the coach, administrator or supervisor of the player's condition (concussed or not concussed) before returning to play (see return to play).

Responsibility of Coach, Administrator and/or Supervisor

9. If a participant has been identified as having a suspected concussion, it is the responsibility of coach, administrator and/or supervisor of that activity to notify all affected parties including the participant, a parent/guardian (when appropriate) as well as other coaches, administrators and/or supervisors of the suspected concussion. At this point the individual should not participate in any physical activity until he/she has visited a healthcare practitioner. Additionally, parents/guardians should contact the school principal of a child/youth under 18 to inform them that the child/youth is suspected of having a concussion.

Return to Play

10. The decision of when an athlete should return to play following a concussion is one that should be made in consultation with a healthcare professional. While most concussions resolve, it has been generally accepted that early return to play may put athletes at an increased risk of further injury or may delay healing effects.
11. While specific rehabilitation methods and goals are outside the scope of this document, it is helpful for coaches, trainers, parents and athletes to understand that an athlete's return to play should be gradual and follow a stepwise progression. The Return to Play (RTP) protocol has been adapted from the Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012.
12. The Associations RTP protocol consists of 6 steps. There must be a minimum of 24 hours before each step is assessed although this could be considerably longer than 24 hours. Oversight should be provided by a healthcare professional. The athlete spends, at the minimum, 24 hours at each stage.
13. The 6 steps are as follows
 1. No activity, complete rest. Once the athlete is asymptomatic, they proceed to level two.
 2. Light aerobic exercise such as walking or stationary cycling, no resistance training. Performing step two without symptoms allows the athlete to proceed to level three. If symptoms return, the athlete moves back one stage then continues.
 3. Sport specific training (e.g. running and jumping in ultimate), progressive addition of resistance training at steps three or four. Performing step three without symptoms allows the athlete to proceed to level four.
 4. Non-contact training drills. Performing step four without symptoms allows the athlete to proceed to level five.
 5. Full contact training after medical clearance. Performing step five without symptoms allows the athlete to proceed to level six.
 6. Game play.

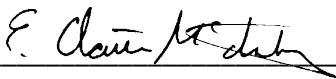
14. An important concept to recognize is that if any post-concussive symptoms recur at any stage, the athlete should drop back to the previous asymptomatic level of activity and try to progress after a further 24hrs of rest has occurred. Full return to play should only be commenced once there is complete symptom resolution at the end of this graduated stepwise progression.
15. "Difficult" or "persistent" cases are reported to occur in 10-15% of reported concussions. Such cases are described as those lasting greater than 10 days. Athletes showing signs or symptoms of a concussion longer than 10 days should not return to play and should contact an appropriate healthcare provider.

Additional Resources

16. Members are encourage to review additional information regard concussions in sport. Some links to additional resources can be found at <https://www.ontarioultimate.ca/concussions-ultimate>

Revision Statement

This Policy was last ratified on April 15th, 2018 . DiscNS may change this Policy from time to time. If DiscNS makes a material change, this Policy will be updated accordingly and DiscNS will make reasonable efforts to notify affected individuals and organizations.



DiscNS, Director



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