



# CONCUSSION RETURN TO PLAY PROTOCOL

## **This concussion policy aims to ensure**

- (1) all players with a suspected concussion are removed from play and seek medical assessment, and
- (2) all players with a suspected or diagnosed concussion do not return to full contact practice and/or game play until medically cleared to do so.

## **What is a concussion?**

A concussion is a neurologic injury which causes a temporary disturbance in brain cells that comes from and is the result of an extreme acceleration or deceleration of the brain within the skull.

## **What causes concussion?**

Concussion can be caused by a direct blow to the head or an impact to the body causing rapid movement of the head.

### **a) When should a concussion be suspected?**

All players who experience concussion reported signs and symptoms or visual/observation symptoms following a blow to the head or another part of the body is considered to have a suspected concussion and must stop participation in the BRYST club sanctioned activity immediately. Symptoms of concussion typically appear immediately but may be delayed and evolve within the first 24-48 hours.

### **b) What is considered a BRYST club sanctioned activity?**

- i. BRYST teams competing in league or cup matches
- ii. Ontario Soccer sanctioned competition
- iii. Any team coach supervised training

### **c) A suspected concussion can be recognized in three ways:**

- iv. Reported signs and symptoms by a player– even if only one symptom
- v. Visual/observable signs and symptoms from any team official
- vi. Peer-reported signs and symptoms from players, parents, and team officials
- vii. If a player experiences a sudden onset of any of the “red flag symptoms”, 911 should be called immediately (Figure 3)

### What are the signs and symptoms of a concussion?

Symptoms of a concussion range from mild to severe and can last for or appear within hours, days, weeks, or even months. In some cases there may be no symptoms at all. If you suspect a concussion, or notice any of the symptoms listed below, contact your doctor immediately. When symptoms are severe such as listed in the Red Flag list, proceed to an Urgent Care Centre or Emergency Room immediately.

Figure 1: REPORTED CONCUSSION SIGNS & SYMPTOMS		
Headache	Feeling mentally foggy	Sensitive to light
Nausea	Feeling slowed down	Sensitive to noise
Dizziness	Difficulty concentrating	Irritability
Vomiting	Difficulty remembering	Sadness
Visual problems	Drowsiness	Nervous/anxious
Balance problems	Sleeping more/less than usual	More emotional
Numbness/tingling	Trouble falling asleep	Fatigue

Figure 2: VISUAL/OBSERVABLE SYMPTOMS	
Lying down motionless on the playing surface	Blank or vacant look
Slow to get up after a direct or indirect hit	Facial injury after head trauma
Disorientation or confusion, or an inability to respond appropriately to questions	
Balance, gait difficulties motor incoordination, stumbling, slow labored movements	

\* Please note that complaints of neck pain should be addressed immediately as a head injury may also result in a neck / spinal injury

Figure 3: RED FLAG SYMPTOMS	
Neck pain or tenderness	Loss of consciousness
Double vision	Deteriorating conscious state
Weakness/tingling/burning in arms or legs	Vomiting
Severe or increasing headache	Increasing restless, agitated or combative
Seizure or convulsion	Focal neurologic signs (e.g. paralysis, weakness, etc.)

## **BRYST Emergency Protocol – Suspected Player Concussion**

A player showing any signs/symptoms as listed in this document must be removed from play immediately. All Coaches/Trainers are required to follow the Club's protocol without question. The player is not to re-enter the game or practice.

- In the event of a loss of consciousness call 911 for assistance immediately. Do not move the player unless absolutely necessary for safety reasons.
- Ensure that a member of the team staff stays with the player.
- Notify any family members immediately if they are present. If they are not present, contact them immediately
- Coaches must complete required injury report and submit to BRYST at [belinda@brystsoccer.com](mailto:belinda@brystsoccer.com) within 24 hrs of the incident.
- The player must be evaluated by a physician prior to returning to play. Documentation from the physician is required. The Concussion Assessment Medical Report can be found on the BRYST website. Once a completed Concussion Assessment Medical Report or similar documentation is provided to a team official, please have a copy scanned and emailed to [belinda@brystsoccer.com](mailto:belinda@brystsoccer.com)
- If a player is diagnosed with a concussion, coaches will follow all recommendations made by the players medical staff. A Medical Clearance Letter can be found on the BRYST website. Once a Medical Clearance Letter or any documentation from the players medical staff is received by a team official, please have a copy scanned and emailed to [belinda@brystsoccer.com](mailto:belinda@brystsoccer.com) Resources on the Graduated "Return to Play process" as per CANADA SOCCER/ONTARIO SOCCER Concussion Policy are included on the BRYST website.
- In situations where the player might have experienced an impact to the head but the player shows no signs or symptoms of concussion, coaches will notify the parents/guardians and preferably also send an email notifying parents/guardians to monitor the player for 24-48 hours as a precaution. As the symptoms of concussion are not always present initially, coaches and managers are encouraged to always maintain open dialogue with parents whenever there is any concern of possible head injury.

BRYST is committed to providing a safe environment for all players regardless of age and gender. It is, however, ultimately the responsibility of the parent to seek ongoing medical evaluation for the benefit of the player's long term health and safety. In the event of a concussion diagnosis, premature return to play can result in serious and sometimes permanent injury, particularly in the event of a second impact.

## Player Injury Report Form

This form must be completed for all injuries occurring at a soccer event and requiring an evaluation by a Physician or Health Practitioner (e.g. 911 is called, player taken to hospital/clinic, concussion suspected). A Team Official (Trainer, Coach, Assistant Coach, Manager) must complete this form and submit it to the BRYST office - Attention the Operations Manager within 24 hours (scan/email to [belinda@brystsoccer.com](mailto:belinda@brystsoccer.com))

Team Name: \_\_\_\_\_

Injury Date: \_\_\_\_\_ Time: \_\_\_\_\_

Player's Full Name: \_\_\_\_\_ OSA # \_\_\_\_\_

Location of Accident (Field Name, Town, Province):

\_\_\_\_\_

List Injuries: \_\_\_\_\_

\_\_\_\_\_

Describe Incident: \_\_\_\_\_

\_\_\_\_\_

Emergency Medical Services called? Yes \_\_\_\_\_ No \_\_\_\_\_

Hospital / Clinic (where player was transported): \_\_\_\_\_

Mode of Transportation to Hospital / Clinic: \_\_\_\_\_

Parents / Guardians of Player Name(s): \_\_\_\_\_

Parents present at time of injury: Yes \_\_\_\_\_ No \_\_\_\_\_

If not present, were parents advised: Yes \_\_\_\_\_ No \_\_\_\_\_

### TEAM REPRESENTATIVE INFORMATION:

Name of Team Official completing this form: \_\_\_\_\_

Team Official Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Opposing Team (If applicable): \_\_\_\_\_

(1) Witness Name: \_\_\_\_\_ Witness Phone #: \_\_\_\_\_

(2) Witness Name: \_\_\_\_\_ Witness Phone #: \_\_\_\_\_