

## 1.1 Concussion Policy

Lakeland Lacrosse Association (LLA) is committed to maintaining the health of the community and believes that participating in the activities organized by Lakeland Lacrosse can lead to better health. Our activities, as do most physical activities, have an inherent risk of concussion. LLA recognizes that concussions are a significant public health issue because of their potential short- and long-term consequences. LLA therefore enacts this policy and related protocols as tools to help prevent, recognize and properly treat concussions which may occur in our activities. LLA will endeavour to have all participants follow all treatment protocols, return to learn/work protocols and return to play protocols. The proper treatment of a concussion is more important than participation in any sport/activity/work/school during the healing process. **When in doubt, Sit them out!**

## 1.2 Definitions In this policy

(a) **Concussion:** the definition of concussion from the 2012 Zurich consensus statement on concussion in sport: Concussion is a brain injury and is defined as a complex pathophysiological process affecting the brain, induced by biomechanical forces. In plain language, a concussion:

- is a brain injury that causes changes in how the brain functions, leading to symptoms that can be physical (e.g. headache, dizziness), cognitive (e.g., difficulty concentrating or remembering), emotional/behavioural (e.g., depression, irritability) and/or related to sleep (e.g., drowsiness, difficulty falling asleep);
- 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;
- can occur even if there has been no loss of consciousness (in fact most concussions occur without a loss of consciousness); and,
- cannot normally be seen on x-rays, standard CT scans or MRIs

(b) **Suspected Concussion:** the recognition that an individual appears to have either experienced an injury or impact that may result in a concussion, or is exhibiting unusual behaviour that may be the result of concussion.

(c) **Concussion Diagnosis:** a clinical diagnosis made by a medical doctor or nurse practitioner. It is critical that an individual with a suspected concussion be examined by a medical doctor or nurse practitioner.

## 1.3 Stages of Concussion Management

(a) **Education:** LLA will see that every coach receives the proper concussion education prior to the beginning of each season through coaching clinics and first aid kits. Education may include the following topics: **Is this covered in coaching clinics?**

- Physiology of a concussion
- Early recognition of signs and symptoms of a concussion
- Sport injury culture
- Sport-specific concussion prevention strategy
- Concussion Action Plan (CAP) Protocol
- Return to learn/work protocol following a concussion

- Return to play protocol following a concussion.

(b) **Prevention: Ensuring Safe Play - Concussion Prevention Strategies** : LLA requires that all activity within its purview follows the rules of the game and that the rules will be consistently enforced in order to effectively ensure safe play. All LLA coaches and participants will behave ethically at all times.

(c) **Identification – Using the Concussion Action Plan (CAP)**: LLA requires that a Concussion Action Plan (CAP) be available and implemented at all activities and events in case of a concussion or suspected concussion. A Concussion Action Plan (CAP) will allow proper care for athletes when a suspected concussion occurs. The CAP will provide appropriate direction to all individuals. [SEE CAP PROTOCOL].

(d) **Documentation of Incident**: LLA will use the Medical Documentation Form to record the details of the incident and the athlete's progression through the stages of concussion management. There are several times throughout the duration of the concussion at which information should be documented:

**A. Time of injury**- record and monitor all signs and symptoms for 48 hours following the injury. (Note if signs get worse and if any from the "red flag" symptoms show follow the emergency protocol).

**B. During recovery**- record how much school/work/sport time has been missed, this is valuable for the athlete if they ever sustain another concussion.

**C. Return to play**- documentation needs to occur if the athlete has clearance from a medical doctor before returning to game play. There should be documentation from the athlete that states he/she has successfully returned to school/work full time without reoccurring symptoms as well as successfully exercised to exhaustion without reoccurring symptoms.

(e) **Return to Learn** [SEE RETURN TO LEARN PROTOCOL] This stepwise program starts with cognitive and physical rest. Follow each step through completion. If symptoms are severe at any step, stop and wait until the symptoms resolve and continue as tolerated. Physical activity during return to learn is restricted to walking as tolerated.

(f) **Return to Play** [SEE RETURN TO PLAY PROTOCOL] Return to learn/work must be fully completed, the athlete must be in full time school environment without physical activity before starting return to play. Ensure that after completing a step, wait 24 hours before moving to the next step. The athlete must be asymptomatic throughout this process, if symptoms do come back, wait 24 hours after symptoms have subsided and when returning, start at the step previous. This should be medically guided.

# Concussion Action Plan:

## Part 1. Acute care

**STEP 1: RECOGNIZE AND REMOVE:** If at any time it is suspected an athlete has sustained a concussion or a head injury, immediately stop all activity. Do not move the individual. Reference the Concussion Management Pocket Tool for signs and symptoms.

### **STEP 2: REFER**

**RED FLAGS PRESENT:** Emergency Medical Services must be activated. Ensure that you follow the instructions given to you by the dispatcher.

**NO RED FLAG SIGNS PRESENT:** Get the athlete assessed by a physician in a timely manner (less than 48 hours post injury). Continue to monitor the athlete, as red flag signs can take up to 48 hours to appear. If red flag signs or symptoms do appear, activate EMS.

**STEP 3: RECOVER:** If there is a diagnosed concussion, seek medical guidance when working through Return to Learn/Return to Play Guidelines during recovery.

**STEP 4: RETURN:** All athletes must be cleared by a physician prior to return to contact or full participation in practices and games.

## Part 2. Concussion Action Plan

**Step 5: Utilizing CAP action tool:** All first aid kits will contain a Pocket Concussion Guide and the steps in this tool will dictate the appropriate steps.

## Part 3. Communication plan

**STEP 6: COMMUNICATE WITH PARENT/CAREGIVER:** Contact the athlete's parent/caregiver as soon as possible to inform them of the injury. Educate and provide the parent/caregiver with ACA's concussion management tool, CAP, return to learn, and return to play guidelines.

A. In the event an athlete's parent/caregiver cannot be reached, call the athlete's emergency contact number and educate this person as well.

B. The head coach, assistant coach, team manager other appropriate administrative personnel should ensure the caregiver is a responsible adult capable of monitoring the individual and who understands the CAP before allowing the individual to be released. Additional steps to take are:

- i. Continue efforts to reach the parent/caregiver.
- ii. Athletes with suspected concussion/head injuries are not permitted to drive themselves.

**STEP 7: COMMUNICATE WITH SUPERVISORS AND DOCUMENTATION:** Communicate the injury to the athlete's supervisor. Such personnel may include the coach, or team manager. Communication should include documentation of the incident, and all events that followed, including a doctor's note stating that the athlete may return to normal play.