**Basketball New Brunswick**

**Concussion Policy and Code**

**(Adapted from Canada Basketball)**

**Preamble**

1. This policy is based on the 6th Consensus Statement on Concussion in Sport that was released in June 2023.

2. This policy interprets the information contained in the report that was prepared by the 2022 Concussion in Sport Group (2022 CISG), a group of sport concussion medical practitioners and experts, and adapts concussion assessment and management tools.

3. The CISG suggested 13 Rs of Sport-Related Concussion ("SRC") management to provide a logical flow of concussion management. This policy is similarly arranged. The 13 Rs in this policy are:
    a. Recognize
    b. Reduce
    c. Remove
    d. Re-Evaluate
    e. Rest and Exercise
    f. Rehabilitation
    g. Refer
    h. Recover
    i. Return to Learn & Return to Sport
    j. Reconsider
    k. Residual Effects
    l. Retire
    m. Refine

Risk Reduction, one of the previous *11* Rs based on the 5th Consensus Statement on Concussion in Sport, has been removed.

4. A concussion is a clinical diagnosis that can only be made by a physician. The 2022 CISG achieved consensus on a conceptual definition of a concussion, which is articulated, in part, as follows:
    a. *A Sport-related concussion is a traumatic brain injury caused by a direct blow to the head, neck or body resulting in an impulsive force being transmitted to the brain that occurs in sports and exercise-related activities. This initiates a neurotransmitter and metabolic cascade, with possible axonal injury, blood flow change and inflammation affecting the brain. Symptoms and signs may present immediately, or evolve over minutes or hours, and commonly resolve within days, but may be prolonged […] Sport-related concussion results in a range of clinical symptoms and signs that may or may not involve loss of consciousness.*

**Purpose**

5. Basketball New Brunswick is committed to ensuring the safety of Organizational Participants in its activities. Basketball New Brunswick recognizes the increased awareness of concussions and their long-term effects and believes that prevention of concussions is paramount to protecting the health and safety of Organizational Participants.

6. This policy describes the common signs and symptoms of a concussion and how to identify them, the protocol to be followed in the event of a possible concussion, and a Return to Sport protocol should a concussion be diagnosed. Awareness of the signs and symptoms of concussion and knowledge of how to properly manage a concussion is critical to recovery and helping to ensure the individual is not returning to physical activities too soon, risking further complication.

7. This policy applies to all activities and events for which Basketball New Brunswick is the governing or sanctioning body including, but not limited to, competitions, practices, and training sessions.

8. Relevant definitions for the purposes of this policy are as follows:
    a. **Cervicovestibular Rehabilitation**: A type of rehabilitation program that usually includes education, cervical spine therapy and exercise along with vestibular rehabilitation (an exercise-based treatment that helps with the vestibular system, which affects balance and spatial orientation).
    b. **Complete symptom resolution:** resolution of symptoms associated with the current concussion at rest with no return of symptoms during or after maximal physical and cognitive exertion.
    c. **Designated Person**: Refers to a person designated by Basketball New Brunswick removal-from-sport protocol and by its return-to-sport protocol for the purposes of fulfilling various duties indicated in this Policy.
    d. **Return-to-learn (RTL**): return to preinjury learning activities with no new academic support, including school accommodations or learning adjustments.
    e. **Return-to-sport (RTS):** completion of the RTS strategy with no symptoms and no clinical findings associated with the current concussion at rest and with maximal physical exertion.
    f. **Sport Related Concussion (SRC)**: See above for the conceptual definition at section **4(a)**.
    g. **Symptom resolution at rest**: resolution of symptoms associated with the current concussion at rest.

**Registration**

9. When an Organizational Participant under the age of 26 years old registers with Basketball New Brunswick, the Organizational Participant **must** provide written or electronic confirmation that they have reviewed concussion awareness resources within the past 12 months. The Ontario Government has produced age-appropriate concussion resources located here:
    a) ages 10 and under
    b) ages 11-14
    c) ages 15+

Despite the reference to Ontario, Basketball New Brunswick believes these resources are relevant and important for concussion awareness and education regardless of jurisdiction.

10. Organizational Participant under the age of 26 years old must also sign the *Concussion Code of Conduct* (**Appendix A**).

11. For Athletes younger than 18 years old, the athlete's parent or guardian **must** also provide confirmation that they have also reviewed the concussion resources as well and signed the *Concussion Code of Conduct*.

12. Athlete Support Personnel must provide confirmation that they have also reviewed the concussion resources and sign the *Concussion Code of Conduct*; but not if they will be interacting exclusively with Athletes who are 26 years old or older.

**Recognizing Concussions**

13. If an Organizational Participant demonstrates or reports any of the following **red flags**, a Designated Person, or a licensed healthcare professional for any organization shall be summoned and, if deemed necessary, an ambulance should be called[1]:
    a) Neck pain or tenderness;
    b) Seizure, 'fits' or convulsion;
    c) Loss of vision or double vision;
    d) Actual or suspected loss of consciousness;
    e) Increased confusion or deteriorating conscious state (becoming less responsive, drowsy);
    f) Weakness or numbness / tingling / burning in arms or legs;
    g) Severe or increasing headache;
    h) Vomiting more than once;
    i) Increasingly restless, agitated, or combative; and/or
    j) Visible deformity of the skull.

14. The following **observable signs** may indicate a possible concussion:
    a) Loss of consciousness or responsiveness;
    b) Lying motionless on the playing surface;
    c) Falling unprotected to the surface;
    d) Disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions;
    e) Dazed, blank or vacant look;
    f) Seizure, fits or convulsions;
    g) Slow to get up after a direct hit or indirect hit to the head;
    h) Balance or gait difficulties, absence of regular motor coordination, stumbling, slow laboured movements; and/or
    i) Facial injury after head trauma.

15. A concussion may result in the following **symptoms**:
    *Physical Symptoms*

[1] If an onsite healthcare professional is not available, an ambulance should be called.

a) Headache or “pressure in head”
b) Balance problems or dizziness
c) Nausea or vomiting
d) Drowsiness, fatigue, or low energy
e) Dizziness
f) Blurred vision
g) Sensitivity to light or noise
h) “Don’t feel right”
i) Neck pain

*Changes in Emotions*

j) More emotional or irritable
k) Sadness, nervous or anxious

*Changes in Thinking*

l) Difficulty remembering or concentrating
m) Feeling slowed down or “in a fog”

16. Failure to correctly answer any of these **memory questions** may suggest a concussion:
    a) What day is it?
    b) What venue are we at today? / Where are we today?
    c) What event were you just participating in?
    d) Who last scored a point in this game?
    e) What team did you play against last week?
    f) Did you win the last game you played?

**Reduce**

17. The 2022 CISG identified several recommendations with respect to preventing concussions, including Concussion Management, which is relevant to Basketball New Brunswick’s application of this policy:
    a. Optimal concussion management strategies including implementing laws and protocols (i.e., mandatory removal from play following actual or suspected concussion; requirements to receive clearance to return-to-play from a healthcare provider; and education of coaches, parents and athletes regarding concussion signs and symptoms) are associated with a reduction in recurrent concussion rates.

**Removal from Sport Protocol**

18. Removal of a player from the field of play should be done if there is suspicion of a possible concussion to avoid further potential injury.

19. In the event of a Suspected Concussion where there are **observable signs** of a concussion, **symptoms** of a concussion, or a failure to correctly answer **memory questions**, the Organizational Participant must be immediately removed from participation by a designated person who is either an on-site Basketball New Brunswick staff member and/or Designated Person.

20. In the event that any Organizational Participant exhibits any of the following;

a. Impact seizure
b. Tonic Posturing
c. Ataxia (lack of coordination; losing muscle control in limbs and extremities)
d. Poor balance
e. Amnesia

they should not return to a match or training that day, unless evaluated acutely by an experienced healthcare practitioner with a multimodal assessment (as noted below) who determines that the sign was not related to a concussion (e.g., the player has sustained a musculoskeletal injury and thus unable to balance). Maddocks' questions, as newly modified per the Concussion Recognition Tool 6 (**CRT6**) outlined above in Section 16, remain part of a useful and brief on-field screen for Organizational Participants under 12 years of age without clear on-field signs of a concussion. Incorrect answers warrant a more comprehensive off-field evaluation, as does any clinical suspicion of concussion.

21. After removal from participation, the following actions should be taken:
    a) The Designated Person who removed the Organizational Participant should consider calling 9-1-1;
    b) Basketball New Brunswick must make and keep a record of the removal;
    c) The Designated Person must inform the Organizational Participant's parent or guardian if the Organizational Participant is younger than 18 years old, and the Designated Person must inform the parent or guardian that the Organizational Participant is required to undergo a medical assessment by a physician or nurse practitioner before the Organizational Participant will be permitted to return to participation; and
    d) The Designated Person will remind the Organizational Participant, and the Organizational Participant's parent or guardian as applicable, of Basketball New Brunswick's Return-to-Sport protocol as described in this Policy.

22. Organizational Participants who have a suspected concussion and who are removed from participation should:
    a) Be isolated in a dark room or area and stimulus should be reduced
    b) Be monitored
    c) Have any cognitive, emotional, or physical changes documented
    d) Not be left alone (at least for the first 1-2 hours)
    e) Not drink alcohol
    f) Not use recreational/prescription drugs
    g) Not be sent home by themselves
    h) Not drive a motor vehicle until cleared to do so by a medical professional
    i) Be re-evaluated in the coming hours and days, and follow the guidelines regarding relative rest outlined at **sections 26** and **27** below.

23. An Organizational Participant who has been removed from participation due to a suspected concussion should not return to participation until the Organizational Participant has been assessed medically, preferably by a physician who is familiar with the Sport Concussion Assessment Tool – 6th Edition (SCAT6) (for Organizational Participants over the age of 12) or the

Child SCAT6 (for Organizational Participants between 8 and 12 years old), even if the symptoms of the concussion resolve.

a. Evaluation of Organizational Participants via the SCAT6 or Child SCAT 6 should be done within 72 hours of injury to help ensure the clinical utility of the measurements but can be used up to a week after injury.
b. ***The SCAT 6 and Child SCAT 6 are assessments to be used by licensed healthcare providers. Those who are not healthcare providers are to use the Concussion Recognition Tool 6 (CRT 6), which is found at Appendix "B".***

**Re-Evaluate**

24. An Organizational Participant with a suspected concussion should be evaluated by a licensed physician who should conduct a comprehensive neurological assessment of the Organizational Participant and determine the Organizational Participant's clinical status and the potential need for neuroimaging scans. Multimodal and serial evaluations should be conducted by a licensed physician/health care provider in accordance with the Sport Concussion Office Assessment Tool (SCOAT6) or Child Sport Concussion Office Assessment Tool (Child SCOAT6) in addition to the health care provider's clinical insight.

**Rest and Exercise**

25. Organizational Participants with a diagnosed SRC should engage in relative rest during the acute phase (24-48 hours), which includes activities of daily living and reduced screen time.

26. Organizational Participants can return to light intensity physical activity such as walking that does not more than mildly exacerbate or worsen the Organizational Participant's symptoms during the acute phase (24-48 hours). Organizational Participants should avoid vigorous exertion.

27. Organizational Participants must be consistently aware of their symptoms. Exercise and cognitive exertion should be stopped if concussion symptom exacerbation is more than mild and brief. Exercise may be resumed once symptoms have returned to the prior level.

28. Organizational Participants should be advised to avoid the risk of reinjury (i.e., contact, collision or fall) until determined by a qualified health care provider/licensed physician to be safe for higher risk activities.

29. Organizational Participants must consider the diverse symptoms and problems that are associated with SRCs. Rehabilitation programs that involve controlled parameters below the threshold of peak performance should be considered.

30. Should Organizational Participants experience sleep disturbance in the 10 days after SRC, Organizational Participants should know that these disturbances are associated with an increased risk of persisting symptoms and may warrant evaluation and treatment.

**Refer**

31. Organizational Participants who display persistent symptoms (i.e., symptoms that persist greater than four (4) weeks across children, adolescents and adults) should be referred to physicians with experience handling SRCs, where the clinical environment allows.

**Rehabilitation**

32. If dizziness, neck pain and/or headaches persist for more than 10 days, Cervicovestibular Rehabilitation is recommended. This includes, combining cervical spine therapy and exercise along with vestibular rehabilitation, which is an exercise-based treatment to help with the vestibular system, which is responsible for balance and spatial orientation.
    a. If symptoms persist beyond 4 weeks in children and adolescents, active rehabilitation and collaborative care may be of benefit.
    b. For children, adolescents and adults with dizziness/balance problems, either vestibular rehabilitation or Cervicovestibular Rehabilitation may be of benefit.

33. In the case of a recurrence of symptoms when progressing through the return-to-learn (RTL) or return-to-sport (RTS) strategies (see below), re-evaluation and referral for rehabilitation may be of benefit to facilitate recovery.

**Recovery**

34. The 2022 CISG recommended that clinical evaluation and future research include three components in the determination of recovery. For the purposes of this policy, practical aspects of recovery are highlighted through the RTL and RTS sections below.

35. Generally, SRCs have large adverse effects on cognitive functioning and balance during the first 24-72 hours after injury. For *most* Organizational Participants, these cognitive defects, balance and symptoms improve rapidly during the first two weeks after injury. An important predictor of slower recovery from an SRC is the severity of the Organizational Participant's initial symptoms following the first few days after the injury.

36. The below tables regarding both RTL and RTS represent a graduated return to learning and return to sport for most Organizational Participants, in particular those that did not experience high severity of initial symptoms after the following the first few days after the injury.

**Return to Learn (RTL)**

37. To minimise academic and social disruptions during the RTL strategy, Organizational Participants should avoid complete rest and isolation, even for the initial 24 to 48hours, and instead engage in a period of relative rest. Early return to activities of daily living should be encouraged provided that symptoms are no more than mildly and briefly increased.

38. The 2022 CISG included additional recommendations with respect to environmental, physical, curriculum and testing adjustments to help accommodate participants across serval age groups and demographics. For more information, see here at page 703.

39. Not all Organizational Participants will require an RTL strategy or academic support. If symptom exacerbation occurs during cognitive activity or screen time, difficulties with reading, concentration or memory or other aspects of learning are reported, an RTL strategy, if considered appropriate by a clinician, should be implemented at the time of diagnosis and during the recovery process. A sample RTL 'timeline' can be seen as **Table 1**.

40. It is common for a student's symptoms to worsen slightly with activity. This is acceptable as they progress through steps so long as the symptom exacerbation is:
    - **mild:** Symptoms worsen by only one to two points on a zero-to-10 scale, and
    - **brief:** Symptoms settle back down to pre-activity levels within an hour.

    If the student's symptoms worsen more than this, they should pause and adapt activities as needed.

| Step | Activity | Description | Goal of each step |
|---|---|---|---|
| **1** | Activities of daily living and relative rest (first 24 to 48 hours) | o Typical activities at home (e.g. preparing meals, social interactions, light walking) that do not result in more than mild and brief worsening of symptoms<br>o Minimize screen time | Gradual reintroduction of typical activities |
| After a maximum of 24 to 48 hours after injury, progress to step 2. | | | |
| **2** | School activities with encouragement to return to school (as tolerated) | o Homework, reading or other light cognitive activities at school or at home<br>o Take breaks and adapt activities if they result in more than mild and brief worsening of symptoms<br>o Gradually resume screen time, as tolerated | Increase tolerance to cognitive work and connect socially with peers |
| If the student can tolerate school activities, progress to step 3. | | | |
| **3** | Part-time or full days at school with accommodations (as needed) | o Gradually reintroduce schoolwork<br>o Build tolerance to the classroom and school environment over time. Part-time school days with access to breaks throughout the day and other accommodations may be required<br>o Gradually reduce accommodations related to the concussion and increase workload | Increase academic activities. |
| If the student can tolerate full days without accommodations for concussion, progress to step 4. | | | |
| **4** | Return to school full-time | o Return to full days at school and academic activities, without accommodations related to the concussion | Return to full academic activities. |

| | | | |
|---|---|---|---|
| | | o For return to sport and physical activity, including physical education class, refer to the Return-to-Sport Strategy | |
| **Return to school is complete.** | | | |

**Table 1 – Return to Learn Strategy**

**Return to Sport (RTS)**

41. SRCs have large adverse effects on cognitive functioning and balance during the first 24-72 hours after injury. For *most* Organizational Participants, these cognitive defects, balance, and symptoms improve rapidly during the first two weeks after injury. An important predictor of slower recovery from an SRC is the severity of the Organizational Participant's initial symptoms following the first few days after the injury.

42. The table below represents a graduated return to sport for most Organizational Participants, particularly those that did not experience high severity of initial symptoms after the following the first few days after the injury.

43. The athlete should spend a minimum of 24 hours at each step before progressing on to the next. It is common for an athlete's symptoms to worsen slightly with activity. This is acceptable as they progress through steps 1 to 3 of return to sport, so long as symptom exacerbation is:
    - **mild:** symptoms worsen by only one to two points on a zero-to-10 scale, and
    - **brief:** symptoms settle back down to pre-activity levels within an hour.

    If the athlete's symptoms worsen more than this, they should stop the activity and try resuming the next day at the same step.

    **Before progressing to step 4 of the sport-specific Return-to-Sport Strategy, athletes must:**
    - successfully complete all steps of the Return-to-School Strategy (if applicable), and
    - provide their coach with a Medical Clearance Letter indicating they have been medically cleared to return to activities with risk of falling or contact.

    If the athlete experiences concussion symptoms after medical clearance (i.e., during steps 4 to 6), they should return to step 3 to establish full resolution of symptoms. Medical clearance will be required again before progressing to step 4.

| Step | Activity | Activity details | Goal of each step |
|---|---|---|---|
| **1** | Activities of daily living and relative rest (first 24 to 48 hours) | o Typical activities at home (e.g. preparing meals, social interactions, light walking) that do not result in more than mild and brief worsening of symptoms<br>o Minimize screen time | Gradual reintroduction of typical activities. |

| | | | |
|---|---|---|---|
| After a maximum of 24 to 48 hours after injury, progress to step 2. | | | |
| **2** | 2A: Light effort aerobic exercise | o Start with light aerobic exercise, such as stationary cycling and walking at a slow to medium pace<br>o May begin light resistance training that does not result in more than mild and brief worsening of symptoms<br>o Exercise up to approximately 55% of maximum heart rate<br>o Take breaks and modify activities as needed | Increase heart rate. |
| | 2B: Moderate effort aerobic exercise | o Gradually increase tolerance and intensity of aerobic activities, such as stationary cycling and walking at a brisk pace<br>o Exercise up to approximately 70% of maximum heart rate<br>o Take breaks and modify activities as needed | |
| If the athlete can tolerate moderate aerobic exercise, progress to step 3. | | | |
| **3** | Individual sport-specific activities, without risk of inadvertent head impact | o Add sport-specific activities (e.g., running, changing direction, individual drills)<br>o Perform activities individually and under supervision from a teacher, parent/caregiver or coach<br>o Progress to where the athlete is free of concussion-related symptoms, even when exercising | Increase the intensity of aerobic activities and introduce low-risk sport-specific movements |
| **Medical clearance**<br>If the athlete has completed return to school (if applicable) and has been medically cleared, progress to step 4. | | | |
| **4** | Non-contact training drills and activities | o Progress to exercises with no body contact at high intensity, including more challenging drills and activities (e.g., passing drills, multi-athlete training and practices) | Resume usual intensity of exercise, co-ordination and activity-related cognitive skills. |
| If the athlete can tolerate usual intensity of activities with no return of symptoms, progress to step 5. | | | |

| | | | |
|---|---|---|---|
| **5** | Return to all non-competitive activities, full-contact practice and physical education activities | o Progress to higher-risk activities including typical training activities, full-contact sport practices and physical education class activities<br>o Do not participate in competitive gameplay | Return to activities that have a risk of falling or body contact, restore confidence and assess functional skills by coaching staff |
| If the athlete can tolerate non-competitive, high-risk activities, progress to step 6. | | | |
| **6** | Return to sport | Unrestricted sport and physical activity | |
| **Return to sport is complete.** | | | |

**Table 2 – Return to Sport Strategy**

44. Organizational Participants should be allowed to engage in activities of daily living (including walking) immediately following injury, even during the initial period of 24–48 hours of relative rest.

45. There should be at least 24 hours (or longer) for each step. If symptoms reoccur or worsen, the Organizational Participant should go back to the previous step. If symptoms continue to persist, the Organizational Participant should return to see a physician.

46. Organizational Participants can expect a minimum of 1 week to complete the full rehabilitation strategy, but typical unrestricted RTS can take up to 1-month post-SRC. The time frame for RTS may vary based on individual characteristics, necessitating an individualised approach to clinical management.

47. Resistance training should only be added in the later stages (Stage 3 or Stage 4). Athletes may be moved into the later stages that involve risk of head impact (typically Steps 4–6 and Step 3 if there is any inadvertent risk of head impact with sport-specific activity) following authorisation by a healthcare provider and after full resolution of concussion-related symptoms, abnormalities in cognitive function and clinical findings related to the current concussion, including the absence of symptoms with and after physical exertion.

48. The Organizational Participant's Return-to-Sport strategy should be guided and approved by a physician with regular consultations throughout the process. Specifically, progression through the later RTS strategy (Steps 4–6) should be monitored by a health care professional.

49. The Organizational Participant must provide Basketball New Brunswick with a medical clearance form, signed by a physician, following Stage 5 and before proceeding to Stage 6.

50. While the RTL and RTS strategies can occur in parallel, student athletes who are Organizational Participants should complete full RTL before unrestricted RTS.

51. Basketball New Brunswick should be aware that healthcare providers should manage Organizational Participants on an individual basis, accounting for specific factors that may affect their recovery trajectory, such as pre-existing factors (i.e., migraine history, anxiety) or postinjury factors (i.e., aggravation of injury, psychological stress, social factors) that impact recovery. When symptoms are persisting, worsen or are not progressively resolving 2–4 weeks postinjury, a multimodal evaluation and referral for rehabilitation (see Rehabilitation section) is recommended.

**Reconsider**

52. All Organizational Participants, regardless of competition level, should be managed using the same SRC management principles.

53. Adolescents (13 to 18 years old) and children (5 to 12 years old) should be managed differently. SRC symptoms in children persist for up to four weeks. It remains a recommendation that children and adolescents should first follow an RTL strategy before they take part in an **unrestricted** RTS strategy despite RTL and RTS strategies occurring in parallel.

**Residual Effects**

54. Organizational Participants should be alert for potential long-term problems such as cognitive impairment and depression. The potential for developing chronic traumatic encephalopathy (CTE) should also be a consideration, although the CISG stated that "*a cause-and-effect relationship has not yet been demonstrated between CTE and SRCs or exposure to contact sports. As such, the notion that repeated concussion or sub concussive impacts cause CTE remains unknown*."

**Refine**

55. The 2022 CISG identified several areas of refinement to strengthen future consensus statements: *Para Sport, Paediatrics, the Athlete's Voice* and *Ethical Considerations, limitations* and *improvements*. The following are relevant for Basketball New Brunswick's application of this policy.
    - ETHICAL CONSIDERATIONS
    - LIMITATIONS & IMPROVEMENTS
    - ATHLETE'S VOICE

**Risk Reduction and Prevention**

56. Basketball New Brunswick recognizes that knowing an Organizational Participant's SRC history can aid in the development of concussion management and the Return to Sport strategy. The clinical history should also include information about all previous head, face, or cervical spine injuries. Basketball New Brunswick encourages Organizational Participants to make coaches and other stakeholders aware of their individual histories.

**Non-Compliance**

57. Failure to abide by any of the guidelines and/or protocols contained within this policy may result in disciplinary action in accordance with Basketball New Brunswick's policies for discipline and complaints.

**Liability**

58. Basketball New Brunswick shall not be liable for any Organizational Participant or other individual's use or interpretation of this Policy. Further, none of Basketball New Brunswick's members, directors, officers, employees, agents, representatives, and other individuals involved in any way in the administration of this Policy shall be liable to any other individual in any way, in relation to any lawful acts or omissions committed in the honest application, administration, and/or enforcement of this Policy.

**Approval**

59. This Policy was last reviewed and approved by the Basketball New Brunswick Board of Directors in July, 2025.

## Concussion Code of Conduct (Appendix A)

**PART A**

*The following section of the Concussion Code of Conduct must be signed by all Organizational Participants under the age of 26 years old. For Organizational Participants who are younger than 18 years old, a parent/guardian must also sign this section.*

**I will help prevent concussions by:**

- wearing the proper equipment for my sport and wearing it correctly;
- developing my skills and strength so that I can participate to the best of my ability;
- respecting the rules of my sport or activity; and
- demonstrating my commitment to fair play and respect for all (respecting other athletes, coaches, team trainers and officials).

**I will care for my health and safety by taking concussions seriously, and I understand that:**

- a concussion is a brain injury that can have both short-term and long-term effects;
- a blow to my head, face or neck, or a blow to the body that causes the brain to move around inside the skull may cause a concussion;
- I don't need to lose consciousness to have had a concussion;
- I have a commitment to concussion recognition and reporting, including self-reporting of possible concussion and reporting to a designated person when and individual suspects that another individual may have sustained a concussion. (Meaning: If I think I might have a concussion I should stop participating in further training, practice, or competition **immediately,** and I will tell an adult if I think another athlete has a concussion); and
- continuing to participate in further training, practice or competition with a possible concussion increases my risk of more severe, longer lasting symptoms, and increases my risk of other injuries.

**I will not hide concussion symptoms. I will speak up for myself and others.**

- I will not hide my symptoms. I will tell a coach, official, team trainer, parent or another adult I trust if I experience **any** symptoms of concussion.
- If someone else tells me about concussion symptoms, or I see signs they might have a concussion, I will tell a coach, official, team trainer, parent or another adult I trust so they can help.
- I understand that, if I have a Suspected Concussion, I will be removed from sport and that I will not be able to return to training, practice or competition until I undergo a medical assessment by a medical doctor or nurse practitioner and have been medically cleared to return to training, practice or competition.
- I have a commitment to sharing any pertinent information regarding incidents of removal from sport with my school and any other sport organization with which I have registered. (Meaning: If I am diagnosed with a concussion, I understand that letting all of my other coaches and teachers know about my injury will help them support me while I recover.)

**I will take the time I need to recover because it is important for my health.**

- I understand my commitment to supporting the return-to-sport process and I will follow my sport's Return-to-Sport Protocol.
- I understand I will have to be medically cleared by a medical doctor or nurse practitioner before returning to training, practice or competition.
- I will respect my coaches, team trainers, parents, health-care professionals, and medical doctors and nurse practitioners, regarding my health and safety.

**By signing here, I acknowledge that I have fully reviewed and commit to this *Concussion Code of Conduct*.**

| _____ | _____ | _____ |
|---|---|---|
| Name of Organizational Participant (print) | Signature of Organizational Participant | Date of Birth |

| _____ | _____ | _____ |
|---|---|---|
| Name of Parent or Guardian (print) | Signature of Parent or Guardian | Date |

**PART B**

*The following section of the Concussion Code of Conduct must be signed by all coaches and team trainers who interact with Organizational Participants under the age of 26 years old.*

**I can help prevent concussions through my:**

- efforts to ensure that my athletes wear the proper equipment and wear it correctly;
- efforts to help my athletes develop their skills and strength so they can participate to the best of their abilities;
- respect for the rules of my sport or activity and my efforts to ensure that my athletes do too; and
- commitment to fair play and respect for all (respecting other coaches, team trainers, officials and all Organizational Participants and ensuring my athletes respect others and play fair).

**I will care for the health and safety of all Organizational Participants by taking concussions seriously. I understand that:**

- a concussion is a brain injury that can have both short-term and long-term effects;
- a blow to the head, face, or neck, or a blow to the body may cause the brain to move around inside the skull and result in a concussion;
- a person doesn't need to lose consciousness to have had a concussion;
- an Athlete with a Suspected Concussion should stop participating in training, practice or competition **immediately**;
- I have a commitment to concussion recognition and reporting, including self-reporting of possible concussion and reporting to a designated person when an individual suspects that another individual may have sustained a concussion; and
- continuing to participate in further training, practice or competition with a Suspected Concussion increases a person's risk of more severe, longer lasting symptoms, and increases their risk of other injuries or even death.

**I will create an environment where Organizational Participants feel safe and comfortable speaking up. I will:**

- encourage athletes not to hide their symptoms, but to tell me, an official, parent or another adult they trust if they experience **any** symptoms of concussion after an impact;
- lead by example. I will tell a fellow coach, official, team trainer and seek medical attention by a physician or nurse practitioner if I am experiencing any concussion symptoms;
- understand and respect that any athlete with a Suspected Concussion must be removed from sport and not permitted to return until they undergo a medical assessment by a physician or nurse practitioner and have been medically cleared to return to training, practice or competition.
- *For coaches only*: commit to providing opportunities before and after each training, practice and competition to enable athletes to discuss potential issues related to concussions.

**I will support all Organizational Participants to take the time they need to recover.**

- I understand my commitment to supporting the Return-to-Sport process.

- I understand the athletes will have to be cleared by a physician or nurse practitioner before returning to sport.
- I will respect my fellow coaches, team trainers, parents, physicians and nurse practitioners and any decisions made with regards to the health and safety of my athletes.

**By signing here, I acknowledge that I have fully reviewed and commit to this *Concussion Code of Conduct*.**

| _____ | _____ | _____ |
|---|---|---|
| Name and role (print) | Signature | Date |

**Appendix B – Concussion Recognition Tool 6 (CRT6)**

# CRT6™

## Concussion Recognition Tool

### To Help Identify Concussion in Children, Adolescents and Adults

### What is the Concussion Recognition Tool?

A concussion is a brain injury. The Concussion Recognition Tool 6 (CRT6) is to be used by non-medically trained individuals for the identification and immediate management of suspected concussion. It is not designed to diagnose concussion.

### Recognise and Remove

**Red Flags: CALL AN AMBULANCE**

If **ANY** of the following signs are observed or complaints are reported after an impact to the head or body the athlete should be immediately removed from play/game/activity and transported for urgent medical care by a healthcare professional (HCP):

- **Neck pain or tenderness**
- **Seizure, 'fits', or convulsion**
- **Loss of vision or double vision**
- **Loss of consciousness**
- **Increased confusion or deteriorating conscious state (becoming less responsive, drowsy)**
- **Weakness or numbness/tingling in more than one arm or leg**
- **Repeated Vomiting**
- **Severe or increasing headache**
- **Increasingly restless, agitated or combative**
- **Visible deformity of the skull**

### Remember

- In all cases, the basic principles of first aid should be followed: assess danger at the scene, check airway, breathing, circulation; look for reduced awareness of surroundings or slowness or difficulty answering questions.
- Do not attempt to move the athlete (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) or other equipment.
- Assume a possible spinal cord injury in all cases of head injury.
- Athletes with known physical or developmental disabilities should have a lower threshold for removal from play.

**If there are no Red Flags, identification of possible concussion should proceed as follows:**

Concussion should be suspected after an impact to the head or body when the athlete seems different than usual. Such changes include the presence of **any one or more** of the following: visible clues of concussion, signs and symptoms (such as headache or unsteadiness), impaired brain function (e.g. confusion), or unusual behaviour.



CRT6™

**Developed by: The Concussion in Sport Group (CISG)**

Supported by:

International Olympic Committee · FEI · FIA · FIFA · IIHF · World Rugby

# CRT6 Concussion Recognition Tool

**To Help Identify Concussion in Children, Adolescents and Adults**

## 1: Visible Clues of Suspected Concussion

Visible clues that suggest concussion include:

- Loss of consciousness or responsiveness
- Lying motionless on the playing surface
- Falling unprotected to the playing surface
- Disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions
- Dazed, blank, or vacant look
- Seizure, fits, or convulsions
- Slow to get up after a direct or indirect hit to the head
- Unsteady on feet / balance problems or falling over / poor coordination / wobbly
- Facial injury

## 2: Symptoms of Suspected Concussion

| Physical Symptoms |
|---|
| Headache |
| "Pressure in head" |
| Balance problems |
| Nausea or vomiting |
| Drowsiness |
| Dizziness |
| Blurred vision |
| More sensitive to light |
| More sensitive to noise |
| Fatigue or low energy |
| "Don't feel right" |
| Neck Pain |

| Changes in Emotions |
|---|
| More emotional |
| More Irritable |
| Sadness |
| Nervous or anxious |

| Changes in Thinking |
|---|
| Difficulty concentrating |
| Difficulty remembering |
| Feeling slowed down |
| Feeling like "in a fog" |

**Remember,** symptoms may develop over minutes or hours following a head injury.

## 3: Awareness

**(Modify each question appropriately for each sport and age of athlete)**

Failure to answer any of these questions correctly may suggest a concussion:

**"Where are we today?"**

**"What event were you doing?"**

**"Who scored last in this game?"**

**"What team did you play last week/game?"**

**"Did your team win the last game?"**

**Any athlete with a suspected concussion should be - IMMEDIATELY REMOVED FROM PRACTICE OR PLAY and should NOT RETURN TO ANY ACTIVITY WITH RISK OF HEAD CONTACT, FALL OR COLLISION, including SPORT ACTIVITY until ASSESSED MEDICALLY, even if the symptoms resolve.**

Athletes with suspected concussion should **NOT**:

- Be left alone initially (at least for the first 3 hours). Worsening of symptoms should lead to immediate medical attention.
- Be sent home by themselves. They need to be with a responsible adult.
- Drink alcohol, use recreational drugs or drugs not prescribed by their HCP
- Drive a motor vehicle until cleared to do so by a healthcare professional

British Journal of Sports Medicine