

REMOVE-FROM-SPORT PROTOCOL SUMMARY

suspected concussion.	emoved from play. Coaches hold the final decision to remove players with a
STEP 2 (REPORT): Coach completed "Suspected Concussion Report" (Ref: BCSA-FORM-005) and provides a copy to:	
Parent/ Guardian AND recommend they see a medical doctor/ nurse practitioner immediately.	Association President/ Vice-President
STEP 3 (REFER): *Seeing a medical doctor or nurse practitioner for medical asse	ssment.
If player is experiencing any general concussion symptoms: Physical: Headaches, nausea, dizziness, sensitivity to light and noise Metal: Fogginess and difficulty thinking, feeling slowed down, difficulty concentrating and remembering Sleep: Sleeping more or less than usual, difficulty falling asleep and staying asleep Emotional and Behavioral: Sadness, anger, Frustration, nervousness/ anxious, irritable Schedule an appointment immediately with a medical doctor/ nurse practitioner. <u>*Go to nearest Emergency Department, if "red</u> flag" symptoms appear.	If player is experiencing "red flag" symptoms: Severe or increasing headache Double vision Weakness or tingling/ burning in arms/ legs Neck pain or tenderness Loss of consciousness Deteriorating conscious state Seizure or convulsion Repeated vomiting Increasingly restless, agitated, or combative Call 9-1-1 immediately to go to nearest Emergency Department.
STEP 4 (ASSESSMENT): Was a concussion diagnosis received at medical or emer	gency appointment?
Parents send medical documentation of diagnosis to coach. Coach will provide a copy to soccer Association representative. STEP 5 (RECOVER): Enter Stage 1 of "Return to Sport	NO Parent monitors player for 24-72 hours in cause symptoms appear or worsen. Parents send medical documentation of NC diagnosis to coach at least 24-hours before returning
Protocol" (Ref: BCSA-FORM-004) This process pathway is to be followed to support appropriate medical diagno	Coach sends to soccer Association representative