

CONCUSSION FAQ GUIDE

This guide provides a list of Frequently Asked Questions (FAQs) on a variety of topics that have not been explained in Water Polo Canada's (WPC) other concussion education resources or key information that WPC would like to emphasize for our members. These questions have been subdivided into smaller sections for ease. It is recommended that stakeholders refer to this guide when necessary.

GENERAL

1 WHO IS RESPONSIBLE FOR RECOGNIZING A SUSPECTED CONCUSSION?

Although the formal diagnosis of concussion should be made following a medical assessment, all sport stakeholders including players, parents/caregivers, teachers, coaches, trainers, officials, integrated support staff and licensed healthcare professionals are responsible for the recognition and reporting of players with a suspected concussion. This is particularly important because many sport and recreation venues will not have access to on-site licensed healthcare professionals.

Suspected concussion:

- A concussion should be suspected if a player sustains an impact to the head, face, neck or body and:
 - demonstrates one or more observable signs of a suspected concussion (**as detailed in the Concussion Recognition Tool 6**),
 - OR reports one or more symptoms of suspected concussion (**as detailed in CRT 6**).
- This includes cases where the impact wasn't witnessed, but anyone witnesses the player exhibiting one or more observable signs of suspected concussion or the player reports one or more symptoms of suspected concussion to one of their peers, parents/caregivers, coaches or teachers.
- In all cases of suspected concussion, the player should be removed from the activity immediately and undergo medical assessment as soon as possible.

Delayed signs and symptoms

- If a player is removed from play following an impact for cautionary reasons, but there are no observable signs or symptoms of a suspected concussion, then the player can be returned to play but should be monitored for delayed symptoms for up to 48 hours.

Red flag symptoms

- In some cases, a player may show signs or symptoms that potentially indicate a more severe head or spine injury, including loss of consciousness, convulsions, worsening headaches, repeated vomiting or neck pain (**see a detailed list in the CRT 6**).
- **If a player demonstrates any red flags**, a more severe head or spine injury should be suspected, principles of first aid should be followed and emergency medical assessment should be pursued.

2 CAN A COACH DIAGNOSE A CONCUSSION?

No, a coach is not qualified to diagnose a concussion. However, coaches do have a responsibility to recognize when a player is exhibiting the signs and/or symptoms of a concussion. In addition to nurse practitioners, medical doctors that are qualified to evaluate patients with a suspected concussion include:

- Pediatricians;
- Family medicine physicians;
- Sport medicine physicians;
- Emergency department physicians;
- Internal medicine physicians;
- Rehabilitation physicians (physiatrists);
- Neurologists; and
- Neurosurgeons



In geographic regions of Canada with limited access to medical doctors (i.e. rural, remote or northern communities), a licensed healthcare professional (i.e. nurse) with pre-arranged access to a medical doctor or nurse practitioner can facilitate this role.

***Note:** *In Manitoba, physician assistants can diagnose concussion, In Québec, nurse practitioners cannot diagnose concussion. The role of physiotherapists in the assessment and management of concussion is specified.*

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HOW ARE CONCUSSIONS TREATED?



General recommendations for concussion recovery include a short period of relative rest (24 to 48 hours), followed by a gradual return to activity under the supervision of a medical professional. Caring for a concussion can involve a variety of treatments to manage symptoms and a team of health professions, depending on the symptoms and how a person's condition improves.

Players diagnosed with a concussion should be provided with education about the signs and symptoms of concussion, strategies about how to manage their symptoms, the risks of returning to sport without medical clearance and recommendations regarding gradual return to school and sport activities. Players diagnosed with a concussion are to be managed according to their Return-to-School/Work and Sport-Specific-Return-to-Sport Strategy. When available, players should be encouraged to work with the team athletic therapist or physiotherapist to optimize progression through their Sport-Specific Return-to-Sport Strategy.

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WHAT SHOULD I DO IF I SUSPECT A CONCUSSION?

AS A PLAYER

If you as a player received a blow to the head, face, neck or elsewhere on your body or are experiencing any of the concussion symptoms you should stop practicing or playing and immediately notify your coach, trainer, teacher or parent/caregiver.

AS A COACH

If you suspect a player may have suffered a concussion during a game or practice, remove the player from play and consult your Concussion Action Plan for next steps.

AS A PARENT/CAREGIVER

If you suspect a concussion in your child or another player notify a coach, teacher, trainer or the other player's parent/caregiver immediately.

If your child is demonstrating visual signs of a concussion or experiencing concussion symptoms, suspect a concussion and have your child assessed by a medical doctor or nurse practitioner.

AS A TEAMMATE

If you see one of your teammates receive a blow to the head, face, neck or elsewhere on their body, if they are acting peculiarly, showing visual signs of a concussion as outlined in the WPC Pre-Season Concussion Education Fact Sheet, or if they inform you that they are experiencing one of the symptoms commonly associated with a concussion you should inform your coach or trainer immediately.

AS AN OFFICIAL

If a player receives a blow to the head, face, neck or elsewhere on their body and is exhibiting any of the visual signs associated with concussions during a game, a referee can stop the game for a period of 3 minutes. During this time the coaches are able to assess the injured player. This rule is located under WP 17.3 of the World Aquatics Competition Regulations July 2023 which states that, "If accident, injury or illness, other than bleeding, occurs, a referee may at the referee's discretion suspend the game for not more than three minutes, in which case the referee shall instruct the timekeeper as to when the stoppage period is to commence." (p.352)

In addition, the referee cannot allow an injured athlete to re-enter the field of play as explained under WP 17.5 of the World Aquatics Competition Regulations July 2023 which states that, "Except in the circumstances of VI.17.2 (bleeding), the player shall not be allowed to take further part in the game if a substitute has entered." (p.352)

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WHEN SHOULD THE ATHLETE SEE A DOCTOR?

If a player has a suspected concussion, they should be immediately removed from the field of play and checked out by a licensed healthcare professional as soon as possible.



If a licensed healthcare professional is present when the injury occurs, the player should be taken to a quiet area and undergo Sideline Medical Assessment using the **Sport Concussion Assessment Tool 6 (SCAT6)** or the **Child SCAT6**. The **SCAT6** and **Child SCAT6** are clinical tools that should only be used by a licensed healthcare professional that has training and experience using these tools.

If there is no licensed healthcare professional present, the player should be referred immediately for medical assessment by a medical doctor or nurse practitioner, and the player must not return to play until receiving medical clearance.

If a player loses consciousness during a practice or gameplay or exhibits any of the other "Red flag" symptoms, they should be transported to a hospital immediately. Red flag symptoms include:

- Neck pain or tenderness
- Vomiting more than once
- Growing confusion
- Seizures or convulsions
- Weakness or tingling in their arms or legs
- Increasingly restless, agitated or combative behaviour
- Double vision
- Severe or increasing headache
- Deteriorating conscious state or loss of consciousness
- If there is loss of consciousness, initiate the Emergency Action Plan and call an ambulance.

***Note:** If the player is unconscious or you suspect a neck injury, continue to monitor airway, breathing and circulation. Do not attempt to move the player or remove any equipment.

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WHAT TYPE OF INFORMATION SHOULD BE PROVIDED TO THE DOCTOR?

WPC has created a Personal Concussion Record for Players sheet for our Registrants to use during their Return-to-School/Work and Return-to-Sport journey. The information included on this sheet will be useful in providing an overview of the player's concussion and concussion history, which doctors may find useful. However, it is not a legal medical document and as such should be used solely as a tool for players and parents/caregivers to use and refer to throughout the Return-to-School/Work and Return-to-Sport period and in the future. Using the Personal Concussion Record for Players is highly recommended and a simple method to ensure that the same information is provided to the player's doctor, coaches, teachers, trainers and additional support staff.

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HOW LONG DOES IT TAKE FOR A CONCUSSION TO HEAL?

Most players who sustain a concussion while participating in sport will make a complete recovery and be able to return to full school without any concussion-related accommodations and full sport participation without restrictions within four weeks of injury. However, approximately 15 to 30 per cent of individuals will experience symptoms that last longer beyond this time frame.

Players who experience persisting symptoms (longer than four weeks) may benefit from referral to specialized interdisciplinary concussion care for assessment and care that addresses the player's individual symptoms and needs.

Care of persisting symptoms should follow the management recommendations in Canada's clinical practice guidelines:

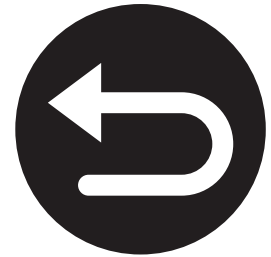
- Pediatric guidelines (children and youth under 18)
- Adult guidelines (18 and older)

*Note: For those Registrants interested in locating a medical professional who possesses experience within the area of concussions, you may find the following website to be helpful: <https://casem-acmse.org/public-directory/find-a-sport-medicine-doctor>

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WHAT HAPPENS WHEN A PLAYER RETURNS TOO QUICKLY TO SPORT, SCHOOL OR WORK?

It is important that players, coaches, trainers and officials take the necessary time to heal when they have been diagnosed with a concussion. Concussions affect each individual differently and returning too quickly to sport, school or work can negatively impact recovery. Going back to activities before you are ready can significantly exacerbate symptoms, your recovery may take longer, and returning to active play before full recovery also puts you at higher risk of sustaining another concussion.



There is also the possibility, although minimal, that a player who returns too quickly to sport can be diagnosed with Second Impact Syndrome (SIS). SIS is a swelling of the brain that can occur when a player sustains a second head injury before a previous head injury has healed. Although rare, SIS can lead to permanent injury and death.

9

CAN A CONCUSSION BE CLASSIFIED AS SEVERE OR MILD?



No, concussions cannot be classified as severe or mild. There is no recognized system for classifying concussions. The full extent of the consequences of a concussion are difficult to predict at the outset and may change over time. Each concussion should be taken seriously and anyone who sustains a concussion should carefully follow step-wise return-to-school/work and return-to-sport strategies to support a safe and healthy recovery.

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HOW CAN TEAMMATES OF A PLAYER WHO IS SUFFERING FROM A CONCUSSION HELP THEM FEEL INCLUDED?

Players who are suffering from a concussion may find it difficult, at times, to feel included on their sport team. It is important that the player's teammates are aware of this and endeavor to increase the player's inclusion in team activities while respecting the restrictions that accompany their stage of concussion recovery. One method of increasing feelings of inclusion would be for the player's teammates to spend time with or communicate with the injured player. However, large gatherings may cause the symptoms of the player suffering from a concussion to worsen due to the amount of noise and the high level of concentration required. Therefore, individual support from teammates is preferred.



Teammates may also support the player by demonstrating empathy and understanding that, even though you can't see it, a concussion is a brain injury, which takes adequate time to recover safely. Often, players may want to return to sport before they are ready or fully recovered. Teammates should encourage the concussed player to take the time they need to recover and be there to support them through their recovery process.

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SHOULD AN ATHLETE TAKE MEDICATION TO HELP WITH THEIR SYMPTOMS IF THEY MAY HAVE A SUSPECTED CONCUSSION (I.E. ACETAMINOPHEN FOR A HEADACHE)?



Players removed from play due to a suspected concussion should not ingest or be given any type of medication, unless it is essential (e.g. insulin for diabetes). Any player with a suspected concussion should see a medical doctor as soon as possible. Their doctor will provide further guidance on medication use during recovery.

1

WHY ARE PRE-SEASON CONCUSSION EDUCATION MEETINGS IMPORTANT?

Despite recent increased attention focusing on concussion, there is a continued need to improve concussion education and awareness. Optimizing the prevention and management of concussion depends highly on annual education of all stakeholders (players, parents, coaches, officials, teachers, trainers and integrated support staff) on current evidence-based approaches that can prevent concussion and more serious forms of head injury and help identify and manage a player with a suspected concussion. The Pre-Season Concussion Education Meetings are extremely important in ensuring that water polo clubs across Canada are aligned in the WPC safe sport pillar of concussion prevention and management.

2

IF AN PLAYER WEARS A MOUTHGUARD AND/OR A GOALIE PRACTICE HELMET, CAN THEY STILL RECEIVE A CONCUSSION?

While mouthguards and helmets are encouraged, they do not prevent concussions. Currently, there is limited research into mechanisms of concussion in water polo, and as such, there is no proof to support the notion that specific equipment worn by water polo players can prevent a concussion. Recent evidence shows mouthguards may reduce rates of concussion. Wearing proper equipment is important for other reasons: mouthguards can help protect the teeth from direct impact, and goalie practice helmets may help protect the skull or prevent other head injuries. But a player can still receive a concussion while wearing a mouthguard and/or goalie practice helmet, as a very rapid movement of the head with or without physical contact is often sufficient to cause a concussion.

3

WHAT SHOULD STAKEHOLDERS, PARTICULARLY COACHES, PLAYERS AND PARENTS/CAREGIVERS, DO DURING THE SEASON TO HELP PREVENT AND MANAGE CONCUSSIONS?

PLAYERS

- Use the [tips to prevent concussions and other injuries sheet](#) to ensure that you and your teammates are practicing awareness and safety in all practices and games.
- If you or your teammate is experiencing concussion symptoms, notify a coach, trainer, teacher or parent/caregiver immediately.
- Ensure that prior to returning to full contact practice and game, you provide a signed [Medical Clearance Letter](#) to your coach.
- Follow the proper stage sequencing of the [Return-to-School/Work](#) and [Return-to-Sport](#) strategies and identify whether you are experiencing any worsening of symptoms that is beyond mild and brief. If symptoms worsen more than this, you should stop the activity and try resuming the next day at the same step.

PARENTS/CAREGIVERS

- If you suspect a concussion in your child or another player notify a coach, trainer, teacher or their parent/caregiver immediately.
- Ensure that your child is following the proper stage sequencing of the [Return-to-School/Work](#) and [Return-to-Sport](#) strategies.
- Be aware of your child's team's/club's [Concussion Action Plan](#)

COACHES

- Use the [tips to prevent concussions and other injuries sheet](#) to help plan safe practices for your team.
- Ensure that you are aware of your [Concussion Action Plan](#) during practices and games and if there are any differences based on pool facilities.
- If you suspect a player may have suffered a concussion during a game or practice, remove the player from play and consult your [Concussion Action Plan](#) for next steps.
- Create an emergency contact sheet with parent/caregiver contact information for each player on your team in the event you need to contact them.
- Ensure that you have the [CRT6](#) in an easily accessible location for when you need to reference the information to help identify a potential concussion.
- Ensure that any player diagnosed with a concussion is following the proper [Return-to-Sport](#) sequencing.
- Ensure that prior to a player returning to full contact practice and games that you receive a signed [Medical Clearance Letter](#) from the the player's medical doctor or nurse practitioner.

1 WHAT IS WPC DOING TO PREVENT AND MANAGE CONCUSSIONS?

Safe sport is a crucial element within Canadian sport and WPC recognizes the importance of providing our members with the proper education tools, resources, policies and protocols to address this area. Concussion prevention and management is one of WPC's safe sport pillars and as such, WPC has established the Concussion Expert Advisory Committee to provide support and guidance to WPC within this area. The Institut National du sport du Québec (INS Québec) in collaboration with WPC has developed WPC's Concussion Protocol which is based on the latest evidence, developed with concussion experts and supported by Sport Canada. WPC is committed to promoting concussion awareness, prevention and management. The organization has and will continue to work diligently within the safe sport category of concussions moving forward. This Concussion Education Toolkit is the first step to ensuring a safer, more conscientious sport environment for our stakeholders.



2 IS THE NCL IMPLEMENTING ANY SPECIALIZED CONCUSSION PROCEDURES?

WPC's focus is to provide our members with crucial concussion education resources as a means of developing their concussion awareness, prevention and management techniques. Education is a vital element in concussion prevention and management. In order for the National Championship League (NCL) to be successful, it is imperative that our members understand their responsibilities in relation to the area of concussions within safe sport.

In addition, WPC requires all NCL coaches, officials, delegates, volunteers with direct player contact and players 16 years of age or older to complete the NCCP Making Head Way in Sport e-module.



1

HOW IS ROWAN'S LAW BEING ADDRESSED FOR ONTARIO RESIDENTS?

In Ontario, Rowan's Law is a mandatory legislation that sport organizations must adhere to and it addresses the prevention and management of concussions. As a result of this legislation, Ontario Water Polo (OWP) requires that each water polo registrant who resides in Ontario and is under the age of 26 to sign their Concussion Code of Conduct and provide annual verification that the Government of Ontario concussion awareness resources have been reviewed. In addition, coaches, officials and trainers of teams, which include players who are under the age of 26, must also complete these tasks.

For more information about Rowan's Law, please visit the following website: Ontario.ca/concussions



PROVINCIAL
SPECIFICATIONS