



# Concussion Policy of the Nepean Skating Club

## January 2016

The Nepean Skating Club (NSC) is committed to maintaining the health and safety of its athletes, coaches and officials and believes that their health is of paramount importance. The NSC recognizes the potential danger and long-term health consequences of this often difficult to diagnose form of traumatic brain injury. The Policy is intended to provide easy-to-understand guidelines related to individuals who have been diagnosed with or are suspected of having a concussion.

A concussion:

- is a brain injury that causes changes in how the brain functions, leading to symptoms that can be physical (e.g. headaches, 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);
- cannot normally be seen on X-rays, standard CT scans or MRIs.
- can result in symptoms that are evident immediately, or may evolve and persist over the course of hours, days or even months.

If the individual(s) responsible for those who are participating in the organized activity believes that, following a blow to the head, face or neck, or a blow to the body that transmits a force to the head may have caused a concussion, they must take immediate action.

- If the participant **is unconscious** as a result of a trauma occurred during a skating (or **off-ice**) activity:
  - Dial 911
  - Do not move **the** participant
  - Wait for paramedics to arrive
- If the participant **is conscious** after the trauma:
  - The participant must be removed from the practice (on or off the ice), training, competition, camp or clinic as soon as it is safe to do so and immediately seek a medical assessment either on or off site.
  - The participant should not be left alone

These guidelines are for general information purposes only. They are not intended to and do not constitute any medical advice and do not contain any medical diagnoses, symptom assessments or medical opinions.

- Symptoms should be documented and may include:
  - Dizziness
  - Headaches
  - Nausea
  - Neck Pain
  - Sensitivity to light and noise
  - Impaired balance and vision
  - Coaches are never to make the concussion determination in the field on their own.
  - Difficulty concentrating or remembering
  - General confusion
  - Depression or irritability; and,
  - Drowsiness or difficulty falling asleep.
- **If there is any doubt as to whether a concussion has occurred, it is assumed that a concussion has occurred.**
- The participant's parent/guardian or emergency contact will be contacted and they will be required to have the injury properly assessed at a hospital or medical clinic.

Participants who have suffered a concussion, or are suspected to have suffered a concussion, must undergo a medical evaluation, preferably by someone who is trained in concussion management, for diagnosis and guidance to determine the extent of the injury. At a minimum, this must be done by a medical doctor or nurse practitioner.

Before returning to skating, a Return to Skate Form must be completed and **submitted** to the NSC Office. The form must be completed by a medical doctor and considerations/restrictions with respect to returning to skate must be documented. The document must indicate that the individual is symptom-free and able to return to full participation in physical activity.

Appendix A - *INITIAL RESPONSE – Removal from Physical Activity* contains a flowchart taken from the Ontario Ministry of Tourism, Culture and Sport's Concussion Guidelines.



# Return to Skate Form

**Name of Skater:** \_\_\_\_\_

Date of Sustained Injuries: \_\_\_\_\_

Considerations/Restrictions with respect to returning to skate: \_\_\_\_\_

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Name of Treating Physician: \_\_\_\_\_

Signature of Treating Physician: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Clinic Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

***Personal information used, disclosed, secured or retained by the Nepean Skating Club will be held in confidentially and safely for the purpose for which it is collected.***

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## Appendix A