

# **POLICY MANUAL**

Effective Date: June 2018

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Section:	3.0	Operational
Sub-Sections:	3.7	Concussion Protocol
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Attachments:	Арре	endix A: CADS Alberta Concussion Registration Form

## **Policy Statement:**

To ensure that athletes who suffer concussion are managed effectively to protect their long- term health and welfare.

## 3.7.1 About Concussion

A concussion is a type of traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head. Concussions can also occur from a fall or a blow to the body that causes the head and brain to move quickly back and forth. Doctors may describe a concussion as a "mild" brain injury because concussions are usually not life-threatening. Even so, their effects can be serious.

## 3.7.2 Risk of Continued Participation

A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.

## 3.7.3 Policy Statement

Any CADS Alberta participant or volunteer suspected of having sustained a concussion/ traumatic brain injury will be removed immediately from participation in CADS Alberta sporting event (ie. CADS Zone programs, sanctioned events, practice, camps, competitions or tryouts), by CADS Alberta, Zone Leadership or Technical Delegate (TD) or member coach overseeing such sporting event. The athlete will be prohibited from further participation until evaluated and cleared in writing to resume participation in ACADS Alberta sporting events by a qualified health care provider trained in the evaluation and management of concussive head injuries. The health care professional must certify to CADS Alberta in the clearance letter that he/she has successfully completed a continuing education course in the evaluation and management of concussive head injuries.

Upon removal of an athlete from participation for a suspected concussion/traumatic brain injury, the CADS Alberta representative or leadership role making the removal must inform the CADS Alberta Executive Coordinator. Athletes who have subsequently been medically cleared to resume participation must provide such medical clearance (as described above) to CADS Alberta or a Zone designate in order to be permitted to participate in CADS Alberta events.

## 3.7.3.1 Procedure

1. CADS Alberta has created a concussion registration form to be completed by all participants/ families to both inform and capture necessary signatures. This form will be completed annually during the registration process.

2. CADS Alberta will receive notifications from instructors/coaches/officials/Zones of participants with suspected concussions. Notification can be sent to <u>executivecoordinator@cadsalberta.ca</u>

3. CADS Alberta will place participants suspected of sustaining a concussion on CADS Alberta membership hold.

4. CADS Alberta will remove a participant from medical hold once they receive the CADS Alberta Concussion Medical Evaluation form signed by a licensed health care provider who is trained in the evaluation and management of a concussion.

## 3.7.4 Recommendations to CADS Zones

CADS Alberta strongly encourages its member Zones to:

- Adopt a concussion policy that includes a Concussion Action Plan that includes:
  - Remove the participant from activity instruction, training or competition, when suspected of having sustained a concussion or TBI.
  - Inform the participants' parents/guardian.
  - Allow the Participant to return to sport when cleared by a qualified medical provider trained in concussion management.
  - o Inform Parents/Guardians of the policy.
  - Obtained Parent/Guardian's signature on the policy.
  - Require removal of minor/ participant suspected of having sustained a concussion.
  - Prohibit Participants from participating in all CADS Alberta sanctioned activities until cleared by a qualified medical provider trained in concussion management
- Mandate all volunteer instructions and coaches to undergo concussion familiarization training prior to any active coaching on snow.
  - All volunteer instructors can access the NCCP Making Head Way Concussion eLearning series at no cost at <u>http://www.coach.ca/making-head-way-concussion-elearning-series-p153487</u>
  - All coaches can access Center for Disease Control Concussion eLearning series at no cost at <u>http://www.cdc.gov/headsup/youthsports/coach.html</u>

## 3.7.5 Resources

CADS Alberta recommends that members review the following resources on concussion awareness:

- Coaching Association of Canada: <a href="http://www.coach.ca/concussion-awareness-s16361">http://www.coach.ca/concussion-awareness-s16361</a>
- Canadian Centre for Ethics in Sport: http://cces.ca/concussion-prevention
- Canadian Concussion Collaborative: http://casem-acmse.org/education/ccc/
- Center for Disease Control: http://www.cdc.gov/concussion/HeadsUp/online\_training.html
- International Ski Federation (FIS Medical Guide, Section 11, fis Concussion Guidelines): <u>http://www.fis-</u> <u>ski.com/mm/Document/documentlibrary/Medical/03/31/99/fis-medical-guide-</u> 2013 Neutral.pdf

## 3.7.6 Scope

All members of CADS Alberta and its member clubs including employees, participants, coaches, parents, officials, and volunteers.



#### **Concussion Policy Registration Form for Members**

Any CADS Alberta participant suspected of having sustained a concussion/ traumatic brain injury will be removed immediately from participation in CADS Alberta programs and events (e.g. lessons, sanctioned training, practice, camps, competitions or tryouts), by CADS Alberta Zone instructors, coaches, leadership or officials at events. The participant will be prohibited from further participation until evaluated and cleared in writing to resume participation in CADS Alberta events by a qualified health care provider trained in the evaluation and management of concussive head injuries. The health care professional must certify to CADS Alberta in the clearance letter that he/she has successfully completed a continuing education course in the evaluation and management of concussive head injuries.

Upon removal of an athlete from participation for a suspected concussion/traumatic brain injury, the CADS Alberta Program or Zone representative making the removal must inform the CADS Alberta Executive Coordinator. Participants who have subsequently been medically cleared to resume participation must provide such medical clearance (as described above) to the CADS Alberta Executive Coordinator in order to be permitted to participate in CADS Alberta and CADS Alberta Zone events.

#### About Concussion

A concussion is a type of traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head. Concussions can also occur from a fall or a blow to the body that causes the head and brain to move quickly back and forth. Doctors may describe a concussion as a "mild" brain injury because concussions are usually not life-threatening. Even so, their effects can be serious.

#### **Risk of Continued Participation**

A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.

For more information regarding the CADS Alberta concussion policy and/ or recommendations to Zones, resources, and education members should consult the CADS Alberta 3.6 Concussion Protocol found at:

http://albertaalpine.ca/community-member-resources/alberta-alpine-policies/

#### SIGNATURE OF ATHLETE MEMBER

By his/her signature below, **THE ATHLETE MEMBER CERTIFIES THAT HE/SHE HAS READ AND UNDERSTOOD THIS AGREEMENT**, and agrees in full with its terms, intend that it be binding on Member, his/her heirs, executors, administrators and assigns, and that it remain in full force and effect for as long as Member participates in CADS Alberta related programs and activities.

#### ATHLETE MEMBER

Signature:	Date of Birth:
Printed Name:	Date Signed:

#### SIGNATURE OF PARENT / GUARDIAN REQUIRED BELOW FOR MINOR MEMBERS

As the parent or guardian of the minor Member named above, I hereby make and enter into each and every agreement, representation, waiver and release described above on behalf of myself, the Member, and any other parent or guardian of the Member, intending that they be binding on me, the Member, and our respective heirs, executors, administrators and assigns.

#### PARENT/ GUARDIAN OF MINOR

Signature: \_\_\_\_

Printed Name:

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