



A LOVE OF TENNIS:

CONCUSSION AND PREVENTION MANAGEMENT POLICY

As of March 2014

Definition: A concussion:

a brain injury that causes changes in how the brain functions, leading to symptoms that can be physical (e.g., headache, 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);

It 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;

It can occur even if there has been no loss of consciousness (in fact most concussions occur without a loss of consciousness); and, cannot normally be seen on X-rays, standard CT scans or MRIs.

Common Signs and Symptoms of Concussion:

Following a blow to the head, face or neck, or a blow to the body that transmits a force to the head, a concussion should be suspected in the presence of any one or more of the following signs or symptoms: **Possible Signs Observed**

A sign is something that will be observed by another person (e.g., parent/guardian, teacher, coach, supervisor, peer).

Possible Symptoms Reported

A symptom is something the student will feel/report.

Physical

- vomiting
- slurred speech
- slowed reaction time
- poor coordination or balance
- blank stare/glassy-eyed/dazed or vacant look
- decreased playing ability
- loss of consciousness or lack of

responsiveness

- lying motionless on the ground or slow to get up
- amnesia
- seizure or convulsion
- grabbing or clutching of head
- headache
- pressure in head
- neck pain
- feeling off/not right
- ringing in the ears
- seeing double or blurry/loss of vision
- seeing stars, flashing lights
- pain at physical site of injury
- nausea/stomach ache/pain
- balance problems or dizziness
- fatigue or feeling tired
- sensitivity to light or noise

Cognitive

- difficulty concentrating
- easily distracted
- general confusion
- cannot remember things that happened before and after the injury
- does not know time, date, place, class, type of activity in which he/she was participating
- slowed reaction time (e.g., answering questions or following directions)
- difficulty concentrating or remembering
- slowed down, fatigue or low energy
- dazed or in a fog

Emotional/Behavioural

- strange or inappropriate emotions (e.g., laughing, crying, getting angry easily)
- irritable, sad, more emotional than usual
- nervous, anxious, depressed

Sleep Disturbance

- drowsiness
- insomnia
- drowsy
- sleeping more/less than usual
- difficulty falling asleep

WHAT TO DO IF YOU SUSPECT A CONCUSSION

Initial Response – Removal from Physical Activity:

An individual responsible for those who are participating in organized physical activity who believes that, following a blow to the head, face or neck, or a blow to the body that transmits a force to the head, a participant in the activity may have suffered a concussion needs to take immediate action.

Individual:

- **Receives a blow to the head, face or neck, or a blow to the body that transmits a force to the head, and as a result may have suffered a concussion**

FOR A CONSCIOUS PARTICIPANT:

1. **Coach/Administrator/Supervisor:** Remove participant from the activity immediately & Look for signs and symptoms of concussion
2. If signs are observed or symptoms are reported, **a concussion should be suspected**. If a concussion is not suspected (i.e., signs are not observed and symptoms are not reported), the participant may resume physical activity; however, if applicable, a parent/guardian should be contacted and informed of the incident.*
3. If applicable, contact the parent/guardian and inform them of the injury and the need to be examined by a medical doctor or nurse practitioner.
4. Stay with the injured participant until a parent/guardian or emergency contact arrives.
5. Monitor and document any physical, emotional and/or cognitive changes.
6. Remember: signs and symptoms of concussion may appear within hours or days of the injury.
For a Participant who is Conscious: **If in doubt, sit them out.**
7. Do not administer medication (unless conditions require it – e.g., insulin for diabetics).
8. If applicable, ensure a parent/guardian is aware that he/she must inform the coach, administrator and/or supervisor of the participant's condition (i.e., concussed or not concussed) prior to their return to physical activity.
9. **Note – Responsibility of Coach, Administrator and/or Supervisor**

If a participant has been identified as having a suspected concussion, it is the responsibility of coach, administrator and/or supervisor of that activity to notify all affected parties including the participant

Concussion Not Suspected

Participant:

- May resume full participation in physical activity

Coach/Administrator/Supervisor:

- If applicable, contact parent/guardian to inform them of the incident

What to do For an Unconscious Participant

1. Coach/Administrator/Supervisor: **Initiate emergency action plan and call 911**
2. Coach/Administrator/Supervisor: **Transport participant to the hospital immediately.**
3. *If applicable, contact parent/guardian to inform them of the injury and that their child/youth is being transported to the hospital*
4. Examination by medical doctor or nurse practitioner

Concussion Diagnosed

1. **Participant and/or Parent/guardian:** report to Coach/ Administrator/ Supervisor
2. Return to Physical Activity (R2P) plan (**See R2P Plan Below**)

No Concussion Diagnosed

1. Resume full participation in physical activity

IMPORTANT INFORMATION IF PATIENT IS UNCONSCIOUS

1. Initiate emergency action plan and **call 911**.
2. If applicable, contact the child/youth's parent/guardian to inform them of the injury and that their child is being transported to the hospital.
3. Stay with the individual until Emergency Medical Services arrives.
4. Monitor and document any physical, emotional and/or cognitive changes.
5. Assume there is also a possible head and/or neck injury and, **only if trained**, immobilize the individual before ambulance transportation to hospital. Do not remove athletic equipment (e.g. helmet) unless there is difficulty breathing.
6. If applicable, ensure the child/youth's parent/guardian is aware that he/she must inform the coach, administrator and/or supervisor of the child/youth's condition (i.e., concussed or not concussed) prior to the child/youth returning to physical activity.
7. Even if consciousness is regained, he/she needs to be examined by a medical doctor or nurse practitioner.

R2P Plan for Confirmed Concussion

R2P – Step 1

The most important treatment for concussion is rest (i.e., cognitive and physical).

A child/youth does not attend school during R2P – Step 1.

Note

In order to proceed to **R2P-Step 2**, the concussed individual or parent/guardian (if applicable) must report back to his/her coach, administrator and/or supervisor that he/she is symptom free.

R2P – Step 2

Activity: Individual light aerobic exercise only (e.g., walking or stationary cycling).

Restrictions: No resistance/weight training. No competition (including practices, scrimmages). No participation with equipment or with other participants. No drills. No body contact.

Note

In order to proceed to **R2P – Step 3**, the concussed individual or parent/guardian (if applicable) must report back to his/her coach, administrator and/or supervisor that he/she is symptom free.

R2P – Step 3

Activity: Individual sport specific exercise only (e.g. running, skating, shooting).

Restrictions: No resistance/weight training. No competition (including practices, scrimmages). No body contact, no head impact activities (e.g., heading a ball in soccer), or other jarring motions (e.g., high speed stops, hitting a baseball with a bat).

R2P – Step 4

Activity: Activities where there is no body contact (e.g., dance, badminton, volleyball). Light resistance/weight training. Non-contact practice and non-contact sport specific drills (e.g., ball drills, shooting drills).

Restrictions: No activities that involve body contact, head impact (e.g., heading the ball in soccer) or other jarring motions (e.g., high speed stops, hitting a baseball with a bat).

Note

Medical Clearance: In order for a concussed individual to move from R2P Step 4 to R2P Step 5 he/she must provide written documentation from a medical doctor or nurse practitioner to his/her coach, administrator and/or Supervisor. The documentation must indicate that the individual is symptom-free and able to return to full participation in physical activity before he/she can proceed to **R2P – Step 5**.

R2P – Step 5

Activity: Full participation in regular physical activities in non-contact sports. Full training and practices for contact sports.

Restrictions: No competition (e.g., games, meets, events) that involve body contact.

R2P – Step 6 (Contact Sports only)

Activity: Full participation in all physical activities, including contact sports.

Restrictions: None.

Additional Information:

- Physical activities can cause concussion symptoms to reappear.
- Steps are not days – each step must take a minimum of 24 hours and the length of time needed to complete each step will vary based on the severity of the concussion.
- The concussed individual should be regularly monitored regularly for the return of any signs and/or symptoms of concussion. If signs and/or symptoms return, consult with the medical doctor and/or nurse practitioner