

PSP Trenton Concussion Policy

Adapted from: Parachute. (2017). Canadian Guideline on Concussion in Sport. www.parachute.ca/concussion

PSP Trenton has developed the PSP Trenton Concussion Protocol to help guide the management of athletes who may have a suspected concussion as a result of participation in base sporting activities.

Purpose

This protocol aims to ensure that athletes with a suspected concussion receive timely and appropriate care and proper management to allow them to return to their sport safely. This protocol may not address every possible clinical scenario that can occur during sport-related activities but includes critical elements based on the latest evidence and current expert consensus.

Who should use this protocol?

This protocol is intended for use by all individuals who interact with athletes inside and outside the sports activity; including coaches, participants, OPI's, captains and trainers.

1. Pre-Season Education

It is imperative that coaches, athletes, OPI's, captains and trainers are made aware of the importance of concussion recognition. To ensure concussion protocol is followed, all participants are required to review the Pre-Season Concussion Education sheet (*see Appendix A*) with their team and submit a signed copy to the Military Sports Coordinator before the commencement of the season.

2. Head Injury Recognition

Although the formal diagnosis of concussion should be made following a medical assessment, all stakeholders including coaches, players, OPI's, and trainers are responsible for the recognition, removal and reporting of any athlete who may demonstrate visual signs of a head injury or who report concussion-related symptoms.

The athlete should be removed from play immediately and not return that day to prevent repeated concussions and severe head and spine injury. Participant must be accompanied by another person and should not be left alone following the incident. Remain in close observation of the player to monitor any deterioration of symptoms until proper medical evaluation is assessed by a licensed health care professional (medical officer, nurse, physician).

A concussion should be suspected:

- in any athlete who sustains a significant impact to the head, face, neck, or body and demonstrates ANY of the visual signs of a suspected concussion or reports ANY symptoms of a suspected concussion as detailed in the Concussion Recognition Tool 5 (See Appendix A).
- if a player reports ANY concussion symptoms to one of their peers, parents, teachers, or coaches or if anyone witnesses an athlete exhibiting any of the visual signs of concussion.



In some cases, an athlete may demonstrate signs or symptoms of a more severe head or spine injury including convulsions, worsening headaches, vomiting or neck pain. If an athlete demonstrates any of the 'Red Flags' indicated by the *Concussion Recognition Tool 5*, a more severe head or spine injury should be suspected, and Emergency Medical Assessment should be pursued.

3. Emergency Medical Assessment

If an athlete is suspected of sustaining a more severe head or spine injury during competition or practice, an ambulance must be called immediately to transfer participant to the nearest emergency department for further medical assessment. PSP Trenton Stakeholders shall not make any effort to remove equipment or move participant until an emergency medical technician has arrived. After the emergency medical services staff has completed the Emergency Medical Assessment, the athlete should be transferred to the nearest hospital for Medical Assessment. The participant's emergency contact should be notified to inform them of the injury sustained by the participant and that proper emergency protocols are being followed.

List of nearby hospitals:

	24 Health Services Centre	613-392-2811 x 4304
	50 Yukon St, Trenton, ON K7V 5P5	For emergency x
	QHC Trenton Memorial Hospital	613-392-2540
	242 King St, Trenton, ON K8V 5S6	

4. Medical Assessment

In order to provide comprehensive evaluation of athletes with a suspected concussion, the medical assessment must rule out more serious forms of traumatic brain and spine injuries, must rule out medical and neurological conditions that can present with concussion-like symptoms, and must make the diagnosis of concussion based on findings of the clinical history and physical examination and the evidence-based use of adjunctive tests as indicated.

Appendix A: PSP Trenton Pre-Season Concussion Education Sheet

Appendix B: Concussion Recognition Tool 5