

1. Introduction

1.1. The Alberta Cheerleading Association (ACA) encourages all individuals involved in the sport of cheerleading to educate themselves on the subject of concussions. In support of this, the ACA is following the lead of the Alberta Concussion Alliance and has produced this Policy and Protocol to aid Alberta's cheerleading community in realizing this goal. The Alberta Concussion Alliance is a leading resource that will be maintained and that will be reviewed regularly for updates to the protocol. Please see <http://www.sportmedab.ca/ab-concussion-alliance> for more information.

2. Purpose

2.1. This document is designed to provide guidance to ACA member organizations responsible for operating, regulating or planning cheerleading-based events with a risk of concussion to participants in the development, establishment and implementation of policies, procedures and programs for the prevention, early recognition, treatment, and education of sport and recreation related concussions and head injuries.

3. Concussion Policy

3.1. The ACA is committed to maintaining the health of the community and believes that participating in the activities organized by the ACA or its members can lead to better health. Our activities, as do most physical activities, have an inherent risk of concussion. The ACA recognizes that concussions are a significant public health issue because of their potential short- and long-term consequences. The ACA therefore enacts this policy and related protocols as tools to help prevent, recognize and properly treat concussions which may occur in our activities.

The ACA will endeavor to have all participants follow all treatment protocols, return to learn protocols and return to play protocols.

The proper treatment of a concussion is more important than participation in any sport/recreation/activity/work/school during the healing process.

4. Definitions

4.1. In this policy, Concussion means the definition of concussion from the 2012 Zurich consensus statements on concussion in sport:

Concussion is a brain injury and is defined as a complex pathophysiological process affecting the brain, induced by biomechanical forces.

4.2. In plain language, a concussion:

4.2.1. is 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/behavioral (e.g., depression, irritability) and/or related to sleep (e.g., drowsiness, difficulty falling asleep);

4.2.2. 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;

4.2.3. can occur even if there has been no loss of consciousness (in fact most concussions occur without a loss of consciousness); and,

4.2.4. cannot normally be seen on X-rays, standard CT scans or MRIs.

4.3. Suspected Concussion means the recognition that an individual appears to have either experienced an injury or impact that may result in a concussion or is exhibiting unusual behavior that may be the result of concussion.

4.4. Concussion Diagnosis means a clinical diagnosis made by a medical doctor or nurse practitioner. It is critical that an individual with a suspected concussion be examined by a medical doctor or nurse practitioner.

5. Stages of Concussion Management

5.1. Education

5.1.1. The ACA will provide a pocket recognition tool (see Appendix A) through this Policy.

5.1.2. The ACA will see that every athlete, parent, Officials, Coaches, etc. has resources available online and links are provided for education prior to the beginning of each season. Education will include the following topics:

5.1.2.1. Physiology of a concussion

5.1.2.2. Early recognition of signs and symptoms of a concussion

5.1.2.3. Sport injury culture

5.1.2.4. Sport and recreation-specific concussion prevention strategy

5.1.2.5. Concussion Action Plan (CAP) Protocol

5.1.2.6. Return to learn protocol following a concussion

5.1.2.7. Return to play protocol following a concussion.

5.2. Prevention: Ensuring Safe Play - Concussion Prevention Strategies

5.2.1. The ACA requires that all activity within its purview follows the rules of the game and that the rules will be consistently enforced in order to effectively ensure safe play.

5.2.2. All ACA members and event participants will behave ethically at all times.

5.2.3. All ACA members will be encouraged, through communication channels and coaching courses, to take the Coaching Association of Canada's "Making Head Way" e-learning module as part of their coach training.

5.3. Identification – Using the Concussion Action Plan (CAP)

5.3.1. The ACA requires that a Concussion Action Plan (CAP) be available and implemented at all activities and events in case of a concussion or suspected concussion.

5.3.2. A Concussion Action Plan (CAP) will allow proper care for athletes when a suspected concussion occurs. The CAP will provide appropriate direction to all individuals. [SEE CAP PROTOCOL in Appendix B].

5.4. Documentation of Incident

5.4.1. The ACA will provide Concussion Documentation template to the Guardian of the athlete who will use it to record the details of the incident and the athlete's progression through the stages of concussion management. There are several times throughout the duration of the concussion at which information needs to be documented:

5.4.1.1. Time of injury- record and monitor all signs and symptoms for 48 hours following the injury. (Note if signs get worse and if any from the "red flag" symptoms show follow the emergency protocol).

5.4.1.2. During recovery- record how much school/work/sport/recreation time has been missed, this is valuable for the athlete if they ever sustain another concussion.

5.4.1.3. Return to play- documentation needs to occur if the athlete has clearance from a medical doctor before returning to game play. There should be documentation from the athlete that states he/she has successfully returned to school/work full time without reoccurring symptoms as well as successfully exercised to exhaustion without reoccurring symptoms.

5.5. Return to Learn [SEE RETURN TO LEARN GUIDELINES in Appendix C]

5.5.1. This stepwise program starts with cognitive and physical rest. Follow each step through completion. If symptoms are severe at any step, stop and wait until the symptoms resolve and continue as tolerated. Physical activity during return to learn is restricted to walking as tolerated.

5.6. Return to Play [SEE RETURN TO PLAY GUIDELINES in Appendix D]

5.6.1. Return to learn must be fully completed, the athlete must be in a full-time school environment without physical activity before starting return to play. Ensure that after completing a step, wait 24 hours before moving to the next step. The athlete must be asymptomatic throughout this process, if symptoms do come back, wait 24 hours after symptoms have subsided and when returning, start at the step previous. This should be medically guided.

APPENDIX A – POCKET CONCUSSION RECOGNITION TOOL

Pocket CONCUSSION RECOGNITION TOOL

To help identify concussion in children, youth and adults



RECOGNIZE & REMOVE

Concussion should be suspected **if one or more** of the following visible clues, signs, symptoms or errors in memory questions are present.

1. Visible clues of suspected concussion

Any (one or more) of the following visual clues can indicate a possible concussion.

Loss of consciousness or responsiveness
 Lying motionless on ground/Slow to get up
 Unsteady on feet / Balance problems or falling over/Incoordination
 Grabbing/Clutching of head
 Dazed, blank or vacant look
 Confused/Not aware of plays or events

2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion.

- | | |
|--------------------------|----------------------------|
| - Loss of consciousness | - Headache |
| - Seizure or convulsion | - Dizziness |
| - Balance problems | - Confusion |
| - Nausea or vomiting | - Feeling slowed down |
| - Drowsiness | - "Pressure in head" |
| - Mute/emotional | - Blurred vision |
| - Irritability | - Sensitivity to light |
| - Sadness | - Amnesia |
| - Fatigue or low energy | - Feeling like "in a fog" |
| - Nervous or anxious | - Neck Pain |
| - "Don't feel right" | - Sensitivity to noise |
| - Difficulty remembering | - Difficulty concentrating |

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3. Memory function

Failure to answer any of these questions correctly may suggest a concussion.

- "At what venue are we at today?"
- "Which half is it now?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last game?"

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

RED FLAGS

If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

- | | |
|---|---------------------------------|
| - Athlete complains of neck pain | - Deteriorating conscious state |
| - Increasing confusion/irritability | - Severe or increasing headache |
| - Repeated vomiting | - Unusual behaviour change |
| - Seizure or convulsion | - Double vision |
| - Weakness or tingling/numbness in arms or legs | |

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present), unless trained to do so.

From McCrory et al., Consensus Statement on Concussion in Sport: Br J Sports Med 47 (5), 2013

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Concussion Protocol and Policy

APPENDIX B – CONCUSSION ACTION PLAN (CAP)

STEP 1: RECOGNIZE AND REMOVE

If at any time it is suspected an athlete has sustained a concussion or a head injury;

1. The Event Producer or coach during competitions OR the coach during any other activity (practices, training etc.), immediately stop all activity.
2. Remove the athlete from activity space if safe and able.
3. Reference the Concussion Action Plan Pocket Tool (Appendix A) and assess for signs, symptoms and/or RED FLAG SIGNS. With RED FLAG SIGNS activate Emergency Medical Services.

STEP 2: COMMUNICATE WITH PARENT/CAREGIVER

1. Contact the athlete's parent/caregiver as soon as possible to inform them of the injury.
 - a. In the event an athlete's parent/caregiver cannot be reached, call the athlete's emergency contact number and educate this person as well.
 - b. The athletic therapist, doctor, coach, team staff, nurse or other appropriate administrative personnel should ensure the caregiver is a responsible adult capable of monitoring the individual and who understands the CAP before allowing the individual to be released. Additional steps to take are:
 - i. Continue efforts to reach the parent/caregiver.
 - ii. Athletes with suspected concussion/head injuries are not permitted to drive themselves.
2. Educate and provide the parent/caregiver with ACA's concussion management tool, CAP, return to learn, and return to play guidelines.

STEP 3: REFER

NO RED FLAG SIGNS PRESENT: Get the athlete assessed by a physician in a timely manner (less than 48 hours post injury). Continue to monitor the athlete, as red flag signs can take up to 48 hours to appear.

If **RED FLAG SIGNS** or symptoms do appear, activate EMS.

STEP 4: RECOVER

If there is a diagnosed concussion, seek medical guidance when working through Return to Learn/Return to Play Guidelines during recovery.



Concussion Protocol and Policy

STEP 5: COMMUNICATE WITH SUPERVISORS AND DOCUMENTATION

Communicate the injury to the athlete's supervisor. Such personnel may include the coach, athletic therapist, doctor, nurse, counsellor, employer, administrator or teachers of the injured athlete.

Communication should include documentation of the incident, and all events that followed.

STEP 6: RETURN

All athletes must be cleared by a physician prior to return to contact or full participation in sport and recreation (this includes practice and physical education classes).

CONCUSSION ACTION PLAN (CAP) TOOL



Sport Medicine Council of Alberta
 11759 Groat Road
 Edmonton Alberta T5M 3K6
 780-415-0812
 www.sportmedab.ca

Concussion Action Plan (CAP)

RED FLAG

Signs and Symptoms

- Blocked airway / Not breathing
- Poor circulation
- Loss of consciousness
- Headaches that worsen
- Seizures
- Memory Loss
- Looks drowsy or cannot be awakened
- Repeated vomiting
- Slurred speech
- Cannot recognize people or places
- Increase confusion; unusual behavior change; irritability
- Weakness or numbness in arms or legs
- Neck Pain
- Double Vision

Signs and Symptoms of a Concussion

- Headache
- Dizziness
- Blurry Vision
- Feeling "slowed down" or "dazed"
- Sensitivity to light and sound
- Difficulty concentrating
- Difficulty with balance maneuvers
- General confusion
- Difficulty orienting to time and place
- Not feeling like yourself



- If at any time it is suspected that an individual has sustained a concussion, immediately stop all activity. Do not move the individual.
- ACA defines suspected concussion as the recognition that an individual appears to have either experienced an injury or impact that may result in a concussion, or is behaving unusually that may be a result of concussion. Please note that concussions can occur from an impact to the head, face, body or no impact at all.
- Concussion may happen in organized sport, unorganized sport, physical education classes, recreational activities. Symptoms can be delayed up to 48 hours.
- When concussion symptoms are present, the injured individual should not take any medication.
- When monitoring the individual, look for red flag and concussion symptoms, as well as symptom severity.

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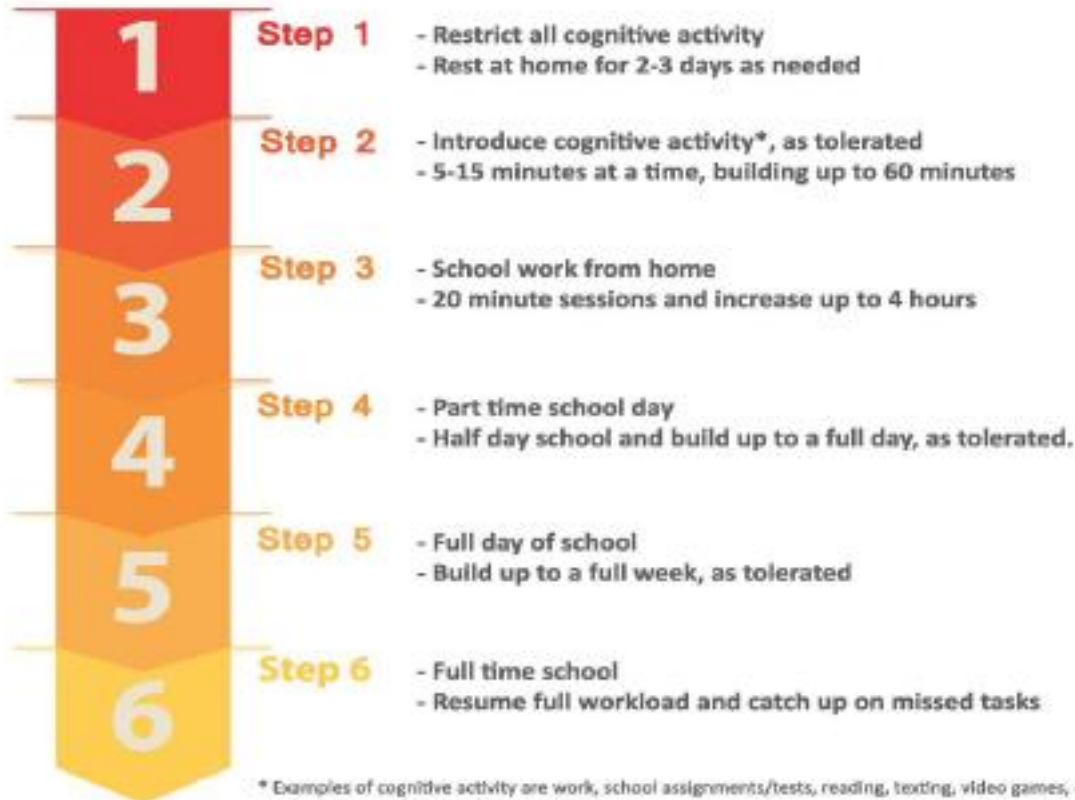


APPENDIX C – RETURN TO LEARN GUIDELINES



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Concussion Management Return to Learn Guidelines



* Examples of cognitive activity are work, school assignments/tests, reading, texting, video games, computer, television, and high level conversations.

After returning to full time school without symptoms reoccurring, you may begin the return to play guidelines. Some accommodations may be necessary to ensure the student's full recovery. Accommodations may include moving deadlines, removing some of the workload immediately, as well as allowing for a few days off to rest. It is recommended that parents and educators accommodate the need of the injured individual.

For more information please visit:
www.braincarecentre.com
www.cattonline.com
www.parachutecanada.org

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APPENDIX D – RETURN TO PLAY GUIDELINES



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 www.sportmedab.ca

Concussion Management Return to Play Guidelines



You must be symptom free for 24 hours after completing the step before moving to the next one. If the athlete experiences symptoms of concussion that come back, either with activity or later that day, he/she must stop the activity immediately, rest until symptoms resolve (minimum of 24 hours), and start again from the previous step. Return to play will be individual to the athlete and their injury.

For more information please visit:
www.braincarecentre.com
www.catonline.com
www.parachutecanada.org

Produced in Partnership with:
 Brain Care Centre
 SMCA