RICHMOND HILL SOCCER CLUB

Concussion Protocol:

A concussion is a type of traumatic brain injury that can have serious effects on a young, developing brain. While most children and teens with a concussion recover quickly and fully, some may have concussion symptoms that may last for days, weeks, months, or in the worst of cases, even years. It is important to remember that no two concussions are the same and all should be treated on a case by case basis.[i]

Coaches and other team officials play an important role in protecting players through being knowledgeable in how to identify signs and symptoms of a concussion and knowing what to do if they suspect a player may have experienced one. A concussion may be caused by a bump, a blow, or a jolt to the head. If a player exhibits any of the symptoms listed below after an injury, collision, fall, or any other incident, the player should not be allowed to return to the field; the coach or someone on the coaching staff will give the player the Return to Soccer form:

- Nausea or vomiting
- Pupils that are enlarged or not equal in size
- Unusual or bizarre behavior
- Poor recollection of the incident which caused the trauma
- Inability to recognize people or places
- Seizures
- Severe dizziness
- Progressively worsening headache
- Double or blurry vision
- Numbness or weakness in arms or legs
- Excessive drowsiness or fainting
- Slurred speech

The health care professional should administer a FIFA SCAT (Sport Concussion Assessment Tool). Before returning to play, the athlete must provide written documentation from their health care provider that they have been cleared to play. The athlete will follow a Return to Play process, which will involve the following steps and Return to Soccer Form:

Step 1: No activity. **Begin filling out the Return to Soccer Form below**, each step must be accompanied by filling out the corresponding area of the form. Complete physical and cognitive rest. Once the athlete has had no symptoms for a minimum of 24 hours, then proceed to the next step.

Step 2: Light aerobic exercise, such as walking, light jogging, or riding a stationary bike. No resistance training, no jumping or hard running. The athlete should exercise for approximately 10 minutes at this stage. If the athlete experiences no return of symptoms over the next 24 hours, they proceed to step 3. If there is a return of symptoms, the athlete moves back to step 1.

Step 3: Moderate activity/sport specific activity, such as running in soccer, skating in hockey.

Progressive addition of resistance training at this step and the next. Performing step 3 without symptoms for 24 hours allows the athlete to proceed to the next step.

Step 4: Heavy, non-contact training drills. This step includes more intense activity, close to the athlete's typical routine, but without contact. This stage may also add some cognitive component to practice. Performing step 4 without symptoms and with approval of a medical practitioner as set out in the Return to Soccer form, allows the athlete to proceed to step 5.

Step 5: Regular, full contact training. Performing step 5 without symptoms allows the athlete to proceed to step 6.

Step 6: Return to competition.

Note that this process should be overseen by the athlete's health care provider and that any return of symptoms should be reported to that provider, who will direct how to proceed with the return to play process. Generally, if an athlete does experience a return of symptoms, they should stop the activities in which they have been participating, and start again at the previous step only after they have been asymptomatic again for 24 hours. Coaches need to understand that it is important that each athlete be treated in a manner appropriate for their particular case; it may take several days to work through the process or it may take weeks or months.

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i Play Safe Resources: Developing a Concussion Policy; Play Safe Initiative, Toronto

Return to Soccer - Concussion

If a student has been/is suspected of having a concussion, a medical practitioner must sign this form.

Player's Name: _____ **RHSC Team:** _____

Date of Injury: _____

The student must complete the following 2 visits with the medical practitioner and follow their instructions below:

Medical Practitioner Visit #1

No concussion – student may return to: □ regular practices
□ regular game schedule

Medical Practitioner's signature: _____ Date: _____

OR

Concussion - no physical activity until symptoms and signs have gone

Medical Practitioner's signature: _____ **Date:** _____

Note: The player/parent/guardian must provide this form to the team head coach who will inform all relevant personnel whether the player can participate in all activities OR a concussion has been diagnosed and no physical activity is permitted until signs and symptoms have gone. When a concussion is diagnosed, the player and parents/guardians monitor symptoms and signs of a concussion throughout the Return to Physical Activity Process. As a part of this monitoring, ongoing communication must occur between the coach, Richmond Hill Soccer Club and parent/guardian throughout Steps 1-4 of the Return to Soccer (6 Step Approach):

Procedures:

- Steps are not days - each step must take a minimum of **24 hours.**
- Each player will vary in their progress and time to return to soccer
- If signs and symptoms return during any one of the 6 steps the student must:
    - o Immediately stop all physical exertion
    - o Rest for a minimum of 24 hours
    - o Return to Step 1

Parent/Guardian Responsibilities

STEP: #1

Rest: No activity, complete physical rest and cognitive rest, limiting activities that require concentration and attention (reading, texting, television, computer, video/electronic games)

Duration: Until asymptomatic for a minimum of 24 hours.

My signature below indicates that my child has completed Step 1 of the Return to Soccer Plan (cognitive and physical rest at home) and his/her symptoms have shown improvement. My child/ward will proceed to Step 2.

Parent's signature: _____ **Date:** _____

STEP: #2

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

Duration: Maximum of 10-15 minutes over a 24 hour period.

Restrictions: No resistance/weight training. No competition (including practices, scrimmages). No participation with other players

My signature below indicates that my child/ward is symptom free after Steps 1 and 2 and I give permission for my child/ward to proceed to Step 3 and participate in physical activities as described.

Parent's signature: _____ **Date:** _____

STEP: #3

Coach's Responsibilities

Activity: Individual activity only. Soccer specific exercise (e.g., running drills, ball drills, shooting drills – **no heading**).
Duration: Maximum of 20-30 minutes over a 24 hour period.
Restrictions: No resistance/weight training. No competition (including practices, scrimmages). No body contact,

STEP: #4

Practice: Activities where there are minimal opportunities for body contact (e.g., shooting, crossing, clearing, etc.).
Reviewing offensive and defensive plays at a slower speed. Light resistance/weight training. Non-contact practice
Restrictions: No activities that involve body contact or heading drills.

Coach:

The coach's signature indicates that your child has successfully completed Steps 3 and 4 and now requires a medical practitioner's check-up prior to being permitted to engage in full training sessions.

Coach's signature: _____ **Date:** _____

Parent/Guardian Responsibility

Note: After Step 4 and before Step 5 (return to full contact training/practice), the player must return to the medical practitioner for final approval to engage in soccer activities.

Medical Doctor Visit #2

Concussion symptoms and signs have gone – the player may return to:

□ regular soccer training sessions

Medical Practitioner's signature: _____ **Date:** _____

Comments: _____

_____

_____

Note: This form must be returned to the coach who will inform all relevant personnel that the player can participate in all activities with no restrictions.

STEP: #5

Activity: Full participation in regular soccer activities: Restrictions: No competition (e.g., games,tournaments) that involve body contact.

STEP: #6

Activity: Full participation in all physical activities, including full contact games. Restrictions: None.