

Concussion Policy and Code

Preamble

1. The *Concussion Policy and Code* (the “Policy”) is based on the 6th Consensus Statement on *Concussion* in Sport, released in June 2023, and *Rowan’s Law*.¹
2. *Rowan’s Law* imposes three obligations on sporting organizations:
 - a. Receive an acknowledgment from *Registrants* who are under 26 years of age, parents of *Athletes* under 18, as well as their coaches, team trainers (including *Athlete Support Personnel*) and officials that they have reviewed the published *Concussion* awareness resources;
 - b. Establish a *Concussion Code of Conduct*; and
 - c. Establish a removal-from-sport and *Return-to-Sport* protocol.
3. *Rowan’s Law* is the only legislation addressing *Concussion* safety in the country, and NWTASSA recognizes this legislation is the leading standard in *Concussion* prevention and awareness in Canada, and it is reflected within the Policy.
4. This Policy also incorporates the report of the 2022 *Concussion* in Sport Group (2022 CISG), a group of sport *Concussion* medical practitioners and experts that provided recommendations for preventing *Concussions*. These include implementing laws and protocols for mandatory removal from play following actual or *Suspected Concussion*; requirements to receive clearance for return-to-play from a healthcare provider; and education of coaches, parents and *Athletes* regarding *Concussion* signs and symptoms. These actions are associated with a reduction in recurrent *Concussion* rates.
5. A *Concussion* is a clinical diagnosis that can only be made by a physician. The 2022 CISG defined *Sport-Related Concussion*, in part as:

...a traumatic brain injury caused by a direct blow to the head, neck or body resulting in an impulsive force being transmitted to the brain that occurs in sports and exercise-related activities... Symptoms and signs may present immediately, or evolve over minutes or hours, and commonly resolve within days, but may be prolonged [...] Sport-Related Concussion

¹ [Rowan's Law \(Concussion Safety\)](#), 2018, S.O. 2018, c. 1. (Note: *Rowan’s Law* applies ONLY to organizations located in Ontario; however, as a condition of funding, funded sport organizations in the Northwest Territories are required to follow the core principles of the legislation as set out above in the *Concussion Policy*).

results in a range of clinical symptoms and signs that may or may not involve loss of consciousness.

6. Timely recognition and removal, proper assessment and appropriate management are linked to faster recovery and improved outcomes following *Concussions*.

Purpose

7. NWTASSA believes that increased awareness of *Concussions* and their long-term effects, as well as prevention of *Concussions* is paramount to protecting the health and safety of *Registrants*.
8. This Policy applies to all activities and *Sanctioned Events* for which NWTASSA is the governing or sanctioning body, including, but not limited to, competitions, practices, and training sessions.

Definitions

9. This Policy defines the following terms:
 - a) ***Athlete***: An individual who is an *Athlete* Participant in NWTASSA who is subject to the by-Laws and policies of NWTASSA.
 - b) ***Athlete Support Personnel***: Any coach, trainer, manager, agent, team staff, official, medical, paramedical personnel, parent, or any other person working with, treating or assisting an *Athlete* participating in or preparing for sports competition with NWTASSA.
 - c) ***Concussion*** – a brain injury that can result in an alteration in thinking and behaviour because of a physical impact to the head, neck, face or body.
 - d) ***Designated Person***: Refers to a person/people designated by NWTASSA removal-from-sport protocol and by its *Return-to-Sport* protocol for the purposes of fulfilling various duties indicated in this Policy. The Designated Person(s) is/are responsible for ensuring that:
 - i. an *Athlete* is immediately removed from further training, practice or competition if the *Athlete* is suspected of having sustained a *Concussion*,
 - ii. if the *Athlete* is under 18 years of age or such other age as may be prescribed, the parent or guardian is informed of the removal,
 - iii. such persons or entities as may be prescribed are informed of the removal, and

- iv. once removed, the *Athlete* is not permitted to return to training, practice or competition, except in accordance with NWTASSA's *Return-to-Sport* protocol.
- e) **Registrant** – refers to all categories of *Members* who are natural persons and/or *Registrants* defined in the by-laws of NWTASSA who are subject to the policies, rules and regulations of NWTASSA, as well as all persons employed by, contracted by, or engaged in activities with NWTASSA, including, but not limited to, employees, contractors, *Athletes*, coaches, instructors, officials, volunteers, judges, *Athlete Support Personnel*, managers, administrators, parents or guardians, spectators, committee members, or directors and officers.
- f) **Qualified Healthcare Professional:** Refers to a licensed health care professional who has been trained in *Concussion* assessment and treatment.
- g) **Return-to-Sport (RTS):** completion of the RTS strategy with no symptoms and no clinical findings associated with the current *Concussion* at rest and with maximal physical exertion.
- h) **Sport-Related Concussion (“SRC”):** a *Sport-Related Concussion* is a traumatic brain injury induced by biomechanical forces. Several common features that may be used to define the nature of a *SRC* may include:
 - i. it was caused either by a direct blow to the head, face, neck or elsewhere on the body with an impulsive force transmitted to the head;
 - ii. it typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously. However, in some cases, signs and symptoms evolve over several minutes to hours;
 - iii. it may result in neuropathological changes, but the acute clinical signs and symptoms largely reflect a functional disturbance rather than a structural injury and, as such, no abnormality may be visibly apparent; or
 - iv. it results in a range of clinical signs and symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive features typically follows a sequential course. However, in some cases symptoms may be prolonged.

- i) **Suspected Concussion:** means the recognition that an *Individual* appears to have either experienced an injury or impact that may result in a *Concussion*, or who is exhibiting unusual behaviour that may be the result of *Concussion*.

Registration

10. When a *Registrant* under the age of 26 years old registers with NWTASSA, the *Registrant* **must** provide written or electronic confirmation that they have reviewed *Concussion* awareness resources within the past 12 months, pursuant to *Rowan's Law*. The Ontario Government has produced age-appropriate *Concussion* resources:
 - a. [Ages 10 and under](#)
 - b. [Ages 11-14](#)
 - c. [Ages 15+](#)
11. *Registrants* under the age of 26 years old must also sign the *Concussion Code of Conduct* (**Appendix A, Part A**).
12. For *Registrants* younger than 18 years old, their parent or guardian **must** provide confirmation that they have also reviewed the *Concussion* resources and signed the *Concussion Code of Conduct*.
13. *Athlete Support Personnel* must provide confirmation that they have also reviewed the *Concussion* resources and sign the *Concussion Code of Conduct* (**Appendix A, Part B**); but not if they will be interacting exclusively with *Registrants* who are 26 years old or older.
14. While *Rowan's Law* mandates *Registrants* and *Athlete Support Personnel* **under** 26 years of age to sign the *Concussion Code of Conduct*, NWTASSA also requires that those over the age of 26 familiarize themselves with relevant *Concussion* information and sign on the *Concussion Code of Conduct*.

Removal from Sport Protocol: Recognizing Concussions

15. Although the formal diagnosis of *Concussion* should be made following a medical assessment, the broader sport community, including *Athletes*, parents, teachers, coaches, officials, and *Qualified Healthcare Professionals* are responsible for the recognition and reporting of *Athletes* who may demonstrate visual signs of a head injury or who report

Concussion-related symptoms. Some sport and recreation venues will not have access to on-site *Qualified Healthcare Professionals*.

16. A *Concussion* should be suspected:
 - a. 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 (see **Appendix B**); and/or
 - b. if an *Athlete* 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*.
17. *Concussions* can be identified with the help of the Concussion Recognition Tool, 6th Edition (“CRT6”), **Appendix B**²
18. If an ambulance is called involving a *Minor Registrant*, the parent/guardian and/or emergency contact of the *Minor Registrant* must be contacted immediately.

Removal from Sport Protocol: Steps and Process

19. Removal of a *Registrant* from the field of play should be done by the *Designated Person(s)* if there is suspicion of a possible *Concussion*. This person is either:
 - a. An on-site NWTASSA staff member; and/or
 - b. The *Designated Person* for the *Sanctioned Event*.
20. NWTASSA will identify the *Designated Person(s)*.
21. Recognition and removal from sport are actions that should be taken following reference to the CRT6 (Appendix B) The CRT6 is provided as a tool that non-medically trained personnel can use (i.e., the *Designated Person(s)*) for the identification and immediate management of a *Suspected Concussion*. It is not used to diagnose a *Concussion*.
22. Following the removal of any *Registrant* on the basis of a *Suspected Concussion*:³
 - a. the *Designated Person(s)* who removed the *Registrant* must call 9-1-1 if, in the *Designated Person*’s opinion, doing so is necessary;
 - b. NWTASSA must create and keep a record of the removal;

² As the CRT6 is updated and new versions are implemented, NWTASSA will update this Policy.

³ An *Athlete* must be removed by the *Designated Person* on the basis of a *Suspected Concussion* regardless of whether the *Concussion* was sustained or is suspected to having been sustained during a sport activity associated with NWTASSA.

- c. The *Designated Person(s)* must inform the *Registrant's* parent or guardian of the removal if the *Registrant* is younger than 18 years old, and inform the parent or guardian that the *Registrant* is required to undergo a medical assessment by a *Qualified Healthcare Professional* before the *Registrant* will be permitted to return to participation; and
 - d. The *Designated Person(s)* will remind the *Registrant*, and the *Registrant's* parent or guardian as applicable, of NWTASSA's Removal from Sport and RTS protocol as described in this Policy.
23. If a *Registrant* is suspected of sustaining a *Concussion* but there is no concern for a more serious head or spine injury (i.e., no red flags as indicated in the CRT6), they should be immediately removed from the field of play, and proceed as follows:
- a. If a *Qualified Healthcare Professional* is present, the *Registrant* should be taken to a quiet area and undergo sideline medical assessment.
 - b. If a *Qualified Healthcare Professional* is not present, the *Registrant* should be referred for medical assessment by a *Qualified Healthcare Professional* as soon as possible. They must not return to play until medical clearance is received.
24. Once a *Registrant* is assessed medically, and:
- a. is determined to **not** have sustained a *Concussion*, they must provide a [Medical Assessment Letter](#) indicating this. The *Registrant* can return to sport activities without restriction.
 - b. is diagnosed with a *Concussion*, they should be provided with a [Medical Assessment Letter](#) indicating this. The *Registrant* may return in accordance with the RTS Protocol in this Policy.

Return-to-Sport (RTS) Protocol

25. The table below contains the RTS Protocol, which is a requirement of Rowan's Law, once medical clearance has been received.

Stage	Aim	Activity	Stage Goal
1	Activities of daily living and relative rest (first 24 to 48 hours)	Daily activities that do not exacerbate symptoms	Gradual reintroduction of work/school activities
After a maximum of twenty-four (24) to forty-eight (48) hours after injury, progress to Step 2			
2A	Light effort and aerobic exercise	Light aerobic exercise, such as stationary cycling or walking at slow to medium pace. Light resistance training that does not result in more than mild and brief exacerbation⁴ *of <i>Concussion</i> symptoms. *(see <i>Concussion Policy and Code</i>, Appendix B – Concussion Recognition Tool 6) Exercise up to approximately 55% of maximum heart rate Take breaks and modify activities as needed	Increase heart rate

⁴ Mild and brief exacerbation of symptoms (i.e., an increase of no more than 2 points on a 0–10 point scale for less than an hour when compared with the baseline value reported prior to physical activity).

Athletes may begin Step 1 (i.e., symptom-limited activity) within twenty-four (24) hours of injury, with progression through each subsequent step typically taking a minimum of twenty-four (24) hours. If more than mild exacerbation of symptoms (i.e., more than 2 points on a 0–10 scale) occurs during Steps 1–3, the athlete should stop and attempt to exercise the next day. Athletes experiencing *Concussion*-related symptoms during Steps 4–6 should return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities. Written determination of readiness to RTS should be provided by a healthcare provider before unrestricted RTS as directed by local laws and/or sporting regulations.

2B	Moderate effort aerobic exercise	Gradually increase tolerance and intensity of aerobic activities, such as stationary cycling and walking at a brisk pace Exercise up to approximately 70% of maximum heart rate Take breaks	Increase heart rate
3	Individual sport Specific activities, without risk of inadvertent head impact with school accommodations (as needed)	Add sport-specific activities Perform activities individually and under supervision from a teacher, parent/caregiver, or coach Progress to where <i>Athlete</i> is free of <i>Concussion</i>-related symptoms, even when exercising	Increase the intensity of aerobic activities and introduce low-risk sport specific movements
Medical clearance If the <i>Registrant</i> has been medically cleared, progress to Step 4. ⁵			

⁵ *Athletes* who have been diagnosed with a *Concussion* can be considered for medical clearance to return to sport activities with risk of contact or fall once they have successfully completed: Steps 1 to 3 of the sport-specific RTS strategy. To progress to Step 4 of RTS, the athlete must provide their coach with a Medical Clearance Letter that specifies that a medical doctor or nurse practitioner has personally evaluated the patient and has cleared the *Athlete* to return to sport. In geographic regions of Canada with limited access to medical doctors (e.g., rural, remote, or northern communities), a *Qualified Healthcare Professional* (e.g., a nurse) with pre-arranged access to a medical doctor or nurse practitioner can provide this documentation.

4	Non-contact training drills and activities	Progress to exercises with no body contact at high intensity, including more challenging drills and activities	Resume usual intensity of exercise, coordination, and activity related cognitive skills.
If the <i>Registrant</i> can tolerate usual intensity of activities with no return of symptoms, progress to step 5.			
5	Return to all non competitive activities, full contact practice and physical education activities	Progress to higher-risk activities, including typical training activities Do not participate in competitive gameplay	Return to activities that have a risk of falling or body contact, restore confidence and assess functional skills by coaching staff
6	Return to sport	Normal participation; unrestricted sport and physical activity	

26. The *Registrant's* RTS strategy should be guided and approved by a physician with regular consultations throughout the process. Specifically, progression through the later RTS strategy (Steps 4–6) should be monitored by a health care professional.
27. To fully return to sport, the affected *Registrant* must provide NWTASSA with a medical clearance form, signed by a physician, following Stage 5 and before proceeding to Stage 6.

28. Additional consultation with a *Qualified Healthcare Professional* is recommended if there is recurrence of symptoms when progressing through *RTS* strategies.⁶

Administrative Responsibilities

29. NWTASSA will provide a form template for *Members* to track injury incidence (**Appendix E**). *Members* are responsible for monitoring injury incidence.
30. *Members* must maintain records of reported and *Suspected Concussions* and documentation of *Registrant* diagnosis and clearance to return to play.
31. NWTASSA will conduct a review of this policy annually.

Non-Compliance

32. Failure to abide by any of the guidelines and/or protocols contained within this policy may result in disciplinary action in accordance with NWTASSA's *Sport Integrity and Complaints Policy*.

Not Advice

33. Nothing in this Policy is to be interpreted as medical or legal advice.

⁶ In some cases, it may be in the best interest of the Athlete to discontinue their participation in Speed Skating as a result of potential head injuries and *Concussions*.

Appendix A – Concussion Code of Conduct

PART A

The following section of the Concussion Code of Conduct must be signed by all Registrants. For Registrants who are younger than the age of majority in the applicable territory, a parent/guardian must also sign this section.

I will help prevent Concussions by:

- wearing the proper equipment for my sport and wearing it correctly;
- developing my skills and strength so that I can participate to the best of my ability;
- respecting the rules of my sport or activity;
- demonstrating my commitment to fair play and respect for all (respecting other *Athletes*, coaches, team trainers and officials).

I will care for my health and safety by taking Concussions seriously, and I understand that:

- a *Concussion* is a brain injury that can have both short-term and long-term effects;
- a blow to my head, face or neck, or a blow to the body that causes the brain to move around inside the skull may cause a *Concussion*;
- I don't need to lose consciousness to have had a *Concussion*;
- I have a commitment to *Concussion* recognition and reporting, including self-reporting of possible *Concussion* and reporting to a *Designated Person* when and a *Registrant* suspects that another *Registrant* may have sustained a *Concussion*. (Meaning: If I think I might have a *Concussion* I should stop participating in further training, practice, or competition **immediately**, and I will tell an adult if I think another *Athlete* has a *Concussion*);
- continuing to participate in further training, practice or competition with a possible *Concussion* increases my risk of more severe, longer lasting symptoms, and increases my risk of other injuries;

I will not hide Concussion symptoms. I will speak up for myself and others.

- I will not hide my symptoms. I will tell a coach, official, team trainer, parent or another adult I trust if I experience **any** symptoms of *Concussion*.
- If someone else tells me about *Concussion* symptoms, or I see signs they

might have a *Concussion*, I will tell a coach, official, team trainer, parent or another adult I trust so they can help.

- I understand that, if I have a *Suspected Concussion*, I will be removed from sport and that I will not be able to return to training, practice or competition until I undergo a medical assessment by a medical doctor or nurse practitioner and have been medically cleared to return to training, practice or competition.
- I have a commitment to sharing any pertinent information regarding incidents of removal from sport with my school and any other sport organization with which I have registered. (Meaning: If I am diagnosed with a *Concussion*, I understand that letting all my other coaches and teachers know about my injury will help them support me while I recover.)

I will take the time I need to recover because it is important for my health.

- I understand my commitment to supporting the *RTS* process and I will follow my sport's *RTS* Protocol.
- I understand I will have to be medically cleared by a medical doctor or nurse practitioner before returning to training, practice or competition.
- I will respect my coaches, team trainers, parents, health-care professionals, and medical doctors and nurse practitioners, regarding my health and safety.

By signing here, I acknowledge that I have fully reviewed and commit to this *Concussion Code of Conduct*.

Name of Registrant
(Print)

Signature of Registrant

Date

Name of Parent or
Guardian (print)

Signature of Parent or
Guardian

Date

PART B

The following section of the Concussion Code of Conduct must be signed by all coaches and team trainers who interact with all Registrants.

I can help prevent Concussions through my:

- efforts to ensure that my *Athletes* wear the proper equipment and wear it correctly;
- efforts to help my *Athletes* develop their skills and strength so they can participate to the best of their abilities;
- respect for the rules of my sport or activity and my efforts to ensure that my *Athletes* do, too; and
- commitment to fair play and respect for all (respecting other coaches, team trainers, officials and all *Registrants* and ensuring my *Athletes* respect others and play fair).

I will care for the health and safety of all Registrants by taking Concussions seriously. I understand that:

- a *Concussion* is a brain injury that can have both short-term and long-term effects;
- a blow to the head, face, or neck, or a blow to the body may cause the brain to move around inside the skull and result in a *Concussion*;
- a person doesn't need to lose consciousness to have had a *Concussion*;
- a *Registrant* with a *Suspected Concussion* should stop participating in training, practice or competition **immediately**;
- I have a commitment to *Concussion* recognition and reporting, including self-reporting of possible *Concussion* and reporting to a *Designated Person* when a *Registrant* suspects that another *Registrant* may have sustained a *Concussion*;
- continuing to participate in further training, practice or competition with a *Suspected Concussion* increases a person's risk of more severe, longer lasting symptoms, and increases their risk of other injuries or even death;

I will create an environment where Registrants feel safe and comfortable speaking up. I will:

- encourage *Athletes* not to hide their symptoms, but to tell me, an official, parent or another adult they trust if they experience **any** symptoms of

- Concussion* after an impact;
- lead by example. I will tell a fellow coach, official, team trainer and seek medical attention by a physician or nurse practitioner if I am experiencing any *Concussion* symptoms;
 - understand and respect that any *Athlete* with a *Suspected Concussion* must be removed from sport and not permitted to return until they undergo a medical assessment by a physician or nurse practitioner and have been medically cleared to return to training, practice or competition.
 - *For coaches only*: commit to providing opportunities before and after each training, practice and competition to enable *Athletes* to discuss potential issues related to *Concussions*.

I will support all Registrants to take the time they need to recover.

- I understand my commitment to supporting the *RTS* process.
- I understand the *Athletes* will have to be cleared by a physician or nurse practitioner before returning to sport.
- I will respect my fellow coaches, team trainers, parents, physicians and nurse practitioners and any decisions made with regards to the health and safety of my *Athletes*.

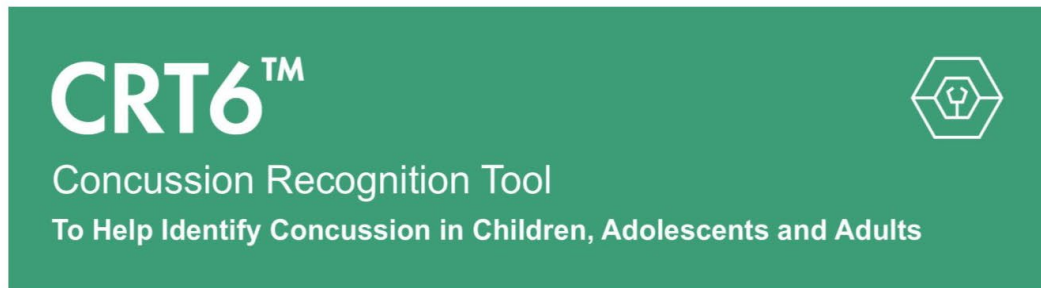
By signing here, I acknowledge that I have fully reviewed and commit to this *Concussion Code of Conduct*.

Name and role (print)

Signature

Date

Appendix B – Concussion Recognition Tool 6 (CRT6)



What is the Concussion Recognition Tool?

A concussion is a brain injury. The Concussion Recognition Tool 6 (CRT6) is to be used by non-medically trained individuals for the identification and immediate management of suspected concussion. It is not designed to diagnose concussion.

Recognise and Remove

Red Flags: CALL AN AMBULANCE

If **ANY** of the following signs are observed or complaints are reported after an impact to the head or body the athlete should be immediately removed from play/game/activity and transported for urgent medical care by a healthcare professional (HCP):

- Neck pain or tenderness
- Seizure, 'fits', or convulsion
- Loss of vision or double vision
- Loss of consciousness
- Increased confusion or deteriorating conscious state (becoming less responsive, drowsy)
- Weakness or numbness/tingling in more than one arm or leg
- Repeated Vomiting
- Severe or increasing headache
- Increasingly restless, agitated or combative
- Visible deformity of the skull

Remember

- In all cases, the basic principles of first aid should be followed: assess danger at the scene, check airway, breathing, circulation; look for reduced awareness of surroundings or slowness or difficulty answering questions.
- Do not attempt to move the athlete (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) or other equipment.
- Assume a possible spinal cord injury in all cases of head injury.
- Athletes with known physical or developmental disabilities should have a lower threshold for removal from play.

If there are no Red Flags, identification of possible concussion should proceed as follows:

Concussion should be suspected after an impact to the head or body when the athlete seems different than usual. Such changes include the presence of **any one or more** of the following: visible clues of concussion, signs and symptoms (such as headache or unsteadiness), impaired brain function (e.g. confusion), or unusual behaviour.

This tool may be freely copied in its current form for distribution to individuals, teams, groups, and organizations. Any alteration (including translations and digital re-formatting), re-branding, or sale for commercial gain is not permissible without the expressed written consent of BMJ.





CRT6

Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults



1: Visible Clues of Suspected Concussion

Visible clues that suggest concussion include:

- Loss of consciousness or responsiveness
- Lying motionless on the playing surface
- Falling unprotected to the playing surface
- Disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions
- Dazed, blank, or vacant look
- Seizure, fits, or convulsions
- Slow to get up after a direct or indirect hit to the head
- Unsteady on feet / balance problems or falling over / poor coordination / wobbly
- Facial injury

2: Symptoms of Suspected Concussion

Physical Symptoms	Changes in Emotions
Headache	More emotional
"Pressure in head"	More Irritable
Balance problems	Sadness
Nausea or vomiting	Nervous or anxious
Drowsiness	
Dizziness	
Blurred vision	
More sensitive to light	
More sensitive to noise	
Fatigue or low energy	
"Don't feel right"	
Neck Pain	

Changes in Thinking
Difficulty concentrating
Difficulty remembering
Feeling slowed down
Feeling like "in a fog"

Remember, symptoms may develop over minutes or hours following a head injury.

3: Awareness

(Modify each question appropriately for each sport and age of athlete)

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

- "Where are we today?"
- "What event were you doing?"
- "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 PRACTICE OR PLAY and should NOT RETURN TO ANY ACTIVITY WITH RISK OF HEAD CONTACT, FALL OR COLLISION, including SPORT ACTIVITY until ASSESSED MEDICALLY, even if the symptoms resolve.

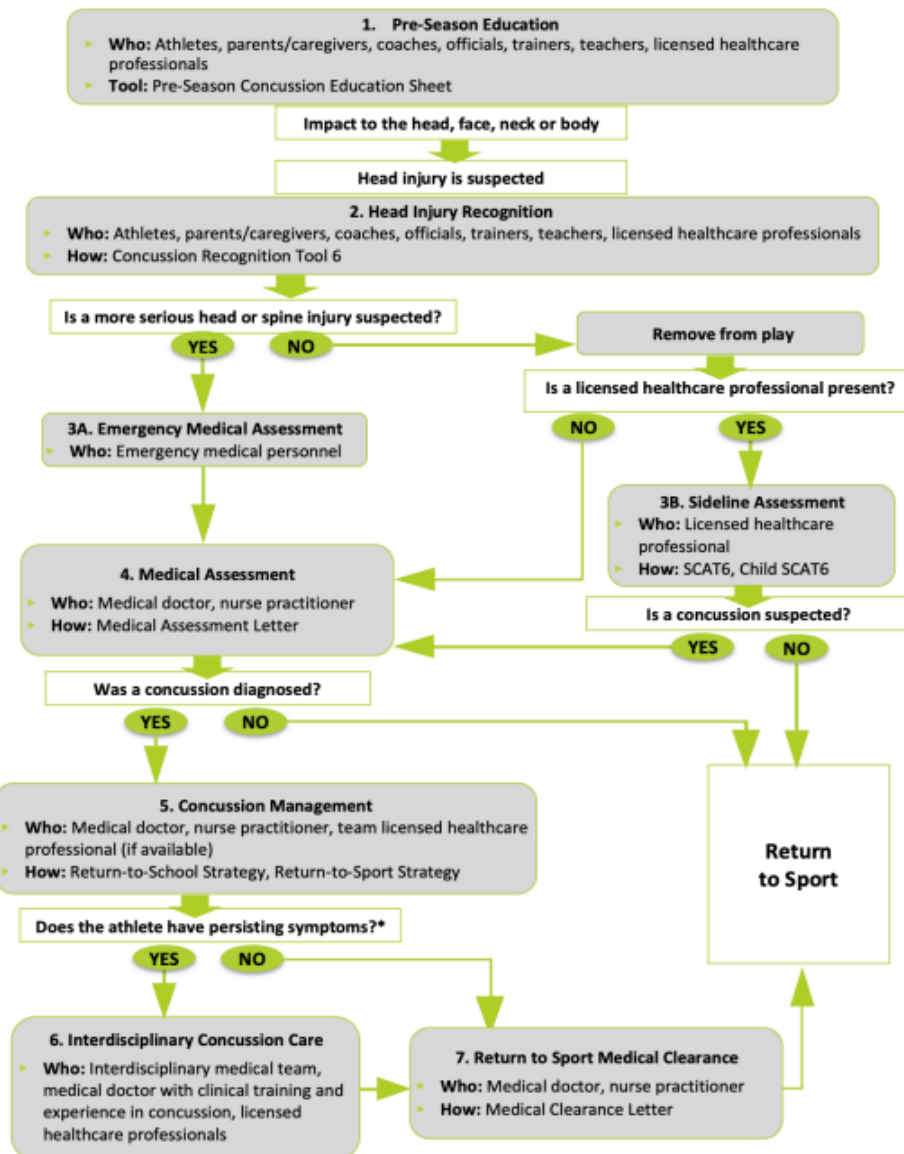
Athletes with suspected concussion should **NOT**:

- Be left alone initially (at least for the first 3 hours). Worsening of symptoms should lead to immediate medical attention.
- Be sent home by themselves. They need to be with a responsible adult.
- Drink alcohol, use recreational drugs or drugs not prescribed by their HCP
- Drive a motor vehicle until cleared to do so by a healthcare professional

Appendix C – Sport Concussion Pathway

Canadian Sport Concussion Pathway

The flowchart that follows is a visual representation of the decision-making pathway that reflects the recommendations in this guideline.



*Persisting symptoms: lasting longer than 4 weeks

Appendix D – Key Points from CISG Recommendations

Refine

- The 2022 CISG identified several areas of refinement to strengthen future consensus statements: *Para Sport*, *Paediatrics*, *the Athlete's Voice* and *Ethical Considerations*, *limitations*, and *improvements*. The following are relevant for NWTASSA's application of this policy.

Para-sport

- The *Concussion* experience of the para-Athlete is unique, due to the interaction of the *Registrant's* primary impairment and the pathophysiology of *Concussion*. Para-Athletes require a more individualized approach when it comes to evaluating *Concussions*.
- NWTASSA should be aware that prevention approaches, detection of initial symptoms, diagnosis, recovery (i.e., potential for persisting symptoms of *Concussion*) and treatment strategies may be impacted by the characteristics of the *Registrant's* underlying impairment.
- *Registrants* with visual impairment may be at even greater risk of *Concussion*, as the mechanisms of injury in this population are primarily through collisions or direct head contact.
- The following considerations by the *Concussion* in Para-sport Group are important for NWTASSA to keep in mind when dealing with para-sport *Registrants*:
 - a) Para-sport *Registrants* may benefit from baseline testing given the variable nature of their disability and the potential for atypical presenting signs/symptoms of *Concussion*;
 - b) Para-sport *Registrants* with a history of central nervous system injuries (e.g., cerebral palsy, stroke) may require an extended period of initial rest;
 - c) Testing for symptoms of *Concussion* through recovery may require modification such as the use of arm ergometry as opposed to a treadmill/stationary bike; and
 - d) RTS protocols must be tailored and include the use of the individual's personal adaptive equipment and, for applicable participants with visual impairment, partnership with their guide.

Paediatrics

- Child and adolescent *Athletes* are less likely to have trained medical personnel available on the sidelines, and it is strongly recommended that the CRT6 be used by all adults supervising child and adolescent sport.
- Children and adolescents with repeat *Concussions* wishing to continue to play or to progress to the next age-level group or elite pathway/national level programmes require individualized assessment.

Appendix E – Form Template for Members to Track Injury Incidents

NAME:	AGE:	DATE OF THE INCIDENT:
-------	------	-----------------------

1. RECOGNITION

☐ Immediately remove the participant from the activity, **never leave the participant unattended** and direct the participant to the person responsible for checking symptoms.

☐ **In the presence of warning signs** (obtain transportation to a hospital emergency department):
FILL OUT THE WARNING SIGNS SECTION AND THE SYMPTOMS SECTION.

☐ **In the presence of symptoms** (seek a medical evaluation as soon as possible to obtain a diagnosis):
FILL OUT THE SYMPTOMS SECTION.

☐ **In the absence of symptoms**
Preventive removal of the participant due to:

- ☐ an impact or a sudden movement of the head
- ☐ doubt regarding the information provided
- ☐ history of concussions

☐ In the case of a minor, inform the parents as quickly as possible.

Circumstances of the incident:

WARNING SIGNS
 (IMMEDIATE MEDICAL EVALUATION
AT A HOSPITAL EMERGENCY
DEPARTMENT REQUIRED)

- ☐ Loss or deterioration of consciousness
- ☐ Confusion
- ☐ Repeated vomiting
- ☐ Convulsions
- ☐ Headaches getting worse
- ☐ Significant drowsiness
- ☐ Difficulty walking, speaking, recognizing people or places
- ☐ Double vision
- ☐ High state of agitation, excessive crying
- ☐ Serious balance problems
- ☐ Weakness, tingling or numbness in arms or legs
- ☐ Intense neck pain

SYMPTOMS	UNDER 24 HOURS	BETWEEN 24 AND 48 HOURS
Headaches or pressure in the head	☐	☐
Fatigue, drowsiness	☐	☐
Difficulty sleeping	☐	☐
Nausea	☐	☐
Vomiting	☐	☐
Dizziness, vertigo	☐	☐
Feeling slowed down	☐	☐
Concentration problems	☐	☐
Memory problems	☐	☐
Blurred vision	☐	☐
Sensitivity to light	☐	☐
Sensitivity to noise	☐	☐
Unusually emotional, irritable, sad	☐	☐
Nervous, anxious	☐	☐
Neck pain	☐	☐
Searches for words or repeats them	☐	☐