



Milton Soccer Academy

Your not-for-profit community soccer club

Concussion Management and Return to Play Policy

No.	O.82.0	Title	Concussion Management	Type	Operational
Description	This Policy will be adhered to by all coaches when it is either suspected or confirmed that a player on their team has sustained a concussion.				
Definitions	A concussion is a brain injury that cannot be seen on routine x-rays, CT scans, or MRIs. It affects the way a person may think and remember things for a short time and can cause a variety of symptoms.				
Acronyms	MSA = Milton Soccer Academy				
References	MSA Operational O.24.0 Injury Risk Assessment MSA-Form-F.22.0-Incident-Report MSA-Operational-O.85.0-Providing-a-Safe-Environment-Guidelines MSA-Member-M.8.1-Coach-Personal-Risk-Management-Plan-Rev-1 MSA-Operational-O.126.0-rowans-law-booklet-ages-10-and-under-EN-2019-05 MSA-Operational-O.127.0-rowans-law-booklet-ages-11-to-14-EN-2019-05 MSA-Operational-O.128.0-rowans-law-booklet-ages-15-and-up-EN-2019-05 MSA-Operational-O.87.1-Internal-Discipline-Policy OS Policy 12.0 - Discipline				
Purpose	Knowledge and awareness about the short and long term effects of concussions has increased significantly over the past year. In the event that an MSA player sustains a concussion, either during MSA activities or elsewhere, the purpose of this policy is to outline the required steps that MSA coaches are to follow prior to allowing a recently concussed player back into exercise, practices and competitions. This is to mitigate the risk to both the coach and the Club should a player return too soon from a concussion. It is also designed to help protect players within our system. This documentation is also to ensure that the Milton Soccer Academy is in full compliance with Rowan's Law.				
Procedure	<p><u>CONCUSSION RECOGNITION</u></p> <p>RECOGNIZE & REMOVE Concussion should be suspected if one or more of the following visible clues, signs, symptoms or errors in memory questions are present.</p> <p>1. Visible clues of suspected concussion Any one or more of the following visual clues can indicate a possible concussion:</p> <ul style="list-style-type: none"> - Loss of consciousness or responsiveness - Lying motionless on ground / Slow to get up - Unsteady on feet / Balance problems or falling over / Loss of coordination - Grabbing / Clutching of head - Dazed, blank or vacant look - Confused / Not aware of plays or events <p>2. Signs and symptoms of suspected concussion Presence of any one or more of the following signs & symptoms may suggest a concussion:</p> <ul style="list-style-type: none"> - Loss of consciousness - Headache - Seizure or convulsion - Dizziness - Balance problems - Confusion - Nausea or vomiting - Feeling slowed down - Drowsiness - "Pressure in head" 				



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- More 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

Memory Function

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

"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. 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 or irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual behaviour change
- Seizure or convulsion
- Double vision
- Weakness or tingling / burning in arms or legs

REMOVAL FROM SPORT PROTOCOL

In the event that a player sustains a suspected concussion during an MSA sanctioned event (practice, game, social, etc.), the person in charge (usually, but not restricted to the coach) shall follow the following steps to remove the player from the activity:

1) Activate their site-specific Emergency Action Plan. If the player exhibits one or more of the following symptoms, a call to 911 shall be made:

- Neck pain or tenderness



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- Double vision
- Weakness or tingling/burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness (knocked out) (Players losing consciousness must be substituted and are not allowed to return to play or practice.)
- Vomiting more than once
- Increasingly restless, agitated or aggressive
- Getting more and more confused

(The person in charge may also use their discretion if these symptoms are not explicitly observed and call 911 anyway.)

2) Disallow the player to continue their participation immediately and, if safe to do so, physically remove them from the participation area.

3) If the athlete is under the age of 18, a parent/guardian shall be informed by telephone that the player has been removed from play.

4) Once removed, the athlete is not permitted to return to training, practice or competition, except in accordance with the this Concussion Return to Play protocol (see below.)

5) Complete an MSA Incident Report and forward it to the MSA Club Administrator within 24 hours of the incident occurring. (Also see Case Management section below.)

6) A copy of this document (MSA-Operational-O.82.1-Concussion-Management-and-Return-to-Play) shall be given to the parents/guardian of the affected player not more than 72 hours after the player's removal from play.

CONCUSSION RETURN TO PLAY PROTOCOL

Each step must take a minimum of one day but could last longer, depending on the player and his or her specific situation.

Step 1: NO ACTIVITY, ONLY COMPLETE REST.

Limit school, work and tasks requiring concentration. No physical activity until symptoms are gone. Once symptoms are gone, a physician, preferably one with experience managing concussions shall be consulted before beginning a step wise return to play process.

Step 2: LIGHT AEROBIC EXERCISES.

10-15 minutes of light exercise, maximum twice a day. Activities such as walking, light jogging, freestyle swimming or stationary cycling. The player should be supervised by someone who can help monitor for symptoms and signs. No resistance training or weight lifting. The duration and intensity of the aerobic exercise can be gradually increased over time if no symptoms or signs return during the exercise or the next day.

Symptoms? Return to rest until symptoms have resolved. If symptoms persist, consult a physician.

No Symptoms? Proceed to **Step 3** the next day.

Step 3: INDIVIDUAL SPORT SPECIFIC ACTIVITIES.

Activities such as running or throwing can begin at step 3. There should be no body/head contact, spins, jumps, or other jarring motions such as high speed stops or heading the ball. 20-30 minutes general conditioning, maximum twice a day, e.g., running

Symptoms? Return to rest until symptoms have resolved. If symptoms persist, consult a physician.



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No Symptoms? Proceed to **Step 4** the next day.

Step 4: SOCCER-SPECIFIC PRACTICE WITH TEAM, NO BODY CONTACT.

No tackling, heading the ball nor live scrimmages. Begin activities with one other teammate and then by the end of this step progress to full team practice, with NO contact and no scrimmaging, e.g., ball drills, shooting/passing drills, or other non-contact activities. Begin resistance training and 'beginner level' sport-specific skills. Increase skill level over time.

Symptoms? Return to rest until symptoms have resolved. If symptoms persist, consult a physician.

No Symptoms? The time needed to progress from non-contact exercise will vary with the severity of the concussion and with the player. **Get clearance from a physician or brain injury clinician before beginning STEP 5.**

Step 5: BEGIN DRILLS WITH BODY CONTACT.

Participate in normal training activities.

Symptoms? Return to rest until symptoms have resolved. If symptoms persist, consult a physician.

No Symptoms? If athlete is symptom free, then they are ready to return to competition. **Get clearance from a physician or brain injury clinician before beginning STEP 6.**

Step 6: RETURN TO GAME PLAY.

CASE MANAGEMENT

Step 1: Documentation of Concussion

If there is an incident occurs when a registrant is at an MSA sanctioned event (practice, game, social, etc.) and the person in charge (coach, manager, Director, etc.) suspects a concussion and implements the concussion removal from sport protocol above, the person in charge shall complete an Incident Report, MSA-Form-F.22.0-Incident-Report. This report shall be sent electronically by e-mail to the Club Administrator with the Club President on carbon copy. The Form may be either completed electronically, or, printed, filled out by hand and then scanned or photographed for submission as an attachment to the e-mail.

If information is brought to the attention of team or Club official by a parent/guardian, the player themselves, another player on the team, a parent/guardian of another player on the team, a match official or any other individual with knowledge or suspicions about a player being concussed, the team or Club official shall immediately implement the Removal from Sport Protocol regardless of whether the suspected concussion was sustained inside or outside of an MSA sanctioned event.

If the player has an Ontario Soccer issued Player Identification Book or Card, this book/card shall be physically forwarded to the Club Administrator.

The Club Administrator, or, in the absence of the Club Administrator, the Acting Club Administrator, shall save the electronic documentation and protect it from accidental loss or deletion and keep the Player Book/Card in a safe place. The Club Administrator (Acting Club Administrator) shall alert the Members of the Executive and Board of Directors that the Concussion Removal from Sport Protocol has been received. The person in charge shall complete an Incident Report, MSA-Form-F.22.0-Incident-Report. This report shall be sent electronically by e-mail to the Club Administrator with the Club President on



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carbon copy. The Form may be either completed electronically, or, printed, filled out by hand and then scanned or photographed for submission as an attachment to the e-mail.

The Club Administrator shall forward to the parents/guardians of the affected player a copy of this protocol - (MSA-Operational-O.82.1-Concussion-Management-and-Return-to-Play) within 48 hours. If acknowledgement of receipt of the document is not received, the Club Administrator shall follow-up by e-mail and/or phone until acknowledgement of receipt has been obtained.

Step 2: Responsibilities of the Player's Parents/Guardians

Under this Protocol, parents/guardians who are aware that their child has sustained a concussion outside of an activity sanctioned by the Milton Soccer Academy, are obligated to inform the player's coach that the player has sustained a concussion. Parents/Guardians are also required to

Step 3: Appointment of a Case Manager

The President shall consult with the Board of Directors and appoint a Case Manager to oversee the Return to Play Protocol. This Case Manager shall not have a conflict of interest with the player who is concussed (such as being a parent) nor a role with the team that the player plays on (such as coach, manager, etc.) If the concussed player is on a team that the President coaches or manages, the Vice President shall take the lead in the appointment of a Case Manager.

Step 4: Oversight of the Return to Play Protocol

The Case Manager shall stay in contact with the team coach and manager (if the team has one) as well as the parents/guardians of the concussed player. The Case Manager shall ensure that the necessary Doctor's notes required to progress to Steps 2, 5 and 6 of the Concussion Return to Play Protocol are obtained prior to the progression. The Coach/Assistant Coach of the player shall not admit the player to Steps 2, 5, nor 6 without the expressed written approval of the Case Manager. Written approval may be in the form of an electronic e-mail or printed and hand signed letter only. (No texts, i-Messages, WhatsApps, etc. are permitted.) Prior to the player being approved for Step 6 (game play), the Case Manager shall update the Board of Directors and Club Administrator about the athlete's progress. Correspondence between the Coach and Case Manager shall include one or more parents on carbon copy of the e-mail. The Case Manager shall obtain the Player Book/Card from the Club Administrator and return it to the team coach or manager. Players who have not received final approval to return to play are permitted to attend team events appropriate to the step they are within in the Return to Play Protocol. If the event is a sanctioned league game, exhibition game or inter-squad game, the player shall not be permitted to sit with the team while the game is in progress and must be under the supervision of a parent/guardian or an adult who has reached the Age of Majority (19) whom a parent has designated.

Step 5: Privacy

Unless a parent/guardian of a concussed player has given documented permission to disclose to others that their child has a concussion, Coaches, Team Managers, Club Directors, Case Managers, etc. may not divulge that the player has a concussion to other persons. If questioned by others, team and Club officials should respond by asking the person wanting the information to speak directly to the parent/guardian of the player.

Step 6: Documentation

The Case Manager shall keep electronic copies of all correspondence, doctor's notes, Incident Reports and any other documentation related to the case that they are managing. If the correspondence is in the form of a hard copy, an electronic version of the hard copy shall be made and kept. When the player has returned to play without further incident, the case may then be closed. A complete electronic record of the case shall be forwarded to the Club Administrator within a week of the case being closed. The Club Administrator shall save the electronic documentation and protect it from accidental loss or deletion.



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Step 7: Athlete Sustains an Additional Concussion

In the event that a player with a past history of concussion sustains another concussion, a new case file shall be created.

CONSEQUENCES FOR NON-COMPLIANCE

Concussions are a serious injury and the Milton Soccer Academy takes player concussions seriously. For that reason, players, parents/guardians, coaches, managers, team officials, Case Managers, Club Administrators and Directors of the Club who are negligent in their responsibilities with regards to this Operational Policy are subject to disciplinary actions.

Violations of this procedure shall be brought to the attention of a Board Member who shall bring it to the attention of the entire Board of Directors. The procedures outlined in MSA Operational O.87.1 Internal Discipline Policy shall be followed to hear the evidence and determine the appropriate course of action for the non-compliance of this policy.

ESCALATED CONSEQUENCES FOR REPEAT VIOLATIONS AND ZERO TOLERANCE FOR PROHIBITED PLAY

Ontario Soccer Policy 12.0 – Discipline outlines the protocols, procedures and steps to take when the Laws of the Game and other infractions have taken place during the playing of the game. Match Officials have jurisdiction in determining whether fouls or infractions have occurred before, during and even after a game has been played. For serious infractions, a player is either cautioned or dismissed. The number of cautions received by a player during the season are tracked by the League in which the team is playing and Policy 12.0 prescribes the appropriate actions for cumulative player misconducts that do not result in the ejection of the player from the game. Where the infraction is such that it warrants dismissal from the game, the Match Official ejects the player from the pitch and surrounding area and submits a report about the infraction to the League. As per Policy 12.0, the certified Discipline Chair convenes a hearing where evidence is presented, witnesses can testify and an appropriate course of action is determined. If the Match Official did not directly witness a serious infraction, any person who witnessed a serious infraction may submit a written report to the League, who will then hold a hearing in accordance with Policy 12.0.

MSA Operational O.62.1 Zero Tolerance Policy was designed to reduce or eliminate violence, or the threat of violence, before, during and after games and practices and to promote a positive environment for all. This policy includes protecting against physical assaults and inciting violence. In situations where the actions of an individual or individuals were deemed to be excessive and caused, or could have caused, a concussion, the procedures within the Zero Tolerance Policy can be followed. The Board of Directors, upon reading the ruling of the Discipline Committee, can take further steps to expel offenders from the Club if they deem that to be an appropriate response to the nature of the infraction.

Authority	Board of Directors			
Cost	None			
Source	Not applicable			
Impact	There is a negligible impact on the finances of the Club.			
Rev. date	Revision 1	Submitted by	Mike Miller	Status Draft
References	Pocket CONCUSSION RECOGNITION TOOL to help identify concussion in children, youth and adults. Concussion in Sport Group http://concussion-in-sport.com Concussion Management – Return to Activity Guidelines for Children and Youth. www.canchild.ca Thinkfirst Guidelines for Return to Play After a Concussion. www.parachutecanada.org Concussion Fact Sheet for Youth and High School Coaches. Centres for Disease Control and Prevention. www.cdc.gov/Concussion Evaluation and management of children and adolescents with sports-related concussion. LK Purcell			



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Pediatric Child Health 2012;17(1):31 <http://www.cps.ca/documents/position/concussion-evaluation-management>

Rowan's Law (Concussion Safety), 2018, S.O. 2018, c. 1 <https://www.ontario.ca/laws/statute/18r01>