

CAMPBELL RIVER YOUTH SOCCER ASSOCIATION

CONCUSSION POLICY AND PROCEDURE



Purpose

This Policy and Procedure is intended to enhance the health and safety of CRYSA players and volunteers by reducing the potentially serious health risks associated with sports related concussions and head injuries.

Policy

It is the policy of the Campbell River Youth Soccer Association (CRYSA) to educate coaches, referees, parents, players, and volunteers of the signs, symptoms or behaviors consistent with sports induced concussions. Anyone suspected of a concussion or head injury at any CRYSA sponsored activity is required to be removed from the activity, and must seek/receive medical attention. Anyone so removed must submit written medical clearance from an appropriate health-care professional to the CRYSA Administrator prior to returning to any CRYSA sponsored activity.

Procedure

1) Distribution of Policy and Procedure

This Policy and Procedure will be made available through the following methods:

- a. Included in the "Overview of CRYSA for Coaches and Volunteers" document;
- b. Posted to the CRYSA website;
- c. Posted to the bulletin board in the CRYSA Clubhouse;
- d. Provided to CRYSA Directors, Managers, Technical Director and the CRYSA Administrator;
- e. Provided to all Referees through the Director of Referees;
- f. Provided to all Coaches, Assistant Coaches and Team Managers;
- g. Discussion at parent/guardian and player meetings at the start of each season;
- h. Discussions between Coaches and players during ongoing safety discussions.
- i. Encourage all to learn more at:
http://www.bcsoccer.net/files/Coach/SoccerScience/Canada_Soccer_ConcussionsGuideEN2.pdf
- j. Encourage use of training tool at: <http://www.cattonline.com/>

2) Suspected Concussion Procedures

- a. Any participant exhibiting the signs, symptoms or behaviors associated with a concussion or head injury (refer to table below) must:
 - i. immediately be removed from the activity;
 - ii. may not again participate in any activity until cleared by an appropriate health care professional.
- b. Have a cell phone available. In cases of potential head and neck injuries call 911. Don't attempt treatment if you are unqualified.

- c. The injured participants' parent or guardian should be immediately notified of the suspected concussion or head injury so that they can be evaluated by an appropriate health-care professional.
- d. The injured participant may not be cleared for practice or competition the same day that the sign, symptom or behavior associated with a concussion or head injury was observed.
- e. An accident/injury report (attached and available on the CRYSA or BC Soccer Websites) must be completed and submitted to the CRYSA Administrator (crysaa@shaw.ca) within 24 hours or on the next business day following the incident.
- f. The parent or guardian of a participant who is suspected of a concussion or head injury must submit written medical clearance from an appropriate health-care professional to CRYSA Administrator.
- g. The medical clearance report will be reviewed by the CRYSA Administrator and provided there are no questions / concerns the Administrator will then advise the applicable Coach of the clearance. Players will not be allowed to participate until this process is completed.

3) Definition

A concussion is a type of traumatic brain injury that is caused by a blow to the head or body that jars or shakes the brain inside the skull. It is important to note that an athlete does not have to lose consciousness to have suffered a concussion.

Signs Observed By Others	Symptoms Reported By Athlete
* Appears dazed or stunned	* Headache
* Is confused about assignment	* Nausea / vomiting
* Forgets plays	* Balance problems or dizziness
* Is unsure of game, score, or opponent	* Double or fuzzy vision
* Moves clumsily	* Sensitivity to light or noise
* Answers questions slowly	* Feeling sluggish
* Loses consciousness	* Feeling foggy or groggy
* Shows behavior or personality change	* Concentration or memory problems
* Cannot recall events prior to hit	* Confusion
* Cannot recall events after hit	

Questions to Ask an Adult or Adolescent Player	Questions To Ask Children (12 Years and Under)
* What field are we at today?	* Where are we now?
* Which half is it now?	* Is it before or after (last meal i.e. lunch)?
* Who scored last in this game?	* What is your coach's / teachers name?
* What team did you play last?	
* Did your team win your last game?	

**Failure to answer any of these questions correctly
is an indication of a suspected concussion.
"When in Doubt...Sit Them Out"**



Campbell River Youth Soccer Association INJURY REPORT FORM

DATE

VENUE

PLAYER INFORMATION

PLAYERS NAME	SURNAME	GIVEN NAME	MIDDLE NAME OR INITIAL
ADDRESS			
CITY	POSTAL CODE		
HOME PHONE	()	
PLAYER EMAIL	@		

INJURED BODY PART

	SPECIFIC BODY PART _____ _____ _____ _____	FOLLOW UP <input type="checkbox"/> HOSPITAL <input type="checkbox"/> FAMILY PHYSICIAN <input type="checkbox"/> OTHER _____	FIRST AID TREATMENT <input type="checkbox"/> ICE <input type="checkbox"/> TAPE <input type="checkbox"/> TENSOR <input type="checkbox"/> SPLINT <input type="checkbox"/> CRUTCHES <input type="checkbox"/> OTHER _____																
		VITAL SIGNS <table border="1"> <thead> <tr> <th>TIME</th> <th>PULSE</th> <th>B.P.</th> <th>RESP. RATE</th> <th>TEMP</th> <th>NA <input type="checkbox"/></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		TIME	PULSE	B.P.	RESP. RATE	TEMP	NA <input type="checkbox"/>										
TIME	PULSE	B.P.	RESP. RATE	TEMP	NA <input type="checkbox"/>														

TYPE OF INJURY

<input type="checkbox"/> CONCUSSION WITH LOSS OF CONSCIOUSNESS	<input type="checkbox"/> RUPTURE OF TENDON	<input type="checkbox"/> CONTUSION
<input type="checkbox"/> CONCUSSION WITHOUT LOSS OF CONSCIOUSNESS	<input type="checkbox"/> LIGAMENT RUPTURE WITH INSTABILITY	<input type="checkbox"/> TENDONITIS / BURSITIS
<input type="checkbox"/> FRACTURE	<input type="checkbox"/> LIGAMENT RUPTURE WITHOUT INSTABILITY	<input type="checkbox"/> DENTAL INJURY
<input type="checkbox"/> DISLOCATION	<input type="checkbox"/> LESION OF MENISCUS	<input type="checkbox"/> DEEP WOUND
<input type="checkbox"/> RUPTURE OF MUSCLE	<input type="checkbox"/> SPRAIN	<input type="checkbox"/> LACERATION / ABRASION
<input type="checkbox"/> RUPTURE OF TENDON	<input type="checkbox"/> STRAIN	<input type="checkbox"/> OTHER _____

HISTORY / MECHANISM

HAS THE PLAYER HAD A PREVIOUS INJURY OF THE SAME LOCATION AND TYPE? <input type="checkbox"/> NO <input type="checkbox"/> YES _____ MONTHS AGO	WHEN DID THE INJURY OCCUR? <input type="checkbox"/> TRAINING <input type="checkbox"/> MATCH FIELD CONDITIONS _____
WAS THE INJURY CAUSED BY OVERUSE OR TRAUMA? <input type="checkbox"/> OVERUSE <input type="checkbox"/> TRAUMA	WAS THE INJURY CAUSED BY CONTACT WITH ANOTHER PLAYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

NOTES

TRAINER NAME > TEAM NAME > HEAD COACH NAME >	RETURN TO ACTIVITY TIME-LINE / HOME INSTRUCTIONS >
---	---