



TUC Concussion Policy
Last Revised: June 17, 2020

**Toronto Ultimate Club (TUC)
TUC Concussion Policy**

Policy Category:	Concussion Policy
Date First Passed:	June 17, 2020
By Which Body:	TUC Board of Directors
Review Period:	2 Years
Review Body:	TUC Governance Committee
Date of Last Review:	N/A
File Location:	TUC File Storage / Board and Committees / TUC Governance

Administration

Purpose

1. The purpose of this policy is to govern Concussion Protocol in the sport of Ultimate in the city of Toronto within the Toronto Ultimate Club and its sanctioned events:
 - a. Leagues
 - b. Tournaments
 - c. Training opportunities
 - d. Skill Development sessions
 - e. Technical development clinics

Jurisdiction of the Policy

2. The policy covers the following people:
 - a. Athletes/Players
 - b. Coaches, Managers, Trainers
 - c. Parents/Guardians
 - d. Board of Directors
 - e. Committee Members
 - f. Event Volunteers
 - g. TUC Staff
3. The policy covers the following TUC sanctioned events including but limited to:
 - a. Leagues (Spring, Summer, Fall Outdoor, Fall Indoor and Winter Indoor)
 - b. Tournaments (Disc till Dawn, Catch the Spirit, Beaches and Queens, TUC Summer Playoffs, etc.)
 - c. Training Opportunities (Adult clinics/training programs)
 - d. Skill Development Sessions (Juniors programming)
 - e. TUC Meetings
4. This policy is for all TUC and their membership. If members fail to comply with this policy, they may face penalties as outlined in terms of Membership.

1.0 Awareness

5. What is a Concussion?

a. A concussion:

- i. Is a traumatic brain injury that causes changes in how the brain functions, leading to signs and symptoms that can emerge immediately or over the course of 24-72 hours;
- ii. May be caused either by a direct blow to the head, face or neck, or elsewhere on the body with an impulsive force transmitted to the head;
- iii. Can occur even if there has been no loss of consciousness (in fact most concussions occur without the loss of consciousness);
- iv. Cannot normally be seen on X-rays, standard CT scans or MRI's and;
- v. Is typically expected in symptoms lasting up to 4 weeks in children (18 years or under), and in some cases, symptoms are prolonged.
- vi. Please see the General Concussion Symptoms.

b. Second Impact Syndrome:

- i. Research suggests that a child or youth who suffers a second concussion before he/she/they is symptom-free from the first concussion is susceptible to a prolonged period of recovery, and possibly Second Impact Syndrome – a rare condition that causes rapid and severe brain swelling and often catastrophic results.

c. Serious of Concussions:

- i. Recent research has made it clear that a concussion can have a significant impact on a student's cognitive and physical abilities. In fact, research shows that activities that require concentration can actually cause a student's concussion symptoms to reappear or worsen. It is equally important to develop strategies to assist students as they "return to learn" in the classroom as it is to develop strategies to assist them to "return to physical activity". Without addressing identification and proper management, a concussion can result in permanent brain damage and in rare occasions, even death.

- d. All participants who experience any concussion signs and symptoms (see General Concussion Symptoms) following a blow to the head or another part of the body is considered to have a suspected concussion and must stop participation in the Ultimate activity.

6. A suspected concussion can be identified in three ways:

- a. Self-reported signs and symptoms – Even if there was only one symptom,
- b. Observed signs and symptoms from a caring adult (Coach, Manager, Trainer, Parent, Fan, Executive),
- c. Peer-report signs and symptoms of an Athlete/Player, Coach, Parent, Fan, Executive.

7. Who is responsible for removal from play?

- a. If a suspected concussion occurs, it is the responsibility of all team officials/caring adult (Coach, Manager, Trainer, Parent, Executive) to remove the participant from participating in Ultimate activity immediately. When present, the Most Caring Adult holds the final decision to remove



participants with a suspected concussion. The Most Caring Adult should be identified prior to the activity. If there is doubt that a concussion has occurred, it is to be assumed that there has.

- i. The Most Caring Adult is: Activity Leader (ex. Captains), head coach and or their designate identified prior to the activity, to the participants.
 - b. If in doubt, sit them out.
8. If a participant experiences a sudden onset of any of the **RED FLAG SYMPTOMS**, 911 should be called immediately. (see Red Flag Symptoms).

GENERAL CONCUSSION SYMPTOMS		
Headache	Feeling mentally foggy	Sensitive to light
Nausea	Feeling slowed down	Sensitive to noise
Dizziness	Difficulty concentrating	Irritability
Vomiting	Difficulty remembering	Sadness
Visual problems	Drowsiness	Nervous/anxious
Balance problems	Sleeping more/less than usual	More emotional
Numbness/tingling	Trouble falling asleep	Fatigue

RED FLAG SYMPTOMS	
Headaches that worsen	Can't recognize people or places
Seizures or convulsion	Increase confusion or irritability
Repeated vomiting	Weakness/tingling/burning in arms or legs
Loss of consciousness	Persistent or increasing neck pain
Looks very drowsy/can't be awakened	Unusual behavior change
Slurred speech	Focal neurologic signs (e.g. paralysis, weakness, etc.)

2.0 Prevention/Ensure Safe Play

9. This policy should include strategies for preventing and minimizing the risk of sustaining a concussion at the sanctioned TUC activities (e.g. all games, training opportunities, and tournaments). In addressing the Prevention component for Ultimate's guidelines:
 - a. Implementation of all Stakeholder's Code of Conduct and other rules/regulations that address safe play,
 - b. Limiting head and body contact,
 - c. Reference: Ultimate Canada's Official Rule book
 - d. Checking facilities to ensure a safe environment for participations (Captains, Coaches)

3.0 Identification: Recognize, Remove and Refer

10. All participants in a sanctioned TUC activity who experience any concussion signs and symptoms following a blow to the head or another part of the body is considered to have a suspected concussion and must stop participation in TUC activity immediately. It is important to note that symptoms can take 24 – 72 hours to appear. A participant does not have to be unconscious to suffer a concussion.
 - a. **Recognizing a suspected concussion:** If there is doubt whether a concussion has occurred, it is to be assumed it has. All relevant stakeholders – caring adult (Head Coach, Assistant Coach,

- Trainer, Manager, Board of Directors, Parents, Fans) to be trained to recognize the signs and symptoms of concussion (Refer Red Flag Symptoms) and report the suspected concussion to TUC.
- b. **Removing a participant with a suspected concussion:** When a suspected concussion occurs, it is the responsibility of TUC to follow these steps:
- i. After a blow to the body or head*, any participant who reports concussion signs and symptoms to the Most Caring Adult, TUC or another participant, or is observed to have concussions signs or symptoms – has a suspected concussion.
 - ii. The participant with the suspected concussion must be removed from participation immediately.
 - iii. If Red Flag Symptoms are present, the Most Caring Adult will call 911 for immediate transfer to emergency department.
 - iv. The Most Caring Adult is to contact the parent/guardian.
 - v. Participant should be monitored until release to a parent/guardian or paramedic. No participant with a suspected concussion should be left alone.
 - vi. The Most Caring Adult refers the parent/guardian to see a medical professional immediately. A medical profession includes a family physician, pediatrician, neurologist or a nurse practitioner.
 - vii. *** The Most Caring Adult can remove a participant after a blow to the head or body even if there is no immediate signs or symptoms, as signs and symptoms can take 24 – 72 hours to appear.**
- c. **Completions and submission of Suspected Concussion Report Form**
- i. The Most Caring Adult is responsible for completing TUC's Suspected Concussion Report Form immediately.
 - ii. If a suspected concussion occurs, the Most Caring Adult is responsible for completing and reviewing TUC's Suspected Concussion Report Form and giving a copy to the participants Parent/Guardian. If someone other than the Most Caring Adult completes the form, it must be reviewed by the Most Caring Adult before being submitted to TUC's Executive Director.
- d. **Seeking a medical professional, obtaining appropriate diagnosis and documentation**
- i. Seeking a medical professional: If a participant has been deemed to have a suspected concussion, it is the Parent/Guardian responsibility to take the participant to see a Medical Doctor or Nurse Practitioner immediately.
 - ii. Obtaining appropriate diagnosis and documentation: Written documentation must be obtained from one of the medical professionals listed above if a concussion has occurred or not.
 - iii. ***Documentation from any other source will not be accepted.**

4.0 Management Procedures

11. Submission of Medical Documentation of Concussion Diagnosis

- a. **If a medical professional determines that the Participant with a suspected concussion does not have a concussion:**
 - i. Parent/Guardian must provide the original written documentation from the medical professional (highlighting that the Participant did not have a concussion) and give this documentation to TUC.
 - ii. It is the responsibility of the Most Caring Adult and the Parent/Guardian as previously identified (Section 1.0 – Awareness).
 - iii. Parent/Guardian should continue to monitor the Participant for at least 24 – 72 hours after the event, as signs and symptoms may take hours or days to appear.
 - iv. The Most Caring Adult has the right to refuse a player to return to any Ultimate activity they deem the Participant is unfit to do as per TUC policy.

- b. **If a medical professional determines that the player with a suspected concussion does have a concussion:**
 - i. Parent/Guardian must take the written documentation from the Medical Doctor/Nurse Practitioner the previously identified Personnel (TUC)
 - ii. It is the responsibility of the Most Caring Adult to submit all documentation indicating concussion diagnosis, in addition to the applicable TUC Injury/Accident Report Form
 - iii. The Participant can begin Step #1 of the Return to Play Protocol

Graduated Return to Ultimate Strategy			
Stage	Aim	Activity	Goal of Each Step
1.	Symptom-linked Activity	Daily activities that do not provoke symptoms	Gradual introduction of work/school activities
2.	Light aerobic exercise	Walking or stationary cycling at slow to medium pace. No resistance training	Increased heart rate
3.	Sport-specific exercise	Running or skating drills. No head impact activities	Add movement
4.	Non-contact training drills	Harder training drills (e.g. passing drills). May start progressive resistance training	Exercise coordination and increased thinking
5.	Full contact practice	Following medical clearance from a medical doctor or nurse practitioner to participate in normal training activities	Restore confidence and assess functional skills by TUC Sessions Coaches/Captains
6.	Return to Ultimate	Normal Game/Practice Play	

12. **Note:** An initial period of 24 – 28 hours of both relative physical rest and cognitive rest is recommended before beginning the Return to Ultimate Strategy. There should be at least 24 hours (or longer) for each step of progression. If any symptoms or signs worsen during exercise, the participants should go back to the previous step. Resistance training should be added only in the later stages (Stage 3 or Stage 4 at the earliest). If symptoms are persistent (e.g. more than 10 – 14 days in adults or more than 1 month in children) the participant should be referred to a healthcare professional (as identified) who is an expert in the management of concussions.
13. For a participant to progress to Step 4, written documentation is required from a medical doctor or a nurse practitioner indicating that the participant can return to Step 5, full game and practice performance mode. Parent/Guardian is responsible for providing this to TUC.

5.0 Training

14. All relevant TUC stakeholders (including but limited to Coaches, Managers, Trainers, Captains) will be trained annually, and before the commencement of TUC's Summer Season, on TUC's Concussion Policy, specific roles and responsibilities and updated according to the policy revisions.

6.0 Tracking

15. TUC will have a form to track injury incidence. TUC is responsible for monitoring injury incidence and developing strategies to reduce their injury in their sanctioned events.
16. TUC is responsible for maintaining records of reported concussion injuries and documentation of Participant diagnosis and clearance to return to play.

7.0 Evaluation

17. TUC will conduct a review of this policy every 2 years. The Governance Committee and external concussion expertise will review current evidence and policy effectiveness in identifying concussion, training stakeholders and tracking injury and managing documentation of injury and return to play. A recommendation to the TUC Board of Directors will be made to maintain, change or abolish this policy.