



HUNTSVILLE SOCCER CLUB CONCUSSION PROTOCOL

*****If you have any questions about the Concussion Protocol or if there is any part of it you do not understand, contact a team official or any member of the Huntsville Soccer Club Executive.***

A concussion is a traumatic brain injury caused by a direct, or indirect blow to the head or body. Allowing an athlete to return to play before recovering from a concussion increases the chance of a more serious brain injury.

Any athlete, who exhibits the signs or symptoms of a sports-related concussion or other head injury during practice or competition, shall be *immediately* removed from play and will not return to play that day. Emergency medical assistance is advised when symptoms (outlined below) are present or get worse:

- Dizziness, disorientated
- Vomiting
- Direct neck pain associated with the injury
- Any other sign the parent/coach determines emergency medical attention is needed.

A player who has *lost consciousness* because of sports trauma should never be moved, and EMERGENCY MEDICAL ASSISTANCE should be immediately (911) called.

- The team manager/coach must complete an 'Incident Report' and submit to Club Official/Rep Coordinator as soon as possible.
- The team manager/coach shall contact the athlete's parent and inform the parent/guardian of the suspected sports-related concussion.
- When coaching staff are not medical providers, an athlete who sustains or is suspected of sustaining a concussion or other head injury shall be required to have a medical examination conducted by their Physician or Licensed Health Care Provider.
- The athlete's Physician or Licensed Health Care Provider must provide Huntsville Soccer Club with a written medical release/clearance for the athlete, indicating when the athlete is able to return to activity.
- The medical release/clearance must indicate the athlete is asymptomatic at rest, and may return to athletic activity because the injury was not a concussion or may begin a graduated return to play as outlined by Licensed Health Care Provider.
- Return to Play FIFA SCAT can be used as a guideline but is at the discretion of the Licensed Health Care Provider.

Huntsville Soccer Club

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Return to Play Guidelines as Outlined by FIFA SCAT (Sport Concussion Assessment Tool):

A typical RTP process will be made up of 6 steps. There must be a minimum of 24 hours before each step is assessed although this could be considerably longer than 24 hours. Oversight should be provided by a medical professional. The 6 steps are as follows:

1. No activity, complete rest. Once the athlete is asymptomatic, they proceed to level two. The athlete spends, at the minimum, one day at each stage.
2. Light aerobic exercise such as walking or stationary cycling, no resistance training. Performing step two without symptoms allows the athlete to proceed to level three. If symptoms return, the athlete moves back one stage then continues.
3. Sport specific training (e.g. skating in hockey, running in football), progressive addition of resistance training at steps three or four. Performing step three without symptoms allows the athlete to proceed to level four.
4. Non-contact training drills. Performing step four without symptoms allows the athlete to proceed to level five.
5. Full contact training after medical clearance. Performing step five without symptoms allows the athlete to proceed to level six.
6. Game play.

If concussion has taken place outside of soccer, then the same protocol is required to return to play.

(The athlete's Physician or Licensed Health Care Provider must provide to the Huntsville Soccer Club a written medical release/clearance for the athlete, indicating when the athlete can return to the activity. The medical release/clearance must indicate the athlete is asymptomatic at rest and either may return to athletic activity because the injury was not a concussion or may begin a graduated return to competition as outlined by Licensed Health Care Provider.)

If at any time, a coach suspects the athlete is not in best form after returning to play from injury, he/she can pull athlete from play and ask for them to be re evaluated by a Licensed Health Care Provider.

I ACKNOWLEDGE MAKING THIS AGREEMENT

I have read and understood the terms and conditions of this agreement, and by signing it voluntarily, I am agreeing to abide by these terms.

Date: _____ (YYYY-MMM-DD)

Name of Participant: _____

Signature of Participant: _____

Printed Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____