Concussion Policy and Procedure Protocol — Pre-Tournament Package

THIS POLICY APPLIES TO ALL PLAYERS AND OFFICIALS PARTICIPATING IN SANCTIONED TOURNAMENT PLAY

1. DEFINITION

A concussion is a traumatic brain injury that interferes with normal brain function. A person receiving a blow to the head does not have to lose consciousness to have suffered a concussion.

2. TYPICAL CAUSES FOR CONCUSSIONS WITH PICKLEBALL PLAYERS MAY INCLUDE

- Head contact with the court floor or a paddle.
- Head contact caused by a collision with another player.
- Ball making direct contact with the head of a player, particularly the forehead.
- Player experiencing head or upper body contact with permanent fixed objects around the court, such as net posts, bleachers, or fencing.

3. CONCUSSION SIGNS AND SYMPTOMS, BUT NOT LIMITED TO

Visual signs of a concussion may include		
Lying motionless on the playing surface	Clutching head	Facial Injury
Blank or vacant stare	Disorientation or confusion or inability to respond appropriately to questions	Slow to get up after a direct or indirect hit to the head
Balance, gait difficulties, motor incoordination, stumbling, slow labored movements		

Symptoms as reported by person with suspected concussion		
Headaches or head pressure	Blurred or fuzzy vision	Difficulty reading
Easily upset or angered	Sensitivity to light or sound	Nervousness or anxiety
Dizziness	Balance problems	Not thinking clearly
Nausea and vomiting	Feeling tired or having no energy	

4. WHAT TO DO WITH A SUSPECTED CONCUSSION?

The player must immediately be removed from the day's events, if one of the following persons believes the player might have sustained a concussion during play: the player, medical personnel (those assuming responsibility for first aid), or in the absence of medical personnel, the Tournament Director. Should a sideline assessment end with the recommendation of the removal of a player, an **Incident report** form is to be completed.

5. POLICY OF REMOVAL DUE TO SUSPECTED CONCUSSION

A player removed from competition may not be permitted to practice or compete again in this competition until they have been evaluated and have received a written release as indicated on a **Medical Assessment Letter**. The decision to remove a player is to be made by medical personnel or Tournament Director.

6. INCIDENT REPORT

When a player has been removed from play due to a suspected concussion, an **Incident report** is to be completed, which is then automatically sent to Pickleball Canada.

7. RETURN TO PLAY POLICY

A Player diagnosed with a concussion may return to the event by providing a **Medical Assessment Letter** or a **Medical Clearance Letter**

8. WHO CAN COMPLETE THE LETTERS?

These letters may be completed by a health care provider such as an MD, RN practitioner or an RN with access to an MD/or RN practitioner in a clinic, but not by an allied health provider such as therapist nor chiropractor. Copies of these letters are to be forwarded to Pickleball Canada at (info@pickleballcanada.com) for filing and review.

9. REFERENCES

Parachute.ca https://parachute.ca/en/

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CRT6™

Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults

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.

CRT6™

Developed by: The Concussion in Sport Group (CISG)

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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
Headache
"Pressure in head"
Balance problems
Nausea or vomiting
Drowsiness
Dizziness
Blurred vision
More sensitive to light
More sensitive to noise
Fatigue or low energy
"Don't feel right"
Neck Pain

Changes in Emotions
More emotional
More Irritable
Sadness
Nervous or anxious

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

British Journal of Sports Medicine