



## CONCUSSION MANAGEMENT POLICY AND PROCEDURES

### **Purpose**

The health and wellbeing of all individuals involved in the sport of sailing is always at the forefront of Sail Canada's efforts. This Concussion Management Policy ("Policy"), and associated procedures, provide guidelines on how concussion education and management should be addressed at all levels of sailing throughout Canada. The Policy addresses four key areas:

- Prevention and Awareness,
- Recognition and Removal,
- Assessment
- Return to Sailing.

It aims to ensure that anyone in sailing with a suspected concussion receives timely and appropriate care with proper management to allow them to return to sailing safely. While this, policy and associated protocols cannot address every possible clinical scenario that can occur during sport-related activities, the goal is to provide critical elements based on the latest evidence and current expert consensus.

### **Application**

This Policy applies to all Sail Canada participants including but not limited to coaches, officials, athletes (including athletes training at a National Team training camp/centre and those selected to the National Team), team managers and team staff, regatta organizers, administrators, volunteers, staff and contractors of Sail Canada.

Each Member organization is permitted to adopt this policy and the following protocols as their own and adapt it as they see fit. It is incumbent on Sail Canada member organizations (Provincial, Club and Affiliates) to establish their own regulations and procedures for concussion management taking into account provincial and regional legislation and within their own jurisdiction which will apply to those activities, programs and events under the control of their respective organizations. However, Sail Canada provides this policy and procedure as a minimum standard for the sport of sailing in Canada.

### **Policy**

Sail Canada is focused on ensuring the wellbeing and safety of all participants, members, volunteers and staff. We recognize the potential severity of a head injury and the commitment and intent behind research to manage concussions. We are committed to educating those involved with Sail Canada, creating awareness to help prevent injuries and appropriately managing any suspected concussions and diagnosed concussions.

Sail Canada's Concussion Policy is committed to the following actions in regard to concussions:

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1. Increasing awareness regarding what concussions are and the potential for serious complications.
2. Enforcing procedures and training that promotes preventative actions to help reduce the number of concussions.
3. Providing procedures that support Sail Canada staff, volunteers and athletes in ensuring quick recognition and removal of any individual with a suspected concussion from Sail Canada activities.
4. Ensuring that, following a suspected concussion, there are clear steps for both the individual and Sail Canada to follow before a return to sport occurs to ensure the focus is on the individual's long-term health.

Details of how each action area will be implemented are laid out in the associated Sail Canada Concussion protocols.

### **Responsibilities**

The cooperation and support of the entire sailing community, including but not limited to, athletes (including athletes training at a National Team training camp/centre and those selected to the National Team), coaches, officials, team staff, regatta organizers, administrators, volunteers, and staff of Sail Canada is required for this policy to be effective.

While athletes need to be open and honest in regards to their health, coaches, with their training and role, have special responsibilities to support athletes in the recognition of potential concussions and support them in appropriately managing the return of the athlete to sailing, always focusing on the long term health of the individual.

*Disclosing medical conditions and injuries is a requirement under Sail Canada's Code of Conduct. Due to the potential severity of a concussion, failure to disclose by an athlete, or to respond in the athlete's best interest by a coach, will be treated seriously as infractions of the Code of Conduct.*

Note this policy, and associated procedures, complements Sail Canada's comprehensive emergency procedures. Due to the potential seriousness of concussions and the need for increased awareness and training around concussions, Sail Canada created this additional document specific for concussion management and the associated return to sport procedures.

As stated earlier each Member organization is permitted to adopt this policy and the following protocols as their own but should ensure that the Sail Canada policy and protocols meet their provincial requirements.

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## Protocols

### SAIL CANADA CONCUSSION PROTOCOL

Using the Canadian Guideline for Concussion in Sport created by Parachute Canada Expert Concussion Advisory Subcommittee, Sail Canada has developed the **Sail Canada Concussion Protocol** to help guide the management of Sailing Sport Participants (athletes, coaches, students, instructors, officials & volunteers) who may have a suspected concussion as a result of participation in **Sail Canada** activities. These protocols are aimed at Sail Canada team activities and Sail Canada events.

#### Purpose

This protocol covers the recognition, medical diagnosis, and management of Sport Participants who may sustain a suspected concussion during a sailing activity. It aims to ensure that athletes with a suspected concussion receive timely and appropriate care and proper management to allow them to return back to sailing safely. This protocol may not address every possible clinical scenario that can occur during sailing-related activities but includes critical elements based on the latest evidence and current expert consensus.

#### Who should use this protocol?

This protocol is intended for use by all individuals who interact with athletes/sailors, including athletes, parents, coaches, instructors, officials, trainers and licensed healthcare professionals.

For a summary of the **Sail Canada Concussion Protocol** please refer to the **Sail Canada Sport Concussion Pathway** figure at the end of this document.

### 1. Pre-Season Education

Despite recent increased attention focusing on concussions there is a continued need to improve concussion education and awareness. Optimizing the prevention and management of concussions depends highly on annual education of all stakeholders (athletes, parents, coaches, instructors, officials, teachers, trainers, licensed healthcare professionals) on current evidence-informed approaches that can prevent concussions and more serious forms of head injury and help identify and manage an athlete with a suspected concussion.

Concussion education should include information on:

- the definition of concussion,
- possible mechanisms of injury,
- common signs and symptoms,
- steps that can be taken to prevent concussions and other injuries from occurring in sport.
- what to do when an athlete has suffered a suspected concussion or more serious head injury,
- what measures should be taken to ensure proper medical assessment,

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- *Return-to-School/Work and Return-to-Sport Strategies*, and
- Return to sport medical clearance requirements
  
- **Who:** Athletes, parents, coaches, instructors, officials, trainers, licensed healthcare professionals
- **How:** Pre-season Concussion Education Sheet

It is also important that all sport stakeholders have a clear understanding of the **Sail Canada Concussion Protocol**. This can be accomplished through pre-season in-person orientation sessions for athletes, parents, coaches, instructors and other sport stakeholders. Sailing schools, Club Programs, Regatta Organizers and all organizations must ensure that all key volunteers are aware of the protocol. The protocol should be included in Emergency Action Plans and program/organization policies.

## 2. Head Injury Recognition

Although the formal diagnosis of a concussion should be made following a medical assessment, all sailing stakeholders including athletes, parents, coaches, instructors, officials, and licensed healthcare professionals are responsible for the recognition and reporting of athletes who may demonstrate visual signs of a head injury or who report concussion-related symptoms. This is particularly important because many sailing venues will not have access to on-site licensed healthcare professionals.

A concussion should be suspected:

- in any athlete who sustains a significant impact to the head, face, neck, or body and demonstrates *ANY* of the visual signs of a suspected concussion or reports *ANY* symptoms of a suspected concussion as detailed in the *Concussion Recognition Tool 5*.
- if an athlete reports *ANY* concussion symptoms to one of their peers, parents, coaches, instructors or if anyone witnesses an athlete exhibiting any of the visual signs of concussion.

In some cases, an athlete may demonstrate signs or symptoms of a more severe head or spine injury including convulsions, worsening headaches, vomiting or neck pain. If an athlete demonstrates any of the 'Red Flags' indicated by the *Concussion Recognition Tool 5*, a more severe head or spine injury should be suspected, and Emergency Medical Assessment should be pursued.

- **Who:** Athletes, parents, coaches, instructor, officials, trainers, and licensed healthcare professionals
- **How:** [Concussion Recognition Tool 5](#)

## 3. Onsite Medical Assessment

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Depending on the suspected severity of the injury, an initial assessment may be completed by emergency medical professionals or by an on-site licensed healthcare professional when available. In cases where an athlete loses consciousness or it is suspected that an athlete might have a more severe head or spine injury, Emergency Medical Assessment by emergency medical professionals should take place (see 3a below). If a more severe injury is not suspected, the athlete should undergo Sideline Medical Assessment or Medical Assessment, depending on if there is a licensed healthcare professional present (see 3b below).

### **3a. Emergency Medical Assessment**

If an athlete is suspected of sustaining a more severe head or spine injury while sailing, an ambulance should be called immediately to transfer the patient to the nearest emergency department for further Medical Assessment.

Coaches, instructors, parents, trainers, regatta organizers and officials should not make any effort to remove equipment or move the athlete until an ambulance has arrived, unless in greater danger. The athlete should not be left alone until the ambulance arrives. After the emergency medical services staff has completed the Emergency Medical Assessment, the athlete should be transferred to the nearest hospital for Medical Assessment. In the case of youth (under 18 years of age), the athlete's parents should be contacted immediately to inform them of the athlete's injury. For athletes over 18 years of age, their emergency contact person should be contacted if one has been provided

- **Who:** Emergency medical professionals

### **3b. Sideline Medical Assessment**

If an athlete is suspected of sustaining a concussion and there is no concern for a more serious head or spine injury, the athlete should be immediately removed from the field of play.

#### **Scenario 1: If a licensed healthcare professional is present**

The athlete should be taken to a safe, quiet area and undergo Sideline Medical Assessment using the Sport Concussion Assessment Tool 5 (SCAT5) or the Child SCAT5. The SCAT5 and Child SCAT5 are clinical tools that should only be used by a licensed healthcare professional that has experience using these tools. It is important to note that the results of SCAT5 and Child SCAT5 testing can be normal in the setting of acute concussion. As such, these tools can be used by licensed healthcare professionals to document initial neurological status but should not be used to make sideline return-to-sport decisions in youth athletes. Any youth athlete who is suspected of having sustained a concussion must not return to sailing and must be referred for Medical Assessment.

If a youth athlete is removed from sailing following a significant impact and has undergone assessment by a licensed healthcare professional, but there are NO visual signs of a concussion and the athlete reports NO concussion symptoms then the athlete can returned to sailing but should be monitored for delayed symptoms.

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In the case of national team-affiliated athletes (age 18 years and older), an experienced certified athletic therapist, physiotherapist or medical doctor may make the determination that a concussion has not occurred based on the results of the Sideline Medical Assessment. In these cases, the athlete may be returned to sailing without a *Medical Clearance Letter* but this should be clearly communicated to the coaching staff. Athletes that have been cleared to return to sailing should be monitored for delayed symptoms. If the athlete develops any delayed symptoms the athlete should be removed from sailing and undergo medical assessment by a medical doctor or nurse practitioner.

#### **Scenario 2: If there is no licensed healthcare professional present**

The athlete should be referred immediately for medical assessment by a medical doctor or nurse practitioner, and the athlete must not return to sailing until receiving medical clearance.

- **Who:** Athletic therapists, physiotherapists, medical doctor
- **How:** [Sport Concussion Assessment Tool 5 \(SCAT5\)](#), [Child Sport Concussion Assessment Tool 5 \(Child SCAT5\)](#)

#### **4. Medical Assessment**

In order to provide comprehensive evaluation of athletes with a suspected concussion, the medical assessment must rule out more serious forms of traumatic brain and spine injuries, must rule out medical and neurological conditions that can present with concussion-like symptoms, and must make the diagnosis of a concussion based on findings of the clinical history and physical examination and the evidence-based use of adjunctive tests as indicated (i.e CT scan). In addition to nurse practitioners, medical doctors that are qualified to evaluate patients with a suspected concussion include: pediatricians; family medicine, sports medicine, emergency department, internal medicine, and rehabilitation (physiatrists) physicians; neurologists; and neurosurgeons.

In geographic regions of Canada with limited access to medical doctors (i.e. rural or northern communities), a licensed healthcare professional (i.e. nurse) with pre-arranged access to a medical doctor or nurse practitioner can facilitate this role. The medical assessment is responsible for determining whether the athlete has been diagnosed with a concussion or not. Athletes with a diagnosed concussion should be provided with a *Medical Assessment Letter* indicating a concussion has been diagnosed. Athletes that are determined to have not sustained a concussion must be provided with a *Medical Assessment Letter* indicating a concussion has not been diagnosed and the athlete can return to school, work and sports activities without restriction.

- **Who:** Medical doctor, nurse practitioner, nurse
- **How:** *Medical Assessment Letter*



## 5. Concussion Management

When an athlete has been diagnosed with a concussion, it is important that the athlete's parent/legal guardian (if under the age of 18) is informed. All athletes diagnosed with a concussion must be provided with a standardized *Medical Assessment Letter* that notifies the athlete (and their parents/legal guardians) that they have been diagnosed with a concussion and may not return to any activities with a risk of concussion until medically cleared to do so by a medical doctor or nurse practitioner. Because the *Medical Assessment Letter* contains personal health information, it is the responsibility of the athlete or their parent/legal guardian to provide this documentation to the athlete's coaches, teachers, or employers. It is also important for the athlete to provide this information to sport organization officials that are responsible for injury reporting and concussion surveillance where applicable.

Athletes diagnosed with a concussion should be provided with education about the signs and symptoms of concussion, strategies about how to manage their symptoms, the risks of returning to sport without medical clearance and recommendations regarding a gradual return to school, work and sport activities. Athletes diagnosed with a concussion are to be managed according to their *Return-to-School/Work and Sport-Specific Return-to-Sport Strategy* under the supervision of a medical doctor or nurse practitioner. When available, athletes should be encouraged to work with the team athletic therapist or physiotherapist to optimize progression through their *Sport-Specific Return-to-Sport Strategy*. Once the athlete has completed their *Return-to-School/Work and Sport-Specific Return-to-Sport Strategy* and are deemed to be clinically recovered from their concussion, the medical doctor or nurse practitioner can consider the athlete for a return to full sports activities and issue a *Medical Clearance Letter*.

The stepwise progressions for *Return-to-School* and *Return-to-Sport Strategies* are outlined below. As indicated in stage 1 of the *Return-to-Sport Strategy*, reintroduction of daily, school, and work activities using the *Return-to-School Strategy* must precede return to sport participation.

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### *Return-to-School/Work Strategy*

The following is an outline of the *Return-to-School/Work Strategy* that should be used to help athletes, employers, parents, and teachers to collaborate in allowing the athlete to make a gradual return to school or work activities. Depending on the severity and type of the symptoms present athletes will progress through the following stages at different rates. If the athlete experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage. Athletes should also be encouraged to ask their school if they have a school-specific Return-to-Learn Program in place to help student-athletes make a gradual return to school.

<b>Stage</b>	<b>Aim</b>	<b>Activity</b>	<b>Goal of each step</b>
<b>1</b>	Daily activities at home that do not give the athlete symptoms	Typical activities during the day as long as they do not increase symptoms (i.e. reading, texting, screen time). Start at 5-15 minutes at a time and gradually build up.	Gradual return to typical activities
<b>2</b>	School/Work activities	Homework, reading or other cognitive activities outside of the classroom/workplace.	Increase tolerance to cognitive work
<b>3</b>	Return to school/work part-time	Gradual introduction of in class schoolwork or in office work. May need to start with a partial day or with increased breaks during the day.	Increase academic activities
<b>4</b>	Return to school/work full-time	Gradually progress	Return to full activities and catch up on missed work



### **Sailing-Specific Return-to-Sport Strategy**

The following is an outline of the **Sailing Return-to-Sport Strategy** that should be used to help athletes, coaches, instructor, trainers, and medical professionals to partner in allowing the athlete to make a gradual return to sport activities. An initial period of 24-48 hours of rest is recommended before starting the **Sailing-Specific Return-to-Sport Strategy**. The athlete should spend a minimum duration of 24 hours without symptom increases at each stage before progressing to the next one. If the athlete experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage. It is important that youth and adult student-athletes return to full-time school/work activities before progressing to stage 5 and 6 of the **Sailing-Specific Return-to-Sport Strategy**. It is also important that all athletes provide their coach/instructor with a *Medical Clearance Letter* prior to returning to full contact sport activities.

<b>Stage</b>	<b>Aim</b>	<b>Activity</b>	<b>Goal of each step</b>
<b>1</b>	Symptom-limiting activity	Daily activities that do not provoke symptoms	Gradual re-introduction of work/school activities
<b>2</b>	Light aerobic activity	Activities such as walking or stationary cycling.  The athlete 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.	Increase heart rate
<b>3</b>	Sport-specific exercise	Activities such as light indoor rowing, active yoga, stretching.  There should be no jarring motions such as high-speed agility training or jumping.  No head impact activities.  <b>Symptoms?</b> Return to previous stage and only engage in activities as tolerated. If symptoms persist consult a physician.  <b>No symptoms?</b> Proceed to Stage 4 after 24 hours.	Add movement

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4	Begin drills without body contact / off water	<p>Activities such as boat work, boat rigging and resistance training can begin at this stage.</p> <p>May start progressive resistance training.</p> <p><b>Symptoms?</b> Return to previous stage and only engage in activities as tolerated. If symptoms persist consult a physician.</p> <p><b>No symptoms?</b> The time needed to progress will vary with the severity of the concussion and with the athlete. Proceed to Stage 5 only after medical clearance.</p>	Exercise, coordination and increased thinking
5	Return to sport - on water practice	<p>Following medical clearance.</p> <p>In the context of sailing, this would mean coaches and instructors will allow sailors to return to on water training gradually increasing the challenge of the activity.</p> <p>Sailors may return to both training &amp; competition at this stage</p> <p>Symptoms? Return to previous stage and only engage in activities as tolerated. If activities persist, consult a physician.</p> <p>No symptoms? Proceed to Stage 6 after minimum of two on-water training sessions without symptoms</p>	Begin engagement in training & competition
6	Competition	Return to sport with normal activities in training and competition.	Engage in training and competition

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- **Who:** Medical doctor, nurse practitioner and team athletic therapist or physiotherapist (where available)
- **How:** *Return-to-School Strategy, Sport-Specific Return-to Sport Strategy, Medical Assessment Letter*

## 6. Multidisciplinary Concussion Care

Most athletes who sustain a concussion while participating in sport will make a complete recovery and be able to return to full school and sport activities within 1-4 weeks of injury. However, approximately 15-30% of individuals will experience symptoms that persist beyond this time frame. If available, individuals who experience persistent post-concussion symptoms (>4 weeks for youth athletes, >2 weeks for adult athletes) may benefit from referral to a medically supervised multidisciplinary concussion clinic that has access to professionals with licensed training in traumatic brain injury that may include experts in sport medicine, neuropsychology, physiotherapy, occupational therapy, neurology, neurosurgery, and rehabilitation medicine.

Referral to a multidisciplinary clinic for assessment should be made on an individualized basis at the discretion of an athlete's medical doctor or nurse practitioner. If access to a multidisciplinary concussion clinic is not available, a referral to a medical doctor with clinical training and experience in concussions (e.g. a sport medicine physician, neurologist, or rehabilitation medicine physician) should be considered for the purposes of developing an individualized treatment plan. Depending on the clinical presentation of the individual, this treatment plan may involve a variety of healthcare professionals with areas of expertise that address the specific needs of the athlete based on the assessment findings.

- **Who:** Multidisciplinary medical team, medical doctor with clinical training and experience in concussions (e.g. a sports medicine physician, neurologist, or rehabilitation medicine physician), licensed healthcare professionals

## 7. Return to Sport

Athletes who have been determined to have not sustained a concussion and those that have been diagnosed with a concussion and have successfully completed their *Return-to-School and Sailing-Specific Return-to-Sport Strategy* can be considered for return to full sports activities. The final decision to medically clear an athlete to return to full game activity should be based on the clinical judgment of the medical doctor or nurse practitioner taking into account the athlete's past medical history, clinical history, physical examination findings, and the results of other tests and clinical consultations where indicated (i.e. neuropsychological testing, diagnostic imaging). Prior to returning to full contact practice and game play, each athlete that has been diagnosed with a concussion must provide their coach with a standardized *Medical Clearance Letter* that specifies that a medical doctor or nurse practitioner has personally evaluated the patient and has cleared the athlete to return to sports. In geographic regions of Canada with limited access to medical doctors (i.e. rural or northern communities), a licensed healthcare professional (such as a nurse) with pre-arranged access to a medical doctor or nurse practitioner can provide this



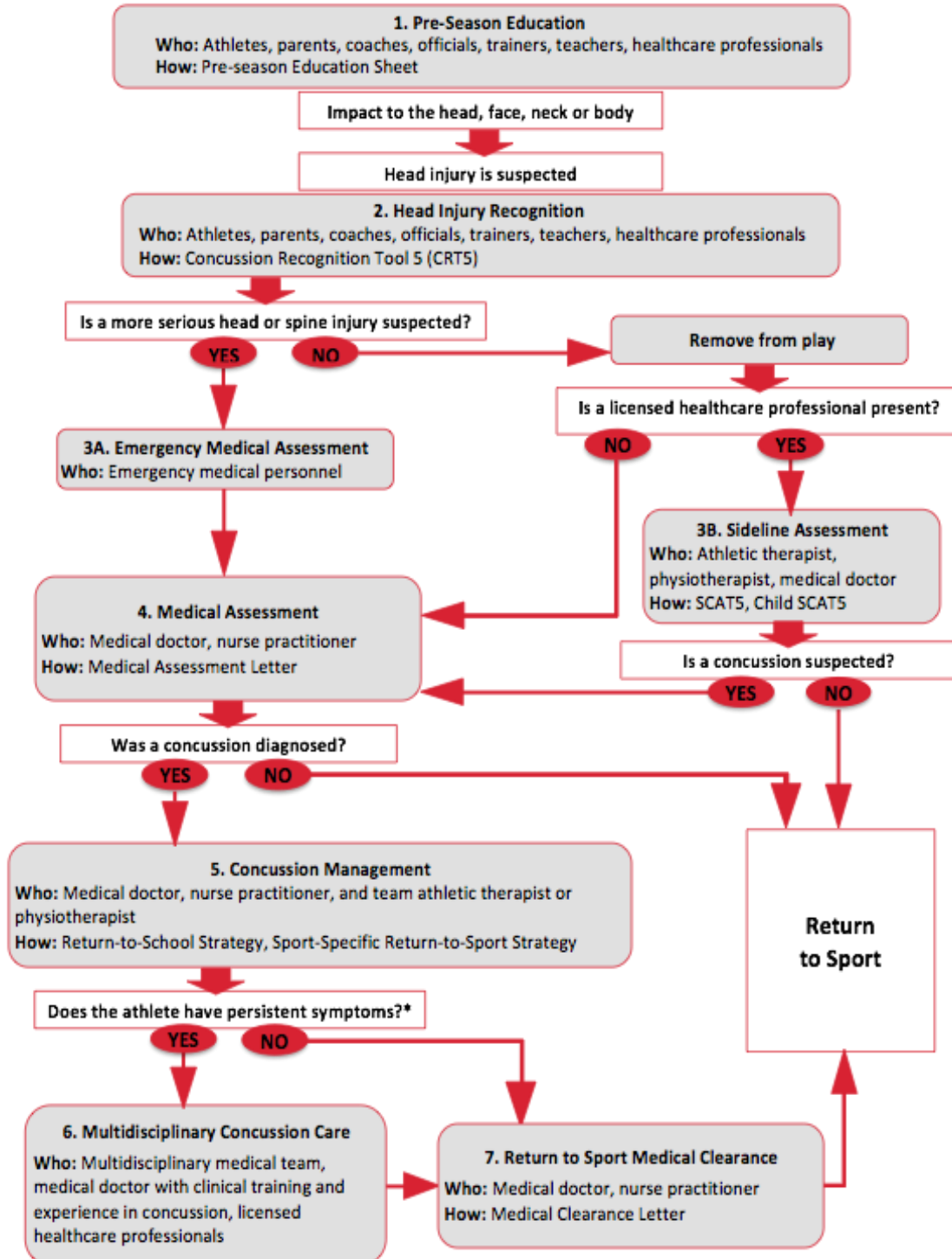
documentation. A copy of the *Medical Clearance Letter* should also be submitted to sports organization officials that have injury reporting and surveillance programs where applicable.

Athletes who have been provided with a *Medical Clearance Letter* may return to full sport activities as tolerated. If the athlete experiences any new concussion-like symptoms while returning to play, they should be instructed to stop playing immediately, notify their parents, coaches, trainer or teachers, and undergo follow-up *Medical Assessment*. In the event that the athlete sustains a new suspected concussion, the **Sail Canada Concussion Protocol** should be followed as outlined here.

- **Who:** Medical doctor, nurse practitioner
- **Document:** *Medical Clearance Letter*

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**Sail Canada Concussion Pathway**



\*Persistent symptoms: lasting > 4 weeks in children & youth or > 2 weeks in adults

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## Sailing Specific Return-to-Sport Strategy

STAGE	AIM	ACTIVITY	GOAL OF EACH STEP
1	Symptom-limiting activity	Daily activities that do not provoke symptoms.	Gradual reintroduction of work/school activities
2	Light aerobic activity	<p>Activities such as walking or stationary cycling.</p> <p>The athlete should be supervised by someone who can help monitor for symptoms and signs.</p> <p>No resistance training or weight lifting.</p> <p>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.</p>	Increase heart rate
3	Sport-specific exercise	<p>Activities such as tuning, trim work, and training in light to marginal conditions can begin at this step.</p> <p>There should be no capsizing, wire-to-wire tacking, or other jarring motions such as high-speed stops, kinetics or contact/collisions with other boats.</p> <p>No head impact activities.</p>	Add movement
4	Full intensity practice	<p>Activities such as boat handling and training in moderate conditions can begin at this stage.</p> <p>Boat handling should be trained at a reduced intensity and should not involve drills with any risk of contact with the boom, of jarring capsizes, or of contact with other boats.</p> <p>May start progressive resistance training.</p>	Exercise, coordination and increased thinking

<b>5</b>	Return to sport	<p>Following medical clearance.</p> <p>In the context of sailing, this would mean training in all aspects including boat handling, capsizing conditions, and in all conditions as well as in close proximity to other boats.</p> <p>Sailors may return to both training &amp; competition at this stage.</p>	Full engagement in training & competition
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