

## WHAT IS A CONCUSSION?

A concussion is a brain injury that causes changes in how the brain functions, leading to symptoms/signs that can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty concentrating or remembering), emotional/behavioural (e.g., depression, irritability) and/or related to sleep (e.g., drowsiness, difficulty falling asleep)

## WHAT CAUSES A CONCUSSION?

May be caused either by a direct blow to the head, face or neck, or a blow to the body that transmits a force to the head that causes the brain to move rapidly within the skull;

## WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

**Presence of any one or more of the following signs & symptoms may suggest a concussion. Participants does not need to be knocked out (lose consciousness) to have had a concussion. Signs and symptoms can be immediate or may be delayed by hours or days. It may be more difficult for children under 10 years of age to communicate how they are feeling.**

- Loss of Consciousness
- Seizure or convulsion
- Balance Problems
- Nausea or Vomiting
- Drowsiness
- More Emotional
- Amnesia
- Sensitivity to noise
- Irritability
- Sadness
- Fatigue or low energy
- Nervous or anxious
- "Don't feel right"
- Difficulty remembering
- Feeling like "in a fog"
- Difficulty concentrating
- Headache
- Dizziness
- Feeling slowed down
- "Pressure in head"
- Blurred vision
- Sensitivity to light
- Neck pain

**Concussion symptoms are made worse by exertion—both physical and mental.**

## REMOVAL FROM PLAY (SUSPECTED CONCUSSION)

- a) If an individual is conscious and suspected of having a concussion, he/she is to be IMMEDIATELY REMOVED FROM PLAY/ACTIVITY.
- b) Employees/contractors are to understand that they have the authority to remove from play any individual suspected of having a concussion – "when in doubt, sit them out."
- c) Following their removal from play, any individual suspected of having a concussion is to be assessed by a medical doctor or nurse practitioner.

Note: If an individual is unconscious/has experienced any loss of consciousness, initiate emergency action plan and call 911. Do not move participant (other than required for airway support) or remove athletic equipment like a helmet as there may also be a cervical spine injury; wait for paramedics to arrive.

***When in doubt, sit them out!***

## SIX STEP RETURN TO PLAY (DIAGNOSED CONCUSSION)

**Step 1:** No activity, only complete mental and physical rest. Proceed to step 2 only when all symptoms are gone.

**Step 2:** Light aerobic exercise, such as walking or stationary cycling. Monitor for symptoms and signs. No resistance training or weight lifting.

**Step 3:** Sport specific activities and training (e.g. skating).

**Step 4:** Drills without body contact. May add light resistance training and progress to heavier weights. Go to step 5 after written medical clearance.

**Step 5:** Begin drills with body contact.

**Step 6:** Game play. (The earliest a concussed participant should return to play is one week).

**Note:** Each step must take a minimum of one day with the diagnoses and guidance from a medical professional. If the participant has any symptoms of a concussion (e.g. headaches, feeling sick to his/her stomach) that come back at any step, STOP activity.

**Please Sign and Return This Page Only**

**Caution: READ CAREFULLY BEFORE SIGNING**

I \_\_\_\_\_ hereby certify that I am an authorized representative of \_\_\_\_\_ (hereinafter, "my group or organization"). I further certify and represent that I have read the Town of Pelham's Concussion Information Sheet and understand what a concussion is and how it may be caused. I also understand what the signs, symptoms, and behaviours are and agree to remove the participant from practice/play if exhibited and/or a concussion is suspected.

I agree to indemnify and hold harmless the Town of Pelham and its respective agents, directors, employees, volunteers, and their successors from any and all liability arising from and in connection with participants from my group or organization in this athletic activity.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME OF GROUP REPRESENTED (if applicable)

\_\_\_\_\_  
DATE SIGNED