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United DFC Policies and Procedures Concussion Policy

1.0 Purpose

United DFC is committed to the health and safety of our members. We recognise the heightened awareness and potential consequences of concussions and/or repetitive brain trauma in sport. As a community soccer organization in Canada, we have adopted Canada Soccer's Concussion policy to ensure United DFC members know how to effectively recognize and respond to concussions.

From Canada Soccer:

This policy is intended for those managing concussion in soccer at all levels. Professional and National level athletes typically have access to an enhanced level of medical care, which means that their concussion and their return to play can be managed in a more closely monitored way.

The Policy is based on current evidence and examples of best practice taken from soccer organizations around the world and other sports, including the Football Association, the Scottish FA, World Rugby, and the Canadian Concussion Collaborative. They are consistent with The Canadian Guideline on Concussion in Sport, (Toronto: Parachute, 2017) and the current Consensus Statement on Concussion in Sport issued by the Fifth International Conference on Concussion in Sport, Berlin 2017. The Policy has been reviewed and is approved by Canada Soccer Sports Medicine Committee.

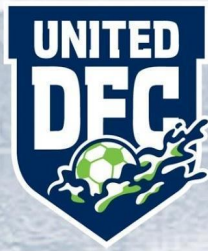
While this policy aims to reflect 'best practice', it must be recognized that there is a current lack of evidence with respect to their effectiveness in preventing long-term harm. Canada Soccer Sports Medicine Committee will continue to monitor research and consensus in the area of concussion and update its policies accordingly.

This version was adopted by Canada Soccer in 2018.

2.0 Definitions

Athlete: Is defined as all persons who are members of or play on a soccer team or participate in soccer programs with United DFC.

Persons in Authority: Is defined as those persons in positions of authority, such as roles as coach, assistant coach, team manager, executive member, administrator, referee, or any Persons of Authority who works with, for, or around **athletes**.



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Vulnerable Participant: Includes Minors and vulnerable adults (people who, because of age, disability or other circumstance, are in a position of dependence on others or are otherwise at a greater risk than the general population of being harmed by people in positions of trust or authority).

3.0 Scope

The scope of this policy applies to all United DFC members involved in the game (including Persons of Authority, Athletes, and parents and guardians of vulnerable participants or those under the age of majority) should be aware of the signs, symptoms and dangers of concussion.

4.0 Policy Statement

From Canada Soccer:

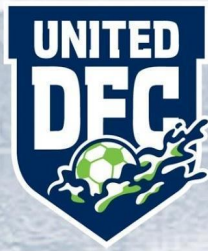
4.1 What is a concussion?

- A concussion is a brain injury.
- All concussions should be regarded as potentially serious.
- Most concussions recover completely with correct management.
- Incorrect management of a concussion can lead to further injury.

4.2 The Pathway for Concussion Management:

- Respond: We all need to play a part in the recognition and management of concussions.
- Recognize: Learn the signs and symptoms of a concussion, so that you understand when a soccer athlete might have a suspected concussion.
- Remove: If a soccer athlete has a suspected concussion they must be removed from activity immediately.
- Reentry: A licensed healthcare professional with expertise in the evaluation and management of head injury and concussions may review a athlete with suspected concussion at field side.
- Refer: Once removed from play, the athlete with suspected concussion must be referred to a medical doctor or nurse practitioner with training in the evaluation and management of head injury and concussions.
- Report: Communication between athletes, parents, team staff, and their health care providers is vital for the welfare of the athlete.
- Recover: Avoiding physical and brain activities that make concussive symptoms worse is the cornerstone of current concussion management.
- Return to Play
- Reassess

4.3 Following the pathway above, concussions should be managed according to current guidelines:



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Anyone with suspected concussion following an injury must be immediately removed from playing or training and receive a prompt assessment by a medical doctor or nurse practitioner.

Concussions are managed by licensed health care professionals working within their scope of practice and expertise.

Concussions are managed by a limited period of rest followed by avoiding physical and brain activities that make concussive symptoms worse, and once concussion related symptoms have resolved, a step-wise return to school, work and sports-related activities.

Return to education or work **must take priority** over returning to playing soccer.

Concussion symptoms must have completely resolved and documented medical clearance completed by a medical doctor or nurse practitioner must be received before resuming full contact practice or game play.

The recurrence of concussion symptoms subsequent to the return to full contact practice or game play requires removal from training or playing and reassessment.

5.0 Procedures

5.1 In line with Canada Soccer's Concussion policy, technical staff will ensure the following:

Pre-Season:

As part of a pre-season concussion education strategy, we recommended:

1. Our athletes and parents/guardians should review as a minimum, the Summary section of this document, OR both the Respond and Recognize sections of this document (recommended) as part of their soccer registration process.
2. All participants in our sport should be encouraged to familiarize themselves with the entirety of our Concussion Guidelines.

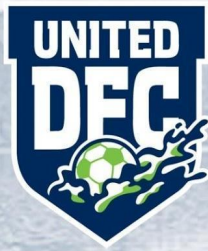
Note: Baseline (pre-season) testing of youth (<18 years) and adult recreational athletes using any tool or combination of tools is not required for post-injury care of those who sustain a suspected or diagnosed concussion and is not recommended.

Communication Tools:

For the communication between physicians and soccer coaches, team officials and clubs we recommend using: [Canada Soccer's Concussion Assessment Report](#)

Additional Resources

5.2 Full Concussion Management Protocol:



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RESPOND - WE ALL NEED TO PLAY A PART IN THE RECOGNITION AND MANAGEMENT OF CONCUSSION

As Canadians, we have a heightened awareness of concussions, related to increased media coverage of this brain injury with its range of outcomes, incidents involving high profile athletes with concussion, and increasing understanding of the consequences of repetitive brain trauma, primarily within professional sports.

WHAT IS A "CONCUSSION"?

Concussion is an injury to the brain resulting in a disturbance of brain function involving thinking and behavior.

WHAT CAUSES CONCUSSION?

Concussion can be caused by a direct blow to the head or an impact to the body causing rapid movement of the head.

ONSET OF SYMPTOMS

Symptoms of concussion typically appear immediately but may evolve within the first 24-48 hours.

WHO IS AT RISK?

All of our sport's participants (athletes, but also team staff and officials).

Some soccer participants are at increased risk of concussion:

Children and adolescents (18 years and under) are more susceptible to brain injury, take longer to recover, and are susceptible to rare dangerous brain complications, which may include death.

Female soccer athletes have higher rates of concussion.

Participants with previous concussion are at increased risk of further concussions - which may take longer to recover.

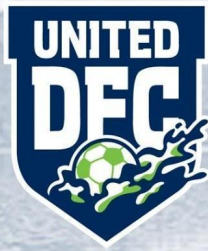
WHAT ARE THE DANGERS OF BRAIN INJURY?

Failure to recognize and report concussive symptoms or returning to activity with on-going concussion symptoms set the stage for:

1. Cumulative concussive injury
2. Second Impact Syndrome'

Second impact syndrome is a rare occurrence. An athlete sustains a brain injury and while still experiencing symptoms (not fully recovered), sustains a second brain injury, which is associated with brain swelling and permanent brain injury or death. Brain swelling may also occur without previous trauma. Recurrent brain injury is currently implicated in the development of Chronic Traumatic Encephalopathy

Chronic Traumatic Encephalopathy (CTE) is a progressive degenerative brain disease seen in people with a history of brain trauma. For athletes, the brain trauma has been repetitive.



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Originally described in deceased boxers, it now has been recognized in many sports. Symptoms include difficulty thinking, explosive and aggressive behavior, mood disorder (depression), and movement disorder (parkinsonism).

RECOGNIZE - LEARN THE SIGNS AND SYMPTOMS OF A CONCUSSION SO YOU UNDERSTAND WHEN A SOCCER PLAYER MIGHT HAVE A SUSPECTED CONCUSSION.

Everyone involved in the game (including side-line staff, coaches, officials, athletes, parents and guardians of children and adolescents) should be aware of the signs, symptoms and dangers of concussion. If any of the following signs or symptoms are present following an injury the athlete should be suspected of having concussion and immediately removed from play or training.

"If in doubt, sit them out."

"It is better to miss one game than the whole season."

VISIBLE CLUES OF CONCUSSION – WHAT YOU MAY SEE:

Any one or more of the following visual clues can indicate a concussion:

- Dazed, blank or vacant look
- Lying motionless on ground / slow to get up
- Unsteady on feet / balance problems / falling over / poor coordination
- Loss of consciousness or responsiveness
- Confused or not aware of play or events
- Grabbing, clutching, or shaking of the head
- Seizure
- More emotional or irritable than normal for that person
- Injury event that could have caused a concussion

SYMPTOMS OF CONCUSSION - WHAT YOU MAY BE TOLD BY AN INJURED PLAYER:

The presence of any one or more of the following symptoms may suggest a concussion:

- Headache or "Pressure in head"
- Dizziness or balance problems
- Mental clouding, confusion, or feeling slowed down
- Trouble seeing
- Nausea or vomiting
- Fatigue
- Drowsiness or feeling like "in a fog" or difficulty concentrating
- Sensitivity to light or noise
- Difficulty with reading, learning or work
- Sleep problems: getting asleep, too much or too little
- Emotional / anger / sad / anxious

[The Concussion Recognition Tool 5](#) is valuable for all first responders in recognizing suspected concussion and responding to more severe brain injury or potential neck injury.*

REMOVE - IF A SOCCER PLAYER HAS A SUSPECTED CONCUSSION HE OR SHE MUST BE REMOVED FROM ACTIVITY IMMEDIATELY.



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Team-mates, staff, coaches, athletes or parents and guardians who suspect that an athlete may have a concussion MUST work together to ensure that the athlete is removed from play in a safe manner.

If a neck injury is suspected the athlete should not be moved and should only be removed from the field of play by emergency healthcare professionals with appropriate spinal care training. Call 911.

Activate your emergency action plan.

More severe forms of brain injury may be mistaken for concussion. If **ANY** of the following are observed or reported within 48 hours of an injury, then the athlete should be transported for urgent medical assessment at the nearest hospital (symptoms below). **Call 911. Activate your emergency action plan.**

- Neck pain or tenderness
- Deteriorating consciousness (more drowsy)
- Increasing confusion or irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual behavior change
- Seizure
- Double vision
- Weakness or tingling / burning in arms or legs

ANYONE WITH A SUSPECTED CONCUSSION SHOULD NOT:

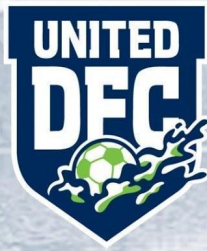
- be left alone until they have been assessed medically
- consume alcohol or recreational drugs in the first 24 hours, and thereafter should
- avoid alcohol or recreational drugs until free of all concussion symptoms
- drive a motor vehicle until cleared to do so by a medical doctor or nurse practitioner

RE-ENTRY – A LICENSED HEALTHCARE PROFESSIONAL WITH EXPERTISE IN THE EVALUATION AND MANAGEMENT OF HEAD INJURY AND CONCUSSIONS MAY REVIEW A PLAYER WITH SUSPECTED CONCUSSION AT FIELD SIDE.

An athlete who has been removed from play who reports NO concussion symptoms and NO visual clues of a concussion can be returned to play. Any such athlete should be monitored for delayed symptoms, which may appear over the next 24-48 hours. If there is any doubt whether an athlete has sustained a concussion, they should be removed from play and undergo medical assessment by a medical doctor or nurse practitioner.

REFER - ONCE REMOVED FROM PLAY, THE PLAYER WITH SUSPECTED CONCUSSION MUST BE REFERRED TO A MEDICAL DOCTOR OR NURSE PRACTITIONER WITH TRAINING IN THE EVALUATION AND MANAGEMENT OF HEAD INJURY AND CONCUSSIONS.

All cases of suspected concussion require referral to medical doctors or nurse practitioners for diagnosis, even if the symptoms resolve.



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In geographic regions of Canada with limited access to medical doctors (rural or northern communities), a licensed healthcare professional (i.e. nurse) with support from a medical doctor or nurse practitioner can provide this diagnostic evaluation.

REPORT – COMMUNICATION BETWEEN PLAYERS, PARENTS, TEAM STAFF, AND THEIR HEALTH CARE PROVIDERS IS VITAL FOR THE WELFARE OF THE PLAYER.

Players, parents and guardians must disclose the nature of, and status of all active injuries (including concussions) to coaches and team staff.

Players need to be responsible for one another and encourage the disclosure of concussion symptoms.

For children and adolescents with suspected concussion who have not been directly transferred for medical management, coaches must communicate their concerns directly with the parents or guardians.

RECOVER – AVOIDING PHYSICAL AND BRAIN ACTIVITIES THAT MAKE CONCUSSIVE SYMPTOMS WORSE IS THE CORNERSTONE OF CURRENT CONCUSSION MANAGEMENT.

The management of a concussion involves an initial limited period (<24-48 hours) of physical and brain rest.

Stage 1 of the Return-to-Soccer Strategy (see Return to Soccer Strategy, page 11) involves avoiding or limiting physical and brain activities that make concussive symptoms worse.

Once concussion related symptoms have resolved, the athlete may start Stage 2 and continue to proceed to the next level when he/she completes the stage without a recurrence of concussion-related symptoms.

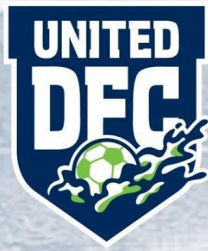
In conjunction with your school and educational professionals and health care provider, recommendations will be made about whether it is appropriate to take time away from school, or whether returning to school should be done in a graded fashion, this is called “return to learn”.

Your health care provider will also make recommendations about whether it is appropriate to take time away from work, or whether returning to work should be done in a graded fashion, this is called “return to work”.

RETURN TO PLAY

Players who have been removed from play and referred for medical assessment for a suspected concussion who provide a completed Concussion Assessment Medical Report that is signed by a medical doctor or nurse practitioner which documents **NO** active concussion may participate in training sessions and game play.

Players who have been removed from play and referred for assessment for a suspected concussion who provide a completed Concussion Assessment Medical Report that is signed by a medical doctor or nurse practitioner which documents a concussion diagnosis may participate in training sessions (Stage 3 and 4) within the Return-to-Soccer Strategy (next page), once they or their parents/guardians report NO concussion symptoms and successfully completing Stage 2 (15 minutes of light aerobic activity).



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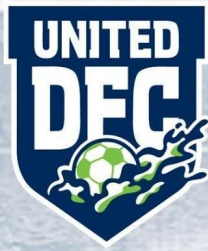
Players who have concluded Stage 4 within a Return-to-Soccer Strategy who provide a second completed Concussion Assessment Medical Report that is signed by a medical doctor or nurse practitioner which documents recovered concussion may participate in full contact training sessions (Stage 5) and subsequently, game play within the Return-to-Soccer Strategy (next page), if they remain clear of concussion symptoms.

REASSESS

An athlete with prolonged concussion recovery (>4 weeks for youth athletes, >2 weeks for adult athletes), or recurrent or complicated concussions, should be assessed and managed by a medical doctor with experience in sports-related concussions, working within a multidisciplinary team.

5.3 Return to Play Strategy from Canada Soccer

RETURN TO SOCCER STRATEGY				
Depending on the severity and type of the symptoms, players may progress through the following stages at different rates. Stages 2-4 should each take a minimum of 24 hours in adults, and longer in those 18 years and under.				
If the player experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage and attempt to progress again after being free of concussion-related symptoms for 24 hour or seek medical attention.				
	EXERCISE ALLOWED	% MAX HEART RATE	DURATION	OBJECTIVE
STAGE 0 REST	<ul style="list-style-type: none"> Rest NO activities 	No training	< 1-2 Days	Rest
STAGE 1 SYMPTOM LIMITED	<ul style="list-style-type: none"> Daily activities that do not provoke symptoms 		Until concussion symptoms clear	Recovery Symptom free
STAGE 2 LIGHT EXERCISE	<ul style="list-style-type: none"> Walking, light jogging, swimming, stationary cycling or at slow to medium pace NO soccer NO resistance training, weight lifting, jumping or hard running 	< 70%	< 15 min	Increase heart rate
STAGE 3 SOCCER-SPECIFIC EXERCISE	<ul style="list-style-type: none"> Simple movement activities ie. running drills Limit body and head movement NO head impact activities NO heading 	< 80%	< 45 min	Add movement
STAGE 4 NON-CONTACT TRAINING	<ul style="list-style-type: none"> Progression to more complex training activities with increased intensity. coordination and attention e.g. passing, change of direction, shooting, small-sided game May start resistance training NO head impact activities including NO heading goalkeeping activities should avoid diving and any risk of the head being hit by a ball 	< 90%	< 60 min	Exercise, coordination and skills/tactics
<ul style="list-style-type: none"> Youth (<18 years) and adult student-athletes have returned to full-time school activities at this time Repeat medical assessment with second Concussion Assessment Medical Report 				
STAGE 5 FULL CONTACT PRACTICE	<ul style="list-style-type: none"> Normal training activities ie tackling, heading, diving saves 	< 100%		Restore confidence and assess functional skills by coaching staff
STAGE 6 GAME PLAY	<ul style="list-style-type: none"> Normal game play. 	< 100%		Player rehabilitated



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6.0 Related, Policies, Legislation and/or Documents

[Canada Soccer Concussion Policy](#)

[Canada Soccer's Concussion Assessment Report](#)

[The Concussion Recognition Tool 5](#)

7.0 Approval and Review

Approval and Review	Details
Approval Authority	Board of Directors
Administrator	Director of Soccer
Next Review Date	05/06/2025
Approval and Amendment History	Details
Original Approval Authority and Date	21/03/2021
Amendment Authority and Date	05/06/2022
Notes	