



CONCUSSION PROTOCOL

Approved Date: October 7 2024 Revision Date:	Approved by: Board of Directors
Effective Date: October 7 2024	Next Review Date: October 2027

1. **Preamble**

1.1 British Columbia Archery Association has developed the British Columbia Archery Association Concussion Protocol to help guide the management of athletes and registrants who may have a suspected concussion while participating in the sport of archery. This protocol will apply whether the suspected concussion is because of an incident with the sport environment of archery or due to an incident outside of the sport environment.

The Concussion Protocol follows the Concussion Protocol of Archery Canada as approved by the Archery Canada Board of Directors on January 13, 2019.

2. **Purpose**

2.1 This protocol covers the recognition, medical diagnosis, and management of archers, parents, officials, and coaches who may have sustained a concussion and are participating in an archery activity. It specifically aims to ensure that athletes with a suspected concussion receive timely and appropriate care and proper management to allow them to return to archery safely. This protocol may not address every possible clinical scenario that can occur during sport-related activities but includes critical elements based on the latest evidence and current expert consensus.

3. **Who Should Use this Protocol?**

3.1 This protocol is intended for use by all individuals who interact with athletes inside and outside the context of school and non-school based organized sports activity, including athletes, parents, coaches, officials, teachers, trainers, and licensed healthcare professionals.

3.2 For a summary of the British Columbia Archery Association Concussion Protocol, please refer to the Sport British Columbia Archery Association Concussion Pathway figure at the end of this document.

4. **Pre-Season Education**

4.1 Despite increased attention focusing on concussion there is a continued need to improve concussion education and awareness. Optimizing the prevention and management of

concussion depends highly on annual education of all sport stakeholders (athletes, parents, coaches, officials, teachers, trainers, licensed healthcare professionals) on current evidence-informed approaches that can prevent concussion and more serious forms of head injury and help identify and manage an athlete with a suspected concussion.

4.2 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 • Return-to-School and Return-to-Sport Strategies • Return to sport medical clearance requirements.

5. Head Injury Recognition

5.1 Although the formal diagnosis of concussion should be made following a medical assessment, all sport stakeholders, including athletes, parent, teachers, coaches, 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 sport and recreation venues will not have access to on-site licensed healthcare professionals.

5.2 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 a player reports ANY concussion symptoms to one of their peers, parents, teachers, or coaches or if anyone witnesses an athlete exhibiting any of the visual signs of concussion as described in the Concussion Recognition Tool 5.

5.3 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.

6. Onsite Medical Assessment

6.1 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 where available. In cases where an athlete loses consciousness or it is suspected an athlete might have a more severe head or spine injury, Emergency Medical Assessment by emergency medical professionals should take place (see 7 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 8 below).

7. Emergency Medical Assessment

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

7.2 Coaches, parents, teachers, trainers, and officials should not make any effort to remove equipment or move the athlete until an ambulance has arrived and the athlete should not be left alone until the ambulance arrives. After the emergency medical services staff have 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 19 years of age, their emergency contact person should be contacted if one has been provided.

8. Sideline Medical Assessment

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

8.2 If a licensed healthcare professional is present: The athlete should be taken to a quiet area and undergo Sideline Medical Assessment using the Sport Concussion Assessment

Tool 5

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or the

(bjsm.bmj.com/content/bjsports/51/11/862.full.pdf).

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 the game or practice and must be referred for Medical Assessment.

8.3 If a youth athlete is removed from play 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 be returned to play but should be monitored for delayed symptoms.

8.4 In the case of national team-affiliated athletes (age 18 years and older), an experienced certified athletic therapist, physiotherapist or medical doctor providing medical coverage for the sporting event 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 the practice or game without a Medical Clearance Letter, but this should be clearly communicated to the coaching staff. Players that have been cleared to return to games or practices should be monitored for delayed symptoms. If the athlete develops any delayed symptoms the athlete should be removed from play and undergo medical assessment by a medical doctor or nurse practitioner.

8.5 If no licensed healthcare professional is present: The athlete should be referred immediately for medical assessment by a medical doctor or nurse practitioner, and the athlete must not return to play until receiving medical clearance. If such a decision is made in practice or in competition, an incident report should be completed and should outline what symptoms were observed, the steps taken on site, and the person who referred the individual for medical assessment.

9. Medical Assessment

9.1 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 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 departments ● Internal medicine ● Rehabilitation (physiatrists) physicians ● Neurologists ● Neurosurgeons.

9.2 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. 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.

10. **Concussion Management**

10.1 When an athlete has been diagnosed with a concussion, it is important that the athlete's parent/legal guardian 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/spouse 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.

10.2 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 and sport activities. Athletes diagnosed with a concussion are to be managed according to their Return-to-School 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 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.

10.3 The stepwise progressions for Return-to School and Return-to-Sport Strategies are outlined below.

10.3.1 Return-to-School Strategy: The following is an outline of the Return-to-School Strategy that should be used to help student-athletes, parents, and teachers to collaborate in allowing the athlete to make a gradual return to school activities. Depending on the severity and type of symptoms present, student-athletes will progress through the following stages at different rates. If the student-athlete experiences new or worsening symptoms at any stage, they should return 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.

10.3.2 Archery Specific Return-to-Sport Strategy: The following is an outline of the Return-to-Sport Strategy that should be used to help athletes, coaches, 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 Archery-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 activities before progressing to stage 5 and 6 of the Archery-Specific Return-to-Sport Strategy. It is also important that all athletes provide their coach with a Medical Clearance Letter prior to returning to full sport activities¹