

B.C. LACROSSE ASSOCIATION

2019 PROPOSED CHANGES TO THE BCLA GENERAL OPERATING POLICY

Proposed by the BCLA Board

That in APPENDIX B: BCLA Fee Schedule, all of the **2019-2020 BCLA per player registration fees shall be increased by \$1.00, with the exception of development and recreational fees** (Masters, Senior Female Box, etc.) that would read:

SENIOR AND MINORBOX LACROSSE PLAYER REGISTRATION – 2020 Season				
	TEAM FEE	INSURANCE	PER PLAYER REGISTRATION	
Senior A	\$250	\$385	\$56	
Senior B	\$150	\$385	\$56	
Senior C	\$150	\$385	Year 1 \$15	Year 2 \$25 Year 3 \$56
Junior A	\$150	\$220	\$52	
Junior B – Tiers 1/2/3	\$100	\$220	\$52	
Midget/Junior (Minor/Female)			\$46	
Bantam (Minor/Female)			\$46	
PeeWee (Minor/Female)			\$46	
Novice (Minor/Female)			\$45	
Tyke			\$45	
Mini-Tyke			\$42	
Female Box Lacrosse Recreational			\$15	
Minor Box (First year associations)			\$15	
Minor Box(Second year associations)			\$25	

DEVELOPMENT SENIOR BOX LACROSSE PLAYER REGISTRATION – 2019-2020 Season				
	INSURANCE FEE	PER PLAYER REGISTRATION		
Senior Box	\$385	Year 1 \$15	Year 2 \$25	Year 3 \$56
Junior Box	\$220	Year 1 \$15	Year 2 \$25	Year 3 \$52

FIELD LACROSSE PLAYER REGISTRATION – 2019-2020 Season	
	REGISTRATION
Senior	\$53
Youth	\$47
Girls Field Lacrosse (House League – U19 and Below)	\$15
Youth Field/Girls Field (first year associations)	\$15
Youth Field/Girls Field (second year associations)	\$25

Rationale: The CLA has increased their per player participant fee by \$1.00 that will be reflected in their 2020 invoice (from \$3 to \$4 per participant).

Proposed by the BCLA Board

That all references to gender pronouns (i.e., him, his, she, her, her's) contained in the BCLA Operating Policy are replaced with appropriate language (i.e., the athlete, the coach, the official, the individual, etc.).

Rationale: To support diversity and inclusion.

Proposed by the BCLA Board

Add REGULATION 1: CODE OF CONDUCT, 1.02 that would read:

1.02 Conduct to Protect Children:

The safety, rights, and well-being of children is a priority of the BC Lacrosse Association (BCLA) and its membership. We nurture supportive relationships with children while balancing and encouraging appropriate boundaries. All staff, members and participants are expected to treat children with respect and dignity. They are to establish, respect and maintain appropriate boundaries with all children and families involved in activities and programs delivered by the BCLA and its members. All interactions and activities with children should be known to, and approved by, the member association and the parent/guardian of the child. For more information about Conduct to Protect Children - <https://www.protectchildren.ca/en/about-us/>.

Rationale: To provide information about how to address conduct specifically when children are involved.

Proposed by the BCLA Board

REGULATION 7: PLAYER REGISTRATION, 7.05 currently reads:

- 7.01 **US** residents may become members on an annual basis by applying for placement through a league and ratification by the appropriate Directorate. Potential members must apply to Minor Box/Senior Box/Field Directorate for approval, and must follow the applicable registration and transfer procedures. Within Minor Box and Youth Field, a US player is not permitted to displace a resident player; specifically, resident players cannot be released if **US** players are being accepted by a club (this does not speak to the caliber or tier that either player will achieve after association tryouts).

Amend REGULATION 7: PLAYER REGISTRATION, 7.05 that would read:

- 7.01 **Out of Country** residents may become members on an annual basis by applying for placement through a league and ratification by the appropriate Directorate. Potential members must apply to Minor Box/Senior Box/Field Directorate for approval, and must follow the applicable registration and transfer procedures. Within Minor Box and Youth Field, **an Out of Country** player is not permitted to displace a resident player; specifically, resident players cannot be released if US players are being accepted by a club (this does not speak to the caliber or tier that either player will achieve after association tryouts).

Rationale: This policy should not be limited to US players as individuals from any country should be included in this policy.

REGULATION 11: SUSPENSIONS AND DISCIPLINE, 11.01 currently reads:

- 11.01 All BCLA members shall recognize that all disciplinary actions and suspensions given in the Field Directorate, Senior Directorate, Minor Directorate, Recreation Directorate, BC Lacrosse Coaches Technical Support Group, BC Lacrosse Volunteer Leadership Technical Support Group and the BC Lacrosse Officials Technical Support Group will be served in that Directorate or Technical Support Group, unless upon a recommendation of the residing body, it is deemed by the BCLA Executive that the infraction warrants a suspension from all sectors or any other sectors of the BCLA. An exception to this will be when a suspension is due to non-payment of funds owing to the BCLA Office, Team or League. When a suspension is for outstanding monies, the suspension will apply to all Directorates and Technical Support Groups. The only other exception will be that a Minor Directorate player is not permitted to play with a Senior Directorate team until the player's suspension with the Minor team has been served and if a Minor Directorate player receives a suspension while playing up on a Senior Directorate team, the player is not able to play for their minor team until the suspension for the allotted number of games assessed in the Senior Directorate has been served with the team the player is registered with. Coaches who receive a suspension in Minor or Senior are not permitted to coach at any level until the suspension has been served in the level at which the suspension was given.

Amend REGULATION 11: SUSPENSIONS AND DISCIPLINE, 11.01 that would read:

- 11.01 All BCLA members shall recognize that all disciplinary actions and suspensions given in the Field Directorate, Senior Directorate, Minor Directorate, Recreation Directorate, BC Lacrosse Coaches Technical Support Group, BC Lacrosse Volunteer Leadership Technical Support Group and the BC Lacrosse Officials Technical Support Group will be served in that Directorate or Technical Support Group, unless upon a recommendation of the residing body, it is deemed by the BCLA Executive that the infraction warrants a suspension from all sectors or any other sectors of the BCLA. An exception to this will be when a suspension is due to non-payment of funds owing to the BCLA Office, Team or League. When a suspension is for outstanding monies, the suspension will apply to all Directorates and Technical Support Groups. The only other exception will be that a Minor Directorate player is not permitted to play with a Senior Directorate team **or Recreation Directorate team** until the player's suspension with the Minor team has been served and if a Minor Directorate player receives a suspension while playing up on a Senior Directorate team **or Recreation Directorate team**, the player is not able to play for their minor team until the suspension for the allotted number of games assessed in the Senior Directorate **or Recreation Directorate** has been served with the team the player is registered with. Coaches who receive a suspension in Minor or Senior **or Recreation** are not permitted to coach at any level until the suspension has been served in the level at which the suspension was given.

Rationale: As there is a Senior Womens Box Lacrosse league in the Recreation Directorate and Junior Female players can be called up to play games in the B.C. Senior Womens Box Lacrosse league during their season and playoffs, players that are called up should not be allowed to play if they are under suspension in the Junior Female league. Also, if a coach receives a suspension in the Recreation Directorate, he should not be able to coach at any other level until he has served the suspension.

Proposed by the BCLA Board

Add a new REGULATION 19: TRANSPORTATION BY VOLUNTEER DRIVERS that would read:

- 19.01 The BC Lacrosse Association (BCLA) recognizes that there will be times when private vehicles are used to transport athletes, coaches, referees and/or volunteers (other than within a family), and the BCLA values the involvement and commitment of volunteer drivers.
- 19.02 Any volunteer driver willing to provide transportation where needed for organized lacrosse activities, must review and comply with the following conditions:
- a) The Insurance Corporation of British Columbia (ICBC) considers drivers to be "volunteers" as long as they are reimbursed only for reasonable expenses. A volunteer who is paid a wage or is reimbursed for that individual's time is no longer considered a "volunteer" and is to contact his/her Autoplan agent as it may be necessary for the volunteer's vehicle to be rated for "business use".
 - b) The driver must hold a valid British Columbia (ICBC) driver's licence (Novice Stage or Full Privilege only). Volunteer drivers must be twenty-five (25) years or older.
 - c) The vehicle must have standard insurance coverage with ICBC.
 - d) The vehicle must have one (1) seatbelt available for every passenger, including the driver. Drivers are responsible for complying with all child restraint requirements.
 - e) The number of persons being transported in the vehicle must not exceed the normal carrying capacity of that vehicle.
 - f) The vehicle must be maintained in sound mechanical order.
 - g) A vehicle with a seating capacity of more than ten (10) persons, including the driver, is classified by the Motor Vehicle Branch as a "bus". A "bus" used to transport athletes, coaches, referees and/or volunteers is required to have a valid Class 4 Driver's License issued by the Motor Vehicle Branch. This will include volunteers' vehicles and rental vehicles used for athletes, coaches, referees and/or volunteers transportation.
 - h) Volunteers who rent vehicles to transport athletes, coaches, referees and/or volunteers must be aware of the appropriate requirements for driver's license

classifications, third party liability insurance limits, and bus permits, particularly when renting vehicles, which have a capacity to carry more than ten people, including the driver. Vehicle capacity, and not the number of passengers being carried, is the determining factor. Only drivers who are declared to the rental agency are allowed to drive (confirm minimum age requirement for operating a rental vehicle with the rental agency). Insurance coverage is voided if an undeclared driver drives the vehicle.

- i) There is no medical, dental or disability coverage for volunteers. If a volunteer is injured by the actions of other people, the volunteer still has the right of common law action and in the case of automobile-related injuries, ICBC coverage may apply.
- j) All incidents of injury or vehicle accidents must be reported to the individual's respective Association/Club/League immediately.

Rationale: Volunteers and parents have expressed concern about driving other people in their cars to transport to and from lacrosse activities. This information outlines the expectations of the drivers.

Re-number subsequent regulations.

Proposed by the BCLA Board

REGULATION 16: CONCUSSION AWARENESS AND EDUCATION currently reads:

- 16.01 The BCLA acknowledges the severity of concussion and its life-long effects on players and their families. ~~In recognition of this, the BCLA will provide parent and athlete concussion education as part of our annual registration package, including a concussion-specific informed consent that must be read and signed by both parent and athlete.~~

Replace REGULATION 16: CONCUSSION AWARENESS AND EDUCATION and add APPENDIX H: CONCUSSION MANAGEMENT FORMS that would read:

- 16.01 The BCLA acknowledges the severity of concussion and its life-long effects on players and their families.
- 16.02 The BCLA recommends that all members should review the on-line resources regarding Concussion Management and Protocols that are available at www.CATOnline.com, the resource developed and updated by Parachute Canada based on current research.
- 16.03 As per the BCLA's Risk Management Policy, all Associations/Teams must have an Emergency Action Plan that will be executed should any safety and/or medical emergency arise.
- 16.04 All teams must have a designated person responsible for initial concussion/head injury assessments during all practices and games. In addition to having First Aid Training, this designated person must have completed a Concussion Management Course and is capable of making an assessment of a concussion/head injury at the time of an incident.

- 16.03 BCLA members shall institute the following protocols when a member participant (athlete, official, coach, etc.) is suspected of sustaining a concussion or head injury:
- a) The individual must immediately be removed from play.
 - b) The designated person responsible for initial concussion/head injury assessments, along with one other adult when assessing anyone under the age of 19, will conduct the initial assessment the individual's injury; if a concussion or head injury is assessed, the individual will not return to play until the following protocols are met.
 - c) The individual must seek a medical evaluation by a physician or licensed healthcare professional after a suspected concussion or head injury.
 - d) The Head Injury Report must be completed by the Team Manager or Coach on the date of the injury, and submitted to 1) For regular league play to the Local Association/Team President or General Manager; 2) For provincial/tournament play, to the Association/Team President or General Manager and the Provincial or Tournament Director; and in the case of a Coach, to the BCLCG Chair; and in the case of an Official, to the BCLOG Chair. Please see Head Injury Report Form in APPENDIX H.
 - e) A member/participant who is deemed to have suffered a concussion or head injury may not return to play until a Medical Clearance Letter is provided 1) For regular league play to the Team Head Coach; 2) For provincial/tournament play, to the Team Head Coach and the Provincial or Tournament Director; and in the case of a concussion/head injury of a Coach, to the BCLCG Chair; and in the case of a concussion/head injury of an Official, to the BCLOG Chair. Please note that the medical clearance letter must be made available upon request to the local association/team President/General Manager, and/or to the League Commissioner. Please see Medical Assessment Letter and Medical Clearance Letter in APPENDIX H.
- 16.03 The documents contained in APPENDIX H: Concussion Management Forms, are resources that should be used when instituting the BCLA's Concussion Management Policy and Protocol. In addition, the following links to resources should be communicated to all members:
- Concussion Recognition Tools - <http://www.parachutecanada.org/downloads/resources/CRT5.pdf>
 - Concussion Guide for Coaches - <http://www.parachutecanada.org/downloads/resources/Concussion-Coaches.pdf>
 - Concussion Guide for Athletes - <http://www.parachutecanada.org/downloads/resources/Concussion-Athletes.pdf>
 - Concussion Guide for Parents/Caregivers - <http://www.parachutecanada.org/downloads/resources/Concussion-Parents-Caregivers.pdf>

Please refer to Concussion Policy/Protocol Information at <http://www.parachutecanada.org/injury-topics/item/2722> or visit www.CATTonline.com for the most up-to-date information regarding Concussion Management.

APPENDIX H: CONCUSSION MANAGEMENT FORMS

The following documents are resources that should be used when instituting the BCLA's Concussion Management Policy and Protocol (<http://www.parachutecanada.org/resources>):

- Head Injury Report (attached)
- Medical Assessment Letter (attached)
- Medical Clearance Letter (attached)
- Concussion Recognition Tools - <http://www.parachutecanada.org/downloads/resources/CRT5.pdf>
- What You Need to Know About Concussion (attached)
- CATT Concussion Pathway (attached)
- Return to Sport Stages (attached)
- Return to School Strategy (attached)
- Concussion Guide for Coaches - <http://www.parachutecanada.org/downloads/resources/Concussion-Coaches.pdf>
- Concussion Guide for Athletes - <http://www.parachutecanada.org/downloads/resources/Concussion-Athletes.pdf>
- Concussion Guide for Parents/Caregivers - <http://www.parachutecanada.org/downloads/resources/Concussion-Parents-Caregivers.pdf>

Rationale: This provides more detail regarding how to address Concussion Management moving forward.

According to Parachute Canada's CATT information and based on research:

Taken from <http://www.parachutecanada.org/injury-topics/item/2722> Feb 26/19

“...Baseline testing using any tool or combination of tools is not required to provide post-injury care of those who sustain a suspected or diagnosed concussion and mandatory pre-season testing is not recommended.”

“...In general, current evidence does not support a significant added benefit of baseline testing athletes. This includes the Child SCAT5 and the SCAT5 tools, as well as neuropsychological and neurocognitive tests, both computerized or not.”

“...Baseline testing of youth and adult athletes that do not have access to dedicated sideline licensed healthcare professionals working with team physicians within a comprehensive concussion protocol is not recommended.”

“...Tools such as the Child SCAT5, SCAT5 and others are not to be used to make sideline decisions on returning youth athletes to sport. The *Canadian Guideline on Concussion in Sport* states that licensed healthcare professionals may use tools such as the Child SCAT5 or SCAT5 to document initial neurological status in athletes with a suspected concussion but these tools should not be used to make sideline return-to-sport decisions in youth athletes (Parachute, 2017).”



Head Injury Incident Report

Submit via e mail to deb@bclacrosse.com or fax to 604-421-9775 **within 7 days** of the incident.
Please provide a copy to your **Team Manager** as well.

DISCIPLINE: ☐ Box ☐ Men's Field ☐ Women's Field
ASSOCIATION/TEAM: _____ DIVISION: _____
DATE & TIME OF INCIDENT: _____ LOCATION: (City/Facility) _____
Injured Player Name: _____ Player Date of Birth: Mth _____ Day _____ Year _____

Describe incident in detail (use additional pages if necessary and attach photos):

Was any penalty called on the play that caused the injury? ☐ Yes ☐ No

If Yes, what was the penalty?

Did the player receive medical attention? ☐ Yes ☐ No

Did the player go to the hospital? ☐ Yes ☐ No

If so, describe diagnosis and treatment:

What is the make/model of the helmet worn? _____

What is the make/model of the facemask worn? _____

To the best of your knowledge, was the equipment installed correctly? ☐ Yes ☐ No

Name of individual completing this form: _____ Signature: _____

Role (coach, manager, parent, player, etc.) _____ Date: _____

Phone Number: _____ Email Address: _____

Witness to Incident: Role (coach, manager, parent, player, etc.) _____

Name: _____ Signature: _____ Date: _____

Phone Number: _____ Email Address: _____

Medical Assessment Letter

Date: _____ Athlete's Name: _____

To whom it may concern,

Athletes who sustain a suspected concussion should be managed according to the *Canadian Guideline on Concussion in Sport*. Accordingly, I have personally completed a Medical Assessment on this patient.

Results of Medical Assessment

- ☐ This patient has not been diagnosed with a concussion and can resume full participation in school, work, and sport activities without restriction.
- ☐ This patient has not been diagnosed with a concussion but the assessment led to the following diagnosis and recommendations:

- ☐ This patient has been diagnosed with a concussion.

The goal of concussion management is to allow complete recovery of the patient's concussion by promoting a safe and gradual return to school and sport activities. The patient has been instructed to avoid all recreational and organized sports or activities that could potentially place them at risk of another concussion or head injury. Starting on _____ (date), I would ask that the patient be allowed to participate in school and low-risk physical activities as tolerated and only at a level that does not bring on or worsen their concussion symptoms. The above patient should not return to any full contact practices or games until the coach has been provided with a *Medical Clearance Letter* provided by a medical doctor or nurse practitioner in accordance with the *Canadian Guideline on Concussion in Sport*.

Other comments:

Thank-you very much in advance for your understanding.

Yours Sincerely,

Signature/print _____ M.D. / N.P. (circle appropriate designation)*

**In rural or northern regions, the Medical Assessment Letter may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner. Forms completed by other licensed healthcare professionals should not otherwise be accepted.*

We recommend that this document be provided to the athlete without charge.

Medical Clearance Letter

Date: _____ Athlete's Name: _____

To whom it may concern,

Athletes who are diagnosed with a concussion should be managed according to the *Canadian Guideline on Concussion in Sport* including the *Return-to-School* and *Return-to-Sport Strategies* (see page 2 of this letter). Accordingly, the above athlete has been medically cleared to participate in the following activities as tolerated effective the date stated above (please check all that apply):

- ☐ **Symptom-limiting activity (cognitive and physical activities that don't provoke symptoms)**
- ☐ **Light aerobic activity (Walking or stationary cycling at slow to medium pace. No resistance training)**
- ☐ **Sport-specific exercise (Running or skating drills. No head impact activities)**
- ☐ **Non-contact practice (Harder training drills, e.g. passing drills. May start progressive resistance training. Including gym class activities without a risk of contact, e.g. tennis, running, swimming)**
- ☐ **Full-contact practice (Including gym class activities with risk of contact and head impact, e.g. soccer, dodgeball, basketball)**
- ☐ **Full game play**

What if symptoms recur? Any athlete who has been cleared for physical activities, gym class or non-contact practice, and who has a recurrence of symptoms, should immediately remove himself or herself from the activity and inform the teacher or coach. If the symptoms subside, the athlete may continue to participate in these activities as tolerated.

Athletes who have been cleared for full contact practice or game play must be able to participate in full-time school (or normal cognitive activity) as well as high intensity resistance and endurance exercise (including non-contact practice) without symptom recurrence. Any athlete who has been cleared for full-contact practice or full game play and has a recurrence of symptoms, should immediately remove himself or herself from play, inform their teacher or coach, and undergo medical assessment by a medical doctor or nurse practitioner before returning to full-contact practice or games.

Any athlete who returns to practices or games and sustains a new suspected concussion should be managed according to the *Canadian Guideline on Concussion in Sport*.

Other comments:

Thank-you very much in advance for your understanding.

Yours Sincerely,

Signature/print _____ M.D. / N.P. (circle appropriate designation)*

*In rural or northern regions, the Medical Clearance Letter may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner. Forms completed by other licensed healthcare professionals should not otherwise be accepted.

We recommend that this document be provided to the athlete without charge.

What You Need to Know About Concussion

This information sheet provides a brief overview on the appropriate care for an individual with a concussion. It outlines the three key steps in dealing with concussion (i.e. recognize, respond and manage) in order to assist your players/athletes in their recovery from this injury. The information included here is meant to supplement what is included in the CATT online courses. Visit cattonline.com to take a knowledge course.

Recognize

A concussion occurs when there is a significant impact to the head or body that causes the brain to move inside the skull. Common causes of concussion include **falls, motor vehicle crashes, and sport and recreational-related activities.**

There is no way to know for certain whether a particular event will lead to a concussion—a relatively minor impact may result in a concussion while a higher-magnitude hit may not. It is important to note that if there is a history of concussion, even a minor hit can trigger symptoms. Signs can be observed while symptoms are experienced by the individual.

The signs and symptoms of concussion in **individuals** include, but are not limited to:

- Headache
- Dizziness
- Nausea
- Blurred vision
- Light/sound sensitivity
- Imbalance
- Ringing in the ears
- Seeing “stars”
- Irritability
- Fogginess
- Fatigue
- Difficulty concentrating
- Poor memory
- Neck pain
- Sadness
- Confusion

Concussion signs to watch for in an **infant or toddler** may include:

- Crankiness and irritability (beyond their usual)
- Any sudden changes in sleeping pattern, eating or playing pattern
- Not interested in their favourite toys or activities
- Forgets a new skill (e.g., toilet training)
- Listless
- Loss of balance, unsteady walking
- Not eating or nursing
- Cannot be comforted

Respond

Following a potential concussion-causing event, the individual should be removed from activity immediately and assessed for **Red Flags**.

If any of the **Red Flags** are present, call an ambulance or seek immediate medical care.

If no **Red Flags** are present:

- Do not leave the individual alone
- Notify an emergency contact person, parent or caregiver
- Continue to monitor for Red Flags and signs and symptoms of concussion
- Do not let the individual return to their activity
- Do not give the individual any immediate medication
- Do not let the individual leave by themselves
- Do not let the individual drive or ride a bike

RED FLAGS

-  Neck pain or tenderness
-  Double vision
-  Weakness or tingling/ burning in arms or legs
-  Severe or increasing headache
-  Seizure or convulsion
-  Loss of consciousness
-  Deteriorating conscious state
-  Vomiting
-  Increasingly restless, agitated, or combative

The individual should be monitored for up to 48 hours before assuming that a concussion has not occurred, including monitoring throughout the night following the initial injury. Only wake the individual if you have concerns about their breathing, changes in skin colour, or how they are sleeping. Call an ambulance or seek immediate medical care if the individual is slow to wake or shows any of the **Red Flags**. Within 48 hours:

- If any signs are detected or symptoms are experienced, seek medical attention from a licensed medical professional such as a physician or nurse practitioner (if applicable in your area).
- If no signs or symptoms appear, the individual can return to normal activity but should be monitored for several days. If no signs or symptoms appear, chances are that a concussion was not sustained. If unsure, see a medical professional for guidance.

Manage

A concussion can have a significant impact on physical, cognitive, and emotional functioning. The recovery process involves balancing activities such that they do not trigger or worsen symptoms—the key is finding the “sweet spot.”

The recovery process is best done in collaboration with key individuals, such as medical professionals, family members, friends, employers, teachers and school staff, and coaches.

The first and most important step in recovery from a concussion is to rest for a maximum of 2 days. The individual will need both physical and cognitive rest in order to allow the brain to heal.

- Physical rest includes participation in activities that do not result in an increased heart rate or breaking a sweat. Restrict: exercise, sports, running, biking, rough play, etc.
- Cognitive activity should be limited, minimizing activities that require concentration and learning. Restrict: reading, electronics (computers, smartphones, video games, TV), work/schoolwork, playing musical instruments, listening to loud music, etc.

REMEMBER:

Recovery is a fluctuating process. The individual can be doing well one day but not the next.

Once symptoms start to improve, or after a maximum of 2 days of rest, the individual should begin a step-wise process to return to regular activity, including school, work, sports, etc.

Symptoms should decrease over the course of time. If you are worried that the individual is not improving, follow-up with a licensed medical professional, such as a physician or nurse practitioner (if applicable in your area).

On average, an adult takes 7 to 10 days to recover from concussion, while children and youth typically take 2 to 4 weeks. While most concussions resolve within 3 months, persistent symptoms have the potential to cause long-term difficulties. Individuals dealing with symptoms lasting longer than 2 weeks in adults and longer than 4 weeks in children and youth may require additional medical assessment and multidisciplinary management.

REMEMBER:

CATT resources to support the recovery process include:

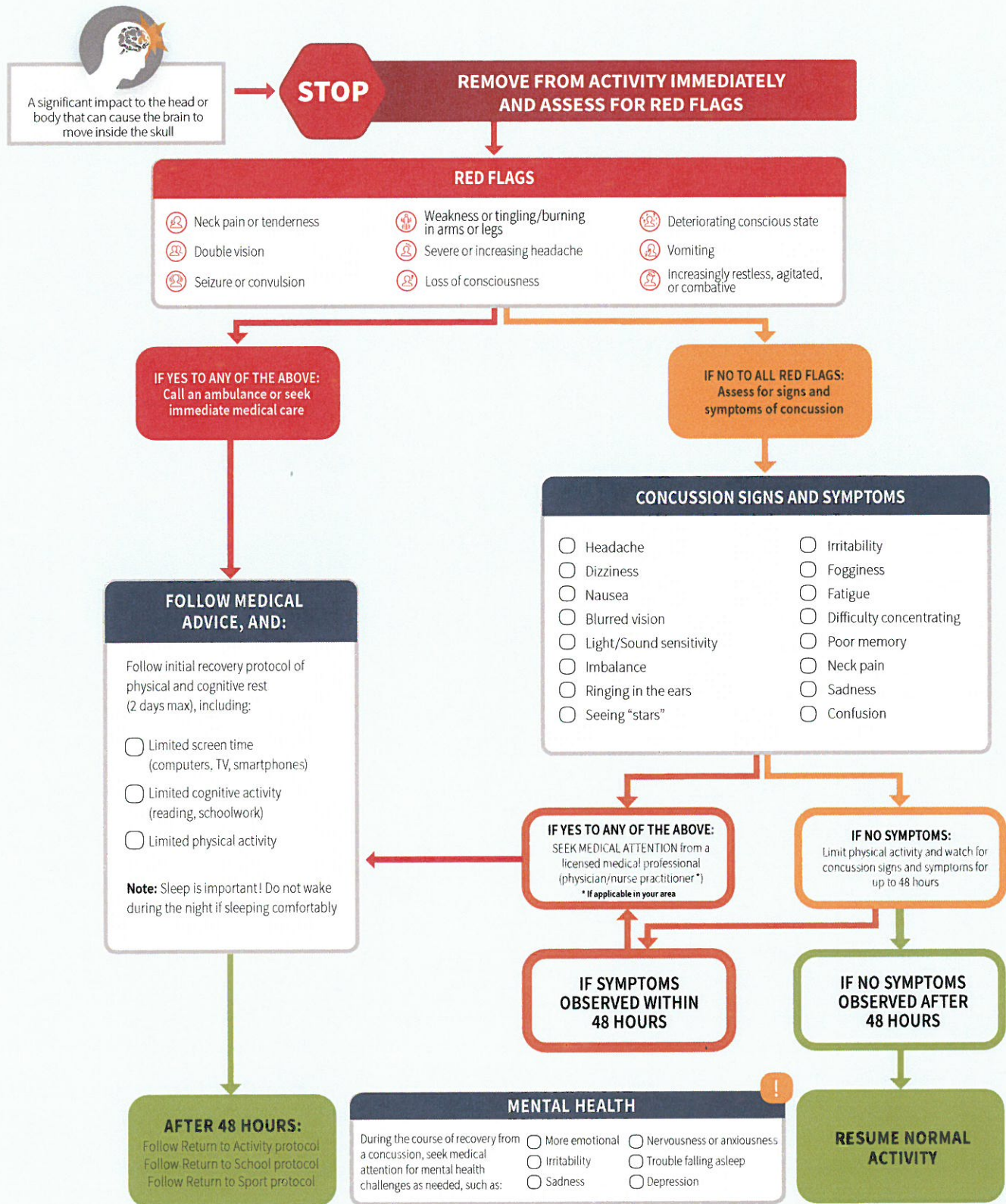
- **Return to Activity**
- **Return to School**
- **Return to Sport**

The recovery period may be influenced by:

- Prior concussions
- History of headaches or migraines
- Learning disabilities
- Mental health issues
- ADHD
- Use of drugs or alcohol
- Returning to activities too soon
- Lack of family or social supports

Proper management of a concussion can reduce the risk of complications. It is important that the individual has successfully returned to school or work before fully returning to sport and physical recreation activities. Returning to activity too early may result in more severe symptoms and potentially long-term problems.

CATT Concussion Pathway



Return to Sport

This tool is a guideline for managing an individual's return to sport following a concussion and does not replace medical advice. Timelines and activities may vary by direction of a health care professional.

STAGE 1:	STAGE 2:	STAGE 3:	STAGE 4:	STAGE 5:	STAGE 6:
No sporting activity Physical and cognitive rest until symptoms start to improve OR after resting for 2 days max.	Light aerobic exercise Walking, swimming, stationary cycling. No resistance training. The pace of these activities should be at the point where you are still able to have a conversation.	Sport-specific exercise Skating drills (ice hockey), running drills (soccer). No head-impact activities.	Non-contact drills Progress to complex training drills (e.g. passing drills). May start resistance training.	Full-contact practice Following medical clearance participate in normal training activities.	Back in the game Normal game play
Recovery	Increase heart rate	Add movement	Exercise, coordination, cognitive load	Restore confidence; assess functional skills	
Symptoms improve or 2 days rest max? Yes: Move to stage 2 No: Continue resting Time & Date completed: _____	No new or worsening symptoms for 24 hours? Yes: Move to stage 3 No: Return to stage 1 Time & Date completed: _____	No new or worsening symptoms for 24 hours? Yes: Move to stage 4 No: Return to stage 2 Time & Date completed: _____	Symptom-free for 24 hours? Yes: Move to stage 5 No: Return to stage 3 Time & Date completed: _____	Symptom-free for 24 hours? Yes: Move to stage 6 No: Return to stage 4 Time & Date completed: _____	Note: Premature return to contact sports (full practice and game play) may cause a significant setback in recovery.

If new or worsening symptoms are experienced at any stage, go back to the previous stage for at least 24 hours. You may need to move back a stage more than once during the recovery process.

Medical clearance required before moving to stage 5

BOTH TOOLS CAN BE USED IN PARALLEL; HOWEVER, RETURN TO SCHOOL SHOULD BE COMPLETED BEFORE RETURN TO SPORT IS COMPLETED

www.cattonline.com

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 CONCUSSION AWARENESS
TRAINING TOOL

BC INJURY research and
prevention unit
www.injuryresearch.bc.ca

Return-to-School Strategy¹

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

Stage	Aim	Activity	Goal of each step
1	Daily activities at home that do not give the student-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.
2	School activities	Homework, reading or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work.
3	Return to school part-time	Gradual introduction of schoolwork. May need to start with a partial school day or with increased breaks during the day.	Increase academic activities.
4	Return to school full-time	Gradually progress.	Return to full academic activities and catch up on missed school work.

Sport-Specific Return-to-Sport Strategy¹

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. Activities should be tailored to create a sport-specific strategy that helps the athlete return to their respective sport.

An initial period of 24-48 hours of rest is recommended before starting their *Sport-Specific Return-to-Sport Strategy*. 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 *Sport-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 contact sport activities.

Stage	Aim	Activity	Goal of each step
1	Symptom-limiting activity	Daily activities that do not provoke symptoms.	Gradual re-introduction of work/school activities.
2	Light aerobic activity	Walking or stationary cycling at slow to medium pace. No resistance training.	Increase heart rate.
3	Sport-specific exercise	Running or skating drills. No head impact activities.	Add movement.
4	Non-contact training drills	Harder training drills, e.g. passing drills. May start progressive resistance training.	Exercise, coordination and increased thinking.
5	Full contact practice	Following medical clearance and complete return to school.	Restore confidence and assess functional skills by coaching staff.
6	Return to sport	Normal game play.	

¹Source: McCrory et al. (2017). Consensus statement on concussion in sport – the 5th international conference on concussion in sport held in Berlin, October 2016. *British Journal of Sports Medicine*, 51(11), 838-847. <http://dx.doi.org/10.1136/bjsports-2017->