



Policy title	<b>CAS Concussion Policy</b>		
Adopted	Effective Date September 1, 2019 (unless otherwise specified)		
Current version approved by Board of Directors	June 17, 2019	Pages: 8	

## I. Definitions

The following terms have these meanings in this Policy:

- “Activity” means all CAS, PTSO and affiliated club business and activities;
- “Athlete” refers to any minor or adult registrant participating in an Activity;
- “CAS” refers to Canada Artistic Swimming;
- “Coach” means any registrant who instructs figures or routines on a regular basis and includes Instructor, which is a specific level of coach who teaches the AquaGO! or other recreational programming;
- “Concussion” refers to a type of traumatic brain injury caused by a bump, blow or jolt to the head, face, neck or body that causes the head and brain to move rapidly back and forth and can alter the way the brain normally functions leading to signs or symptoms that can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty concentrating or remembering), emotional or behavioural (e.g., depression, irritability) or related to sleep (e.g., drowsiness, poor quality of sleep);
- “Concussion Awareness Resources” refer to information or materials on concussion prevention, detection, reporting and management;
- “Concussion Diagnosis” refers to a clinical diagnosis made by a medical doctor or nurse practitioner;
- “Concussion Management Protocol” refers to the companion document to this Policy that helps inform and guide the management of artistic swimmers through a sport-related concussion and includes the CAS Removal-from-sport and Return-to-sport protocols;
- “Concussion Recognition Tool 5” or “CRT5” is the most recent revision of the Pocket Sport Concussion Assessment Tool that was introduced by the Concussion in Sport Group in 2005. The CRT5 is designed to assist non-medically trained individuals to recognise the signs and symptoms of possible sport-related concussion and provides guidance on removing an athlete from sport and seeking medical attention.
- “Designated Person” refers to the person assigned to have final decision-making authority to remove an athlete who is suspected of having sustained a concussion from further training, practice or competition;
- “Including” means including but not limited to;
- “Licensed healthcare professional” means a healthcare provider who is licensed by a national-professional regulatory body to provide concussion-related healthcare services that fall within their

licensed scope of practice. Examples include medical doctors, nurse practitioners, physiotherapists, athletic therapists, and chiropractors;<sup>1</sup>

- “Medical Assessment” means the evaluation of an individual by a licensed healthcare professional to determine the presence or absence of a concussion.
- “Member” means any Provincial or Territorial Sport Organization registered with CAS;
- “Minor” refers to any person under 18 years of age;
- “Officials” refers to all registrant judges, including practice judges, referees and scorers;
- “Parents” refers to parents or guardians of minors;
- “Participants” means all persons engaged in any paid or volunteer capacity with CAS or its Members or affiliated clubs;
- “PTSO or Provincial or Territorial Sport Organization” refers to a provincial or territorial organization Member that is responsible for the management of artistic swimming within its provincial or territorial boundaries;
- “Registrant” means any club or individual that has fulfilled the requirements of registration as required by CAS and has paid any associated registration fees to CAS. A complete list of Registrant categories can be found in the CAS By-laws and related CAS Registration Policy; and
- “Sport-related Concussion” refers to a concussion injury sustained during artistic swimming Activity.

## **II. Application**

This Policy applies to CAS and its Members, Registrants and Participants. It applies at all times wherever an Activity takes place, including CAS, PTSO or affiliated club workplaces as well as external locations in Canada and abroad and includes all events and activities sanctioned by CAS or the PTSO.

This Policy recognizes that jurisdictions across Canada have legislation that governs the management of concussions within their jurisdiction. Government legislation may supersede aspects of the policy. Failure to abide by this Policy and the protocols contained in the CAS Concussion Management Protocol may result in disciplinary action in accordance with the CAS Conduct Policy or the conduct policies of the applicable PTSO.

## **III. Purpose**

The purpose of this Policy is to provide the framework to create a safe and positive sport environment through education and training, and by making CAS Members, Registrants and Participants aware of artistic

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<sup>1</sup> Among licensed healthcare professionals, only medical doctors and nurse practitioners are qualified to conduct a comprehensive medical assessment and provide a concussion diagnosis in Canada. The types of medical doctors qualified to do such an evaluation are: Pediatricians, family medicine doctors, sport medicine doctors, internal medicine doctors, orthopedic surgeons, emergency department and rehabilitation (physiatrists) physicians; neurologists and neurosurgeons.

swimming-specific concussion awareness resources to assist in recognizing and managing a concussion injury.

#### **IV. Renewal**

This Policy will be reviewed annually and updated, as necessary, to reflect legislative or regulatory developments or any new medical advances communicated by or in reference to the Canadian Concussion Protocol Harmonization Project (Parachute) and the Canadian Concussion Collaborative.

#### **V. Concussion Awareness Resources**

CAS, the PTSOs and affiliated clubs will make the following concussion awareness resources available on their public websites:

1. CAS or PTSO Concussion Policy
2. CAS Concussion Management Protocol including:
  - Head Injury Recognition (Concussion Recognition Tool - CRT5)
  - CAS Removal-from-sport Protocol
  - CAS Return-to-sport Protocols including, as appropriate:
    - Club Environment
    - Short-term Centralized Training (e.g., National or Provincial teams)
    - Full-time Training Group (e.g., Senior National Team).

#### **VI. Concussion Recognition and Reporting**

All Participants including Coaches, Officials, Athletes and Parents are responsible for recognizing and reporting any athlete who demonstrates any of the visual signs or behaviours of a suspected concussion or who reports concussion-related symptoms.

#### **VII. Governance**

##### **A. CAS Responsibilities**

CAS will:

1. Participate in multi-disciplinary working groups on sport-related concussions;
2. Develop and maintain a Concussion Policy and related Concussion Management Protocols including Removal-from-sport and Return-to-sport protocols;
3. Develop and maintain a system for collecting and analyzing concussion injury data;
4. Maintain records of sport-related concussions for National teams, including medical clearance letters for Athletes;
5. In collaboration with the PTSOs, assess changes in concussion rates over seasons and identify and, if possible, make recommendations with respect to those training or routine elements that put Athletes in a position of high risk for concussion injury;

6. Develop or communicate concussion awareness resources for Coaches, Officials, Athletes and other Participants;
7. Provide annual concussion education for Members, Coaches, Officials, Athletes and other Participants at CAS-hosted conferences, clinics or calls; and
8. Receive and investigate complaints of any breach of the CAS Concussion Policy and Concussion Management Protocol and, where appropriate, determine an appropriate disciplinary response.

## **B. PTSO Responsibilities**

PTSOs will:

1. Adopt the CAS Concussion Policy and related protocols, which may include an appendix, if necessary, to comply with provincial or territorial legislation and regulations;
2. Report annually to CAS on sport-related concussions;
3. Maintain records of sport-related concussions for provincial or territorial teams;
4. In collaboration with CAS and other PTSOs, assess changes in concussion rates over seasons and identify and, if possible, make recommendations with respect to those training or routine elements that put Athletes in a position of high risk for concussion injury;
5. In collaboration with CAS and other PTSOs, develop or communicate concussion awareness resources for Coaches, Officials, Athletes and other Participants; and
6. Receive and investigate complaints of any breach of the CAS Concussion Policy and Concussion Management Protocol and, where appropriate, determine an appropriate disciplinary response.

*Effective date for B. 2. through 5. is September 1, 2020.*

## **C. Affiliated Club Responsibilities**

Affiliated clubs will:

1. Adopt the CAS Concussion Policy and related protocols, which may include a PTSO appendix, as appropriate, to comply with provincial or territorial legislation and regulations;
2. Report all instances of suspected or confirmed sport-related concussions to the PTSO using the prescribed system for collecting concussion injury data;
3. Maintain records of sport-related concussions;
4. In collaboration with CAS and the PTSO, assess changes in concussion rates over seasons and identify and, if possible, make recommendations on training or routine elements that put Athletes in a position of high risk for concussion injury;
5. In collaboration with CAS and the PTSO, communicate concussion awareness resources for Coaches, Athletes and other Participants; and
6. Receive and investigate complaints of any breach of the CAS Concussion Policy and Concussion Management Protocol and, where appropriate, determine an appropriate disciplinary response.

*Effective date for C. 2. through 5. is September 1, 2020.*

## **VIII. Safeguarding**

### **A. CAS Responsibilities**

1. Ensure all CAS-hosted meets/training camps, selection and assessment processes and National Team Activity is properly supervised, including the use of certified lifeguards in aquatic environments in accordance with municipal or facility requirements;
2. Assign the Designated Person for all CAS hosted meets, selection and assessment processes and teams (e.g., onsite Event Medical Lead or Chief Referee for meets or Team Medical Lead or Head Coach for National Teams);
3. Keep a copy of the CRT5 on deck and available to Coaches at all CAS-hosted meets, selection and assessment processes and National Team Activity;
4. Implement the CAS Return-to-sport Protocol for all instances of concussion injury among National Team Athletes; and
5. Maintain records and statistics to help identify training or routine elements that put National Team Athletes in a position of high risk for concussion injury.

### **B. PTSO Responsibilities**

1. Ensure all PTSO-hosted meets/training camps, selection and assessment processes and provincial team Activity is properly supervised, including the use of certified lifeguards in aquatic environments in accordance with municipal or facility requirements;
2. Keep a copy of the CRT5 on deck and available to Coaches at all PTSO hosted meets, selection and assessment processes and provincial team Activity;
3. Implement the CAS Return-to-sport Protocol for all instances of concussion injury among provincial team Athletes; and
4. Maintain records and statistics to help identify training or routine elements that put provincial team Athletes in a position of high risk for concussion injury.

### **C. Affiliated Club Responsibilities**

1. Ensure all club Activity is properly supervised, including the use of certified lifeguards in aquatic environments in accordance with municipal or facility requirements;
2. Ensure Coaches are familiar with their responsibilities under the CAS Concussion Management Protocol including how to recognize, report and manage a sport-related concussion injury;
3. Keep a copy of the CRT5 on deck and available to Coaches;
4. Implement the CAS Return-to-sport Protocol for all instances of concussion injury; and
5. Maintain records and statistics to help identify training or routine elements that put Athletes in a position of high risk for concussion injury.

## **IX. Designated Person**

The Designated Person has responsibility to:

1. Remove an athlete who is suspected of having sustained a concussion from further training, practice or competition, in accordance with the CAS Removal-from-sport Protocol;
2. Call 911 immediately if any Red Flag symptoms are present (see CRT5);
3. For minors or other vulnerable Athletes, inform the parent of the removal and remain with the athlete until discharged to a parent or other trusted adult or EMS. For Athletes over 18 years of age, the Designated Person should contact their emergency contact person;
4. Communicate to the athlete or athlete's parent the need for immediate medical assessment by a medical doctor or nurse practitioner when Red Flag symptoms are not present but other concussion symptoms are reported or observed and the athlete has been removed from further training, practice or competition;
5. Provide a copy of the CAS Removal-from-sport Protocol and CAS Return to Sport Protocol to the athlete or, in the case of a minor athlete, the athlete's Parents when the athlete is removed from further training, practice or competition
6. Ensure medical clearance is provided by a medical doctor or nurse practitioner before allowing the athlete to return to training, practice or competition, in accordance with the CAS Return to Sport Protocol; and
7. Ensure the CAS Return to Sport Protocol is implemented for all instances of concussion injury.

The Designated Person may delegate any of the above responsibilities to another qualified Designated Person, if necessary. Final decision-making authority to remove an athlete who is suspected of having sustained a concussion rests with the Designated Person.

# Appendix 1 – CRT5

<http://www.parachutecanada.org/downloads/resources/CRT5.pdf>

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Echeverandia, R.J., et al. *Br J Sports Med* 2017;51:872. doi:10.1136/bjsports-2017-097508.CRT5  
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## CONCUSSION RECOGNITION TOOL 5 ©

To help identify concussion in children, adolescents and adults



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### RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

#### STEP 1: RED FLAGS – CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- 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

#### Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

#### STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

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#### STEP 3: SYMPTOMS

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More Irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

#### STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:

- "What venue are we at today?"
- "Which half is it now?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last game?"

#### Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

**ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE**

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## **Appendix 2**

*Provide additional information if necessary to comply with provincial or territorial legislation and regulations.*