

Concussion Awareness & Protocol

Volleyball Alberta is committed to maintaining the health of the community and believes that participating in the activities we organize can lead to better health. Our sport, as most sports, have an inherent risk of concussion. Volleyball Alberta recognizes that concussions are a significant public health issue because of their potential for both short and long-term consequences. Volleyball Alberta therefore enacts this policy and related protocols as tools to help prevent, recognize and properly treat concussions which may occur in our activities.

Volleyball Alberta will strive to have all participants follow all treatment protocols, return to learn/work protocols and return to play protocols. The proper treatment of a concussion is more important than participation in any sport, activity, work, and school during the healing process.

This policy was adapted from the [Alberta Concussion Alliance's](#) Model Concussion Policy (Sept. 15, 2015).

Definitions

- a. **Concussion** means the definition of concussion from the 2012 Zurich consensus statement on concussion in sport: *Concussion is a brain injury and is defined as a complex pathophysiological process affecting the brain, induced by biomechanical forces.* In plain language, a concussion:
 - Is a brain injury that causes changes in how the brain functions, leading to symptoms 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);
 - 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. To learn more about the various ways a concussion may occur, please click on the What Happens During a Concussion? box on the [Coach.ca Concussion Awareness page](#)
 - Can occur even if there has been no loss of consciousness (in fact most concussions occur without a loss of consciousness); and,
 - Cannot normally be seen on x-rays, standard CT scans or MRIs.
- b. **Suspected Concussion** means the recognition that an individual appears to have either experienced an injury or impact that may result in a concussion, or is exhibiting unusual behaviour that may be the result of concussion.
- c. **Concussion Diagnosis** means a clinical diagnosis made by a medical doctor or nurse practitioner. It is critical that an individual with a suspected concussion be examined by a medical doctor or nurse practitioner.

Stages of Concussion Management

- 1) **Education:** Volleyball Alberta will aim to provide every player, parent and coach with access to concussion education resources.
 - [Signs & Symptoms of a Concussion](#)
 - [Pocket Concussion Recognition Tool](#) Use this card at the gym to help identify concussion in children, youth, and adults.
 - The [Concussion Awareness Training Tool \(CATT\)](#) includes three toolkits providing training in the recognition, treatment and management of concussion for: 1) Medical Professionals; (2) Parents, Players, and Coaches; and (3) School Professionals. CATT is free, accessible and regularly updated with evidence-based information and resources. Each toolkit includes a self-paced learning module as well as tailored resources relevant to the specific audience. The Canadian Paediatric Society

recommends that anyone involved in child and youth sport should be educated about the signs and symptoms of concussion and the appropriate management of a child with a concussion.

- Coach Education: In order for a volleyball coach to receive their “Certified” status in the National Coach Certification Program, they need to have completed the Coaches Association of Canada’s 90-minute online module entitled “[Making Head Way](#)”.
- Sport Concussion Assessment Tool – 3rd Edition (For use by medical professionals only): <http://bjsm.bmj.com/content/47/5/259.full.pdf>

2) **Prevention:** Ensuring Safe Play - Concussion Prevention Strategies

- Volleyball Alberta requires that all activity within its purview follows the rules of the game and that the rules will be consistently enforced to effectively ensure safe play.
- Sport-specific concussion prevention strategies: A recent study in the British Journal of Sports Medicine has found that the ball impacting the head is the mechanism of injury in 57% of all concussions in volleyball. Fifty-three-point five percent of all volleyball concussions occur in game situations. **Twenty-eight percent** of game-related concussions occur in the game warm-up. Considering this information, Volleyball Alberta recommends coaches use a hitting warm-up that does not have any team members inside the court where attacks are being hit:
 - Example:
 - A shagger (parents or players) should start on the opposite side of the net as the attackers. They may stand on or behind the baseline and face towards the attackers.
 - After attacking the ball, athletes should remain on their side of the net (**DO NOT GO UNDER THE NET TO THE OPPOSITE SIDE**) and walk around the post. The athlete must stay outside the court to either a) collect the ball prior to returning it to the coach or b) become a shagger for the next attacker.
 - If team members introduce balls to the attacking side, they must be located **outside the court** prior to the athletes hitting. Ball retrievers should be situated in this location to collect balls safely from the ball shaggers at the back of the line.
 - Athletes/team members should **NOT** be inside the opposite side of court, as this is a high-impact area where potential head shots can occur.

3) **Identification** –The [Volleyball Alberta Concussion Action Plan \(CAP\)](#) be available and implemented at all activities and events in case of a concussion or suspected concussion. A Concussion Action Plan (CAP) will allow proper care for athletes when a suspected concussion occurs. The CAP will provide appropriate direction to all individuals.

- For all Volleyball Alberta tournaments, we will aim to have at least one Certified Athletic Therapist available per city/region during tournament hours for athlete assessments. Coaches/Parents/Team Staff will be able to take an athlete with a suspected concussion to the Certified Athletic Therapist for assessment. If an athlete fails the concussion assessment, the athlete will not be allowed to return to play for the remainder of the tournament. The motto “When in doubt, sit them out!”
- Please note: Volleyball Alberta recommends that volleyball clubs complete a baseline SCAT test on their athletes (completed by a certified medical professional). Baseline testing will help identify athletes that may need further screening prior to the season. Baseline testing is also helpful for assessing athletes after an injury.

4) **Documentation of Incident:** It is important to record the details of the incident and the athlete’s progression through the stages of concussion management. The athletes coach (or parent) should be keeping records of the athlete’s concussion history. There are several times throughout the duration of the concussion at which information needs to be documented:

- i. Time of injury- record and monitor all signs and symptoms for 48 hours following the injury. (Note if signs get worse and if any from the “red flag” symptoms show follow the emergency protocol).
 - ii. During recovery- record how much school/work/sport time has been missed, this is valuable for the athlete if they ever sustain another concussion.
 - iii. Return to play- documentation needs to occur if the athlete has clearance from a medical doctor before returning to play. There should be documentation from the athlete that states he/she has successfully returned to school/work full time without reoccurring symptoms as well as successfully exercised to exhaustion without reoccurring symptoms. **The coach/club should require this information prior to accepting an athlete back into the practice environment.**
- 5) **Return to Learn** [[SEE RETURN TO LEARN PROTOCOL](#)]: This stepwise program starts with cognitive and physical rest. Follow each step through completion. If symptoms are severe at any step, stop and wait until the symptoms resolve and continue as tolerated. Physical activity during return to learn is restricted to walking as tolerated.
- 6) **Return to Play** [[SEE RETURN TO PLAY PROTOCOL](#)]. Return to learn/work must be fully completed; the athlete must be in full time school environment without physical activity before starting return to play. Ensure that after completing a step, wait 24 hours before moving to the next step. The athlete must be asymptomatic throughout this process, if symptoms do come back, wait 24 hours after symptoms have subsided and when returning, start at the step previous. This should be medically guided.

Concussion Action Plan (CAP)- When In Doubt, Sit It Out

Recognizing Signs & Symptoms of a Concussion

RED FLAG Signs & Symptoms

Blocked airway (not breathing), poor circulation, loss of consciousness, headaches that worsen, seizures, memory loss, looks drowsy or cannot be awakened, repeated vomiting, slurred speech, cannot recognize people or places, increased confusion; unusual behaviour change; irritability, weakness or numbness in arms or legs, neck pain, double vision

Symptoms Reported by Athlete

- Headaches
- Nausea
- Balance problems or Dizziness
- Blurry or Double Vision
- Sensitivity to light & sound
- Feeling Sluggish (slowed down or dazed)
- Concentration or memory problems
- Difficulty with balance maneuvers
- Confusion
- Difficulty orienting to time and place

Symptoms Observed by Coaching Staff

- Appears dazed or stunner
- Is confused about assignment
- Forgets plays
- Is unsure of game, score, opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness
- Shows behaviour or personality changes
- Can't recall events prior to hit
- Can't recall events after hit

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