



BC Adaptive Snowsports Return to Play Policy

Background

Recognizing that injury is sometimes unavoidable in sport, BC Adaptive Snowsports has a responsibility to create as safe an environment as possible for individuals who participate in our program and events. Key to this is policies and procedures regarding when athletes return to play after suffering a concussion.

ThinkFirst Canada (thinkfirst.ca) has created return to play guidelines and resources that are based upon the Zurich Guidelines outlined in the Consensus Statement on Concussion in Sport, and recommended by SportMedBC and the BC Concussions Advisory Network. These guidelines form the basis of BCAS's Return to Play policies and procedures.

In addition, all BC Para Alpine Team Athletes are required to conduct a baseline concussion testing before joining the team and/or at the appropriate intervals, as required by imPACT (<http://www.impacttest.com/>)

Policy

1. Compliance

This policy applies to athletes and coaches in all BCAS member clubs and programs.

2. Coach Education

In Alpine Skiing where there is a high probability of concussion due to the physical elements, all coaches are required to complete a concussion education course. This could be in the form of an online course, or in person workshop offered by a credible organization and approved by BCAS.

3. Field of Play

If an athlete is suspected of having suffered a concussion during training or competition, the athlete must stop skiing/training immediately and his/her coach must follow the *ThinkFirst Concussion Guidelines for the Coach/Trainer (attached)*. It is imperative that an athlete not be left alone, and not return to play that day, even if they say they are feeling better.

Protocol for Athletes and Coaches on the scene where an athlete has fallen and has potentially incurred a concussion.

1. Stay on the scene and signal for help
2. Keep the athlete calm and wait until a ski patrol has arrived
3. Describe to the ski patrol in as much detail what happened
4. Advise your Head Coach and your High Performance Coordinator immediately. Follow the steps below (by adapting the questions to the ski hill and testing to the individual)

Pocket SCAT2



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Concussion should be suspected in the presence of **any one or more** of the following: symptoms (such as headache), or physical signs (such as unsteadiness), or impaired brain function (e.g. confusion) or abnormal behaviour.

1. Symptoms

Presence of any of the following signs & symptoms may suggest a concussion.

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

2. Memory function

Failure to answer all questions correctly may suggest a concussion.

"At 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?"

3. Balance testing

Instructions for tandem stance

*"Now stand heel-to-toe with your **non-dominant** foot in back. Your weight should be evenly distributed across both feet. You should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."*

Observe the athlete for 20 seconds. If they make more than 5 errors (such as lift their hands off their hips; open their eyes; lift their forefoot or heel; step, stumble, or fall; or remain out of the start position for more than 5 seconds) then this may suggest a concussion.

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, urgently assessed medically, should not be left alone and should not drive a motor vehicle.

4. Return to Play

Once an athlete has been diagnosed with a concussion, he/she must follow the *ThinkFirst Return to Play Guidelines (attached)* which include the following steps:

Step 1	No Activity, Only Complete Rest <i>Both Physical & Cognitive</i>	Refrain from physical activity until symptoms are gone. Consult a physician before beginning a step wise return to play
Step 2	Light Aerobic Exercise <i>Wheeling, walking, swimming or stationary cycling under supervision. No resistance training or weight lifting.</i>	If symptoms return, rest until symptoms have resolved If symptoms persist, consult a physician If no symptoms, proceed to Step 3 the next day
Step 3	Sport Specific Activities <i>Wheeling (only at low intensity), light jogging, light skiing with no gate training or jarring motions such as high speed stops.</i>	If symptoms return, rest until symptoms have resolved If symptoms persist, consult a physician If no symptoms, proceed to Step 4 the next day

Step 4	Begin Drills without Body/Sit Ski contact <i>Training drills, increased intensity</i>	If symptoms return, rest until symptoms have resolved If symptoms persist, consult a physician Proceed to Step 5 (Contact Sports) only after written medical clearance by a licenced medical doctor and passing the Post Injury Concussion Testing
Step 5	Begin Drills with Body/Sit Ski Contact <i>Regular training and skill exertion</i>	If symptoms return, rest until symptoms have resolved If symptoms persist, consult a physician If no symptoms, proceed to Step 6 the next day
Step 6	Return to Play <i>Training & Racing /Normal Sport Activity</i>	If there are any symptoms following return to play, the athlete should consult a physician to be re-evaluated

5. This policy should be reviewed on an annual basis in light of new research in the area of concussion and return to play protocol.