

Concussion Protocol			
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## 1 POLICY

- 1.01 PHE Canada recognizes the importance of the health, safety and overall well-being of its Employees, Interns, Volunteers, Board of Directors, Members, and clients, and that the safety of these people is an essential precondition for a healthy work environment. As such, PHE Canada is committed to providing assiduous attention to the health and safety of its Employees, Interns, Volunteers, Board of Directors, Members, and clients and taking steps to reduce the risk of concussion.
- 1.02 Employees and Volunteers need to have information on appropriate strategies to minimize the risk of concussion, steps to follow if they suspect that a person may have a concussion, and effective management procedures to guide that Employee or Volunteer's return to work (RTW) after a diagnosed concussion.
- 1.03 PHE Canada recognizes that while there is potential for a concussion any time there is body trauma, the risk is greatest during activities where collisions can occur, such as those PHE Canada-facilitated physical activity programs in the school environment and at conferences.

## 2 PURPOSE

- 2.01 This Statement of Policy and Procedure (Statement) covers the recognition, medical diagnosis, and management of all Employees and Volunteers who may sustain a suspected concussion during a work-related activity. It aims to ensure that the person with a suspected concussion receives timely and appropriate care and proper management to allow them to return to their work-related responsibilities safely. This Statement may not address every possible scenario during physical activities but includes critical elements based on the latest evidence and current expert consensus.

## 3 SCOPE

- 3.01 This policy applies to all Employees and Volunteers while engaged in PHE Canada activities.
- 3.02 This policy addresses the development and implementation of the following five (5) strategies for concussion prevention and management:
  1. Awareness
 

Strategies to highlight the seriousness of concussions and for concussion prevention, identification, and management, communicated to Employees, Interns and Volunteers.
  2. Prevention
 

Strategies for preventing and minimizing the risk of sustaining a concussion (and other head injuries) in the National Office and at off-site events.
  3. Recognition
    - a. **Initial response** for safe removal of an injured person with a suspected concussion from the activity;

- b. **Initial recognition** of a suspected concussion;
- c. **Steps required following the initial recognition of a suspected concussion;** and
- d. **Steps required when signs and/or symptoms are not identified but a possible concussion event was recognized.**

4. Management Procedures for a Diagnosed Concussion

- Home Preparation for Return to Work (RTW) Plan
- Workplace Concussion Management Plan – Return to Work (RTW) Plan
- Processes for identifying and documenting modifications/adaptations for Employees and Volunteers
- Resources for Employees and Volunteers who are recovering from a concussion and experiencing long-term difficulties that are affecting their ability to work (e.g. individualized workload/workplace accommodations are to be established and followed)

5. Training & Surveillance

- Strategies for providing regular and ongoing training for concussion awareness, prevention, identification and management to relevant Employees and Volunteers.

## 4 RESPONSIBILITY

- 4.01 It is the responsibility of all **Employees** and **Volunteers** to adhere to both the protocol and particulars in this policy.
- 4.02 It is the responsibility of the **Executive Director and Chief Executive Officer** to ensure that all Employees, Volunteers and the Board of Directors are aware of this policy.
- 4.03 It is the responsibility of the **Employees** and **Board of Directors** to review the Concussion Protocol Statement of Policies and Procedures every 4 years to identify any gaps, opportunities, risks and mitigation strategies.

## 5 DEFINITIONS

- 5.01 **Concussion** is the term for a clinical diagnosis that is made by a medical doctor or a nurse practitioner.

A concussion:

- is a traumatic brain injury that causes changes in how the brain functions, leading to signs and symptoms that can emerge immediately or in the hours or days after the injury. Symptoms can take up to 7 days to appear.
- signs and symptoms 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 by a jarring impact to the head, face, neck or body, with an impulsive force transmitted to the head that causes the brain to move rapidly within the skull;
- can occur even if there has been no loss of consciousness - most concussions occur without a loss of consciousness;
- cannot normally be seen on X-rays, standard CT scans or MRIs; and
- is typically expected to result in symptoms lasting 1-4 weeks in children and youth (under 18 years), but in some cases, symptoms may be prolonged.

## 6 REFERENCES and RELATED STATEMENTS of POLICY and PROCEDURE

*Occupational Health and Safety Act (Ontario).*

*Rowan's Law - <https://www.ontario.ca/laws/statute/S18001>.*

SPP NP 5.08 – Occupational Health and Safety

## 7 PROCEDURES

### 7.01 Awareness

Despite recent increased attention focusing on concussions, there is a continued need to improve concussion education and awareness. Optimizing the prevention and management of concussions depends highly on regular education of all stakeholders on current evidence-informed approaches that can prevent concussions and more serious forms of head injury and help identify and manage a suspected concussion.

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 sports and physical activity;
- what to do when a person has suffered a suspected concussion or more serious head injury;
- what measures should be taken to ensure proper medical assessment and treatment; and
- *Return-to-Work Strategies*.

▶ **Who:** Employees and Volunteers

▶ **How:** PHE Canada will post this policy on its public website.

All Employees and Volunteers are required to review PHE Canada's Concussion Protocol SPP as part of the Employee Handbook and Board of Directors Orientation Handbook.

### 7.02 Prevention

As per PHE Canada's Occupational Health and Safety SPP, PHE Canada engages regularly in Risk Assessments to identify and mitigate health and safety-related risks, including concussion.

Additionally, through Employee and Volunteer training (refer to section 7.05) on concussion awareness, recognition and management, PHE Canada seeks to prevent increased harm associated with the mismanagement of a concussion once it has occurred.

### 7.03 (a) Recognition

Although the formal diagnosis of concussion should be made following a medical assessment, all PHE Canada Employees and Volunteers are responsible for the recognition and reporting of individuals participating in PHE Canada activities who incur an injury to the head, may demonstrate visual signs of a head injury or who report concussion-related symptoms.

A concussion should be suspected:

- in any person 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 person reports ANY concussion symptoms to an Employee and Volunteer, or if anyone witnesses an Employee and Volunteer exhibiting any of the visual signs of concussion.

In some cases, a person may demonstrate signs or symptoms of a more severe head or spine injury, including convulsions, worsening headaches, vomiting or neck pain. If a person demonstrates any of the 'Red Flags' indicated by the **Concussion Recognition Tool 5**, a more severe head or spine injury should be suspected, and an Emergency Medical Assessment should be pursued.

(b) **Onsite Medical Assessment**

Depending on the suspected severity of the injury, an initial assessment may be completed by emergency medical professionals or an on-site licensed healthcare professional where available. In cases where a person loses consciousness or it is suspected a person might have a more severe head or spine injury, an Emergency Medical Assessment by emergency medical professionals should take place (refer to 7.03(c)).

If there is no licensed healthcare professional present, the person should be referred immediately for medical assessment by a medical doctor or nurse practitioner, and the person must not return to the activity or work until receiving medical clearance.

(c) **Emergency Medical Assessment**

If a person is suspected of sustaining a more severe head or spine injury during a PHE Canada activity, an ambulance should be called immediately to transfer the patient to the nearest emergency department for further Medical Assessment.

Employees or Volunteers should not make any effort to move the person or remove any equipment until an ambulance has arrived, and the person should not be left alone until the ambulance arrives. After emergency medical services have completed the Emergency Medical Assessment, the person should be transferred to the nearest hospital for Medical Assessment. For youth (under 18 years of age), their parents/guardians should be contacted immediately to inform them of the injury. For persons over 18 years of age, their emergency contact person should be informed if one has been provided.

**NOTE: Who is an Emergency Medical Professional and Licensed Healthcare Professional?**

In addition to nurse practitioners, medical doctors who are qualified to evaluate patients with a suspected concussion include: pediatricians; family medicine, sports medicine, emergency department, internal medicine, and rehabilitation (physiatrists) physicians; neurologists; and neurosurgeons.

In geographic regions of Canada with limited access to medical doctors (i.e. rural, remote 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. The medical assessment is responsible for determining whether the person has been diagnosed with a concussion or not.

7.04 **Management Procedures for a Diagnosed Concussion**

When an Employee and Volunteer has been diagnosed with a concussion, their emergency contact must be informed.

Employees or Volunteers 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 work without medical clearance and recommendations regarding a gradual return to work activities. Employees or Volunteers diagnosed with a concussion are to be managed according to their *Return-to-Work Strategy* under the supervision of a medical doctor or nurse practitioner. Once the Employee, Intern or Volunteer has completed their *Return-to-Work Strategy* and is deemed to be clinically recovered from their concussion, the individual is responsible for notifying PHE Canada of their medical clearance to return to full work-related activities.

#### *Return-to-Work Strategy*

The **Return-to-Work Strategy** should be used to help PHE Canada leadership, Employees or Volunteers to collaborate in allowing the individual to undertake gradual return-to-work activities. Depending on the severity and type of the symptoms present, the individual will progress through the stages at different rates. If the individual experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage and contact their healthcare provider.

Student-interns should also be encouraged to ask their school if they have a school-specific *Return-to-Learn Program* in place to help them make a gradual return to school.

#### 7.05 **Training & Surveillance**

Employees and Volunteers are required to review PHE Canada's Concussion Protocol Statement as an integral part of their onboarding to the organization.

### **8 ATTACHMENTS**

Attachment A – Concussion Recognition Tool 5

Attachment B – 4 R's of Concussions

*4R de commotions cérébrales*

Attachment C – Return to Work Strategy Outline

*Schéma de stratégie de retour au travail*



## Attachment A – Concussion Recognition Tool 5

### CONCUSSION RECOGNITION TOOL 5 ©

To help identify concussion in children, adolescents and adults



FIFA®

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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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## Attachment B – 4 R's of Concussions







# WE ARE HEADSTRONG

When managing a concussed athlete, remember the 4 R's:

# RECOGNIZE REMOVE REFER RETURN

Join us at  
[sirc.ca/concussion](http://sirc.ca/concussion)

## Concussions: know what to do

A concussion is a brain injury caused by any impact resulting in sudden head movement. They are a serious risk for athletes in any sport and can cause permanent brain damage if not handled correctly. But with proper identification and management, a concussion is treatable.

The return to play strategy is gradual and begins after a licensed healthcare professional has given the athlete clearance to return to activity. If any symptoms/signs return during this process, the athlete must be re-evaluated by a licensed healthcare professional. No return to play if any symptoms or signs persist.

**With the right treatment, most athletes who sustain a concussion will recover within 1-4 weeks.**

Visit us online for more information on managing a concussion safely, sport-specific concussion protocols, coaching resources and more.

#HeadstrongCanada  
[sirc.ca/concussion](http://sirc.ca/concussion)

Canada

Parachute

SIRC

When managing a concussed athlete, remember the 4 R's:

# RECOGNIZE REMOVE REFER RETURN

## RECOGNIZE

Concussion signs and symptoms can appear more than 48 hours after the injury.

An athlete does not have to lose consciousness to have had a concussion.

### SYMPTOMS

Headache  
Dizziness  
Light sensitivity  
Fatigue  
Confusion  
Nausea

### SIGNS

Poor coordination  
Slurred speech  
Delayed responses  
Vacant stare  
Personality change  
Sleep disturbance

*For a complete list of signs and symptoms and more information, visit [sirc.ca/concussion](http://sirc.ca/concussion)*

## REMOVE

If an athlete shows signs of concussion, remove them from the current game or practice.

## REFER

An athlete with a suspected concussion should be referred to and evaluated by a licensed healthcare professional as soon as possible.

**If an athlete experiences more serious symptoms, including neck pain, severe headache or vomiting, they should seek immediate medical attention.**

## RETURN

Return to school and then to sport and play based on the recommendations of a licensed healthcare professional.

**Let's play safe sport.**



## Attachment B – 4R de commotions cérébrales





Pour gérer un athlète avec une commotion cérébrale, souvenez-vous des 4R.

# RECONNAÎTRE RETIRER RÉFÉRER RETOURNER

Visiter [sirc.ca/commotions](http://sirc.ca/commotions) pour en apprendre davantage





## NOUS SOMMES ENTÊTÉS

**Nous savons quoi faire en cas de commotion cérébrale**

Une commotion cérébrale est une blessure au cerveau à la suite d'un coup qui cause une soudaine secousse de la tête. Elles posent un risque sérieux aux athlètes de tous les sports et peuvent causer des lésions permanentes au cerveau si elles ne sont pas traitées adéquatement. Si elles sont correctement identifiées et gérées, les commotions cérébrales sont traitables.

La stratégie visant le retour au jeu est graduelle et s'amorce après qu'un médecin a autorisé l'athlète à reprendre ses activités. Si des signes ou des symptômes réapparaissent pendant ce processus, le joueur doit être réévalué par un médecin. L'athlète ne peut revenir au jeu si des symptômes ou des signes persistent.

**Avec un traitement adéquat, la plupart des athlètes se remettent d'une commotion cérébrale en 1-4 semaines.**

Consultez notre site web pour plus d'information concernant comment gérer des commotions cérébrales en tout sécurité, pour les protocoles dans le domaine du sport, pour des ressources pour les entraîneurs, et plus encore.

#TenonstêteCanada  
[sirc.ca/commotions](http://sirc.ca/commotions)

**Pour gérer un athlète avec une commotion cérébrale, souvenez-vous des 4R.**

## RECONNAÎTRE RETIRER RÉFÉRER RETOURNER

**RECONNAÎTRE** Les signes et symptômes d'une commotion cérébrale peuvent apparaître plus de 48 heures après une blessure.  
Vous pouvez souffrir d'une commotion même si vous n'avez pas perdu connaissance.

SYMPTÔMES	SIGNES
Maux de tête	Manque de coordination
Étourdissements	Troubles d'élocution
Sensibilité à la lumière	Réponse lente
Somnolence	Regard vitreux
Confusion	Comportements inhabituels
Nausée	Problèmes de sommeil

*Pour la liste complète des signes et symptômes et pour plus d'information, consultez [sirc.ca/commotions](http://sirc.ca/commotions)*

**RETIRER** Si un athlète démontre des signes d'une commotion cérébrale, il doit être retiré du jeu.

**RÉFÉRER** Si une commotion cérébrale est suspectée, l'athlète doit être référé à un expert médical et évalué dès que possible.

**RETOURNER** Si un athlète démontre des symptômes plus graves, tels qu'une douleur au cou, un mal de tête grave ou des vomissements, il faut consulter immédiatement un médecin.

**RETOURNER** Retourner l'athlète aux études puis au jeu selon les recommandations des experts.

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**Faisons du sport avec prudence.**



## Attachment C

### Return to Work Strategy Outline

Stage	Aim	Activity	Goal of each step
1	Daily activities at home that do not give the person 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	Light work activities.	Simple tasks, reading or other cognitive activities outside of the office.	Increase tolerance to cognitive work.
3	Return to work part-time.	Gradual introduction of work. May need to start with a partial workday, or with increased breaks during the day.	Increase academic activities.
4	Return to work full-time.	Gradually progress.	Return to full responsibilities, activities, and catch up on missed work.

### Schéma de stratégie de retour au travail

Phase	But	Activité	Objectif de chaque phase
1	Activités quotidiennes à la maison qui ne causent pas de symptômes de maladie.	Effectuer les fonctions typiques au quotidien, pourvu que cela n'aggrave pas les symptômes (par exemple lire, composer / recevoir des messages texte, temps d'écran). Pour commencer, limiter les périodes d'activité à 5-15 minutes, et les prolonger progressivement.	Un retour progressif aux fonctions typiques.
2	Travaux légers	Tâches simples, lecture ou autres activités cognitives en dehors du bureau.	Accroître la tolérance des activités cognitives.
3	Retour au travail à temps partiel.	Une transition progressive vers une journée de travail typique. Il pourrait être nécessaire de commencer par des journées partielles et/ou prévoir des pauses plus fréquentes au cours de la journée.	Augmenter les activités académiques.
4	Retour au travail à temps plein.	Progression graduelle.	Reprise de toutes les fonctions et activités ordinaires ; rattraper le travail manqué.