



PLAYER HEALTH & SAFETY POLICY

GREATER VANCOUVER UNITED SPORTS CLUB

Greater Vancouver United Sports Club believes the safety and well-being of our players is of the utmost importance. Our club practices at Practice, Games and of Field are meant to ensure the physical and emotional safety of our players is the top priority

Concussion Guidelines

SUMMARY

A concussion is a brain injury. All concussions should be regarded as potentially serious. Most concussions recover completely with correct management. Incorrect management of a concussion can lead to further injury. Concussions should be managed according to current guidelines. Anyone with any concussion symptoms following an injury must be immediately removed from playing or training and must not return to playing, or training for soccer in the same day. Concussions are to be diagnosed and managed by health care professionals working within their scope of practice and expertise. Concussions are managed by physical and brain rest until symptoms resolve. Return to education or work must take priority over return to playing soccer. Concussion symptoms must have completely resolved, and medical clearance must be received before resuming training for, or playing soccer. A progressive exercise program that re-introduces an individual to training for, and ultimately playing soccer is recommended following concussion recovery. The recurrence of concussion symptoms during a progressive exercise program requires removal from training or playing and reassessment by health care professionals.

- NOTICE

No Heading Policy U5-U12 Players

BC Soccer/Canada Soccer has implemented a new policy for our U5-U12 players. Heading will be discouraged in training and will be prohibited from game play. This will be accomplished by prohibiting passes head height or above. In the event that a pass exceeds this level an indirect free kick will be awarded to the opposing team. This will have dual benefit of protecting children's brain health while at the same time improving passing skills.

CANADA SOCCER GUIDE TO SAFETY



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RESPOND - WE ALL NEED TO PLAY A PART IN THE RECOGNITION AND MANAGEMENT OF CONCUSSION

As Canadians, we have a heightened awareness of concussions, related to increased media coverage of this brain injury with its range of outcomes, incidents involving high profile athletes with concussion, and increasing understanding of the consequences of repetitive brain trauma, primarily within professional sports.

WHAT IS A "CONCUSSION"?

Concussion is an injury to the brain resulting in a disturbance of brain function involving thinking and behavior.

WHAT CAUSES CONCUSSION?

Concussion can be caused by a direct blow to the head or an impact to the body causing rapid movement of the head and movement of the brain within the skull.

ONSET OF SYMPTOMS

Concussion typically appears immediately but may evolve within the first 24-48 hours.

WHO IS AT RISK?

All our sport's participants (players, but also team staff and officials). Some soccer participants are at increased risk of concussion: » Children and adolescents (18 years and under) are more susceptible to brain injury, take longer to recover, and are susceptible to rare dangerous brain complications, which may include death. » Female soccer players have higher rates of concussion. » Participants with previous concussion are at increased risk of further concussions - which may take longer to recover.



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WHAT ARE THE DANGERS OF BRAIN INJURY?

Failure to recognize and report concussive symptoms or returning to activity with ongoing concussion symptoms set the stage for:

1. Cumulative concussive injury
2. 'Second Impact Syndrome'

Second impact syndrome is a rare occurrence. An athlete sustains a brain injury and while still experiencing symptoms (not fully recovered), sustains a second brain injury, which is associated with brain swelling and permanent brain injury or death. Brain swelling may also occur without previous trauma. Recurrent brain injury is currently implicated in the development of Chronic Traumatic Encephalopathy. Chronic Traumatic Encephalopathy (CTE) is a progressive degenerative brain disease seen in people with a history of brain trauma. For athletes, the brain trauma has been repetitive. Originally described in deceased boxers, it now has been recognized in many sports. Symptoms include difficulty thinking, explosive and aggressive behavior, mood disorder (depression), and movement disorder (Parkinsonism).

RECOGNIZE - LEARN THE SIGNS AND SYMPTOMS OF A CONCUSSION SO YOU UNDERSTAND WHEN A SOCCER PLAYER MIGHT HAVE A SUSPECTED CONCUSSION.

Everyone involved in the game (including side-line staff, coaches, players, parents and guardians of children and adolescents) should be aware of the signs, symptoms, and dangers of concussion. If any of the following signs or symptoms are present following an injury the player should be suspected of having concussion and immediately removed from play or training. **"If in doubt, sit them out."** "It is better to miss one game than the whole season."

VISIBLE CLUES OF CONCUSSION – WHAT YOU MAY SEE:

Any one or more of the following visual clues can indicate a concussion: » Dazed, blank or vacant look » Lying motionless on ground / slow to get up » Loss of consciousness – confirmed or suspected » Unsteady on feet or balance problems or falling over or poor coordination » Loss of consciousness or responsiveness » Confused or not aware of play or events » Grabbing, clutching, or shaking of the head » Seizure » More emotional or irritable than normal for that person » Injury event that could have caused a concussion



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SYMPTOMS OF CONCUSSION - WHAT YOU MAY BE TOLD BY AN INJURED PLAYER: The presence of any one or more of the following symptoms may suggest a concussion:

- » Headache
- » Dizziness
- » Mental clouding, confusion, or feeling slowed down
- » Trouble seeing
- » Nausea or vomiting
- » Fatigue
- » Drowsiness or feeling like “in a fog “or difficulty concentrating
- » “Pressure in head”
- » Sensitivity to light or noise

QUESTIONS TO ASK CHILDREN: Failure to answer any of these questions correctly is an indication of a suspected concussion. “Where are we now?” “Is it before or after (last meal, i.e.: lunch)?” “What is your coach’s / teacher’s name?”

REMOVE - IF A SOCCER PLAYER HAS A SUSPECTED CONCUSSION, HE OR SHE MUST BE REMOVED FROM ACTIVITY IMMEDIATELY

Team-mates, side-line staff, coaches, players or parents and guardians who suspect that a player may have concussion MUST work together to ensure that the player is removed from play in a safe manner. If a neck injury is suspected the player should only be removed by emergency healthcare professionals with appropriate spinal care training. Call 911. Activate your emergency action plan. More severe forms of brain injury may be mistaken for concussion. If ANY of the following are observed or reported within 48 hours of an injury, then the player should be transported for urgent medical assessment at the nearest hospital (symptoms below). Call 911. Activate your emergency action plan.



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- » Severe neck pain
- » Deteriorating consciousness (drowsier)
- » Increasing confusion or irritability
- » Severe or increasing headache » Repeated vomiting
- » Unusual behavior change (persistent irritability in younger children; increased agitation in teens)
- » Seizure
- » Double vision
- » Weakness or tingling / burning in arms or legs

ANYONE WITH A SUSPECTED CONCUSSION SHOULD NOT:

- » be left alone in the first 24 hours**

REFER - ONCE REMOVED FROM PLAY, THE PLAYER SHOULD BE REFERRED TO A QUALIFIED HEALTHCARE PROFESSIONAL WITH TRAINING IN THE EVALUATION AND MANAGEMENT OF HEAD INJURY AND CONCUSSIONS.

Concussion or more severe forms of brain injury are to be diagnosed by health care professionals within their scope of practice and expertise. In all cases of suspected concussion, it is recommended that the player be referred to a medical or healthcare professional for diagnosis and management advice, even if the symptoms resolve.

REPORT – COMMUNICATION BETWEEN PLAYERS, PARENTS, TEAM STAFF, AND THEIR HEALTH CARE PROVIDERS IS VITAL FOR THE WELFARE OF THE PLAYER.

For children and adolescents with suspected concussion who have not been directly transferred for medical management, coaches must communicate their concerns directly with the parents or guardians. Players, parents, and guardians must disclose the nature of, and status of any active injuries to coaches and team staff. **REST AND RECOVER – REST IS THE CORNERSTONE OF CONCUSSION MANAGEMENT.**



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GREATER VANCOUVER UNITED SPORTS CLUB

The management of a concussion involves physical and brain rest until symptoms resolve as recommended by your health care provider. In conjunction with your school and educational professionals and health care provider, recommendations will be made about whether it is appropriate to take time away from school, or whether returning to school should be done in a graded fashion, this is called “return to learn”. Your health care provider will also make recommendations about whether it is appropriate to take time away from work, or whether returning to work should be done in a graded fashion, this is called “return to work”. RETURN TO SOCCER

In order for safe return to soccer following a concussion, the athlete must:

- » Be symptom-free, for children and adolescents a further period of up to 10 days of asymptomatic rest may be recommended
- » Be off treatments that may mask concussion symptoms (i.e. headache or sleep medication)
- » Be cleared in writing by a qualified healthcare professional trained in evaluating and treating concussions
- » Have completed a graduated return to play protocol without recurrence of symptoms If symptoms recur during the graduated return to play protocol, the player must be immediately removed from playing or training and be reassessed by their healthcare practitioner promptly. A player with an unusual presentation or prolonged recovery or a history of multiple recurrent concussions, should be assessed and managed by a healthcare provider with experience in sports-related concussions working within a multidisciplinary team.