# WFTDA Concussion Risk Clarifications HOW TO MANAGE CONCUSSION RISK

#### The Action

A concussion is a type of traumatic brain injury caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth.

When a participant (skater, coach, or official) shows any signs of a potential concussion or is involved in a fall, hit, or other action where it is reasonable to suspect concussion, the participant must be assessed for potential concussion symptoms. In addition to a hit to the head or neck, this also includes falls or hits that could generate force on the spinal column (for example, landing directly on their tailbone).

Remember: If the contact happens to a skater during an active jam, officials should call off the jam immediately for safety to address the concussion concern rather than allow the jam to reach its natural conclusion. Potentially concussed skaters can be an immediate threat to both themselves and other skaters on the track.

## Signs and Symptoms of a Possible Concussion:

- Confusion
- Balance issues
- Agitation/aggression
- Nausea and/or vomiting
- Sensitivity to light
- Headache

Please note that some symptoms may take several hours to manifest.

Please also note that this is not a comprehensible list and there are more signs and symptoms to a concussion.

If at any time the participant has any of the following symptoms, seek medical attention at the hospital emergency department:

- Loss of consciousness, even if only briefly
- Any period of amnesia, or lack of memory for the event
- Feeling dazed or confused
- Headache
- Vomiting
- Seizure

#### The Assessment and Decision to Return to Play

- If the participant complains of any concussion symptoms, they should not return to play.
- If the participant does not complain of any symptoms, but is observed to have symptoms or
  actions that could indicate a change in neurological functioning, they should be assessed either
  immediately or after a short time to rest. They should not be allowed to return to play until
  they are assessed.
- If Team Captains, officials, Games Tournament Oversight officers (GTOs), medics or teammates observed the incident first-hand and are extremely concerned, they should describe the incident to the Head Official. The Head Official may request the participant sit under medical observation for a reasonable time frame before returning to play.

**Remember:** Under the minimum standard for concussion assessment, a single symptom is grounds for removing the participant from WFTDA-sanctioned play. Failure to comply with an assessment and/or refusal to get checked by the concussion-assessment volunteer is grounds for removing the participant from further activities. Some symptoms may take time to develop. Officials, coaches, and skaters should be comfortable self-reporting or being asked to report more than once if they are at risk for a concussion. This is particularly important for those who have had a concussion in the past, as the risk of a second concussion is much higher for them.

#### **Requirements for Concussion Assessment**

- For WFTDA-sanctioned game play and games hosted by leagues holding WFTDA or reciprocal insurance: Please make sure you've read the latest version of the WFTDA Risk Management Guidelines. Participants are required to follow the concussion protocol outlined in the Guidelines. If the medical assessment indicates that a participant should not return to play, this advice must be enforced by the Head Officials.
- For Continental Cups, Playoffs and Championships, please also read the WFTDA Tournament Code of Conduct, as it will be enforced during the tournament.
- For all other gameplay (regulation, scrimmage, practice) hosted by leagues NOT holding WFTDA or reciprocal insurance: It is highly recommended that all parties follow the concussion protocol outlined in the WFTDA Risk Management Guidelines. If the medical assessment indicates that a participant should not return to play, it is highly recommended that this advice be followed.
- For WFTDA Playoffs and Championships, there is already a concussion policy in place for medics. In order for team medics to serve as a first responder, they must be qualified and approved to sit as a first responder for the game they can't sit at their team bench. If they don't want to act as a first responder (or aren't qualified), and a team skater wishes to receive treatment from the team medic, the skater will first be seen by a WFTDA-hired first responder and may refuse treatment (except for concussion assessment). After this, the skater may receive treatment from the team medic off the track.
- If the medics clear a skater, officials and teams must follow their advice. If the skater, captain or coach have concerns, they may still decide to remove a skater from play.

#### **Best Practices for Collaboration and Adequate Assessment**

- Head Officials, GTOs, coaches, and captains should make sure to introduce themselves to the
  medics or volunteers who serve as approved medical personnel prior to the start of the game to
  explain the risk of concussions in roller derby and ensure this assessment procedure will occur
  during the game. Head Officials and/or GTOs should check in directly with the skater and the
  medic after an assessment is conducted.
- It is recommended that person(s) responsible for potential concussion assessment be formally trained in concussion management. If not, we recommend you print the SCAT 5 Concussion Recognition Tool to handout to them. Even if the medical personnel hasn't been trained on assessment, they can easily follow the SCAT 5 step-by-step.
- If a skater is cleared, it should be reinforced that they must return to the medics or see a medical professional if symptoms appear later. Make sure the medics know this and ask that they go check in with the skater later.
- Head Officials should work collaboratively with teams to provide low-conflict ways to remove at-risk skaters. This could mean addressing captains and coaches about the importance of

identifying the need for an assessment by all parties at the captains meeting. If a coach is struggling to get a captain or skater on their team to comply with not being cleared, they may discretely inform officials. Officials can step in and remove the skater from the game to prevent on-the-bench conflict. The highest priority should be to remove skaters who are a risk to themselves or others.

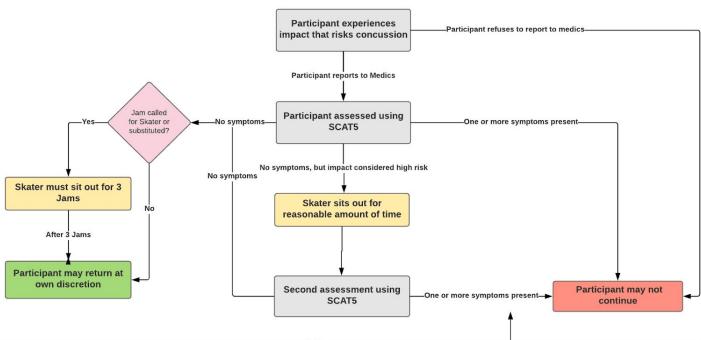
 League and Event Risk Coordinators should keep a list of participants who have been cleared for concussion. They should check in with these individuals periodically during the event or at the next practice/scrimmage to make sure that no new symptoms have arisen.

#### What can you do before and after a game?

- Whether you are a skater, coach, GTO or official: Check out <u>WFTDA.com/Concussions</u> and find more information and educational resources.
- Download and distribute the information one-pager at your events.
- Make sure you are familiar with the *Risk Management Guidelines*.
- Be aware that concussions are a risk in our sport, and keep talking about it!
   Remember: It is the responsibility of the skater (or skating official) to maintain gear and equipment not the officials, coaches or anyone else's. However, it is all our responsibility to change the culture around concussions and ensure that every practice, game and tournament includes attention to proper assessment procedures and practices.

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### **Concussion Assessment Flowchart**



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IF AT ANY TIME THE PARTICIPANT HAS ANY OF THE FOLLOWING SYMPTOMS, SEEK MEDICAL ATTENTION AT THE HOSPITAL EMERGENCY DEPARTMENT:

- Loss of consciousness, even if only briefly
- Any period of amnesia, or loss of memory for the event
- Feeling dazed or confused
- Headache
- Vomiting
- Seizure