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## **POLICY STATEMENT**

This policy provides guidance to OTA Management, staff and volunteers in the identification and management of concussions at OTA run tournaments and events.

### **Background:**

Concussions are usually not life threatening, but they can cause serious symptoms that require medical treatment. The brain injury cannot be seen on X-rays or CT scans. Concussion can occur even if there has been no loss of consciousness; in fact most concussions occur without a loss of consciousness. A concussion can occur from a direct blow to the head but may also occur from a major physical trauma to other parts of the body (e.g., a sideways check to the body) that causes a whiplash effect on the head and neck.<sup>a</sup> Symptoms of a concussion vary depending on the severity of the injury and the person.

## **DEFINITIONS**

1. A "**concussion**" is a mild traumatic brain injury (where the brain makes contact with the inside of the skull) that causes changes in how the brain cells function, leading to symptoms that can be physical (e.g., headache, dizziness), cognitive (e.g., memory problems, decreased concentration), or emotional (e.g., feeling depressed).

## **RESPONSIBILITY**

1. For OTA Management, staff/volunteers: to work with the club staff/club volunteers to follow health and safety/facility procedures if available.
2. For OTA Management, staff/volunteers to stop play (cease match)/activity for the individual involved and initiate emergency response. Notify any on-site partners/spouses, parents, guardians, coaches that the incident has taken place, and summarize the incident in a report for parents, guardians, spouses/partners and the OTA records.

## **GUIDELINES**

### **Application of the Policy:**

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<sup>a</sup> Adapted from: "ThinkFirst Position Statement on Concussion"



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This policy is applicable to OTA management, staff and volunteers directly involved in activities at OTA run tournaments and other events but for greater certainty is not applicable solely because a tournament or other event is sanctioned by the OTA where no OTA management or staff are physically present at the tournament or event in question.

**Concussion Identification - Common Signs and Symptoms:**

An athlete may be reluctant to report symptoms of concussion because of a fear that they will be removed from the physical activity; it may jeopardize their status on a team or in a game or it will impact their standings. However, it is important to consider the permanent repercussions of a concussion. If concussions are not identified and properly managed they can result in permanent brain damage and even death.

**Potential Scenarios:**

Although concussion in the sport of tennis is not prevalent, the following are some examples of scenarios that come to mind where concussions could occur: player hitting himself/herself with racquet on their follow through; player running into a net post, fence, chair, umpire chair or another object; and a player falling/tripping and hitting head on the court or into the fencing. Doubles play would include the preceding scenarios; however, in addition the succeeding might also occur: partner serves and hits partner; partner swings and hits partner; partners collide during play or in a celebratory bump.

An athlete may experience many different signs and symptoms. A symptom is something the athlete will feel, whereas a sign is something that will be observed by a parent/guardian, coach, supervisor, etc. The symptoms may begin immediately, or they may not develop for hours, days, weeks, or even months following the injury. No concussion is the same and so the signs and symptoms may be a little different for everyone. Concussion should be suspected in the presence of any one or more of the following symptoms and signs and may include:

**Signs Observed:**

Physical

- ✓ nausea and vomiting
- ✓ slurred speech



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- ✓ slowed reaction time
- ✓ poor coordination or balance
- ✓ blank stare/glassy-eyed
- ✓ decreased playing ability
- ✓ loss of consciousness

Cognitive

- ✓ difficulty concentrating
- ✓ easily distracted
- ✓ general confusion
- ✓ cannot remember things that happened before and after the injury
- ✓ does not know time, date, place, class, type of activity in which he/she was participating
- ✓ slow to answer questions or follow directions

Emotional

- ✓ strange or inappropriate emotions, (e.g., laughing, crying, getting mad easily)
- ✓ sleep
- ✓ drowsiness

**Symptoms Reported**

Physical

- ✓ headache
- ✓ neck pain
- ✓ feeling off/not right
- ✓ ringing in the ears
- ✓ seeing double or blurry/loss of vision
- ✓ seeing stars, flashing lights
- ✓ pain at physical site of injury
- ✓ nausea/stomach ache/pain
- ✓ balance problems or dizziness
- ✓ fatigue or feeling tired
- ✓ sensitivity to light or noise

Cognitive

- ✓ having difficulty concentrating or remembering



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- ✓ feeling slowed down, fatigued or low energy
- ✓ feeling dazed or in a fog

Emotional

- ✓ irritable, sad, more emotional than usual
- ✓ nervous, anxious, depressed
- ✓ sleepy
- ✓ drowsiness
- ✓ sleeps more/less than usual
- ✓ has trouble falling asleep

During the recovery period after a concussion, one may experience the following symptoms:

- ✓ irritability
- ✓ sensitivity to light or noise
- ✓ difficulty concentrating
- ✓ mild headaches

**PROCEDURE DEVELOPMENT**

**Management Procedures for a Suspected Concussion  
Initial Response**

Unconscious Athlete/Participant:

For an athlete who is unconscious or there is/was a loss of consciousness, a concussion should be assumed and medical attention must be sought:

- Initiate Emergency Action Plan and call 911
- Do not try and immobilize the athlete. Assume there is a possible neck injury and wait for ambulance/emergency responders
- If the athlete regains consciousness, encourage him/her to remain calm and to lie still; do not administer medication
- Even if the athlete regains consciousness, he/she must be taken to the hospital for examination.

Conscious Athlete/Participant:



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If there is no loss of consciousness, but a concussion is suspected due to a direct blow to the head or a major physical trauma to other parts of the body causing whiplash effect on the head and neck:

- Remove the athlete/participant from the current activity or game immediately.
  - Conduct an initial assessment of the athlete (i.e., check signs and symptoms).
  - Do not leave the athlete/participant alone and continue to monitor signs and symptoms.
  - Do not administer medication.
  - Do not allow the athlete/participant to return to play in the activity, game or practice that day even if the athlete/participant states that he/she is feeling better. **(If in doubt, sit them out)**
  - The athlete/participant must not leave the premises without parent/guardian (or emergency contact) supervision.
1. All athletes/participants with a suspected concussion (brain injury), even if there was no loss of consciousness, need to be evaluated by a physician as soon as possible.
  2. Parents/guardians/partners/spouses must be informed of the:
    - a. injury.
    - b. importance of monitoring during the initial hours following a suspected concussion.
    - c. importance of the head injury being evaluated by a physician as soon as reasonable possible.
  3. Provide parents/guardians/coach with an accident report form<sub>[D1]</sub>.
  4. Follow whatever safety procedures are in place at the particular facility.

### When can an athlete return to the sport?

If **NO CONCUSSION** is determined by a physician:

- a) The physician must indicate in a note to the athlete who in turn submits it to the OTA that the athlete has “**No concussion - athlete may return to:**” and signs and dates the note.
- b) The note must be returned to the OTA who will inform all relevant personnel (parents, coach of athlete, club, etc.) that the athlete can participate with no restrictions.

**Note:** The OTA shall keep an electronic record of this note in its e-files<sub>[D2]</sub>.



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If **CONCUSSION** is determined by a physician:

- a) The physician must indicate in a note to the athlete who in turns submits to the OTA that the athlete has “**Concussion - no physical activity until symptoms and signs have gone**” and signs and dates the note.
- b) The athlete/parent/guardian must return this note to the athlete who in turn submits it to the OTA.
- c) A secondary note from the physician stating that the “**athlete may return to:**” and signs and dates the note.
- d) The secondary note must be submitted to the OTA.

**Note:** The OTA shall keep an electronic record of these notes in its **e-files<sub>D3</sub>**.

**REFERENCE POLICIES**

Refer to the OTA Code of Conduct and OTA Occupational Health & Safety Handbook.

**APPROVALS**

Chair of the Board		Date:
on behalf of the Board of Directors		Date: