



Unionville-Milliken Soccer Club

CONCUSSION POLICY

1.0 OBJECTIVE

Unionville Milliken Soccer Club (UMSC) or “the club” sees itself as an integral piece of the puzzle to address concussions in our sport by implementing a comprehensive CONCUSSION POLICY that includes:

- 1.1 an Education Component, offering Coach Education, raising awareness to Parents, Players and Match Officials and in providing the most relevant information to its membership on concussions
- 1.2 Having a Concussion Protocol that includes two key parts:
 - 1.2.1 a Sport Concussion Assessment Tool (SCAT) and
 - 1.2.2 a Return to Play (RTP) procedure

2.0 APPROACH

Unionville Milliken Soccer Club (UMSC) or “the club” has been separated into Competitive and Recreational divisions, for which the requirements of this policy will be specific.

2.0 Education Component

2.1 Competitive Division

- All coaches employed or volunteering in the competitive division of the club are required to attend a minimum of one concussion educational session per calendar year.
- Parents and players participating in the competitive division of the club are recommended and encouraged to attend a minimum of one concussion educational session per calendar year.

2.2 Recreational Division

- All coaches volunteering or participating in the recreational division of the club are recommended and encouraged to attend a minimum of one concussion educational session per calendar year.
- Parents and players participating in the recreational division of the club are



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recommended and encouraged to attend a minimum of one concussion educational session per calendar year.

3.0 Concussion Baseline Testing

3.1 Competitive Division

- All players participating, or who have the opportunity to participate, in the Ontario Player Development League (OPDL) are required to complete concussion baseline testing (SCAT3 and King Devic) prior to the beginning of the outdoor season. This testing will be repeated annually.
- Players participating in the competitive division, but not in the OPDL, are recommended and encouraged to complete concussion baseline testing (SCAT3 and King Devic) prior to the beginning of the outdoor season. This testing will be available to be repeated annually.

3.2 Recreational Division

- Players participating in the recreational division will have the opportunity to complete concussion baseline testing (SCAT3 and King Devic) prior to the beginning of the outdoor season.

4.0 Concussion Action Plan

- Common signs and symptoms of a concussion include, but are not limited to:
 - o Headache
 - o Fatigue
 - o Dizziness, balance problems
 - o Slowed mentation
 - o Drowsiness
 - o Difficulty concentrating
 - o Nausea o Light or noise sensitivity
 - o Forgetfulness
 - o Blurry vision
 - o Sleep disturbances



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- o Irritability
 - o Depression/sadness
 - o Vomiting
 - o Tinnitus/ringing in the ears
- A concussion can be suspected if any of the following signs or symptoms is present.
 - If any red flags are present, call 911 immediately. These include:
 - o Severe headache
 - o Loss of consciousness more than 30 minutes
 - o Prolonged post-traumatic amnesia, for more than 24 hours
 - o Progressive worsening of symptoms
 - o Impaired alertness
 - o Seizures
 - o Focal neurological deficits; such as paralysis or weakness of a specific region of the body (arm, leg, tongue, one side of the face or one eye)

4.1 Concussion Suspected at Practice

- If a concussion is suspected, as determined by the signs and symptoms listed above, the following steps must be taken:
 - o Remove player from current practice/game
 - o Do not leave the player alone
 - o Monitor signs and symptoms
 - o Do not administer medication
 - o Inform the coach, parent or guardian about the injury
 - o Player should be evaluated by a health professional as soon as possible
 - o The player **MUST NOT** return to play in the practice/game
- If any red flags, as listed above, are present, call 911 immediately.

4.2 Concussion Suspected at Game



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4.2.1 OPDL

- A First Aid Responder should always be present on game days, whether provided by the club or by the Ontario Soccer Association
- The First Aid Responder is responsible for assessing for concussion sign and symptoms and determining whether the player is fit to return to play or must be removed from the game.
- If the First Aid Responder determines the player must be removed from play, DO NOT return the player to the game.
- Obtain a copy of the SCAT3 that the First Aid Responder has completed.
- If any red flags, as listed above, are present, call 911 immediately.

4.2.2 Competitive Division

- If a concussion is suspected, as determined by the signs and symptoms listed above, the following steps must be taken:
 - o Remove player from current game
 - o Do not leave the player alone
 - o Monitor signs and symptoms
 - o Do not administer medication
 - o Inform the coach, parent or guardian about the injury
 - o Player should be evaluated by a health professional as soon as possible
 - o The player MUST NOT return to play in the game
- If a cervical spine/neck injury is suspected or the patient is unconscious, the spine should be stabilized – do not move the player.



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- If any red flags, as listed above, are present, call 911 immediately.

4.2.3 Recreational Division

- If a concussion is suspected, as determined by the signs and symptoms listed above, the following steps must be taken:
 - o Remove player from current game
 - o Do not leave the player alone
 - o Monitor signs and symptoms
 - o Do not administer medication
 - o Inform the coach, parent or guardian about the injury
 - o Player should be evaluated by a health professional as soon as possible
 - o The player **MUST NOT** return to play in the game
- If a cervical spine/neck injury is suspected or the patient is unconscious, the spine should be stabilized – do not move the player.
- If any red flags, as listed above, are present, call 911 immediately.

4.2.4 Concussion Reporting

- An incident report must be filled out by the coach within 1 week of the event. This form can be found at www.u-msc.com, under “Club Info” and “Forms & Publications”.
- Please complete and return to club administration, at info@u-msc.com.

5.0 Concussion Return to Play

5.1 OPDL, Competitive and Recreational Divisions

- Initiate examination by a health care professional, use of the SCAT3 is recommended to compare to concussion baseline testing.



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- Return to play will be monitored and managed by the health care professional.
- A confirmation letter must be provided to the coaching staff by the health care professional to allow the player to return to play. This includes both practices and games.
- The earliest a concussed player should return to play is one week.