

AOA CONCUSSION POLICY

A concussion is a brain injury. All concussions should be regarded as potentially serious. Most people with concussions recover completely with correct management. However, 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 activities or training and must not return that 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 mental rest until symptoms resolve. Return to education or work must take priority over return to sport activities.

Concussion symptoms must be completely resolved and medical clearance must be received before resuming any training. A progressive exercise program that re-introduces an individual to their full potential is recommended following concussion recovery. The recurrence of concussion symptoms during a progressive exercise program requires removal from training and reassessment by health care professionals.

What is a Concussion

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

What Causes a 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 subsequent movement of the brain within the skull.

Onset of Symptoms

Symptoms of concussion typically appear immediately, but may evolve within the first 24-48 hours.

Who is at Risk?

Anyone.

- 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.
- Participants with previous concussion are at increased risk of further concussions.

- Awareness of the signs and symptoms of concussion and knowledge of how to properly manage a concussion is critical to recovery.

Purpose

AOA is committed to maintaining the health of its athletes and believes that an athlete's health is more important than participating in sport events or activities. AOA recognizes the increased awareness of concussions and their long-term effects and therefore enacts this policy as a tool to help manage concussed and possibly-concussed athletes.

This policy applies to all AOA organized or sanctioned events.

Procedure: Recognizing a Concussion

During all orienteering events, including competitions, training, or practice sanctioned by the AOA, all participants (including athletes, coaches, officials, or other members) will use their best efforts to be aware and take notice of incidents that may cause a concussion, such as:

- Trips and falls;
- Head trauma;
- Accidents.

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 or responsiveness – confirmed or suspected
- Unsteady on feet, balance problems, falling over, or poor coordination
- 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
- Witnessing an injury event that could have caused a concussion.

Symptoms of Concussion – What you may be told by an injured person:

The presence of any one or more of the following symptoms may suggest a concussion:

- Headache
- Dizziness

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

Procedure: Emergency Action Plan

- Identify athletes or other individuals who have been involved in any of the above incidents and/or exhibit any of the above symptoms.
- Athletes or other individuals who have been involved in an incident that may cause a concussion and who may exhibit symptoms of a concussion shall be identified and removed from the activity.
- After the athlete has been removed from the activity, the athlete’s coach or other individual in charge of the athlete (if the athlete is a minor) or someone familiar to the athlete should:
 - a. Call an emergency number (if the situation appears serious eg. where an athlete loses consciousness or it is suspected to have more severe head or spine injury)
 - b. Notify the athlete’s parent (if the athlete is a minor) or someone close to the athlete
 - c. Reduce external stimulus (noise, presence of other people, etc.)
 - d. Remain with the athlete until he or she can be taken home
 - e. Encourage consultation with a physician

Once the athlete’s immediate needs have been met, the athlete’s family or the athlete should be directed to follow the **‘Return to Orienteering Procedure’**.

Orienteering activities are usually not high risk for concussion but participants could suffer concussion related to injuries from other sport activities they performed previously. The return to orienteering procedure would apply regardless where the injury happened.

More information about concussion can be provided by this link for parents and caregivers:

<https://www.coach.ca/concussion-awareness-s16361>

<http://www.parachutecanada.org/downloads/resources/Concussion-Parents-Caregivers.pdf>

Procedure: Member's Education

AOA will provide resources in the form of online links and recommendations on its website, where its affiliated clubs and participants (which include coaches, athletes, officials, or other members) can learn more about concussion in sport. AOA will encourage its members to educate themselves about concussion in sport and will include information about the AOA concussion policy at coaching and official's courses. AOA recommends to its affiliated clubs to either adopt the AOA concussion policy or develop and implement their own concussion policy.

Procedure: Return to Orienteering

All active, trained coaches and officials need to be aware of the AOA concussion policy and will use their best efforts to implement the outlined procedure. An athlete who has suffered a concussion should only return to any activity by following these steps.

Baseline: No Symptoms

As the baseline step of the return to orienteering procedure, the athlete needs to have completed physical and cognitive rest and not be experiencing concussion symptoms for a minimum of 24 hours. Keep in mind, the younger the athlete, the more conservative the treatment. Remember that concussion can effect cognitive functioning for long periods of time. In fact, research shows that activities that require concentration can cause concussion symptoms to reappear or worsen. Consider a progressive approach, slowly increasing difficulty when reintroducing map reading and navigation activities.

Medical Clearance

The athlete who has been diagnosed with concussion must consult with a physician before returning to light aerobic exercise and obtain an official clearance. Athletes who have been provided with a Medical Clearance Letter may return to full sport activities as tolerated. If the athlete experiences any new concussion-like symptoms while returning to activities, they should be instructed to stop playing immediately, notify their parents, coaches, trainer or teachers, and undergo follow-up Medical Assessment.

Step 1: Light aerobic activity

- Goal: Only to increase the athlete's heart rate.
- Duration: 5 to 10 minutes.
- Activities: Exercise bike, walking, or very light jogging.
- Absolutely no weight lifting, jumping or hard running.
- No map reading/navigational activities.

Step 2: Moderate activity

- Goal: Limited body and head movement.
- Duration: Reduced from typical routine.
- Activities: Moderate jogging, brief running, moderate-intensity stationary biking, and moderate-intensity weightlifting.
- Moderate difficulty of map reading/navigational activities.

Step 3: Heavy, non-contact activity

- Goal: More intense but non-contact.
- Duration: Close to typical routine.
- Activities: Running, high-intensity stationary biking, the athlete's regular weightlifting routine, and non-contact or fall-risk sport-specific drills. This stage may add some cognitive component to practice in addition to the aerobic and movement components introduced in Steps 1 and 2.
- Increased difficulty of map reading/navigational activities.

Step 4: Full Practice

- Goal: Reintegrate into full training activities. Exercise, coordination and increased thinking.
- Difficult map reading/navigational activities.

Step 5: Competition

- Goal: Return to competition.

It is important to monitor symptoms and cognitive function carefully during each increase of exertion. Athletes should only progress to the next level of exertion if they are not experiencing symptoms at the current level. If symptoms return at any step, an athlete should stop these activities as this may be a sign the athlete is pushing too hard. Only after additional rest, when the athlete is once again not experiencing symptoms for a minimum of 24 hours, should he or she start again at the step previous to which the symptoms were experienced.

References:

Parachute Canada: Canadian Guideline on Concussion in Sport

<http://www.parachutecanada.org/injury-topics/item/canadian-guideline-on-concussion-in-sport>

<http://www.parachutecanada.org/downloads/resources/Concussion-Parents-Caregivers.pdf>

CDC: https://www.cdc.gov/headsup/providers/return_to_activities.html

SIRC: [Canadian Harmonized Concussion Protocol \(Template\)](#)

Soccer Canada: <https://www.canadasoccer.com/files/ConcussionGuideEN2.pdf>

Skate Canada: <https://info.skatecanada.ca/index.php/en-ca/policies/173-concussion-policy.html>