



Concussion Safety Policy

ALPINE CANADA ALPIN

DECEMBER 2022

Alpine Canada Alpin: Concussion Safety Policy

Table of Contents

1.0 – Background	3
2.0 – Definition of Sport-Related Concussion.....	3
3.0 – Primary Prevention of Concussion.....	3
4.0 – Secondary Prevention of Concussion	4
5.0 – Treatment of Concussion (Tertiary Prevention)	6
Appendix A: Concussion Agreement	7

1.0 – Background

- a. Alpine Canada Alpin (ACA) is committed to protecting the health of its Athletes by providing a safe environment. ACA recognizes that concussion is an injury that can have short and long-term implications for the health of Participants. Recognizing the inherent risk of injury involved with the sport of ski racing, this ACA Policy endorses the following principles of concussion risk mitigation: prevention, identification, treatment, and safe return to ski racing in the event of a concussion injury. This Concussion Policy exists as part of the larger ACA policy framework creating a safe sport experience for all while simultaneously following provincial, national, and international legislative, professional, and medical recommendations surrounding concussion.

2.0 – Definitions

a. *Athlete(s)*

- i. Any individual who is registered, carded, or funded to compete in ACA sanctioned events.

b. *Concussion*

- i. ACA endorses the definition of Concussion as outlined and periodically updated by the International Concussion in Sport Group's Consensus Statements.

c. *Participant(s)*

- i. Includes all individuals who are engaged in activities that are provided, sponsored, promoted, supported, or sanctioned by the ACA. Without limiting the generality of the foregoing, Participant(s) include, but are not limited to:
 1. Board members;
 2. Employees (e.g., coaches and IST staff);
 3. Contract staff (e.g., ITP);
 4. Carded Athletes and National Team funded Athletes;
 5. Registered coaches and Athletes; and
 6. Volunteers and officials participating in ACA sanctioned events.

3.0 – Primary Prevention of Concussion

- a. ACA believes preventing a concussion from occurring in the first place is the best form of concussion management. ACA endorses the following principles of primary concussion prevention:
 - i. **Safe training and race environment:** All ACA training and competition venues will adhere to accepted FIS/IPC (International Ski Federation/International Paralympic

Committee) safety standards regarding ski course construction, safety netting, hazard identification, netting and airbags, gate placement, jump construction, controlled course access, avalanche, weather and visibility monitoring and course maintenance (sideslipping). All dryland training will be done in areas free of environmental hazards and using safe, clean, and functional training aids.

- ii. **Trained and Qualified staff:** All ACA staff and volunteers will maintain current provincial, national, and international credentialing and licensing commensurate with their role on the team. Concussion trained ACA/IST/Medical staff will be present or available immediately via technology to assess Athletes with a potential concussion injury.
- iii. **Equipment:** All ACA equipment will be maintained in top functional shape. Athletes are responsible for ensuring their personal equipment is well maintained, functional and meets all safety certification requirements. All ACA staff and Athletes will ensure proper use of safety equipment including and not limited to helmets, goggles, gloves, body armor and mouthguards.
- iv. **Open communication:** All ACA Participants, including Athletes, commit to open communication regarding all potential hazards for injury and concussion.
- v. **Accountability:** All ACA Participants are accountable for the provision of safe and supervised race and training environments. All Participants are accountable for their personal behavior and the creation of a safe training/race environment. All Athletes are accountable for their personal behavior and risk tolerance.
- vi. **Adaptive Athlete Accommodations:** All Para-Athletes and staff will adapt the primary concussion principles above to account for the individual Athlete's specific disability and adaptive equipment.

4.0 – Secondary Prevention of Concussion

- a. ACA is committed to the early identification of concussion as a form of secondary prevention using the following principles:
 - i. **Mandatory Staff Education:** All ACA staff will undergo concussion training relevant to their role on the team as part of their ACA qualifications.
 - ii. **Mandatory Athlete Education:** All ACA Athletes will receive training in the recognition of concussion symptoms and general treatment of concussion at their first pre-season camp or as soon as possible when joining ACA as an Athlete. Additional Athlete education will be provided periodically as the science of concussions evolves.
 - iii. **Mandatory Baseline Data Collection:** At the start of every pre-season camp, or as soon as feasible once an Athlete joins an ACA team, the ACA staff will collect and store, as part of the pre-season medical assessment and clearance, a set of baseline concussion data consisting of:

- i. Athlete's baseline symptoms of concussion using the symptom scale from a SCAT form; and
 - ii. Athlete's baseline balance testing using the BESS (Balance Error Scoring System) format captured on video.
- iv. **Duty to Report:** All ACA staff, volunteers and Athletes have a duty to report any suspected concussion event or concussion symptoms following the same principle of Open Communication in Section 3-a(v). Athletes have a duty to report symptoms to their coaches and IST staff. Coaches have a duty to report to the IST/Medical staff and ACA head office. IST/Medical staff have a duty to report to ACA coaches, staff as well as the Athlete and the Athlete's designated emergency contact.
- v. **Independent Medical Authority:** ACA authorizes the ACA team physicians, physiotherapists and athletic trainers to have unchallengeable autonomous authority to conduct the Concussion Assessment and make Return to Play (RTP) decisions following the ACA RTP Protocol. In the event of a disagreement between the Athlete, parent, coach, other staff and/or outside medical professionals regarding the determination of a concussion and/or clearance using the RTP Protocol, the final decision will rest the ACA Team specific Lead Physician.
- vi. **Immediate Removal from Training/Competition and Concussion Assessment:** Once a suspected concussion event or concussion symptom is reported, the affected Athlete will be immediately removed from competition or training and evaluated by ACA staff including, but not limited to, coaches, physiotherapists, athletic trainers, and ACA physicians. The format of this detailed assessment will follow the principles outlined by the International Concussion in Sport Group's Consensus Statements SCAT (sport concussion awareness & training) form (Currently SCAT5). Concussion evaluation may be assisted by real-time video support with ACA IST and medical staff. Concussion assessment will utilize Athlete specific baseline data in the assessment to determine the presence of an acute concussion.
- vii. **Potential Outcomes of Immediate Concussion Assessment:** Recognizing the dynamic nature of injury in sport, this initial assessment may result in multiple possible outcomes including but not limited to the following:
 - i. Serious injury is identified resulting in the activation of the Emergency Action Plan. Subsequent Athlete evacuation, pre-hospital treatment, transport to hospital and subsequent medical care will be dictated by the specific injury suspected or identified and the specific event Emergency Action Plan. Concussion specific considerations are secondary in the setting of a serious injury. Return to play is not an immediate concern.
 - ii. Concussion (with or without minor injury not requiring the Emergency Action Plan) is identified. At this point the ACA Concussion Treatment and

RTP Protocols will be started. Any other injuries will be assessed and treated according to accepted medical standards of care.

- iii. No Concussion is identified after detailed assessment and consultation with team medical staff resulting in clearance for an Athlete to return to training/competition. Ongoing monitoring for delayed presentation of symptoms will be the joint responsibility of the Athlete, coaches, and IST staff. Any other injuries not preventing immediate return to training or racing will be assessed and treated according to accepted medical standards of care.

5.0 – Treatment of Concussion (Tertiary Prevention)

- a. **Treatment Protocols:** ACA and its IST/medical staff will regularly review and update a separate ACA Concussion Treatment and RTP Protocol based on the latest research and International Concussion in Sport Group's Consensus Statements.
- b. **Sport-specific Protocols:** ACA will adapt general Concussion Treatment and RTP protocols to the specifics of each Alpine discipline.
- c. **Adaptive Athlete Accommodations:** All Para-Athletes and staff will adapt the ACA Concussion Treatment and RTP protocols to account for the individual Athlete's specific disability and adaptive equipment.
- d. **Data Collection:** ACA will keep summative data and statistics regarding concussion injuries for use in research or quality improvement initiatives.
- e. **Quality Improvement:** ACA may, at any time, conduct a root cause analysis of a concussion event to inform ongoing quality improvement initiatives to further improve this Policy or the Protocols it utilizes.

Date of Board Approval: December 2022

Initial Board Approval: March 2021

Appendix A: Concussion Agreement

As outlined in the ACA Concussion Policy, any ACA Athlete suspected of having sustained a concussion or traumatic head injury must be removed immediately from participation in ACA sporting events (e.g., sanctioned training, practice, camps, competitions, or tryouts), by the Medical Delegate or coach overseeing such sporting event. The Athlete will be prohibited from further participation until evaluated and cleared to resume participation in ACA sporting events by an ACA physician trained in the evaluation and management of concussive head injuries.

I HAVE CAREFULLY READ THE FOREGOING AND UNDERSTAND IT TO BE A LEGALLY BINDING RELEASE AND INDEMNITY AGREEMENT

By his/her/their signature below, **PARTICIPANT CERTIFIES THAT HE/SHE/THEY HAS READ AND UNDERSTOOD THIS AGREEMENT**, and agrees in full with its terms, intend that it be binding on Participant, his/her/theirs, executors, administrators and assigns, and that it remain in full force and effect for as long as Participant participates in ACA training, competition, and related programs and activities without independent medical and accident insurance.

Participant: _____

Date of Birth: _____

Date Signed: _____

Signature: _____

SIGNATURE OF PARENT OR GUARDIAN REQUIRED BELOW FOR MINOR PARTICIPANTS

As the parent or guardian of the Minor Participant named above, I hereby make and enter into each and every agreement, representation, waiver, and release described above on behalf of myself, the Participant, and any other parent or guardian of the Participant, intending that they be binding on me, and the Participant. I intend to give up my right, the Participant's right, and the right of any other parent or guardian to maintain any claim or suit against ACA arising out of the Participant's participation in any Activities involving ACA in any way.

Parent or guardian's name: _____

Date: _____

Signature: _____

THIS DOCUMENT DEPRIVES YOU OF ANY LEGAL RIGHT TO SUE ACA, EVEN FOR ITS OWN NEGLIGENCE. DO NOT SIGN AND INITIAL IT UNLESS YOU HAVE READ IT IN ITS ENTIRETY. SEEK THE ADVICE OF LEGAL COUNSEL IF YOU ARE UNSURE OF ITS EFFECT