

Policy title	CAS Concussion Policy		
Adopted	Effective Date September 1, 2024		
Current version approved by Board of Directors	Sept 2024	Pages: 8	

I. Definitions

The following terms have these meanings in this Policy:

- “Activity” means all CAS, PTSO and affiliated club business and activities;
- “Athlete” refers to any minor or adult registrant participating in an Activity;
- “CAS” refers to Canada Artistic Swimming;
- “Coach” means any registrant who instructs figures or routines on a regular basis and includes Instructor, which is a specific level of coach who teaches the AquaGO! or other recreational programming;
- “Concussion” refers to a type of traumatic brain injury caused by a bump, blow or jolt to the head, face, neck or body that causes the head and brain to move rapidly back and forth and can alter the way the brain normally functions leading to signs or symptoms that can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty concentrating or remembering), emotional or behavioural (e.g., depression, irritability) or related to sleep (e.g., drowsiness, poor quality of sleep);
- “Concussion Awareness Resources” refer to information or materials on concussion prevention, detection, reporting and management;
- “Concussion Diagnosis” refers to a clinical diagnosis made by a medical doctor or nurse practitioner;
- “Concussion Management Protocol” refers to the companion document to this Policy that helps inform and guide the management of artistic swimmers through a sport-related concussion and includes the CAS Removal-from-sport and Return-to-sport protocols;
- “Concussion Recognition Tool 6” or “CRT6” is the most recent revision of the Pocket Sport Concussion Assessment Tool that was introduced by the Concussion in Sport Group in 2005. The CRT6 is designed to assist non-medically trained individuals to recognize the signs and symptoms of possible sport related concussion and provides guidance on removing an athlete from sport and seeking medical attention.
- “Designated Person” refers to the person assigned to have final decision-making authority to remove an athlete who is suspected of having sustained a concussion from further training, practice or competition;
- “Including” means including but not limited to;

- "Licensed healthcare professional" means a healthcare provider who is licensed by a provincial professional regulatory body to provide concussion-related healthcare services that fall within their licensed scope of practice. Examples include medical doctors, nurse practitioners, physiotherapists, athletic therapists, and chiropractors;
- "Medical Assessment" means the evaluation of an individual by a licensed healthcare professional to determine the presence or absence of a concussion.
- "Member" means any Provincial or Territorial Sport Organization registered with CAS;
- "Minor" refers to any person under the age of majority in the province;
- "Officials" refers to all registrant judges, including practice judges, referees and scorers;
- "Parents" refers to parents or guardians of minors;
- "Participants" means all persons engaged in any paid or volunteer capacity with CAS or its Members or affiliated clubs;
- "PTSO or Provincial or Territorial Sport Organization" refers to a provincial or territorial organization Member that is responsible for the management of artistic swimming within its provincial or territorial boundaries;
- "Registrant" means any club or individual that has fulfilled the requirements of registration as required by CAS and has paid any associated registration fees to CAS. A complete list of Registrant categories can be found in the CAS By-laws and related CAS Registration Policy; and
- "Sport-related Concussion" refers to a concussion injury sustained during artistic swimming activity.

II. Application

This Policy applies to CAS and its Members, Registrants and Participants. It applies at all times wherever an Activity takes place, including CAS, PTSO or affiliated club workplaces as well as external locations in Canada and abroad and includes all events and activities sanctioned by CAS or the PTSO.

This Policy recognizes that jurisdictions across Canada have legislation that governs the management of concussions within their jurisdiction. Government legislation may supersede aspects of the policy.

Failure to abide by this Policy and the protocols contained in the CAS Concussion Management Protocol may result in disciplinary action in accordance with the CAS Conduct Policy or the conduct policies of the applicable PTSO.

III. Purpose

The purpose of this Policy is to provide the framework to create a safe and positive sport environment through education and training, and by making CAS Members, Registrants and Participants aware of artistic swimming-specific concussion awareness resources to assist in recognizing and managing a concussion injury.

Due to changing clinical signs and symptoms in the acute phase, sport related concussions are considered complex to diagnose, assess and manage.¹

IV. Renewal

This Policy will be reviewed annually and updated, as necessary, to reflect legislative or regulatory developments or any new medical advances communicated by or in reference to the Canadian Concussion Protocol Harmonization Project (Parachute) and the Canadian Concussion Collaborative.

V. Concussion Awareness Resources

CAS, the PTSOs and affiliated clubs will make the following concussion awareness resources available on their public websites:

1. CAS or PTSO Concussion Policy
2. CAS Concussion Management Protocol including:
 - Canadian Harmonized Sport Concussion Protocol Checklist
 - Head Injury Recognition (Concussion Recognition Tool – CRT6)
3. Medical Assessment Including:
 - Sport Concussion Assessment Tool (SCAT 6)
 - Child Sport Concussion Assessment Tool (Child SCAT6)
4. CAS Removal-from-Sport Protocol
5. CAS Return-to-Sport Protocols including, as appropriate:
 - Club Environment
 - Short-term Centralized Training (e.g., National or Provincial teams)
 - Full-time Training Group (e.g., Senior National Team).

VI. Concussion Recognition and Reporting

All Participants including Coaches, Officials, Athletes and Parents are responsible for recognizing and reporting any athlete who demonstrates any of the visual signs or behaviours of a suspected concussion or who reports concussion-related symptoms.

¹ McCrory P, Meeuwisse W, Dvořák J, et al. Consensus statement on concussion in sport. Br J Sports Med. June 2023; volume 57, issue 11 <https://bjsm.bmj.com/content/57/11/695>

VII. Governance

A. CAS Responsibilities

CAS will:

1. Participate in multi-disciplinary working groups on sport-related concussions;
2. Develop and maintain a Concussion Policy and related Concussion Management Protocols including Removal-from-sport and Return-to-sport protocols;
3. Develop and maintain a system for collecting and analyzing concussion injury data;
4. Maintain records of sport-related concussions for National teams, including medical clearance letters for Athletes;
5. In collaboration with the PTSOs, assess changes in concussion rates over seasons and identify and, if possible, make recommendations with respect to those training or routine elements that put Athletes in a position of high risk for concussion injury;
6. Develop or communicate concussion awareness resources for Coaches, Officials, Athletes and other Participants;
7. Provide annual concussion education for Members, Coaches, Officials, Athletes and other Participants at CAS-hosted conferences, clinics or calls; and
8. Receive and investigate complaints of any breach of the CAS Concussion Policy and Concussion Management Protocol and, where appropriate, determine an appropriate disciplinary response.

B. PTSO Responsibilities

PTSOs will:

1. Adopt the CAS Concussion Policy and related protocols, which may include an appendix, if necessary, to comply with provincial or territorial legislation and regulations;
2. Report annually to CAS on sport-related concussions;
3. Maintain records of sport-related concussions for provincial or territorial teams;
4. In collaboration with CAS and other PTSOs, assess changes in concussion rates over seasons and identify and, if possible, make recommendations with respect to those training or routine elements that put Athletes in a position of high risk for concussion injury;
5. In collaboration with CAS and other PTSOs, develop or communicate concussion awareness resources for Coaches, Officials, Athletes and other Participants; and
6. Receive and investigate complaints of any breach of the CAS Concussion Policy and Concussion Management Protocol and, where appropriate, determine an appropriate disciplinary response.

C. Affiliated Club Responsibilities

Affiliated clubs will:

1. Adopt the CAS Concussion Policy and related protocols, which may include a PTSO appendix, as appropriate, to comply with provincial or territorial legislation and regulations;
2. Report all instances of suspected or confirmed sport-related concussions to the PTSO using the prescribed system for collecting concussion injury data;
3. Maintain records of sport-related concussions;
4. In collaboration with CAS and the PTSO, assess changes in concussion rates over seasons and identify and, if possible, make recommendations on training or routine elements that put Athletes in a position of high risk for concussion injury;
5. In collaboration with CAS and the PTSO, communicate concussion awareness resources for Coaches, Athletes and other Participants; and
6. Receive and investigate complaints of any breach of the CAS Concussion Policy and Concussion Management Protocol and, where appropriate, determine an appropriate disciplinary response.

VIII. Safeguarding

A. CAS Responsibilities

1. Ensure all CAS-hosted meets/training camps, selection and assessment processes and National Team Activity is properly supervised, including the use of certified lifeguards in aquatic environments in accordance with municipal or facility requirements;
2. Assign the Designated Person for all CAS hosted meets, selection and assessment processes and teams (e.g., onsite Event Medical Lead or Chief Referee for meets or Team Medical Lead or Head Coach for National Teams);
3. Keep a copy of the CRT5 on deck and available to Coaches at all CAS-hosted meets, selection and assessment processes and National Team Activity;
4. Implement the CAS Return-to-sport Protocol for all instances of concussion injury among National Team Athletes; and
5. Maintain records and statistics to help identify training or routine elements that put National Team Athletes in a position of high risk for concussion injury.

B. PTSO Responsibilities

1. Ensure all PTSO-hosted meets/training camps, selection and assessment processes and provincial team Activity is properly supervised, including the use of certified lifeguards in aquatic environments in accordance with municipal or facility requirements;
2. Keep a copy of the CRT5 on deck and available to Coaches at all PTSO hosted meets, selection and assessment processes and provincial team Activity;
3. Implement the CAS Return-to-sport Protocol for all instances of concussion injury among provincial team Athletes; and
4. Maintain records and statistics to help identify training or routine elements that put provincial team Athletes in a position of high risk for concussion injury.

C. Affiliated Club Responsibilities

1. Ensure all club Activity is properly supervised, including the use of certified lifeguards in aquatic environments in accordance with municipal or facility requirements;
2. Ensure Coaches are familiar with their responsibilities under the CAS Concussion Management Protocol including how to recognize, report and manage a sport-related concussion injury;
3. Keep a copy of the CRT5 on deck and available to Coaches;
4. Implement the CAS Return-to-sport Protocol for all instances of concussion injury; and
5. Maintain records and statistics to help identify training or routine elements that put Athletes in a position of high risk for concussion injury.

IX. Designated Person

The Designated Person has responsibility to:

1. Remove an athlete who is suspected of having sustained a concussion from further training, practice or competition, in accordance with the CAS Removal-from-sport Protocol;
2. Call 911 immediately if any Red Flag symptoms are present (see CRT5);
3. For minors or other vulnerable Athletes, inform the parent of the removal and remain with the athlete until discharged to a parent or other trusted adult or EMS. For Athletes over 18 years of age, the Designated Person should contact their emergency contact person;
4. Communicate to the athlete or athlete's parent the need for immediate medical assessment by a medical doctor or nurse practitioner when Red Flag symptoms are not present but other concussion symptoms are reported or observed and the athlete has been removed from further training, practice or competition;
5. Provide a copy of the CAS Removal-from-sport Protocol and CAS Return to Sport Protocol to the athlete or, in the case of a minor athlete, the athlete's Parents when the athlete is removed from further training, practice or competition
6. Ensure medical clearance is provided by a medical doctor or nurse practitioner before allowing the athlete to return to training, practice or competition, in accordance with the CAS Return to Sport Protocol; and
7. Ensure the CAS Return to Sport Protocol is implemented for all instances of concussion injury.

The Designated Person may delegate any of the above responsibilities to another qualified Designated Person, if necessary. Final decision-making authority to remove an athlete who is suspected of having sustained a concussion rest with the Designated Person.

Canada Artistic Swimming (CAS) recognizes that participation in any sport or physical activity bears some inherent risk of head injuries and concussions. Canada Artistic Swimming is fully committed to maintaining the health and safety of its members and recognizes that short-and long-term consequences of concussions pose a significant public health issue.

This policy was informed by SIRC and Parachute.

Appendix 1 – CRT6

<https://bjsm.bmj.com/content/bjsports/57/11/692.full.pdf>

CRT6™



Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults

What is the Concussion Recognition Tool?

A concussion is a brain injury. The Concussion Recognition Tool 6 (CRT6) is to be used by non-medically trained individuals for the identification and immediate management of suspected concussion. It is not designed to diagnose concussion.

Recognise and Remove

Red Flags: CALL AN AMBULANCE

If **ANY** of the following signs are observed or complaints are reported after an impact to the head or body the athlete should be immediately removed from play/game/activity and transported for urgent medical care by a healthcare professional (HCP):

- Neck pain or tenderness
- Seizure, 'fits', or convulsion
- Loss of vision or double vision
- Loss of consciousness
- Increased confusion or deteriorating conscious state (becoming less responsive, drowsy)
- Weakness or numbness/tingling in more than one arm or leg
- Repeated Vomiting
- Severe or increasing headache
- Increasingly restless, agitated or combative
- Visible deformity of the skull

Remember

- In all cases, the basic principles of first aid should be followed: assess danger at the scene, check airway, breathing, circulation; look for reduced awareness of surroundings or slowness or difficulty answering questions.
- Do not attempt to move the athlete (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) or other equipment.
- Assume a possible spinal cord injury in all cases of head injury.
- Athletes with known physical or developmental disabilities should have a lower threshold for removal from play.

This tool may be freely copied in its current form for distribution to individuals, teams, groups, and organizations. Any alteration (including translations and digital re-formatting), re-branding, or sale for commercial gain is not permissible without the expressed written consent of BMJ.

If there are no Red Flags, identification of possible concussion should proceed as follows:

Concussion should be suspected after an impact to the head or body when the athlete seems different than usual. Such changes include the presence of **any one or more** of the following: visible clues of concussion, signs and symptoms (such as headache or unsteadiness), impaired brain function (e.g. confusion), or unusual behaviour.

CRT6™

Developed by: The Concussion in Sport Group (CISG)

Supported by:





CRT6

Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults



1: Visible Clues of Suspected Concussion

Visible clues that suggest concussion include:

- Loss of consciousness or responsiveness
- Lying motionless on the playing surface
- Falling unprotected to the playing surface
- Disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions
- Dazed, blank, or vacant look
- Seizure, fits, or convulsions
- Slow to get up after a direct or indirect hit to the head
- Unsteady on feet / balance problems or falling over / poor coordination / wobbly
- Facial injury

2: Symptoms of Suspected Concussion

Physical Symptoms	Changes in Emotions
Headache	More emotional
"Pressure in head"	More Irritable
Balance problems	Sadness
Nausea or vomiting	Nervous or anxious
Drowsiness	
Dizziness	
Blurred vision	
More sensitive to light	
More sensitive to noise	
Fatigue or low energy	
"Don't feel right"	
Neck Pain	

Changes in Thinking

- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

Remember, symptoms may develop over minutes or hours following a head injury.

3: Awareness

(Modify each question appropriately for each sport and age of athlete)

Failure to answer any of these questions correctly may suggest a concussion:

"Where are we today?"

"What event were you doing?"

"Who scored last in this game?"

"What team did you play last week/game?"

"Did your team win the last game?"

Any athlete with a suspected concussion should be - IMMEDIATELY REMOVED FROM PRACTICE OR PLAY and should NOT RETURN TO ANY ACTIVITY WITH RISK OF HEAD CONTACT, FALL OR COLLISION, including SPORT ACTIVITY until ASSESSED MEDICALLY, even if the symptoms resolve.

Athletes with suspected concussion should **NOT**:

- Be left alone initially (at least for the first 3 hours). Worsening of symptoms should lead to immediate medical attention.
- Be sent home by themselves. They need to be with a responsible adult.
- Drink alcohol, use recreational drugs or drugs not prescribed by their HCP
- Drive a motor vehicle until cleared to do so by a healthcare professional