



1. PREAMBLE

The following Policies and Procedures represent the minimum standards for medical care related to athletes playing within the Canada West Universities Athletic Association (i.e. Canada West). An Institution can create levels of care that exceed those outlined in this Policy and Procedures dependent on the institution's liability and risk management policies. If individual Canada West sport governing bodies have policies that exceed the minimum standard of care outlined in this document, the most conservative guideline will be required by the Canada West.

Where possible these policies and procedures have been created based on literature searches, existing standards, policies and professional consensus statements, and consensus building within the medical community. It is a living document that develops as sport medicine and risk management evolves with scientific and societal changes. Any changes to this document will be brought forward by the Canada West Head Therapist Committee and ratified by the Canada West board in accordance to Canada West by-laws.

2. DEFINITIONS

Athletic Therapist – A medical professional who has successfully completed the national certification examination and is in good standing with the Canadian Athletic Therapists Association.

Emergency Action Plan (EAP) – A document that identifies the correct course of action when responding to an injured athlete for all medical and non-medical members of staff, which in turn will activate appropriate emergency services in a timely manner.

Emergency Situation – Life or limb threatening injury.

Event Medical Specialist – In the case a physician does not show up at a designated event, a staff Certified Athletic Therapist or Physiotherapist with a certificate in Sport Physical Therapy will be allowed to work as the medical specialist for the event. It will be recognized they will only work within their scope of practice and refer to emergency medical services or the hospital if an athlete needs more extensive injury care.

Competition – Any game or match that occurs under the jurisdiction of a Canada West institution. This includes exhibition games, open tournaments, regular season games, play-off games, and championships.

Host medical staff – Physician, Athletic Therapist, Physiotherapist, or medical team representative.

- a. Life Guard - An Employee of pool facilities who have attained the qualification from one of two national bodies; Life Saving Society denoted by the term “National Lifeguard” or the Canadian Red Cross denoted by the term “LifeGuard.

Massage Services – Services supplied by a registered Massage Therapist (or highest provincial qualification), or student massage therapists under the direction of a registered Massage Therapist.

Medical Team Representative – This individual works directly with each team as the front line care provider and window to the institution’s medical system. She/he is responsible for immediate care, injury referral, team preparation, as well as activation of the EAP when necessary. She/he could be a professional staff member, student or community member. This individual is commonly known as the ‘team trainer’ and shall not be in a position that causes the potential for conflict of interest. For example, a coach or athlete, from the team which is competing, cannot be the medical team representative. The minimum medical training requirements are standard first aid, CPR and AED training.

Nutritional counselling – Services supplied by a registered Dietician (a.k.a. dietician, registered nutritionist, R.D.)

Physician, Institution – An institution-identified physician who will be responsible for varsity athlete population/community/general health issues. She/he will be able to field questions in regard to infectious disease control, legal liability, risk management, institution policy development, etc. independently or in conjunction with the institution’s risk management department. She/he could assist in finding competition physicians.

Physician, CASEM – a Physician certified by the Canadian Academy of Sport and Exercise Medicine. This is a physician who is versed in musculo-skeletal injury assessment, on-field emergency protocols, and acute injury management.

Physician, Competition – A Canadian Academy of Sport and Exercise Medicine certified medical physician. In the absence of this qualification, a medical physician with the following skill base: 1) knowledge and ability to run the institution’s sport emergency

protocol, 2) stitching skills, 3) orthopedic assessment skills, 4) neurological assessment skills, 5) knowledge of contemporary return to play guidelines. A common substitute is an Emergency Room physician. The competition physician will be responsible for return to play decisions.

Physiotherapist – A medical professional who is licensed as a physiotherapist/physical therapist by the respective provincial College of Physical Therapists/Physiotherapists.

Physiotherapist, Sport – A physical therapist/physiotherapist who has earned the Sport Physiotherapy Canada credentials.

Psychological Services – Services supplied by a licensed psychologist or psychiatrist.

Rehabilitation Services – Services supplied by a Certified Athletic Therapist or a Licensed Physiotherapist for athletic injury rehabilitation.

Sport, Collision – A sport where athletes contact one another with the intention to tackle the opponent to the ground or knock them off their feet. In Canada West, Football, Men's Ice Hockey and Women's Rugby will be classified as collision sports.

Sport, Combative – A sport where individual athletes compete to take down their opponent into submissive or vulnerable positions. In Canada West, Wrestling will be classified as a combative sport.

Sport, Contact – A sport where athletes are interspersed on the playing field, and contact with person or equipment is common. In Canada West, Soccer, Basketball, Women's ice hockey, Field hockey and Volleyball will be classified as Contact Sports.

Sport, Non-Contact – An individual or team sport where body contact or interference of an opposing player is against the rules of the sport. In Canada West, Curling, Track and Field, Cross Country, Golf and Swimming will be classified as non-contact sport.

Therapist, Assistant – A professional therapist (athletic therapist or physiotherapist) who is contracted with an institution who is aware of the institution's policy and procedures as well as risk management and emergency protocols.

Therapist, Head – A Certified Athletic Therapist or a Sport Physiotherapist who is employed or contracted by each individual institution to act as the Corporate Executive Officer (CEO) and Corporate Operations Officer (COO) for medical services within the institution's varsity

program. They are the gatekeepers of the institution's liability and risk management policies.

3. ADMINISTRATION

3.1 Athlete Medical Requirements

- A) Institutions are responsible to ensure all athletes new to their respective institutions must be deemed medically fit to play by a physician or nurse practitioner prior to participation in Canada West sport. This medical should be completed prior to tryouts and must be completed prior to competition. An athlete will be ineligible to compete until this medical has been handed into the institution's medical staff.
- B) Institutions are responsible to ensure all athletes who have taken one or more seasons away from their respective institution must be deemed medically fit to play by a physician or nurse practitioner prior to participation in Canada West sport. This medical should be completed prior to team tryouts, and must be completed prior to competition. An athlete will be ineligible to compete until this medical has been handed in and reviewed by the institution's health care team.
- C) Institutions are responsible to ensure International athletes and athletes from Quebec have valid, accessible health insurance that covers the costs of physician visits, diagnostic testing, and hospitalizations (Appendix A).
- D) Institutions are responsible to ensure all Athletes have access to have 3rd party extended medical insurance that includes ambulance, dental accident, and injury rehabilitation (Appendix A).

3.2 Service Requirements

Introduction

All competing institutions will have the following services available to the athletes competing in Canada West. Each institution may determine how the care is delivered/accessed by athletes, but each component should to be part of the institution's medical portfolio. Specific positions may overlap with one another, but skill sets should be represented.

- A) Overview of an Athletics Department Medical Team
 - 1) Physician, Institution
 - 2) Competition Physicians (collision and combative sports only)
 - 3) Head Therapist

- 4) Medical team representatives
- B) Allied Health Resources
- 1) Certified Athletic Therapist and/or Licensed Physiotherapist
 - 2) Massage Therapist
 - 3) Chiropractor
 - 4) Psychological services
 - 5) Strength and Conditioning services
 - 6) Nutritionist
 - 7) Dentist
- C) On-Site Medical Coverage and Skill Requirements for Competition
- Each sport has different risk factors associated with training and competition. Consequently, sports will be classed as Combative, Collision, Contact, and Non-Contact (see definitions above). Competition medical staffing and equipment needs will differ with each sport classification. The minimum staffing/skill requirements will be the same for exhibition, league and play-off competitions. The skill sets outlined are required to be available on the sideline during competition.
- D) Host Staff for Combative and Collisions Sports
- Competition Physician Skills and Duties
- If the host team is unable to locate a physician in advance of an event, the situation is to be reported to the Canada West Board of Directors and the visiting team to discuss appropriate action. This report is to be received a minimum of one week prior the competition.
- 1) Skills required:
 - a. Initiation and performance of emergency protocols.
 - b. Suturing in an athletic venue.
 - c. Conducting an orthopedic physical assessment.
 - d. Conducting a neurological assessment.
 - e. Implementing contemporary return to play protocols.
 - 2) Duties:
 - a. Arrive 20 minutes prior to event initiation.
 - b. Make direct contact with the host medical representative and the visiting medical representative, prior to the game.
 - c. Review EAP with host medical representative (Appendix B).
 - d. Be visible and accessible during the entire competition.

- e. At the immediate conclusion of the competition, the physician will check with each team's medical staff to determine whether physician services are required.
- f. Make return to play decisions using contemporary return to play protocols and keeping the best interest of the athlete in perspective.
- g. Function in a team-oriented environment with all members of the event medical staff.
- h. Assess and advise athletes and team personnel regarding injuries.
- i. Provide emergency care in cooperation with event medical staff and following established emergency protocols.
- j. Provide suturing for minor lacerations in the competition venue.
- k. Identify follow-up care (i.e. referral to another physician or hospital) for injuries requiring tertiary care.
- l. Complete a Canada West Injury Report Form for all injuries seen and provide copies of reports to appropriate team personnel.
- m. Monitor and control the provision of any medication as required.
- n. Where non-emergent physician assistance is requested by a visiting team prior to a game's commencement, the head therapists will facilitate contact between the host and visiting team physicians. Examples of this would be medication prescriptions or pre-event medication administration.

Host Medical Team Skills and Duties

1) Skills:

- a. Current Sport First Responder, Emergency Medical Responder or equivalent certification.
- b. Knowledge and ability to perform a contemporary return to play evaluation and decision.
- c. Local emergency protocol knowledge and ability to activate a pre-established EAP.
- d. Wrapping, taping, splinting and support skills.
- e. Knowledge of host team athlete's health status.

2) Duties:

- a. Home team athlete preparation taping and preparation for competition.
- b. Home team injury management.
- c. Be aware of who the competition physician will be and ensure the physician is aware of the time and location of the game.
- d. Identify him/herself to the visiting team medical representative upon arrival at the venue.

- e. Review EAP with visiting medical representative (Appendix B).
- f. Assist visiting medical representative in emergency situations when requested.
- g. Assist visiting medical staff to secure travel for non-emergent medical care.
- h. Ensure all emergency equipment is onsite and operational.
- i. Ensure his/her team's medical information is accessible in the case of an emergency.
- j. Ensure water, bags and ice is available to visiting teams.
- k. Ensure biohazardous waste management agents and disposal devices are available to both teams.
- l. Insure medical care of the visiting team in the case where the on-site visiting medical representative has left the playing surface with an injured athlete.
- m. Assist the competition physician with emergency situations when requested.
- n. Ensure the competition physician is informed of any injuries/illnesses requiring attention at the immediate conclusion of the competition.
- o. Complete a Canada West Injury Report Form for all Injuries seen and provide copies of reports to appropriate team personnel.

E. Host Staff for Contact Sport Competition

No competition physician will be mandated to be on-site for contact sport competition.

Host Medical Team Skills and Duties

1) Skills:

- a. Minimum training – Current Standard First Aid and CPR; preferred training– First Responder, Emergency Medical Responder.
- b. Knowledge and ability to perform a contemporary return to play evaluation and decision.
- c. Local emergency protocol knowledge and ability to activate a pre-established EAP.
- d. Wrapping, taping, splinting and support skills.
- e. Knowledge of host team athlete's health status.

2) Duties:

- a. Home team athlete taping and preparation for competition.
- b. Home team injury management.

- c. Identify him/herself to the visiting team medical representative upon arrival at the venue.
- d. Review EAP with visiting medical representative (Appendix B).
- e. Assist visiting medical representative in emergency situations when requested.
- f. Assist visiting medical staff to secure travel for non-emergent medical care.
- g. Ensure all required emergency equipment is onsite and operational.
- h. Ensure his/her team's medical information is accessible in the case of an emergency.
- i. Ensure water, bags and ice is available to visiting teams.
- j. Ensure biohazardous waste management agents and disposal devices are available to both teams.
- k. Ensure medical care of the visiting team in the case where the on-site visiting medical representative has left the playing surface with an injured athlete.
- l. Assist the competition physician with emergency situations when requested.
- m. Complete a Canada West Injury Report Form for all Injuries seen and provide copies of reports to appropriate team personnel.

F. Host Staff for Non-Contact Sport Competition

No competition physician will be mandated to be on-site for non-contact sport competitions.

Host Medical Team Skills and Duties

1) Skills:

- a. Current Standard First Aid and CPR training
- b. Knowledge and ability to in act of contemporary return to play and decisions.
- c. Local emergency protocol knowledge and ability to activate a pre-established EAP.
- d. Wrapping, taping, splinting and support skills.
- e. Access to host team athlete's health status.

2) Duties

- a. The duties are the same as those outlined in contact sport requirements.

G. Visiting Medical Representative Skills and Duties for all Sport Classifications
Keeping in mind athlete support and safety needs, each team must travel with a medical team representative for all competitions as outlined in the Canada West definitions: this includes exhibition games, open tournaments, regular season games, playoff games, and championships. A team traveling without a dedicated medical representative must make alternative staffing plans at their own cost. Should the host institution be requested and agree to act as both the host and visiting team medical representative, a minimum of 7 days advance notice is required. With no advanced notice, additional charges will apply. The visiting team will be billed minimum rates of \$150 (plus applicable taxes) per game or \$200 (plus applicable taxes) per tournament half day (4 hours or less) and \$400 (plus applicable taxes) per tournament day (more than 4 hours) regardless of whether medical services are utilized or not. Team sports will be billed as games, individual sports will be billed as tournaments.

1) Skills:

- a. Minimum – Current Standard First Aid and CPR; preferred – First Responder, Emergency Medical Responder.
- b. Wrapping, taping, splinting and support skills.
- c. Knowledge of visiting team athlete's health status.

2) Duties:

- a. Visiting team athlete preparation-taping and preparation for competition.
- b. Visiting team injury management.
- c. Introduce him/herself to the competition physician prior to competition initiation if working with a collision and combative sport.
- d. Review EAP with host medical representative (Appendix B).
- e. Assist in all emergency situations under the direction of the host medical staff.
- f. Secure travel to and from the hospital in cases of non-emergent medical care.
- g. Familiarize him/herself with all onsite emergency equipment.
- h. Ensure his/her team's medical information is accessible in case of an emergency.
- i. Ensure medical care of the opposition's bench in the case where the on-site host medical representative has to leave the playing surface with an injured athlete.
- j. Assist the competition physician (collision/combative sports) with emergency situations when requested.

- k. Ensure the competition physician (collision/combatative sports) is informed of any injuries/illnesses requiring attention immediately at the conclusion of the sporting event.
- l. Travel with all the taping supplies necessary to prepare the team for competition, as well as medical supplies to perform non-emergent injury care.

3.3 Equipment

To support the skill sets outlined above, certain equipment is to be on hand at all competitions. It is the responsibility of the host team to have the following equipment on site and operational. It is the responsibility of the visiting team to treat the host's equipment respectfully. Visiting teams will be charged by host institutions for damage or theft of equipment.

A) General Medical Equipment Requirements

Reference: Canadian Red Cross Emergency Care Manual (2008) The Staywell Health Company Ltd., Guelph Ontario.

All events will have the following at the playing facility:

- 1) Automated External Defibrillator (AED) (See Part II, Section 2 of this document)
- 2) Oxygen, and delivery devices (bag valve mask, non-re-breather mask, nasal cannula, OP airways, NP airways. (Unless demonstrated in writing that use of these items is a protected act in the province)
- 3) Long and short limb splints/slings with appropriate strapping materials
- 4) Crutches
- 5) Blanket
- 6) Ice and ice bags
- 7) Water accessibility.
- 8) Biohazardous waste management agents and disposal devices
- 9) Adhesive spray
- 10) Assessment table
- 11) Team sports competitions– an assessment table will be provided at the venue for the visiting team
- 12) Tournament competitions – all teams will have access to assessment tables to be used on a communal basis.
- 13) Sheltered or designated area that creates a working area to manage patient care and confidentiality issues.
- 14) Garbage cans
- 15) Stretcher

16) Trainers Kit with tape and bandage supplies.

B) Collision and Combative Sport Medical Equipment Requirements

In addition to the list of equipment above, collisions and combative sport events will also have the followings items in the facility:

- 1) Physician bag (Appendix C).
- 2) Spine board, straps, stiff neck collar and head blocks when local protocols allow for their use.

C) Contact Sport Medical Equipment Requirements

In addition to the list of equipment above, contact sport events will also have the following items in the facility:

- 1) Spine board, straps, stiff neck collar, and head blocks when local protocols allow for their use.

D) Athlete Personal Equipment

- 1) All athletes are to travel with their own water bottles for use at pre-competition practices and on the competition bench. No cups will be supplied for hydration purposes.

E) Equipment Borrowing

- 1) Equipment that is borrowed by the visiting team (e.g. crutches) is to be returned to the host institution at the next meeting between the two institutions. If teams do not meet again in that competitive season, one of two situations will occur.
 - a. The head therapists will communicate to determine whether return of the equipment can occur during the competitive season
 - b. Equipment will be shipped back to the host institution in a timely manner, at the expense of the visiting team.
- 2) If equipment has not been returned by the end of the competitive season, a bill will be sent to the visiting institution to recoup the cost of the equipment.

3.4 Facilities

The following facility requirements are necessary for medical purposes for all sports.

- 1) An identified space where medical staff can assess, discuss, and/or treat an athlete's injury in a confidential manner.
 - a. This space should-be designated for this purpose rather than for multi-purpose reasons (e.g. team dressing room).
 - b. This space should not be directly attached to the opponent's dressing room.

- c. For field sports, a small tent that can give shelter and a barrier to identify a “no go” area for teammates and spectators.
- 2) Male and female washrooms
 - a. For field events that lack dressing rooms close by, a porta-potty needs to be on site.
- 3) A private area for doping control.

3.5 Institution Yearly Duties

These are the duties that each institution must perform prior to the initiation of each season.

- 1) Send a Visitor Guide to all competing members of the Canada West in August of each year (Appendix D).
- 2) Update contact information for the Head Therapist and Head Institution Physician at the Canada West office.
- 3) Attend Canada West therapists meeting annually.

3.6 Signals

During competition, on field medical staff can call for help by using the following signals

- 1) One fist in the air – Host medical staff assistance is necessary.
- 2) Hand to the top of the head – EAP activation is necessary.

4. **RISK MANAGEMENT TOPICS**

4.1 Emergency Replacement of a Competition Physician

If for any unforeseen reason the competition physician is absent from for a competition (e.g. car accident, illness, family emergency etc.), the following mechanism outlined below shall be enacted. This mechanism is meant as a temporary replacement for a competition physician, to accommodate unforeseen emergencies during the competition physician’s absence.

- 1) The Head Therapist or Assistant Therapist(s) for the host institution will act as the event medical specialist, working within her/his own scope of practice. No unknown, unsolicited physician or paramedical professional will be used in this case (e.g. a physician who happens to be at the game).
- 2) If the Head/Assistant Therapist is directly in charge of medical care for the competing teams, when possible due to staffing situations he/she should remove herself/himself from the team bench and observe the competition from a neutral location.
- 3) The visiting team medical staff must be notified as soon as the issue has been identified. The onsite institution representative must also be advised of the

situation by the host medical staff. A report must be sent to the Canada West Office within 48 hours with copies sent to both Athletic Directors, and Institution Physicians. The report will be written by the Head Therapist of the host Institution.

4.2 AED Availability

For competition, Canada West will follow the AED Position Statement of the Heart and Stroke Foundation of Canada.

Specifically, for Canada West competition:

- 1) Every hosting sport facility in Canada West should have an AED available in the case of sudden cardiac arrest.
- 2) If an AED is not specifically on the sidelines, a 3-minute response time should be targeted.
- 3) The AED should be checked and maintained in accordance with institutional policy.
- 4) Every host institution will have a staff member who is trained in AED use present at each competition.

Heart and Stroke Foundation of Canada. www. Heartandstroke.com. Accessed January 09, 2012,

http://www.heartandstroke.com/site/c.iklQLcMWJtE/b.3799199/k.F45A/Position_Statements_Public_access_to_Automated_External_Defibrillators_AEDs_Position_Statement.htm

4.3 Environmental Concerns

The following guidelines should be followed in circumstances when there are no other institutional or sport organization policies in place.

1. Air Quality

Poor air quality due to high levels of air pollutants. Air quality at a specific venue can change dramatically in a matter of moments depending on the wind direction and other factors. Also, the air quality at a venue in one part of a city might be quite different from the air quality at another part of that same city (a portable Air Quality monitor would be a good tool for this). Therefore, the website https://weather.gc.ca/airquality/pages/index_e.html and the following should be used as a guide:

*Elite athletes are considered high risk due to the intensity and duration of exposure to outdoor air quality.

*Athletes with asthma are at even greater risk and should be closely monitored and restricted if they are experiencing symptoms.

AQHI Level	Rescheduling the game is possible	Rescheduling the game is NOT possible
<7	play	play
7	if host AD (or designate) and Head official agree to play the game - play full or shortened game	if host AD (or designate) and Head official agree to play the game - play full or shortened game
8	consider rescheduling, but if host AD (or designate) and Head official agree to play the game – play full or shortened game	if host AD (or designate) and Head official agree to play the game - play full or shortened game
9	reschedule to be extra cautious	if host AD (or designate) and Head official agree to play the game - play shortened game
10+	reschedule	cancel

- NOTES**
1. Rescheduling the game is considered possible if there is an alternate time to play the game that same weekend, the trip is 3 hours or less, the teams face each other or are in the same city later in the season, etc.
 2. Rescheduling the game is considered NOT possible if there is no alternate time to play on the same weekend, the trip involves a flight, or a drive of more than 3 hours, the teams are not in the same city later in the season, etc.
 3. A shortened game would be 45 minutes for football and field hockey (11, 11, 11, 12), 70 minutes for soccer (35, 35), and 60 minutes for rugby (30,30). Additional breaks may be incorporated into the game by the head official.

Factors to consider in agreeing to play the game or not (in addition to the AQHI Level and ability to reschedule the game)

- * are the players struggling to breathe or coughing during warm-up? (Note many air pollutants cannot be smelled or felt, so this should not be the only factor considered)
- * weather forecast - change of wind direction, etc.
- * on site AQHI reading vs. reading from city airport (for example)
- * impact of the game on league standings. (i.e. if it is the last week of the season and the result will have no bearing on final standings)
- * comfort level of the coaches and athletes

2. Lightning

An environmental emergency that could affect the health and safety of those involved in outdoor athletic activities. The lightning safety plan, site-specific evacuation and shelter-in-place procedures are required for each outdoor venue/athletic field that hosts CW competition.

Requirements

- Athletics staff will consult Government of Canada weather forecasts prior to outdoor events https://weather.gc.ca/city/pages/ab-52_metric_e.html. If severe weather is in the forecast during outdoor events, the evacuation and shelter-in-place procedures will be reviewed with teams/coaches and the host Athletic Director or designate prior to the event commencing.
- The Athletic Director or designate will monitor local weather warnings https://weather.gc.ca/warnings/index_e.html?prov=ab
- In the event of visible lighting, and/or audible thunder CW competition will be suspended. The host Athletic Director or designate will communicate with game officials and coaches if suspensions of competition is required.
- Notification of suspended games after the game has been initiated will be through the use of a loud speaker, if available or the event staff will be responsible to notify the teams and crowd of the game suspension and evacuation plans.
- Suspension of events will last 30 minutes from the last visible lighting and/or audible thunder. The host Athletic Director or designate will be responsible for timing the 30 minute period.

Site-specific Shelter-in-Place

Each athletic field will have site-specific evacuation and shelter-in-place procedures which includes accommodation of athletes, staff and spectators to one of the following safe structures:

- Enclosed, usually inhabited buildings with concrete foundation, away from plumbing and electrical systems and fixtures
- Enclosed metal-topped vehicles with windows closed
- NOTE: Unsafe areas include trees, golf carts, storage containers/sheds, metal fences, tents, and soft top cars. Keep at least 10 metres away from tall objects such as light poles, metal bleachers, isolated trees, goal posts, etc.

References and Additional Resources

Alberta OHS Act - Section 35 Existence of Imminent Danger <https://work.alberta.ca/SearchAARC/64.html>

Canadian Amateur Football Rule

book http://bcpfa.com/media/leagues/6321/graphics/2016_2017_tackle_rule_book_electronic_version.pdf

Canadian Soccer Association http://www.canadasoccer.com/files/Lightning_Policy_E.pdf

Government of Canada Weather Page http://weather.gc.ca/city/pages/ab-52_metric_e.html

Government of Canada Weather Warning Page https://weather.gc.ca/warnings/index_e.html?prov=ab

Government of Canada Lightning Danger Map http://weather.gc.ca/lightning/index_e.html

Makdissi, M & Bruckner, P Recommendations for lightning protection in sport. Medical Journal of Australia Volume 177, 1 July 2002

NCAA Guideline 1d – Lightning

Safety http://www.lightningsafety.com/nlsi_pls/Sports_Medicine_Handbook_lightning.pdf

Rugby

Canada http://playsmart.rugbycanada.ca/pdf/Lightning_Safety_Guideline_EN%5B1%5D.pdf

3. Wind Chill

As per Environment Canada's wind chill index chart, it is recommended that the duration of outdoor activities be modified to mitigate the risk of cold injury & hypothermia, when a moderate or increasing wind chill risk exists. In situations, where the wind chill risk is high to extreme, it is recommended that outdoor events be postponed, or warming stations be present at the very least (i.e. soccer/rugby). Events such as football may have a special consideration, as the duration on the field is generally shorter due to the personnel change, often associated with a defensive versus offensive possession.

Based on: Environment Canada's Wind Chill Chart, Cross Country Canada Competition rules, hosting previous U Sports National Championships in extreme cold weather, the Canada West Medical committee suggests the following guidelines:

Step	Risk of Frostbite	Recommendation
1 - Yellow	Increasing	Focus will include additional clothing education and adjustment of clothing for participants despite sport playing regulations, based on potential changing conditions and the health risks associated with that.
2 - Orange	Moderate	Education on risks, adjustment of clothing for participants despite sport playing regulations, provide warming areas for bench athletes, and team staff, adjustment of length of the halves, and possibly extended half time breaks.
3 – Pink	High	Event Cancellation recommended
4 – Red	Severe	Cancellation of outdoor events with no discussion

Wind chill chart: http://www.candac.ca/candac/Outreach/Teacher_Resources_Index/tri/31.pdf

5. SPECIFIC MEDICAL CONDITIONS

5.1 Canada West Concussion Statement

Each Canada West school has a Concussion Management Strategy based on current evidence informed best practices customized for its context and available resources. The strategy includes six key components: education and awareness, prevention, detection, management, surveillance, and research.

Appendix H includes references applicable to the development of this strategy. Appendix H provides suggested guidelines, based on the listed references, in order to assist the administration within individual school athletics programs in the development and implementation of a concussion strategy according to their available resources.

6. SPORT SPECIFIC REGULATIONS

6.1 Wrestling

1) Skin Conditions

Responsibility:

- 1) It is the responsibility of the athlete to report any suspicious skin lesions to his/her Medical Team Representative and follow recommended treatment protocols.

- 2) It is the responsibility of the athlete to provide the appropriate documentation of treatment (Skin Check Examination and Record Form- Appendix E) when requested by Tournament Officials.

Procedure:

- 1) Skin reviews will be performed by the Medical Team Representative early in the week prior to competition.
 - 2) Athletes with suspicious skin lesions will be referred to the Institution Physician for diagnosis and appropriate treatment.
 - 3) When treatment is necessary, the Institution Physician will complete the Skin Check Examination and Record Form and give the completed form to the athlete.
 - 4) Exhibition/In-Season and Canada West Championship Tournaments: Skin Checks for all competing athletes are to be performed on site by host medical staff, prior to the commencement of the first match at the host university. The host medical staff must include a physician and can include therapists and/or student therapists. When requested, the athlete will be responsible for providing the Skin Check Examination and Record Form to the host Competition Physician. Athletes with pre-identified skin lesions will be required to have written documentation of treatment. This documentation will not supersede a competition physician from removing the athlete from competition.
 - 5) All decisions regarding participation status due to communicable skin diseases shall follow the guidelines provided in Wrestling Skin Conditions Treatment Guidelines (Appendix F). These are to be used as guidelines only, in order to aid participation decisions.
 - 6) All participation decisions are at the discretion of the host physician and all decisions made by the host Competition Physician are FINAL.
 - 7) Appendix F will be reviewed and updated as necessary by the Canada West Head Therapists.
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- 2) Medical Coverage
Host medical staff members are expected to be able to execute a complete emergency action plan with adequate staffing (minimum 4 people). Execution of the emergency action plan may include both host and visitor medical staff.
 - a) For dual meets, the host will provide 3 staff for this purpose – one (1) physician and two (2) other host medical staff. The visiting institution will be responsible for providing one medical staff member to complete the complement of 4 medical team members. When the visiting team is unable to provide a medical person, the host will supply a fourth medical person as the visiting team's

medical representative and the visiting team will be billed according to CWUAA billing guidelines.

- b) For tournaments, the minimum requirement is 4 people for up to 4 mats. For tournaments that utilize more than 4 mats, one host medical staff member will be added for every 2 mats above 4. (e.g. 7 mat tournament = 6 medical staff).
- c) If a CWUAA institution brings 4 or fewer athletes to a tournament and travels without a medical person, the visiting institution will not be billed. The host medical team will act as the visiting institution's medical representative.
- d) Each non-CWUAA athlete entering an open tournament will be charged ten dollars (\$10) in addition to the entry fee. This money will be used to offset the cost of medical coverage of the event.

6.2 Swimming

Swimming activities are highly regulated by both individual pool policy and procedures as well as provincial regulations. Events hosted by CW must comply with pool regulations as well as the CW hosting responsibilities. If one standard is higher than the other, the higher standard is to be adhered to.

- 2) Prior to CW events, it is expected the Head Therapist and the Pool Administrator discuss the needs of the event and the facility. The following topics need to be discussed and relayed to the visiting teams.
 - a. Scopes of practice, Roles and Responsibilities of Lifeguards and CW medical staff must be identified.
 - i. E.g. Lifeguard is responsible for all acute life-threatening injuries/illnesses
 - ii. E.g. Medical professional is responsible to non-urgent all musculo-skeletal injuries/illness
 - b. Injury reporting system
 - i. All injuries occurring in the Aquatic Centre must be reported to the lifeguards on duty.
 - c. Methodology of referral and information exchange pertaining to injuries, incidents, and chronic medical conditions
 - i. Lifeguard to Medical Staff
 - ii. Medical Staff to lifeguard
 - d. Equipment availability
 - i. Review 14.3.3
 - ii. Due to provincial regulations oxygen may or may not be part of a Lifeguards scope of practice. This may have to be supplied to the event by the host medical staff.

- e. Chronic medical condition that could progress to a life-threatening situation are to be reported to the lifeguards.
 - i. Athletes diagnosed with a life-threatening medical condition (such as anaphylaxis, epilepsy, asthma, heart condition or other) are expected to notify the Supervising Lifeguard on duty.
 - ii. Emergency prescription medications;
 - 1. Should be on the pool deck with the athlete.
 - 2. Lifeguards will assist in marking the back pack that contains the medication.
 - 3. We encourage the back pack to be placed either with the athlete on the pool deck or next to the first aid kit.
 - f. Other rules and responsibilities of the facility
- 3) Diving is not permitted in the shallow end.
- 4) At CW swimming meets, provincial legislation regarding Lifeguard to Swimmer Ratios will be followed.

Appendices

Appendix A – Athlete Insurance

The following appendix identifies the different types of Insurance common in Athletic Competition.

Health Insurance

All Canadian's are eligible for provincial Health Care Cards. The number on the card links the individual to a provincially regulated, public health care system. This publicly funded insurance covers physician visits, diagnostics and hospitalization costs. In some provinces, other services such as chiropractic care and physiotherapy coverage are part of the provincial insurance plan.

International Athletes

International athletes who compete for Canadian Universities do not inherently have health insurance. Some provinces allow these athletes to apply for a health care number. If the provincial health plan excludes coverage for international students, institutions need to ensure the athlete has purchased a health care policy. Most institutions have international student offices that can help guide the athlete and medical team in the application for health care insurance.

Quebec Athletes

When an athlete is reviewed by a physician outside of the athlete's home province, the payment for the service is governed by provincial reciprocity agreements. This is true for all provinces except Quebec. Experience has shown Quebec Health Care is delinquent or negligent in paying for these services. Physicians and hospitals in most of Western Canada will not accept Quebec Health Care numbers and thus treat Quebec residents in the same manner as International patients. Outside of Quebec, Athletes who hold Quebec Health Care, have been asked to pay cash or produce a credit card to pay for services. It is then up to the individual to recoup the cost of treatment from the Quebec Government. In some situations, they have been sent back to Quebec to receive their care.

Institutions need to ensure access to alternative health insurance for these athletes or at the very least create a plan to manage the situation if it should arise. One option is to have the athlete apply for the health care insurance in the province of the institution for which he/she compete for. Another option is to apply for travel insurance for their competitive season.

Third Party Extended Medical/Dental insurance

Third party extended health insurance is a purchased policy that covers incidental medical expenses that are excluded from provincial health care. This includes but is not limited to, ambulance costs, prescription drugs, dental care, dental injuries, etc. It is common practice for Universities to have their students pay into a plan as part of their fees. A student can opt out of this plan if they have coverage from a parent's/guardian's plans as dependants. There are two loopholes that can leave an athlete open to incidental expenses. They are outlined below.

Incoming athletes

Incoming athletes may qualify for the regular university plan until the first day of classes. Fall sport athletes such as Football, Soccer, Rugby and Field Hockey, hold tryouts and games prior to the beginning of classes. New athletes who become injured prior to the university start date will be without extended medical care.

Athletes over 25

Most insurance policies have an 'age out' clause. This means students who are 25 years of age are no longer covered under a parental plan. Athletes who are typically older (e.g. hockey players), may age out in a playing year and effectively have no coverage if they opted out at the beginning of September.

Travel Insurance

This is insurance that is purchased to cover Health Insurance costs normally covered by provincial Health Care. It is the type of insurance that is commonly purchased when teams travel internationally for exhibition. It can also be purchased for Quebec athletes competing outside of the province of Quebec.

Appendix B – Emergency Action Plan (EAP)

The *information template* is to be completed by each institution, submitted, and discussed with visiting institutions on-site, prior to competition.

Institution:	
Name of Facility:	
Location within facility:	
Charge Person:	<i>Name, phone number</i>
Assistant Charge Person:	<i>Name, phone number</i>
Call Person:	<i>Name, phone number</i>
Control Person:	<i>Name, phone number</i>
Location of nearest phone within facility:	
Number to dial for EMS:	
Number to dial for campus security:	
Phone number where call person/facility person can be reached:	
Directions to location:	
Obstacles that may be in the way:	
Name and Location of physician:	
Location of nearest emergency facility	
Emergency equipment available:	
Protocol Information	<i>Include any information on protocol that visiting teams need to know (management, operations, protocols, etc.).</i>

Appendix C – Physician Medical Kit Inventory

This list was created with the help of CASEM physicians: Drs. Victor Lun, Trevor Trihn, and Preston Wiley. This list represents a minimum standard list of equipment that a CASEM physician would potentially need at a competition site.

Dressing Supplies		
Item	Amount	Details
Sterile band-aids	10 each size	Knuckle, fingertip, regular
Kling wrap / stretch gauze	4	Size 3"
Tape	2 rolls each	Dermicel®, Micropore
Hypafix	1 foot length of each	2", 3"
Cotton tip applicators	10	
Antibiotic ointment	1 tube	
Arm sling	1	
Elastic (Tensor®) bandage	2	Different sizes
Non-sterile gloves	1 box each	Small and medium
Sterile surgical gloves	4 pair each size	Size 6 - 8
Trauma shears	1 pair	

Wound Care		
Suture tray	4	Disposable sterile tray wrapped containing forceps, needle driver, scissors, gauze, drapes
Drapes	4 each	Blue Green
Anesthetic	2 bottles each	Xylocaine 1% plain Xylocaine 1% with epinephrine Marcaine
Suture Material	10 each size	3.0 Nylon 4.0 Nylon 4.0 absorbable (Chromic gut/Vicryl) 5.0 Nylon
Sterile gauze	10 each size	4x4; 2x2
Steri-strips™	6 each size	1/8", 1/4", 1/2"
Syringes	6 each	3ml; 5ml; 10ml (also for airway purposes)
Needles	5 each	18 G x 1 1/2; 22 G x 1 1/2; 25 G x 1 1/2; 25 G x 7/8; 27 G x 1 1/2
Scalpel with handle	6	Disposable
Iodine Prep pads	20	

Alcohol prep pads	20	
Suture removal kits	2	Sterile packet containing suture removal scissors, forceps and gauze

Cleaning Solutions		
Sterile water / normal saline	2	10 ml mini vials or pressurized bottles
Chlorhexidine/Baxidin	1 bottle	
Betadine® swab sticks or liquid	10	

Eye Kit		
Soft eye patches	2	
Visual acuity card	1	
<i>Fluorascein strips</i>	10	
Topical anaesthetic eye drops	1 bottle	Tetracaine 0.5%
Sodium Chloride	1 bottle	
Lubricating eye drops	1 bottle	Samples

Medications		
Salbutamol Inhaler	1	
EpiPen®	1	
Drug Samples	10 each (samples)	Eg. Tylenol, NSAIDS, Antihistamines.
Tylenol # 3	20	
Epinephrine	2 ampoules	
Diazepam		2ml
Morphine		10mg x 1ml x 2
Dimenhydrinate (Injectible) Benadryl®	2 ampoules	
Diphenhydramine (injectible Gravol®)		50mg x 1ml x 2
Hydrocortisone cream		25 ml
Voltaren® Rapide 50		50 mg
Tums®	1 bottle	
Zantac®	1 box	
Glucose Tablets/paste/gel		
Nasal Decongestant	1 Bottle	Otrivin®
Sterile Water for Injection		

Airway and Emergency supplies		
Stethoscope		
Normal Saline Bag	1 bag	500ml – 11 bag

<i>IV Catheters</i>		14, 18, 20, 22 G
Glucometer		
Blood Pressure cuff		
Resuscitation Mask		
Suction unit		
Cauterization Unit		
Sterile Tongue Depressors		
IV Administration sets	2	
Tracheal Tubes	2 each	7 - 8.5
Reflex hammer		
Pen light		
Tourniquet		
Thermometer	1	
<i>Otoscope/ophthalmoscope</i>	1 each	

Airway Management		
Laryngoscope	1	
*Ambu Bag	1	
*Oral Airways - OPA	Selection	Various sizes
*Nasal Pharyngeal airway	1 each	27; 28
*Oxygen equipment	1 each	Cylinder, tubing and mask

Miscellaneous		
Item	Amount	Details
Head lamp/camping head lamp		Allows hands to be free for suturing
Tongue depressors	10	
Sharps container	1	
Specimen container	1	
AA / AAA batteries	Package 4 each	
Forms		
SCAT 3 Forms	10	
Canada West Injury report forms	1 pad	
Prescription pads	1	
Envelops	10	
Diagnostic Requisition forms	1 pad each	Blood work; Imaging

- * If oxygen use is a protected act in the province, these supplies can be included in the physician's kit. Otherwise, these items are on the General Equipment Supplies list outlined in Part I, Section 3, A, and should already be present on the sidelines at competition.

Appendix D – Medical Services Information

TO: University Head Therapist
 Visiting Teams in the CW Conference

FROM: (Name)

DATE: dd/mm/yy RE: (Academic year) Canada West Medical Services to Visiting Teams

The following information will clarify the medical and therapy services available during your stay at (University _____). Should you have any questions, please do not hesitate to contact me by phone, fax, or E-mail.

<p>Services Provided</p>	<ul style="list-style-type: none"> ● The Host Therapist or Designated First Aid personnel will discuss the appropriate emergency action protocol with the visiting medical staff prior to competition time. ● Medical services during optional visiting team practices? ● Medical services during CW scheduled competitions (ie host therapist on-site, on-call, student therapists on-site, first aider available, doctor) ● If you do not have a therapist travelling with your team, arrangements may be provided, if available. Requests must be made at least <u>one week</u> prior to your arrival. ● Teams travelling without a medical representative will be billed \$100/game, \$150 /tournament half day (under 4 hours) and \$300/day of tournament competition (4 hours or more). ● All supplies must be provided by the visiting team or a charge back of our supplies will apply. ● To Purchase supplies:
<p>Emergency Equipment</p>	<p>Equipment supplies provided at each venue site: listed AND specified as to on-site or stored</p> <ul style="list-style-type: none"> ● Emergency telephone: ● Ice and ice bags: ● Crutches: ● Splints: ● Spine board and accessories: ● Oxygen: ● Blanket: ● Water: ● Towels: ● Other:
<p>Additional Equipment</p>	<p><i>(Add only if available)</i> Bikes, Table, Coolers, etc.</p>

Training Room	<ul style="list-style-type: none"> ● Visiting therapists can use the taping/training room located --- ● List event sites ● Contact the Head Therapist (other event medical personnel) for access upon arrival
Clinic: (name)	<ul style="list-style-type: none"> ● Access information, i.e.: Monday to Friday, 0900-1700 hours ● Equipment available: ● Modalities available / accessible:
Physician Services	<ul style="list-style-type: none"> ● Indicate availability: Example: by appointment only during the regular operating hours of the “clinic” from Monday to Friday, 0900-1700 hours. ● All athletes must present their Provincial Health Care Insurance number and emergency contact information when registering for treatment. ● Physician On-site: Football, Men’s Ice Hockey, Wrestling and Womens rugby conference competitions ● Physician On-call information (if available or appropriate): ● Where non-emergent physician assistance is requested by a visiting team, the head therapists will facilitate contact between the host and visiting team physicians.
Therapy Services	<ul style="list-style-type: none"> ● Requests for therapy for visiting athletes may be provided, if available by host institution. An appropriate referral from the school’s Head Therapist, outlining the injury description and treatment plan are required. ● By appointment only, if available. ● Usage of the clinic will be granted to Certified Athletic Therapists or Licensed Physiotherapists based on clinic availability. ● Massage therapy: ● Chiropractor: ● Other: ● Any costs incurred for any of the above services will be the responsibility of the athlete or visiting school.
Injury Communication	<ul style="list-style-type: none"> ● Canada West Injury Form
Medi-centres / Clinics	<ul style="list-style-type: none"> ● Name, open hours, address, phone number
Pharmacy	<ul style="list-style-type: none"> ● Name, open hours, address, phone number
Important Phone Numbers	<ul style="list-style-type: none"> ● Emergency: 911 ● Campus Security: ● Clinic: ● Hospital: ● Head Therapist: ● Phone: Fax: Email: ● Athletic Director: ● Phone: Fax: Email:

Canada West Universities Athletic Association
Appendix E – Skin Check Examination and Record Form

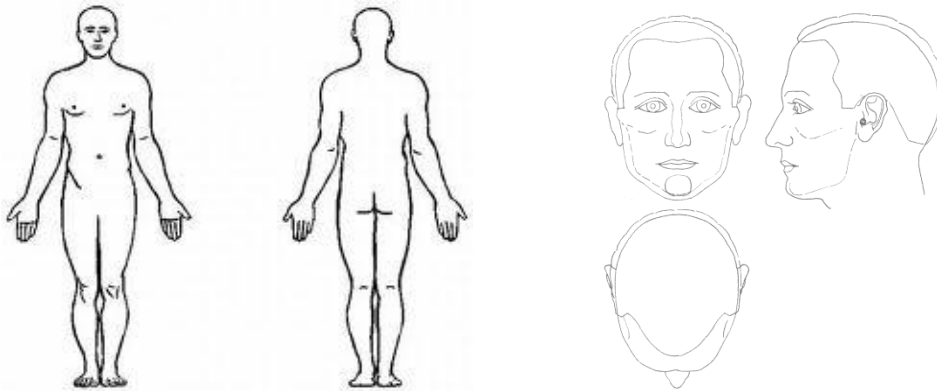
Athlete: _____ Date of exam: _____

Institution/Team: _____

Number of lesions: _____ Diagnosis: _____

Medication prescribed: _____

Please mark location of lesion below:



Date treatment started: _____

Earliest date athlete can return to participation: _____

Physician (Please print name): _____

Physician (signature): _____ Specialty: _____

Office address: _____

Contact phone number: _____

Institution Head Therapist notified: Yes ___ No ___

Institution Head Coach notified: Yes ___ No ___

This form must be completed in full, by the treating physician, prior to submission to the host medical staff (CWUAA Operations Manual- Section 14: Medical Support Services, 6.1).

APPENDIX F

SPORT SPECIFIC REGULATIONS

Wrestling

Skin Checks

Responsibility:

1) It is the responsibility of the athlete to report any suspicious skin lesions to his/her Medical Team Representative and follow recommended treatment protocols.

2) It is the responsibility of the athlete to provide the appropriate documentation of treatment (Skin Check Examination and Record Form- Appendix E) when requested by Tournament Officials.

Procedure:

1) Skin reviews will be performed by the Medical Team Representative early in the week prior to competition.

2) Athletes with suspicious skin lesions will be referred to the Institution Physician for diagnosis and appropriate treatment.

3) When treatment is necessary, the Institution Physician will complete the Skin Check Examination and Record Form and give the completed form to the athlete.

4) Exhibition/In-Season and Canada –West Championship Tournaments: Skin Checks for all Canada West athletes are to be performed on-site by host medical staff (including at least one physician), prior to the commencement of the first match at the host university. The host medical staff must include a physician and can include therapists and/or student therapists. When requested, the athlete will be responsible for providing the Skin Check Examination and Record Form to the host Competition Physician. Athletes with pre-identified skin lesions will be required to provide written documentation of treatment. This documentation will not supersede a competition physician from removing an athlete from competition, (See #6 within this section).

5) All decisions regarding participation status due to communicable skin diseases shall follow the guidelines provided in Wrestling Skin Conditions Treatment Guidelines (Appendix G). These are to be used as guidelines only, in order to aid participation decisions.

6) All participation decisions are at the discretion of the host physician and all decisions made by the host Competition Physician are FINAL.

7) Appendix F will be reviewed and updated as necessary by the Canada West Head Therapists Committee.

Appendix G – Wrestling Skin Conditions Treatment Guidelines

The following are guidelines for the diagnosis and treatment requirements for skin infections in Athletics:

Bacterial Infections:

1. Wrestler must have been without any new skin lesions for 48 hours before the meet or tournament.
2. Wrestler must have no moist, exudative or purulent lesions at meet or tournament time.
3. Active purulent lesions shall not be covered to allow participation.

Hidradenitis Suppurativa:

1. Wrestler will be disqualified if extensive or purulent draining lesions are present.
2. Extensive or purulent draining lesions shall not be covered to allow participation.

Pediculosis (lice):

1. Wrestler must be treated with appropriate pediculicide and re-examined for completeness of response before wrestling.

Herpes Simplex – Primary Infection

1. Wrestler must be free of systemic symptoms of viral infection (fever, malaise, etc.).
2. Wrestler must have developed no new blisters for 72 hours before examination.
3. Wrestler must have no moist lesions; all lesions must be dried and covered by a firm adherent crust.
4. Wrestler should have completed at least one course of valacyclovir (for herpes simplex: 2 gram bid for one day; for herpes zoster: 1 gm tid for 7 days) and show no signs of active infection. Wrestler should also be treated on the first day of competition.
5. Active herpetic infections shall not be covered to allow participation.

Herpes Simplex – Recurrent Infection

1. Blisters must be completely dry and covered by a firm adherent crust at time of competition, or wrestler shall not participate.
2. Wrestler should have completed at least one course of valacyclovir (for herpes simplex: 2 gram bid for one day; for herpes zoster: 1 gm tid for 7 days) and show no signs of active infection. Wrestler should also be treated on the first day of competition.
3. Active herpetic infections shall not be covered to allow participation.

Wrestlers with a history of recurrent herpes labialis or herpes galdiatorum could be considered for season-long prophylaxis. This decision should be made after consultation with the team physician.

Herpes Zoster (chicken pox):

1. Skin lesions must be covered by a firm adherent crust at meet or tournament time and have no evidence of secondary bacterial infection.
2. Wrestler should have completed at least one course of valacyclovir (1 gm tid for 7 days) and show no signs of active infection. Wrestler should also be treated on the first day of competition.

Molluscum Contagiosum:

1. Lesions must be curetted or removed before the meet or tournament.
2. Solitary or localized, clustered lesions can be covered with a gas permeable membrane, followed by tape.

Verrucae:

1. Wrestlers with multiple digitate verrucae of their face will be disqualified if the infected areas cannot be covered with a mask. Solitary or scattered lesions can be curetted away before the meet or tournament.
2. Wrestlers with multiple verrucae plana or verrucae vulagris must have the lesions adequately covered.

Tinea Infections (ringworm):

1. A minimum of 72 hours of topical therapy is required for skin lesions.
2. A minimum of two weeks of systemic antifungal therapy is required for scalp lesions.
3. Wrestlers with extensive and active lesions will be disqualified. Activity of treated lesions can be judged by a review of the therapeutic regimen. Wrestlers with solitary, or closely clustered, localized lesions will be disqualified if lesions are in a body location that cannot be properly covered.
4. The disposition of tinea cases will be decided on an individual basis as determined by the examining physician.

THE ABOVE CRITERIA ARE TO BE USED AS GUIDELINES ONLY. ALL RETURN TO PARTICIPATION DECISIONS MADE BY THE HOST PHYSICIAN WILL BE CONSIDERED FINAL.

References:

Klossner, D. (2011). Skin Infections in Athletics. National Collegiate Athletic Association Sports Medicine Handbook 2012-2013, pg. 59-64.

Appendix I

Concussion Statement Guidelines and Discussion

Preamble

Canada West is the premier university athletic conference in Canada. The conference is home to champion student-athletes who excel on the field, in the classroom and in their communities. Canada West is committed to a student-athlete experience where athletic and academic excellence, along with sportsmanship, equally contribute to moulding our future professional athletes and leaders. Along with U Sports, we celebrate these remarkable young individuals who pursue the toughest double major of all- full-time scholar and full-time athlete.

Canada West believes that physical activity and sport participation provide positive developmental and health outcomes in terms of physical, cognitive, social and emotional domains. We recognize that many physical activities and sports have an inherent risk of sport injury, including concussion. Concussion in sport is a significant public health issue that requires a multi-sectoral approach. Canada West is committed to providing a safe and healthy environment for sport participation. We are working to reduce the incidence of concussion and improve concussion outcomes for university athletes participating in Canada West.

The Canadian Concussion Collaborative, a group of national health-related organizations concerned with the recognition, treatment and management of concussion, have made a recommendation for policy development regarding sport-related concussion prevention and management in Canada. Canada West supports their recommendation that organizations responsible for operating, regulating or planning sport and sporting events with a risk of concussion should be required to develop/adapt and implement a concussion management protocol. This protocol must be based on current evidence and informed best practices but can be customized for context and available resources.

The Government of Canada has committed to address the issue of concussion in sport. The Federal/Provincial-Territorial Ministers Responsible for Sport, Physical Activity and Recreation are working towards the development of pan-Canadian Concussion Guidelines. They endorse in principle a harmonized approach to address the issue of concussions including five key components: awareness, prevention, detection, management and surveillance. The pan-Canadian Concussion Guidelines will use the updated International Consensus Statement on Concussion in Sport in the development of national return to learn and return to play protocols.

Canada West also references the most recent Consensus Statement on Concussion in Sport (Consensus Statement) as the recognized international guideline for concussion management.

The Consensus Statement affirms that all athletes should be managed using the same treatment and return to play paradigms. Canada West will continue to monitor international progress regarding concussion in sport and integrate new research and knowledge as appropriate.

Education and Awareness

The Consensus Statement identifies education as a mainstay to concussion management. There is evidence that concussion education leads to a reduction in incidence and improved outcomes for concussion. Through education, Canada West will promote an environment that optimizes the early identification of suspected concussions by all stakeholders including athletes, coaches, and health care providers. All will be aware of the Concussion Management Strategy.

Prevention

Canada West will foster an environment of fair play. This includes teaching athletes respect for themselves, their teammates and opponents, and keeping themselves and teammates safe and healthy when they play. All participants will be aware of the importance of respecting the rules of the game and the rules will be consistently enforced.

Canada West coaches will be knowledgeable and current in safe practices in sport. They will be familiar with the risks of concussion and how to minimize risks. Coaches, where appropriate by sport, will be up to date with current body contact skills and techniques.

Canada West will strive to create a concussion culture where athletes feel safe to report a concussion. Athletes will be encouraged to tell the coach and health care provider when they are injured or hurt. The health and safety of the athlete is our top priority. We will encourage strong lines of communication between the athlete, coach, and health care provider in the management of a concussed athlete to ensure a safe return to learn and play.

Detection

An athlete with a suspected concussion will be removed from play.

A concussion will be suspected when an athlete experiences an injury or impact that may result in concussion, and is exhibiting unusual behavior and/or reports symptoms that are consistent with concussion sequelae.

Management

Each Canada West school will have a documented Concussion Management Plan. This plan will include a protocol for return to learn and play.

Surveillance

Each institution will track concussion incidences and make program-based decisions necessary to reduce the risk of concussion. Each school will have a strategy for collecting this data.

Research

Canada West institutions will engage, where possible, with ethics approved research initiatives that aim to study the detection, diagnosis, sequelae, and morbidity of concussions.

References

1. Canadian Concussion Collaborative. <http://casem-acmse.org/education/ccc/>(accessed January 2017)
2. McCrory P, Meeuwisse W, Dvorak J, et al. Consensus statement on concussion in sport—the 5th international conference on concussion in sport held in Berlin, October 2016. *Br J Sports Med* Published Online First: 26 April 2017. doi: 10.1136/bjsports-2017-097699