



ORIENTEERING
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Concussion Policy

Orienteering Nova Scotia – Concussion Policy

Adopted by the OANS Board of Directors 14 March 2022

Orienteering Nova Scotia takes the health and well being of all its participants seriously, whether they are training, in competition or engaged in related events. OANS is committed to increasing awareness amongst its members on head injury prevention and concussion identification and management. These guidelines bring attention to the issue of concussions, highlight best practices and provide resources for participants and volunteers for dealing with a concussion.

DEFINITIONS

“Concussion” is a brain injury and is defined as a complex pathophysiological process affecting the brain, induced by biomechanical forces. This biomechanical force can be caused by a direct blow to the head, face, neck or elsewhere in the body creating a whiplash affect. A participant DOES NOT require direct contact with the head or loss of consciousness to acquire a concussion.

(b) “Member” refers to any entity approved for membership as defined in the OANS By-Law (person, group of persons organized and associated for the purpose of orienteering and registered as a Member of OANS), as well as all individuals engaged in activities with OANS (including, but not limited to, participants; coaches; officials; volunteers; team managers; club administrators, or board members; of OANS; employees; spectators at OANS sanctioned events; and parents/guardians of participants).

CONCUSSION GUIDELINES

Awareness

Concussions and suspected concussions may occur in the sport of Orienteering.

A concussion is a brain injury that cannot be seen. It affects the way a person may think and remember things, and can produce a variety of symptoms. Any blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion.

While most children and teens with concussions recover quickly and fully, some may have concussion symptoms that last for days, weeks, months – even years. Repeat concussions can result in brain swelling or permanent brain damage. Concussions should be treated on a case by case basis as no two concussions are the same.

Protocol

During OANS events, officials will follow best practice for managing events where a participant is suspected of suffering a head injury. Meet organizers will facilitate the call to and access for medical personnel.

Any blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion.

If a participant receives such a blow, the participant should stop training/competition right away. They should not be left alone and should be seen by a doctor as soon as possible that day. If a participant is knocked out, call an ambulance to take them to a hospital immediately. Do not move the participant or remove athletic equipment (i.e., like a helmet or other protective gear) as there may also be a cervical spine injury; wait for paramedics to arrive.

A participant with a concussion should not continue to train or compete that day, regardless of external pressures (teammates, coaches, parents/guardians, etc.) or even if the participant says they are feeling better. **WHEN IN DOUBT, SIT THEM OUT!**

Problems caused by a head injury can get worse later that day or night. They should not return to sports until they have been seen by a doctor.

Symptoms and Signs

A participant does not need to be knocked out (lose consciousness) to have suffered a concussion.

There are many signs and symptoms associated with a concussion and they can be divided into 3 categories: Physical, Behavioral/Emotional and Cognitive. The following chart includes some of the more common signs and symptoms but is not exclusive.

PHYSICAL	BEHAVIORAL/EMOTIONAL	COGNITIVE
Headache or “Pressure in head” Neck pain Nausea/Vomiting/ Dizziness Blurred vision Balance problems Sensitivity to light or noise	Fatigue or low energy Confusion Drowsiness Trouble falling asleep More emotional Irritability Sadness Nervous/anxious	Feeling slowed down Feeling like “in a fog” “Don’t feel right” Difficulty concentrating Difficulty remembering

Adapted from: Guidelines for Concussion/Mild Traumatic Brain Injury & Persistent Symptoms
2nd ed. and SCAT 3

The signs and symptoms of a concussion often last for 7-10 days but may last much longer. In some cases, participants may take many weeks or months to heal. Having had previous concussions may increase the chance that an individual may take longer to heal.

It is very important that a participant not participate in any training and/or competition if they have any signs or symptoms of concussion. The participant must rest until they are completely back to normal. When they are back to normal and have been seen by a doctor, the participant can then go through the steps of increasing activity described below. When the participant has progressed through these steps with no symptoms or problems, and has received clearance from their doctor, they may return to training and/or competition. If you are unsure if a participant athlete should train and/or compete, remember, WHEN IN DOUBT, SIT THEM OUT!

Concussion Management

If concussions are identified immediately and managed properly, including using a step-by-step return to sport guideline, then the chance of persistent symptoms and complications can be drastically decreased.

Continuing to be active in a sport while concussed or returning too early from a concussion can lead to serious and permanent conditions. These include but are not limited to post-concussion syndrome (persistent headaches, nausea, memory loss, etc.), second impact syndrome (when a mild blow to a previously concussed brain leads to massive brain swelling), multiple impact syndrome (can lead to permanent and irreversible changes), neuropathologic changes such as chronic traumatic encephalopathy (CTE), or in rare cases, death.

A participant that sustains a suspected concussion must be seen by a medical doctor (preferably one with a sports medicine background) prior to returning to participation. Returning to an activity or sport must be individualized to the participant, their injury and the event they are returning to.