

REMOVAL FROM BASKETBALL PROTOCOL

Step 1 – Recognition

Recognizing a suspected concussion and removal from basketball.

- a) **When should a concussion be suspected?** All players who experience any reported concussion signs and symptoms (*Figure 1*) or visual/observable symptoms (*Figure 2*) following a blow to the head or another part of the body is considered to have a suspected concussion and must stop participation in the OBA sanctioned activity immediately. Symptoms of concussion typically appear immediately but may be delayed and evolve within the first 24-48 hours.
- b) **A suspected concussion can be recognized in three ways:**
- i. Reported signs and symptoms by a player– even if only one symptom (*Figure 1*).
 - ii. Visual/observable signs and symptoms from any team official (*Figure 2*).
 - iii. Peer-reported signs and symptoms from players, parents, and team officials (*Figure 1 and 2*).
 - iv. If a player experiences a sudden onset of any of the “red flag symptoms”, 911 should be called immediately (*Figure 3*). As well, in any situation, the head coach must call 911 if, in the head coach’s opinion, doing so is necessary. If in doubt, sit them out.

Figure 1: REPORTED CONCUSSION SIGNS & SYMPTOMS		
Headache	Feeling mentally foggy	Sensitive to light
Nausea	Feeling slowed down	Sensitive to noise
Dizziness	Difficulty concentrating	Irritability
Vomiting	Difficulty remembering	Sadness
Visual problems	Drowsiness	Nervous/anxious
Balance problems	Sleeping more/less than usual	More emotional
Numbness/tingling	Trouble falling asleep	Fatigue

Figure 2: VISUAL/OBSERVABLE SYMPTOMS
Lying down motionless on the playing surface
Slow to get up after a direct or indirect hit
Disorientation or confusion, or an inability to respond appropriately to questions
Blank or vacant look
Balance, gait difficulties, motor incoordination, stumbling, slow labored movements
Facial injury after head trauma

Figure 3: RED FLAG SYMPTOMS	
Neck pain or tenderness	Loss of consciousness
Double vision	Deteriorating conscious state
Weakness/tingling/burning in arms or legs	Vomiting
Severe or increasing headache	Increasingly restless, agitated, or combative
Seizure or convulsion	Focal neurological signs (e.g., paralysis, weakness, etc.)
In any situation, the head coach must call 9-1-1 if, in the head coach’s opinion, doing so is necessary.	

Note: The [Concussion Recognition Tool 5](#) is valuable for all first responders in recognizing suspected concussion and responding to more severe brain injury or potential neck injury. In any situation, the head coach must call 911 if, in the head coach’s opinion, doing so is necessary. If in doubt, sit them out.

Step 2 – Removal from Basketball Protocol

Ensuring immediate and safe removal of a suspected concussion from activity.

- a) **Who is responsible for removal from play?** If a suspected concussion occurs, head coaches are to remove players with a suspected concussion from participation in the basketball activity immediately. However, all team officials (head coach, assistant coach, trainer, manager, assistant manager, match officials or executive member) hold a responsibility to recognize the signs and symptoms of concussion, and report the suspected concussion to the head coach. If there is doubt whether a concussion has occurred, it is to be assumed that it has and the player is to be removed from play. If in doubt, sit them out. As well, if an athlete is under 18 years of age, the parents/guardians of such athlete must be informed of the removal.

***Note:** When present and hired by OBA to do so, healthcare professionals may complete sideline assessment and be the primary person responsible for Removal-from-Basketball (Step 2) and use clinical tools (i.e. Child SCAT5 or SCAT 5) to document initial neurological status. However, these tools should not be used to make Return-to- Basketball decisions, and every player with a suspected concussion must be referred to a medical doctor (Step 4) and must not return to the activity until medically cleared to do so in accordance with the Return-to-Basketball Protocol.*

- b) **Monitoring the player:** Head coaches are responsible for ensuring the player with a suspected concussion is monitored until a parent/guardian is contacted, informed of the removal, and on-site. Players with a suspected concussion should not be left alone or drive a motor vehicle.
- c) **Red Flag Symptoms:** If there are any red flag symptoms or a neck injury is suspected, or in any situation where, in the head coach's opinion, doing so is necessary, activate your Emergency Action Plan and call 911 immediately. The player should not be moved and should only be removed from the play by emergency healthcare professionals with appropriate spinal care training. More severe forms of brain injury may be mistaken for concussion. If any of the red flag symptoms (*Figure 3*) are observed or reported within 48 hours of an injury or in any situation where, in the head coach's opinion, doing so is necessary, the player should be transported for urgent medical assessment at the nearest emergency department.

Step 3 – Reporting a Suspected Concussion and Referring for Medical Assessment

Completion and submission of the suspected concussion report form.

- a) Completion of the *Suspected Concussion Report Form*: Head coaches are responsible for completing the [Suspected Concussion Report Form](#) immediately after a concussion is suspected.
- b) Submission of the *Suspected Concussion Report Form*: Head coaches must provide copies of the *Suspected Concussion Report Form* to:
- The individual's parents/guardian to bring to their medical appointment
 - The member club's administrator
 - To Ontario Basketball (within 24 hours of completing the form) [via Smartsheet](#)
- c) Referring for medical assessment: Head coaches are also to recommend to the player's parent/guardian that they see a medical doctor or nurse practitioner immediately. Players with suspected concussions may not return to any Ontario Basketball activity until they've received medical assessment and submitted necessary documentation (see steps 4 & 5).

Step 4 – Initial Medical Assessment

Assessment and diagnosis by a medical doctor (MD) or nurse practitioner (NP)

- a) **Head coach: Additional Immediate Responsibilities:** The **head coach** is also responsible for:
- advising the athlete (or, if the athlete is under 18 years of age, the athlete's parent/guardian) that the athlete is required to undergo a medical assessment by a physician or a nurse practitioner before the athlete will be permitted to return to training, practice or competition in accordance with the Return-to-Basketball Protocol; and
 - providing the athlete (or, if the athlete is under 18 years of age, the athlete's parent/guardian) a copy of this Concussion Policy and Code of Conduct as soon as practicable after the athlete is removed from further practice, training or competition.
- b) **Seeking medical assessment:** If a player has been deemed to have had a suspected concussion, it is the parent/guardian's responsibility to take the player to see a **medical doctor or nurse practitioner** immediately.
- c) **Required type of initial medical assessment:** In order to provide comprehensive evaluation of players with a suspected concussion, the medical assessment must rule out more serious forms of traumatic brain injury and spine injuries. Assessment must rule out medical and neurological conditions that can present with concussion- like symptoms and must make the diagnosis of concussion based on findings of the clinical history and physical examination and the evidence-based use of adjunctive tests as indicated. In addition to **nurse practitioners** the types of **medical doctors** that are qualified to evaluate patients with a suspected concussion include: **family physician, pediatrician, emergency room physician, sports-medicine physician, neurologist or internal medicine and rehabilitation (physiatrists)**. Documentation from any other source will not be acceptable.

Step 5 – Medical Diagnosis

Submission of medical documentation of concussion diagnosis.

- a. **If a medical doctor / nurse practitioner determines that the player with a suspected concussion does not have a concussion:**
- Parent/guardian must take the written documentation from the medical doctor/nurse practitioner (highlighting that the player did not have a concussion) and provide this documentation to their head coach (see: [Medical Assessment Letter template](#)).
 - It is the responsibility of each parent/guardian to submit all documentation to their head coach before the player is permitted to return to a full contact practice and/or game play in an OBA sanctioned activity. Parents/guardians must send documentation at least 24 hours before the next game or practice, not the day of. Head coaches will not allow return until this has been received.
 - The head coach must send all such documentation immediately [via Smartsheet](#).
 - Parent/guardian should continue to monitor the player for **at least 24-72 hours** after the event, as signs and symptoms may take hours or days to appear.
 - Head coaches have the right to refuse a player to return to any OBA sanctioned activity if they deem the player unfit to do so.

b. If a medical doctor/nurse practitioner determines that the player with a suspected concussion does have a concussion:

- i. Parent/guardian must take the written documentation from the medical doctor/nurse practitioner (highlighting that the player has been diagnosed with a concussion) to their head coach (see: [Medical Assessment Letter template](#)).
- ii. The head coach must send all such documentation immediately [via Smartsheet](#).
- iii. When the Medical Assessment Letter indicates a concussion has occurred, the participant must complete each stage of the [Return-to-Basketball Protocol](#). An initial period of 24 to 48 hours of both relative physical rest and cognitive rest is recommended before beginning the Return-to-Basketball Protocol.

***Note:** Written documentation by medical doctor or nurse practitioner may be provided in any format from medical assessment. A recommended [Medical Assessment Letter](#) template can be found in Parachute's Canadian Guideline for Concussion in Sport.*

Step 6 – Concussion Management

Initial recovery and management

An initial period of 24-48 hour of rest is recommended before starting the [Return-to-Basketball Protocol](#). For management strategies, refer to the [Concussion Handbook from Holland Bloorview Kids Rehabilitation Hospital](#) and review the recommended resources on the [Ontario Basketball website](#). Children and adolescents should not Return-to-Basketball until they have successfully returned to a full school schedule and workload. However, early introduction of symptom- limited physical activity is appropriate.

Most players who sustain a concussion while participating in sport will make a complete recovery and be able to return to full school and sport activities within 4 weeks of injury. However, approximately 15-30% will experience symptoms that persist beyond that timeframe. If available, players who experience persistent concussion symptoms for longer than four weeks may benefit from a referral to a medically-supervised multidisciplinary concussion service.

Step 7 – Return to Basketball & Medical Clearance

Refer to [Return to Basketball Protocol](#) document from this step onwards.

CONCUSSION RECOGNITION TOOL 5 ©

To help identify concussion in children, adolescents and adults



RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS – CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/ burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.
- Assessment for a spinal cord injury is critical.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Blank or vacant look
- Facial injury after head trauma

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STEP 3: SYMPTOMS

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More Irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

- Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:
- "What venue are we at today?"
 - "Which half is it now?"
 - "Who scored last in this game?"
 - "What team did you play last week/game?"
 - "Did your team win the last game?"

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

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ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

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