



ONTARIO BASKETBALL CONCUSSION POLICY AND CODE OF CONDUCT

This Concussion Policy and Code of Conduct was developed in collaboration with the Concussion Centre at Holland Bloorview Kids Rehabilitation Hospital, Ontario Physical and Health Education Association and the Coaches Association of Ontario.

Purpose

The purpose of this Concussion Policy and Code of Conduct is to increase education and awareness for coaches, parents/guardians, players, officials, managers and other team or club members on the signs and symptoms of concussion and the specific protocols for managing concussion in Ontario Basketball (OBA) sanctioned activities. This Concussion Policy and Code of Conduct aims to 1) ensure that players with a suspected concussion are removed-from-sport and seek medical assessment and 2) all players with a suspected and/or diagnosed concussion do not participate in OBA sanctioned activities before medically cleared to return to basketball.

Jurisdiction

This Concussion Policy and Code of Conduct applies to coaches and team trainers of all OBA sanctioned teams, to athletes participating in all OBA sanctioned activities, and to parents/guardians of participants.

Concussion awareness resources and education:

Coaches, Team Trainers

Every **coach and team trainer** of every OBA sanctioned team and program is responsible for:

- a) Reviewing annually (and confirming such review as required by OBA) the concussion awareness resources available from the Ontario Ministry of Tourism, Culture and Sport website (MTCS); and
- b) Reviewing annually (and confirming such review as required by OBA) this Concussion Policy and Code of Conduct annually and implementing it in all OBA sanctioned activities. Any changes to this Concussion Policy and Code of Conduct will be highlighted and communicated prior to the start of a season.

Participants

Every participant in an OBA sanctioned activity is responsible for:

- a) Confirming annually as required by OBA their review of the concussion awareness resources available from the Ontario Ministry of Tourism, Culture and Sport website; and
- b) Confirming annually as required by OBA their review of this Concussion Policy and Code of Conduct.

If a participant is under 18 years of age, the parents/guardians of such participant is also responsible for a) and b) above.

Concussion Prevention

OBA-sanctioned games follow the most current version of the Official Basketball Rules adopted by the International Basketball Federation (FIBA). Officials are responsible for ensuring participant safety during games through appropriate application of FIBA Rules in situations including but not limited to playing surface, equipment, player injury, fouls, violence, and unsportsmanlike conduct.

In addition to in-game sanctions administered by officials, participants who engage in unsafe and/or violent behaviour may be subject to further discipline through OBA's Fair Play Committee, as outlined in OBA Fair Play Policies and Procedures and Schedules A and B thereto.

Code of Conduct

Each **athlete, parent/guardian of an athlete who is under 18 years of age, coach and team trainer** hereby commits to the following:

1. Fair play and respect for all;
2. Concussion recognition and reporting, including self-reporting of possible concussion and reporting to a head coach when an individual suspects that another individual may have sustained a concussion;
3. Supporting the Return-to-Basketball Protocol; and

Each **athlete, and parent/guardian of an athlete who is under 18 years of age** also hereby commits to sharing any pertinent information regarding incidents or a removal from sport with the athlete's school and any other sport organization with which the athlete has registered.

Each **coach** hereby commits to providing opportunities before and after each training, practice and competition to enable athletes to discuss potential issues related to concussions.

Annual Evaluation of Concussion Policy and Code of Conduct

OBA will evaluate the effectiveness of this Concussion Policy and Code of Conduct and its implementation annually and make changes as necessary.

OBA CONCUSSION RECOGNITION & REMOVAL-FROM-BASKETBALL AND RETURN-TO-BASKETBALL PROTOCOLS

STEP 1: RECOGNITION

Recognizing a suspected concussion and removal from basketball

- a) What is a concussion?** A concussion is a traumatic brain injury caused by a blow to the head, face or neck or to another part of the body that causes the brain to move inside the skull and results in changes to how the brain functions. A concussion is a serious injury that can have significant impact on a person's cognitive, physical and emotional functioning. A concussion is different from most other injuries because there are not always observable signs that a concussion has occurred and symptoms may not appear immediately after the impact. Additionally, a concussion cannot be seen on X-rays, standard CT scans or MRIs.
- b) 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.
- c) What is considered an OBA sanctioned activity?**
 - i. Competing in OBA league or cup matches
 - ii. OBA sanctioned competition
 - iii. Any team coach-supervised training
- d) 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	Increasing restless, agitated or combative
Seizure or convulsion	Focal neurologic signs (e.g. paralysis, weakness, etc.)
In <i>any</i> situation, the head coach must call 911 if, in the head coach's opinion, doing so is necessary. If in doubt, sit them out.	

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

- 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.

- 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.
- 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 flags 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

Completing 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:
 - i. The individual's parents/guardian to bring to their medical appointment
 - ii. The member club's administrator
 - iii. 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:
 - a. 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
 - b. 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:**
 - i. 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](#)).
 - ii. 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.

- iii. The head coach must send all such documentation immediately [via Smartsheet](#).
- iv. 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.
- v. 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 (*Figure 4*). 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 (*Figure 4*).

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 AND MEDICAL CLEARANCE

OBA Return-to-Basketball Protocol (see also Figure 4 below)

- a) After an initial period of **24-48 hour of rest**, the player with a concussion must complete each stage of the *Return-to-Basketball Protocol* (*Figure 4*).
- b) Parent/guardian and the player are responsible to ensure that each stage of the *Return-to-Basketball Protocol* (*Figure 4*) is followed appropriately. Players must be able to participate in each stage's activities for a **minimum of 24 hours without experiencing symptoms during or after the activities before moving onto the next stage**.
- c) If the player experiences onset or worsening of symptoms during or after the activities in any stage, the player should stop that activity and return to the previous successful stage as tolerated.
- d) Once Stages 1-4 of the *Return-to-Basketball Protocol* (*Figure 4*) have been completed, the player must receive **medical clearance** (see: [Medical Clearance Letter template](#)) to proceed to *Stage 5: Full contact practice with team* (i.e. *unrestricted practice*). A player is not permitted to return to *Stage 5: Full contact practice with team* (i.e. *unrestricted practice*) or *Stage 6: Game Play* until written permission by a medical doctor/nurse practitioner. In addition to **nurse practitioners** the types of medical doctors that are qualified to support medical clearance for concussion include: **family physician, pediatrician, sports-medicine physician, neurologist or internal medicine and rehabilitation (physiatrists)**. Documentation from any other source will not be acceptable.

- e) Once medical clearance for *Stage 5: Full contact practice with team (i.e. unrestricted practice)* is obtained, the parent/guardian must take the written clearance from the medical doctor/nurse practitioner (highlighting player is safe to return to full team practice and game play) and provide the written clearance from the medical doctor/nurse practitioner to the head coach and the member club administrator before the player is permitted to return to a *Stage 6: Return to competition*. (See *Figure 4 below*.)
- f) The head coach must submit the written clearance from the medical doctor/nurse practitioner immediately [via Smartsheet](#).
- g) The player should not progress to game play until they have regained their pre-injury skill-level and is confident in their ability to return to activity.
- h) 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.

Note: A recommended [Medical Clearance Letter](#) template can be found in Parachute's Canadian Guideline for Concussion in Sport.

Figure 4: Return-to-Basketball Protocol¹

This Return-to-Basketball Protocol applies in circumstances where the either a head coach, a member club or OBA becomes aware that one of its athletes has sustained a concussion or is suspected of having sustained a concussion, regardless of whether or not the concussion was sustained or is suspected of having been sustained during a basketball activity.

An athlete who is diagnosed by a physician or nurse practitioner as having a concussion must proceed through the graduated return-to-sport steps that are set out in this Protocol.

Each head coach is responsible for ensuring that an athlete who has sustained a concussion or is suspected of having sustained a concussion does not return to training, practice or competition until permitted to do so in accordance with this Return-to-Basketball Protocol.

Stage	Activity	Guidelines
0	Rest	Initial mental and physical rest for 24-48 hours
Requirement: Any athlete who is diagnosed by a physician or nurse practitioner as having a concussion must not be permitted to return to training, practice or competition unless the athlete (or if the athlete is under 18 years of age, the athlete's parent/guardian) has shared the medical advice or recommendations they received (if any) with the head coach.		
Requirement: The head coach must inform an athlete who has been diagnosed as having a concussion or, if the athlete is under 18 years of age, the athlete's parent/guardian of the importance of disclosing the diagnosis to any other sport organization with which the athlete is registered or school that the athlete attends.		
1	Light aerobic exercises 50% effort	No contact 5–10 minute warm up (stretching/flexibility) 15–20 minute cardio workout, which can include: stationary bicycle, elliptical, treadmill, fast-paced walking, light jogging, rowing or swimming
2	Basketball-specific skill work done individually 50-60% effort	No contact 5–10 minute warm up (stretching/flexibility) - Increase intensity and duration of cardio workout to 20–30 minutes - Begin basketball-specific skill work: Footwork drills for offense and defense, individual ball handling, dribbling, and shooting drills
3	Basketball-specific skill work done in controlled practice environment (1:1 with a teammate) 75-90% effort	No contact - Increase duration of session to 60 minutes - Begin resistance training including neck and core strengthening exercises

		• Begin passing and shooting drills with a partner • Begin walk-throughs of offensive and defensive plays
4	Basketball-specific skill work and team drills done at practice 75-90% effort	• No contact. No scrimmages. • Resume pre-injury duration of practice and team drills • Practice team passing, shooting drills, and individual defensive skills • Begin fast-break drills, 3-on-2/2-on-1's and shell drills with no contact • Continue with walk-throughs and run-throughs of offensive patterns and plays with no contact • Practice defensive coverage with no contact • Review box-out and screening techniques.
Note: Medical clearance letter from a medical doctor or nurse practitioner required before proceeding to Stage 5		
Requirement: The athlete or, if the athlete is under 18 years of age, the athlete's parent/guardian must provide a confirmation of medical clearance by a physician or nurse practitioner to the head coach and the member club administrator before proceeding to Stage 6. The head coach must send the confirmation of medical clearance immediately via Smartsheet .		
5	Full team practice with contact (i.e. unrestricted practice) 90-100% effort	• Contact allowed. Scrimmages allowed. • Coaches make sure that the player has regained his/her pre-injury skill-level. • The child or teen is confident in his/her ability to return to activity.
6	Return to competition 100% effort	• Full participation in practices and competitions • 100% intensity

Montreal Children's Hospital. 3rd Edition Concussion Kit 2018.

Return-to-School

Concussions can have a significant impact on children and youth's cognitive, physical and emotional abilities. Consequently, a return-to-school (or "return-to-learn") plan may be necessary for some players. These players should consult a qualified medical professional to develop a personalized return-to-school plan.

Note: *Players should not return to full sport participation until they have successfully returned to full school schedule and workload.*

Special Considerations

This Concussion Policy and Code of Conduct aims to 1) ensure that players with a suspected concussion are removed from basketball and seek medical assessment and 2) all players with a suspected and/or diagnosed concussion do not participate in OBA sanctioned activities before medically cleared to do so. The above steps relate most directly to a player who sustains a concussion during an OBA sanctioned activity and this injury is identified immediately. Not all concussions will be identified immediately and not all concussions will take place during an OBA sanctioned activity. Two alternative scenarios are presented below:

Scenario 1: A suspected concussion from an OBA sanctioned activity is not identified and/or reported until days or weeks after the basketball activity. **Action:** Begin at Step 3, "reporting a suspected concussion". Immediately upon the concussion being identified and/or reported to team officials, the head coach is responsible for completing the [Suspected Concussion Report Form](#), submitting it to the parent/guardian and to the member club administrator, and recommending that the player see a medical doctor/nurse practitioner immediately. The head coach must also send the form [via Smartsheet](#).

Scenario 2: A player is diagnosed with a concussion from a non-OBA sanctioned activity (e.g., school, home, other sports).

Action: Begin at Step 5 “medical diagnosis”. The parent/guardian of the player with a concussion is responsible for submitting a Medical Assessment Letter (highlighting that the player has been diagnosed with a concussion) to the head coach and to the member club administrator. The head coach must also send the [Medical Assessment Letter via Smartsheet](#). As the concussion did not happen at an OBA sanctioned activity, no *Suspected Concussion Report Form* is needed. The participant must then complete each stage of the Return-to-Basketball Protocol.

Referring documents and protocol implementation tools

1. [Suspected Concussion Report Form](#)
2. [Medical Assessment Letter \(template\)](#)
3. [Medical Clearance Letter \(template\)](#)
4. [OBA Concussion Reporting Portal – Smartsheet](#)
5. [Removal from Basketball Protocol](#)
6. [Return to Basketball Protocol](#)

Retention of Personal Information

[Excerpt from Ontario Basketball’s [Privacy Policy](#), as it relates to concussion management tracking & documentation]

We keep your Personal Information only as long as it is required for the reasons it was collected. The length of time we retain information varies, depending on the service and the nature of the information. This period may extend beyond the end of a person’s relationship with us but it will be only for so long as it is necessary for us to have sufficient information to respond to any issues that may arise at a later date.

When your Personal Information is no longer required for OBA’s purposes, we have procedures to destroy, delete, erase or convert it into an anonymous form.