

WFTDA Concussion Risk Clarifications

HOW TO MANAGE CONCUSSION RISK

The Action

A concussion is a type of traumatic brain injury caused by a fall, bump, blow to the head, or any shock to the body that causes the head to move rapidly back and forth. In addition to a hit to the head or neck, this also includes falls, or hits to other parts of the body that generate enough force on the spinal column to cause trauma to the brain (for example, landing directly on the tailbone).

When a participant (skater, coach, or official) shows any signs of a potential concussion or suffers a fall, hit, or any other action after which it is reasonable to suspect a concussion, they must be assessed for symptoms of concussion.

Remember: If the contact happens to a skater during an active jam, officials should call off the jam immediately for safety rather than allow the jam to reach its natural conclusion. Potentially concussed skaters can be a threat to themselves and other skaters on the track.

Signs and Symptoms of a Possible Concussion:

- Confusion
- Poor balance or coordination
- Agitation/aggression
- Nausea and/or vomiting
- Sensitivity to light
- Headaches

Keep in mind that some symptoms may take several hours to manifest.

Please also note that this is not a comprehensive list.

If at any time a participant displays any of the following symptoms, seek medical attention immediately:

- Loss of consciousness, even if only briefly
- Any period of amnesia or lack of memory
- Feeling disoriented or confused
- Headaches
- Vomiting
- Seizures

Assessment and Returning to Play

- If the participant complains of **any concussion symptoms, they should not return to play.**
- If the participant does not complain of any symptoms but is observed to have symptoms or actions that could indicate a change in neurological functioning, they should be assessed either immediately or after a short rest. **They should not be allowed to return to play until they have been assessed.**

Remember: Under the minimum standard for a concussion assessment, a single symptom is grounds for removing a participant from WFTDA-sanctioned play. Failure to comply with an assessment and/or refusal to get checked by the concussion-assessment volunteer is grounds for removing a participant from further activities.

- Medical personnel may withhold a participant for assessment as long as they need if they believe further observation is required. The Head Official may also recommend the medics keep the participant under medical observation before returning to play.

Remember: A proper assessment cannot be done under 10 minutes, so allow adequate time and space for it. Please also note that a Sport Concussion Assessment or Concussion Recognition is

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not the same as a diagnosis. The diagnosis of a concussion is a medical decision, based on clinical judgment.¹

- If medics clear a skater, officials and teams must follow their advice. The skater can then return to play at their own discretion. If team skaters, captains or coaches have concerns, they may still decide to remove the skater from play. If symptoms or other abnormal behaviors arise, the skater must be reassessed.

Remember: If an incident with a skater results in a jam being called off prematurely, the skater must sit out the following three jams even if they are cleared to return to play by medics.

- If team captains, officials, Games Tournament Oversight officers (GTOs), medics, or teammates observed the incident firsthand and are concerned, they should continue to observe the participant closely for any abnormal behavior or complaints (e.g., headache or dizziness).

Remember: Some symptoms may not appear immediately, or take time to develop. Officials, coaches, and skaters who are at risk for a concussion should be comfortable self-reporting and should be willing to be assessed more than once. This is particularly important for those who have had a concussion in the past, as the risk of a second concussion is much higher for them.

Requirements for Concussion Assessment

- **For WFTDA-sanctioned game play and games hosted by leagues holding WFTDA or reciprocal insurance**, please make sure you've read the latest version of the [WFTDA Risk Management Guidelines](#). Participants are required to follow the concussion protocol outlined in that document. If the medical assessment indicates that a participant should not return to play, this advice must be enforced by the Head Officials.
- **For WFTDA Continental Cups, Playoffs, and Championships**, please also read the *WFTDA Tournament Code of Conduct*, as it will be enforced during the tournament.
- **For all other gameplay (regulation, scrimmage, practice) hosted by leagues NOT holding WFTDA or reciprocal insurance**, it is highly recommended that all parties follow the concussion protocol outlined in the [WFTDA Risk Management Guidelines](#). If the medical assessment indicates that a participant should not return to play, it is highly recommended that this advice be followed.

Best Practices for Collaboration and Adequate Assessment

- **General Collaboration:**
 - Head Officials should work collaboratively with teams to decide on low-conflict ways to remove at-risk skaters. This can be discussed with captains and coaches at the captains' meeting, for instance, emphasizing the importance of identifying participants who might have suffered a concussion and making sure they are assessed. If a skater has been cleared by medics but a coach feels that it is not safe for them to return to play, they may discreetly inform officials. Officials can then step in and remove the skater from the game

¹ For more information see the SCAT5. [The Sport Concussion Assessment Tool 5](#) (SCAT5) is a standardized tool for concussion assessment, designed for use only by physicians and licensed healthcare professionals. The Concussion Recognition Tool 5 (CRT5) is the alternative for any other concussion-assessment volunteer.

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to prevent conflict on the bench. The highest priority should be to remove skaters who are a risk to themselves or others.

- League and Event Risk Coordinators should keep a list of participants who have been cleared for concussion. They should check in with these individuals periodically during the event or at the following practice or scrimmage to make sure that no new symptoms have arisen.
- The event host should provide adequate space for concussion assessment off-track.
- **Working with Medical Personnel:**
 - Head Officials, GTOs, coaches, and captains should make sure to introduce themselves to the approved medical personnel prior to the start of the game to explain the risk of concussions in roller derby and ensure this assessment procedure will occur during the game. Head Officials and/or GTOs should check in directly with participant and medics after an assessment has been conducted.
 - It is recommended that the person(s) responsible for potential concussion assessment be formally trained in concussion management. If there are no physicians or licensed healthcare professionals available to fulfill this role, they should have a printed version of the [Concussion Recognition Tool](#) (CRT5) available to use. Even if the medical personnel haven't been trained on assessment, they can easily follow the tool step-by-step.
 - Once a participant has been cleared to return to play, it is important to reiterate that they must return to the medics or see a medical professional if symptoms appear later on. Make sure the medics know this and ask that they check in with the participant.
- **For WFTDA Playoffs and Championships**, there is a concussion and staffing policy in place for medics. In order for team medics to serve as first responders, they must be qualified and approved by WFTDA Risk Mitigation and must sit in the designated area, not on their team bench. WFTDA-approved first responders will be the only medics authorized to tend to participants on the track. WFTDA first responders are trained in concussion assessment and will assess participants for concussions should they deem it appropriate. All participants must adhere to their recommendations. Afterwards, if a skater wishes to receive treatment from a team medic, they may do so off the track.

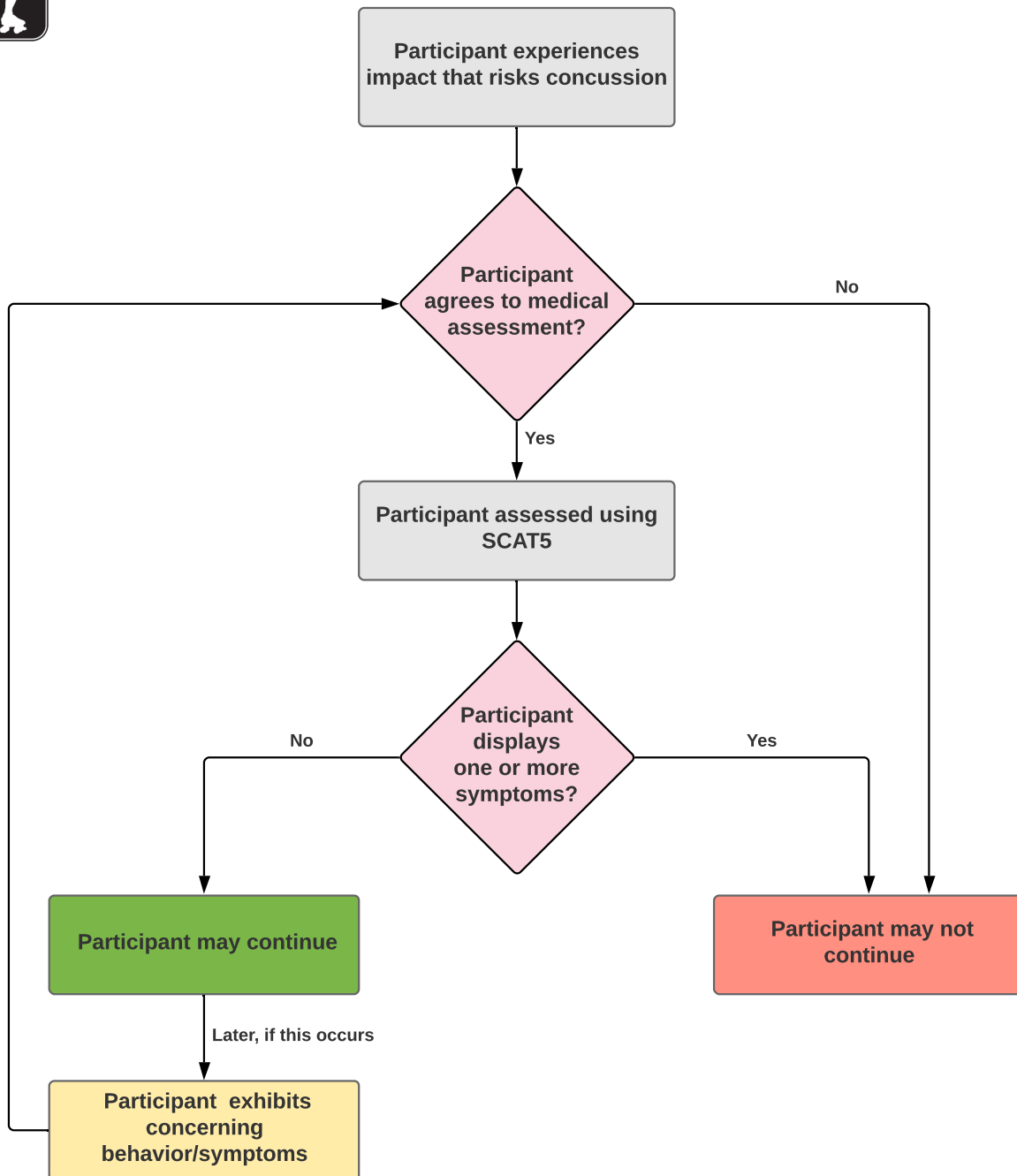
What can you do before and after a game?

- Check out Wftda.com/Concussions for more information and educational resources.
- Download and distribute the information sheet at your events.
- Make sure you are familiar with the [Risk Management Guidelines](#).
- Be aware that concussions are a risk in our sport, and keep talking about it!

Remember: Each skater (or skating official) is solely responsible for maintaining their own gear and equipment. However, we are all responsible for changing the culture and conversation around concussions and ensure that every practice, game, and tournament includes attention to proper assessment procedures and practices.



Concussion Assessment Flowchart



SIGNS AND SYMPTOMS OF A POSSIBLE CONCUSSION:

- Confusion
- Balance Issues
- Agitation/aggression
- Nausea and/or vomiting
- Sensitivity to light
- Headache

Please note that some symptoms may take several hours to manifest.

IF AT ANY TIME THE PARTICIPANT HAS ANY OF THE FOLLOWING SYMPTOMS, SEEK MEDICAL ATTENTION AT THE HOSPITAL EMERGENCY DEPARTMENT:

- Loss of consciousness, even if only briefly
- Any period of amnesia, or loss of memory for the event
- Feeling dazed or confused
- Vomiting
- Seizure