ALBERTA EQUESTRIAN FEDERATION

Toll free: 1.877.463.6233
Phone: 403.253.4411
Fax: 403.252.5260

Concussion Policy and Code

Preamble

1. This policy is based on the 5th Consensus Statement on Concussion in Sport that was released in April 2017. The 6th Consensus Statement on Concussion in Sport is expected to be released in Spring 2023. At that time, this policy will be updated to reflect same. Until then, the 5th Consensus Statement on Concussion Sport remains the relevant authority.

2. This policy interprets the information contained in the report that was prepared by the 2017 Concussion in Sport Group (CISG), a group of sport concussion medical practitioners and experts, and adapts concussion assessment and management tools.

3. The CISG suggested 11 Rs of Sport-Related Concussion ("SRC") management to provide a logical flow of concussion management. This policy is similarly arranged. The 11 Rs in this policy are: Recognize, Remove, Re-Evaluate, Rest, Rehabilitation, Refer, Recover, Return to Sport, Reconsider, Residual Effects, and Risk Reduction.

4. A concussion is a clinical diagnosis that can only be made by a physician.

Purpose

5. AEF is committed to ensuring the safety of AEF Members in its activities. AEF recognizes the increased awareness of concussions and their long-term effects and believes that prevention of concussions is paramount to protecting the health and safety of AEF Members.

6. This policy describes the common signs and symptoms of a concussion and how to identify them, the protocol to be followed in the event of a possible concussion, and a Return to Sport protocol should a concussion be diagnosed. Awareness of the signs and symptoms of concussion and knowledge of how to properly manage a concussion is critical to recovery and helping to ensure the individual is not returning to physical activities too soon, risking further complication.

7. This policy applies to all activities and events for which AEF is the governing or sanctioning body including, but not limited to, competitions, practices, and training sessions.

ALBERTA EQUESTRIAN FEDERATION

Toll free: 1.877.463.6233
Phone: 403.253.4411
Fax: 403.252.5260

Registration – *important to note that the registration will take place over 2025-2027***.**

8. When an AEF Member under the age of 26 years old registers with AEF, the AEF Member **must** provide written or electronic confirmation that they have reviewed concussion awareness resources within the past 12 months. The Alberta Government has produced age-appropriate concussion resources located here:

    a) ages 10 and under

    b) ages 11-14

    c) ages 15+

9. AEF Members under the age of 26 years old must also sign the *Concussion Code of Conduct* (**Appendix A**).

10. For Athletes younger than 18 years old, the athlete's parent or guardian **must** also provide confirmation that they have also reviewed the concussion resources as well and signed the *Concussion Code of Conduct*.

11. Athlete Support Personnel must provide confirmation that they have also reviewed the concussion resources and sign the *Concussion Code of Conduct*; but not if they will be interacting exclusively with Athletes who are 26 years old or older.

Recognizing Concussions

12. If a Participant demonstrates or reports any of the following **red flags**, a Designated Person in Alberta, or a licensed healthcare professional for any organization outside of Alberta shall be summoned and, if deemed necessary, an ambulance should be called[1]:

    a) neck pain or tenderness;

    b) double vision;

    c) weakness or tingling/burning in arms or legs;

    d) severe or increasing headache;

[1] If an onsite healthcare professional is not available, an ambulance should be called.

ALBERTA EQUESTRIAN FEDERATION

Toll free: 1.877.463.6233
Phone: 403.253.4411
Fax: 403.252.5260

e) seizure or convulsion;

f) loss of consciousness;

g) deteriorating conscious state;

h) vomiting more than once;

i) increasingly restless, agitated, or combative; and/or

j) increased confusion.

13. The following **observable signs** may indicate a possible concussion:

a) lying motionless on the playing surface;

b) slow to get up after a direct or indirect hit to the head;

c) disorientation or confusion/inability to respond appropriately to questions;

d) blank or vacant look;

e) balance or gait difficulties, absence of regular motor coordination, stumbling, slow laboured movements; and/or

f) facial injury after head trauma.

14. A concussion may result in the following **symptoms**:

a) headache or “pressure in head”;

b) balance problems or dizziness;

c) nausea or vomiting;

d) drowsiness, fatigue, or low energy;

e) blurred vision;

f) sensitivity to light or noise;

g) more emotional or irritable;

ALBERTA EQUESTRIAN FEDERATION

Toll free: 1.877.463.6233
Phone: 403.253.4411
Fax: 403.252.5260

h) "don't feel right";

i) sadness, nervousness, or anxiousness;

j) neck pain;

k) difficulty remembering or concentrating; and

l) feeling slowed down or "in a fog".

15. Failure to correctly answer any of these **memory questions** may suggest a concussion:

a) What venue are we at today?

b) Where was your last major competition?

c) What day is it?

d) What event are you participating in?

Removal from Sport Protocol

16. In the event of a Suspected Concussion where there are **observable signs** of a concussion, **symptoms** of a concussion, or a failure to correctly answer **memory questions**, the AEF Member must be immediately removed from participation by a designated person who is either an on-site AEF staff member and/or Show Organizer, Paramedic, show official, etc.

17. After removal from participation, the following actions should be taken:

a) The designated person who removed the AEF Member should consider calling 9-1-1;

b) AEF must make and keep a record of the removal;

c) The designated person must inform the AEF Member's parent or guardian if the AEF Member is younger than 18 years old, and the designated person must inform the parent or guardian that the AEF Member is required to undergo a medical assessment by a physician or nurse practitioner before the AEF Member will be permitted to return to participation; and

ALBERTA EQUESTRIAN FEDERATION

Toll free: 1.877.463.6233
Phone: 403.253.4411
Fax: 403.252.5260

d) The designated person will remind the AEF Member, and the AEF Member's parent or guardian as applicable, of AEF's Return-to-Sport protocol as described in this policy.

18. AEF Members who have a Suspected Concussion and who are removed from participation should:

a) be isolated in a dark room or area and stimulus should be reduced;

b) be monitored;

c) have any cognitive, emotional, or physical changes documented;

d) not be left alone (at least for the first 1-2 hours);

e) not drink alcohol;

f) not use recreational/prescription drugs;

g) not be sent home by themselves; and

h) not drive a motor vehicle until cleared to do so by a medical professional.

19. An AEF Member who has been removed from participation due to a Suspected Concussion should not return to participation until the AEF Member has been assessed medically, preferably by a physician who is familiar with the Sport Concussion Assessment Tool – 5th Edition (SCAT5) (for Participants over the age of 12) or the Child SCAT5 (for Participants between 5 and 12 years old), even if the symptoms of the concussion resolve.

Re-Evaluate

20. An AEF Member with a Suspected Concussion should be evaluated by a licensed physician who should conduct a comprehensive neurological assessment of the AEF Member and determine the AEF Member's clinical status and the potential need for neuroimaging scans.

Rest and Rehabilitation

21. Participants with a diagnosed SRC should rest during the acute phase (24-48 hours) but can gradually and progressively become more active so long as activity does not worsen

ALBERTA EQUESTRIAN FEDERATION

Toll free: 1.877.463.6233
Phone: 403.253.4411
Fax: 403.252.5260

the Participant's symptoms. Participants should avoid vigorous exertion and follow the return to sport strategy outlined in Table 1, and sections 26 to 32.".

22. Participants must consider the diverse symptoms and problems that are associated with SRCs. Rehabilitation programs that involve controlled parameters below the threshold of peak performance should be considered.

Refer

23. Participants who display persistent post-concussion symptoms (i.e., symptoms beyond the expected timeline for recovery – 1 to 14 days for adults and 4 weeks for children) should be referred to physicians with experience handling SRCs.

Recovery and Return to Sport

24. SRCs have large adverse effects on cognitive functioning and balance during the first 24-72 hours after injury. For *most* Participants, these cognitive defects, balance, and symptoms improve rapidly during the first two weeks after injury. An important predictor of slower recovery from an SRC is the severity of the Participant's initial symptoms following the first few days after the injury.

25. The table below represents a graduated return to sport for most Participants, those that did not experience high severity of initial symptoms after the following the first few days after the injury.

ALBERTA EQUESTRIAN FEDERATION

Toll free: 1.877.463.6233
Phone: 403.253.4411
Fax: 403.252.5260

Table 1 – Return to Sport Strategy

Stage	Aim	Activity	Stage Goal
1	Symptom-limited activity	Daily activities that do not provoke symptoms	Gradual reintroduction of work/school activities
2	Light aerobic exercise	Walking or stationary cycling at slow to medium pace. No resistance training	Increase heart rate
3	Sport-specific exercise	Light drills. No head impact activities	Add movement
4	Non-contact training drills	Harder training drills. May start progressive resistance training	Exercise, coordination and increased thinking
5	Full contact practice	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6	Return to sport	Normal participation	

26. An initial period of 24 to 48 hours of both physical rest and cognitive rest is recommended before beginning the Return to Sport strategy.

27. There should be at least 24 hours (or longer) for each step. If symptoms reoccur or worsen, the Participant should go back to the previous step.

28. Resistance training should only be added in the later stages (Stage 3 or Stage 4).

ALBERTA EQUESTRIAN FEDERATION

Toll free: 1.877.463.6233
Phone: 403.253.4411
Fax: 403.252.5260

29. If symptoms persist, the Participant should return to see a physician.

30. The Participant's Return-to-Sport strategy must be guided and approved by a physician with regular consultations throughout the process.

31. The Participant must provide AEF with a medical clearance form, signed by a physician, following Stage 5 and before proceeding to Stage 6.

Reconsider

32. The 2017 Concussion in Sport Group (CISG) considered whether certain populations (children, adolescents, and elite athletes) should have SRCs managed differently.

33. It was determined that all Participants, regardless of competition level, should be managed using the same SRC management principles.

34. Adolescents (13 to 18 years old) and children (5 to 12 years old) should be managed differently. SRC symptoms in children persist for up to four weeks. More research was recommended for how these groups should be managed differently, but the CISG recommended that children and adolescents should first follow a Return to School strategy before they take part in a Return to Sport strategy. A Return to School strategy is described below.