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Concussion Policy:  
Identification, Treatment, and Management

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**World Lacrosse**

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June 2019 - Draft

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**Concussion Policy: Identification, Treatment, and Management**

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## 1 Introduction

- 1.1 This document advises on the World Lacrosse Policy related to Concussion (identification, treatment, and management)
- 1.2 World Lacrosse is committed to staying current with research into clinical best practices for head injuries, and specifically for the identification and management of concussions. World Lacrosse is aware of the serious impact of concussions on the wellbeing of athletes, both short term and long term. World Lacrosse is committed to promoting concussion awareness and education and providing the Members with proper concussion identification and management tools.
- 1.3 Therefore, World Lacrosse has adopted this policy as the basis for the management of concussions in the sport of lacrosse:
- (a) To **Recognize** all concussive injuries;
  - (b) To **Remove** from play for proper evaluation any player suspected of having a concussive injury;
  - (c) To provide **Rest** and a *Graduated Return To Play (GRTP)* Protocol for the management of the player's **Recovery** and ultimately the player's **Return** to play.

## 2 Definition

- 2.1 Concussion is a brain injury and is defined as a complex pathophysiological process affecting the brain, induced by biomechanical forces.

## 3 Signs of Concussion

### 3.1 Initial objective observations of concussion

- (a) Loss of consciousness or responsiveness
- (b) Confused or dazed expression
- (c) Balance problems or falling over
- (d) Lying motionless on the ground
- (e) Grabbing of the head
- (f) Impact seizure or convulsion

### 3.2 Symptoms of concussion

- (a) Headache
- (b) Nausea/vomiting
- (c) Dizziness
- (d) Behavior or personality changes: inappropriate emotions, irritability or anxiousness
- (e) Memory loss
- (f) Slowed reaction time
- (g) Confusion/poor concentration
- (h) Sensitivity to light/noise

## 4 Application and Scope

- 4.1 The World Lacrosse Concussion Policy shall apply at all World Lacrosse events. The policy shall apply to all teams participating in these events, and shall include all scheduled event games, all scheduled team practices, and all pre-event games organized through the event host organization or through World Lacrosse. Regional Confederations of World Lacrosse shall also adopt the World Lacrosse Concussion Policy for all World Lacrosse Approved events.

## **5 World Lacrosse Responsibilities**

### **5.1** World Lacrosse shall provide:

- (a) The World Lacrosse Chief Medical Officer (WCMO) will determine the concussion identification, treatment, and management tool that is current best practice in the Sports Medicine community to be used by World Lacrosse. The selected concussion protocol will be advised to all member nations and event hosts no less than six (6) months preceding the event and will be the tool that shall be used to identify, treat and manage concussions. Links to the concussion protocol will be provided on the World Lacrosse Website ;
- (b) Online educational support regarding the importance of concussion awareness. Access to this educational information will be on the World Lacrosse web site;
- (c) Where practical, the World Lacrosse Chief Medical Officer (WCMO) to assist the Event Medical Officer (EMO), or to act as the EMO.

## **6 Host Responsibilities at World Lacrosse World Events**

### **6.1** The host committee for each World Lacrosse world event shall:

- (a) Provide a licensed medical doctor with explicit knowledge of the current protocols regarding concussions to be the Event Medical Officer (EMO). The EMO shall implement the sport concussion assessment tool specified in the World Lacrosse Concussion Protocol. The EMO shall either be based on-site during the competition or be “on-call” nearby.
- (b) Provide the name and contact information of the Event Medical Officer to the World Lacrosse Chief Medical Officer as soon as the EMO has been named no later than 120 days prior to the Event.
- (c) Ensure that the EMO or another medical doctor or a trained first responder shall be on-site and available during all games.
- (d) Provide on-site training, prior to the first game of the event, to team support staff so that each team can implement, at a minimum, the Pocket Concussion Recognition Tool. (See Appendix 2).
- (e) Provide on-site training, prior to the first game of the event, to the officials so they can implement, as a minimum, part 1 of the Pocket Concussion Recognition Tool, *Visible clues of suspected concussions*. (See Appendix 2).
- (f) Provide appropriate space (a dressing room or first aid room) for administration of the Sport Concussion Assessment Tool.

## **7 Responsibility of Each Team at World Lacrosse Events**

**7.1** After each game, all teams shall complete an injury report and submit it to either the WCMO/EMO. World Lacrosse shall provide the injury report form to each team. This form is for reporting all types of injuries, including confirmed concussion injuries and suspected concussion injuries.

**7.2** For the purpose of this document, the team doctor or other medical professional affiliated with the team shall be known as the Team Medical Officer (TMO).

- (a) When a team has, on site at the event, a TMO who is familiar with and trained in the application of the World Lacrosse agreed concussion protocol:
- (b) The TMO shall be responsible for implementing the World Lacrosse concussion policy for that team.
- (c) The TMO shall adhere to the appropriate use of the agreed concussion assessment tool and the Pocket Concussion Recognition Tool.
- (d) The TMO shall be responsible for evaluating any player on their team who is suspected of having a concussion. They shall be responsible for arranging and managing the treatment plan and the GRTP Protocol for all concussed players on their team.
- (e) The TMO shall report in writing by way of the injury report form, to the WCMO/EMO, any

suspected concussions, the result of their evaluation of all suspected concussions, all identified concussion injuries, including the treatment and GRTP plan for each concussed player.

Before a player with a concussion injury returns to competition, the TMO shall report to the WCMO/EMO the planned return to competition of the player.

**7.3** When a team **does not** have a TMO who is familiar with and trained in the application of the agreed concussion protocol, the team shall:

- (a) Assign a team staff person – preferably a medical doctor, athletic therapist, physiotherapist, athletic trainer, or other allied health professional – to be trained at the event, prior to the first game, in the use of the Pocket Concussion Identification Tool.
- (b) Should the team not have a staff person as described in 5.3 (a), then the team shall assign a lay person to be trained at the event, prior to the first game, in the use of the Pocket Concussion Identification Tool.
- (c) This person shall evaluate any team member removed from the game because of a suspected concussion. If, upon evaluation for a suspected concussion a player has **any** symptom of a concussive injury, then that player must be removed from the game, and the WCMO/EMO informed. The WCMO/EMO shall evaluate the player and determine whether the player has a concussion. Further, the WCMO/EMO shall be responsible for developing and managing any treatment plan and the GRTP plan.

## **8 Responsibility of the Game Officials**

**8.1** Any game official who has the authority to stop play for an injury time-out also has the authority to stop play for a suspected concussion injury. Should a game official declare a player is suspected of having a concussive injury, then that player must be removed from play and be evaluated by the appropriate TMO or team staff person trained to use the Pocket Concussion Identification Tool.

## **9 Final Authority for an Athlete to Return to Play**

- (a) Any player who has been declared to have a concussion must have medical clearance before returning to play.
- (b) For teams with a TMO, the TMO, in consultation with the FMO/EMO shall make the decision as to when the player may return to play. If the TMO and the WCMO/EMO are not in agreement as to a player's readiness to return to play, the WCMO/EMO shall have the final decision-making responsibility and authority.
- (c) For teams without a TMO, the WCMO/EMO shall make all decisions as to when a player is ready to return to play. If the team, or player do not agree with the WCMO/EMO as to the player's readiness to return to play the WCMO/EMO shall have the final decision-making responsibility and authority.

## **APPENDIX 1: Concussion Protocol History**

The following outlines the protocol that was

<b>Year</b>	<b>Protocol used</b>	<b>Comments</b>
Pre June 2016	None Specified	
June 2016	SCAT3	Initial implementation based on current best practice
June 2017	SCAT3	
June 2018	SCAT3	
May 2019	SCAT5	Recommended move to most current recommended protocol

## APPENDIX 2: Document History

<b>Date</b>	<b>Change</b>	<b>Rationale</b>
June 2016	Initial Policy Release	
May 2019	All references to FIL changed to World Lacrosse	Reflects corporate name change
May 2019	Remove reference to SCAT3	Desire to move to latest protocol. – SCAT5. To make the policy more flexible to adopt the latest medical recommendations and not need member approval
May 2019	Change FMO (Federation Medical Officer) to WCMO (World Chief Medical Officer)	To reflect the appropriate title of Chief Medical Officer
May 2019	Added the requirement for Regional Confederations to adopt the use of the World Lacrosse Concussion Policy	To ensure that athletes at regional competitive levels are protected
May 2019	Added a protocol history that was in use for each year	Required for historical and legal purposes