



Removal-from-Sport Protocol

The following outlines a process for immediate removal of an athlete who is suspected of having sustained a concussion.

If the Club Designated Person is not present, the removal-from-sport protocol must be followed by another adult. Everyone can help recognize a possible concussion if they know what to look and listen for. The Club Designated Person will follow up with the person that conducted the protocol and ensure all steps were followed.

1. Remove the Athlete

The athlete is immediately removed from further training, practice, or competition if the athlete has sustained a concussion or is suspected of having sustained a concussion regardless of whether the concussion or suspected concussion was sustained from an activity associated with Dive Ontario.

If the Club Designated Person does not suspect that an athlete has sustained a concussion, but a lifeguard does, the Club Designated Person must listen to the lifeguard and immediately remove the athlete from further training, practice, or competition.

2. Assess the Athlete

Assess whether the athlete is experiencing any concussion symptoms. If in the opinion of the Club Designated Person or a lifeguard, there is an emergency and any red flag signs and/or symptoms appear, **call 911 immediately**.

Red Flag Symptoms:

- Neck pain or tenderness
- Double vision
- Weakness or tingling in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness (knocked out)
- Vomiting more than once
- Increasingly restless, agitated or aggressive
- Getting more and more confused

If the athlete is experiencing any general concussion symptoms, the athlete must schedule an appointment with a physician or nurse practitioner as soon as possible. It is important to note that a person with a concussion might have one or more of the signs or symptoms listed below. They might show up right away or hours, even days, later. Just one sign or symptom is enough to suspect a concussion. Most people with a concussion do not lose consciousness.



Common signs and symptoms of a concussion:

Physical:

- Headache
- Pressure in the head
- Dizziness
- Nausea or vomiting
- Blurred vision
- Sensitivity to light or sound
- Ringing in the ears
- Balance problems
- Tired or low energy
- Drowsiness
- “Don’t feel right”

Emotional:

- Irritability (easily upset or angered)
- Depression
- Sadness
- Nervous or anxious

Cognitive (thinking):

- Not thinking clearly
- Slower thinking
- Feeling confused
- Problems concentrating
- Problems remembering

Sleep-Related:

- Sleeping more or less than usual
- Having a hard time falling asleep

3. Inform

If the athlete is under 18 years of age, the athlete’s parent or guardian must be contacted and informed about the removal from further training, practice, or competition. If the athlete is older than 18 years of age, their emergency contact should be contacted. Do not leave anyone with a suspected concussion alone.

The athlete, or their parent/guardian if the athlete is under 18 years of age, must be advised that the athlete is required to undergo a medical assessment by a physician or nurse practitioner before the athlete will be permitted to return to training, practice, or competition.

A medical assessment determines whether the athlete has a concussion. An athlete will not be permitted to return to training, practice, or competition until they receive medical clearance by a physician or nurse practitioner to do so. Dive Ontario recommends that athlete’s use Dive Ontario Medical Assessment Form when they meet with a physician or nurse practitioner.

4. Give Protocols

The athlete, or their parent/guardian if the athlete is under 18 years of age, must be provided with Dive Ontario Removal-from-Sport and Return-to-Sport protocols as soon as possible after the athlete has been removed from further training, practice, or competition.

Dive Ontario Removal-from-Sport and Return-to-Sport protocols can be found under the concussion section of Dive Ontario’s website.



5. Record the Incident

Dive Ontario clubs must keep a record of incidences where an athlete is removed from further training, practice, or competition because they are suspected of having sustained a concussion regardless of whether the athlete is later diagnosed with a concussion.

In the event of a suspected concussion during training, practice, or a competition *Dive Ontario Suspected Concussion Report Form* must be completed. Once complete, one copy of the report must be given to athlete, or their parent/guardian if the athlete is under 18 years of age, and another copy is given to the athlete's club. This form must be taken to a medical appointment with a physician or nurse practitioner with the recommended *Dive Ontario Medical Assessment Form*.

Each diving club must limit the collection, use, and disclosure of personal information to that which is reasonably necessary for the purpose of carrying out Dive Ontario's concussion protocols, and to limit access to such personal information to only those individuals who require it for the purpose of fulfilling their duties or obligations under this policy. Personal information collected under this protocol shall be retained, disclosed, and disposed of in a secure manner and in accordance with Dive Ontario's privacy policy.

6. Medical Assessment

The athlete brings the *Dive Ontario Medical Assessment Form* and the completed *Dive Ontario Suspected Concussion Report Form* to their appointment with a physician or nurse practitioner.

7. Returning to Training, Practice, or Competition

Once removed, the athlete is not permitted to return to training, practice, or competition, except in accordance with Dive Ontario's Return-to-Sport protocol.



Removal-from-Sport Protocol Summary

STEP 1 (REMOVE): A suspected concussion has been identified and the athlete is immediately removed from play. Lifeguards hold the final decision to remove athletes with a suspected concussion.

STEP 2 (ASSESS): Assess whether the athlete is experiencing any concussion symptoms

If the athlete is experiencing any Red Flag symptoms:

- Neck pain or tenderness
- Double vision
- Weakness or tingling in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Vomiting more than once
- Increasingly restless, agitated, or aggressive
- Getting more and more confused

Call 911 immediately to go to nearest Emergency Department

If the athlete is experiencing any general concussion symptoms:

Physical: Headaches, dizziness, nausea, blurred vision, sensitivity to light or sound, ringing in ears, balance problems, drowsiness, "don't feel right"

Mental: Difficulty thinking, slower thinking, feeling confused, problems concentrating and remembering

Sleep: Sleeping more or less than usual, difficulty falling asleep and staying asleep

Emotional: Sadness, irritable, nervous or anxious

Athlete must schedule an appointment with a physician or nurse practitioner as soon as possible

STEP 3 (INFORM): Call and inform the parent/guardian (for athletes under 18 years of age) or emergency contact about the removal from further training, practice, or competition. The athlete, or their parent/guardian if the athlete is under 18 years of age, is advised that the athlete must undergo a medical assessment by a physician or nurse practitioner before the athlete will be permitted to return to sport.

STEP 4 (PROTOCOLS): The athlete, or their parent/guardian if the athlete is under 18 years of age, is provided with *Dive Ontario Removal-from-Sport* and *Return-to-Sport protocols* after the athlete's removal.

STEP 5 (RECORD): *Dive Ontario Suspected Concussion Report Form* is completed. A copy is given to the athlete, or their parent/guardian if the athlete is under 18 years of age, and another copy is given to the athlete's club.

STEP 6 (MEDICAL ASSESSMENT): Athlete brings *Dive Ontario Medical Assessment Form* and the completed *Dive Ontario Suspected Concussion Report Form* to their appointment with a physician or nurse practitioner.

STEP 7 (RETURN): Athlete enters Step 1 of *Dive Ontario Return-to-Sport protocol*



Suspected Concussion Report Form

Athlete Name: _____ Date: _____
Club Name: _____ Time of Injury: _____

Injury Description:

Red Flag Symptoms (Check all that apply): Call 911 immediately if any of these symptoms are present:

<input type="checkbox"/> Increasingly confused	<input type="checkbox"/> Neck pain or tenderness	<input type="checkbox"/> Seizure or convulsion
<input type="checkbox"/> Double vision	<input type="checkbox"/> Loss of consciousness	<input type="checkbox"/> Repeated vomiting
<input type="checkbox"/> Weakness/tingling in arms/legs	<input type="checkbox"/> Severe or increasing headache	<input type="checkbox"/> Increasingly restless or aggressive

Other Signs and Symptoms (Check all that apply):

<input type="checkbox"/> Headache	<input type="checkbox"/> Balance problems	<input type="checkbox"/> Problems concentrating
<input type="checkbox"/> Pressure in the head	<input type="checkbox"/> Tired or low energy	<input type="checkbox"/> Problems remembering
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Drowsiness	<input type="checkbox"/> Irritability
<input type="checkbox"/> Nausea or vomiting	<input type="checkbox"/> "Don't feel right"	<input type="checkbox"/> Depression
<input type="checkbox"/> Blurred vision	<input type="checkbox"/> Not thinking clearly	<input type="checkbox"/> Nervous/anxious
<input type="checkbox"/> Sensitivity to light or sound	<input type="checkbox"/> Slower thinking	<input type="checkbox"/> Sleeping more/less than usual
<input type="checkbox"/> Ringing in the ears	<input type="checkbox"/> Feeling confused	<input type="checkbox"/> Trouble falling asleep

Are there any other observable/reported symptoms? Yes No

If yes, what: _____

Is there evidence of injury to anywhere else on the body besides head? Yes No

If yes, where: _____

Has this athlete had a concussion before? Yes No Prefer not to answer

If yes, how many: _____

Does this athlete have any pre-existing medical conditions? Yes No Prefer not to answer

If yes, please list: _____

Does this athlete take any medication? Yes No Prefer not to answer

If yes, please list: _____

I (name of individual completing this form): _____
recommend to the athlete's parent/guardian or emergency contact that the athlete sees a physician or nurse practitioner immediately.

Signature: _____ Role: _____

Phone Number: _____ Email Address: _____

PLEASE NOTE: This form is to be completed in the event of a suspected concussion during training, practice, or a competition. Once complete, give one copy of this report to athlete or their parent/guardian and the other to your club. This form must be taken to medical appointment with a physician or nurse practitioner with the recommended Dive Ontario Medical Assessment Form. This report form is aligned with Dive Ontario Removal-from-Sport Protocol.



Medical Assessment Form

Name of Athlete: _____

Date: _____

To whom it may concern,

Athletes who sustain a suspected concussion should be managed according to the *Canadian Guideline on Concussion in Sport*. Accordingly, I have personally completed a Medical Assessment on this patient, and outline the results below:

Results of Medical Assessment

- This patient has not been diagnosed with a concussion and can resume full participation in school, work, and sport activities without restriction.

- This patient has not been diagnosed with a concussion but the assessment led to the following diagnosis and recommendations:

- This patient has been diagnosed with a concussion.

Additional Notes:

Thank-you very much in advance for your understanding.

Signature/print _____ M.D. / N.P. (circle appropriate designation)*

**In rural or northern regions, the Medical Assessment Letter may be completed by a nurse with prearranged access to a medical doctor or nurse practitioner. Forms completed by other licensed healthcare professionals should not otherwise be accepted.*