



# Concussion Protocol

Effective 12 April 2021

## Terminology:

**Canadian Automobile Sport Clubs - Ontario Region (CASC-OR)** A non for profit organization, incorporated within the province of Ontario, Canada. CASC-OR is the Sporting Authority of Amateur Motorsport within the Province of Ontario as delegated by GDS -ASN Canada under powers delegated to it by the FIA.

**CASC-OR Race Regulations:** These Race Regulations govern all race Events sanctioned by CASC-OR. The recognized classes and Appendix sections of the regulations are considered to be an integral part of the regulations.

**Chief medical officer:** A licensed Physician as per the CASC-OR Race Regulation 4.9 and appendix “F”

**Competitor:** A person named as the driver of a car in any competition.

**Competition:** A contest in which a car takes part and which is of a competitive nature or is given a competitive nature by publication of results. Practice and qualifying for starting positions are included in the term “competition”. A competition may also be referred to as a “race”

**CRT5:** Concussion Recognition Tool 5, to help recognize concussions in children, adolescents and adults. Can be used by anyone.

**Entrant:** A person whose entry is accepted for the competition

**Event:** An entire program of competitions.

**Event Medical Center:** Any designated room, building or Advanced Life Support (ALS) Ambulance as determined in the supplementary regulation and or safety plan.

**Event Medical Team:** A licensed Physician, Registered Nurse, EMT, Paramedic or equivalent, as per appendix “F” of the current CASC-OR Race Regulations

**FIA:** Is the governing body for world motor sport and the federation of the world’s leading motoring organisations. Founded in 1904, with headquarters in Paris, the Fédération Internationale de l'Automobile (FIA) is a non-profit association.

**GDS-ASN Canada:** The National Sporting Authority affiliated to the FIA

**ImPACT:** Is a computerized neurocognitive test for ages 12-80 that can be used as part of a comprehensive concussion evaluation.

**Participant:** Any person who has signed the event or CASC-OR waiver of liability including all organizers, entrants, drivers, crew, officials, workers and all guests of the above, and any CASC-OR members in attendance.

**SCAT5 test:** Sport Concussion Assessment Tool – 5<sup>th</sup> edition. The SCAT5 is a standardized tool for evaluating concussions designed for use by physicians and licensed healthcare professionals.

## Introduction

Canadian Automobile Sport Clubs - Ontario Region (CASC-OR) competitors are among the many athletes who can sustain a head injury while participating in an event or any other activity of their choosing. For the health and safety of our Competitors, CASC-OR has adopted the following approach to concussions.

## Purpose

This protocol covers the recognition, medical diagnosis, and management of participants, who may sustain a suspected concussion during a motorsport activity. It aims to ensure that participants with a suspected concussion receive timely and appropriate care and proper management to allow them to return back to the sport safely. This protocol may not address every possible clinical scenario that can occur during sport-related activities but includes critical elements based on the latest evidence and current expert consensus.

## Prevention

The wearing of appropriate safety devices by the competitor and/or the fitting of appropriate safety devices in the vehicle during Motorsport competition can significantly reduce the deceleration that competitors experience when making contact with walls, barriers or other obstacles during competition. It can also decrease the frequency of competitors injuries and concussions.

For example:

Appropriately fitted and approved competition helmets and HANS devices, approved seatbelts, Roll bars / Roll cages, competition seats with integrated headrest.

The competitor is also reminded of the risk of a second concussion if they have not fully recovered from a concussion, and the long-term consequences of repeated concussions.

## Education

The symptoms of a concussion are subjective and nonspecific (eg. blurred vision, confusion, dizziness, feeling hazy/foggy/groggy, headache, difficulty concentrating/staying focused, nausea, sensitivity to light or sound, or just not feeling right). Any of these conditions following a crash or any other incident may be symptoms of a concussion. For this purpose, entrant, teams, crews and or family members should familiarize themselves with the **CONCUSSION RECOGNITION TOOL 5** (CRT5) on page 4 and follow the instructions.

A physician evaluating the competitor cannot know if the competitor is experiencing the symptoms of a concussion unless it is disclosed.

Starting 2021, the event medical team will be looking for the symptoms of a concussion following a crash like incident using the **SPORT CONCUSSION ASSESSMENT TOOL — 5TH EDITION** (SCAT5 test).

**The OFFC 1600 series competitors** will also enter into the ImPACT Pilot Program which will collect data from pre-season base line testing and post-incident testing which will help the medical team to make concussion treatment decisions.

This pilot program will also help to determine the potential need to extend the ImPACT program to all CASC motorsport divisions in the future.

## **Recognition**

A competitor must report to the events' medical centre immediately following an incident which involved an impact that caused the competitor's vehicle to fail to complete the current on track session due to vehicle damage.

If, following an on-track incident, first responders to the incident observe any signs of a possible concussion of the involved competitor(s) or if the competitor(s) displays symptoms of a concussion, the competitor(s) will be transported to the track medical center where the medical team will administer the SCAT5 test. If the medical professional detects any significant concerns, including any of the red flags listed in Box 1 of the test, then activation of emergency procedures and urgent transport to the nearest hospital will be arranged. At this point the medical team will make recommendations to the CASC-OR officials (Stewards) based upon their professional opinion as to the drivers medical fitness to participate in further racing activities.

If the event Chief medical officer declares the competitor medically unfit to continue to participate in the event then this declaration is in effect until such time as the competitor has completed the CASC-OR Return-to-Competition Protocol.

## **CASC-OR Return-to-Competition Protocol**

Each concussion and each competitor is unique, and it is not possible to set a fixed time frame for return to participation or for the progression through the steps of the graduated exercise program (described below). Recovery time will vary from competitor to competitor. At an event, the decision to return a competitor to competition ultimately remains with the events' medical team.

The concussed competitor is instructed to rest until all symptoms have resolved. Once concussive symptoms have been resolved, the competitor is to begin light exercises as prescribed by their medical practitioner. Depending on the competitor and the seriousness of the concussion, this process may take days to several weeks to complete.

When the competitor has returned to normal exercise ability and remains asymptomatic, they are to get their own medical practitioner to issue a note to the attention of CASC-OR stating that they are able to safely return to racing. Once the doctors note has been received, CASC-OR will notify the appropriate officials that the competitor is medically cleared to resume racing activities.

After clearance, the competitor, at their first event entered, should start with practice sessions and gradually increase speed and intensity until they reach a competitive level without concussive symptoms prior to returning to full competition. Since the symptoms of a concussion are subjective, it is important for the team owner, crew or family member to work with the competitor to monitor the competitor for symptoms that could reoccur. If symptoms or signs of concussion reappear after testing at competitive speeds, the competitor is to report these symptoms to the team and event medical staff. The medical staff will declare the competitor medically unfit to compete until such time as they are asymptomatic and capable of practicing at competitive speeds for at least 30 minutes without symptoms or signs of a concussion.

# CONCUSSION RECOGNITION TOOL 5 ©

To help identify concussion in children, adolescents and adults



## RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

### STEP 1: RED FLAGS – CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/ burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

#### Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.
- Assessment for a spinal cord injury is critical.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

## STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Blank or vacant look
- Facial injury after head trauma

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## STEP 3: SYMPTOMS

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Feeling like "in a fog"
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

## STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:

- "What circuit are we at today?"
- "What lap were you on?"
- "In what position did you qualify?"
- "Where did you race last week?"
- "What position did you finish in last week?"

## Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

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ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

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