Officials Meeting

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WELCOME

- THANK YOU FOR YOUR SUPPORT, YOU ARE THE FRONT LINE MEDICAL PROVIDER
- **AMENITIES**
  - Medical will be provided at the tents, physios for your needs
  - Recovery at cost at tent adjacent
  - Chiropractor at cost
- **On Field**
  - When you get to field, meet with team medical staff for a pregame huddle
    - Poland*, Puerto Rico, Wales, Jamaica
  - Radio at the scorers table or with medical
  - Discuss who will be out on the field
  - Arms above head in a X position- Need EMS support or more medical

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CONCUSSION INFORMATION

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- The SCAT5 was developed during the 5th international conference on concussion in sport, held in Berlin in October 2016

- The SCAT5 overall is easier to use than the SCAT3. Red flags are easily identified for emergent purposes. Observable signs now can be seen via a video recording of an athlete after the incident happened or during the event. Revised graphics allow for a consistent look and cues to examine the athlete completely.

- Assesses cervical spine

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BJSM Online First, published on April 26, 2017 as 10.1136/bjsports-2017-097506SCAT5

To download a clean version of the SCAT tools please visit the journal online (http://dx.doi.org/10.1136/bjsports-2017-097506SCAT5)

SCAT5©

SPORT CONCUSSION ASSESSMENT TOOL – 5TH EDITION

DEVELOPED BY THE CONCUSSION IN SPORT GROUP

FOR USE BY MEDICAL PROFESSIONALS ONLY

supported by

FIFA

Patient details

Name: _____

DOB: _____

Address: _____

ID number: _____

Examiner: _____

Date of Injury: _____ Time: _____

WHAT IS THE SCAT5?

The SCAT5 is a standardized tool for evaluating concussions designed for use by physicians and licensed healthcare professionals[1]. The SCAT5 cannot be performed correctly in less than 10 minutes.

If you are not a physician or licensed healthcare professional, please use the Concussion Recognition Tool 5 (CRT5). The SCAT5 is to be used for evaluating athletes aged 13 years and older. For children aged 12 years or younger, please use the Child SCAT5.

Preseason SCAT5 baseline testing can be useful for interpreting post-injury test scores, but is not required for that purpose.Detailed instructions for use of the SCAT5 are provided on page 7. Please read through these instructions carefully before testing the athlete. Brief verbal instructions for each test are given in italics. The only equipment required for the tester is a watch or timer.

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Recognise and Remove

A head impact by either a direct blow or indirect transmission of force can be associated with a serious and potentially fatal brain injury. If there are significant concerns, including any of the red flags listed in Box 1, then activation of emergency procedures and urgent transport to the nearest hospital should be arranged.

Key points

- Any athlete with suspected concussion should be REMOVED FROM PLAY, medically assessed and monitored for deterioration. No athlete diagnosed with concussion should be returned to play on the day of injury.
- If an athlete is suspected of having a concussion and medical personnel are not immediately available, the athlete should be referred to a medical facility for urgent assessment.
- Athletes with suspected concussion should not drink alcohol, use recreational drugs and should not drive a motor vehicle until cleared to do so by a medical professional.
- Concussion signs and symptoms evolve over time and it is important to consider repeat evaluation in the assessment of concussion.
- The diagnosis of a concussion is a clinical judgment, made by a medical professional. The SCAT5 should NOT be used by itself to make, or exclude, the diagnosis of concussion. An athlete may have a concussion even if their SCAT5 is "normal".

Remember:

- The basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the athlete (other than that required for airway management) unless trained to do so.
- Assessment for a spinal cord injury is a critical part of the initial on-field assessment.
- Do not remove a helmet or any other equipment unless trained to do so safely.

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Davis GA, *et al*. *Br J Sports Med* 2017;0:1–8. doi:10.1136/bjsports-2017-097506SCAT5 1

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Pocket Concussion Recognition Tool

Pocket CONCUSSION RECOGNITION TOOL™

To help identify concussion in children, youth and adults

RECOGNIZE & REMOVE

Concussion should be suspected **if one or more** of the following visible clues, signs, symptoms or errors in memory questions are present.

1. Visible clues of suspected concussion

Any one or more of the following visual clues can indicate a possible concussion:

Loss of consciousness or responsiveness
Lying motionless on ground/Slow to get up
Unsteady on feet / Balance problems or falling over/Incoordination
Grabbing/Clutching of head
Dazed, blank or vacant look
Confused/Not aware of plays or events

2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

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

Officials can implement Part 1 of the Pocket Concussion Recognition Tool

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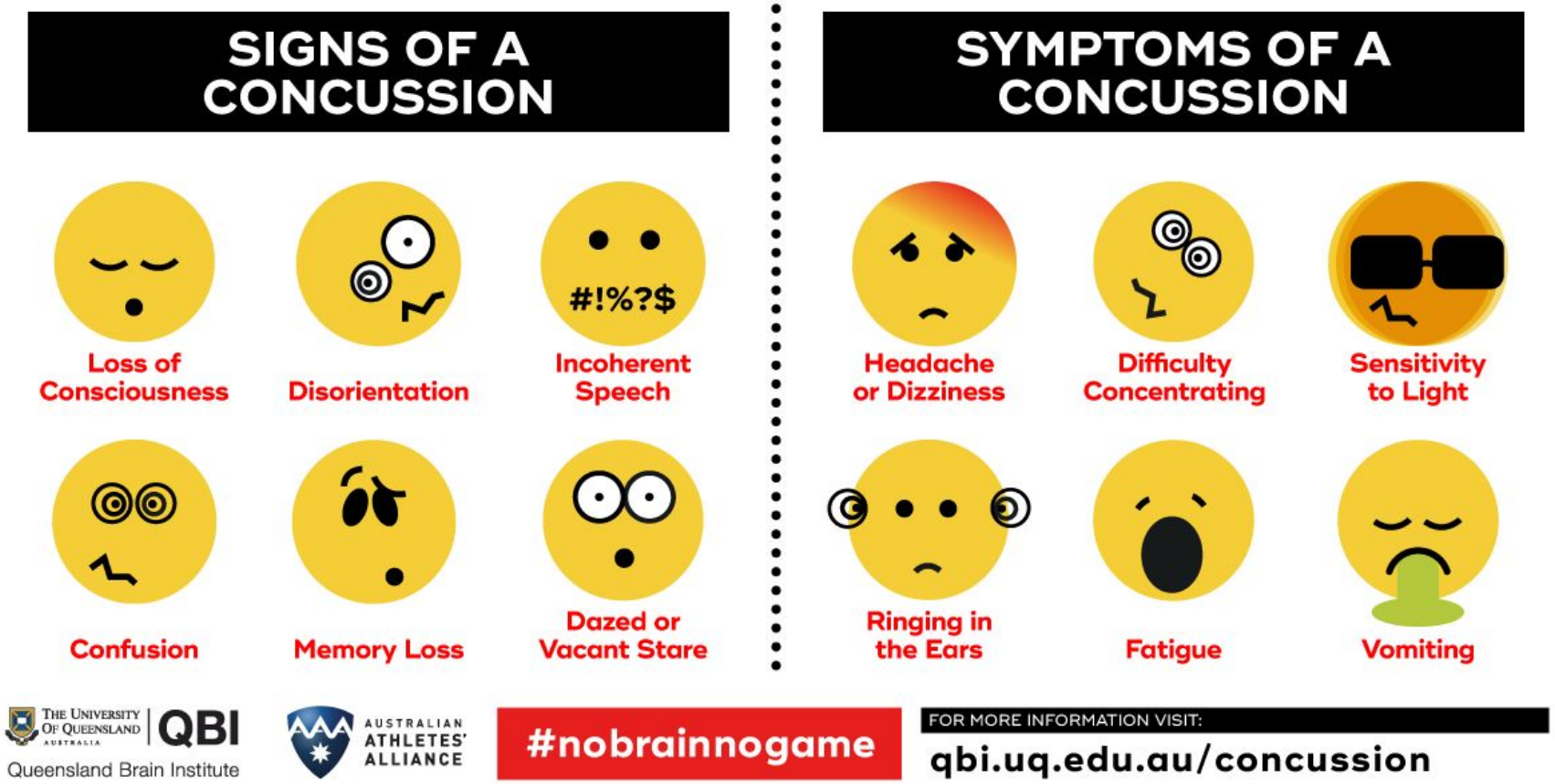
Concussion Signs



ALSO SIGNS: Balance problems, lying motionless, grabbing head, seizure

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Pocket Concussion Recognition Tool

3. Memory function

Failure to answer any of these questions correctly may suggest a concussion.

"What venue are we at today?"
"Which half is it now?"
"Who scored last in this game?"
"What team did you play last week/game?"
"Did your team win the last game?"

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

RED FLAGS

If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

- Athlete complains of neck pain
- Increasing confusion or irritability
- Repeated vomiting
- Seizure or convulsion
- Weakness or tingling/burning in arms or legs
- Deteriorating conscious state
- Severe or increasing headache
- Unusual behaviour change
- Double vision

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 so do
- Do not remove helmet (if present) unless trained to do so.

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Final Authority for Return to Play

MEDICAL CLEARANCE

Team Medical Officer

If controversy-Event Medical Officer and World Chief Medical Officer shall have final decision-making responsibility and authority

Teams without a TMO-WCMO and EMO shall make decisions

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HEAD and NECK Injuries

- If a head down hit is witnessed, and player is in distress, treat as a neck injury until proven otherwise.
- Do not move the individual- Keep other players away
- If face down don’t move unless with qualified individuals, per their emergency plan. But make sure they are breathing.

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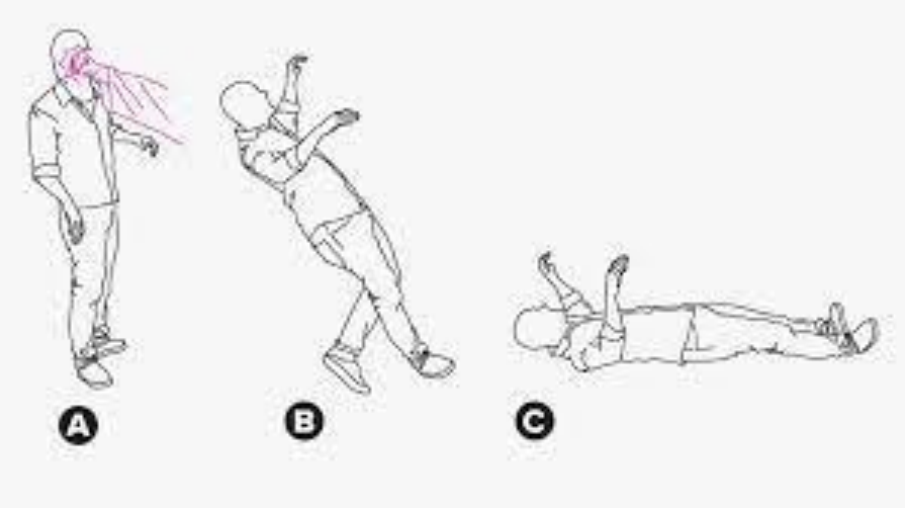
Fencing Response



Sudden Cardiac Arrest

- A healthy athlete should not suddenly collapse,
  - First thought should be cardiac arrest
  - Immediately stop play and call for medical, let them know collapse was sudden (not due to hit)
  - You may see seizing or gasping for air (agonal breathing/ death breath)
    - Arms Above Head in a X formation
  - Need AED immediately
  - Call EMS and check circulation, airway and breathing
  - Start CPR, compression only is good. 100 beats per minute, if qualified Respirations

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ANY QUESTIONS

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