Policy Name: Concussion	Date of Approval: Janurary 7th, 2026	Activation Date: March 9th, 2026
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Review Cycle: 3 Years or as Required		

1.1 Definition

a) A concussion is a type of traumatic brain injury that affects the way the brain functions due to a force applied to the brain. It may be caused by a direct blow to the head, face or neck; or a blow to the body (indirect force) that transmits a force to the head that causes the brain to move rapidly in the skull. Indirect force can include whiplash effect of neck flexion and extension and rotational forces of the head and neck.

b) Concussions do not normally appear on an X-Ray, CT scan or MRI scan of the brain because a concussion is a disturbance of the brain's neurometabolic dysfunction rather than a structural brain injury.

c) It is critical that someone with a suspected concussion be examined by a medical doctor or nurse practitioner.

1.2 Concussion Management Protocol

a) Manitoba Gymnastics Association (MGA) is committed to providing a safe and healthy environment for all participants. Our activities, as do most physical activities, have an inherent risk of concussion.

b) The purpose of this protocol is to increase awareness of concussion in sport, reduce the incidence of concussion and ensure the early recognition and appropriate management of concussion in our participants for safe return to play.

c) The Concussion Management Protocol has 3 main objectives;

i. Prevent – Create an environment that will minimize concussion incidence and compilations through multiple prevention strategies.
ii. Identify – Promote an environment that will optimize the early identification of suspected concussion by all stakeholders.
iii. Manage – Optimize management of concussed participant in their sport, academic, family, work and personal spheres.

1.2.1 Prevent

a) There is evidence that concussion education leads to a reduction in incidence and improved outcomes for concussion.

b) It is strongly recommended that clubs implement the following steps when preparing for concussive injuries;

i. Create a concussion action plan. Communicate this plan with all staff members or volunteers at your club.
ii. Educate athletes and parents about concussions. Provide information on the signs and symptoms, as well as action steps. Teach athletes that it is not safe to train or compete with a concussion.
iii. Insist safety comes first. Teach proper techniques, encourage adherence to the rules and to use correct gear, apparatus and equipment.
iv. Monitor your athletes' health. Watch for signs of injury, remove the athlete from participation and insist the athlete seek medical evaluation.
v. Record your plans. Keep track of concussions throughout the season and review your polices and action plans.

c) The MGA will strive to create a concussion culture where participants feel safe to report a concussion. We will encourage strong lines of communication between the athlete, coach, parent and health care provider in the management of the concussed to ensure a safe return to play.

1.2.2 Identify

a) All stakeholders should be aware of how to recognize a suspected concussion and of the MGA Concussion Action Plan. Suspected concussion means the recognition that an individual appears to have either experienced an injury or impact that may result in a concussion or is exhibiting unusual behavior that may be the result of a concussion.

i. Visible clues of suspected concussion may include one or more of the following;
- Loss of consciousness or responsiveness
- Lying motionless on ground or slow to get up
- Unsteady on feet, balance problems or falling over
- Grabbing or clutching of head
- Dazed, blank or vacant look
- Confused or not aware of events

ii. Signs and symptoms of suspected concussion may include one or more of the following;

- Seizure or convulsion
- 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

iii. Reduced memory function to answer the following questions may suggest a concussion;

- What venue are we at today?
- Which event are you training/competing on right now?
- What skill/routine did you last perform?
- What do you remember just prior to the hit/fall?
- How many events do you have left?

b) In some cases, an athlete may demonstrate signs or symptoms of more severe head or spine injury including convulsions, worsening headaches, vomiting or neck pain. If an athlete demonstrates any of the Red Flags listed below a more severe head or spine injury should be suspected and Emergency Medical Assessment should be pursued.

i. Athlete complains of neck pain
ii. Increasing confusion or irritability
iii. Repeated vomiting
iv. Seizure or convulsion
v. Weakness or tingling/burning in arms or legs
vi. Deteriorating conscious state
vii. Severe or increasing headache
viii. Unusual behavior change
ix. Double vision

1.2.3 Manage

a) If a concussion is suspected during the MGA Concussion Action Plan as described below will come into effect;

i. A participant suspected of suffering a concussion must be immediately removed from the field of play for evaluation ("If in Doubt, Sit Them Out"). They can be removed by their coach, their parent, the Head or Chief Judge, First Responder and/or medical personnel.

ii. The participant will be evaluated using a tool such as "Concussion Recognition Tool".

iii. The participant's parent will be notified by Team Staff or Coach.

iv. Concussions will be documented by the Club, Coach or Team Staff using a written or electronic incident report.

v. The athlete with a suspected concussion will be continually monitored for the development and presentation over the next 48 hours following the injury. Worsening of symptoms requires a 911 call and urgent referral to the hospital.

vi. Before allowing the participant to leave the sporting environment after a suspected concussion, care of the athlete will be transferred to a responsible adult. The responsible adult will understand the severity of concussion, the Concussion Action Plan, the home care instructions and will be capable of monitoring the athlete.

vii. The participant should seek an appointment with their physician or nurse practitioner for clinical assessment within 48 hours (or sooner if symptoms worsen). The participant should not be allowed back to practice until they have received a physician's note clearing the participant for activity along with the date of full clearance document. In addition to physician's instructions the following Gymnastics Specific Return to Sport Strategy Guide should be used as a reference.