



TITLE	Concussion policy
TYPE	Policy
ENTRY IN FORCE	June 1, 2026
DATE OF LAST REVIEW	January 10, 2026
FREQUENCY OF REVIEW	Annual
TARGET COMPONENT	Pickleball NB- Executive & Directors
RESPONSIBLE SECTOR	Pickleball NB-General
DISTRIBUTION	<ul style="list-style-type: none">- Executive & Directors- Affiliated Clubs- Members
ADOPTED ON	February 11, 2026

1. SUMMARY

Pickleball NB define a policy regarding concussion that applies to all players and officials in sanctioned tournament play.

2. ELEMENTS OF THE POLICY/DIRECTIVE

Pickleball NB adopt the Pickleball Canada Protocol (See Appendix A)

6. UPDATE OF THE POLICY/DIRECTIVE

This policy/directive will be reviewed annually or based on operational need.

7. ENTRY IN FORCE

This policy/directive will enter into force on June 1, 2026



Concussion Policy and Procedure Protocol -- Pre-Tournament Package

THIS POLICY APPLIES TO ALL PLAYERS AND OFFICIALS PARTICIPATING IN SANCTIONED TOURNAMENT PLAY

1. DEFINITION

A concussion is a traumatic brain injury that interferes with normal brain function. A person receiving a blow to the head does not

have to lose consciousness to have suffered a concussion.

2. TYPICAL CAUSES FOR CONCUSSIONS WITH PICKLEBALL PLAYERS MAY INCLUDE

- Head contact with the court floor or a paddle.
- Head contact caused by a collision with another player.
- Ball making direct contact with the head of a player, particularly the forehead.
- Player experiencing head or upper body contact with permanent fixed objects around the court, such as net posts, bleachers, or fencing.

3. CONCUSSION SIGNS AND SYMPTOMS, BUT NOT LIMITED TO

<i>Visual signs of a concussion may include</i>		
Lying motionless on the playing	Clutching head	Facial Injury
Blank or vacant stare	Disorientation or confusion or inability to respond appropriately to	Slow to get up after a direct or indirect hit to the head
Balance, gait difficulties, motor incoordination, stumbling, slow labored movements		
<i>Symptoms as reported by person with suspected concussion</i>		
Headaches or head pressure	Blurred or fuzzy vision	Difficulty reading
Easily upset or angered	Sensitivity to light or sound	Nervousness or anxiety
Dizziness	Balance problems	Not thinking clearly
Nausea and vomiting	Feeling tired or having no energy	

4. WHAT TO DO WITH A SUSPECTED CONCUSSION?

The player must immediately be removed from the day's events, if one of the following persons believes the player might have sustained a concussion during play: the player, medical personnel (those assuming responsibility for first aid), or in the absence of medical personnel, the Tournament Director. Should a sideline assessment end with the recommendation of the removal of a player, an [Incident report](#) form is to be completed and signed by the player, tournament personal, any witnesses, on-court official and attending medical personnel.

5. POLICY OF REMOVAL DUE TO SUSPECTED CONCUSSION

A player removed from competition may not be permitted to practice or compete again in this competition until they have been evaluated and have received a written release as indicated on a [Medical Assessment Letter](#). The decision to remove a player is to be made by medical personnel or Tournament Director.

6. INCIDENT REPORT

When a player has been removed from play due to a suspected concussion, an **Incident report** is to be completed and signed by the

attending medical personnel or the TD and forwarded to PC Executive Director at info@pickleballcanada.com for filing and review.

7. RETURN TO PLAY POLICY

A Player diagnosed with a concussion may return to the event by providing a [Medical Assessment Letter](https://parachute.ca/wp-content/uploads/2019/09/Medical-Assessment-Letter.pdf) <<https://parachute.ca/wp-content/uploads/2019/09/Medical-Assessment-Letter.pdf>> or a [Medical Clearance Letter](https://parachute.ca/wp-content/uploads/2019/06/Medical-Clearance-Letter.pdf) <<https://parachute.ca/wp-content/uploads/2019/06/Medical-Clearance-Letter.pdf>>

8. WHO CAN COMPLETE THE LETTERS?

These letters may be completed by a health care provider such as an MD, RN practitioner or an RN with access to an MD/or RN practitioner in a clinic, but not by an allied health provider such as therapist nor chiropractor. Copies of these letters are to be forwarded to PCO Executive director [r \(info@pickleballcanada.com\)](mailto:info@pickleballcanada.com) for filing and review.

9. REFERENCES

PCO Concussion Protocol: <<https://pickleballcanada.org/wp-content/uploads/2020/06/Concussion Protocol 20 05 27.pdf>>

Parachute.ca <<https://parachute.ca/en/>>

Concussion Awareness Training Tool (CATT) <<https://cattonline.com/>>

(over)



STOP

- ### RED FLAGS
- Neck pain or tenderness
 - Double vision
 - Weakness or tingling/numbness in arms or legs
 - Severe or increasing headache
 - Deteriorating consciousness
 - vomiting
 - Increasingly restless, agitated

IF US TO ANY OF THE ABM:
Call ambulance or seek immediate medical care

IF NO TO ALL RED FLAGS:
Assess for signs and symptoms of concussion

- ### CONCUSSION SIGNS AND SYMPTOMS
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- ### FOLLOW MEDICAL ADVICE, AND:
- Follow initial recovery protocol of physical and cognitive rest
 - limited screen time (smartphones, computers, WI)
 - limited cognitive activity
 - limited physical activity
- Note: Sleep is important! Do not wake during the night if sleeping comfortably.

IF YES TO ANY OF THE ABOVE: **1K 111** to a licensed medical professional

IF NO SYMPTOMS: Monitor for signs and symptoms for up to 48 hours

IF SYMPTOMS OBSERVED WITHIN 48 HOURS

IF NO SYMPTOMS OBSERVED AFTER 48 HOURS

AFTER 48 HOURS: Follow Return to Activity protocol

- Follow Return to Activity protocol
- Follow Return to School protocol
- Follow Return to Sport protocol

MENTAL HEALTH

Do not ignore mental health challenges as needed such as:

- nubby
- ID Selfless
- nimble Ise ashep
- Qmpres9cC

RESUME NORMAL ACTIVITY