



Policy Name: Concussion Policy and Concussion Codes of Conduct
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Preamble

1. This Brighton and District Curling Club (BDCC) Policy is based on Curling Ontario's Concussion Policy and Code of Conduct PSO-018. Curling Ontario's policy may be referred to for additional detail, and in the event of conflict with that policy, the BDCC policy takes precedence.
2. This Policy is intended to be compliant with Ontario's *Rowan's Law (Concussion Safety), 2018*. If any provision of the policy is in conflict with Rowan's Law, the legislation shall take precedence.
3. This policy represents the Brighton and District Curling Club's (BDCC) complete concussion policy and Codes of Conduct.
4. A concussion is a clinical diagnosis that can only be made by a qualified and licensed physician.

Definitions

5. The following terms have these meanings in this Policy:

- a) "*Designated Person*" – an individual or individuals identified by the BDCC, which may include the Participant's Coach, instructor, league convenor, or other designated individual, who is to be made aware of any suspected concussion related to an Under age of 26 Participant, and who shall have the responsibilities as described in this Policy including, but not limited to, as it relates to the removal from sport protocol described herein.
- b) "*Participant*" – Coaches, members, visitors, athletes, volunteers, officials, event coordinators and other Registered Individuals
- c) "*Registered Individuals*" – All individuals engaged in activities with the BDCC, including but not limited to, members, volunteers, administrators, directors and officers.
- d) "*Suspected Concussion*" – means the recognition that a Participant appears to have either experienced an injury or impact that may result in a concussion or who is exhibiting unusual behaviour that may be the result of concussion.

- e) *“Sport-Related Concussion (“SRC”) – A sport-related concussion is a traumatic brain injury induced by biomechanical forces. Several common features that may be used to define the nature of a SRC may include:*
- i. Caused either by a direct blow to the head, face, neck or elsewhere on the body with an impulsive force transmitted to the head.
 - ii. Typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously. However, in some cases, signs and symptoms evolve over a number of minutes to hours.
 - iii. May result in neuropathological changes, but the acute clinical signs and symptoms largely reflect a functional disturbance rather than a structural injury and, as such, no abnormality may be visibly apparent
 - iv. Results in a range of clinical signs and symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive features typically follows a sequential course. However, in some cases symptoms may be prolonged.

Critical Policy – Concussion and Emergency Response for all curling Participants

911 must be called whenever any Participant curler, regardless of their age, falls and hits their head.

If any Participant falls, and does not hit their head, but signs of a concussion, neck, back injury or other serious injury appear to be present, 911 should be called.

Purpose and Application

6. The BDCC is committed to ensuring the safety of Participants in its activities. The BDCC recognizes the increased awareness of concussions and their long-term effects and believes that prevention of concussions is paramount to protecting the health and safety of Participants.
7. Despite a Participant’s best efforts to prevent concussions, the risk may not be completely eliminated and concussions may still occur. This Policy describes the common signs and symptoms of a concussion and how to identify them, the protocol to be followed in the event of a possible concussion, and a recommended Return to Sport protocol should a concussion be diagnosed. Awareness of the signs and symptoms of concussion and knowledge of how to properly manage a concussion is critical to recovery and helping to ensure the individual is not returning to physical activities too soon, risking further complication.
8. This Policy applies exclusively to all activities and events for which the Brighton and District Curling Club is the governing or sanctioning body including, but not limited to, competitions and practices.

Registration

9. When a participant under the age of 26 years old registers with the BDCC, or takes part in the sport as a visitor to the club, the participant **must** provide confirmation that they have reviewed a concussion awareness resource within the past 12 months. The Ontario Government has produced age-appropriate concussion resources which are located here:
 - a) [Ages 10 and under](#)
 - b) [Ages 11-14](#)
 - c) [Ages 15+](#)
10. Participants under the age of 26 years old must also review the *Participant Concussion Code of Conduct (Appendix A, Part “A”)*.
11. For participants younger than 18 years old, the participant’s parent or guardian **must also** provide confirmation that they have also reviewed the concussion resources and the *Concussion Code of Conduct*.
12. Coaches, Instructors, rental event coordinators, Convenors, and Bonspiel Coordinators must provide confirmation that they have also reviewed the concussion resources and they must review the *Instructor/Designated Person Concussion Code of Conduct (Appendix “A”, Part “B”)*; unless they will be interacting exclusively with athletes who are 26 years old or older.
13. Confirmation that an age appropriate concussion awareness resource, and review of the Concussion Code of Conduct, must be provided to the BDCC before the under age of 26 curler can go on the ice and commence curling. Confirmation is to be provided by completing the BDCC Confirmation of Review Form (**Appendix “B”**) and provide it to either the appropriate league or Bonspiel convenor, or by emailing the completed Form to rowanslaw@brightoncurlingclub.ca.

Recognizing Concussions

14. Severe signs of a Concussion include:
 - a) Neck pain or tenderness
 - b) Double vision
 - c) Weakness or tingling / burning in arms or legs
 - d) Severe or increasing headache
 - e) Seizure or convulsion
 - f) Loss of consciousness
 - g) Deteriorating conscious state
 - h) Vomiting more than once
 - i) Increasingly restless, agitated, or combative
 - j) Increased confusion

15. The following **observable signs** may indicate a possible concussion:

- a) Lying motionless on the playing surface
- b) Slow to get up after a direct or indirect hit to the head
- c) Disorientation or confusion / inability to respond appropriately to questions
- d) Blank or vacant look
- e) Balance or gait difficulties, absence of regular motor coordination, stumbling, slow laboured movements
- f) Facial injury after head trauma

16. A concussion may result in the following **symptoms**:

- a) Headache or “pressure in head”
- b) Balance problems or dizziness
- c) Nausea or vomiting
- d) Drowsiness, fatigue, or low energy
- e) Blurred vision
- f) Sensitivity to light or noise
- g) More emotional or irritable
- h) “Don’t feel right”
- i) Sadness, nervousness, or anxiousness
- j) Neck pain
- k) Difficulty remembering or concentrating
- l) Feeling slowed down or “in a fog”

17. Failure to correctly answer any of these **memory questions** may suggest a concussion:

- a) What venue are we at today?
- b) Where was your last major competition?
- c) What day is it?
- d) What event are you participating in?

Protocols Applicable to Participants Under the Age of 26

The following Removal from Sport, Medical Evaluation, and Return to Play Protocols apply to curling Participants Under the Age of 26.

Removal from Sport Protocol

18. **If a Participant has fallen and hit their head, BDCC Concussion Policy requires that 911 be called.** If EMS assesses the Participant and determines that there does not appear to be a concussion, the Participant may return to play. In the event of a Suspected Concussion (regardless of whether the concussion or suspected concussion was obtained while curling or during the activity or event) where there are **observable signs** of a concussion, **symptoms** of a concussion, or a failure to correctly answer **memory questions**, the Participant must be immediately removed from training, practice or

competition by the person who is the Designated Person at a BDCC event, or by the event coordinator where the BDCC facility has been rented.

19. After removal from participation, the following actions should be taken:

- a) The BDCC must make and keep a record of the removal (**BDCC Accident/Injury Form**)
- b) The Designated Person must inform the Participant's parent or guardian of the suspected concussion if the Participant is younger than 18 years old, and the Designated Person must also inform the parent or guardian that the Participant is required to undergo a medical assessment by a physician or nurse practitioner before the Participant will be permitted to return to training, practice or competition; and
- c) The Designated Person will remind the Participant, and the Participant's parent or guardian as applicable, of the BDCC's Return-to-Sport protocol as described in this Policy (**Appendix "C"**).

20. A Participant who has been removed from participation due to a suspected concussion must not return to participation until the Participant has been assessed medically by a physician or a nurse practitioner.

21. Participants who have a Suspected Concussion and who are removed from participation should:

- a) Be isolated in a dark room or area and stimulus should be reduced
- b) Be monitored
- c) Have any cognitive, emotional, or physical changes documented
- d) Not be left alone (at least for the first 1-2 hours)
- e) Not drink alcohol
- f) Not use recreational/prescription drugs
- g) Not be sent home by themselves
- h) Not drive a motor vehicle until cleared to do so by a medical professional

Medical Evaluation

22. A Participant with a Suspected Concussion should be evaluated by a licensed physician or nurse practitioner who should conduct a comprehensive neurological assessment of the Participant and determine the Participant's clinical status and the potential need for neuroimaging scans.

Return to Play

23. The Participant who has been removed from play, can not return to training, practice or competition until the participant, or if the participant is under 18 years of age, the participant's parent or guardian, provides a completed BDCC Confirmation of Medical Clearance Form (**Appendix "D"**) to the BDCC Board Concussion Policy Liaison, that the participant has been medically cleared to return to sport. Participants Over 18 but Under 26 who have been diagnosed with a concussion which occurred on the BDCC premises, must provide a completed

BDCC Confirmation of Medical Clearance Form (**Appendix “D”**) to the BDCC Board Concussion Policy Liaison, that they have been medically cleared to return to sport.

24. If the Participant has been diagnosed with having a concussion, the Participant should consult with a medical professional in regards to their progression through the recommended Return-to play protocol.

- a. The Participant must proceed through the graduated return-to-sport steps.
- b. The Participant’s Return-to-Sport strategy should be guided and approved by a physician with regular consultations throughout the process. The BDCC’s recommended Return-to-Play protocol can be found in (**Appendix “C”**).
- c. An athlete, or the athlete’s parent or guardian – if under 18 years of age, must confirm in writing to the Designated Person (s) that the U18 Participant has been cleared to resume curling, by one of listed medical professionals, before being permitted to return to training, practice or competition through the graduated Return-to-Sport steps, if any.
- d. The Designated Person must inform the participant or, if the participant is under 18 years of age, the athlete’s parent or guardian, of the importance of disclosing the diagnosis to other sport organization(s) with which the participant is registered or the school the participant attends.
- e. The Participant, or the Participant’s parents or guardians, if under 18 years old, must disclose if the Participant has been diagnosed with a Concussion during an activity/school/sport outside of curling activities, and communicate such diagnosis to the Designated Person.

25. The Participant, or the Participants parent or guardian, if under 18 years old, must provide the BDCC with a completed BDCC Medical Clearance Form (**Appendix “D”**) signed by their parent or guardian that they have received medical clearance for the U18 Participant to return to sport. Participants Over 18 but Under 26 who have been diagnosed with a SRC which occurred on the BDCC premises, must advise the BDCC in writing using the BDCC Medical Clearance Form (**Appendix “D”**) that they have been medically cleared to return to sport

Risk Reduction and Prevention

26. The BDCC requires the use of well-fitting, properly worn helmets (either CSA or designed specifically for the sport of curling) for all participants under the age of 12.

27. The BDCC strongly recommends that anyone in a Learn to Curl Program (age 12 or older) and anyone who is vulnerable (related to experience, medical, prior concussions, etc) wear protective headgear on ice, as recommended by Curling Canada.

<https://www.curling.ca/aboutcurling/safety-first/helmet-use-recommendations/>

28. The BDCC encourages Participants to consider their SRC history when consulting with their own medical professional when assessing their ability to safely return to play.

Non-Compliance

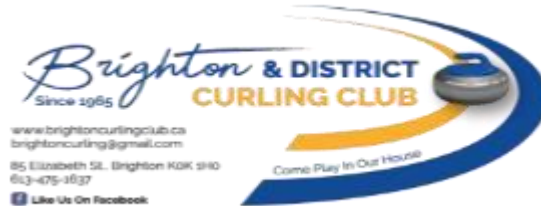
29. Failure to abide by any of the guidelines and/or protocols contained within this policy may result in disciplinary action in accordance with the BDCC's *Discipline and Complaints Policy (tbd)*.

Liability

30. The BDCC shall not be liable for any Participant or other individual's use or interpretation of this Policy. Further, none of the BDCC's members, officers, agents, representatives and other individuals involved in any way in the administration of this Policy shall be liable to any other individual in any way, in relation to any lawful acts or omissions committed in the honest application, administration, and/or enforcement of this Policy.

(Appendix A)

PART A



Participant Concussion Code of Conduct

This Concussion Code of Conduct must be reviewed by all Participants under the age of 26 years old, and must be confirmed in writing to the BDCC annually using the approved Form before commencing play. For Participants who are younger than 18 years old, a parent/guardian must also confirm review using the approved Form.

I will help prevent concussions by:

- Wearing the proper equipment for my sport and wearing it correctly.
- Developing my skills and strength so that I can participate to the best of my ability.
- Respecting the rules of my sport or activity.
- Demonstrating my commitment to fair play and respect for all (respecting other athletes, coaches, and officials).

I will care for my health and safety by taking concussions seriously, and I understand that:

- A concussion is a brain injury that can have both short-term and long-term effects.
- A blow to my head, face or neck, or a blow to the body that causes the brain to move around inside the skull may cause a concussion.

- I don't need to lose consciousness to have had a concussion.
- I have a commitment to concussion recognition and reporting, including self-reporting of possible concussion and reporting to a Designated Person when I suspect that another individual may have sustained a concussion. (Meaning: If I think I might have a concussion I should stop participating in further training, practice or competition **immediately**, and I will tell an adult if I think another participant has a concussion).
- Continuing to participate in further training, practice or competition with a possible concussion increases my risk of more severe, longer lasting symptoms, and increases my risk of other injuries.

I will not hide concussion symptoms. I will speak up for myself and others.

- I will not hide my symptoms. I will tell a coach, official, parent or another adult I trust if I experience **any** symptoms of concussion.
- If someone else tells me about concussion symptoms, or I see signs they might have a concussion, I will tell a coach, official, parent or another adult I trust so they can help.
- I understand that if I have a suspected concussion, I will be removed from sport and that I will not be able to return to training, practice or competition until I undergo a medical assessment by a medical doctor or nurse practitioner and have been medically cleared to return to training, practice or competition.
- I have a commitment to sharing any pertinent information regarding incidents of removal from sport with my school and any other sport organization with which I have registered. (Meaning: If I am diagnosed with a concussion, I understand that letting all of my other coaches and teachers know about my injury will help them support me while I recover).

I will take the time I need to recover, because it is important for my health.

- I understand my commitment to supporting the return-to-sport process and I will follow my sport organization's Return-to-Sport Protocol.
- I understand I will have to be medically cleared by a medical doctor or nurse practitioner before returning to training, practice or competition.
- I will respect my coaches, parents, health-care professionals, and medical doctors and nurse practitioners, regarding my health and safety.

PART B



Instructor/Designated Person Concussion Code of Conduct

This Concussion Code of Conduct must be reviewed by all coaches, instructors, event coordinators and Designated Persons, using the approved Form, who interact with Participants under the age of 26 years old.

I can help prevent concussions through my:

- Efforts to ensure that athletes wear the proper equipment and wear it correctly.
- Efforts to help athletes develop their skills and strength so they can participate to the best of their abilities.
- Respect for the rules of my sport or activity and my efforts to ensure that athletes do too.
- Commitment to fair play and respect for all (respecting coaches, officials and all participants and ensuring athletes respect others and play fair).

I will care for the health and safety of all participants by taking concussions seriously. I understand that:

- A concussion is a brain injury that can have both short-term and long-term effects.
- A blow to the head, face, or neck, or a blow to the body may cause the brain to move around inside the skull and result in a concussion.
- A person doesn't need to lose consciousness to have had a concussion.
- A participant with a suspected concussion should stop participating in training, practice or competition **immediately**.
- I have a commitment to concussion recognition and reporting to a Designated Person when I suspect that an individual may have sustained a concussion.
- Continuing to participate in further training, practice or competition with a suspected concussion increases a person's risk of more severe, longer lasting symptoms, and increases their risk of other injuries or even death.

I will create an environment where participants feel safe and comfortable speaking up. I will:

- Encourage athletes not to hide their symptoms, but to tell me, an official, parent or another adult they trust if they experience **any** symptoms of concussion after an impact.
- Lead by example. I will tell a coach, or other official and seek medical attention by a physician or nurse practitioner if I am experiencing any concussion symptoms.
- Understand and respect that any participant with a suspected concussion must be removed from sport and not permitted to return until they undergo a medical assessment by a physician or nurse practitioner and have been medically cleared to return to training, practice or competition.

- *For coaches only:* Commit to providing opportunities before and after each training, practice and competition to enable athletes to discuss potential issues related to concussions.

I will support all participants to take the time they need to recover.

For Coaches only:

- I understand my commitment to supporting the Return-to-Sport process.
- I understand the athletes will have to be cleared by a physician or nurse practitioner before returning to sport.
- I will respect my fellow coaches, parents, physicians and nurse practitioners and any decisions made with regards to the health and safety of athletes.

Appendix “B”



Confirmation of Review of Concussion Awareness Resource and BDCC Concussion Code of Conduct (Under 26 participants)

- Under *Rowan's Law*, the BDCC requires you to confirm that you have reviewed one of the Concussion Awareness Resources on the Government of Ontario website (Ontario.ca/page/rowans-law-concussion-awareness-resources), and the BDCC Concussion Code of Conduct, before you can fully complete your registration/participate in curling at the BDCC.
- Each Under age 26 Participant must complete and submit this Form, and Parents/Guardians of Under age 18 Participants must **also** complete and submit this Form.
- Once you complete this form, you can print this page to share with the BDCC in order to complete your registration.

Confirmation of Review

I confirm that I have reviewed an age-appropriate Concussion Awareness Resource and the BDCC Concussion Code of Conduct.

Name of Under 26 Participant (print)

Signature of Under 26 Participant

Date

Name of Parent/Guardian (print)

Signature of Parent/Guardian

Date

Notice: **Your registration is not complete until you have provided this completed form to the BDCC before commencing play.** Your completion of this form will constitute confirmation that you have reviewed the concussion awareness resources for the purpose of *Rowan's Law (Concussion Safety)*, 2018. You can email a completed copy to rowanslaw@brightoncurlingclub.ca or you can bring a completed copy and provide it to your league convenor

Appendix “C”

Return-to-Sport Protocol

The Participant’s Return-to-Sport strategy should be guided and approved by a physician with regular consultations throughout the process.

Rest and Rehabilitation

1. Participants with a diagnosed Sport Related Concussion (SRC) should rest during the acute phase (24-48 hours) but can gradually and progressively become more active so long as activity does not worsen the Participant’s symptoms. Participants should avoid vigorous exertion.
2. Participants must consider the diverse symptoms and problems that are associated with SRCs. Rehabilitation programs that involve controlled parameters below the threshold of peak performance should be considered.

Refer

3. Participants who display persistent post-concussion symptoms (i.e., symptoms beyond the expected timeline for recovery – 10-14 days for adults and 4 weeks for children) should be referred to physicians with experience handling SRCs.

Recovery and Return to Sport

4. SRCs have large adverse effects on cognitive functioning and balance during the first 24-72 hours after injury. For *most* Participants, these cognitive defects, balance and symptoms improve rapidly during the first two weeks after injury. An important predictor of slower recovery from an SRC is the severity of the Participant’s initial symptoms following the first few days after the injury.
5. The table below represents a recommended graduated return to sport for most Participants, in particular, for those that did not experience high severity of initial symptoms after the following the first few days after the injury.

Stage	Aim	Activity	Stage Goal
1	Symptom-limited activity	Daily activities that do not provoke symptoms	Gradual reintroduction of work/school activities

2	Light aerobic exercise	Walking or stationary cycling at slow to medium pace. No resistance training. - Light intensity walking or stationary cycling for 15-20 minutes at sub-symptom threshold intensity	Increase heart rate
3	Sport-specific exercise	Running drills. No head impact activities - Low intensity participation like throwing rocks. - The environment should be managed so as to ensure the participant is at minimum risk of falling or colliding with other participants. - The participant may also attempt basic balance drills.	Add movement
4	Non-contact training drills	Increase intensity, difficulty and duration of training drills. May start progressive resistance training	Exercise, coordination and increased thinking
5	Full practice	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6	Return to sport	Normal participation	

Table 1 – Return to Sport Strategy – Curling Canada

6. An initial period of 24-48 hours of both physical rest and cognitive rest is recommended before beginning the Return to Sport strategy.
7. There should be at least 24 hours (or longer) for each step. If symptoms reoccur or worsen, the Participant should go back to the previous step.
8. Resistance training should only be added in the later stages (Stage 3 or Stage 4).
9. If symptoms persist, the Participant should return to see a physician.
10. The Under 26 Participant must provide the BDCC with a completed BDCC Confirmation of Medical Clearance Form before they will be permitted to return to curling at the BDCC.

Reconsider

11. The 2017 Concussion in Sport Group (CISG) considered whether certain populations (children, adolescents, and elite athletes) should have SRCs managed differently.
12. It was determined that all Participants, regardless of competition level, should be managed using the same SRC management principles.
13. Adolescents (13 to 18 years old) and children (5 to 12 years old) should be managed differently. SRC symptoms in children persist for up to four weeks. More research was recommended for how these groups should be managed differently, but the CISG recommended that children and adolescents should first follow a Return to School strategy before they take part in a Return to Sport strategy. A Return to School strategy is described below.

Stage	Aim	Activity	Stage Goal
1	Daily activities at home that do not give the child symptoms	Typical activities of the child during the day as long as they do not increase symptoms (e.g., reading, texting, screen time). Start with 5–15 min at a time and gradually build up	Gradual return to typical activities
2	School activities	Homework, reading or other cognitive activities outside of the classroom	Increase tolerance to cognitive work
3	Return to school part-time	Gradual introduction of schoolwork. May need to start with a partial school day or with increased breaks during the day	Increase academic activities
4	Return to school full time	Gradually progress school activities until a full day can be tolerated	Return to full academic activities and catch up on missed work

Table 2 – Return to School Strategy

Residual Effects

14. Participants should be alert for potential long-term problems such as cognitive impairment and depression. The potential for developing chronic traumatic encephalopathy (CTE) should also be a consideration, although the CISG stated that *“a cause-and-effect relationship has not yet been demonstrated between CTE and SRCs or exposure to contact*

sports. As such, the notion that repeated concussion or subconcussive impacts cause CTE remains unknown.”

Appendix “D”



BDCC Confirmation of Medical Clearance Form

I have consulted with a Physician or Nurse Practitioner in relation to my/my child's concussion and I/my child have/has received clearance to return to play.

Name of Under 26 Participant (print)

Under 18 Participant (print)

Name of Parent/Guardian

Signature of Parent/Guardian (U18) or Signature of Under 26 Participant

Date

To be submitted to the BDCC before returning to play: Either signed and printed physical copy to the BDCC Board Concussion Liaison or printed, signed and scanned electronic copy to rowanslaw@brightoncurlingclub.ca. Completed Forms will be kept by the BDCC for the duration of the curling year, or otherwise in accordance with the relevant BDCC record retention schedule.