



# Concussion Guidelines and Return to Play Policy & Procedures

## **DEFINITIONS:**

The following terms have these meanings in this Policy:

“*BWCC*” – Blue Water Curling Club;

“*Participants*” – Coaches, athletes, volunteers, renters, and other members

## **POSITION STATEMENT:**

The BWCC takes seriously the health and well-being of all curlers and is committed to ensuring the safety of those participating in the sport of curling. The BWCC 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.

As part of a responsible risk management plan, the BWCC has implemented the following Guidelines, as well as recommend the following: **use of double grippers** (when not delivering a stone) **and helmets** (or other approved head protection) **by novice curlers, or curlers who are at high risk of falling**. This should include but is not limited to: i) learn to Curl, ii) Jr. Curling.

## **PURPOSE:**

The BWCC enacts this Policy as a tool to help manage concussed and possible concussed participants. The Policy provides guidance in identifying common signs and symptoms of concussion, protocol to be followed in the event of a possible concussion, and return to play guidelines 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.

Please keep in mind that a concussion is a clinical diagnosis that can only be made by a medical doctor. It is imperative that a medical doctor examines someone with a suspected concussion.

## **PROCEDURE:**

During all BWCC curling events, competitions, and practices, participants will use their best efforts to be aware of incidents that may cause a concussion, such as:

- Falls
- Accidents
- Collisions
- Head trauma – (blow to the head, face or neck, OR a blow to the body that transmits a force to the head)

Recognize and understand the symptoms that may result from a concussion. These may appear immediately after the injury or within hours or days of the injury and may be different for everyone. Some common signs and symptoms include, but are not limited to:

- headache or a feeling of pressure in the head
- dizziness or seeing 'stars'
- ringing in the ears
- slurred speech
- confusion/appearing dazed
- nausea
- poor concentration
- amnesia
- fatigue
- sensitivity to light or noise
- irritability
- poor appetite
- decreased memory
- poor balance
- slowed reaction time

Identify injured participants or other individuals who have been involved in any of the above incidents and/or exhibit any of the above symptoms.

**See Appendix B: for Quick Reference Guide to Accessing a Concussion**

### **RESPONSIBILITY OF COACH, ADMINISTRATOR, and/or SUPERVISOR OF THE EVENT:**

If a participant has been identified as having a suspected concussion, the coach, administrator, and/or supervisor of the event shall notify all affected parties, including the participant, a parent/guardian (when appropriate) as well as other coaches, administrators and/or supervisors of the suspected concussion. At this point, the individual should not participate in any physical activity until he/she has consulted a medical doctor.

#### **If the participant is unconscious:**

- Initiate emergency action plan and call 911
- If applicable, contact the child/youth's parent/guardian to inform them of the injury and their child is being transported to hospital.
- Stay with the individual until Emergency Medical Services arrives.
- Monitor and document any physical, emotional and/or cognitive changes.
- Even if consciousness is regained, he/she needs to be examined by a medical doctor prior to the participant returning to physical activity.

#### **If the Participant is conscious:**

- Remove the participant from the activity immediately and;
- Notify the participant's parent or guardian (if the participant is a minor or unable to make own decisions) or someone close to the participant (if the participant is not a minor).

- Encourage the participant to seek medical attention as soon as possible; call 911 for immediate medical assistance, as required.
- Arrange a ride home for the participant.
- Isolate the participant into a dark room or area.
- Reduce external stimulus (noise, other people, etc.).
- Remain with the participant until he or she can be taken home.
- Monitor and document any physical, emotional and/or cognitive changes.
- Encourage the consultation of a physician.

**See Appendix A: INITIAL RESPONSE TO HEAD INJURY – REMOVAL FROM PHYSICAL ACTIVITY**

**INCIDENT REPORT:**

Once the injured participant has been properly attended to, an **Incident Report** shall be filed with the BWCC & the Ontario Curling Association, within 48 hours. (*Incident Reports* are available through the club manager, online at the BWCC website, and are available in hard copy at the club, located in the bar for easy access, in the event that the club manager is not present.)

**See Appendix C: INCIDENT REPORT FORM**

**RETURN TO PLAY:**

Once the participant's immediate needs have been met, the participant's family or the participant should be directed to the following protocol, in accordance with the following guidelines:

1. If no concussion is diagnosed: the participant may return to play for the next game, or during the same game according to the Rules of Curling.
2. If a concussion is diagnosed: the participant should only return to the activity after following the five steps outlined below and as directed by a physician. (*Please note that each step must take a minimum of 24 hours and the length of time needed to complete each step will vary based on the severity of the concussion. The concussed participant should be monitored regularly for the return of any signs and/or symptoms of concussion. If signs and/or symptoms return, consult with the medical doctor*):

**STEP 1: Complete cognitive and physical rest:** Immediately consult a physician. Limit school, work and tasks requiring concentration. Refrain from physical activity until symptoms are gone. Once all symptoms are gone, rest for at least another 24-48 hours and re-consult a physician, preferably one with experience managing concussion. **In order to proceed to Step 2**, medical clearance is required.

**STEP 2: Light aerobic exercise** to reintroduce physical activity: 10-15 minutes of low intensity activity like walking or stationary cycling. **In order to proceed to Step 3**, the concussed participant or parent/guardian if applicable must report back to his/her coach, administrator and/or supervisor that he/she is symptom free.

**STEP 3: Sport-specific exercise:** 15 minutes of 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. **In order to proceed to Step 4**, the

concussed participant or parent/guardian if applicable must report back to his/her coach, administrator and/or supervisor that he/she is symptom free.

**STEP 4: Activity with no body contact:** non-contact practice and non-contact sport specific drills – no activity that involves head impact or other jarring motions. **In order to proceed to Step 5**, the participant must provide written documentation from a medical doctor to his/her coach, administrator and/or supervisor. The documentation must state that the individual is symptom free and able to return to full participation in physical activity.

**STEP 5: Full participation** in non-contact sports once cleared by a physician.

#### **MEDICAL CLEARANCE:**

This Policy requires the participant to consult with a physician throughout this process AND provide proof of medical clearance before being eligible for Steps 2 and Steps 5 noted above. The BWCC will comply with all directions provided by the physician, which may supersede this policy.

If a participant is showing signs of concussion and/or has been clinically diagnosed as concussed, the Coach, Administrator and/or Supervisor of that participant **shall** prevent the participant from curling until the required medical clearance has been provided.

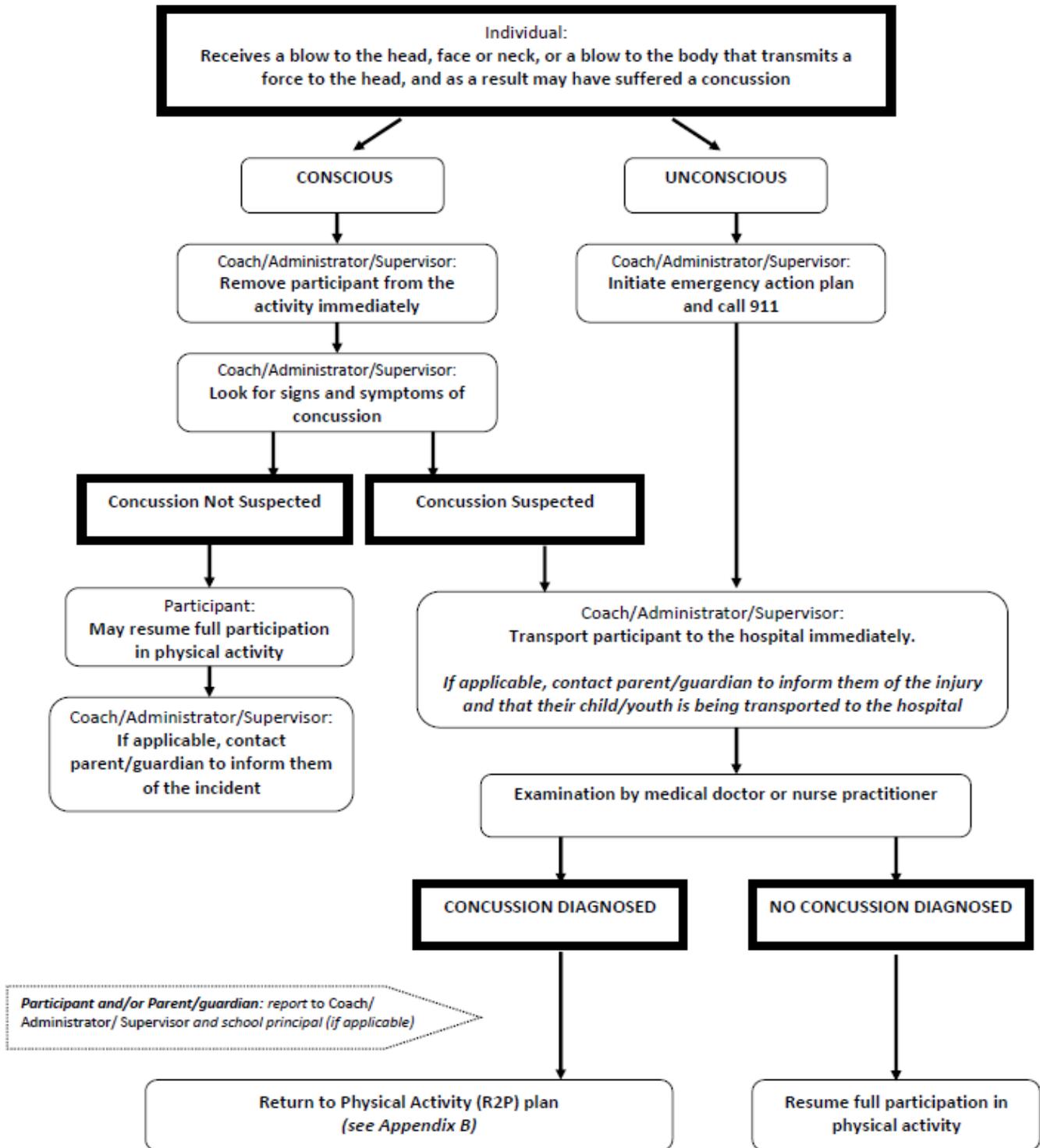
Once the participant has provided medical clearance, the coach, administrator and/or supervisor will be required to forward a copy of the medical clearance letter to the BWCC, and it shall be attached to the participant's Incident Report for record keeping purposes.

#### **NON-COMPLIANCE:**

Failure to abide by any of the guidelines and/or protocols contained within this policy may result in disciplinary action being taken by the BWCC.

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**Appendix A: INITIAL RESPONSE TO HEAD INJURY – REMOVAL FROM PHYSICAL ACTIVITY**



\*These Informational Guidelines have been prepared for general informational purposes only. They are not intended to and do not constitute any medical advice and do not contain any medical diagnoses, symptom assessments or medical opinions.

# Appendix B: QUICK REFERENCE GUIDE TO ACCESSING A CONCUSSION

## CONCUSSION RECOGNITION TOOL 5<sup>©</sup>

To help identify concussion in children, adolescents and adults



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### 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.
- Assessment for a spinal cord injury is critical.
- 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.

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
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- 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
- 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 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?"

#### 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.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

**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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