

Concussion Guidelines and Return to Play Policy

DEFINITIONS

1. The following terms have these meanings in this Policy:
 - a) “*Association*” – Curl PEI;
 - b) “*Participants*” – Coaches, athletes, volunteers, renters, officials and other members.

POSITION STATEMENT

2. The Association takes the health and well-being of all curlers seriously and is committed to ensuring the safety of those participating in the sport of curling. The Association 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.
3. As part of a responsible risk management plan, the Association recommends that Curling Clubs adopt and implement these Guidelines, as well as recommending 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) FUNdamental, ii) Learning to Train, and iii) Active for Life.

PURPOSE

4. The Association 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.
5. 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.
6. 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

7. During all Association curling events, competitions, and practices, participants will use their best efforts to:
 - a) Be aware of incidents that may cause a concussion, such as:
 - (i) Falls
 - (ii) Accidents
 - (iii) Collisions
 - (iv) Head trauma – (blow to the head, face or neck, OR a blow to the body that transmits a force to the head)
 - b) 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:
 - (i) Nausea
 - (ii) Poor concentration
 - (iii) Amnesia
 - (iv) Fatigue
 - (v) Sensitivity to light or noise
 - (vi) Irritability
 - (vii) Poor appetite
 - (viii) Decreased memory
 - (ix) Poor balance
 - (x) Slowed reaction time

RESPONSIBILITY OF COACH, ADMINISTRATOR AND/OR SUPERVISOR, CHIEF UMPIRE

8. If a participant has been identified as being involved in a fall, accident or collision where a head trauma may have occurred (e.g. a suspected concussion) the individual should not participate in any physical activity and following the below steps:
 - A) **If the participant is unconscious** – initiate emergency action plan and call 911
 - a) If applicable, contact the participant's parent/guardian (if the participant is a minor) to inform them of the injury and their child is being transported to hospital.
 - b) Stay with the individual until Emergency Medical Services arrives.
 - c) Monitor and document any physical, emotional and/or cognitive changes.
 - d) Even if consciousness is regained, he/she needs to be examined by a medical doctor prior to the participant returning to physical activity.

- B) **If the Participant is conscious** – remove the participant from the activity immediately and:
- a) Notify the participant’s parent/guardian (if the participant is a minor) or someone close to the participant (if the participant is not a minor).
 - b) Have a ride home for the participant arranged.
 - c) Isolate the participant into a dark room or area.
 - d) Reduce external stimulus (noise, other people, etc.).
 - e) Remain with the participant until he/she can be taken home.
 - f) Monitor and document any physical, emotional and/or cognitive changes.
 - g) Encourage the consultation of a physician.

INCIDENT REPORT

11. Once the injured participant has been properly attended to, an **Incident Report** shall be filed with the affiliated Club and the Association within 48 hours. (See Appendix “A”)

RETURN TO PLAY

12. 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:
- a. **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.
 - b. **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 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

13. 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 Association will comply with all directions provided by the physician, which may supersede this policy.
14. 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.
15. 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 affiliated Club and the Association, where it shall be attached to the participant's Incident Report for record-keeping purposes.

NON-COMPLIANCE

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

ACCIDENT REPORT FORM

Patient Information		Date:	
Last Name:		First Name:	
Address:			
City:		Postal Code:	
Mobile:		Home Phone:	
Gender	Male	Female	
	Age	Height	Weight
Known medical conditions			

INCIDENT INFORMATION REPORT

Date & time of incident:	
Time of first intervention:	
Time of medical support arrival:	
Describe the incident (person in charge version)	
Event & Conditions: (name the event when the incident took place, the location, surface quality, light, weather):	
Actions Taken:	
After Treatment, the patient was:	a) sent home
	b) sent to hospital
	c) back on the ice
Form completed by [print]	
Date	Signature