



# CURL HIGHLAND

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## Highland Community Curling Club

### Concussion Policy and Accident Reporting Form

Policy Name: Concussion Policy  
Version Control:  
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#### Preamble:

1. This Policy is based on the 5<sup>th</sup> Consensus Statement on Concussion in Sport that was released in April 2017. This Policy interprets the information contained in the report that was prepared by the 2017 Concussion in Sport Group (CISG), a group of sport concussion medical practitioners and experts, and adapts concussion assessment and management tools.
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. The CISG suggested 11 'R's of Sport-Related Concussion ("SRC") management to provide a logical flow of concussion management. This Policy is similarly arranged. The 11 R's in this Policy are: Recognize, Remove, Re-Evaluate, Rest, Rehabilitation, Refer, Recover, Return to Sport, Reconsider, Residual Effects, and Risk Reduction.
4. A concussion is a clinical diagnosis that can only be made by a qualified and licensed physician.

## Definitions: HCCC refers to Highland Community Curling Club

5. The following terms have these meanings in this Policy:
  - a. *“Designated Person”* – an individual or individuals identified which includes an employee, the Participant’s Coach, a parent, a team mate or any other supervising adult and who shall have the responsibilities as described in this Policy including, but not limited to, as it relates to the removal from sport and return to sport protocols described herein
  - b. *“Participant”* – Coaches, athletes, volunteers, officials, event coordinators and other Registered Individuals
  - c. *“Registered Individuals”* – All individuals employed by, or engaged in activities with (HCCC), including but not limited to, employees, volunteers, administrators, committee members and 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.
6. HCCC is committed to ensuring the safety of Participants in its activities, 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 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 HCCC is the governing or sanctioning body including, but not limited to, competitions, practices, tryouts and training camps.

### Registration:

9. When a participant under the age of 26 years old registers with (Insert Organizational Name Here), the participant **must** provide written or electronic confirmation that they have reviewed concussion awareness resources within the past 12 months. The Ontario Government has produced age-appropriate concussion resources 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 sign the *Concussion Code of Conduct* found on [www.curlhighland.com](http://www.curlhighland.com)
11. For participants younger than 18 years old, the participant's parent or guardian **must** provide confirmation that they have also reviewed the concussion resources and signed the *Concussion Code of Conduct*.
12. Coaches, Officials and Event Coordinators must provide confirmation that they have also reviewed the concussion resources and they must sign the *Concussion Code of Conduct*, unless they will be interacting exclusively with athletes who are 26 years old or older.

### Recognizing Concussions:

13. 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
14. 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

15. 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
- a) Feeling slowed down or “in a fog”

16. 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?

#### **Removal from Sport Protocol:**

17. 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 an event, an on-site HCCC staff member and/or the coach of the athlete or team mate.

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

- a. The Designated Person(s) who removed the Participant must call 911, if in their opinion doing so is necessary (eg. if there is an emergency and any severe signs or symptoms appear).
- b. HCCC must make and keep a record of the removal (Appendix A);
- c. 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
- d. The Designated Person will remind the Participant, and the Participant’s parent or guardian as applicable, of the (Insert Organizational Name Here)’s Return-to-Sport protocol as described in this Policy (Appendix B).

19. 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. It is preferable the assessment occur by a physician who is familiar with the [Sport Concussion Assessment Tool – 5<sup>th</sup> Edition \(SCAT5\)](#) (for Participants over the age of 12) or the [Child SCAT5](#) (for Participants between 5 and 12 years old), even if the symptoms of the concussion resolve.
20. 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:**

21. 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:**

22. 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 confirmation to the designated person that the participant.
23. **If the Participant has been diagnosed with having a concussion:**
  - 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.
  - c. An athlete, or the athlete's parent or guardian – if under 18 years of age, must share the medical advice or recommendations they receive with the Designated Person (s) 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 Participants parent or guardian, if under 18 years old, must provide the (Insert Organizational Name Here) with a medical clearance form, signed by a physician, following Stage 5 and before proceeding to Stage 6 (See Table 1 within Return-to-Sport protocol).
- f. ***The Participant (or the Participant's parent or guardian if under 18 years old), must provide the HCCC Board of Directors with a medical clearance form, signed by a physician, before returning to training, play or practice.***

**Risk Reduction and Prevention:**

- 24. HCCC mandates 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.
- 25. HCCC 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/about-curling/safety-first/helmet-use-recommendations/>
- 26. HCCC recognizes that knowing a Participant's SRC history can aid in the development of concussion management and the Return to Sport strategy. The clinical history should also include information about all previous head, face, or cervical spine injuries. (Insert Organizational Name Here) encourages Participants to make coaches and other stakeholders aware of their individual histories.

**Non-Compliance:**

- 27. Failure to abide by any of the guidelines and/or protocols contained within this policy may result in disciplinary action in accordance with HCCC's *Discipline and Complaints Policy*.

**Liability:**

- 28. HCCC shall not be liable for any Participant or other individual's use or interpretation of this Policy. Further, none of HCCC's members, councillors, officers, employees, 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.

# Accident Report Form

Appendix A

Date of Report (DD/MM/YY): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**PARTICIPANT INFORMATION (INJURED PERSON)**

LAST NAME:		FIRST NAME:	
STREET ADDRESS:		CITY:	
POSTAL CODE:		PHONE: (      )	
E-MAIL:		AGE:	
SEX:    ___M    ___F	HEIGHT:      _____	WEIGHT:      _____	DOB:    ___/___/___ dd / mm / yyyy
KNOWN MEDICAL CONDITIONS/ALLERGIES:			

**INCIDENT INFORMATION**

DATE & TIME OF INCIDENT:	TIME OF FIRST INTERVENTION:	TIME OF MEDICAL SUPPORT ARRIVAL:
___/___/___      ___:___ dd    mm    yyyy      AM/PM	___:___ AM/PM	___:___ AM/PM

**DESIGNATED PERSON - DESCRIBE THE INCIDENT:** (what took place, where it took place, what were the signs and symptoms of the injured person)


**INJURED PARTICIPANT - DESCRIBE THE INCIDENT:** (see above)


**EVENT and CONDITIONS:** (what was the event during which the incident took place, location of incident, surface quality, light, weather, etc.):


**ACTIONS TAKEN/INTERVENTION:**


After treatment, the injured person was (\*Participant cannot return to play if concussion suspected):

Sent home                     
  Sent to hospital/a clinic                     
  Returned to activity\*

# Accident Report Form

(continued)

## DESIGNATED PERSON INFORMATION

LAST NAME:	FIRST NAME:
STREET ADDRESS:	CITY:
POSTAL CODE:	PHONE: (     )
E-MAIL:	AGE:
ROLE (Coach, assistant, parent, official, bystander, therapist):	

## WITNESS INFORMATION (someone who observed the incident and the response, not the charge person)

LAST NAME:	FIRST NAME:
STREET ADDRESS:	CITY:
POSTAL CODE:	PHONE: (     )
E-MAIL:	AGE:

## OTHER COMMENTS OR REMARKS


## FORM COMPLETED BY:

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

# Return-to-Sport Protocol

## Appendix B

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 – Parachute Canada/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 Participant must provide HCCC with a medical clearance form, signed by a physician, following Stage 5 and before proceeding to Stage 6.

**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 sub concussive impacts cause CTE remains unknown.”*