



Sturgeon Falls Curling Club

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Policy Name: **CONCUSSION GUIDELINES AND RETURN TO PLAY PROCEDURES**

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These informational guidelines are 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.

PREAMBLE

The Sturgeon Falls Curling Club (SFCC) takes seriously the health and well-being of curlers and is committed to helping curlers succeed and lead safe, healthy, productive, and active lives. The SFCC has a role to play in ensuring the safety of those participating in physical activity and encouraging and motivating participants to assume responsibility for their own safety and the safety of others.

Research has made it clear a concussion can have a significant impact on an individual's health and well-being. Activities that require concentration can cause concussion symptoms to reappear or worsen. If a concussion is not identified and properly managed it can result in permanent brain damage and in rare occasions, even death. Research suggests an individual who suffers a second concussion before he/she is symptom-free from the first concussion is susceptible to Second Impact Syndrome – a rare condition that causes rapid and severe brain swelling and often catastrophic results.

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 complications.

A concussion is a clinical diagnosis made by a medical doctor. It is critical that someone with a suspected concussion be examined by a medical doctor or nurse practitioner. As a part of a responsible risk management plan, the SFCC is following the Northern Ontario Curling Association (NOCA) recommendation to create the following Policy and Procedures. NOCA has adopted these guidelines from Curling Canada's Safety First Policy (2016) based on the International Concussion Consensus Guidelines (Zurich 2012)

Policy Review: This Policy will be reviewed by the SFCC Board of Directors on an annual basis

CONCUSSION GUIDELINES AQND RETURN TO PLAY POLICY AND PROCEDURES

DEFINITIONS

The following terms have these meanings in this Policy

- a) NOCAA – Northern Ontario Curling Association
- b) SFCC – Sturgeon Falls Curling Club
- c) “Participants” – Coaches, Curlers, Officials, Ice Technicians, Employees and Event Coordinators, League Coordinators, Volunteers and Club Renters
- d) Novice Curlers – Participants who have less than forty hours of on ice experience averaging approximately 2 hours each (games, lessons) or approximately two curling sessions.

POSITION STATEMENT

SFCC recognizes the increased awareness of concussions and their long-term effects and believes prevention of concussions is paramount to protecting the health and safety of participants. As part of a responsible risk management plan the SFCC will implement these 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. The SFCC has adopted the Curling Canada Helmet Use Recommendations that include:

- Helmets be mandatory for anyone under the age of twelve
- Helmets must be CSA approved headgear (bike or hockey helmets)
- After Under 12, parents would sign a waiver of assumption of risk or helmets are worn until the age of majority in that province/territory
- Strong recommendation anyone in a Learn-to-Curl Program (adults or juniors) wear protective headgear
- Strong recommendation anyone who is vulnerable (related to experience, medical etc.) wear protective headgear on ice, or sign waivers if choosing not to wear protective headgear.

PURPOSE

The SFCC has enacted 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.

PURPOSE (continued)

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 suspected concussion.

PROCEDURES

Prior to and during all SFCC curling events, leagues, competitions, and practices, participants will use their best efforts to:

- Ensure the Concussion Guidelines are provided to participants so they can recognize and deal with a concussion.
- 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 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:
 - Nausea
 - Poor concentration

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 schoolwork 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. **To proceed to Step 2**, medical clearance is required.

PROCEDURES (continued)

STEP 2: Light aerobic exercise to reintroduce physical activity: 10-15 minutes of low intensity activity like walking or stationary cycling. **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. **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. **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 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 SFCC will comply with all direction 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 SFCC Secretary where it shall be attached to the participant's Incident Report for record keeping purposes.

NON-CONPLIANCE

Failure to abide by any of the guidelines and/or protocols contained within this policy may result in disciplinary action being taken by the SFCC or the NOCA for their sanctioned events.

SAFETY FIRST

For Curling Canada, NOCA, and SFCC injury prevention for curling participants of all ages and stages is a top priority. The SFCC has adopted the following best practices to focus on injury prevention and management. This document outlines safety procedures, injury prevention procedures – specifically concussion prevention and return to play guidelines.

SAFETY

Everyone in the business of curling should be aware of safety and establish best practices reducing the risk of injury. Curlers who are prepared will be better able to avoid injury participate with confidence and maintain their participation long term. As we develop a strategy to reduce or eliminate an injury risk, it is important to understand the process that leads to injury and the potential opportunities to intervene.

Pre-injury: stopping the injury from occurring

1. Structured warm-ups that focus on stretching, strengthening, improving balance and movement prior to playing
2. Basic skills should be mastered before moving to more complex skills
3. Basic skills should be mastered before removing head protection
4. Understand the playing rules & the “dos & don’ts”

Reducing Risk

1. Proper fitting shoes and clothing
2. Double grippers (create gripper inventory)
3. Head protection
4. Safety module to training programs
5. Limit activity to the individual’s ability
6. Adherence to rules and regulations
7. Clear backboards
8. Curling stones in single file instead of in pairs

Miscellaneous

1. Identify location of hospitals and clinics
2. Publish emergency numbers
3. First Aid kit (located at the SFCC Bar)
4. Club instructors should have injury prevention training
5. Casual renters will be provided description of safe practices on the ice
6. Create post-concussion process