



FORT WILLIAM
CURLING
CLUB SINCE 1891

Concussion Removal From Play

Authorization

Authorized By:

President

Effective Date:

September 23, 2019

The Association 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 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.

As part of a responsible risk management plan, the Association recommends 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.

DEFINITIONS

The following terms have these meanings in this Policy:

- a) *“Association”* – Curling Canada, OCC, NOCA, Fort William Curling Club;
- b) *“Participants”* – Coaches, athletes, volunteers, renters, officials and other members.

PURPOSE

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.

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

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

If a participant has been identified as having a suspected concussion, the coach, administrator and/or supervisor of that activity will 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 visited a medical doctor.

If the participant is unconscious – initiate emergency action plan and call 911

- a) If applicable, contact the child/youth's parent/guardian 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.

If the Participant is conscious – remove the participant from the activity immediately and:

- a) Notify the participant's parent (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 or 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

Once the injured participant has been properly attended to, an Incident Report shall be filed with the Association within 48 hours.

Version #	Date	Summary of Major Changes Made / By
01	23-Sep-19	Initial Draft. Larry Rathje/Tricia Sampson (formatting only)