



Concussion Prevention Policy

The Marmora and Area Curling Club (the Club) takes seriously the health and well-being of all curlers and is committed to ensuring their safety while participating as curlers at the Club. The Club recognizes the increased awareness of concussions, their long-term effects, and believes that prevention is the most important aspect of protecting the health and safety of curlers.

As part of a responsible risk management policy, the Club adopts these guidelines, and recommends that curlers follow them:

- 1) Use of grippers on both feet when not delivering a stone
- 2) Helmets or other appropriate protective head gear for children under 16, novice curlers, or anyone who has reason to think that they could be vulnerable due to limited mobility, age, or medication.

Purpose / Rationale:

The Club enacts this policy to assist concussed and suspected concussed curlers to return safely to the sport. The policy assists in identifying common signs and symptoms of concussion, protocol in the event of an accident, and return to curling guidelines if a concussion is diagnosed. Awareness of a suspected concussion and knowledge of proper accident procedures are critical to recovery.

Please note that a concussion is a clinical diagnosis that can only be made by a medical professional. It is recommended that a qualified health professional examines anyone with a suspected concussion. Following this recommendation will ensure that a curler does not return to physical activities too soon risking complications.

Symptoms:

Participants should recognize and understand the signs and symptoms of a concussion. These may appear immediately after an injury or within hours or days and may be different for each patient. Some of the common signs and symptoms are:

Nausea	Poor appetite	Poor concentration
Decreased memory	Amnesia	Poor balance
Fatigue	Slow reaction time	Sensitivity to light or noise
Headaches and dizziness	Irritability	



Applicable Procedures:

During curling, participants will use their best effort to:

- a) Be aware of accidents which may cause a concussion, such as:
 - i. Falls
 - ii. Collisions
 - iii. Head trauma, blow to head, face, neck, or blow that transmits force to the head
- b) Identify participants who have experienced any of the above or exhibit any of the signs or symptoms of a concussion.
- c) If a participant is believed to have a suspected concussion, the concussion protocol should be followed
- d) Concussion protocol when a participant **is/has been** unconscious:
 - i. Call 911, the person in charge should take immediate charge of the incident
 - ii. If applicable, initiate contact with the child/youth's parent/guardian to inform them of injury and transport of the injured person to hospital
 - iii. Stay with the injured person until Emergency Medical Services arrives. Follow First Aid guidelines for an injured patient.
 - iv. Monitor vital signs. Administer First Aid if required
 - v. Monitor physical, emotional, and/or cognitive changes. EMS will require this information.
 - vi. Even if consciousness is regained, the injured person should be examined by EMS/doctor as soon as possible
 - vii. Provide EMS with accident details, symptoms, and the injured person's personal information.
- e) Concussion protocol when the injured person **does not** experience unconsciousness:
 - i. The person in charge must talk to the participant who has experienced a direct or indirect hit to the head, and:
 - ii. Remove the participant to a restful area
 - iii. Advise an adult participant that 911 should be called to assess the potential injury
 - iv. In the case of an injured person under the age of 18, call 911. Treat the situation as if consciousness was lost, d) above.
 - v. If an adult participant does not want 911 called, ask if you can arrange a ride home for them
 - vi. Remain with the injured person until they leave for home
 - vii. Monitor and document any physical, emotional, or cognitive changes
 - viii. Encourage the injured person to consult with their medical professional.
- f) Incident Report
 - i. The person in charge must complete an Incident Report once the immediate emergency has been dealt with.



g) Return to Play

- i. If no concussion is diagnosed the injured person may return for their next game. It is recommended that a medical professional should make this diagnosis, however the participant may declare that they are fit to resume play. It is not recommended that the injured person return to the game they left due to the incident.
- ii. If a concussion is diagnosed, the patient can only return as directed by a qualified health professional. Proof of clearance to return to play must be provided.
- iii. If a participant who has returned to play shows symptoms/ signs of concussion, the person in charge may remove the injured person from play and request additional proof of clearance before they resume play.

h) Non-compliance

- i. Failure to comply with this policy may result in disciplinary action taken by the Club.