



### Appendix A

This Policy is intended to be compliant with Ontario's *Rowan's Law (Concussion Safety)*. If any provision of the policy is in conflict with Rowan's Law, the legislation shall take precedence. A concussion is a clinical diagnosis that can only be made by a physician.

### Definitions

1. The following terms have these meanings in this Policy:
  - a) "*Organization*" refers to the Ottawa Women's Cycling Club (OWCC)
  - b) "*Participant*" refers to all persons engaged in OWCC activities (members, ride leaders, coaches, board members, volunteers, etc.)

### Purpose

2. The OWCC is committed to ensuring the safety of participants in all its activities. The OWCC 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. 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.

### Registration

4. When an individual **under the age of 26 years old** registers with the Organization, the individual **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: [Ages 15+](#).
5. Individuals under the age of 26 years old must also sign the *Concussion Code of Conduct (Appendix A)*.
6. Coaches, officials and team trainers must provide confirmation that they have also reviewed the concussion resources and sign the *Concussion Code of Conduct*; but not if they will be interacting exclusively with athletes who are 26 years old or older.

### Recognizing Concussions

7. If a Participant demonstrates or reports any of the following **red flags**, an on-site licensed healthcare professional shall be summoned and, if deemed necessary, an ambulance should be called<sup>1</sup>:
  - 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

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<sup>1</sup> If an onsite healthcare professional is not available, an ambulance should be called.



## Concussion Code of Conduct

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- g) Deteriorating conscious state
  - h) Vomiting more than once
  - i) Increasingly restless, agitated, or combative
  - j) Increased confusion
8. 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
9. 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
  - l) Feeling slowed down or “in a fog”
10. 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?

### **What to do if a concussion is suspected**

11. In the event of a Suspected Concussion where there are **observable signs** of a concussion, **symptoms** of a concussion, or a failure to correctly answer **memory questions**, the Participant should be immediately removed from participation by a designated person and/or ride leader.
12. After removal from participation, the following actions should be taken:
- a) The designated person who removed the Participant should consider calling 9-1-1;
  - b) The Organization must make and keep a record of the removal;
13. 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

14. A Participant who has been removed from participation due to a suspected concussion should not return to participation until the Participant has been assessed medically, preferably 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), even if the symptoms of the concussion resolve.

#### **Re-Evaluate**

15. A Participant with a Suspected Concussion should be evaluated by a licensed physician who should conduct a comprehensive neurological assessment of the Participant and determine the Participant's clinical status and the potential need for neuroimaging scans.

#### **Rest and Rehabilitation**

16. Participants with a diagnosed 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.

17. 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**

18. 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.

#### **Non-Compliance**

19. Failure to abide by any of the guidelines and/or protocols contained within this policy may result in disciplinary action in accordance with the Organization's policies for discipline and complaints.

#### **Liability**

20. The Organization shall not be liable for any Participant or other individual's use or interpretation of this Policy. Further, none of the Organization's members, directors, 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.



**PART A - The following section of the *Concussion Code of Conduct* must be signed by **all Participants under the age of 26 years old.****

**I will help prevent concussions by:**

- Wearing the proper equipment for my sport and wearing it correctly.
- Developing my skills and strength so that I can participate to the best of my ability.
- Respecting the rules of my sport or activity.
- Demonstrating my commitment to fair play and respect for all (respecting other athletes, coaches, team trainers and officials).

**I will care for my health and safety by taking concussions seriously, and I understand that:**

- A concussion is a brain injury that can have both short-term and long-term effects.
- A blow to my head, face or neck, or a blow to the body that causes the brain to move around inside the skull may cause a concussion.
- I don't need to lose consciousness to have had a concussion.
- I have a commitment to concussion recognition and reporting, including self-reporting of possible concussion and reporting to a designated person when and individual suspects that another individual may have sustained a concussion. (Meaning: If I think I might have a concussion I should stop participating in further training, practice or competition **immediately**, and I will tell an adult if I think another athlete has a concussion).
- Continuing to participate in further training, practice or competition with a possible concussion increases my risk of more severe, longer lasting symptoms, and increases my risk of other injuries.

**I will not hide concussion symptoms. I will speak up for myself and others.**

- I will not hide my symptoms. I will tell a coach, official, team trainer, parent or another adult I trust if I experience **any** symptoms of concussion.
- If someone else tells me about concussion symptoms, or I see signs they might have a concussion, I will tell a coach, official, team trainer, parent or another adult I trust so they can help.
- I understand that if I have a suspected concussion, I will be removed from sport and that I will not be able to return to training, practice or competition until I undergo a medical assessment by a medical doctor or nurse practitioner and have been medically cleared to return to training, practice or competition.
- I have a commitment to sharing any pertinent information regarding incidents of removal from sport with my school and any other sport organization with which I have registered. (Meaning: If I am diagnosed with a concussion, I understand that letting all of my other coaches and teachers know about my injury will help them support me while I recover).

**I will take the time I need to recover, because it is important for my health.**

- I understand my commitment to supporting the return-to-sport process and I will follow my sport organization's Return-to-Sport Protocol.
- I understand I will have to be medically cleared by a medical doctor or nurse practitioner before returning to training, practice or competition.
- I will respect my coaches, team trainers, parents, health-care professionals, and medical doctors and nurse practitioners, regarding my health and safety.

**By signing here, I acknowledge that I have fully reviewed and commit to this *Concussion Code of Conduct*.**

\_\_\_\_\_  
Name of Participant (print)

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date of Birth



**PART B - The following section of the *Concussion Code of Conduct* must be signed by all coaches and team trainers who interact with Participants under the age of 26 years old.**

**I can help prevent concussions through my:**

- Efforts to ensure that my athletes wear the proper equipment and wear it correctly.
- Efforts to help my athletes develop their skills and strength so they can participate to the best of their abilities.
- Respect for the rules of my sport or activity and my efforts to ensure that my athletes do too.
- Commitment to fair play and respect for all (respecting other coaches, team trainers, officials and all participants and ensuring my athletes respect others and play fair).

**I will care for the health and safety of all participants by taking concussions seriously. I understand that:**

- A concussion is a brain injury that can have both short-term and long-term effects.
- A blow to the head, face, or neck, or a blow to the body may cause the brain to move around inside the skull and result in a concussion.
- A person doesn't need to lose consciousness to have had a concussion.
- An athlete with a suspected concussion should stop participating in training, practice or competition **immediately**.
- I have a commitment to concussion recognition and reporting, including self-reporting of possible concussion and reporting to a designated person when an individual suspects that another individual may have sustained a concussion.
- Continuing to participate in further training, practice or competition with a suspected concussion increases a person's risk of more severe, longer lasting symptoms, and increases their risk of other injuries or even death.

**I will create an environment where participants feel safe and comfortable speaking up. I will:**

- Encourage athletes not to hide their symptoms, but to tell me, an official, parent or another adult they trust if they experience **any** symptoms of concussion after an impact.
- Lead by example. I will tell a fellow coach, official, team trainer and seek medical attention by a physician or nurse practitioner if I am experiencing any concussion symptoms.
- Understand and respect that any athlete with a suspected concussion must be removed from sport and not permitted to return until they undergo a medical assessment by a physician or nurse practitioner and have been medically cleared to return to training, practice or competition.
- *For coaches only:* Commit to providing opportunities before and after each training, practice and competition to enable athletes to discuss potential issues related to concussions.

**I will support all participants to take the time they need to recover.**

- I understand my commitment to supporting the Return-to-Sport process.
- I understand the athletes will have to be cleared by a physician or nurse practitioner before returning to sport.
- I will respect my fellow coaches, team trainers, parents, physicians and nurse practitioners and any decisions made with regards to the health and safety of my athletes.

**By signing here, I acknowledge that I have fully reviewed and committed to this *Concussion Code of Conduct*.**

\_\_\_\_\_  
Name and role (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date