

Concussion Policy



Rowan's Law: Concussion Awareness Resources

[Review the Concussion Awareness Resources](#) (if you are an athlete, parent, coach, team trainer or official).

Requirements for Sport Organizations

Ontario is a national leader in concussion management and prevention. *Rowan's Law (Concussion Safety), 2018* makes it mandatory for sports organizations to:

- 1** ensure that athletes under 26 years of age,* parents of athletes under 18, coaches, team trainers and officials confirm every year that they have reviewed Ontario's Concussion Awareness Resources
- 2** establish a Concussion Code of Conduct that sets out rules of behaviour to support concussion prevention
- 3** establish a Removal-from-Sport and Return-to-Sport protocol

* Special Rule: A sport organization that is a university, college of applied arts and technology or other post-secondary institution must not register any athlete regardless of age unless the same requirements are met.

The new rules requiring the review of Concussion Awareness Resources and Concussion Codes of Conduct came into effect on July 1, 2019.

The rules for removal-from-sport and return-to-sport protocols are expected to be in place by July 1, 2021.

[Read more about the concussion requirements for sport organizations](#)

To comply with these mandatory requirements all players will now be required to:

- 1) Review [Ontario's Concussion Awareness Resource](#)
- 2) Agree to HUC's [Concussion Code of Conduct](#)
- 3) Follow the Concussion Policy (outlined below) and use the [Removal-from-Sport \(suspected concussion\)](#) & [Return-to-Sport](#) forms to help guide your responsible action.

HUC's Concussion Policy



Policy Category: Concussion Policy

Date First Passed: February 29, 2020

By Which Body: HUC BoD Committee

Review Period: 5 Years

Review Body: HUC BoD Committee

Date of Last Review: N/A

Administration

Purpose

1. The purpose of this policy is to govern Concussion Protocol in the sport of ultimate in the city of Hamilton within the Hamilton Ultimate Club and its sanctioned events:
 1. Leagues
 2. Tournaments
 3. Training opportunities
 4. Skill Development sessions
 5. Technical development clinics

Jurisdiction of the Policy

2. The policy covers the following people:
 1. Athletes/Players
 2. Coaches, Managers, Trainers
 3. Parents/Guardians
 4. Board of Directors
 5. Committee Members
 6. Event Volunteers
 7. HUC Staff
3. The policy covers the following HUC sanctioned events including but not limited to:
 1. Leagues (Summer, Fall Outdoor, Fall Indoor and Winter Indoor)
 2. Tournaments (Unknown Legends, 4v4 Tournament, Fall 6v6 Tournament)
 3. Training Opportunities (Adult clinics/training programs)

4. Skill Development Sessions (Juniors programming)
5. HUC Meetings
4. This policy is for all HUC and their membership. If members fail to comply with this policy, they may face penalties as outlined in terms of Membership.

Awareness

The Most Responsible Adult refers to:

1. For a junior player (under 18 years of age), the person that accompanies a junior player to a game or event as outlined in the [League and Playoff Participation Policy](#). This role can be transferred to the parent/guardian/emergency contact of the participant at the appropriate time.
2. For an adult (18 years of age or older), the participant themselves, but if the adult is unable to reasonably care for themselves, the captain that the team assigns as the Most Responsible Adult. This role can be transferred to the participant or their parent/guardian/emergency contact at the appropriate time.
5. What is a Concussion?
 1. A concussion:
 1. Is a traumatic brain injury that causes changes in how the brain functions, leading to signs and symptoms that can emerge immediately or over the course of 24-72 hours;
 2. May be caused either by a direct blow to the head, face or neck, or elsewhere on the body with an impulsive force transmitted to the head;
 3. Can occur even if there has been no loss of consciousness (in fact most concussions occur without the loss of consciousness);
 4. Cannot normally be seen on X-rays, standard CT scans or MRI's and;
 5. Is typically expected in symptoms lasting up to 4 weeks. Though, each concussion is unique, so one should not compare one recovery to another.

6. Please see the General Concussion Symptoms.
2. Second Impact Syndrome:
 1. Research suggests that a person who suffers a second concussion before they are symptom-free from the first concussion is susceptible to a prolonged period of recovery, and possibly Second Impact Syndrome – a rare condition that causes rapid and severe brain swelling and often catastrophic results.
3. Seriousness of Concussions:
 1. Recent research has made it clear that a concussion can have a significant impact on a person's cognitive and physical abilities. In fact, research shows that activities that require concentration can actually cause a person's concussion symptoms to reappear or worsen. It is equally important to develop strategies to assist a person as they "return to work" as it is to develop strategies to assist them to "return to physical activity". Without addressing identification and proper management, a concussion can result in permanent brain damage and in rare occasions, even death.
4. All participants who experience any concussion signs and symptoms (see General Concussion Symptoms) following a blow to the head or another part of the body is considered to have a suspected concussion and must stop participation in the ultimate activity.
7. A suspected concussion can be identified in three ways:
 1. Self-reported signs and symptoms – Even if there was only one symptom;
 2. Observed signs and symptoms from the Most Responsible Adult;
 3. Peer-report signs and symptoms of an Athlete/Player, Captain, Coach, Parent/Guardian, Executive.
7. Who is responsible for removal from play?
 1. If a suspected concussion occurs, it is the responsibility of all team officials/Most Responsible Adult/executive to remove the participant from participating in ultimate activity immediately.

The Most Responsible Adult holds the final decision to remove participants with a suspected concussion. If there is doubt that a concussion has occurred, it is to be assumed that there has.

2. If in doubt, sit them out.
8. If a participant experiences a sudden onset of any of the **RED FLAG SYMPTOMS**, 911 should be called immediately.

see Red Flag Symptoms

GENERAL CONCUSSION SYMPTOMS		
Headache	Feeling mentally foggy	Sensitive to light
Nausea	Feeling slowed down	Sensitive to noise
Dizziness	Difficulty concentrating	Irritability
Vomiting	Difficulty remembering	Sadness
Visual problems	Drowsiness	Nervous/anxious
Balance problems	Sleeping more/less than usual	More emotional
Numbness/tingling	Trouble falling asleep	Fatigue

RED FLAG SYMPTOMS	
Headaches that worsen	Can't recognize people or places
Seizures or convulsion	Increase confusion or irritability
Repeated vomiting	Weakness/tingling/burning in arms or legs
Loss of consciousness	Persistent or increasing neck pain
Looks very drowsy/can't be awakened	Unusual behavior change
Slurred speech	Focal neurologic signs (e.g. paralysis, weakness, etc.)

Prevention/Ensure Safe Play

9. This policy should include strategies for preventing and minimizing the risk of sustaining a concussion at the sanctioned HUC activities (e.g. all games, training opportunities, and tournaments). In addressing the Prevention component for ultimate's guidelines:

1. Implementation of all Stakeholder's Code of Conduct and other rules/regulations that address safe play,
2. Limiting head and body contact,
3. Reference: Ultimate Canada's Official Rule book
4. Checking facilities to ensure a safe environment for participation (Captains, Coaches)

Identification: Recognize, Remove and Refer

10. All participants in a sanctioned HUC activity who experience any concussion signs and symptoms following a blow to the head or another part of the body is considered to have a suspected concussion and must stop participation in HUC activity immediately. It is important to note that symptoms can take 24 – 72 hours to appear. A participant does not have to be unconscious to suffer a concussion.
 1. Recognizing a suspected concussion: If there is doubt whether a concussion has occurred, it is to be assumed it has. All relevant stakeholders – Most Responsible Adult to be trained to recognize the signs and symptoms of concussion (Refer Red Flag Symptoms) and report the suspected concussion to HUC.
 2. Removing a participant with a suspected concussion: When a suspected concussion occurs, it is the responsibility of HUC to follow these steps:
 1. After a blow to the body or head *see point 7*, any participant who reports concussion signs and symptoms to the Most Responsible Adult, HUC or another participant, or is observed to have concussions signs or symptoms – has a suspected concussion.
 2. The participant with the suspected concussion must be removed from participation immediately.
 3. If Red Flag Symptoms are present, the Most Responsible Adult will call 911 for immediate transfer to emergency department.
 4. The Most Responsible Adult is to contact the parent/guardian or emergency contact.

5. Participant should be monitored until release to a parent/guardian, emergency contact, or paramedic. No participant with a suspected concussion should be left alone.
 6. The participant is referred to see a medical professional immediately. A medical profession includes a family physician, pediatrician, neurologist or a nurse practitioner.
 7. ***The Most Responsible Adult can remove a participant after a blow to the head or body even if there is no immediate signs or symptoms, as signs and symptoms can take 24 – 72 hours to appear.**
3. Completions and submission of [Suspected Concussion Report Form](#)
 1. The participant or Most Responsible Adult is responsible for completing HUC's [Suspected Concussion Report Form](#) immediately.
 2. If a suspected concussion occurs, the participant or Most Responsible Adult is responsible for completing and reviewing HUC's [Suspected Concussion Report Form](#) and giving a copy to the participant's Parent/Guardian (if under 18 years of age). If someone other than the participant or Most Responsible Adult completes the form, it must be reviewed by the participant or Most Responsible Adult before being submitted to HUC's BoD.
 4. Seeking a medical professional, obtaining appropriate diagnosis and documentation
 1. Seeking a medical professional: If a participant has been deemed to have a suspected concussion, it is the Most Responsible Adult's responsibility to ensure the participant has been taken to see a Medical Doctor or Nurse Practitioner immediately.
 2. Obtaining appropriate diagnosis and documentation: Written documentation must be obtained from one of the medical professionals listed above if a concussion has occurred or not.

3. **Documentation from any other source will not be accepted.**

Management Procedures

11. Submission of Medical Documentation of Concussion Diagnosis
 1. If a medical professional determines that the Participant with a suspected concussion does not have a concussion:
 1. The Most Responsible Adult must provide the original written documentation from the medical professional (highlighting that the Participant did not have a concussion) and give this documentation to HUC.
 2. It is the responsibility of the Most Responsible Adult as previously identified (Section 1.0 – Awareness).
 3. The Most Responsible Adult should continue to monitor the Participant for at least 24 – 72 hours after the event, as signs and symptoms may take hours or days to appear.
 4. The Most Responsible Adult has the right to refuse a player to return to any ultimate activity they deem the Participant is unfit to do as per HUC policy.
 2. If a medical professional determines that the player with a suspected concussion does have a concussion:
 1. The Most Responsible Adult must take the written documentation from the Medical Doctor/Nurse Practitioner to the previously identified Personnel (HUC)
 2. It is the responsibility of the Most Responsible Adult to submit all documentation indicating concussion diagnosis, in addition to the applicable HUC Injury/Accident Report Form
 3. The Participant can begin Step #1 of the Return to Play Protocol

Graduated Return to Ultimate Strategy

Stage	Aim	Activity	Goal of Each Step
1.	Symptom-linked Activity	Daily activities that do not	Gradual introduction of

		provoke symptoms	work/school activities
2.	Light aerobic exercise	Walking or stationary cycling at slow to medium pace. No resistance training	Increased heart rate
3.	Sport-specific exercise	Running or skating drills. No head impact activities	Add movement
4.	Non-contact training drills	Harder training drills (e.g. passing drills). May start progressive resistance training	Exercise coordination and increased thinking
5.	Full contact practice	Following medical clearance from a medical doctor or nurse practitioner to participate in normal training activities	Restore confidence and assess functional skills by HUC Sessions Coaches/Captains
6.	Return to Ultimate	Normal Game/Practice Play	

12. **Note:** An initial period of 24 – 28 hours of both relative physical rest and cognitive rest is recommended before beginning the Return to Ultimate

Strategy. There should be at least 24 hours (or longer) for each step of progression. If any symptoms or signs worsen during exercise, the participants should go back to the previous step. Resistance training should be added only in the later stages (Stage 3 or Stage 4 at the earliest). If symptoms are persistent (e.g. more than 10 – 14 days in adults or more than 1 month in children) the participant should be referred to a healthcare professional (as identified) who is an expert in the management of concussions.

13. For a participant to progress to Step 4, written documentation accompanied by the [Return-to-Sport Protocol Form](#) is required from a medical doctor or a nurse practitioner indicating that the participant can return to Step 5, full game and practice performance mode. The Most Responsible Adult is responsible for providing this to HUC.

Training

14. All relevant HUC stakeholders (including but not limited to Coaches, Managers, Trainers, Captains, BoD) will be trained annually, before the commencement of HUC's Summer Season, on HUC's Concussion Policy, specific roles and responsibilities and updated according to the policy revisions.

Tracking

15. HUC will have a form to track injury incidence. HUC is responsible for monitoring injury incidence and developing strategies to reduce their injury in their sanctioned events.
16. HUC is responsible for maintaining records of reported concussion injuries and documentation of Participant diagnosis and clearance to return to play.

Evaluation

17. HUC will conduct a review of this policy every 5 years. The Executive Committee and external concussion expertise will review current evidence and policy effectiveness in identifying concussion, training stakeholders and tracking injury and managing documentation of injury and return to play. A recommendation to the HUC Board of Directors will be made to maintain, change or abolish this policy.