

# ROWAN'S LAW (CONCUSSION SAFETY)

**JUNE 17TH, 2019** -- Please see below a letter from the Ministry of Tourism, Culture and Sport regarding Rowan's Law. On July 1, 2019 Rowans Law came into affect.

AOA members can also find the [ACA Concussion Protocol document online here](#).

## Ministry of Tourism, Culture and Sport



Dear Sport Partner:

Our Government for the People is making it safer for competitive amateur athletes, children and youth to play sport, through the launch of a multimedia marketing campaign to build awareness about concussions. Knowing how to recognize the signs and symptoms of a concussion, and what to do if a concussion happens – whether you're an athlete, a student, a parent, a coach, a team trainer, an official or an educator – saves lives.

As you know, Ontario is a world leader in concussion safety and was the first jurisdiction in Canada to pass concussion safety legislation, *Rowan's Law (Concussion Safety), 2018*.

We are committed to implementing *Rowan's Law* by putting concussion safety information in the hands of people who need it most. Increasing awareness and changing conversations in sport, at school and in our homes, will result in a transformative change to the way in which concussions are managed in amateur competitive sport and beyond.

The regulation under Rowan's Law is now filed, and certain sections of both the law and regulation will be in effect on July 1, 2019. Webinars will be made available through the Ministry's Sport, Recreation and Community Programs Division in the coming weeks, with an invitation about registration to be issued from them shortly. In addition, information about Rowan's Law is currently available on the government's new concussion website,

[Ontario.ca/concussions](http://Ontario.ca/concussions).

With everyone's help, including partners such as yourselves, we will work to implement Rowan's Law to create a world-class amateur competitive sport system which empowers athletes to play safely, so they can play longer.

I encourage you to keep updated on our progress through Facebook and Twitter, and share your support to improve concussion safety by tweeting #HitStopSit and #RowansLaw.

Sincerely,

Michael Tibollo

Minister

## **The Heights Ski & Country Club**

### **Return to Sport Policy for Concussion Related Injuries 2019/20**

#### **Purpose**

This protocol covers the recognition, medical diagnosis, and management of ATHLETES/MEMBERS who may sustain a suspected concussion during a sport activity at The Heights or during any club activity. It aims to ensure that participants with a suspected concussion receive timely and appropriate care and proper management to allow them to return back to their sport safely. This protocol may not address every possible clinical scenario that can occur during sport-related activities but includes critical elements based on the latest evidence and current expert consensus.

#### **Who should use this protocol?**

This protocol is intended for use by all individuals who interact with athletes inside and outside the context of school and non-school based organized sports activity, including athletes, parents, coaches, officials, teachers, trainers, and licensed healthcare professionals.

#### **Head Injury Recognition**

Although the formal diagnosis of concussion should be made following a medical assessment, all sport stakeholders including athletes, parents, teachers, coaches, officials, and licensed healthcare professionals are responsible for the recognition and reporting of athletes who may demonstrate visual signs of a head injury or who report concussion-related symptoms. This is particularly important because many sport and recreation venues will not have access to on-site licensed healthcare professionals.

#### **A concussion should be suspected:**

- in any athlete who sustains a significant impact to the head, face, neck, or body and demonstrates ANY of the visual signs of a suspected concussion or reports ANY symptoms of a suspected concussion as detailed in the Concussion Recognition Tool.

- if a player reports ANY concussion symptoms to one of their peers, parents, teachers, or coaches or if anyone witnesses an athlete exhibiting any of the visual signs of concussion.

In some cases, an athlete may demonstrate signs or symptoms of a more severe head or spine injury including convulsions, worsening headaches, vomiting or neck pain. If an athlete demonstrates any of the 'Red Flags' indicated by the Concussion Recognition Tool, a more severe head or spine injury should be suspected, and Emergency Medical Assessment should be pursued.

#### **Onsite Medical Assessment**

Depending on the suspected severity of the injury, an initial assessment may be completed by emergency medical professionals or by an on-site licensed healthcare professional where available. In cases where an athlete loses consciousness or it is suspected an athlete might have a more severe head or spine injury, Emergency Medical Assessment by emergency medical professionals should take place. If a more severe injury is not suspected, the athlete should undergo Sideline Medical Assessment or Medical Assessment, depending on if there is a licensed healthcare professional present.

### **Emergency Medical Assessment**

If an athlete is suspected of sustaining a more severe head or spine injury during a game or practice, **an ambulance should be called immediately** to transfer the patient to the nearest emergency department for further Medical Assessment. Coaches, parents, teachers, trainers and officials should not make any effort to remove equipment or move the athlete until an ambulance has arrived and the athlete should not be left alone until the ambulance arrives. After the emergency, medical services staff has completed the Emergency Medical Assessment, the athlete should be transferred to the nearest hospital for Medical Assessment. In the case of youth (under 18 years of age), the athlete's parents should be contacted immediately to inform them of the athlete's injury. For athletes over 18 years of age, their emergency contact person should be contacted if one has been provided.

### **Sideline Medical Assessment**

If an athlete is suspected of sustaining a concussion and there is no concern for a more serious head or spine injury, the player should be immediately removed from the field of play.

### **Medical Assessment**

In order to provide comprehensive evaluation of athletes with a suspected concussion, the medical assessment must rule out more serious forms of traumatic brain and spine injuries, must rule out medical and neurological conditions that can present with concussion-like symptoms, and must make the diagnosis of concussion based on findings of the clinical history and physical examination and the evidence-based use of adjunctive tests as indicated (i.e. CT scan). In addition to nurse practitioners, medical doctors that are qualified to evaluate patients with a suspected concussion include: pediatricians; family medicine, sports medicine, emergency department, internal medicine, and rehabilitation (physiatrists) physicians; neurologists; and neurosurgeons. In geographic regions of Canada with limited access to medical doctors (i.e. rural or northern communities), a licensed healthcare professional (i.e. nurse) with pre-arranged access to a medical doctor or nurse practitioner can facilitate this role. The medical assessment is responsible for determining whether the athlete has been diagnosed with a concussion or not. Athletes with a diagnosed concussion should be provided with a Medical Assessment Letter indicating a concussion has been diagnosed. Athletes that are determined to have not sustained a concussion must be provided with a Medical Assessment Letter indicating a concussion has not been diagnosed and the athlete can return to school, work and sports activities without restriction.

### **Concussion Management**

When an athlete has been diagnosed with a concussion, it is important that the athlete's parent/legal guardian is informed. All athletes diagnosed with a concussion must be provided with a standardized Medical Assessment Letter that notifies the athlete and their parents/legal guardians/spouse that they have been diagnosed with a concussion and may not return to any activities with a risk of concussion until medically cleared to do so by a medical doctor or nurse practitioner. Because the Medical Assessment Letter contains personal health information, it is the responsibility of the athlete or their parent/legal guardian to provide this documentation to the athlete's coaches, teachers, or employers. It is also important for the athlete to provide this information to sport organization officials that are responsible for injury reporting and concussion surveillance where applicable.

**Return To Sport Policy**

The following is an outline of the Return-to-Sport Strategy that should be used to help athletes, coaches, trainers, and medical professionals to partner in allowing the athlete to make a gradual return to sport activities. An initial period of 24-48 hours of rest is recommended before starting the Alpine skiing-Specific Return-to-Sport Strategy. If the athlete experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage. It is important that youth and adult student-athletes return to full-time school activities before progressing to stage 5 and 6 of the Alpine Skiing - Specific Return-to-Sport Strategy. **It is also important that all athletes provide their coach or club administrator with a Medical Clearance Letter, signed by a qualified physician, prior to returning to full contact sport activities.**

**Adopted from Alpine Canada’s Return to Sport Policy (Specific to Alpine Skiing);**

<u>Stage</u>	<u>Aim</u>	<u>Activity</u>	<u>Goal For Each Step</u>	<u>Completed/Required</u>
1	Symptom Limiting Activity	Daily activities that do not provoke symptoms	Gradual reintroduction of work/school activities	
2	Light Aerobic Activity	Light jog or stationary cycling at slow to medium pace. No resistance training -Light intensity jogging or stationary cycling for 15-20 minutes at sub-symptom threshold intensity	Increase heart rate	
3	Sport Specific Activity	Running/ dryland drills. No head impact activities - Moderate intensity jogging for 30-60 minutes at sub-symptom threshold intensity - Low intensity free skiing/snowboarding max 60 mins on snow time. - No head impact	Add movement	
4	Non-contact TRAINING Activity	Harder training drills, i.e. introduction of on-hill drills and easy gate training (stubbies, no hitting of the gates) up to a half day of training total - May start progressive resistance training - Participation in	Exercise, coordination and increased thinking	

		higher intensity running and dryland drills - low-contact on hill training		
5	Full contact Practice	Following medical clearance - Participation in full training without activity restriction	Restore confidence and assess functional skills by coaching staff	
6	Return to Sport	Return to competition/ race day		

**Return to Sport**

Athletes who have been determined to have not sustained a concussion and those that have been diagnosed with a concussion and have successfully completed their Return-to-School and Alpine skiing Specific Return-to-Sport Strategy can be considered for return to full sports activities. **The final decision to medically clear an athlete to return to full game activity should be based on the clinical judgment of the medical doctor or nurse practitioner taking into account the athlete’s past medical history, clinical history, physical examination findings and the results of other tests and clinical consultations where indicated (i.e. neuropsychological testing, diagnostic imaging).** Prior to returning to full contact practice and game play, each athlete that has been diagnosed with a concussion must provide their coach with a standardized Medical Clearance Letter that specifies that a medical doctor or nurse practitioner has personally evaluated the patient and has cleared the athlete to return to sports. Athletes who have been provided with a Medical Clearance Letter may return to full sport activities as tolerated. If the athlete experiences any new concussion-like symptoms while returning to play, they should be instructed to stop playing immediately, notify their parents, coaches, trainer or teachers, and undergo follow-up Medical Assessment. In the event that the athlete sustains a new suspected concussion, the Alpine Canada Alpin Concussion Protocol should be followed as outlined here.



## Medical Assessment Letter

Date: \_\_\_\_\_

Athlete's Name: \_\_\_\_\_

To whom it may concern,

Athletes who sustain a suspected concussion should be managed according to the *Canadian Guideline on Concussion in Sport*. Accordingly, I have personally completed a Medical Assessment on this patient.

### Results of Medical Assessment

- This patient has not been diagnosed with a concussion and can resume full participation in school, work, and sport activities without restriction.
- This patient has not been diagnosed with a concussion but the assessment led to the following diagnosis and recommendations:

\_\_\_\_\_  
\_\_\_\_\_

- This patient has been diagnosed with a concussion.

The goal of concussion management is to allow complete recovery of the patient's concussion by promoting a safe and gradual return to school and sport activities. The patient has been instructed to avoid all recreational and organized sports or activities that could potentially place them at risk of another concussion or head injury. Starting on \_\_\_\_\_ (date), I would ask that the patient be allowed to participate in school and low-risk physical activities as tolerated and only at a level that does not bring on or worsen their concussion symptoms. The above patient should not return to any full contact practices or games until the coach has been provided with a *Medical Clearance Letter* provided by a medical doctor or nurse practitioner in accordance with the *Canadian Guideline on Concussion in Sport*.

Other comments:

\_\_\_\_\_  
\_\_\_\_\_

Thank-you very much in advance for your understanding.

Yours Sincerely,

Signature/print \_\_\_\_\_ M.D. / N.P. (circle appropriate designation)\*

*\*In rural or northern regions, the Medical Assessment Letter may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner. Forms completed by other licensed healthcare professionals should not otherwise be accepted.*

**We recommend that this document be provided to the athlete without charge**



## Medical Clearance Letter

Date: \_\_\_\_\_

Athlete's Name: \_\_\_\_\_

To whom it may concern,

Athletes who are diagnosed with a concussion should be managed according to the *Canadian Guideline on Concussion in Sport* including the *Return-to-School* and *Return-to-Sport Strategies* (see page 2 of this letter). Accordingly, the above athlete has been medically cleared to participate in the following activities as tolerated effective the date stated above (please check all that apply):

- Symptom-limiting activity (cognitive and physical activities that don't provoke symptoms)**
- Light aerobic activity (Walking or stationary cycling at slow to medium pace. No resistance training)**
- Sport-specific exercise (Running or skating drills. No head impact activities)**
- Non-contact practice (Harder training drills, e.g. passing drills. May start progressive resistance training. Including gym class activities without a risk of contact, e.g. tennis, running, swimming)**
- Full-contact practice (Including gym class activities with risk of contact and head impact, e.g. soccer, dodgeball, basketball)**
- Full game play**

**What if symptoms recur?** Any athlete who has been cleared for physical activities, gym class or non-contact practice, and who has a recurrence of symptoms, should immediately remove himself or herself from the activity and inform the teacher or coach. If the symptoms subside, the athlete may continue to participate in these activities as tolerated.

Athletes who have been cleared for full contact practice or game play must be able to participate in full-time school (or normal cognitive activity) as well as high intensity resistance and endurance exercise (including non-contact practice) without symptom recurrence. Any athlete who has been cleared for full-contact practice or full game play and has a recurrence of symptoms, should immediately remove himself or herself from play, inform their teacher or coach, and undergo medical assessment by a medical doctor or nurse practitioner before returning to full-contact practice or games.

Any athlete who returns to practices or games and sustains a new suspected concussion should be managed according to the *Canadian Guideline on Concussion in Sport*.

Other comments:

\_\_\_\_\_  
\_\_\_\_\_

Thank-you very much in advance for your understanding.

Yours Sincerely,

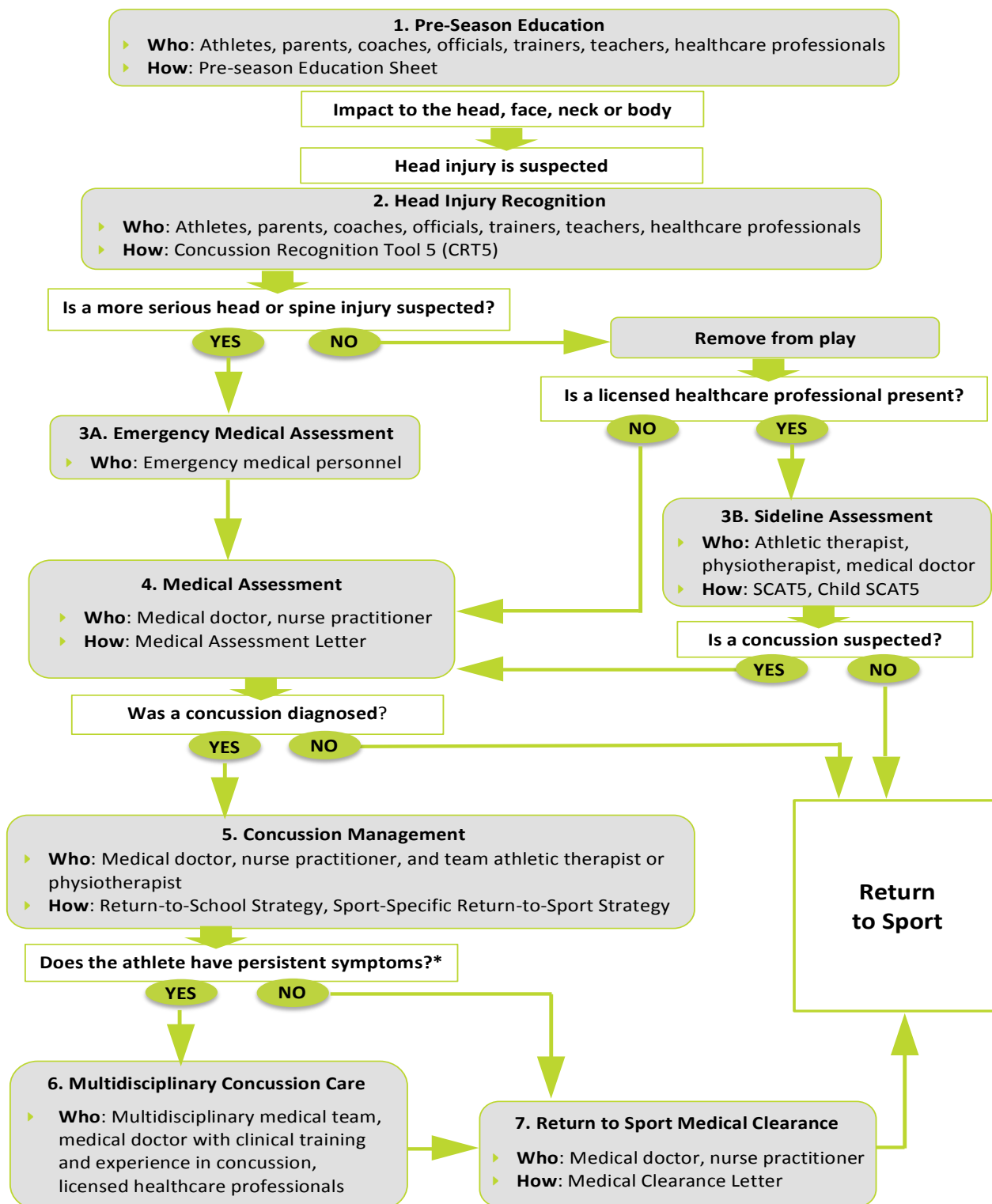
Signature/print \_\_\_\_\_ M.D. / N.P. (circle appropriate designation)\*

*\*In rural or northern regions, the Medical Clearance Letter may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner. Forms completed by other licensed healthcare professionals should not otherwise be accepted.*

**We recommend that this document be provided to the athlete without charge**



## Alpine Canada Alpin Concussion Pathway





## Pre-Season Concussion Education Sheet

### WHAT IS A CONCUSSION?

A concussion is a brain injury that can't be seen on x-rays, CT or MRI scans. It affects the way an athlete thinks and can cause a variety of symptoms.

### WHAT CAUSES A CONCUSSION?

Any blow to the head, face or neck, or somewhere else on the body that causes a sudden jarring of the head may cause a concussion. Examples include getting body-checked in hockey or hitting one's head on the floor in gym class.

### WHEN SHOULD I SUSPECT A CONCUSSION?

A concussion should be suspected in any athlete who sustains a significant impact to the head, face, neck, or body and reports ANY symptoms or demonstrates ANY visual signs of a concussion. A concussion should also be suspected if an athlete reports ANY concussion symptoms to one of their peers, parents, teachers, or coaches or if anyone witnesses an athlete exhibiting ANY of the visual signs of concussion. Some athletes will develop symptoms immediately while others will develop delayed symptoms (beginning 24-48 hours after the injury).

### WHAT ARE THE SYMPTOMS OF A CONCUSSION?

A person does not need to be knocked out (lose consciousness) to have had a concussion. Common symptoms include:

- ▶ Headaches or head pressure
- ▶ Dizziness
- ▶ Nausea and vomiting
- ▶ Blurred or fuzzy vision
- ▶ Sensitivity to light or sound
- ▶ Balance problems
- ▶ Feeling tired or having no energy
- ▶ Not thinking clearly
- ▶ Feeling slowed down
- ▶ Easily upset or angered
- ▶ Sadness
- ▶ Nervousness or anxiety
- ▶ Feeling more emotional
- ▶ Sleeping more or sleeping less
- ▶ Having a hard time falling asleep
- ▶ Difficulty working on a computer
- ▶ Difficulty reading
- ▶ Difficulty learning new information

### WHAT ARE THE VISUAL SIGNS OF A CONCUSSION?

Visual signs of a concussion may include:

- ▶ Lying motionless on the playing surface
- ▶ Slow to get up after a direct or indirect hit to the head
- ▶ Disorientation or confusion or inability to respond appropriately to questions
- ▶ Blank or vacant stare
- ▶ Balance, gait difficulties, motor incoordination, stumbling, slow labored movements
- ▶ Facial injury after head trauma
- ▶ Clutching head

### WHAT SHOULD I DO IF I SUSPECT A CONCUSSION?

If any athlete is suspected of sustaining a concussion during sports they should be immediately removed from play. Any athlete who is suspected of having sustained a concussion during sports must not be allowed to return to the same game or practice.

**It is important that ALL athletes with a suspected concussion undergo medical assessment by a medical doctor or nurse practitioner, as soon as possible. It is also important that ALL athletes with a suspected concussion receive written medical clearance from a medical doctor or nurse practitioner before returning to sport activities.**

## WHEN CAN THE ATHLETE RETURN TO SCHOOL AND SPORTS?

It is important that all athletes diagnosed with a concussion follow a step-wise return to school and sports-related activities that includes the following Return-to-School and Return-to-Sport Strategies. It is important that youth and adult student-athletes return to full-time school activities before progressing to stage 5 and 6 of the Return-to-Sport Strategy.

### Return-to-School Strategy<sup>1</sup>

Stage	Aim	Activity	Goal of each step
1	Daily activities at home that do not give the student-athlete symptoms	Typical activities during the day as long as they do not increase symptoms (i.e. reading, texting, screen time). Start at 5-15 minutes at a time and gradually build up.	Gradual return to typical activities.
2	School activities	Homework, reading or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work.
3	Return to school part-time	Gradual introduction of schoolwork. May need to start with a partial school day or with increased breaks during the day.	Increase academic activities.
4	Return to school full-time	Gradually progress.	Return to full academic activities and catch up on missed school work.

### Sport-Specific Return-to-Sport Strategy<sup>1</sup>

Stage	Aim	Activity	Goal of each step
1	Symptom-limiting activity	Daily activities that do not provoke symptoms.	Gradual re-introduction of work/school activities.
2	Light aerobic activity	Walking or stationary cycling at slow to medium pace. No resistance training.	Increase 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 and complete return to school.	Restore confidence and assess functional skills by coaching staff.
6	Return to sport	Normal game play.	

## HOW LONG WILL IT TAKE FOR THE ATHLETE TO RECOVER?

Most athletes who sustain a concussion will make a complete recovery within 1-2 weeks while most youth athletes will recover within 1-4 weeks. Approximately 15-30% of patients will experience persistent symptoms (>2 weeks for adults; >4 weeks for youth) that may require additional medical assessment and management.

<sup>1</sup>Source: McCrory et al. (2017). Consensus statement on concussion in sport – the 5<sup>th</sup> international conference on concussion in sport held in Berlin, October 2016. *British Journal of Sports Medicine*, 51(11), 838-847. <http://dx.doi.org/10.1136/bjsports-2017->

**HOW CAN I HELP PREVENT CONCUSSIONS AND THEIR CONSEQUENCES?**

Concussion prevention, recognition and management require athletes to follow the rules and regulations of their sport, respect their opponents, avoid head contact, and report suspected concussions.

**TO LEARN MORE ABOUT CONCUSSIONS PLEASE VISIT:**

Parachute Canada: [www.parachutecanada.org/concussion](http://www.parachutecanada.org/concussion)

**SIGNATURES (OPTIONAL):** The following signatures certify that the athlete and his/her parent or legal guardian have reviewed the above information related to concussion.

\_\_\_\_\_  
Printed name of athlete

\_\_\_\_\_  
Signature of athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of parent

\_\_\_\_\_  
Signature of parent

\_\_\_\_\_  
Date