



POLICY CATEGORY: COMPETITIONS

POLICY TITLE: CONCUSSION POLICY

POLICY NUMBER: 5.02

DATE APPROVED: JANUARY 19, 2020

PURPOSE:

Danger to the long-term health of those who suffer a concussion is well established and the NSCA holds the health and safety of competitors to be a top priority.

As an ice-based sport, curling includes a significant risk of injury due to falls, accidents and on-ice collisions and therefore safety from injuries, including concussion, must be an integral part of our sport.

This policy and other included information are not to be construed as a diagnostic aid or medical advice. If there is any possibility that a player has injured themselves or if they exhibit any concussion-like symptoms they are expected to immediately consult with a qualified medical practitioner and follow the doctor's advice for both proper recovery and return to curling.

The NSCA recommends that all competitors consider using head protection while playing as per NSCA Policy 5.05. **All competitors 12 and under** must wear helmets according to that policy.

SCOPE:

This policy applies to all Nova Scotia Curling Association sanctioned events.

POLICY:

All players and coaches participating in an NSCA sanctioned event will sign, as a condition of acceptance into the competition, the NSCA's Participation Agreement (attached below). No person who has suffered a concussion or is under medical care for concussion-like symptoms may play in an NSCA event unless cleared by their medical doctor and such clearance is provided to the NSCA in writing.

In the event of a fall, or other such occurrence during a NSCA sanctioned event, officials (Umpire, Liaison, Host Committee members), coaches or parents of youth/children under 18 may interrupt a game underway to speak to the injured competitor and make an assessment as to whether the player has likely incurred a concussion. If there is any doubt, medical help should be sought, and player removed from the game.

When a player has been removed from the ice under this policy, the Chief Umpire will report the incident to the NSCA and the player will not be permitted to play again until they provide written clearance from their doctor.

RESOURCES:

The following video provides a good overview of considerations for players, coaches and those responsible for curlers: <http://www.coach.ca/concussion-awareness-s16361>

COMMON SYMPTOMS OF A CONCUSSION: Event officials, parents or others involved, in the event that a concussion is suspected, should look for the following symptoms:

- (i) Nausea
- (ii) Headache
- (iii) Poor concentration
- (iv) Amnesia
- (v) Fatigue
- (vi) Sensitivity to light or noise
- (vii) Irritability
- (viii) Poor appetite
- (ix) Decreased memory
- (x) Poor balance
- (xi) Slowed reaction time

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.

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.

RECOMMENDATIONS FOR REDUCING RISK WHILE CURLING:

- 1) Proper fitting shoes and clothing.
- 2) Double grippers.
- 3) Head protection.
- 4) Safety module to training programs.
- 5) Limit activity to the individual's ability.
- 6) Adherence to rules and regulations.
- 7) Clear backboards.
- 8) Curling stones in single file instead of in pairs.

Revision History	
Date Approved	Comments
January 19, 2020	

NOVA SCOTIA CURLING ASSOCIATION PARTICIPATION AGREEMENT – 2019/2020 SEASON

Participant's Name

(First & Last): _____ Phone: _____

Team Name: _____ Email: _____

In consideration of the Nova Scotia Curling Club accepting my application to compete in NSCA events during the 2019/2020 season, I hereby agree:

I am aware that there are risks, dangers and hazards inherent in the sport of curling, and in my preparation for, travel to or from, and participation in any curling related activity which is organized or operated by the Junior Slam Series. The risks, dangers and hazards include, but are not limited to: injuries from vigorous exertion and strenuous cardiovascular workouts, injuries resulting from slips or falls to the ground, injuries from being struck or colliding with other participants, risks associated with travel to and from competition locations, and additional risks associated with non-competitive activities which are an integral part of competitive events.

I also understand that injuries sustained in curling or competition can be severe and even fatal. I agree to participate in the sport of curling and acknowledge the associated risks involved in my participation and willingly assume those risks.

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 the Junior Slam Series.
- My commitment to fair play and respect for all (respecting other athletes, coaches, team trainers and officials).
- I understand that a concussion prevents me from training, practice and competition (collectively referred to as 'sport').

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- 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 do not 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 the Event Convenor if I suspect that another individual may have a concussion.
- Continuing to participate in activities 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 and the Event Convenor 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 the Event Convenor so they can help.
- I understand that if I have a suspected concussion, I will be removed from sport and will not be able to return until I undergo a medical assessment and have been cleared to return to sport by a medical doctor or nurse practitioner.
- I have a commitment to sharing any pertinent information regarding incidents of removal from sport with my school and any other organization with which I am registered.

I WILL TAKE THE TIME I NEED TO RECOVER, BECAUSE IT IS IMPORTANT FOR MY HEALTH.

- I commit to supporting the return-to-sport process & will have the Junior Slam Series 'Return-to-Sport Protocol.
- I understand that to return to sport I will have to be medically cleared by a medical doctor or nurse practitioner.
- 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 the training materials within the past 12 months and commit to this Concussion Code of Conduct. (All Parents/Guardians must sign for Athlete's under the age of 18)

2. No person has attempted to unduly influence my signing of this agreement. I have signed this agreement on my own after careful consideration of all the provisions.

3. THIS AGREEMENT MUST BE SIGNED BY THE PARENT OR GUARDIAN OF ANY PARTICIPANT UNDER THE LEGAL AGE OF MAJORITY.

Participant Name (printed): _____

Participant Signature: _____

Parent or Guardian Signature (if under age of majority): _____

Date: _____