



## **Ontario Adventure Rowing Concussion Management Policy**

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### **Policy**

OAR recognizes the potential severity of a head injury and the commitment and intent behind research to manage concussions. We are committed to educating those involved with OAR activities, creating awareness to help prevent injuries and appropriately managing any suspected concussions and diagnosed concussions. This policy will be enforced for all Ontario Adventure Rowing (“OAR”) activities and applies to all OAR members and volunteers.

This Concussion Policy is committed to the following actions in regards to concussions:

- Committed to increasing awareness regarding what concussions are and the potential for serious complications.
- Enforcing procedures and training that promotes preventative actions to help reduce the number of concussions.
- Providing procedures that support OAR volunteers and members in ensuring quick recognition and removal of any individual with a suspected concussion from rowing or other related activities.
- Ensure that there are clear steps for both the individual and OAR to follow before a return to sport occurs.

This Concussion Policy is based on the ROWONTARIO Concussion Management Policy, which also applies whenever an employee, volunteer, member or athlete is engaged in ROWONTARIO activities or events.

### **Procedures**

#### **Concussion Education and Prevention**

We encourage all OAR members to avail themselves of Row Ontario annual training on concussions.

Concussion education resources are attached to this policy as appendices, for OAR members to help build awareness and understanding of concussions. During events, organizers will remind participants of the need to take care around the docks as well as while moving and setting up boats, and also ensuring everything is working properly. Ongoing reminders for members to be aware of potential situations where head injuries could occur will help build awareness and prevention related to concussions.

OAR members or volunteers who engage in dangerous or reckless behaviour that could potentially create a high risk for a concussion causing situation will be cautioned by the event organizer(s), and at may be removed from the event at the organizer(s) discretion.

## **Recognition, Removal and Referral**

If any individual suffers any kind of injury where there is potential for direct or indirect force to the head, neck or face, and is experiencing or demonstrating any concussion related signs or symptoms, the individual will be removed from activity immediately and made to rest. The organizer in charge of the event will err on the side of caution in their decision making. If a direct force to the head results in immediate injury or “red flag” signs and symptoms of a concussion, the Head Coach or the parent/guardian or chaperone should take the athlete to the nearest emergency room or call 911. Please refer to Appendix A of this policy for signs and symptoms.

OAR recognizes that symptoms may not appear immediately and that concussions can occur in many different situations. In the case of a suspected concussion, the individual may not be in a condition to assess themselves or make appropriate decisions. All individuals with a suspected concussion will be referred to a medical doctor or nurse practitioner for medical assessment and diagnosis as described in the Return to Sport Procedures. Upon removal each individual will be given a handout detailing ROWONTARIO’s concussion procedures for removal from sport and return to sport (Appendix B).

## **Reporting**

As per ROWONTARIO’s Emergency Procedures, any incident resulting in injury or removal from activity will be reported on an ROWONTARIO’s Incident Report Form (Appendix C). These are to be submitted (electronic images acceptable) to the ROWONTARIO Executive Director within 24 hours. OAR will retain a copy and will stay informed of the individual’s progress.

If an individual discloses, or staff/volunteers become aware through any means, that an individual suffered a possible concussion through other activities they will be unable to participate in OAR activities. The individual’s return to OAR activities will be treated the same as individuals who incur concussions during OAR activities.

## **Returning to Rowing**

If removed from rowing due to a suspected concussion, the participant may return once they have confirmed to the OAR executive that they have undergone an assessment by a physician or nurse practitioner and have not been diagnosed as having a concussion.

If diagnosed with a concussion, before a participant is permitted to return to any OAR event, they will need to submit proof of medical clearance that permits them to return to participating in a full range of physical activities. The written clearance must be provided by a medical doctor or nurse practitioner and submitted to the OAR executive who will forward to the Executive Director of ROWONTARIO.

## Appendix A - Signs and Symptoms of a Concussion

### Pocket CONCUSSION RECOGNITION TOOL™

To help identify concussion in children, youth and adults



FIFA®



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#### RECOGNIZE & REMOVE

Concussion should be suspected **if one or more** of the following visible clues, signs, symptoms or errors in memory questions are present.

#### 1. Visible clues of suspected concussion

Any one or more of the following visual clues can indicate a possible concussion:

Loss of consciousness or responsiveness  
Lying motionless on ground / Slow to get up  
Unsteady on feet / Balance problems or falling over / Incoordination  
Grabbing / Clutching of head  
Dazed, blank or vacant look  
Confused / Not aware of plays or events

#### 2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

- Loss of consciousness
- Seizure or convulsion
- Balance problems
- Nausea or vomiting
- Drowsiness
- More emotional
- Irritability
- Sadness
- Fatigue or low energy
- Nervous or anxious
- "Don't feel right"
- Difficulty remembering
- Headache
- Dizziness
- Confusion
- Feeling slowed down
- "Pressure in head"
- Blurred vision
- Sensitivity to light
- Amnesia
- Feeling like "in a fog"
- Neck pain
- Sensitivity to noise
- Difficulty concentrating

### 3. Memory function

Failure to answer any of these questions correctly may suggest a concussion.

*"What venue are we at today?"*

*"Which half is it now?"*

*"Who scored last in this game?"*

*"What team did you play last week / game?"*

*"Did your team win the last game?"*

**Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.**

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

#### RED FLAGS

**If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:**

- Athlete complains of neck pain
- Increasing confusion or irritability
- Repeated vomiting
- Seizure or convulsion
- Weakness or tingling / burning in arms or legs
- Deteriorating conscious state
- Severe or increasing headache
- Unusual behaviour change
- Double vision

#### Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) unless trained to do so.

from McCrory et. al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013

## Appendix B - Return to Sport Plan

A CONCUSSION is a serious event, but you can recover fully from such an injury if the brain is given enough time to rest and recuperate. Returning to normal activities, including sport participation, is a stage-wise process that requires patience, attention, and caution.

Each stage must take a **minimum of one day** but could last longer, depending on the athlete and their specific situation. If symptoms reappear at any stage, go back to the previous stage until symptom-free for at least 24 hours.

### **STAGE 1: Symptom limited activity – Goal: A gradual reintroduction of activity**

After an initial short period of rest of 24-48 hours, light cognitive and physical activity can be initiated as long as they don't worsen symptoms. A physician, preferably one with experience managing concussions, should be consulted before beginning the staged process to return.

### **STAGE 2: Light aerobic exercise – Goal: Increased heart rate**

Activities such as walking or stationary cycling. The athlete should be supervised by someone who can help monitor for symptoms and signs. No resistance training or weight lifting. The duration and intensity of the aerobic exercise can be gradually increased over time if no symptoms or signs return during the exercise or the next day.

**Symptoms?** Return to previous stage and only engage in activities as tolerated. If symptoms persist consult a physician.

**No symptoms?** Proceed to Stage 3 after 24 hours.

### **STAGE 3: More Diverse Cardio – Goal: Add movement**

Activities such as light running or gentle body weight resistance exercises can begin at stage 3. There should be no body contact or other jarring motions such as high speed stops or hitting a baseball with a bat.

**Symptoms?** Return to previous stage and only engage in activities as tolerated. If symptoms persist consult a physician.

**No symptoms?** Proceed to Stage 4 after 24 hours.

### **STAGE 4: Building Cardio with Increased Cognitive Challenges - Goal: Exercise, coordination, and increased thinking**

Activities such as indoor rowing and resistance training can be added to activities from previous stages.

**Symptoms?** Return to previous stage and only engage in activities as tolerated. If symptoms persist consult a physician.

**No symptoms?** The time needed to progress will vary with the severity of the concussion and with the athlete. Proceed to Stage 5 only after medical clearance.

### **STAGE 5: On water practice, once cleared by a doctor – Goal: Restore confidence and assess functional skills by coaching staff**

Coaches and instructors will allow return to the water in gradually challenging conditions.

**Symptoms?** Return to previous stage and only engage in activities as tolerated. If symptoms persist consult a physician.

**No symptoms?** Proceed to Stage 6 after minimum of two on water situations without symptoms.

### **STAGE 6: Competition**

Return to sport with normal activities

**CLUBNAME**  
**Appendix C - INCIDENT REPORT FORM**

*This form is to be completed by the main staff/volunteer who dealt with the situation whenever there is an incident which could include accidents with or without injury as well as facility or behaviour related incidents. When completing this form only include an actual factual description of the incident without assumptions or conclusions as to cause or responsibilities. Attach extra sheets if needed.*

*Forms should be completed within 24 hours and submitted to the XXXXXXXXXX. Remember they are considered confidential and should be kept secure.*

Person Involved

Name: \_\_\_\_\_ Program: \_\_\_\_\_

Parent Name if minor: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

If second person involved in same incident (i.e. conflict)

Name: \_\_\_\_\_ Program: \_\_\_\_\_

Parent Name if minor: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Day & Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

Type of incident: \_\_\_\_\_ Program occurring at time of incident: \_\_\_\_\_

Where did incident occur? \_\_\_\_\_

Please describe the incident. State only the facts that you are sure of at the time. Include a description of the weather, visibility, and any other external factors. Attach drawings, diagrams and photographs if these will aid in the description.

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What was done to assist or respond to incident and by whom?

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If medically related, was person advised to seek medical assessment: \_\_\_\_\_

If Suspected Concussion, either disclosed or through incident, did the following take place?

- Ensured safe transportation to medical assistance
- Informed individual they are required to tell any other school or sport organization their status
- Given handout with information on Removal and Return to Sport

Was 911 called?            YES                    NO

Police - Badge Number: \_\_\_\_\_ Name: \_\_\_\_\_

Ambulance - Badge Number: \_\_\_\_\_ Name: \_\_\_\_\_

Fire Unit Number: \_\_\_\_\_ Name: \_\_\_\_\_

Other Information from EMS Agencies:

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**List witnesses**

(If not members or participants please include address, use separate paper if needed for additional).

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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Person Completing Report: (print) \_\_\_\_\_

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

*Please ensure reports are completed within 24 hours of incident and get forwarded to the XXXXXXXXXXXXXXXX*

**CLUBNAME**  
**INCIDENT REPORT FOLLOW UP FORM**

*This form is to be completed by the main staff/volunteer who followed up with the individual.  
Attach extra sheets if needed.  
This should be kept with the original incident report form in a secure location.*

Person Involved

Name: \_\_\_\_\_ Program: \_\_\_\_\_

Parent Name if minor: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Original Incident: \_\_\_\_\_

Date of Follow up: \_\_\_\_\_

Type of Connection (phone, email, in person): \_\_\_\_\_

Name of Person contacted for follow up: \_\_\_\_\_

Describe the update given following the incident or any information from the individual about the incident. (Note if removed for a suspected concussion participant needs to clarify their medical diagnosis and provide a written medical clearance before returning as per concussion procedures.)

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Is any further follow up with the individual needed? If yes describe what:

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\_\_\_\_\_ If Concussion diagnosis

Date of Medical Clearance: \_\_\_\_\_

Date of first practice back on water: \_\_\_\_\_

Attach copy of medical clearance allowing participant to return to full activity to this form.

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Person Completing Report: (print) \_\_\_\_\_

Signature: