

CONCUSSION POLICY AND CODE OF CONDUCT

The Ontario Speed Skating Association (OSSA) has developed the **Ontario Speed Skating Concussion Policy** to help guide the management of athletes who may have a suspected concussion because of participation in speed skating activities.

Purpose

The purpose of this Concussion Policy and Code of Conduct is to increase education and awareness for coaches, parents/guardians, skaters, officials, and club members on the signs and symptoms of concussion and the specific protocols for managing concussion in Ontario Speed Skating (OSSA) sanctioned activities. This Concussion Policy and Code of Conduct aims to 1) ensure that skaters with a suspected concussion are removed-from-sport and seek medical assessment 2) designates persons responsible for ensuring the removal of the athlete and ensuring that they do not return to training, practice or competition except in accordance with OSSA's return to sport protocol and 3) all skaters with a suspected and/or diagnosed concussion do not participate in OSSA sanctioned activities before medically cleared to return to speed skating.

The policy sets out the minimum requirements for removal from sport and return to sport protocols for athletes who have sustained a concussion or are suspected of having sustained a concussion during training, practices, or competition in accordance with Rowan's Law and the regulation made under that Act, O. Reg. 161/19: General.

Jurisdiction

This Concussion Policy and Code of Conduct applies to all members of the Ontario Speed Skating Association and to the parents/guardians of participants.

Designated Person(s)

In accordance with the requirements set out in Rowan's Law and its associated regulation, every sport organization is required to identify a designated person(s) as having specific responsibilities under the removal-from-sport and return to sport protocols. The responsibilities for the designated person(s) may be shared between one or more individuals. If your sport organization has more than one designated person(s), please ensure that each designate is clear about who has what responsibility under the Removal from Sport protocol and the Return to Sport protocol.

Concussion Awareness Resources and Education:

Despite recent increased attention focusing on concussion there is a continued need to improve concussion education and awareness. Optimizing the prevention and management of concussion depends highly on annual education of all sport stakeholders (athletes, parents, coaches, officials, teachers, trainers, licensed healthcare professionals) on current evidence-informed approaches that can prevent concussion and more serious forms of head injury and help identify and manage an athlete with a suspected concussion.

Concussion education should include information on:

- the definition of concussion,
- possible mechanisms of injury,
- common signs and symptoms,
- steps that can be taken to prevent concussions and other injuries from occurring in sport.
- what to do when an athlete has suffered a suspected concussion or more serious head injury,
- what measures should be taken to ensure proper medical assessment,
- *Return-to-School* and *Return-to-Sport Strategies*, and
- Return to sport medical clearance requirements

1. RECOGNITION

Although the formal diagnosis of concussion should be made following a medical assessment, all sport stakeholders including athletes, parents, teachers, coaches, teachers, 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.

What is a concussion?

A concussion is a traumatic brain injury caused by a blow to the head, face, or neck or to another part of the body that causes the brain to move inside the skull and results in changes to how the brain functions. A concussion is a serious injury that can have significant impact on a person's cognitive, physical, and emotional functioning. A concussion is different from most other injuries because there are not always observable signs that a concussion has occurred, and symptoms may not appear immediately after the impact. Additionally, a concussion cannot be seen on X-rays, standard CT scans or MRIs.

When should a concussion be suspected?

All skaters who experience any reported concussion signs and symptoms (Figure 1) or visual/observable symptoms (Figure 2) following a blow to the head, or another part of the body is considered to have a suspected concussion and must stop participation in OSSA sanctioned activity immediately. Symptoms of concussion typically appear immediately but may be delayed and evolve within the first 24-48 hours.

What is considered an OSSA sanctioned activity?

OSSA sanctioned activities include but are not limited to dryland training and activities, on ice training and practices, off ice training, club, interclub, provincial, and elite meets, training camps and any other competition hosted by OSSA.

A suspected concussion can be recognized in three ways:

- Reported signs and symptoms by a skater– even if only one symptom (Figure 1)
- Visual/observable signs and symptoms from any team official (Figure 2)
- Peer-reported signs and symptoms from skaters, parents, and team officials (Figure 1 and 2)

If a skater experiences a sudden onset of any of the “red flag symptoms”, 911 should be called immediately (Figure 3). As well, in any situation, the designated person must call 911 if, in the designated person’s opinion, doing so is necessary. If in doubt, sit them out

Figure 1: REPORTED CONCUSSION SIGNS AND 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

Figure 2: VISUAL / OBSERVABLE SYMPTOMS
Lying down motionless on the playing surface
Slow to get up after a direct or indirect hit
Disorientation or confusion, or an inability to respond appropriately to questions
Blank or vacant look
Balance, gait difficulties, motor incoordination, stumbling, slow labored movements
Facial injury after head trauma

Figure 3: RED FLAG SYMPTOMS	
Neck pain or tenderness	Loss of consciousness
Double vision	Deteriorating conscious state
Weakness/tingling/burning in arms or legs	Vomiting
Severe or increasing headache	Increasing restless, agitated, or combative
Seizure or convulsion	Focal neurologic signs (e.g. paralysis, weakness, etc.)
In any situation, the designated individual must call 911 if in the designated person’s opinion, doing so is necessary. If in doubt sit them out	

Note: The Concussion Recognition Tool 5 is valuable for all first responders in recognizing suspected concussion and responding to more severe brain injury or potential neck injury. In any situation, the designated person must call 911 if, in the designated person’s opinion, doing so is necessary. If in doubt, sit them out.

Coaches, and Officials Code of Conduct

Every coach and official is responsible for:

- a) Reviewing annually (and confirming such review as required by OSSA) the concussion awareness resources available from the Ontario Ministry of Tourism, Culture and Sport website (MTCS); and
- b) Reviewing annually (and confirming such review as required by OSSA) this Concussion Policy and Code of Conduct annually and implementing it in all OSSA sanctioned activities. Any changes to this Concussion Policy and Code of Conduct will be highlighted and communicated prior to the start of a season.

Participants Code of Conduct

Every participant in an OSSA sanctioned activity is responsible for:

- a) Confirming annually as required by OSSA their review of the concussion awareness resources available from the Ontario Ministry of Heritage, Sport, Tourism, and Culture Industries website; and
- b) Confirming annually as required by OSSA their review of this Concussion Policy and Code of Conduct.

If a participant is under 18 years of age, the parents/guardians of such participant is also responsible for a) and b) above.

REMOVAL FROM SPEED SKATING AND RETURN TO SPEED SKATING PROTOCOLS

2. REMOVAL FROM SPEED SKATING PROTOCOL

If a skater has sustained a concussion or is suspected of having sustained a concussion regardless of whether the concussion or suspected concussion was sustained from an activity associated with OSSA, the designated person is to immediately remove the skater from further training, practice, or competition. However, all club officials, coaches and hold a responsibility to recognize the signs and symptoms of concussion and report the suspected concussion to the designated person. If there is doubt whether a concussion has occurred, it is to be assumed that it has, and the skater is to be removed from play.

The parents/guardians of skaters under 18 years of age must be immediately informed of the removal from further training, practice, or competition.

Note: When present and hired by the club or OSSA to do so, healthcare professionals may complete sideline assessment and be the primary person responsible for Removal from Speed Skating and use clinical tools (i.e., Child SCAT5 or SCAT 5) to document initial neurological status.

However, these tools should not be used to make Return to Speed Skating decisions. Every skater with a suspected concussion must be referred to a medical doctor (MD) or nurse

practitioner (NP) and must not return to the activity until medically cleared to do so in accordance with the Return to Speed Skating Protocol.

Monitoring the player: Designated persons are responsible for ensuring the player with a suspected concussion is monitored until a parent/guardian is contacted, informed of the removal, and on-site. Skaters with a suspected concussion should not be left alone or drive a motor vehicle.

Red Flag Symptoms: If there are any red flag symptoms or a neck injury is suspected, or in any situation where, in the designated person's opinion, doing so is necessary, activate your Emergency Action Plan and call 911 immediately. The skater should not be moved and should only be removed from the play by emergency healthcare professionals with appropriate spinal care training. More severe forms of brain injury may be mistaken for concussion. If any of the red flag's symptoms (Figure 3) are observed or reported within 48 hours of an injury or in any situation where, in the designated person's opinion, doing so is necessary, the player should be transported for urgent medical assessment at the nearest emergency department.

3. REPORTING A SUSPECTED CONCUSSION AND REFERRING FOR MEDICAL ASSESSMENT

The designated person(s) is required to advise the athlete, or the parent or guardian if the skater is under 18 years of age, that the skater is required to undergo a medical assessment by a physician (MD) or nurse practitioner (NP) before the skater will be permitted to return to training, practice, or competition.

A medical assessment determines whether the skater has a concussion. A skater will not be permitted to return to training, practice, or competition until they receive medical clearance by a physician or nurse practitioner to do so.

The designated person(s) to provide the skater or, if the skater is under 18 years of age, the skater's parent, or guardian with OSSA's Removal from Sport and Return to Sport protocols as soon as possible after the skater has been removed from further training, practice, or competition.

The designated person should ensure that an injury report is completed and filed with the Ontario Speed Skating Association where a skater is removed from further training, practice, or competition because they are suspected of having sustained a concussion regardless of whether the skater is later diagnosed with a concussion.

The designated person will only collection, use, and disclosure the personal information to that which is reasonably necessary for the purpose of carrying out OSSA's protocols, and to limit access to such personal information to only those individuals who require it for the purpose of fulfilling their duties or obligations under the Act. Personal information collected under this protocol shall be retained, disclosed, and disposed of in a secure manner and in accordance with the OSSA's retention policy.

Once removed, the skater is not permitted to return to training, practice, or competition, until they've received a medical assessment and submitted the necessary documentation.

4. MEDICAL ASSESSMENT

If a medical doctor / nurse practitioner determines that the skater with a suspected concussion did NOT have a concussion, the parent/guardian must provide written confirmation to the designated person about the outcome of the skater's medical assessment specifically that the skater

- a. has undergone a medical assessment by a physician or nurse practitioner and
- b. has not been diagnosed as having a concussion and has been medically cleared to return to training, practice or competition by the physician or nurse practitioner.

It is the responsibility of each parent/guardian to submit all documentation to their club's designated person before the skater is permitted to return to club training practices, or competition. Parents/guardians must send documentation in advance of the next practice or competition, not on the day of. Designated persons will not allow a skater to return until written documentation has been received.

The designated person must send all such documentation immediately to the OSSA's Executive Director.

Parents/guardians should continue to monitor the skater for at least 24-72 hours after training, practice, or competition, as signs and symptoms may take hours or days to appear.

If a medical doctor/nurse practitioner determines that the skater with a suspected concussion does have a concussion:

- a. The Parent/guardian must provide the written documentation from the medical doctor/nurse practitioner (highlighting that the player has been diagnosed with a concussion) to their club's designated person.
- b. The designated person must send all such documentation immediately to OSSA's Executive Director.

When the Medical Assessment Letter indicates a concussion has occurred, the participant must complete each stage of the Return to Speed Skating Protocol (Figure 4). An initial period of 24 to 48 hours of both relative physical rest and cognitive rest is recommended before beginning the Return to Speed Skating Protocol (Figure 4).

Written documentation by a medical doctor or nurse practitioner may be provided in any format. A recommended Medical Assessment Letter template can be found on OSSA's website.

The regulation states that a designated person(s) may rely on the information received from a skater or, if the athlete is under 18 years of age, from the skater's parent or guardian in carrying out their responsibilities under OSSA's Return to Speed Skating protocol.

The designated person must inform the skater who has been diagnosed as having a concussion or, if the skater is under the age of 18 years of age, the skater's parent/guardian, of the importance of disclosing the diagnosis to any other sport organization with which the skater is registered or school that the skater attends.

5. CONCUSSION MANAGEMENT

An initial period of 24-48 hour of rest is recommended before starting the Return to Speed Skating Protocol.

Children and adolescents should not Return to Speed Skating until they have successfully returned to a full school schedule and workload. However, early introduction of symptom limited physical activity is appropriate.

Most skaters who sustain a concussion while participating in sport will make a complete recovery and be able to return to full school and sport activities within 4 weeks of injury. However, approximately 15-30% will experience symptoms that persist beyond that timeframe. If available, skaters who experience persistent concussion symptoms for longer than four weeks may benefit from a referral to a medically supervised multidisciplinary concussion service.

6. RETURN TO SPEED SKATING PROTOCOL AND MEDICAL CLEARANCE

After an initial period of 24-48 hour of rest, the skater with a concussion must complete each stage of the Return to Speed Skating Protocol (Figure 4).

The Parent/guardian and the skater are responsible to ensure that each stage of the Return to Speed Skating Protocol (Figure 4) is followed appropriately. Skaters must be able to participate in each stage's activities for a minimum of 24 hours without experiencing symptoms during or after the activities before moving onto the next stage.

If the skater experiences onset or worsening of symptoms during or after the activities in any stage, the skater should stop that activity and return to the previous successful stage as tolerated. If symptoms do not improve or if the symptoms continue to worsen, the skater should return to the physician or nurse practitioner.

Once Stages 1-7 of the Return to Speed Skating Protocol (Figure 4) have been completed, the skater must receive medical clearance to proceed to Stage 8: Full on-ice practice including skating in traffic, tactical drills, starts and race simulations. Each skater that has been diagnosed with a concussion must provide their Club's Designated person with a *Medical Clearance Letter* that specifies that a medical doctor or nurse practitioner has personally evaluated the patient and has cleared the skater to return to sports.

The final decision to medically clear an athlete to return to full on ice practice should be based on the clinical judgment of the medical doctor or nurse practitioner considering the skater'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).

In addition to nurse practitioners the types of medical doctors that are qualified to support medical clearance for concussion include: family physician, pediatrician, sports-medicine physician, neurologist or internal medicine and rehabilitation (physiatrists). Documentation from any other source will not be accepted.

The designated person must send all such documentation immediately to OSSA's Executive Director.

Written documentation by a medical doctor or nurse practitioner may be provided in any format. A recommended Medical Clearance Letter template can be found on OSSA's website.

Figure 4 RETURN TO SPEED SKATING PROTOCOL	
<p>A skater who is diagnosed by a physician or nurse practitioner as having a concussion must proceed through the graduated return to speed skating steps that are set out in this protocol. Typical recovery times vary from person to person and some individuals may require more time to progress through the return to speed skating steps.</p> <p>The club's designated persons are responsible for ensuring that a skater who has sustained a concussion or is suspected of having sustained a concussion does not return to training, practice, or competition until permitted to do so in accordance with OSSA's Return to Speed Skating Protocol.</p>	
Stage	Activity
1	Initial mental and physical rest for 24-48 hours
<p>A skater is not permitted to return to training, practice, or competition through OSSA's graduated Return to Speed Skating's steps unless the skater or, if the skater is under 18 years of age, the skater's parent or guardian has shared the medical advice or recommendations they received, if any, with the designated person(s).</p>	
2	Light Aerobic Exercise to reintroduce physical activity. 10-15 minutes of low intensity cycling on a stationary bike
3	30 minutes of Cycling on a stationary bike at 75% of max heart rate
4	30 Minutes of Cycling on a stationary bike at 75% of Max Heart Rate with 30 second maximum effort intervals at minutes 10, 15 and 20.
5	<p>Sport Specific Aerobic activity and re-introduction of skating: – 15 minutes of low intensity skating. If the facility permits, short track athletes should start with long track skating.</p> <p>The environment should be managed to ensure the athlete is not in excessive traffic and that there is minimum risk of falling or colliding with other skaters. The skater may also attempt basic balance drills, such as gliding in basic position on one leg. If the skater only has access to a short track facility, they should skate around the outside, close to the boards with no traffic on the inside.</p>
6	30 minutes of Skating at 75% of Max Heart Rate with 30 second maximum effort intervals at minutes 10, 15 and 20.
7	Regular off-ice warm up with high intensity off-ice agility/coordination activities and monitored high intensity off-ice and on-ice workout. (Please see SSC's recommended training session for step 7)
8	FULL ON-ICE PRACTICE including skating in traffic, tactical drills, starts and race simulations once cleared by a physician or nurse practitioner.
9	RETURN TO UNRESTRICTED TRAINING AND COMPETITION

Special Considerations

This Concussion Policy and Code of Conduct aims to:

1. ensure that skaters with a suspected concussion are removed from speed skating and seek medical assessment and
2. all skaters with a suspected and/or diagnosed concussion do not participate in OSSA sanctioned activities before medically cleared to do so. The above steps relate most directly to a skater who sustains a concussion during an OSSA sanctioned activity and this injury is identified immediately. Not all concussions will be identified immediately and not all concussions will take place during an OSSA sanctioned activity.

Two alternative scenarios are presented below:

Scenario 1: A suspected concussion from an OSSA sanctioned activity is not identified and/or reported until days or weeks after the speed skating activity.

Action: Begin at 3, “reporting a suspected concussion”. Immediately upon the concussion being identified and/or reported to the designated person, the designated person is responsible for documenting the suspected concussion, notifying OSSA, and recommending that the skater see a medical doctor/nurse practitioner immediately.

Scenario 2: A skater is diagnosed with a concussion from a non-OSSA sanctioned activity (e.g., school, home, other sports).

Action: Begin at 4 “medical diagnosis”. The parent/guardian of the skater with a concussion must submit a Medical Assessment Letter (highlighting that the Skater has been diagnosed with a concussion) to the designated person and to OSSA. As the concussion did not happen at an OSSA sanctioned activity, no Injury Report is needed. The participant must then complete each stage of the Return to Speed Skating Protocol.