Concussion Policy and Code

Version:	May 20, 2026
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Preamble

1. The *Concussion Policy and Code* (the "Policy") is based on the 6th Consensus Statement on *Concussion* in Sport, released in June 2023, and *Rowan's Law*.[1]

2. Rowan's Law imposes three obligations on sporting organizations:

   a) Receive an acknowledgement from *Organizational Participants* who are under 26 years of age, parents of *Athletes* under 18, as well as their coaches, team trainers (including *Athlete Support Personnel*) and officials that they have reviewed the published *Concussion* awareness resources;

   b) Establish a *Concussion Code of Conduct*; and

   c) Establish a removal-from-sport and *RTS* protocol.

3. *Rowan's* Law is the only legislation addressing *Concussion* safety in the country, and Curling Canada recognizes this legislation is the leading standard in *Concussion* prevention and awareness in Canada, and it is reflected within the Policy.

4. This Policy also incorporates the report of the 2022 *Concussion* in Sport Group (2022 CISG), a group of sport *Concussion* medical practitioners and experts, which provided recommendations for preventing *Concussions*. These include implementing laws and protocols for mandatory removal from play following actual or suspected *Concussion*; requirements to receive clearance for return-to-play from a healthcare provider; and education of coaches, parents and *Athletes* regarding *Concussion* signs and

[1] *Rowan's Law (Concussion Safety)*, 2018, S.O. 2018, c. 1. (Note: *Rowan's Law* applies ONLY to organizations located in Ontario. Participation by all other SOs is voluntary).

symptoms. These actions are associated with a reduction in recurrent *Concussion* rates.

5. A *Concussion* is a clinical diagnosis that can only be made by a physician. The 2022 CISG defined sport-related *Concussion*, in part as:

> *...a traumatic brain injury caused by a direct blow to the head, neck or body resulting in an impulsive force being transmitted to the brain that occurs in sports and exercise-related activities... Symptoms and signs may present immediately, or evolve over minutes or hours, and commonly resolve within Days, but may be prolonged [...] Sport-related Concussion results in a range of clinical symptoms and signs that may or may not involve loss of consciousness.*

6. Timely recognition and removal, proper assessment and appropriate management are linked to faster recovery and improved outcomes following *Concussions*.

Purpose

7. Curling Canada believes that increased awareness of *Concussions* and their long-term effects, as well as prevention of *Concussions* is paramount to protecting the health and safety of *Organizational Participants*.

8. This Policy applies to all activities and events for which Curling Canada is the governing or sanctioning body including, but not limited to, competitions, practices, and training sessions.

Definitions

9. Defined terms used in the *Concussion* Policy and Code include:

a) *Athlete*

b) *Athlete Support Personnel*

c) *Concussion*

d) *Designated Person*

e) *Organizational Participant*

f) *Qualified Healthcare Professional*

g) *Return-to-Sport (RTS)*

h) *Sport-Related Concussion ("SRC")*

i) *Suspected Concussion*

Registration

10. When an *Organizational Participant* under the age of 26 years old registers with Curling Canada, the *Organizational Participant* **must** provide written or electronic

confirmation that they have reviewed *Concussion* awareness resources within the past 12 months, pursuant to *Rowan's Law*. The Ontario Government has produced age-appropriate *Concussion* resources:

a) Ages 10 and under

b) Ages 11-14

c) Ages 15+

11. *Organizational Participants* under the age of 26 years old must also sign the *Concussion Code of Conduct* (**Appendix A, Part A**).

12. For *Organizational Participants* younger than 18 years old, their parent or guardian **must** also provide confirmation that they have also reviewed the *Concussion* resources as well and signed the *Concussion Code of Conduct*.

13. *Athlete Support Personnel* must provide confirmation that they have also reviewed the *Concussion* resources and sign the *Concussion Code of Conduct (***Appendix A, Part B)**; but not if they will be interacting exclusively with *Organizational Participants* who are 26 years old or older.

14. While *Rowan's Law* mandates *Organizational Participants* and *Athlete Support Personnel* **under** 26 years of age to sign the *Concussion Code of Conduct*, Curling Canada also requires that those over the age of 26 familiarize themselves with relevant *Concussion* information and sign on the *Concussion Code of Conduct*.

Removal from Sport Protocol: Recognizing Concussions

15. Although the formal diagnosis of *Concussion* should be made following a medical assessment, the broader sport community including *Athletes*, parents, teachers, coaches, officials, and *Qualified 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. Some sport and recreation venues will not have access to on-site *Qualified Healthcare Professionals*.

16. A *Concussion* should be suspected:

a) 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 (see Appendix "B"); and/or

b) 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*.

17. *Concussions* can be identified with the help of the *Concussion* Recognition Tool, 6th Edition ("CRT6"), Appendix "B".[2]

18. If an ambulance is called involving a *Minor*, the parent/guardian and/or emergency contact of the *Minor* must be contacted immediately.

Removal from Sport Protocol: Steps and Process

19. Removal of an *Organizational Participant* from the field of play should be done by the *Designated Person(s)* if there is suspicion of a possible *Concussion*. This Person is either:

    a) An on-site Curling Canada staff member; and/or

    b) The *Designated Person* for the *Sanctioned Competition*.

20. Curling Canada will identify the *Designated Person(s)*.

21. Recognition and removal from sport are actions that should be taken following reference to the CRT6 (Appendix B) The CRT6 is provided as a tool that non-medically trained personnel can use (i.e., the *Designated Person(s))* for the identification and immediate management of a *Suspected Concussion*. It is not used to diagnose a *Concussion*.

22. Following the removal of any *Organizational Participant* on the basis of a suspected *Concussion*[3]:

    a) the *Designated Person(s)* who removed the *Organizational Participant* must call 9-1-1 if, in the *Designated Person's* opinion, doing so is necessary;

    b) Curling Canada must create and keep a record of the removal;

    c) The *Designated Person(s)* must inform the *Organizational Participant's* parent or guardian of the removal if the *Organizational Participant* is 18 years old or younger, and inform the parent or guardian that the *Organizational Participant* is required to undergo a medical assessment by a *Qualified Healthcare Professional* before the *Organizational Participant* will be permitted to return to participation; and

[2] As the CRT6 is updated and new versions are implemented, Curling Canada will update this Policy.
[3] An *Athlete* must be removed by the *Designated Person* on the basis of a *Suspected Concussion* regardless of whether the *Concussion* was sustained or is suspected to having been sustained during a sport activity associated with Curling Canada.

d) The *Designated Person(s)* will remind the *Organizational Participant*, and the *Organizational Participant's* parent or guardian as applicable, of Curling Canada's Removal from Sport and *RTS* protocol as described in this Policy.

23. If an *Organizational Participant* is suspected of sustaining a *Concussion* but there is no concern for a more serious head or spine injury (i.e., no red flags as indicated in the CRT6), they should be immediately removed from the field of play, and proceed as follows:

    a) if a *Qualified Healthcare Professional* is present, the *Organizational Participant* should be taken to a quiet area and undergo sideline medical assessment.

    b) if a *Qualified Healthcare Professional* is not present, the *Organizational Participant* should be referred for medical assessment by a *Qualified Healthcare Professional* as soon as possible. They must not return to play until medical clearance is received.

24. Once an *Organizational Participant* is assessed medically, and:

    a) is determined to ***not*** have not sustained a *Concussion*, they must provide a Medical Assessment Letter indicating this. The *Organizational Participant* can return to sport activities without restriction.

    b) is diagnosed with a *Concussion*, they should be provided with a Medical Assessment Letter indicating this. The *Organizational Participant* may return in accordance with the *RTS* Protocol in this Policy.

Return-to-Sport (RTS) Protocol

25. The table below contains the *RTS* Protocol, which is a requirement of Rowan's Law, once medical clearance has been received.

26. Organizations outside of Ontario may adapt the *RTS* Protocol to reflect their specific circumstances.

Stage	Aim	Activity	Stage Goal
1	Activities of daily living and relative rest (first 24 to 48 hours)	Daily activities that do not exacerbate symptoms	Gradual reintroduction of work/school activities

After a maximum of twenty-four (24) to forty-eight (48) hours after injury, progress to Step 2			
2**A**	Light effort and aerobic exercise	Light aerobic exercise, such as stationary cycling or walking at slow to medium pace. Light resistance training that does not result in more than mild and brief exacerbation[4]* of *Concussion* symptoms. *(*see footnote 3*) Exercise up to approximately 55% of maximum heart rate Take breaks and modify activities as needed	Increase heart rate.
2**B**	Moderate effort aerobic exercise	Gradually increase tolerance and intensity of aerobic activities, such as stationary cycling and walking at a brisk pace Exercise up to approximately 70% of maximum heart rate Take breaks	Increase heart rate
3	Individual sport-specific activities, without risk of inadvertent head impact with school	Add sport-specific activities Perform activities individually and under supervision from a teacher, parent/caregiver, or coach	Increase the intensity of aerobic activities and introduce low-risk sport-specific movements

[4] Mild and brief exacerbation of symptoms (i.e., an increase of no more than 2 points on a 0–10 point scale for less than an hour when compared with the baseline value reported prior to physical activity).
Athletes may begin Step 1 (i.e., symptom-limited activity) within twenty-four (24) hours of injury, with progression through each subsequent step typically taking a minimum of twenty-four (24) hours. If more than mild exacerbation of symptoms (i.e., more than 2 points on a 0–10 scale) occurs during Steps 1–3, the *Athlete* should stop and attempt to exercise the next day. *Athletes* experiencing *Concussion*-related symptoms during Steps 4–6 should return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities. Written determination of readiness to *RTS* should be provided by a healthcare provider before unrestricted *RTS* as directed by local laws and/or sporting regulations.

	accommodations (as needed)	Progress to where *Athlete* is free of *Concussion*-related symptoms, even when exercising	
Medical clearance If the *Organizational Participant* has been medically cleared, progress to Step 4[5].			
4	Non-contact training drills and activities	Progress to exercises with no body contact at high intensity, including more challenging drills and activities	Resume usual intensity of exercise, coordination, and activity-related cognitive skills
5	Return to all non-competitive activities, full contact practice and physical education activities	Progress to higher-risk activities including typical training activities Do not participate in competitive game play	Return to activities that have a risk of falling or body contact, restore confidence and assess functional skills by coaching staff
6	Return to sport	Normal participation; unrestricted sport and physical activity.	n/a

27. The *Organizational Participant's RTS* strategy should be guided and approved by a physician with regular consultations throughout the process. Specifically, progression through the later *RTS* strategy (Steps 4–6) should be monitored by a health care professional.

28. To fully return to sport, the affected *Organizational Participant* must provide Curling Canada with a medical clearance form, signed by a physician, following Stage 5 and before proceeding to Stage 6.

[5] *Athletes* who have been diagnosed with a *Concussion* can be considered for medical clearance to return to sport activities with risk of contact or fall once they have successfully completed: Steps 1 to 3 of the sport-specific *RTS* strategy. To progress to Step 4 of *RTS,* the *Athlete* must provide their coach with a 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 sport. In geographic regions of Canada with limited access to medical doctors (e.g., rural, remote, or northern communities), a *Qualified Healthcare Professional* (e.g., a nurse) with pre-arranged access to a medical doctor or nurse practitioner can provide this documentation.

29. Additional consultation with a *Qualified Healthcare Professional* is recommended if there is recurrence of symptoms when progressing through *RTS* strategies.[6]

Administrative Responsibilities

30. Curling Canada will provide a form template for *Member Associations* to track injury incidence (Appendix E). *Member Associations* are responsible for monitoring injury incidence.

31. *Member Associations* must maintain records of reported and suspected *Concussions* and documentation of *Organizational Participant* diagnosis and clearance to return to play.

32. Curling Canada will conduct a review of this policy every three (3) years or sooner if required by sector standards.

Non-Compliance

33. Failure to abide by any of the guidelines and/or protocols contained within this policy may result in disciplinary action in accordance with Curling Canada's policies for Discipline and Complaints.

Not Advice

34. Nothing in this Policy is to be interpreted as medical or legal advice.

[6] In some cases, it may be in the best interest of the *Athlete* to discontinue their participation in Curling as a result of potential head injuries and *Concussions*.

Appendix A - Concussion Code of Conduct

PART A

The following section of the Concussion Code of Conduct must be signed by all Organizational Participants under the age of 26 years old. For Organizational Participants who are younger than the age of majority in the applicable territory, a parent/guardian must also sign this section.

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 my sport or activity;
- demonstrating my commitment to fair play and respect for all (respecting other *Athletes*, coaches, team trainers and officials).

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-term 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 don't 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 a designated person when and an *Organizational Participant* suspects that another *Organizational Participant* may have sustained a *Concussion*. (Meaning: If I think I might have a *Concussion* I should stop participating in further training, practice, or competition **immediately,** and I will tell an adult if I think another *Athlete* has a *Concussion*);
- continuing to participate in further training, practice or competition with a possible *Concussion* increases my risk of more severe, longer lasting symptoms, and increases my risk of other injuries;
- I have a commitment to zero-tolerance for prohibited play that is considered high-risk for causing *Concussions*;

- I acknowledge that mandatory expulsion from competition may occur for violating zero-tolerance for prohibited play that is considered high-risk for causing consequences; and

- I acknowledge that there are escalating consequences for those who repeatedly violate this *Concussion Code of Conduct*.

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, official, team trainer, parent or another adult I trust 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 a coach, official, team trainer, parent or another adult I trust so they can help.

- I understand that, if I have a *Suspected Concussion*, I will be removed from sport and that I will not be able to return to training, practice or competition until I undergo a medical assessment by a medical doctor or nurse practitioner and have been medically cleared to return to training, practice or competition.

- I have a commitment to sharing any pertinent information regarding incidents of removal from sport with my school and any other sport organization with which I have registered. (Meaning: If I am diagnosed with a *Concussion*, I understand that letting all of my other coaches and teachers know about my injury will help them support me while I recover.)

I will take the time I need to recover because it is important for my health.

- I understand my commitment to supporting the return-to-sport process and I will follow my sport's Return-to-Sport Protocol.

- I understand I will have to be medically cleared by a medical doctor or nurse practitioner before returning to training, practice or competition.

- 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 and commit to this *Concussion Code of Conduct*.

_____	_____	_____
Name of Organizational Participant (Print)	Signature of Organizational Participant	Date
_____	_____	_____

Name of Parent or Guardian (print)	Signature of Parent or Guardian	Date

PART B

The following section of the Concussion Code of Conduct must be signed by all coaches and team trainers who interact with Organizational Participants under the age of 26 years old.

I can help prevent Concussions through my:

- efforts to ensure that my *Athletes* wear the proper equipment and wear it correctly;
- efforts to help my *Athletes* develop their skills and strength so they can participate to the best of their abilities;
- respect for the rules of my sport or activity and my efforts to ensure that my *Athletes* do too; and
- commitment to fair play and respect for all (respecting other coaches, team trainers, officials and all *Organizational Participants* and ensuring my *Athletes* respect others and play fair).

I will care for the health and safety of all Organizational Participants by taking Concussions seriously. I understand that:

- a *Concussion* is a brain injury that can have both short-term and long-term effects;
- a blow to the head, face, or neck, or a blow to the body may cause the brain to move around inside the skull and result in a *Concussion*;
- a person doesn't need to lose consciousness to have had a *Concussion*;
- an *Organizational Participant* with a *Suspected Concussion* should stop participating in training, practice or competition **immediately**;
- I have a commitment to *Concussion* recognition and reporting, including self-reporting of possible *Concussion* and reporting to a designated person when an *Organizational Participant* suspects that another *Organizational Participant* may have sustained a *Concussion*;
- continuing to participate in further training, practice or competition with a *Suspected Concussion* increases a person's risk of more severe, longer lasting symptoms, and increases their risk of other injuries or even death;

- I have a commitment to zero-tolerance for prohibited play that is considered high-risk for causing *Concussions*;

- I acknowledge that mandatory expulsion from competition may occur for violating zero-tolerance for prohibited play that is considered high-risk for causing consequences; and

- I acknowledge that there are escalating consequences for those who repeatedly violate this *Concussion Code of Conduct*.

I will create an environment where Organizational Participants feel safe and comfortable speaking up. I will:

- encourage *Athletes* not to hide their symptoms, but to tell me, an official, parent or another adult they trust if they experience **any** symptoms of *Concussion* after an impact;

- lead by example. I will tell a fellow coach, official, team trainer and seek medical attention by a physician or nurse practitioner if I am experiencing any *Concussion* symptoms;

- understand and respect that any *Athlete* with a *Suspected Concussion* must be removed from sport and not permitted to return until they undergo a medical assessment by a physician or nurse practitioner and have been medically cleared to return to training, practice or competition.

- *For coaches only*: commit to providing opportunities before and after each training, practice and competition to enable *Athletes* to discuss potential issues related to *Concussions*.

I will support all Organizational Participants to take the time they need to recover.

- I understand my commitment to supporting the Return-to-Sport process.

- I understand the *Athletes* will have to be cleared by a physician or nurse practitioner before returning to sport.

- I will respect my fellow coaches, team trainers, parents, physicians and nurse practitioners and any decisions made with regards to the health and safety of my *Athletes*.

By signing here, I acknowledge that I have fully reviewed and commit to this *Concussion Code of Conduct*.

_____	_____	_____
Name and role (print)	Signature	Date

Appendix B – Concussion Recognition Tool 6 (CRT6)

CRT6™

Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults

What is the Concussion Recognition Tool?

A concussion is a brain injury. The Concussion Recognition Tool 6 (CRT6) is to be used by non-medically trained individuals for the identification and immediate management of suspected concussion. It is not designed to diagnose concussion.

Recognise and Remove

Red Flags: CALL AN AMBULANCE

If **ANY** of the following signs are observed or complaints are reported after an impact to the head or body the athlete should be immediately removed from play/game/activity and transported for urgent medical care by a healthcare professional (HCP):

- **Neck pain or tenderness**
- **Seizure, 'fits', or convulsion**
- **Loss of vision or double vision**
- **Loss of consciousness**
- **Increased confusion or deteriorating conscious state (becoming less responsive, drowsy)**
- **Weakness or numbness/tingling in more than one arm or leg**
- **Repeated Vomiting**
- **Severe or increasing headache**
- **Increasingly restless, agitated or combative**
- **Visible deformity of the skull**

Remember

- In all cases, the basic principles of first aid should be followed: assess danger at the scene, check airway, breathing, circulation; look for reduced awareness of surroundings or slowness or difficulty answering questions.
- Do not attempt to move the athlete (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) or other equipment.
- Assume a possible spinal cord injury in all cases of head injury.
- Athletes with known physical or developmental disabilities should have a lower threshold for removal from play.

If there are no Red Flags, identification of possible concussion should proceed as follows:

Concussion should be suspected after an impact to the head or body when the athlete seems different than usual. Such changes include the presence of **any one or more** of the following: visible clues of concussion, signs and symptoms (such as headache or unsteadiness), impaired brain function (e.g. confusion), or unusual behaviour.

CRT6™

Developed by: The Concussion in Sport Group (CISG)

Supported by:

International Olympic Committee · FEI · FIA · FIFA · IIHF · World Rugby

CRT6 Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults

1: Visible Clues of Suspected Concussion

Visible clues that suggest concussion include:

- Loss of consciousness or responsiveness
- Lying motionless on the playing surface
- Falling unprotected to the playing surface
- Disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions
- Dazed, blank, or vacant look
- Seizure, fits, or convulsions
- Slow to get up after a direct or indirect hit to the head
- Unsteady on feet / balance problems or falling over / poor coordination / wobbly
- Facial injury

2: Symptoms of Suspected Concussion

Physical Symptoms
Headache
"Pressure in head"
Balance problems
Nausea or vomiting
Drowsiness
Dizziness
Blurred vision
More sensitive to light
More sensitive to noise
Fatigue or low energy
"Don't feel right"
Neck Pain

Changes in Emotions
More emotional
More Irritable
Sadness
Nervous or anxious

Changes in Thinking
Difficulty concentrating
Difficulty remembering
Feeling slowed down
Feeling like "in a fog"

Remember, symptoms may develop over minutes or hours following a head injury.

3: Awareness

(Modify each question appropriately for each sport and age of athlete)

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

"Where are we today?"

"What event were you doing?"

"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 PRACTICE OR PLAY and should NOT RETURN TO ANY ACTIVITY WITH RISK OF HEAD CONTACT, FALL OR COLLISION, including SPORT ACTIVITY until ASSESSED MEDICALLY, even if the symptoms resolve.

Athletes with suspected concussion should **NOT**:

- Be left alone initially (at least for the first 3 hours). Worsening of symptoms should lead to immediate medical attention.
- Be sent home by themselves. They need to be with a responsible adult.
- Drink alcohol, use recreational drugs or drugs not prescribed by their HCP
- Drive a motor vehicle until cleared to do so by a healthcare professional

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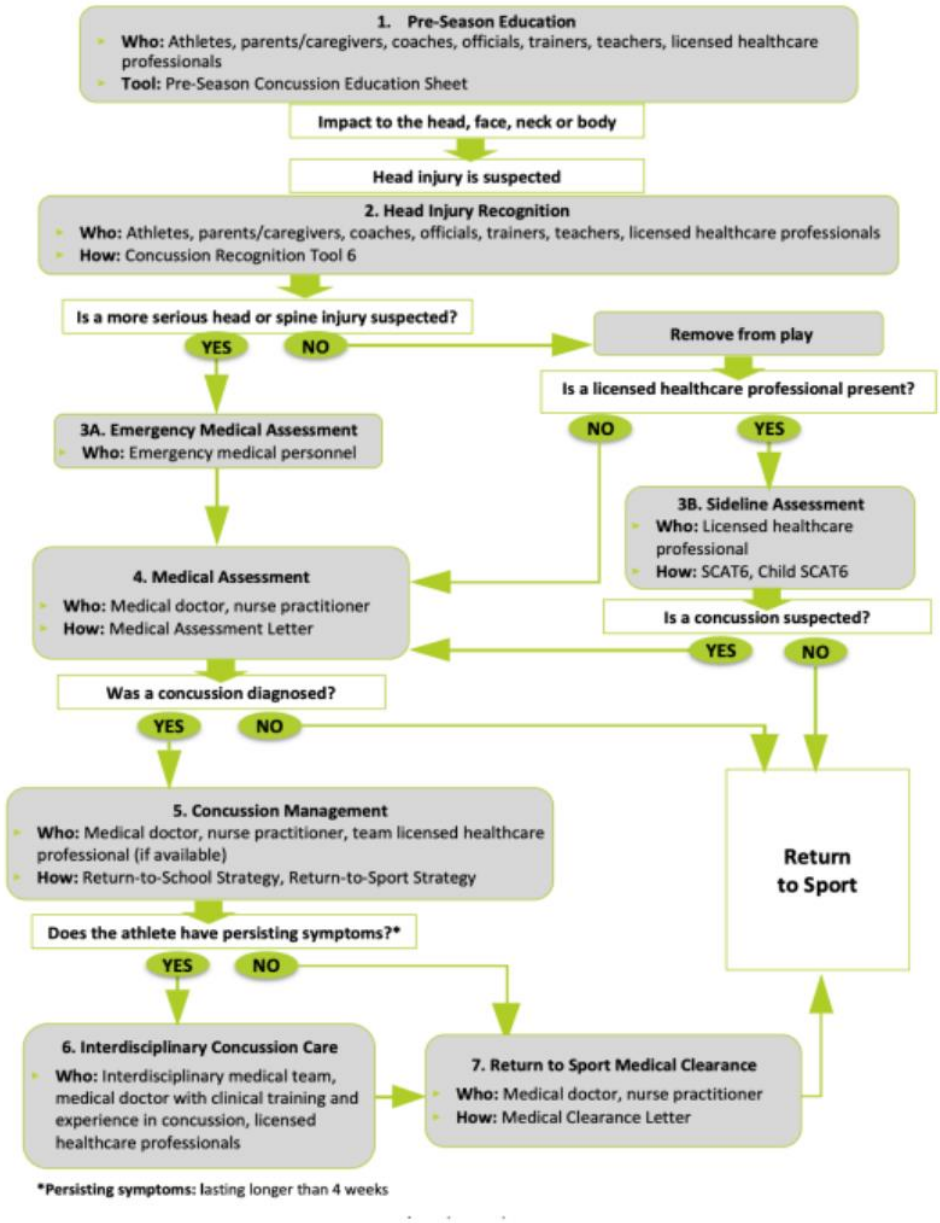
Appendix C – Sport Concussion Pathway

Canadian Sport Concussion Pathway

The flowchart that follows is a visual representation of the decision-making pathway that reflects the recommendations in this guideline.



Appendix D – Key points from CISG Recommendations

- The 2022 CISG identified several areas of refinement to strengthen future consensus statements: *Para Sport, Paediatrics, the Athlete's Voice* and *Ethical Considerations, limitations,* and *improvements*. The following are relevant for Curling Canada's application of this policy.

Para Sport

- The *Concussion* experience of the para-*Athlete* is unique, due to the interaction of the *Organizational Participant's* primary impairment and the pathophysiology of *Concussion*. Para *Athletes* require a more individualised approach when it comes to evaluating *Concussions*.

- Curling Canada should be aware that prevention approaches, detection of initial symptoms, diagnosis, recovery (i.e., potential for persisting symptoms of *Concussion*) and treatment strategies may be impacted by the characteristics of the *Organizational Participant*'s underlying impairment.

- *Organizational Participants* with visual impairment may be at even greater risk of *Concussion*, as the mechanisms of injury in this population are primarily through collisions or direct head contact.

- The following considerations by the *Concussion* in Para Sport Group are important for Curling Canada to keep in mind when dealing with para-sport *Organizational Participants*:

    a) Para-sport *Organizational Participants* may benefit from baseline testing given the variable nature of their disability and the potential for atypical presenting signs/symptoms of *Concussion*;

    b) Para-sport *Organizational Participants* with a history of central nervous system injuries (i.e., cerebral palsy, stroke) may require an extended period of initial rest;

    c) testing for symptoms of *Concussion* through recovery may require modification such as the use of arm ergometry as opposed to a treadmill/stationary bike; and

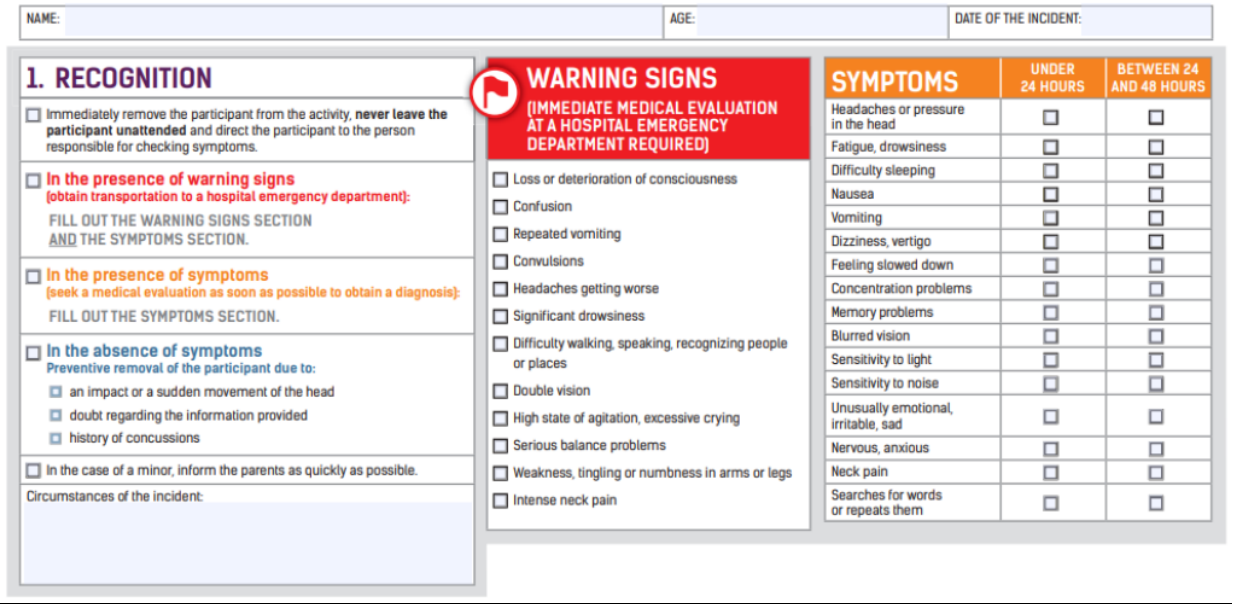
    d) RTS protocols must be tailored and include the use of the individual's personal adaptive equipment and, for applicable participants with visual impairment, partnership with their guide.

Paediatrics

- Child and adolescent *Athletes* are less likely to have trained medical personnel available on the sidelines, and it is strongly recommended that the CRT6 be used by all adults supervising child and adolescent sport.

- Children and adolescents with repeat *Concussions* wishing to continue to play or to progress to the next age-level group or [elite pathway/national level] programmes require individualised assessment.

Appendix “E” - Form template for Member Associations to track injury incidents



NAME: | AGE: | DATE OF THE INCIDENT:

1. RECOGNITION

- ☐ Immediately remove the participant from the activity, **never leave the participant unattended** and direct the participant to the person responsible for checking symptoms.
- ☐ **In the presence of warning signs** (obtain transportation to a hospital emergency department):
  FILL OUT THE WARNING SIGNS SECTION AND THE SYMPTOMS SECTION.
- ☐ **In the presence of symptoms** (seek a medical evaluation as soon as possible to obtain a diagnosis):
  FILL OUT THE SYMPTOMS SECTION.
- ☐ **In the absence of symptoms**
  Preventive removal of the participant due to:
  - ☐ an impact or a sudden movement of the head
  - ☐ doubt regarding the information provided
  - ☐ history of concussions
- ☐ In the case of a minor, inform the parents as quickly as possible.

Circumstances of the incident:

WARNING SIGNS
(IMMEDIATE MEDICAL EVALUATION AT A HOSPITAL EMERGENCY DEPARTMENT REQUIRED)

- ☐ Loss or deterioration of consciousness
- ☐ Confusion
- ☐ Repeated vomiting
- ☐ Convulsions
- ☐ Headaches getting worse
- ☐ Significant drowsiness
- ☐ Difficulty walking, speaking, recognizing people or places
- ☐ Double vision
- ☐ High state of agitation, excessive crying
- ☐ Serious balance problems
- ☐ Weakness, tingling or numbness in arms or legs
- ☐ Intense neck pain

SYMPTOMS	UNDER 24 HOURS	BETWEEN 24 AND 48 HOURS
Headaches or pressure in the head	☐	☐
Fatigue, drowsiness	☐	☐
Difficulty sleeping	☐	☐
Nausea	☐	☐
Vomiting	☐	☐
Dizziness, vertigo	☐	☐
Feeling slowed down	☐	☐
Concentration problems	☐	☐
Memory problems	☐	☐
Blurred vision	☐	☐
Sensitivity to light	☐	☐
Sensitivity to noise	☐	☐
Unusually emotional, irritable, sad	☐	☐
Nervous, anxious	☐	☐
Neck pain	☐	☐
Searches for words or repeats them	☐	☐