

Eastman Ringette Association Policy on Concussion and Management Protocol

October 2017

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1.0 Preamble

Eastman Ringette Association(ERA) is committed to ensuring the safety of everyone participating in the sport of Ringette. ERA recognizes the increased awareness of Concussions and their long-term effects, and believes that prevention of Concussions is paramount to protecting the health and safety of Participants.

Canadians have a heightened awareness of concussions due to the many high-profile athletes that have incurred concussions, the increased media coverage relating to brain injury, and our increased understanding of the consequences of repetitive brain trauma, primarily within professional sports. From this heightened awareness, we know that concussions are very possible within the sport of Ringette. (Ringette Canada 2016)

The Manitoba Government has introduced Bill 37, The Concussion in Youth Sport Act. The foundation of Bill 37 centers around Concussion education and awareness.

First reading of Bill 37 indicates and conveys that:

- Provincial sport organizations adopt a return-to-play protocol for youth athletes who have sustained a concussion or are suspected of having sustained a concussion.
- Concussion-related information is to be given to participants in youth sport activities
- A Head coach who suspects that an athlete has sustained a concussion is to remove the athlete from play until medically cleared to return.

Multiple youth sport organizations in Manitoba have developed Concussion Policy and Protocol in advance of Bill 37 reaching Royal Assent. Other Provinces have well established Concussion Policy in the absence of legislation. ERA has taken ownership of responsibility to ensure our players are safe and Coaches and Parents are educated in Concussion recognition and management.

Sincerely,

Jeff Tutkaluk

President-Eastman Ringette Association

Mark Ratz

Director of Coaching-Eastman Ringette Association

2.0 ERA has adopted the following Ringette Canada Concussion Policy



2.1 A Concussion is a clinical diagnosis that can only be made by a physician.

2.2 Procedure

During all events, competitions, and practices, Participants must refer to the Concussion Management Guidelines and use their best efforts to be aware of incidents that may cause a Concussion and recognize and understand the symptoms that may result from a Concussion. These may appear immediately after the injury or within hours or days of the injury and may be different for everyone. Some common signs and symptoms are included in the Concussion Management Guidelines.

2.3 Coach / Administrator / Supervisor Responsibilities

2.3.1 All members of the ERA community (including coaches, trainers, officials, and even parents) should be familiar with their responsibilities under the Concussion Management Guidelines. The Guidelines explain how to recognize signs of a Concussion, the initial actions that should be taken, the return to play protocols and the reporting responsibilities to ERA and Ringette Canada.

2.3.2 Every possible Concussion incident must be reported to Eastman Ringette.

2.4 Return to Play

2.4.1 A Participant with a suspected Concussion, even if the Participant was not rendered unconscious, will not be permitted to return to play until the Participant has consulted a physician.

2.4.2 Prior to returning to play, the participant must consult and follow the Return to Play section of the Concussion Management Guidelines.

2.5 Medical Clearance

2.5.1 In following the Return to Play section of the *Concussion Management Guidelines*, the participant will have been required to consult a medical physician.

2.5.2 Once the Participant has been given medical clearance by a physician, the coach, administrator and/or supervisor is required to forward a copy of the medical clearance letter to Eastman Ringette for the purpose of monitoring.

2.6 Summary of Reporting Obligations

Eastman Ringette Director of Coaching must be informed whenever a possible Concussion incident occurs, the result of consultation with a medical professional, and when the participant is able to return to play. The following notifications should be sent completed:

- a) Concussion Incident Form
- b) Medical Assessment Letter (Appendix C) from physician indicating that participant is cleared to resume participating in ringette activities or Medical Clearance Letter (Appendix D) if player is directed to the Return to play protocol.

2.7 Non-Compliance

Failure to abide by any of the guidelines and/or protocols contained within this policy may result in disciplinary action in accordance with Eastman Ringette and Ringette Canada Discipline and Complaints Policy.

2.8 Review

This Policy and the Concussion Management Guidelines will be reviewed regularly. The first review will occur in Spring 2017 after results from the 5th International Consensus Conference on Concussions in Sport (October 2016 in Berlin) have been released.

3.0 Concussion Management Guidelines Ringette Canada

3.1 Context:

Canadians have a heightened awareness of concussions due to the many high-profile athletes that have incurred concussions, the increased media coverage relating to brain injury, and our increased understanding of the consequences of repetitive brain trauma, primarily within professional sports. From this heightened awareness, we know that concussions are very possible within the sport of Ringette.

3.2 Definitions:

- **Concussion:** An alteration in thinking and behaving as a result of a direct or indirect blow to the head or an impact to the body that causes a sudden severe movement to the head. With a concussion, there is no visible injury to the structure of the brain, meaning that tests like an MRI or a CT scan usually appear normal.
- **CSA certified:** This means the equipment has been tested using process laid out in the Standard developed by the CSA for that specific piece of equipment and meets its requirements.
- **Participant:** Individuals associated with Ringette Canada activities including but not limited to coaches, athletes, volunteers, and officials.

3.3 Purpose:

Ringette Canada and ERA believes that everyone involved with Ringette Canada should take all necessary precautionary steps to prevent and reduce brain injuries, inform themselves as to the signs and symptoms of a concussion, and take accountability around their role in the prevention, identification, and return to health of a Participant suffering from a brain injury.

These Concussion Management Guidelines provide guidance in identifying signs and symptoms of a concussion, the responsibilities of coaches and other team staff, return to play guidelines, and the reporting mechanisms for instances of possible concussions.

3.4 Scope:

The Concussion Policy addresses the identification and management of a suspected or confirmed concussion, as well as the protocol for Return to Play for any Participant associated within Ringette Canada activities. ERA and Ringette Canada is not responsible for diagnosing concussions – this can only be done by a physician – but ERA can contribute to the immediate identification and management of concussions. Return to Play procedures for Participants suffering from a confirmed concussion should be guided by the health care professional in charge of treatment.

3.5 Awareness:

Everyone on the ice surface is at risk of suffering a concussion.

- Players
- Coaches and Team Staff
- On-ice officials

It is important to note that:

- Individuals with a previous history of concussion are at a higher risk of concussion and take a longer time to recover
- Females are at higher risk of concussion

3.6 Dangers:

Failure to recognise and report concussion symptoms or returning to activity with ongoing concussion symptoms sets the stage for:

- **Cumulative concussive injury**
 - Data suggests that the concussed brain goes through a period of heightened susceptibility to a second injury.
- **Second Impact Syndrome**
 - Second Impact Syndrome is a rare occurrence and occurs when an athlete sustains a brain injury (concussion or worse) and while still experiencing symptoms (not fully recovered) sustains a second brain injury, which is associated with brain swelling and permanent brain injury or death.

Recurrent brain injury has been implicated in the development of Chronic Traumatic Encephalopathy (CTE). CTE is a progressive degenerative brain disease seen in people with a history of brain trauma. For athletes who suffered repetitive brain trauma, symptoms include difficulty thinking, explosive and aggressive behaviour, mood disorder, and movement disorder (Parkinsonism). Presently, CTE can only be diagnosed pathologically.

3.7 Education: Ringette Canada strongly recommends that all athletes, coaches, officials, and parents maintain an updated education of concussion awareness and management.

Ringette Canada is currently (as of July 2016) considering mechanisms for making concussion awareness training mandatory for certain Ringette Canada stakeholders.

Particularly, NCCP-certified coaches can expect to soon be required to complete the CAC Making Head Way e-module. Coaches will receive professional development points towards the maintenance of their coaching certification for completing this e-module.

Examples of online Concussion education tools:

- Concussion Awareness Training Tool
Web-based tools, resources, 30-minute online course for parents, athletes, and coaches
<http://www.cattonline.com/>
- Oregon Center for Applied Science Concussion Education Video Simplified short four-minute video (primarily for youth athletes) <http://brain101.orcasinc.com/5000/>
- Coaching Association of Canada (CAC) Making Head Way E-Learning E-Learning module (primarily for NCCP-certified coaches) <http://coach.ca/making-head-way-concussion-elearning-series-p153487>

3.8 Equipment:

Wearing the proper equipment can help prevent concussions.

- **Players, coaches and on-ice officials**

All individuals who are required to wear helmets on the ice are expected to wear CSA-certified, properly fitted, and well-maintained equipment. A proper functioning helmet will help reduce the risks of brain injury. Helmets should be examined twice a year for any cracks, loose screws or other breaks that may reduce the effectiveness of the helmet. Helmets that are not CSA-certified, are ill-fitting, or are in any manner altered or broken should never be worn.

- **Other individuals**

Anyone going on the ice without skates should be wearing a footwear traction devices to help prevent injury.

3.9 Diagnosis:

Concussions are to be formally diagnosed by Physicians, Nurse Practitioners or Physician Assistants within their scope of practice and expertise – not by coaches, trainers, team staff, or any other individual. If a Participant is showing signs of concussion and/or has been clinically diagnosed as concussed, the coach, administrator and/or supervisor of that Participant will prevent the Participant from participating until the required medical clearance has been provided.

Medical Clearance Letter (Appendix D)

Participants with a suspected concussion must be seen by a physician before returning to play and must follow the Return to Play instructions.

3.10 Reporting:

For children or adolescents with suspected concussion not directly transferred for medical management to their parents, coaches must communicate their concerns with the child or adolescent’s parent(s) or guardian(s).

It is the responsibility of the individual with a suspected or confirmed concussion or her parents to communicate the player’s status to the team staff.

It is the responsibility of the players to communicate to their team staff if a teammate is injured with suspected concussion.

3.11 Concussion Incidence and Response

3.11.1 Incident:

Know the signs and Symptoms of a Concussion:





 THINKING/ REMEMBERING	 PHYSICAL	 EMOTIONAL/ MOOD	 SLEEP DISTURBANCE
<ul style="list-style-type: none"> • Difficulty thinking clearly • Feeling slowed down • Difficulty concentrating • Difficulty remembering new information 	<ul style="list-style-type: none"> • Headache • Nausea or vomiting (early on) • Balance problems • Dizziness • Fuzzy or blurry vision • Feeling tired, having no energy • Sensitivity to noise or light 	<ul style="list-style-type: none"> • Irritability • Sadness • More emotional • Nervousness or anxiety 	<ul style="list-style-type: none"> • Sleeping more than usual • Sleeping less than usual • Trouble falling asleep

Figure 1 - Concussion Symptoms

Questions to be used in the identification of a Participant with suspected concussion:

1. Was there potential brain trauma?
2. Are there symptoms of concussion (**Figure 1**) such as: headache, dizziness, visual disturbance or nausea (feeling sick), or other symptoms? The more symptoms that are present, the more likely a concussion has occurred.

3. If it is within 24-48 hours of the trauma, has there been any deterioration in the individual's status? For example:
- Headache getting worse?
 - Sleepy?
 - Unable to recognize people?
 - Repeated vomiting?
 - Behaving unusually or confused?
 - Seizures?
 - Weakness?
 - Unsteadiness or slurred speech?

At any time when answering these questions: If in doubt, sit them out.

3.11.2 Post-incident – First 30 minutes:

If the Participant is unconscious – initiate the emergency action plan (see **Concussion Emergency Action Plan** template (Appendix A), call 911, and then:

- a) If applicable, contact the Participant's parent/guardian to inform them of the injury and that the Participant will be attended to by Emergency Medical Services and possibly transported to a hospital
- b) Identify someone to stay with the Participant until Emergency Medical Services arrives
- c) Monitor and document any physical, emotional and/or cognitive changes

If the Participant is conscious – remove the Participant from the activity immediately and then:

- a) Notify the Participant's parent/guardian (if applicable)
- b) Arrange a ride home for the Participant
- c) Isolate the Participant in 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 Participant to consult a physician

Once the Participant has been seen by Emergency Medical Services and/or taken home, a **Concussion Incident Form** (Appendix B) is to be completed and submitted to Eastman Ringette.

Following the identification of a possible concussion and regardless if the Participant is conscious, an individual (team staff, coach, trainer, etc.) ideally with first aid knowledge and training must remain with the Participant to observe for any signs of deterioration. Any potentially-concussed Participant not immediately transported to hospital should be

observed closely for any deterioration for at least 30 minutes. Someone must remain with the Participant until either medical personnel arrive (if required) or until a parent/guardian accepts responsibility for the Participant's safety and well-being.

3.11.3 Post-Incident – First 24 to 48 hours:

Problems can still arise over the course of the first 24 to 48 hours. The Participant should be brought to hospital as soon as possible if one or more of the following symptoms appear:

- Worsening headache
- New symptoms
- Increased drowsiness and trouble waking
- Inability to recognize places and people
- Repeated vomiting
- Irritability, confusion, unusual behaviour
- Seizures
- Slurred speech, instability on feet

3.12 Returning to Play:

Symptoms of concussion may develop over time following a brain injury.¹ The Participant with a suspected concussion must consult a physician before returning to play.

The Participant and the Participant's parent/guardian (if applicable) should be directed to the following guidelines:

- a) If no concussion is diagnosed by a physician: the Participant may return to physical activities accompanied by a *Medical Assessment Letter* (Appendix C) confirming that the Participant is medically cleared to resume participation
- b) If a concussion is diagnosed by a physician: the Participant should only return to physical activities after following the steps outlined below and/or as directed by a physician with the completed *Medical Clearance Letter* (Appendix D)
- c) Each step must take a minimum of 24 hours and the length of time needed to complete each step will vary based on the severity of the concussion.
- d) The Participant should be monitored regularly for the return of any signs and/or symptoms of concussion. If signs and/or symptoms return, the Participant must consult with a physician

¹ Lovell MR, Collins MW, Iverson GL, Johnston KM, Bradley JP. Grade 1 or "ding" concussions in high school athletes. *Am J Sports Med.* 2004 Jan-Feb;32(1):47-54.

Ringette Canada and ERA recommends that Participants diagnosed with a concussion follow these Return to Play steps:

Proceed to the next steps ONLY if symptom free. If symptoms occur, drop back to the step where you do not have symptoms, then allow AT LEAST 24 hours between steps¹.

Medical clearance is required in order to move to the next step. *Medical Clearance Letter* (Appendix D) must be submitted to your Head Coach.

Step 0: No activity, only complete rest. Proceed to step 1 only when symptoms are gone.

Step 1: Light aerobic exercise, such as walking or stationary cycling. Monitor for symptoms and signs. No resistance training or weight lifting. Students must have returned to school or full studies at their pre-injury level of performance and adults must have returned to their normal education or work.

Step 2: Sport specific activities and training (e.g. skating).

Step 3: Drills without contact with teammates. May add light resistance training and progress to heavier weights. The time needed to progress from non-contact to contact exercise will vary with the severity of the concussion and the player.

Step 4: Begin drills involving contact with teammates.

Step 5: Game play.

Once the Participant has been given medical clearance, the coach, administrator and/or supervisor will be required to forward a copy of the physician's *Medical Clearance Letter* to ERA for retention.

3.13 Roles and Responsibilities:

3.13.1 Team staff:

The team Emergency Action Plan (EAP) should indicate specific responsibilities for team staff regarding an injured player. Teams may wish to add a specific section to their EAP outlining information and actions related to concussive injuries.

3.13.2 Direction for head coach:

The Head Coach retains the responsibility to initiate actions related to athletes with potential concussions. The two main responsibilities of the Head Coach include:

1. Enacting the team EAP.
2. Ensuring the timely completion of the Concussion Incident Form.

¹ Department of Neurosurgery, Dalhousie University Concussion Card.

The main trigger for the Head Coach to fulfill these responsibilities will be when any athlete suffers an impact during a game resulting in missed playing time due to symptoms indicating potential concussion.

“When in doubt, fill the form out”

When the Concussion Incident form is filled out, the following process must be followed:

1. The athlete must be given the Medical Assessment Letter (Appendix C) and seek medical assessment by a physician to determine whether a concussion has occurred.
2. The player is not to resume on-ice activities until the form is returned to the Head Coach.
3. The athlete and parent/guardian should be given the Concussion Education Sheet to help guide them through the process.

3.13.3 General:

- **Provincial Sport Organizations (PSO)**

All PSOs are expected to encourage the prevention of concussions with strong education programs and rule enforcement. PSOs are expected to have concussion policies and procedures and annually report all concussion incidents to Ringette Canada. PSOs are also expected to provide capacity to clubs to assist their concussion management initiatives.

- **Local Ringette Associations (clubs)**

Clubs are under the jurisdiction of the PSO should adapt the PSO’s concussion policy for their own activities. Clubs are expected to annually report all concussion incidents to their PSO.

3.14 Resources:

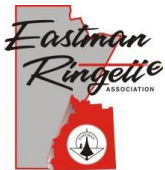
- Centres for Disease Control and Prevention – HEADS UP to Youth Sports
<http://www.cdc.gov/headsup/youthsports/index.html>
- Parachute – Preventing Injuries Saving Lives – Concussion FAQ and Resources
<http://www.parachutecanada.org/injury-topics/topic/C9>



Appendix A

CONCUSSION EMERGENCY ACTION PLAN

Emergency numbers:	911 ~ If not, local police, fire, ambulance numbers should be posted	
Contact Information	President:	Cell:
	Manager:	Cell:
	Other:	Cell:
	Mark Ratz Director of Coaching Eastman Ringette	Cell: (204) 509-3650 <i>eastmandirectorofcoaching@gmail.com</i>
Facility Information	Address:	Google Map
	Telephone:	
	Nearest cross street:	
Person(s) on-site and in charge <input type="checkbox"/> Clear risk of further harm to the injured person by securing the area and shelter the injured person from the elements. <input type="checkbox"/> Designate who is in charge of the other participants. <input type="checkbox"/> Protect yourself (wear gloves if in contact with body fluids such as blood). Check that <input type="checkbox"/> airway is clear, breathing is present, a pulse is present, and there is no major bleeding. <input type="checkbox"/> Wait by the injured person until the ambulance arrives and the injured person is transported.		Names 1: 2: 3:
On-site Call Person(s) <input type="checkbox"/> Call for emergency help. <input type="checkbox"/> Provide all necessary information to dispatch (e.g. facility location, nature of injury, what, if any, first aid has been done). <input type="checkbox"/> Clear any traffic from the entrance/access road before ambulance arrives. <input type="checkbox"/> Wait by the driveway entrance to the facility to direct the ambulance when it arrives. <input type="checkbox"/> Call the emergency contact person listed on the injured person's medical profile, or if present, ask emergency contact to monitor injured person.		Names 1: 2: 3:



Appendix B

CONCUSSION INCIDENT FORM

INCIDENT REPORT FORM			
Participant Information		Date:	
Last Name:		First Name:	
Phone:		Province:	
Gender Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
		Age:	
Club / League:			
Relevant other medical conditions			
INCIDENT INFORMATION REPORT			
Date of incident:			
Time of first intervention:			
Time of medical support:			
Arrival: Describe the incident			
Conditions: (describe any significant information like surface quality):			
Actions Taken:			
After intervention, the individual was:	<input type="checkbox"/> sent home	<input type="checkbox"/> sent to hospital	<input type="checkbox"/> back on the ice
Form completed by:			
	Signature		



Appendix C
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.

Canadian Guideline on Concussion in Sport | Medical Assessment Letter

www.parachutecanada.org/guideline

Return-to-School Strategy

The following is an outline of the *Return-to-School Strategy* that should be used to help student-athletes, parents, and teachers to partner in allowing the athlete to make a gradual return to school activities. Depending on the severity and type of the symptoms present, student-athletes will progress through the following stages at different rates. If the student-athlete experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage.

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

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. Activities should be tailored to create a sport-specific strategy that helps the athlete return to their respective sport.

An initial period of 24-48 hours of rest is recommended before starting their *Sport-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 *Sport-Specific Return-to-Sport Strategy*. It is also important that all athletes provide their coach with a *Medical Clearance Letter* prior to returning to full contact sport activities.

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.	

1th

Source: McCrory et al. (2017). Consensus statement on concussion in sport-the 5th 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-2017-097699>

Canadian Guideline on Concussion in Sport | Medical Assessment Letter

www.parachutecanada.org/guideline



Appendix D

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.

Canadian Guideline on Concussion in Sport Medical Clearance Letter
www.parachutecanada.org/guideline

Return-to-School Strategy¹

The following is an outline of the *Return-to-School Strategy* that should be used to help student-athletes, parents, and teachers to partner in allowing the athlete to make a gradual return to school activities. Depending on the severity and type of the symptoms present, student-athletes will progress through the following stages at different rates. If the student-athlete experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage.

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 Strategy¹

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. Activities should be tailored to create a sport-specific strategy that helps the athlete return to their respective sport.

An initial period of 24-48 hours of rest is recommended before starting their *Sport-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 *Sport-Specific Return-to-Sport Strategy*. It is also important that all athletes provide their coach with a *Medical Clearance Letter* prior to returning to full contact sport activities.

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.	

¹ Source: McCrory et al. (2017). Consensus statement on concussion in sport-the 5th 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-2017-097699>

Canadian Guideline on Concussion in Sport | Medical Clearance Letter
www.parachutecanada.org/guideline



Concussion Event

No

Loss of consciousness?

Yes

Post-Incident-First 30 Minutes with concussion symptoms

1. Remove the Participant from the activity immediately
2. Notify the Participant's parent/guardian
3. Arrange a ride home for the Participant
4. Isolate the Participant in a dark room or area
5. Reduce external stimulus
6. Remain with the Participant until he or she can be taken home
7. Monitor and document any physical, emotional and/or cognitive changes
8. Participant to consult a Physician.

1. Call 911, EMS, Fire department
2. Activate **Concussion Emergency Action Plan Form**
3. If applicable, contact the Participant's parent/guardian to inform them of the injury and that the Participant will be attended to by Emergency Medical Services and possibly transported to a hospital
4. Identify someone to stay with the Participant until Emergency Medical Services arrives
5. Monitor and document any physical, emotional and/or cognitive changes

Post-Incident-First 24 to 48 hours

Problems can still arise over the course of the first 24 to 48 hours. The Participant should be brought to hospital as soon as possible if one or more of the following symptoms appear:

- Worsening headache, Increased drowsiness and trouble waking, Inability to recognize places and people, Repeated vomiting, Irritability, confusion, unusual behaviour, Seizures, Slurred speech, instability on feet.

Once the Participant has been seen by Emergency Medical Services and/or taken home:

1. The Head Coach is responsible to complete the **Concussion Incident Form**.
2. A qualified Physician is responsible to complete **The Medical Assessment Letter**

Both forms to be submitted to **Ringette Canada and Eastman Director of Coaches** (eastmandirectorofcoaching@gmail.com)

The results of **The Medical Assessment Letter** will determine the next steps in the players **"Return to Play"** protocol.



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

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 Strategy¹

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

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.

¹Source: McCrory et al. (2017). Consensus statement on concussion in sport-the 5th 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-2017-097699>

www.parachutecanada.org/concussion

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

www.parachutecanada.org/concussion

Bill 37

Government Bill

Projet de loi 37

Projet de loi du gouvernement

2nd Session, 41st Legislature,
Manitoba,
66 Elizabeth II, 2017

2^e session, 41^e législature,
Manitoba,
66 Elizabeth II, 2017

BILL 37

THE CONCUSSION IN YOUTH SPORT ACT

PROJET DE LOI 37

**LOI SUR LES COMMOTIONS CÉRÉBRALES
CHEZ LES JEUNES ATHLÈTES**

Honourable Ms. Squires

M^{me} la ministre Squires

First Reading / Première lecture : _____

Second Reading / Deuxième lecture : _____

Committee / Comité :

Royal Assent / Date de sanction : _____

Concurrence and Third Reading / Approbation et troisième lecture : _____

EXPLANATORY NOTE

NOTE EXPLICATIVE

This Bill requires provincial sport organizations to adopt a return-to-play protocol for youth athletes who have sustained a concussion or are suspected of having sustained a concussion. The protocol must ensure that

concussion-related information is given to participants in youth sport activities in the manner specified by Sport Manitoba Inc. The protocol must also require a head coach who suspects that an athlete has sustained a

concussion to remove the athlete from play until medically cleared to return. Other participants also have responsibilities under the protocol.

Le présent projet de loi vise à obliger les organisations sportives provinciales à adopter un protocole de retour au jeu s'appliquant aux jeunes athlètes ayant subi ou soupçonnés d'avoir subi une commotion cérébrale. Le protocole prévoit la communication, de la façon indiquée *The Education Administration Act* and *The Public Schools Act* are amended to require school boards to adopt return-to-play-and-learn protocols that are consistent with the return-to-play protocols required of provincial sport organizations.

responsabilités à d'autres participants.

La *Loi sur l'administration scolaire* et la *Loi sur les écoles publiques* sont modifiées afin que les commissions scolaires soient tenues d'adopter des protocoles de retour au jeu et d'apprentissage compatibles avec les protocoles émanant des organisations sportives provinciales.

par Sport Manitoba Inc., de renseignements sur les commotions cérébrales aux participants à des activités sportives pratiquées par des jeunes. De plus, tout entraîneur en chef qui soupçonne qu'un athlète a subi une commotion est tenu de le retirer immédiatement du jeu jusqu'à ce que l'athlète reçoive l'autorisation médicale de reprendre l'activité. Le protocole impose également des

THE CONCUSSION IN YOUTH SPORT ACT LOI SUR LES COMMOTIONS CÉRÉBRALES
CHEZ LES JEUNES ATHLÈTES

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BILL 37
THE CONCUSSION IN YOUTH SPORT ACT

PROJET DE LOI 37
**LOI SUR LES COMMOTIONS CÉRÉBRALES
CHEZ LES JEUNES ATHLÈTES**

(Assented to _____)
HER MAJESTY, by and with the advice and consent of
the Legislative Assembly of Manitoba, enacts as
follows:

Definitions

1 The following definitions apply in this Act.

"sport organization" means

- (a) a provincial sport organization that receives funding from Sport Manitoba Inc.; or
- (b) an organization prescribed in the regulations. (« organisation sportive »)

"youth athlete" means a person over 5 and under 18 years of age who participates in a youth sport activity. (« jeune athlète »)

"youth sport activity" means an athletic activity sanctioned by a sport organization in which

- (a) a majority of the athletic participants are youth athletes; and

Définitions

1 Les définitions qui suivent s'appliquent à la présente loi.

« activité sportive pratiquée par des jeunes »
Activité athlétique qui est sanctionnée par une organisation sportive et qui répond aux exigences suivantes :

- a) la majorité des personnes qui pratiquent l'activité sont de jeunes athlètes;

(Date de sanction : _____)
SA MAJESTÉ, sur l'avis et avec le consentement de
l'Assemblée législative du Manitoba, édicte :

b) les jeunes athlètes participent à l'activité, selon le cas :

- (i) dans le cadre d'une compétition ou d'un match à titre de représentants d'une équipe, d'un club ou d'une entité,
- (ii) dans le cadre d'une séance d'entraînement ou de préparation pour une telle compétition ou un tel match. ("youth sport activity")

(b) the youth athletes participate

- (i) as representatives of a team, club or entity in a competition or contest, or
- (ii) in practice or preparation for such a competition or contest. (« activité sportive pratiquée par des jeunes »)

« jeune athlète » Personne âgée de plus de 5 ans mais de moins de 18 ans qui participe à une activité sportive pratiquée par des jeunes. ("youth athlete")

« organisation sportive » Selon le cas :

- a) organisation sportive provinciale qui reçoit un financement de Sport Manitoba Inc.;

Return-to-play protocol

2 A sport organization must adopt a return-to-play protocol for its youth athletes who have sustained a concussion or are suspected of having sustained a concussion.

- b) organisation désignée par règlement. ("sport organization")

Elements

3 A return-to-play protocol for a youth sport activity must

(a) establish measures to ensure that information about concussions is provided to youth athletes and others participating in the activity in the form and manner and at the times specified by Sport Manitoba Inc.;

(b) establish the specific protocol to be implemented if a youth athlete is suspected of having sustained a concussion, including the manner for assessing whether the athlete has sustained a concussion;

(c) designate the youth athlete's head coach as the person who is responsible for ensuring that

(i) a youth athlete is immediately removed from any further youth sport activity if the athlete is suspected of having sustained a concussion,

(ii) the applicable sport organization is informed of the removal, and

(iii) once removed, the youth athlete is not permitted to resume the activity until the athlete has been medically cleared to do so; and **Éléments du protocole**

3 Tout protocole de retour au jeu s'appliquant à une activité sportive pratiquée par des jeunes :

a) établit des mesures pour que des renseignements sur les commotions cérébrales soient fournis aux jeunes athlètes et aux autres

Protocole de retour au jeu

2 Toute organisation sportive est tenue d'adopter un protocole de retour au jeu visant les jeunes athlètes ayant subi ou soupçonnés d'avoir subi une commotion cérébrale.

participants à l'activité selon les modalités de temps et autres que fixe
Sport Manitoba Inc.;

b) précise qu'il doit être mis en œuvre lorsqu'un jeune athlète est soupçonné d'avoir subi une commotion cérébrale et indique la manière d'évaluer si l'athlète a subi une commotion;

c) désigne l'entraîneur en chef du jeune athlète à titre de personne chargée de prendre les mesures suivantes :

(i) retirer immédiatement l'athlète concerné de toute activité sportive pratiquée par des jeunes,

(ii) aviser l'organisation sportive appropriée du retrait,

(iii) après le retrait, interdire au jeune athlète de pratiquer l'activité jusqu'à ce que ce dernier reçoive l'autorisation médicale de la reprendre; (d) set out the responsibilities of parents and guardians, and those associated with a youth athlete's team, club or entity, such as coaches, trainers and managers, if they suspect a youth athlete has sustained a concussion during a youth sport activity.

d) préciser les responsabilités de ceux qui soupçonnent qu'un jeune athlète a subi une commotion cérébrale pendant une activité sportive pratiquée par des jeunes, soit les parents et les tuteurs du jeune athlète ainsi que les autres personnes associées à l'équipe, au club ou à l'entité

Information about concussions

4(1) A return-to-play protocol must ensure that information about concussions includes the following:

- (a) a definition of a concussion;
- (b) a description of the symptoms of a concussion;
- (c) details of the risks posed by a concussion;
- (d) a description of the specific protocol to be followed and the actions to be taken if a youth athlete is suspected of having sustained a concussion;
- (e) a description of the process to be followed before a youth athlete who has sustained a

concussion will be permitted to resume a youth sport activity.

dont le jeune fait partie, notamment les entraîneurs, les soigneurs et les chefs d'équipe.

Providing of concussion information

4(2) The measures for providing the information about concussions in a return-to-play protocol must ensure that

- (a) the concussion information is provided to parents and guardians of youth athletes and those associated with a youth athlete's team, club or entity, including coaches, trainers and managers; and **Communication de renseignements sur les commotions cérébrales**

4(2) Les dispositions en matière de communication de renseignements figurant dans le protocole de retour au jeu se rapportant à l'activité sportive pratiquée par des jeunes doivent prévoir, à la fois :

- a) la communication de renseignements sur les commotions cérébrales aux parents et aux tuteurs de chaque jeune athlète ainsi qu'aux

Renseignements sur les commotions cérébrales

4(1) Tout protocole de retour au jeu doit comprendre les renseignements qui suivent sur les commotions cérébrales :

- a) la définition de « commotion cérébrale »;
- b) une description des symptômes d'une commotion;
- c) les risques que posent les commotions;
- d) une description du protocole à observer et des mesures à prendre à l'égard d'un jeune athlète soupçonné d'avoir subi une commotion;
- e) une description de la procédure à suivre avant qu'un jeune athlète ayant subi une commotion cérébrale soit autorisé à participer à une activité sportive pratiquée par des jeunes.

autres personnes associées à l'équipe, au club ou à l'entité dont le jeune fait partie, notamment les entraîneurs, les soigneurs et les chefs d'équipe;

- (b) the recipients confirm in writing that they have reviewed the information provided before they — or, in the case of parents and guardians, their child — will be permitted to participate in the youth sport activity.

b) l'obtention d'une confirmation écrite de la part des destinataires autres que les parents et les tuteurs attestant qu'ils ont examiné ces

renseignements en vue de recevoir l'autorisation de participer à l'activité en question ou de la part des parents et des tuteurs

pour que leur enfant reçoive cette même autorisation.

Medical clearance re returning to play

5(1) A return-to-play protocol must provide that a youth athlete who is suspected of having sustained a concussion is medically cleared to resume a youth sport activity only if the athlete's head coach has been provided with a medical report that

- (a) is signed and dated by a licensed physician, physician assistant, nurse practitioner or, subject to subsection (2), nurse;
- (b) states that the person who signed the report has evaluated the athlete for the presence of a concussion and has cleared the athlete to resume participation in athletic activities; and
- (c) meets any other requirements set out in the regulations.

If medical report is from a nurse

5(2) If a nurse signed the report, the protocol must also require that the report include a statement that a licensed physician, physician assistant or nurse practitioner was not available to evaluate the youth athlete but was consulted in preparing the report.

Protocol to be submitted to Sport Manitoba Inc.

6(1) A sport organization must submit its return-to-play protocol to Sport Manitoba Inc. in the form and manner and at the times specified by Sport Manitoba Inc.

Autorisation médicale pour le retour au jeu

5(1) Tout protocole de retour au jeu prévoit qu'un jeune athlète soupçonné d'avoir subi une commotion cérébrale et médicalement autorisé à reprendre une activité sportive pratiquée par des jeunes ne peut le faire que si l'entraîneur en chef reçoit un rapport médical qui satisfait à l'ensemble des exigences suivantes :

- a) il est signé et daté par un médecin, un auxiliaire médical, une infirmière praticienne ou, sous réserve du paragraphe (2), une infirmière;
- b) il indique que le signataire a examiné l'athlète pour déceler la présence ou non d'une commotion cérébrale et l'autorise à reprendre l'activité;
- c) il est conforme aux autres exigences réglementaires.

Autorisation médicale accordée par une infirmière

5(2) Le protocole précise que tout rapport signé par une infirmière doit contenir une déclaration indiquant qu'aucun médecin, ni aucun médecin auxiliaire ni aucune infirmière praticienne n'étaient disponibles pour examiner le jeune athlète mais que l'infirmière avait consulté une telle personne au moment d'élaborer le document.

Remise du protocole à Sport Manitoba Inc.

6(1) Toute organisation sportive soumet son protocole de retour au jeu à Sport Manitoba Inc. selon les modalités de temps et autres que celui-ci indique.

Directions

6(2) Sport Manitoba Inc. may direct that a sport organization make amendments to its protocol, and a sport organization must comply with such a

Related amendment, C.C.S.M. c. E10

8 *The Education Administration Act is amended by adding the following after clause 4(1)(o.1):*

(o.2) respecting the framework and required contents of a school board's return-to-play-and-learn protocol relating to concussions;

Related amendment, C.C.S.M. c. P250

9 *The Public Schools Act is amended by adding the following after section 47.4 and before the centred heading that follows it:*

CONCUSSIONS

direction in the time specified.

Directives

6(2) Toute organisation sportive qui reçoit de Sport Manitoba Inc. la directive d'apporter des modifications à son protocole est tenue de s'y conformer dans le délai prévu.

Regulations

7 The Lieutenant Governor in Council may make regulations

(a) for the purpose of the definition "sportorganization" in section 1, prescribing organizations or classes of organizations to be sport organizations;

(b) respecting requirements for return-to-playprotocols and medical reports;

(c) defining any word or expression used but notdefined in this Act;

(d) respecting any matter the Lieutenant

utile à l'application de la présente loi.

Modification du c. E10 de la C.P.L.M.

8 *La Loi sur l'administration scolaire est modifiée par adjonction, après l'alinéa 4(1)o.1), de ce qui suit :*

o.2) prendre des mesures concernant le cadre stratégique du protocole des commissions scolaires en matière de retour au jeu et d'apprentissage s'appliquant aux commotions cérébrales ainsi que le contenu obligatoire de ce protocole;

Modification du c. P250 de la C.P.L.M.

9 *La Loi sur les écoles publiques est modifiée par adjonction, après l'article 47.4 mais avant l'intertitre qui précède l'article 48, de ce qui suit :*

COMMOTIONS CÉRÉBRALES

Governor inCouncil considers necessary or advisable to carry out the purposes of this Act.

Règlements

7 Le lieutenant-gouverneur en conseil peut, par règlement :

a) pour l'application de la définition d'« organisationsportive » figurant à l'article 1, désigner nommément ou par catégorie des organisations à titre d'organisations sportives;

b) prendre des mesures concernant les protocoles deretour au jeu et les rapports médicaux;

c) définir les termes et les expressions qui sontutilisés dans la présente loi, mais qui n'y sont pas définis;

d) prendre toute mesure qu'il estime nécessaire

Return-to-play-and-learn protocol

47.5(1) Each school board must adopt a return-to-play-and-learn protocol for pupils who are

C.C.S.M. reference

10 This Act may be referred to as chapter C169 of the *Continuing Consolidation of the Statutes of Manitoba*.

Coming into force

11 This Act comes into force on a day to be fixed by proclamation.

suspected of sustaining a concussion when participating in school sports or other school activities.

Protocole de retour au jeu et d'apprentissage

47.5(1) Chaque commission scolaire adopte un protocole de retour au jeu et d'apprentissage qui s'applique aux élèves soupçonnés d'avoir subi une commotion cérébrale dans le cadre de leur participation à des activités sportives ou autres à l'école.

Consistent with Concussion in Youth Sport Act

47.5(2) A return-to-play-and-learn protocol must

ou

(a) be generally consistent with the requirements for return-to-play protocols required under

b) est conforme aux autres exigences prévues par règlement en vertu de la *Loi sur l'administration scolaire*.

Codification permanente

10 La présente loi constitue le chapitre C169 de la *Codification permanente des lois du Manitoba*.

Entrée en vigueur

11 La présente loi entre en vigueur à la date fixée par proclamation.

The Concussion in Youth Sport Act; and

(b) meet any requirements prescribed by regulation under *The Education Administration Act*.

Compatibilité avec la Loi sur les commotions cérébrales chez les jeunes athlètes

47.5(2) Tout protocole de retour au jeu et d'apprentissage est :

a) généralement compatible avec les exigences visant les protocoles de retour au jeu que prévoit la *Loi sur les commotions cérébrales chez les jeunes athlètes*;

The Queen's Printer for the Province of Manitoba L'Imprimeur de la Reine du Manitoba