



Nosbonsing Curling Club Rules & Etiquette

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THE BASICS OF CURLING

Curling is a sport in which players slide stones on a sheet of ice towards a target area, which is segmented into concentric rings. Two teams, each of four players, take turns sliding heavy, polished granite stones, also called rocks, across the ice (curling sheet) towards the house, a circular target marked on the ice. Each team has eight stones, and the purpose is to accumulate the highest score for a game; points are scored for the stones resting closest to the centre of the house at the conclusion of each end, which is completed when both teams have thrown all their stones. A game may consist of six or eight ends.

Curling Canada has several resources and programs that will help you learn how get started in curling safely, ensuring that you have the greatest experience possible. On their website you can find videos like: “Getting Started in Curling Program” that will help you understand the basics of delivering a stone and sweeping.

SAFETY FIRST

They make it look easy on TV but trust us: that ice is awfully hard when you fall on it. Having fun is always one of the most important parts of curling but being safe is at the top of the list.

Injury prevention for curling participants of all ages and stages is a top priority. Curling rinks are strongly recommended to adopt the following policies and best practices to focus on injury prevention and management.

Here's the information you need to make sure your curling experience and the experience of others is a safe one!

See Appendix for:

- Emergency Action Plan
- Steps to follow when an injury occurs.
- Safety First Forms
 - Emergency Action Plan
 - Emergency Action Plan (example)
 - Facility Checklist
 - First Aid Checklist
 - Participant Information Card
 - Medical History Document
 - Accident & Incident Report Form
- Helmet use Recommendations
- Concussion Policy

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Official Game Rules

Unless otherwise stated in these club rules we will follow **Curling Canada Rules**.

[Curling Canada - Rules of Curling for General Play](#)

NCC Spare Policy

In both Playoffs and League play, unless explicitly agreed upon by both teams before the game starts, each team must include a minimum of two original team players and any spares/substitutes must play either Lead or Second. If a team is only three players, there must be two original team members, and the spare must play Lead. If a team fails to abide by the above policy, the game is forfeited, and the opposing teams gets an automatic win.

5-Rock Rule and the Free Guard Zone

At NCC, we use the 5-rock rule for the Free Guard Zone. The Free Guard Zone is the area between the hog line and the tee line, excepting the house. This means that rocks cannot be taken out of play from the Free Guard Zone by the opposing team before the 6th rock is thrown. A rock that is touching or "biting" the house is not in the Free Guard Zone.



Missing Games

If your team cannot make a game, advise the draw convenor and opposing skip as soon as possible. Remember that if you do not come to play, **you are also depriving another team who has paid to curl the opportunity to play.**

If you are unable to make a game, advise your skip ahead of time and arrange for a spare. There is a spare list posted at the club.

The cancelling team, if less than 90 minutes notice will take a forfeit and the team cancelled on will get points for the win (no ends will be awarded in the interest of encouraging both teams to want to reschedule.) If the team cancels with more than 90 minutes notice the game will go down as a tie with no ends awarded for the same reasoning as a forfeited game. Upon rescheduling a game and filling out the scorecard, kindly advise game is a rescheduled game and the scores from the forfeit or cancelled game will get updated in the standings.

Pre-game

Be prepared to step on the ice at the designated time.

Greet each of the opposing players with a friendly gesture (fist pump, elbow bump, touching brooms, handshake) and wish them "Good Curling" or "Good game".

If you wish to throw a few stones before your game, **do not practice on the sheet you are scheduled to play on!**

Delivery of Stones

Always be ready to throw your rock. Have it ready, cleaned and be in the hack while the opponent's rock is on its way down the ice. You should be ready and waiting for your skip's instructions by the time your opponent's rock comes to rest. This keeps the game moving and on time.

Every end should take a maximum of 15 minutes – do your part to make sure your team stays on time.

Non-throwing team: Do not disturb a curler in the hack. If you are waiting to play, stand well behind the curler in the hack. Opposing **sweepers** stand still at the side of the sheet between the hog lines. Players should delay walking from hog line to hack until a throwing player has released his/her rock. Sweepers returning to the opposite end should walk single file rather than 2 by 2 so as not to block the view of the throwing players.

Throwing team: When your team's rock comes to rest, do not congregate in the middle of the sheet, quickly move to the sides to allow the other team to make their play.

Releasing the rock: A rock must be released before it touches the hog line; this also applies to stick curling. If a player fails to do so, the non-offending team removes the stone just delivered from play and replaces all affected stones as close as possible to their original positions.

Delivery Order of Stones

The first player (Lead) will throw the first two stones, the second player (2nd) will throw the second 2 stones, the third player (Vice) will throw the third 2 stones and the fourth player (Skip) will throw the last two stones. There are instances where the player calling/skipping the game can throw in a different position than the last two stones, some players sweep better than others and some teams will elect a better sweeper to sweep but still throw the final two stones.

For Mixed curling league we will not follow curling Canada rules during the 2023-2024 curling season throwing male-female-male-female or female-male-female-male unless otherwise agreed upon by both teams playing in that game.

Sweeping

Stand by the player in the hack and be ready to sweep your teammate's rock as soon as it is released.

It is the **skip's** job to determine whether sweeping is needed to maintain the desired line; it is the **sweepers'** job to determine whether sweeping is needed because the rock is lighter than what was called for, but the skip may still call you off. Let the skip know if you think the rock is heavier or lighter than what she or he called for.

Behind the tee line, only one member of each team can sweep at one time. If you decide not to sweep your own rock, make way for the other team.

Clean your broom regularly.

Concluding an End

At the conclusion of the end, only the **thirds** are in the house to determine the score of the end. No rocks are moved until both thirds agree. The thirds are responsible for measuring (unless they require assistance), if necessary, for posting

the score on the scoreboard and, at the conclusion of the game, for recording wins and losses on the draw sheet.

Accidentally Touching a Rock

If you “burn” (touch) a moving rock with your broom while sweeping, do not stop the rock. Allow it to come to rest and alert both skips. The opposing skip has two choices:

- allow the play to stand, or
- remove the burned rock from play and replace all the affected rocks to their original positions.

If you move a stationary rock, and if that move did not affect a running rock, then the non-offending team replaces the rock to its original position (if there is any question about whether the touched rock or another rock is closer to the button, the touched rock is replaced in favour of the non-offending team). If the move would have affected the course of another rock in motion, then the non-offending team has two choices:

- allow the play to stand, or
- remove the rock in motion and replace all the affected rocks to their original positions.

Ending a Game Early

If there is a game that cannot finish in the allotted time, any remaining ends not played will be split evenly between the two teams.

In the spirit of the sport, if there is a game that is swaying heavily toward one team over the other team, both teams can agree to end the game after the 4th end of a 6-end game or 6th end of an 8-end game. If both teams agree, any remaining ends not played will be split evenly between the two teams.

If both teams can't agree on ending the game early, they will continue to play the remainder of the game or the team that would rather end the game than continue will give up all remaining ends to the winning team.

Remember when you end a game early you are also depriving another team who has paid to curl the opportunity to play.

However, there are times when showing the other team compassion is the sportsmanlike thing to do.

Post-game

If there is another draw following your game, be mindful that other players are waiting to take the ice. Do not start a new end within 15 minutes of next game or if you have already used up all your playing time.

Thank each of the opposing players for the game with a gesture (fist pump, elbow bump, touching brooms, handshake) and spend social time with them in the club (typically the winning team will buy beverages for the opposing team).

The winning team is responsible for cleaning (mopping) the ice if there is a draw on the same sheet after them so that the new team coming on can peddle, nip and mop prior to their game.

Respecting the Ice Surface

Do not wear outside shoes on the ice! Do not wear curling shoes outside!

Do not lift the rocks off the ice.

Do not throw a rock at an empty hack.

Keep the ice clean. Sand, grit, and dirt are the ice's worst enemy.

Clean your shoes before every game.

Clean your broom before and during the game.

Avoid resting hands & knees on the ice as this melts the ice and leaves flat spots which affect the path of a delivered rock.

Old grippers: Please check your gripper – old disintegrating grippers are a major cause of debris on the ice surface. Is it time to replace yours?

APPENDIX:

Emergency Action Plan

An Emergency Action Plan is designed to assist club administrators to respond to emergency situations. The idea behind having such a plan prepared in advance is that it will help you respond in a responsible and clear-headed way if an emergency occurs.

An Emergency Action Plan can be simple or elaborate but should cover the following items:

- Designate in advance who is in charge in the event of an emergency.
- Have emergency telephone numbers ready (fire, police, ambulance, president, manager, ice technician).
- For all members and guest competitors ages 17 and under, have on hand a medical profile for each participant, so that this information can be provided to emergency medical personnel. Include in this profile a signed consent from the parent/guardian to authorize medical treatment in an emergency.
- Prepare directions to give to Emergency Medical Services to enable them to reach the site as rapidly as possible. You may want to include information such as the closest major intersection, one-way streets, or major landmarks.
- Have a first aid kit accessible and properly stocked at all times.
- Have a defibrillator on hand with trained staff / volunteers.
- When an injury occurs, an Emergency Action Plan should be activated immediately if the injured person:
 - is not breathing;
 - does not have a pulse;
 - is bleeding profusely;

- is impaired consciousness;
- has injured the back, neck, or head;
- has visible major trauma to a limb.

Steps to Follow When an Injury Occurs

STEP 1: CONTROL THE ENVIRONMENT SO NO FURTHER HARM OCCURS

- Stop all participants.
- Protect yourself if you suspect bleeding (put on gloves).
- If outdoors, shelter the injured participant from the elements and from any traffic.

STEP 2: DO A FIRST ASSESSMENT OF THE SITUATION. IDENTITY IF THE PARTICIPANT ...

- is not breathing;
- does not have a pulse;
- is bleeding profusely;
- has impaired consciousness;
- has injured the back, neck or head;
- has a visible major trauma to a limb;
- cannot move his/her arms or legs or has lost feeling in them.

If the participant does not show the signs above, proceed to Step 3.

STEP 3: DO A SECOND ASSESSMENT OF THE SITUATION

- Gather the facts by asking the injured participant as well as anyone who witnessed the incident.
- Stay with the injured participant and try to calm him/her; your tone of voice and body language are critical.
- If possible, have the participant move himself/herself off the playing surface. Do not attempt to move an injured participant.

STEP 4: ASSESS THE INJURY

If possible, have someone with first aid training complete an assessment of the injury and decide how to proceed. If the person trained in first aid is not sure of the severity of the injury or there is no one available who has first aid training, activate Emergency Action Plan. If they are sure the injury is minor, proceed to step 5.

STEP 5: CONTROL THE RETURN TO ACTIVITY

Allow a participant to return to activity after a minor injury only if there is no...

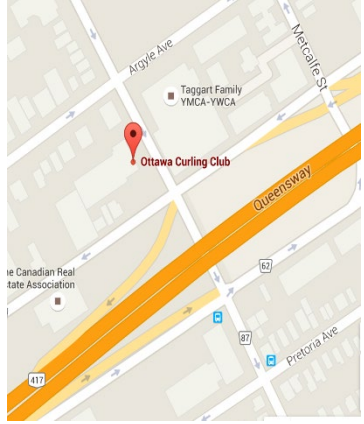
- swelling;
- deformity;
- continued bleeding;
- reduced range of motion;
- pain when using the injured part.

STEP 6: RECORD THE INJURY ON AN ACCIDENT REPORT FORM AND INFORM THE PARENTS

Emergency Action Plan (form SF-1)

Emergency numbers	911 ~ If not, local police, fire, ambulance numbers should be posted.	
Contact Information	President:	Cell:
	Manager:	Cell:
	Ice Tech:	Cell:
	Other:	Cell:
Curling Rink 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). <input type="checkbox"/> Check that 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. <input type="checkbox"/> Fill in an accident report form.		Names Option 1: Option 2: Option 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.		Names Option 1: Option 2: Option 3:

Emergency Action Plan (example)

Emergency numbers:	9-1-1 ~ If not, local police, fire, ambulance numbers should be posted	
Contact Information	President: Jim Brown	Cell: 613-555-1212
	Manager: Jane Smith	Cell: 613-555-1234
	Ice Tech: John White	Cell: 613-555-1256
	Other: Sue Jones (bar manager)	Cell: 613-555-1278
Curling Rink Information Ottawa Curling Club	Address: 440 O'Connor Street, Ottawa, ON K2P 1W4 Telephone: 613.234-4119 Nearest cross street: Catherine & the Queensway	
Person(s) on-site in charge <ul style="list-style-type: none"> <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). <input type="checkbox"/> Check that 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 <input type="checkbox"/> Fill in an accident report form 		Names Option 1: Steve Good Option 2: Rick Shea Option 3: Jennifer Smith
On-site Call Person(s) <ul style="list-style-type: none"> <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. 		

Facility Checklist (form SF-2)

FACILITY:				
DATE:		INSPECTED BY:		
ITEM	ADEQUATE	INADEQUATE	CORRECTIVE MEASURES	OBSERVATIONS
Walkways in ice area				
Dressing rooms				
Equipment				
First Aid				
Entrances				
Stairways				

Correction references: 1) add, 2) replace, 3) modify, 4) discard, 5) clean, 6) repair, 7) check.

First Aid Checklist (Form SF-3)

ITEMS	September	October	November	December	January	February	March	April	May	Summer
Surgical gloves										
Peroxide										
Soft antiseptic soap										
Antiseptic wipes										
Band-Aids										
Butterfly bandages										
Sterile gauze pads										
Self-adherent wrap										
Second Skin										
Triangular bandage										
Safety pins										
Juice box										
Plastic bags for ice										
Scissors										
Tweezers										
Duct tape										
EMS phone numbers										
Participants medical information										

Participant Information Card (form SF-4)

This should be completed by anyone under your duty and care (under the age of majority). It should also be completed and submitted by your staff. Finally, the 'person to contact in case of emergency' should be part of your membership application form.

EMERGENCY CONTACT INFORMATION	
Person to contact in case of emergency	
Daytime phone: () -	Evening phone: () -
Mobile telephone: () -	
Alternate emergency contact	
Daytime phone: () -	Evening phone: () -
Mobile telephone: () -	

Medical History Document

Medications			
Allergies			
Previous Injuries			
Do you carry and know how to administer your own medication(s)?	Yes	<input type="checkbox"/>	No
Any other conditions (contact lenses):			
Doctor's Name and Phone Number:			
Dentist's Name and Phone Number:			
<p style="font-size: small;">I understand that, in the event that no one can be contacted, the Curling club staff or volunteers will admit my child to the hospital if deemed necessary. I also understand, that under no circumstances is the Curling Club or its staff or volunteers, liable or responsible for the treatment of said injured or ill player. I hereby authorize the physician and nursing staff on duty at any emergency unit to undertake examination, investigation and necessary treatment of my child.</p>			
Parent or guardian's signature			
Print Name			
Date			

Medical History Document (form SF-5)

Accident & Incident Report Form (form SF-6)

ACCIDENT REPORT FORM							
Patient Information				Date:			
Last Name:			First Name:				
Address:							
City:				Postal Code:			
Mobile:			Home Phone:				
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Age	Height	Weight
Known medical conditions							
INCIDENT INFORMATION REPORT							
Date & time of incident:							
Time of first intervention:							
Time of medical support arrival:							
Describe the incident (person in charge version)							
Event & Conditions: (name the event when the incident took place, the location, surface quality, light, weather):							
Actions Taken:							
After Treatment, the patient was:			a) sent home				
			b) sent to hospital				
			c) back on the ice				
Form completed by [print]							
Date			Signature				

Helmet use Recommendation

- Helmets be **mandatory for anyone under the age of 12.**
- Helmets **must be CSA-approved** headgear.
- After Under-12, parents **would sign waiver of assumption of risk** or, helmets are worn until the age of majority in that province/territory.
- Curling Canada strongly recommends that **anyone in a Learn-To-Curl program** (adults or juniors) wears protective headgear.
- Curling Canada strongly recommends that **anyone who is vulnerable** (related to experience, medical, etc.) wear protective headgear on ice or, sign waivers if choosing not to wear protective headgear
- Curling Canada will work to develop an ongoing concussion awareness education program that can be circulated to through our Member Associations to their affiliated clubs on a regular basis (one-two times/year or as needed).

Concussion Policy

Concussion Policy and Concussion Code of Conduct

Preamble

1. This Policy is based on the 5th Consensus Statement on Concussion in Sport that was released in April 2017. This Policy interprets the information contained in the report that was prepared by the 2017 Concussion in Sport Group (CISG), a group of sport concussion medical practitioners and experts, and adapts concussion assessment and management tools.
2. This Policy is intended to be compliant with Ontario's *Rowan's Law (Concussion Safety), 2018*. If any provision of the policy is in conflict with Rowan's Law, that legislation shall prevail.
3. The CISG suggested 11 'R's of Sport-Related Concussion ("SRC") management to provide a logical flow of concussion management. This Policy is similarly arranged. The 11 R's in this Policy are: Recognize, Remove, Re-Evaluate, Rest, Rehabilitation, Refer, Recover, Return to Sport, Reconsider, Residual Effects, and Risk Reduction.
4. A concussion is a clinical diagnosis that can only be made by a qualified and licensed physician or any other health practitioner that is qualified and licensed and has the necessary authority to make such a diagnosis.

Definitions

5. The following terms have these meanings in this Policy:
 - a) "*Designated Person*" – an individual or individuals identified by Curling Canada who shall have the responsibilities as described this Policy including, but not limited to, as it relates to the removal from sport and return to sport protocols described herein
 - b) "*Participant*" – coaches, athletes, volunteers, officials, event coordinators and other Registered Individuals
 - c) "*Registered Individuals*" – all individuals employed by, or engaged in activities with Curling Canada, including but not limited to, employees, volunteers, administrators, committee members and directors and officers.
 - d) "*Suspected Concussion*" – means the recognition that a Participant appears to have either experienced an injury or impact that may result in a concussion or who is exhibiting unusual behaviour that may be the result of concussion.
 - e) "*Sport-Related Concussion ("SRC")*" – A sport-related concussion is a traumatic brain injury induced by biomechanical forces. Several common features that may be used to define the nature of an SRC may include:
 - i. Caused either by a direct blow to the head, face, neck or elsewhere on the body with an impulsive force transmitted to the head.
 - ii. Typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously. However, in some cases, signs and symptoms evolve over a number of minutes to hours.
 - iii. May result in neuropathological changes, but the acute clinical signs and symptoms largely reflect a functional disturbance rather than a structural injury and, as such, no abnormality may be visibly apparent
 - iv. Results in a range of clinical signs and symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive features typically follows a sequential course. However, in some cases symptoms may be prolonged.

Purpose and Application

6. Curling Canada is committed to ensuring the safety of Participants in its activities. Curling Canada 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.
7. This Policy describes the common signs and symptoms of a concussion and how to identify them, the protocol to be followed in the event of a possible concussion and a Return to Sport protocol should a concussion be diagnosed. Awareness of the signs and symptoms of concussion and knowledge of how to properly manage a concussion is critical to recovery and helping to ensure that the Participant is not returning to physical activities too soon, which may result in further complication.
8. This Policy applies exclusively to all activities and events for which Curling Canada is the governing or ruling body for the event, including, but not limited to, competitions, practices, tryouts and training camps.

Registration

9. When a Participant registers with Curling Canada, the Participant **must** provide written or electronic confirmation that they have reviewed concussion awareness resources within the past 12 months. The Ontario Government has produced age-appropriate concussion resources located here:
 - a) [Ages 10 and under](#)
 - b) [Ages 11-14](#)
 - c) [Ages 15+](#)
10. Participants must also sign the *Concussion Code of Conduct* (**Appendix A**).
11. Coaches, officials and team trainers must provide confirmation that they have also reviewed the concussion resources and sign the *Concussion Code of Conduct*. Coaches and team trainers must also sign Part B of the *Concussion Code of Conduct* found in Appendix A.

Recognizing Concussions

12. The following **observable signs** may indicate a possible concussion:
 - a) Lying motionless on the playing surface
 - b) Slow to get up after a direct or indirect hit to the head
 - c) Disorientation or confusion / inability to respond appropriately to questions
 - d) Blank or vacant look
 - e) Balance or gait difficulties, absence of regular motor coordination, stumbling, slow laboured movements
 - f) Facial injury after head trauma
13. A concussion may result in the following **symptoms**:
 - a) Headache or “pressure in head”
 - b) Balance problems or dizziness
 - c) Nausea or vomiting
 - d) Drowsiness, fatigue, or low energy
 - e) Blurred vision
 - f) Sensitivity to light or noise
 - g) More emotional or irritable
 - h) “Don’t feel right”
 - i) Sadness, nervousness, or anxiousness
 - j) Neck pain

- k) Difficulty remembering or concentrating
- l) Feeling slowed down or “in a fog”

14. Failure to correctly answer any of these **memory questions** may suggest a concussion:

- a) What venue are we at today?
- b) Where was your last major competition?
- c) What day is it?
- d) What event are you participating in?

Removal from Sport Protocol

15. If a Participant demonstrates or reports any of the following **red flags**, an on-site licensed healthcare professional¹ shall be summoned (if available) and, if such an individual is not available or if deemed necessary by the on-site licensed healthcare professional, an ambulance should be called:

- a) Neck pain or tenderness
- b) Double vision
- c) Weakness or tingling / burning in arms or legs
- d) Severe or increasing headache
- e) Seizure or convulsion
- f) Loss of consciousness
- g) Deteriorating conscious state
- h) Repeated vomiting
- i) Increasingly restless, agitated, or combative
- j) Increased confusion.

16. In the event of a Suspected Concussion (regardless of whether the concussion or suspected concussion was obtained while curling) where there are **observable signs** of a concussion, **symptoms** of a concussion, or a failure to correctly answer **memory questions**, the Participant shall be immediately removed from the training, practice or competition by a Designated Person.

17. After removal from training, practice or competition, the following actions shall be taken:

- a) The Designated Person who removed the Participant shall call 9-1-1, if in their opinion, doing so is necessary (e.g. if there is an emergency and any red flag signs/and or symptoms appear);
- b) Curling Canada must make and keep a record of the removal (Appendix B);
- c) The Designated Person must inform the Participant’s parent or guardian if the Participant is younger than 18 years old, and the Designated Person must inform the parent or guardian that the Participant is required to undergo a medical assessment by a physician or nurse practitioner before the Participant will be permitted to return to training, practice or competition; and
- d) The Designated Person will remind the Participant, and the Participant’s parent or guardian, as applicable, of Curling Canada’s Return-to-Sport protocol as described in this Policy.

18. Subject to the advice of a qualified and licensed physician, Participants who have a Suspected Concussion and who are removed from participation should:

- a) Be isolated in a dark room or area and stimulus should be reduced
- b) Be monitored
- c) Have any cognitive, emotional, or physical changes documented
- d) Not be left alone (at least for the first 1-2 hours following the occurrence of the Suspected Concussion)
- e) Not drink alcohol

¹ An onsite, licensed health care professional shall be understood as a physician, nurse, and may also include individuals such as physiotherapists or athletic therapists who are trained to deal with concussions.

- f) Not use recreational/prescription drugs
- g) Not be sent home by themselves
- h) Not drive a motor vehicle until cleared to do so by a medical professional

19. A Participant who has been removed from participation due to a Suspected Concussion shall not return to participation until the Participant has been assessed medically. It is preferable the assessment be conducted by a qualified and licensed physician who is familiar with the [Sport Concussion Assessment Tool – 5th Edition \(SCAT5\)](#) (for Participants over the age of 12) or the [Child SCAT5](#) (for Participants between 5 and 12 years old), even if the symptoms of the concussion resolve.

Medical Evaluation

20. A Participant with a Suspected Concussion shall be evaluated by a qualified and licensed physician who should conduct a comprehensive neurological assessment of the Participant and determine the Participant's clinical status and the potential need for neuroimaging scans.

Return to Play

21. A Participant who has been removed from play cannot return to training, practice or competition until the Participant, or if the Participant is under 18 years of age, the Participant's parent or guardian, provides confirmation to the Designated Person that the Participant:

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

22. If Diagnosed with an SRC:

- a. The Participant must proceed through the graduated return-to-sport steps.
- b. The Participant's return-to-sport strategy should be guided and approved by a qualified and licensed physician with regular consultations throughout the process. Curling Canada's recommended return-to-Sport protocol can be found in Appendix C.
- c. A Participant, or the Participant's parent or guardian – if under 18 years of age, must share the medical advice or recommendations they receive with the Designated Person(s) before being permitted to return to training, practice or competition through the graduated return-to-sport steps, if any. For the avoidance of doubt, this does not require the Participant or the Participant's parent or guardian to share confidential medical information with the Designated Person(s).
- d. The Designated Person must inform the Participant or, if the Participant is under 18 years of age, the Participant's parent or guardian, of the importance of disclosing the diagnosis to other sport organization(s) with which the Participant is registered or the school the Participant attends.
- e. The Participant, or the Participant's parents or guardians, if under 18 years of age, must disclose to the Designated Person(s) if the Participant has been diagnosed with a concussion during an activity/school/sport outside of curling activities.

23. The Participant, or the Participant's parent or guardian if the Participant is under 18 years of age, must provide Curling Canada with a medical clearance form, signed by a qualified and licensed physician, following Stage 5 and before proceeding to Stage 6 (See Table 1 within the return-to-sport protocol).

Risk Reduction and Prevention

24. Curling Canada mandates the use of helmets (either CSA or designed specifically for the sport of curling) for all Participants age under the age of 12.

25. Curling Canada strongly recommends that anyone Participant that participates in a 'Learn to Curl Program' (age 12 or older) and anyone who is vulnerable (related to experience, medical, etc) wear protective headgear on ice.
26. Curling Canada recognizes that knowing a Participant's SRC history can aid in the development of concussion management and the return-to sport-strategy. The clinical history should also include information about all of the Participant's previous head, face, or cervical spine injuries. Curling Canada encourages Participants to make coaches and other stakeholders aware of their individual histories.

Non-Compliance

27. 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 *Discipline and Complaints Policy*.

Liability

28. Curling Canada shall not be liable for any Participant or other individual's use or interpretation of this Policy. Further, none of Curling Canada's members, directors, officers, employees, agents, representatives and other individuals involved in any way in the administration of this Policy shall be liable to any other individual in any way, in relation to any lawful acts or omissions committed in the honest application, administration, and/or enforcement of this Policy.

Renewal

29. This Policy will be reviewed as often as necessary and no less often than annually and will be updated if legislative or regulatory developments or any new medical advances are communicated by or included in the Canadian Concussion Protocol Harmonization Project (Parachute) and the Canadian Concussion Collaborative.

Concussion Code of Conduct (Appendix A)

PART A

This *Concussion Code of Conduct* must be signed by all Participants.

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 do not need to lose consciousness to have suffered a concussion.
- I have a commitment to concussion recognition and reporting, including self-reporting of a Suspected Concussion and reporting to a Designated Person when an individual suspects that a Participant may have sustained a concussion. In other words, if I think I might have a Suspected Concussion, I should stop participating in further training, practice or competition **immediately**, and I will tell a Designated Person if I think another Participant 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 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, or designated person or any other individual that I trust if I experience **any** symptoms of a Suspected Concussion.
- If someone else tells me about concussion symptoms, or I see signs they might have a Suspected Concussion, I will tell a Designated Person, 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 qualified and licensed physician and have been medically cleared to return to training, practice or competition.
- I have a commitment to sharing any relevant information regarding incidents of removal from sport with any other sport organization with which I have registered. If I am diagnosed with a concussion, I understand that letting all of my other coaches 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 Curling Canada's return-to-sport protocol.
- I understand I will have to be medically cleared by a qualified and licensed physician 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 Participant (print)

Signature of Participant

Date of Birth

PART B

The following section of the *Concussion Code of Conduct* must be signed by all coaches and team trainers.

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.
- Commitment to fair play and respect for all (respecting other coaches, team trainers, officials and all participants and ensuring my athletes respect others and play fair).

I will care for the health and safety of all 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 does not need to lose consciousness to have had a concussion.
- An athlete 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 a Suspected Concussion and reporting to a Designated Person when an individual suspects that a Participant may have sustained a Suspected Concussion.
- Continuing to participate in further training, practice or competition with a Suspected Concussion increases a Participant's risk of more severe, longer lasting symptoms, and increases their risk of other injuries or even death.

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

- Encourage athletes not to hide their symptoms, but to tell me, a Designated Individual, 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 qualified and licensed physician or nurse practitioner if I am experiencing any Suspected 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 qualified and licensed physician or nurse practitioner and have been medically cleared to return to training, practice or competition.
- 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 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 qualified and licensed 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

Sample Accident Report Form

Date of Report (DD/MM/YY): ____/____/____

PARTICIPANT INFORMATION (INJURED PERSON)

LAST NAME:		FIRST NAME:	
STREET ADDRESS:		CITY:	
POSTAL CODE:		PHONE: ()	
E-MAIL:		AGE:	
SEX: ___M ___F	HEIGHT: ____	WEIGHT: ____	DOB: ____/____/____ dd / mm / yyyy
KNOWN MEDICAL CONDITIONS/ALLERGIES:			

INCIDENT INFORMATION

DATE & TIME OF INCIDENT: ____/____/____ ____:____ dd mm yyyy AM/PM	TIME OF FIRST INTERVENTION: ____:____ AM/PM	TIME OF MEDICAL SUPPORT ARRIVAL: ____:____ AM/PM
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DESIGNATED PERSON - DESCRIBE THE INCIDENT: (what took place, where it took place, what were the signs and symptoms of the injured person)

INJURED PARTICIPANT - DESCRIBE THE INCIDENT: (see above)

EVENT and CONDITIONS: (what was the event during which the incident took place, location of incident, surface quality, light, weather, etc.):

ACTIONS TAKEN/INTERVENTION:

After treatment, the injured person was (*Participant cannot return to play if concussion suspected):

Sent home

Sent to hospital/a clinic

Returned to activity*

OVER

Sample Accident Report Form (cont'd)

DESIGNATED PERSON INFORMATION

LAST NAME:	FIRST NAME:
STREET ADDRESS:	CITY:
POSTAL CODE:	PHONE: ()
E-MAIL:	AGE:
ROLE (Coach, assistant, parent, official, bystander, therapist):	

WITNESS INFORMATION (someone who observed the incident and the response, not the charge person)

LAST NAME:	FIRST NAME:
STREET ADDRESS:	CITY:
POSTAL CODE:	PHONE: ()
E-MAIL:	AGE:

OTHER COMMENTS OR REMARKS

FORM COMPLETED BY:

PRINT NAME: _____ **SIGNATURE:** _____

Appendix C

Return-to-Sport Protocol

The Participant's Return-to-Sport strategy should be guided and approved by a qualified and licensed physician with regular consultations throughout the process.

Rest and Rehabilitation

1. Participants with a diagnosed Sport Related Concussion (SRC) should rest during the acute phase (24-48 hours following the SRC) but can gradually and progressively become more active so long as activity does not worsen the Participant's symptoms. Participants should avoid vigorous exertion.
2. Participants must consider the diverse symptoms and problems that are associated with SRCs. Rehabilitation programs that involve controlled parameters below the threshold of peak performance should be considered.

Refer

3. Participants who display persistent post-concussion symptoms (i.e., symptoms beyond the expected timeline for recovery – 10-14 days for adults and 4 weeks for children) should be referred to a physician with experience in treating SRCs.

Recovery and Return to Sport

4. SRCs have large adverse effects on cognitive functioning and balance during the first 24-72 hours after injury. For most Participants, these cognitive defects, balance and symptoms improve rapidly during the first two weeks after injury. An important predictor of slower recovery from an SRC is the severity of the Participant's initial symptoms following the first few days after the injury.
5. The table below represents a recommended graduated return to sport for most Participants, in particular, for those that did not experience high severity of initial symptoms after the following the first few days after the injury.

Stage	Aim	Activity	Stage Goal
1	Symptom-limited activity	Daily activities that do not provoke symptoms	Gradual reintroduction of work/school activities
2	Light aerobic exercise	Walking or stationary cycling at slow to medium pace. No resistance training. - Light intensity walking or stationary cycling for 15-20 minutes at sub-symptom threshold intensity	Increase heart rate

3	Sport-specific exercise	<p>Running drills. No head impact activities</p> <ul style="list-style-type: none"> - Low intensity participation like throwing rocks. - The environment should be managed so as to ensure the Participant is at minimum risk of falling or colliding with other Participants. - The Participant may also attempt basic balance drills. 	Add movement
4	Non-contact training drills	Increase intensity, difficulty and duration of training drills. May start progressive resistance training	Exercise, coordination and increased thinking
5	Full contact practice	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6	Return to sport	Normal participation	

Table 1 – Return to Sport Strategy –Curling Canada

6. An initial period of 24-48 hours of both physical rest and cognitive rest is recommended before beginning the return-to-sport strategy.
7. There should be at least 24 hours (or longer) between each step. If symptoms reoccur or worsen, the Participant should go back to the previous step before progressing any further.
8. Resistance training should only be added in the later stages (Stage 3 or Stage 4).
9. If symptoms persist, the Participant should return to see their physician.
10. The Participant must provide Curling Canada with a medical clearance form, signed by a qualified and licensed physician, following Stage 5 and before proceeding to Stage 6.

Reconsider

11. The 2017 Concussion in Sport Group (CISG) considered whether certain populations (children, adolescents, and elite athletes) should have SRCs managed differently. It was determined that all Participants, regardless of competition level, should be managed using the same SRC management principles.
12. Adolescents (13 to 18 years old) and children (5 to 12 years old) should be managed differently. SRC symptoms in children persist for up to four weeks. More research was recommended for how these groups should be managed differently, but the CISG recommended that children and adolescents should first follow a return to school strategy before they take part in a return to sport strategy. A return to school strategy is described below.

Stage	Aim	Activity	Stage Goal
1	Daily activities at home that do not give the child symptoms	Typical activities of the child during the day as long as they do not increase symptoms (e.g., reading, texting, screen time). Start with 5–15 min 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 school activities until a full day can be tolerated	Return to full academic activities and catch up on missed work

Table 2 – Return to School Strategy

Residual Effects

13. Participants should be alert for potential long-term problems such as cognitive impairment and depression. The potential for developing chronic traumatic encephalopathy (CTE) should also be a consideration, although the CISG stated that *“a cause-and-effect relationship has not yet been demonstrated between CTE and SRCs or exposure to contact sports. As such, the notion that repeated concussion or subconcussive impacts cause CTE remains unknown.”*