CONCUSSION POLICY

Section 1: Purpose and Scope

1. Golf Ontario ("GO") is committed to the safety of every Participant in its activities. This Policy sets out how a concussion or suspected concussion is recognized, how a participant is removed from sport, how a participant returns to learning and to sport, what records must be made and kept, and who is responsible at each stage.
2. A concussion is a clinical diagnosis. Only a physician or a nurse practitioner may diagnose a concussion or provide medical clearance. No coach, official, trainer, designated person, parent or athlete may make that determination, irrespective of their qualifications.
3. A suspected concussion is the recognition that an individual appears to have experienced an injury or impact that may result in a concussion, or who is exhibiting unusual behaviour that may be the result of a concussion.
4. This Policy is not legal or medical advice.
5. This Policy applies to all activities and events for which GO is the governing or sanctioning body.
6. The Removal-from-Sport Protocol (Section 5) and the Return-to-Sport Protocol (Section 8) apply to every athlete at a GO activity, irrespective of age.

Definitions

7. **Designated person**: an individual identified by name or title under Section 2 as having specific responsibilities under the Removal-from-Sport and Return-to-Sport Protocols.
8. **Concussion Hold**: the status applied under this Policy under which a participant is not eligible to take part in any GO-sanctioned activity.
9. **Medical Assessment:** written confirmation from a physician or nurse practitioner, meeting the requirements of Section 6, that the athlete is medically cleared.
10. **Medical Clearance**: written confirmation from a physician or nurse practitioner, meeting the requirements of Section 6, that the athlete is medically cleared.
11. **Participant**: refers to all categories of individual members and/or registrants defined in the By-laws of Golf Ontario who are subject to the policies of Golf Ontario, as well as all persons employed by, contracted by, or engaged in activities with Golf Ontario including, but not limited to, employees, contractors, athletes, coaches, instructors, officials, volunteers, managers, administrators, committee members, parents/guardians, spectators, and Directors and Officers.
12. **Unrestricted training or competition:** refers to Steps 4, 5 and 6 of the graduated return-to-sport steps in Section 8.

Section 2: Designated Persons

13. A designated person or persons has or have specific responsibilities under the Removal-from-Sport and Return-to-Sport Protocols.

14. Every sanctioned event must identify, in writing and before the event begins, the designated person(s) on site for that event.
15. A designated person must be present, or reachable and able to act, at every GO-sanctioned activity. Where contracted first aid or medical services are on site, that does not displace the designated person; the designated person remains responsible for the removal decision and the record.

Responsibilities under the Removal-from-Sport Protocol

16. The designated person(s) is/are responsible for ensuring that:
    - an athlete is immediately removed from further training or competition if the athlete has sustained a concussion or is suspected of having sustained a concussion, regardless of whether the concussion was sustained from a sport activity associated with GO;
    - 9-1-1 is called where, in the opinion of the designated person, there is an emergency or any red flag sign or symptom appears;
    - if the athlete is under 18 years of age, the parent or guardian is informed of the removal;
    - the athlete, or the parent or guardian if the athlete is under 18, is advised that a Medical Assessment by a physician or nurse practitioner is required before the athlete will be permitted to return to training or competition;
    - the athlete, or the parent or guardian if the athlete is under 18, receives this Policy and its Protocols as soon as possible after the removal; and
    - once removed, the athlete does not return to training or competition except in accordance with Section 8.

Responsibilities under the Return-to-Sport Protocol

17. The designated person(s) is/are responsible for ensuring that:
    - an athlete who has sustained, or is suspected of having sustained, a concussion does not return to training or competition until permitted to do so under Section 8;
    - where the athlete has not been diagnosed with a concussion, the athlete returns only once the athlete, or the parent or guardian if the athlete is under 18, provides confirmation that the athlete has undergone a Medical Assessment by a physician or nurse practitioner, has not been diagnosed with a concussion, and has been medically cleared to return;
    - where the athlete has been diagnosed with a concussion, the athlete does not move on to unrestricted training or competition unless the athlete, or the parent or guardian if the athlete is under 18, provides a confirmation of medical clearance;
    - the athlete does not progress through the graduated return-to-sport steps unless the athlete, or the parent or guardian if the athlete is under 18, has shared any medical advice or recommendations received;
    - the athlete, or the parent or guardian if the athlete is under 18, is informed of the importance of disclosing the diagnosis to any other sport organization with which the athlete is registered and to the school the athlete attends; and

- a record of the athlete's progression through the graduated return-to-sport steps is made and kept until confirmation of medical clearance is provided.

Reliance on Information

18. A designated person may rely on the information received from the athlete, or from the athlete's parent or guardian if the athlete is under 18, in carrying out responsibilities under this Policy.

Section 3: Code of Conduct

19. Athletes under 26 years of age, the parent or guardian of an athlete under 18, coaches and trainers must review and sign the GO Concussion Code of Conduct every year, before registering or before serving.

Section 4: Recognizing a Concussion

Mechanism

20. A concussion may be caused by a direct blow to the head, face or neck, or by a blow elsewhere on the body that transmits an impulsive force to the head.
21. An athlete does not need to lose consciousness to have sustained a concussion**.** Signs and symptoms may be delayed, evolving over minutes or hours, or first appearing the following day.

Red Flags, Observable Signs and Symptoms

22. If a participant demonstrates or reports any of the red flags listed below, the designated person must call 9-1-1 and, where available, summon the on-site licensed health-care professional. Do not move an athlete where a neck injury is possible.

Neck pain or tenderness	Lying motionless on the course, tee, green, ground or other surface	Headache or pressure in the head
Double vision	Slow to get up after a direct or indirect hit to the head	Balance problems or dizziness
Weakness, tingling or burning in the arms or legs	Disorientation or confusion; inability to respond appropriately to questions	Nausea or vomiting
Severe or increasing headache	Blank or vacant look	Drowsiness, fatigue or low energy
Seizure or convulsion	Balance or gait difficulty, loss of motor coordination, stumbling, slow laboured movement	Blurred vision; sensitivity to light or noise
Loss of consciousness, or a deteriorating conscious state	Facial injury after head trauma	More emotional or irritable than usual
Vomiting more than once	Neck pain; difficulty remembering or concentrating	Sadness, nervousness or anxiousness

Increasingly restless, agitated or combative; increasing confusion	Feeling slowed down, “in a fog”, or “don’t feel right”	

Memory Questions

23. Failure to answer any of the following correctly may indicate a concussion: What venue are we at today? Where was your last major competition? What day is it? What event are you participating in?

Threshold for Removal

24. The trigger for removal is suspicion, not diagnosis. Removal is required where there is any red flag, any observable sign, any reported symptom, any failure to answer a memory question correctly, or any crash involving head impact, or suspected head impact.
25. The person making the removal decision is not diagnosing; they are applying a threshold. An athlete’s own assurance that they are fine is not a basis to override removal**.**

    When in doubt, sit them out. There is no penalty under this Policy for removing an athlete who turns out to be uninjured.

Section 5: Removal-from-Sport Protocol

Immediate Removal

26. The designated person must immediately remove the athlete from further training or competition, regardless of whether the concussion or suspected concussion was sustained from an activity associated with GO.
27. Removal is not a negotiation and is not subject to the agreement of the athlete, the parent or guardian, the coach or the event organizer.

Emergency Response

28. The designated person must call 9-1-1 where, in their opinion, doing so is necessary, including where any red flag sign or symptom appears.

Informing the Athlete and Parent or Guardian

29. Where the athlete is under 18 years of age, the designated person must inform the parent or guardian of the removal, the same day and before the athlete leaves the venue where reasonably possible.
30. The designated person must advise the athlete, or the parent or guardian if the athlete is under 18, that the athlete is required to undergo a Medical Assessment by a physician or nurse practitioner before being permitted to return to training or competition.

Providing the Protocols

31. The designated person must provide the athlete, or the parent or guardian if the athlete is under 18, with this Policy and its Removal-from-Sport and Return-to-Sport Protocols as soon as possible after the removal, and must record that this was done, when and by what method.

Care After Removal

32. The athlete must not be left alone, particularly for the first one to two hours, must be monitored for red flags, and must be released to a responsible adult. The athlete must not be sent home alone.
33. Relative rest applies for the first 24 to 48 hours. This means activities of daily living that do not worsen symptoms more than mildly and briefly, with screen time minimized. “Briefly” means that symptoms settle back down within about an hour.
34. The athlete must not consume alcohol, must not use recreational drugs, and must not take prescription or non-prescription medication except as directed by a physician or nurse practitioner.
35. The athlete must not drive a motor vehicle or operate machinery until cleared to do so by a physician or nurse practitioner.
36. Any cognitive, emotional or physical change should be documented and reported to the assessing practitioner.

Recording the Removal

37. A record must be made and kept of every removal for a suspected concussion, whether a concussion is later diagnosed. The record must be completed by the designated person within 24 hours and filed with GO.
38. The **GO Concussion Removal Record** must capture, at minimum:
    - athlete name and date of birth;
    - date, time, location, event or activity, and whether the activity was GO-sanctioned;
    - the name of the designated person who made the removal decision;
    - the basis for removal (red flag, observable sign, reported symptom, memory question, head impact);
    - whether 9-1-1 was called and whether the athlete was transported, and by what means;
    - whether the parent or guardian was informed, by whom, at what time and by what method (mandatory where the athlete is under 18);
    - whether the athlete or parent was advised that Medical Assessment is required before return;
    - whether the Protocols were provided, when and how;
    - the responsible adult to whom the athlete was released; and
    - the signature of the designated person.
39. Once removed, the athlete is not permitted to return to training or competition except in accordance with Section 8.

Section 6: Medical Assessment and Confirmation

Who May Assess and Clear

40. Only a physician or a nurse practitioner may medically assess an athlete for the purposes of this Policy and provide confirmation of medical clearance. A physiotherapist, athletic therapist,

chiropractor, paramedic, massage therapist, kinesiologist, coach or trainer may not, regardless of their qualifications or seniority. GO has no discretion to accept a substitute.

41. GO recommends assessment by a physician or nurse practitioner familiar with the current sport concussion assessment tools, SCAT6 (age 13 and over), Child SCAT6 (ages 8 to 12) and the corresponding office assessment tools, even where the symptoms of the suspected concussion have resolved.

Restriction on Assessment by a Family Member

42. The physician or nurse practitioner who assesses or clears the athlete must not be the athlete's parent, guardian, sibling, spouse or a member of the athlete's household. Where a clearance is received from such a practitioner, GO will require an independent assessment at the athlete's expense.

Sharing Medical Advice

43. The athlete, or the parent or guardian if the athlete is under 18, must share any medical advice or recommendations received with the designated person before the athlete begins the graduated return-to-sport steps.

Disclosure to School and Other Organizations

44. Where an athlete is diagnosed with a concussion, the designated person must inform the athlete, or the parent or guardian if the athlete is under 18, of the importance of disclosing the diagnosis to any other sport organization with which the athlete is registered and to the school the athlete attends.

Section 7: Return to Learning (Return to School)

Priority of Return to Learning

45. For an athlete who is a student in elementary or secondary school, return to learning comes before return to sport. This Section is placed ahead of Section 8 deliberately: the return-to-school steps below are worked through alongside Steps 1 to 3 of the graduated return-to-sport steps, not after them.
46. A student with a diagnosed concussion must follow the return-to-school plan of their school board.
47. An athlete who is a student must have returned to full-time school activities before being permitted to progress to Step 5 or Step 6 of graduated return-to-sport section below.
48. Symptoms in children and adolescents may persist longer than in adults. A student who is not tolerating a full school day is not ready for unrestricted training or competition.

Return-to-School Steps

1. Daily activities at home that do not worsen symptoms	Typical daily activities, such as reading, texting and screen time, provided they do not worsen symptoms more than mildly and	Gradual return to typical activities

	briefly. Start with 5 to 15 minutes at a time and build up gradually.	
2. School activities	Homework, reading or other cognitive activities outside the classroom.	Increase tolerance to cognitive work
3. Return to school part-time	Gradual reintroduction of schoolwork. May require a partial school day, or a full day with increased breaks.	Increase academic activities
4. Return to school full-time	Progress school activities until a full day can be tolerated.	Return to full academic activities and catch up on missed work

Section 8: Return-to-Sport Protocol

Application

49. This Section applies to any athlete removed from training or competition under Section 5, regardless of whether the concussion was sustained, or is suspected of having been sustained, during an activity associated with GO.

Where No Concussion Is Diagnosed

50. An athlete who has been removed does not return to training or competition until the athlete, or the parent or guardian if the athlete is under 18, provides confirmation to the designated person that the athlete (i) has undergone a Medical Assessment by a physician or nurse practitioner and has not been diagnosed as having a concussion, and (ii) has been medically cleared to return to training or competition.

Where a Concussion Is Diagnosed

51. The athlete must proceed through the graduated return-to-sport steps set out in Section 8(d), under the guidance of the treating physician or nurse practitioner.

52. Where the athlete is a student, Section 7 applies and return to learning takes priority.

Graduated Return-to-Sport Steps

1. Activities of daily living and relative rest	Daily activities at home that do not worsen symptoms more than mildly and briefly. Minimize screen time.	Gradual reintroduction of typical activities	First 24 to 48 hours
2. Light, then moderate, aerobic exercise	Walking or stationary bicycling, slowly at first, then increasing the pace. May begin light resistance training if appropriate.	Increase heart rate	At least 24 hours

3. Individual sport-specific activity, without risk of head impact	Individual activity away from other athletes. No contact and no head-impact activity.	Increase intensity and introduce low-risk sport-specific movement	At least 24 hours
MEDICAL CLEARANCE REQUIRED HERE	Obtain confirmation of medical clearance from a physician or nurse practitioner before unrestricted training or competition. The athlete may not progress to Step 4, 5 or 6 without it.	—	—
4. Non-contact training drills	Higher-intensity exercise and harder training drills, including activities with other participants. No contact.	Resume usual intensity of exercise, coordination and activity-related thinking	At least 24 hours
5. Unrestricted training	Unrestricted training.	Return to activity carrying a risk of falling or contact; restore confidence and assess functional skills	At least 24 hours
6. Return to sport	Unrestricted competition.	Normal participation	—

The Single Clearance Rule

53. Medical clearance is required once, and it is required before the athlete progresses beyond Step 3. No provision of this Policy is to be read as permitting progression to Step 4, Step 5 or Step 6 without confirmation of medical clearance having been provided to the designated person.
54. Steps 1 to 3 may be undertaken before clearance. They are part of treatment and recovery, not a return to sport.

Progression and Symptom Recurrence

55. At least 24 hours must be spent at each step. An athlete is ready to progress when they can tolerate the activities of the current step.
56. During Steps 1 to 3, symptoms worsening mildly and briefly, settling within about an hour, is common and acceptable. If symptoms worsen by more than that, the athlete stops and tries the same step again the next day.
57. After medical clearance, concussion symptoms should not return. If they do, the athlete returns to Step 3 and returns to the physician or nurse practitioner for reassessment.

58. If symptoms do not improve, or continue to worsen, the athlete must return to the physician or nurse practitioner. Symptoms persisting beyond four weeks should be referred to a physician with experience in the management of sport-related concussion.
59. Resistance training is introduced no earlier than Step 2, and only if appropriate to the individual.

Recording Progression and Reinstatement

60. GO must make and keep a record of the athlete's progression through the graduated return-to-sport steps until confirmation of medical clearance has been provided to the designated person.

Section 9: Special Situations

Refusal or Failure to Provide Medical Clearance

61. GO is not required to establish that an athlete sustained a concussion in order to hold the athlete out of sport. Once an athlete has been removed under Section 5, return is permitted only in accordance with Section 8, and Section 8 requires the athlete or parent or guardian to provide confirmation. The absence of confirmation is not a gap in GO's position; it is the operative fact.
62. No confirmation means no return, for as long as confirmation is not provided. There is no discretion.
63. A Concussion Hold applies to all GO-sanctioned activity.
64. This is not a dispute to be negotiated. A person approached to make an exception must decline and refer the matter to GO.
65. Do not argue the medicine, and do not debate the severity of the crash. Restate the requirement and the route back.
66. If a held athlete participates anyway, they are removed from the activity, GO is notified, and Section 12 applies.

Concussions Sustained Outside GO-Sanctioned Activity

67. The removal and return requirements of this Policy apply regardless of where or how the concussion was sustained.
68. Athletes, and the parents or guardians of athletes under 18, must disclose a concussion or suspected concussion sustained outside GO activity before returning to GO activity.
69. Where GO receives information from a third party, from the media, or from social media, GO assesses credibility, not medical merit.

Pressure to Return Early

70. A coach, trainer or official who pressures an athlete to return early or to conceal symptoms, discourages reporting, or permits a held athlete to participate is subject to discipline.

Multi-Sport and Multi-Organization Athletes

71. A Concussion Hold is maintained at the GO registration level.

72. GO cannot enforce a hold in another sport. The designated person must nonetheless inform the athlete, or the parent or guardian, of the importance of disclosing the diagnosis to any other sport organization and to the athlete's school and must record that this was done.

Section 10: Personal Information

Collection, Use and Disclosure

73. GO limits the collection, use and disclosure of personal information to what is reasonably necessary to carry out this Policy.
74. Personal information collected under this Policy is retained, disclosed and disposed of securely and in accordance with the GO records management policy.

Section 11: Recovery, Persistent Symptoms and Long-Term Effects

Recovery

75. Recovery times vary. Cognitive function, balance and symptoms improve rapidly for most athletes over the first two weeks after injury. Some individuals require considerably longer, and the severity of symptoms in the first few days after injury is an important predictor of slower recovery.
76. Symptoms in children and adolescents commonly persist longer than in adults.

Persistent Symptoms and Referral

77. Symptoms persisting beyond four weeks should be referred to a physician with experience in the assessment and management of sport-related concussion. Rehabilitation programmes conducted below the threshold of symptom provocation should be considered.

Discontinuing Participation

78. Any decision about retirement from, or discontinuation of, golf following one or more concussions is a medical decision made by the athlete in consultation with a physician with experience in concussion. GO does not make that decision and does not require it of any athlete.

Long-Term Effects

79. Participants should be alert to potential long-term effects, including cognitive impairment and depression. An association has been reported between repetitive head impacts and later-life neurological conditions, including chronic traumatic encephalopathy (CTE); a cause-and-effect relationship has not been established, and GO does not state one.

Individual History

80. Knowing an athlete's concussion history assists in managing a subsequent concussion and in designing a return-to-sport plan. The clinical history should include all previous head, face and cervical spine injuries. GO encourages participants to make their coaches and designated persons aware of their individual history.

Section 12: Non-Compliance

Breaches

81. Failure to comply with this Policy may result in disciplinary action under the GO Complaints and Discipline Policy and Procedure.

Sanctions

82. Sanctions available to GO include a Concussion Hold or eligibility hold, a reprimand, required additional training, suspension, removal of coaching, officiating or trainer status, refusal or withdrawal of event sanctioning, and refusal of registration.