Concussion Policy

Policy Owner:	Membership	**Version:**	2.0
Approved By:	President & CEO	**Approval Date:**	August 26, 2026
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Supersedes:	Concussion Policy and Concussion Code of Conduct (Ontario), 2025; Concussion Code of Conduct for Athletes and Parents/Guardians, August 2022		
Related Policies:	OC Code of Conduct & Ethics, OC Discipline & Complaints Policy, OC Records Management Policy, OC Sport Injury Form, OC Concussion Removal Record		

1) Purpose and Scope

a) Purpose

i) Ontario Cycling ("OC") 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.

ii) This Policy is established to comply with Rowan's Law (Concussion Safety), 2018, S.O. 2018, c. 1 and O. Reg. 161/19: General. If any provision of this Policy conflicts with Rowan's Law or its regulation, the legislation prevails.

iii) The clinical content of this Policy reflects the 6th International Consensus Statement on Concussion in Sport (Amsterdam, October 2022; published June 2023) and the Ontario Ministry's Sample Removal-From-Sport & Return-to-Sport Protocols for Sport Organizations (rev. 2025-06). Where this Policy and the Ministry protocol differ, the more protective requirement applies.

iv) A concussion is a clinical diagnosis. Only a physician or a nurse practitioner may diagnose a concussion or provide medical clearance. No coach, official, commissaire, team trainer, designated person, parent or athlete may make that determination, irrespective of their qualifications.

v) This Policy is not legal or medical advice.

b) Application

i) This Policy applies to all activities and events for which OC is the governing or sanctioning body, including competitions, practices, training sessions, club rides and club activities, across all disciplines.

ii) The Removal-from-Sport Protocol (Section 5) and the Return-to-Sport Protocol (Section 8) apply to every athlete at an OC activity, irrespective of age or competitive level. The registration requirements in Section 3 apply as set out in that Section.

iii) Where OC has sanctioned an event organized by a club, team or third party, the organizer must apply this Policy and must identify its designated person(s) in accordance with Section 2 before the event.

iv) Athletes, coaches and team trainers who are not ordinarily resident in Ontario are not required to provide the confirmations in Section 3 in order to enter a single competition held in Ontario. The Removal-from-Sport and Return-to-Sport Protocols apply to them at that competition. Event organizers must brief officials accordingly.

v) An affiliated club or team may adopt this Policy as its own removal-from-sport and return-to-sport protocol. Doing so does not relieve the club or team of its obligation to identify its own designated persons under Section 2(b).

c) Definitions

i) In this Policy:

Term	Meaning
Organization / OC	Ontario Cycling.
Participant	Coaches, athletes, event participants, volunteers, officials, commissaires, team trainers and other Registered Individuals.
Registered Individuals	All individuals employed by, or engaged in activities with, OC, including employees, volunteers, administrators, committee members, directors and officers.
Designated Person	A person designated by the sport organization's removal-from-sport protocol for the purposes of clause 4 (1) (b) of the Act or by its return-to-sport protocol for the purposes of clause 4 (2) (c) of the Act.
Suspected Concussion	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.
Sport-Related Concussion (SRC)	A traumatic brain injury induced by biomechanical forces, caused by a direct blow to the head, face or neck, or elsewhere on the body with an impulsive force transmitted to the head. It typically produces rapid-onset, short-lived impairment of neurological function, although signs and symptoms may evolve over minutes to hours or appear the following day. It reflects a functional disturbance rather than a structural injury, so no abnormality may be visible on standard imaging. Loss of consciousness is not required.
Medical Assessment	An assessment conducted by a physician or nurse practitioner.
Medical Clearance	Written confirmation from a physician or nurse practitioner, meeting the requirements of Section 6(c), that the athlete is medically cleared.
Club Concussion Lead	The designated person identified by an affiliated club or team under Section 2(b), together with the named alternate.
Concussion Hold	The status applied under this Policy under which a Participant is not eligible to take part in any OC-sanctioned activity.
Unrestricted training, practice or competition	Steps 4, 5 and 6 of the graduated return-to-sport steps in Section 8(d).

2) Designated Persons

a) Identification of OC Designated Persons

i) Rowan's Law requires OC to identify a designated person or persons as having specific responsibilities under the Removal-from-Sport and Return-to-Sport Protocols.

ii) For the purpose of this policy, a designated person is dependent on their role within a specific activity:

Context / Situation	Role
Recreational Club	Club President or Designated Board Member
Cycling Team	Team Manager / Coach
Competitive Club / Team	Coach / Team Manager
Cycling Event / Competition	Event Organizer and/or Medical Personnel
Training Camp (academy, clinics, etc.)	Coach / Designated staff
Club Ride	Ride Leader

b) Club, Team and Event Designated Persons

i) Every affiliated club and team must identify, at least one designated person and one named alternate and file that record with OC annually.

ii) Every sanctioned event must identify, in writing and before the event begins, the designated person(s) or medical team on site for that event. The identification must be recorded in the event technical guide and confirmed at the commissaire and organizer briefing.

iii) A designated person must be present, or reachable and able to act, at every OC-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.

iv) Failure to file a designation record, or holding an activity without an identified designated person, is a compliance matter under Section 12 and may affect club affiliation or event sanctioning.

c) Responsibilities under the Removal-from-Sport Protocol

i) The designated person(s) is/are responsible for ensuring that:

- an athlete is immediately removed from further training, practice 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 OC;
- 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, practice 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;
- a record of the removal is made and kept in accordance with Section 5(f); and
- once removed, the athlete does not return to training, practice or competition except in accordance with Section 8.

d) Responsibilities under the Return-to-Sport Protocol

i) 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, practice 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, practice 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.

e) Reliance on Information; No Duty to Investigate

i) 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.

ii) Nothing in this Policy requires OC, an affiliated club or team, or a designated person to investigate, to monitor social media, or to verify a medical fact. The obligations in this Policy arise once OC or the club has notice. Section 9(b) governs how notice received from a third party is handled.

3) Registration, Awareness Resources and Code of Conduct

a) Concussion Awareness Resources

i) OC must not register an athlete under 26 years of age unless the athlete provides confirmation that they have reviewed one of the Ontario Concussion Awareness Resources within the previous 12 months. Where the athlete is under 18, the parent or guardian must provide the same confirmation in respect of their own review.

ii) Coaches, team trainers and officials must provide confirmation every year, before serving, that they have reviewed one of the Concussion Awareness Resources. Designated persons must do the same.

iii) The age-appropriate Ontario Concussion Awareness Resources are published at ontario.ca/concussions in three versions: ages 10 and under, ages 11 to 14, and ages 15 and over.

b) Concussion Code of Conduct

i) Athletes under 26 years of age, the parent or guardian of an athlete under 18, coaches and team trainers must review and sign the OC Concussion Code of Conduct (Appendix A) every year, before registering or before serving. A signature provided once, at first registration, does not satisfy this requirement.

ii) Registration is not complete, and no Participant may take part in any OC-sanctioned activity, until the confirmations required by this Section are on file.

c) Eligibility Gate

i) Any Concussion Hold outstanding from a previous season must be resolved before registration is completed. OC maintains the hold at the registration level so that it applies across all clubs, teams and disciplines.

ii) The eligibility gate is a condition of registration applied uniformly to all Participants. It is not a sanction, and OC is not required to establish any fact about an athlete's health in order to apply it.

4) Recognizing a Concussion

a) Mechanism

i) 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.

ii) 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.

b) Red Flags, Observable Signs and Symptoms

i) If a Participant demonstrates or reports any red flag, the designated person must call 9-1-1 and, where available, summon the on-site licensed health-care professional. Do not move a rider where a neck injury is possible, and do not remove the helmet.

Red flags – call 9-1-1	Observable signs	Symptoms
Neck pain or tenderness	Lying motionless on the course or playing 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	Damage to the helmet consistent with head impact	Sadness, nervousness or anxiousness
Increasingly restless, agitated or combative; increasing confusion		Neck pain; difficulty remembering or concentrating
A helmet apparently cracked or significantly damaged by impact		Feeling slowed down, "in a fog", or "don't feel right"

c) Memory Questions

i) 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?

d) Threshold for Removal

i) 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, suspected head impact, or a helmet cracked or significantly damaged by impact, irrespective of symptoms.

ii) 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.

5) Removal-from-Sport Protocol

a) Immediate Removal

i) The designated person must immediately remove the athlete from further training, practice or competition, regardless of whether the concussion or suspected concussion was sustained from an activity associated with OC.

ii) 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.

b) Emergency Response

i) 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.

c) Informing the Athlete and Parent or Guardian

i) 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.

ii) 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, practice or competition.

d) Providing the Protocols

i) 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.

e) Care After Removal

i) 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.

ii) 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.

iii) 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.

iv) The athlete must not drive a motor vehicle, ride a bicycle, or operate machinery until cleared to do so by a physician or nurse practitioner.

v) Any cognitive, emotional or physical change should be documented and reported to the assessing practitioner.

f) Recording the Removal

i) 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 the Club Concussion Lead and, where Section 9(e) applies, with OC.

ii) The **OC Concussion Removal Record** must capture, at minimum:

- athlete name, date of birth, OC membership number, club or team;
- date, time, location, event or activity, and whether the activity was OC-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 or damaged helmet);
- 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.

iii) The OC Sport Injury Form is an injury-surveillance instrument and does not, by itself, satisfy the record requirement in this Section. The Sport Injury Form must still be submitted within five days of the incident.

iv) Once removed, the athlete is not permitted to return to training, practice or competition except in accordance with Section 8.

6) Medical Assessment and Confirmation

a) Who May Assess and Clear

i) 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 team trainer may not, regardless of their qualifications or seniority. OC has no discretion to accept a substitute.

ii) OC 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.

b) Restriction on Assessment by a Family Member

i) 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, OC reviews it under Section 9(e) and may require an independent assessment.

c) What OC Accepts as Confirmation

i) Rowan's Law does not prescribe the form of confirmation. OC does. Confirmation must be in writing and must include:

- the practitioner's letterhead, or the OC Medical Clearance Form;
- the practitioner's full name, professional registration number, signature and date;
- an explicit statement that either (i) the athlete has been assessed and has not been diagnosed with a concussion and is medically cleared to return to training, practice or competition, or (ii) the athlete has been diagnosed with a concussion and is medically cleared for unrestricted training, practice and competition; and
- any restrictions or recommendations that apply.

ii) Verbal reports, text messages, screenshots without identifying practitioner detail, and third-hand accounts are not acceptable.

iii) OC may contact the issuing practitioner's office for the sole purpose of confirming that a document is authentic. Consent to this limited verification is obtained at registration.

d) Sharing Medical Advice

i) 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.

e) Disclosure to School and Other Organizations

i) 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. The designated person records that this was done.

7) Return to Learning (Return to School)

a) Priority of Return to Learning

i) 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.

ii) A student with a diagnosed concussion must follow the return-to-school plan of their school board, established under the Ministry of Education's PPM 158. The school board's plan governs the student's return to learning and to physical activity at school. The athlete or parent should contact the school as soon as the diagnosis is made.

iii) 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 Section 8(d).

iv) 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 practice or competition, irrespective of how they perform on a bicycle.

b) Return-to-School Steps

Step	Activity	Goal of step
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 briefly. Start with 5 to 15 minutes at a time and build up gradually.	Gradual return to typical activities
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

8) Return-to-Sport Protocol

a) Application

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

b) Where No Concussion Is Diagnosed

i) An athlete who has been removed does not return to training, practice 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, practice or competition.

c) Where a Concussion Is Diagnosed

i) 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.

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

d) Graduated Return-to-Sport Steps

Step	Activity	Goal of step	Minimum duration
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 riders, such as running, trainer or roller work, or simple drills. 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, practice or competition. The athlete may not progress to Step 4, 5 or 6 without it.	—	—
4. Non-contact training and practice drills	Higher-intensity exercise and harder training drills, including activities with other participants. No contact. No group or bunch riding.	Resume usual intensity of exercise, coordination and activity-related thinking	At least 24 hours
5. Unrestricted practice	Unrestricted practice, including bunch riding, pack skills, technical mountain bike riding and track riding.	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	—

e) The Single Clearance Rule

i) 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.

ii) Steps 1 to 3 may be undertaken before clearance. They are part of treatment and recovery, not a return to sport.

f) Progression and Symptom Recurrence

i) 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.

ii) 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.

iii) 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.

iv) 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.

v) Resistance training is introduced no earlier than Step 2, and only if appropriate to the individual.

g) Cycling-Specific Requirements

i) Steps 1 to 3 must be completed off the road bike. Stationary bicycle, trainer or rollers only. A concussed athlete on a road, gravel road, mountain bike trail, cyclocross course or velodrome is a fall risk to themselves and to everyone around them.

ii) Bunch riding is treated as the equivalent of contact. Group riding in close quarters is not permitted before Step 5.

iii) Track racing and technical mountain bike descending carry an elevated consequence of re-injury. OC recommends an additional 24 hours at Step 5 before either.

iv) A helmet that has sustained an impact must be replaced before the athlete returns to riding, whether or not damage is visible.

h) Recording Progression and Reinstatement

i) OC and the affiliated club or team 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. This is a legal requirement, not an administrative preference.

ii) On receipt of acceptable confirmation, the Club Concussion Lead files it, records the reinstatement date and notifies OC. OC then clears the eligibility flag. Only at that point may the athlete enter unrestricted training, practice or competition.

9) Special Situations

a) Refusal or Failure to Provide Medical Clearance

i) OC 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 OC's position; it is the operative fact.

ii) No confirmation means no return, for as long as confirmation is not provided. There is no discretion, and no exception for a championship, a selection event, a national team camp, a parent's assurance, or an adult athlete's insistence that they are well.

iii) A Concussion Hold applies to all OC-sanctioned activity, not only to the club, team or discipline in which the removal occurred.

iv) This is not a dispute to be negotiated. A club, team or event organizer approached to make an exception must decline and refer the matter to OC.

v) Do not argue the medicine, and do not debate the severity of the crash. Restate the requirement and the route back.

vi) If a held athlete participates anyway, they are removed from the activity, OC is notified, and Section 12 applies. A coach, ride leader, official, commissaire or club that knowingly permits a held athlete to participate is subject to Section 12 as a separate and more serious matter.

b) Concussions Sustained Outside OC-Sanctioned Activity

i) The removal and return requirements of this Policy apply regardless of where or how the concussion was sustained, including a concussion sustained in another sport, in recreational riding, at work, in a motor vehicle collision or at home. The gate applies once OC or the affiliated club has notice.

ii) Athletes, and the parents or guardians of athletes under 18, must disclose a concussion or suspected concussion sustained outside OC activity before returning to OC activity. This is an obligation under the Concussion Code of Conduct (Appendix A).

iii) OC does not monitor social media and does not conduct investigations. There is no surveillance obligation under Rowan's Law, and OC will not create one. Monitoring would produce unequal treatment, since it would identify visible athletes and miss everyone else, and it raises privacy and Safe Sport concerns that outweigh any benefit.

iv) Where OC receives information from a third party, from the media, or from social media, OC assesses credibility, not medical merit. Information is credible for the purposes of this Policy where it identifies a specific athlete, a specific date, and an event involving head impact or apparent concussion. Information that does not meet that threshold is logged as received and assessed, and no further action is taken.

v) Where the threshold is met, OC, not the club or team, issues the standard Head Injury Inquiry (Appendix C). The wording is identical in every case. The source of the information is not identified, and the material itself is not forwarded, described or attached.

vi) Failure to respond to the Head Injury Inquiry within five business days is a breach of the Concussion Code of Conduct and results in a Concussion Hold until a response is received. This mechanism resolves the matter without OC adjudicating any medical question. If an athlete wishes to contest the hold, they may do so under the OC Appeal Policy.

vii) OC logs every inquiry issued, every response received and every non-response. The log is OC's record that it acted reasonably on the information it held.

c) Pressure to Return Early

i) Pressure to return an athlete early may come from a coach, a parent or the athlete. All three are treated identically: the requirement is not adjustable, and the person applying the pressure is asking OC to act contrary to Rowan's Law**.**

ii) A coach, team trainer, official or club that pressures an athlete to conceal symptoms, discourages reporting, or permits a held athlete to participate is subject to discipline under Section 12, up to and including removal of coaching or officiating status and loss of club affiliation.

d) Multi-Club, Multi-Sport and Multi-Organization Athletes

i) A Concussion Hold is maintained at the OC registration level so that it follows the athlete across clubs, teams and disciplines. A club-by-club system would not identify an athlete who trains with one club and races with another.

ii) OC 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.

e) Escalation to OC

i) OC involvement is automatic, and is not discretionary or dependent on a request, in each of the following circumstances. Clubs and teams are given this list in advance so that escalation is not read as an accusation.

Trigger	OC action
Any removal at an OC-sanctioned event	OC holds the record and owns the file
9-1-1 called, or transport to hospital by any means	OC notified within 24 hours; OC reviews
Loss of consciousness, seizure, or any red flag	OC notified within 24 hours
Athlete under 18 where parent or guardian notification did not occur or cannot be confirmed	Immediate OC review
Refusal or failure to provide confirmation of medical clearance	OC applies a Concussion Hold
Athlete or parent disputes the removal decision	OC handles; the club steps out
A held athlete participates, or is permitted to participate	OC discipline under Section 12
Third-party, media or social media notice	OC issues the Head Injury Inquiry – never the club or team
Confirmation of clearance is incomplete, questionable, or from an ineligible or family-member practitioner	OC reviews and decides
Second concussion within 12 months, or third in any period	OC review; enhanced return requirements may be applied
Any suggestion of coach or club pressure to return early or to conceal	OC investigates as a Safe Sport and discipline matter
Club or team fails to file a removal record within five days	OC compliance follow-up
Athlete registered with more than one club or organization	OC coordinates the hold

Trigger	OC action
Concussion sustained at a non-OC activity, disclosed or reported	OC applies the return gate

Rule of thumb for clubs and teams: if you are unsure whether to escalate, escalate.

10)Records, Personal Information and Retention

a) Records Required

i) OC, and each affiliated club and team, must make and keep:

- the Concussion Removal Record for every removal for suspected concussion, whether a concussion is later diagnosed or not (Section 5(f));
- the Return-to-Sport Progression Record, recording progression through the graduated steps until confirmation of medical clearance is provided (Section 8(h));
- the confirmation of medical assessment or medical clearance received (Section 6(c));
- the designation records for designated persons (Section 2 and Appendix B); and
- the Head Injury Inquiry log (Section 9(b)).

b) Collection, Use and Disclosure

i) OC limits the collection, use and disclosure of personal information to what is reasonably necessary to carry out this Policy, and limits access to that information to individuals who require it to fulfil their duties or obligations under Rowan's Law.

ii) Personal information collected under this Policy is retained, disclosed and disposed of securely and in accordance with the OC Records Management Policy.

c) Retention Schedule

i) Records created under this Policy are retained in accordance with the OC Records Management Policy and the schedule below.

Record type	Minimum defensible	Recommended
Adult participant injury report, including Head injury and concussion reports	Incident + 7 years	Incident + 15 years
Minor participant injury report, including Head injury and concussion reports	Participant's 18th birthday + 2 years	18th birthday + 15 years (that is, to age 33)
Any report touching maltreatment or abuse allegations	Indefinite	Indefinite

11)Recovery, Persistent Symptoms, Long-Term Effects and Risk Reduction

a) Recovery

i) 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.

ii) Symptoms in children and adolescents commonly persist longer than in adults.

b) Persistent Symptoms and Referral

i) 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.

c) Discontinuing Participation

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

d) Long-Term Effects

i) 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 OC does not state one.

e) Risk Reduction and Prevention

i) 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. OC encourages Participants to make their coaches and designated persons aware of their individual history.

ii) Helmets must meet the applicable standard for the discipline, must be correctly fitted and correctly worn, and must be replaced after any impact**.**

iii) Skills development, respect for the rules of the discipline, and commitment to fair play reduce the incidence of crashes and therefore of concussions.

12)Non-Compliance

a) Breaches

i) Failure to comply with this Policy may result in disciplinary action under the OC Discipline & Complaints Policy. Breaches include, without limitation:

- failing to remove an athlete where removal is required under Section 5;
- permitting, encouraging or failing to prevent the participation of an athlete subject to a Concussion Hold;
- participating while subject to a Concussion Hold;
- failing to make or keep a required record, or failing to file it within the required time;
- failing to identify and file designated persons under Section 2(b);
- failing to inform the parent or guardian of an athlete under 18;
- pressuring an athlete to conceal symptoms or to return early; and
- providing false, altered or misleading confirmation of medical assessment or clearance.

b) Sanctions

i) Sanctions available to OC include a Concussion Hold or eligibility hold, a reprimand, required additional training, suspension, removal of coaching, officiating or team trainer status, refusal or withdrawal of event sanctioning, loss of club or team affiliation, and refusal of registration.

13)Review, Interpretation and Liability

a) Review

i) This Policy, its appendices and the OC Concussion Removal Record are reviewed annually by the Policy Owner, and are updated whenever Rowan's Law, its regulation, the Ministry's protocols or the international consensus guidance changes.

ii) The list of OC designated persons at Appendix B is reviewed annually and on any change of role.

b) Interpretation

i) Where two provisions of this Policy could be read as imposing different requirements, the more protective requirement applies.

c) Liability

i) OC shall not be liable for any Participant's or other individual's use or interpretation of this Policy. None of OC's members, directors, officers, employees, agents, representatives or other individuals involved 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 or enforcement of this Policy.

Appendix A – Concussion Code of Conduct

The OC Concussion Code of Conduct forms part of this Policy and is required by O. Reg. 161/19. It is published as a separate document so that it can be circulated and signed at registration without the full Policy, and it is not reproduced here, so that only one authoritative text exists**.** The Code and this Policy are reviewed, updated and reissued together.

Structure of the Code

Part	Who signs	When	How often
Part A	Athletes under 26 years of age, and the parent or guardian of an athlete under 18	Before registering in an OC activity	Every year
Part B	Coaches and team trainers	Before serving	Every year

Requirement

The Code must be reviewed and signed every year. A signature given once, at first registration, does not satisfy this requirement. Registration is not complete, and no person may take part in or serve at an OC-sanctioned activity, until the signed Code and confirmation of review of an Ontario Concussion Awareness Resource within the previous 12 months are on file (Section 3).

Signed Codes and confirmations are retained in accordance with Section 10.