

SILVER SPOKES CYCLING CLUB	Revision 2
CONCUSSION POLICY AND CONCUSSION CODE OF CONDUCT	April 2024

1. Definitions

“SSCC” – The Silver Spokes Cycling Club

“Member” – An individual who has chosen to join the SSCC and has fully paid the annual fee

“Participant” – An individual who is taking part in an SSCC sanctioned cycling event

“Directors” – Those Members who have been elected or appointed to the Board of Directors for the current calendar year in accordance with the relevant provisions of the By-Law

2. Purpose

SSCC is committed to ensuring the safety of those participating in the sport of cycling. SSCC recognizes the increased awareness of concussions and their long-term effects.

This policy is intended to establish compliance of SSCC with Ontario Cycling’s “Concussion Policy and Concussion Code of Conduct (Ontario)” as well as Rowan’s Law¹. *However, it should be noted that SSCC does not hold or sanction competitive cycling events and does not provide training of athletes of any age for cycling competition. SSCC does not have “coaches”, “trainers”, or other formally designated positions related to competitive cycling activities. Therefore, only those aspects of the Ontario Cycling policy that reasonably apply to recreational, non-competitive cycling activities have been incorporated into this SSCC policy.*

This Policy provides guidance in identifying common signs and symptoms of concussion, a protocol to be followed in the event of a suspected concussion, and return to participation guidelines should a concussion be diagnosed. Awareness of the signs and symptoms of concussion, and knowledge of how to properly manage a concussion, are critical to recovery and helping to ensure the individual is not returning to physical activities too soon, risking further complication.

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

3. Rowan’s Law Requirements

Participants under the age of 26 years old must provide written or electronic confirmation that they have reviewed concussion awareness resources within the past

¹ Rowan's Law (Concussion Safety), 2018, S.O. 2018, c. 1 - Bill 193

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12 months. The Ontario Government has produced concussion resources suitable for Participants 15 years or older located [here](#)²:

Participants under the age of 26 years old must also sign the Concussion Code of Conduct (Appendix A).

For Participants younger than 18 years old, the Participant’s parent or guardian must also provide confirmation that they have also reviewed the concussion resources as well and signed the Concussion Code of Conduct.

Ride Leaders must provide confirmation that they have also reviewed the concussion resources and sign the Concussion Code of Conduct; **but not if they will be interacting exclusively with Participants who are 26 years old or older.** For the purposes of Part B of Appendix A, Ride Leaders shall be considered “coaches” for Participants under the age of 26.

Signed records of confirmation shall be forwarded to the Secretary of the Silver Spokes.

4. Ride Leaders

Ride Leaders are strongly encouraged to familiarize themselves with the Ontario Cycling “[Concussion Policy and Concussion Code of Conduct \(Ontario\)](#)” which provides more detailed guidance on concussion symptoms and treatment protocols.

5. Concussion Causes, Signs and Symptoms

Ride Leaders and Participants will use their best efforts to:

A) Be aware of incidents that may cause a concussion, such as:

1. Falls
2. Accidents
3. Collisions
4. Head trauma – blow to the head, face or neck, or a blow to the body that transmits a force to the head.

B) Be aware of observable signs that may indicate a concussion, such as:

1. Lying motionless on the ground
2. Slow to get up after a direct or indirect hit to the head
3. Disorientation or confusion / inability to respond appropriately to questions
4. Blank or vacant look

² Government of Ontario Concussion Awareness Resource e-booklet: Ages 15 and up

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5. Balance or gait difficulties, absence of regular motor coordination, stumbling, slow laboured movements
6. Facial injury after head trauma
7. Obvious damage to the helmet

C) Recognize and understand the symptoms that may result from a concussion. These may appear immediately after the injury or within hours or days of the injury and may be different for everyone. Some common signs and symptoms that may indicate a concussion include, but are not limited to:

1. Nausea or vomiting
2. Headache or “pressure in the head”
3. Balance problems or dizziness
4. Drowsiness, fatigue or low energy
5. Blurred vision
6. Sensitivity to light or noise
7. More emotional or irritable
8. “Don’t feel right”
9. Sadness, nervousness, or irritability
10. Neck pain
11. Poor appetite
12. Difficulty remembering or concentrating
13. Slow reaction time; feeling slowed down or “in a fog”

D) Identify injured Participants or other individuals who have been involved in any of the above incidents or exhibit any of the above symptoms.

6. Protocol

Participants should carry emergency contact information with them at all times while on a ride.

Immediately following an accident where a concussion occurs or is suspected, the Ride Leader, or someone from the remaining group of Participants, shall initiate the Emergency Response Procedure and ensure that the following actions are taken:

If the Participant is **unconscious**:

1. Call 911 *immediately* to request Emergency Medical Services
2. If applicable, contact the Participant’s emergency contact to inform them of the injury and that the Participant will be attended to by Emergency Medical Services.
3. Stay with the Participant until Emergency Medical Services arrives

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If the Participant is **conscious**:

1. Remove the Participant from the activity/scene of the accident as soon as possible if it is deemed safe to do so, (i.e. no other serious injuries that would prevent moving the Participant)
2. Contact Emergency Medical Services (call 911) if additional medical support is required
3. Notify the Participant’s emergency contact
4. If no other emergency medical care is required, arrange for a ride home for the Participant
5. Reduce external stimulus (noise, other people, etc.)
6. Remain with the Participant until he or she can be taken home or until EMS arrives
7. Encourage the Participant to consult a physician or qualified health care professional at the earliest opportunity

The Ride Leader, or someone from the remaining group of Participants designated by the Ride Leader, shall contact a Director of the SSCC as soon as practical (e.g. immediately or at the conclusion of the ride) via telephone or email, advising them of the incident.

The Ride Leader shall complete an Injury Report using the online [“OC Sport Injury Report Form.”](#) A link to this can be found on the Silver Spokes web site under Club Rides/Ride Leader Information. The form must be submitted by the Ride Leader. One form must be submitted per individual involved.

7. Medical Clearance for Return to Riding

A Participant who has been diagnosed as having suffered a concussion is strongly encouraged to carry out a graduated “Return to Sport” protocol before resuming SSCC rides, to ensure that they are fully recovered. A protocol such as that shown in Ontario Cycling’s “Concussion Policy and Concussion Code of Conduct (Ontario)”, or as otherwise recommended by a qualified health care professional, should be followed.

A Participant with a suspected concussion, even if the Participant was **not** unconscious, cannot participate in SSCC sanctioned rides until they are cleared to do so by their physician or qualified health care professional, and have provided the SSCC with documentation stating this. The Participant with a suspected concussion shall deliver or email this correspondence to the SSCC Vice-President/Ride Coordinator who will then confirm the Participant’s eligibility to take part in SSCC rides.

A Participant who has suffered a suspected or confirmed concussion, from *any* cause, shall disclose this to the Ride Leader of the first SSCC ride they participate in after

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receiving medical clearance to resume riding. The Ride Leader may request confirmation of this medical clearance before permitting the individual to participate.

8. Non-Compliance

Failure to abide by the guidelines and protocols contained within this policy may result in disciplinary action in accordance with the SSCC Complaint Review and Resolution Policy.

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Concussion Code of Conduct (Appendix A)

PART A

The following section of the *Concussion Code of Conduct* must be signed by all Participants under the age of 26 years old. For Participants who are younger than 18 years old, a parent/guardian must also sign this section.

I will help prevent concussions by:

- Wearing the proper equipment for my sport and wearing it correctly.
- Developing my skills and strength so that I can participate to the best of my ability.
- Respecting the rules of my sport or activity.
- Demonstrating my commitment to fair play and respect for all (respecting other athletes, coaches, team trainers and officials).

I will care for my health and safety by taking concussions seriously, and I understand that:

- A concussion is a brain injury that can have both short-term and long-term effects.
- A blow to my head, face or neck, or a blow to the body that causes the brain to move around inside the skull may cause a concussion.
- I don't need to lose consciousness to have had a concussion.
- I have a commitment to concussion recognition and reporting, including self-reporting of possible concussion and reporting to a designated person when and individual suspects that another individual may have sustained a concussion. (Meaning: If I think I might have a concussion I should stop participating in further training, practice or competition **immediately**, and I will tell an adult if I think another athlete has a concussion).
- Continuing to participate in further training, practice or competition with a possible concussion increases my risk of more severe, longer lasting symptoms, and increases my risk of other injuries.

I will not hide concussion symptoms. I will speak up for myself and others.

- I will not hide my symptoms. I will tell a coach, official, team trainer, parent or another adult I trust if I experience any symptoms of concussion.
- If someone else tells me about concussion symptoms, or I see signs they might have a concussion, I will tell a coach, official, team trainer, parent or another adult I trust so they can help.
- I understand that if I have a suspected concussion, I will be removed from sport and that I will not be able to return to training, practice or competition until I undergo a medical assessment by a medical doctor or nurse practitioner and have been medically cleared to return to training, practice or competition.

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

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

- I understand my commitment to supporting the return-to-sport process and I will follow my sport organization’s Return-to-Sport Protocol.
- I understand I will have to be medically cleared by a medical doctor or nurse practitioner before returning to training, practice or competition.
- I will respect my coaches, team trainers, parents, health-care professionals, and medical doctors and nurse practitioners, regarding my health and safety.

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

Name of Member: _____
(Print)

Signature of Member: _____

Date of Birth: _____

Name of Parent or Guardian: _____
(Print)

Signature of Parent or Guardian: _____

Date: _____

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PART B

The following section of the *Concussion Code of Conduct* must be signed by all coaches and team trainers (including Ride Leaders) who interact with Participants under the age of 26 years old.

I can help prevent concussions through my:

- Efforts to ensure that my athletes wear the proper equipment and wear it correctly.
- Efforts to help my athletes develop their skills and strength so they can participate to the best of their abilities.
- Respect for the rules of my sport or activity and my efforts to ensure that my athletes do too.
- 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 doesn't 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 possible concussion and reporting to a designated person when an individual suspects that another individual may have sustained a concussion.
- Continuing to participate in further training, practice or competition with a suspected concussion increases a person's risk of more severe, longer lasting symptoms, and increases their risk of other injuries or even death.

I 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, an official, parent or another adult they trust if they experience any symptoms of concussion after an impact.
- Lead by example. I will tell a fellow coach, official, team trainer and seek medical attention by a physician or nurse practitioner if I am experiencing any concussion symptoms.

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- Understand and respect that any athlete with a suspected concussion must be removed from sport and not permitted to return until they undergo a medical assessment by a physician or nurse practitioner and have been medically cleared to return to training, practice or competition.
- For coaches only: Commit to providing opportunities before and after each training, practice and competition to enable athletes to discuss potential issues related to concussions.

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

- I understand my commitment to supporting the Return-to-Sport process.
- I understand the athletes will have to be cleared by a physician or nurse practitioner before returning to sport.
- I will respect my fellow coaches, team trainers, parents, physicians and nurse practitioners and any decisions made with regards to the health and safety of my athletes.

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

Name and Role:
(Print)

Signature:

Date:
