Rowan’s Law – Phase II
Introduction

- In response to the tragic death of a 17-year-old rugby player from Ottawa, Rowan Stringer, Ontario reviewed the Coroner’s Inquest Recommendations, Rowan’s Law Advisory Committee advice and decided to introduce Rowan’s Law.

- Rowan Stringer died as a result of a condition known as second impact syndrome – the catastrophic swelling of the brain caused by re-injury before a previous injury healed. Rowan is believed to have sustained three concussions over the course of six days.

Rowan Stringer

Rowan’s Law

Ontario Volleyball

Rowan’s Law

- ponytail.png

Coroners Inquest resulting in 49 recommendations

- ponytail.png

Governments table with 21 recommendations for government (September)

- ponytail.png

Government introduces Bill 193 (December)

- ponytail.png

Rowan’s Law is proclaimed with requirements pertaining to Concussion Awareness Resources and Concussion Code of Conduct came into force (July 1)

- ponytail.png

2013

- ponytail.png

Death of Rowan Stringer

- ponytail.png

2015

- ponytail.png

Private member Bill to establish a Rowan’s Law Advisory Committee

- ponytail.png

2017

- ponytail.png

Rowan’s Law (Concussion Safety), 2018 receives Royal Assent on March 7

- ponytail.png

Rowan’s Law Day (last Wednesday in September)

- ponytail.png

2019

- ponytail.png

2022

- ponytail.png

Requirements pertaining to Removal-From/Return-to-Sport Protocols come into force (on January 1, 2022)
Rowan’s Law – Phase I

Requirements for Sports Organizations

1. Concussion Awareness Resources

• Ensure all members - athletes, parents of athletes under 18, coaches, team trainers, leaders and officials confirm every year that they have reviewed Ontario’s Concussion Awareness Resources

Review the Concussion Awareness Resources

• What is a Concussion?
• Preventing a Concussion
• Recognizing a Concussion
• What to Do Next
• Getting Better
• Returning to School and Sport
Rowan’s Law Phase I

2. Signed Code of Conduct by:
   • Athletes/Parents
   • Referees
   • Coaches/Leaders

   • Supports concussion prevention
   • Acknowledgement review of Ministry – Ontario Concussion Awareness Resources
   • Establish OVA Concussion Policy with further requirements:
     • Making Headway
     • Heads Up Posters
     • Modified hitting drills/warm-up
Rowan’s Law – Phase II

Effective January 1, 2022

3. Establish a Removal-from-Sport and Return-to-Sport protocol
   • Identify Designates, on-site at practices, training and competitions
   • Designates responsible for safe removal and return
   • Designates responsible for informing and reporting
Rowan’s Law – Phase II

On the Field of Play: **Removal-from-Sport Protocol**

Designate Responsibility

- Immediately remove the athlete from training, practice or competition
- Call 911, if necessary
- Inform athlete/parent medical assessment is required before returning
- Provide Removal-from and Return-to Sport Protocols (Volleyball Canada Concussion Protocol)
- Make and keep record of incidences of athlete removal
- Athlete is not permitted to return until medically cleared by physician or nurse practitioner
Rowan’s Law – Phase II

Off the Field: Return to Sport Protocol

• Designated person receives medical assessment from athlete/parent, if diagnosed concussion:
  • Graduated return to sport
  • Share medical advice received with designated person
  • Designated Person inform importance of disclosing diagnosis with other sport and/or school
  • Receive confirmation of medical clearance
  • Make and keep record of athlete’s progression and medical clearance
Rowan’s Law – Phase II

Clubs’ Responsibilities

• Clubs must ensure each team event has someone present who can act in the capacity of the designate

• Designated Persons
  • Reviewed the Ministry’s Concussion Awareness Resources in the previous 12 months
  • Completed ‘Making Headway’
  • Others are obligated to communicate to the designate any information if they suspect concussion
  • Designate is obligated to remove the athlete if concussion suspected
  • Follow Removal-from-Sport Protocol
  • Follow Return-to Sport Protocol
Rowan’s Law - Phase II

Volleyball Canada Concussion Protocol

1. Pre-Season Education
2. Head Injury Recognition
3. Onsite Medical Assessment
4. Medical Assessment
5. Concussion Management
   a) Return-to-School Strategy
   b) Volleyball-Specific Return-to-Sport Strategy
6. Multidisciplinary Concussion Care
7. Return to Sport
8. Appendices
   a) Volleyball Canada Concussion Pathway
   b) Concussion Recognition Tool 5
   c) Medical Assessment Letter
   d) Medical Clearance Letter
CONCUSSION RECOGNITION TOOL 5®
To help identify concussion in children, adolescents and adults

RECOGNISE & REMOVE
Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRTS) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS — CALL AN AMBULANCE
If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:
- Neck pain or tenderness
- Double vision
- Weakness or tingling/burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

Remember:
- In all cases, the basic principles of first aid (d anger, s response, airway, b reathing, c irculation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS
Visual clues that suggest possible concussion include:
- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow, laboured movements
- Facial injury after head trauma

STEP 3: SYMPTOMS
- Headache
- “Pressure in head”
- Balance problems
- Nausea or vomiting
- Dizziness
- More emotional
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like “in a fog”
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- “Don’t feel right”
- More Irritable
- Sadness
- Nervous or anxious
- Neck Pain

STEP 4: MEMORY ASSESSMENT (IN ATHLETES OLDER THAN 12 YEARS)
If failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:
- “What venue are we at today?”
- “Which half is it now?”
- “Who scored last in this game?”
- “What team did you play last week/game?”
- “Did your team win the last game?”

Athletes with suspected concussion should:
- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

The CRTS may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

© Concussion in Sport Group 2017
Thank-you OVA community!