



EASTERN ONTARIO COBRAS CONCUSSION & RETURN- TO-SPORT PROTOCOL

UPDATED MARCH 26, 2026



Adapted from: Parachute. (2024). Canadian Guideline on Concussion in Sport (2nd edition). <http://www.parachute.ca/guideline>

The Eastern Ontario Cobras have developed this protocol to help guide the management of players who may have suspected concussions. This provides a concussion protocol for the Eastern Ontario Cobras that aligns with the standards, guidelines and best practices within Canada as well as Hockey Canada's concussion standards.

Purpose

This protocol covers the recognition, medical diagnosis, and management of players who may sustain a suspected concussion during an activity. It aims to ensure that players with suspected concussions receive timely and appropriate care and proper management to allow them to return to play safely. This protocol may not address every possible clinical scenario that can occur during sport-related activities but includes critical elements based on the latest evidence and current expert consensus.

For a summary of the Eastern Ontario Cobras Concussion Protocol please refer to the Sport Concussion Pathway figure at the end of this document.

1. Pre-Season Education

Despite recent increased attention focusing on concussions there is a continued need to improve concussion education and awareness. Optimizing the prevention and management of concussions depends highly on annual education of all individuals with a role in the sport community on evidence-informed approaches that can prevent concussion and more serious forms of head injury and help identify and manage an athlete with a suspected concussion.

Concussion education should include information on:

- the definition of concussion,
- possible mechanisms of injury,
- common signs and symptoms,
- steps that can be taken to prevent concussions and other injuries from occurring in sport,
- what to do when a player has suffered a suspected concussion or more serious head injury,
- what measures should be taken to ensure proper medical assessment including Return-to-Sport Strategies, and
- Return-to-Sport medical clearance requirements.

Hockey Canada also emphasizes:

- Teaching safe playing techniques and respect of opponents.
- Reducing dangerous behaviors (like head contact and hits from behind).
- Fitting equipment (like helmets and masks) correctly and using education tools (ex. Concussion Awareness app).

All parents/legal guardians are required to review and submit a signed copy of the **Pre-season Concussion Education Sheet** to team trainers (see links below) as well as the **Parent/Guardian Acknowledgement Form: Concussion Return-to-Sport & External Hockey Participation** (see p. 14) at registration for the season.

In addition to reviewing information on concussions, it is also important that all stakeholders have a clear understanding of the Eastern Ontario Cobras Concussion Protocol. For example, this can be accomplished through pre-season in-person sessions for players, parents/caregivers and coaches directed by certified trainers. Many tools are available at <https://www.hockeycanada.ca/en-ca/hockey-programs/safety/concussions>.

[hc-pre-season-concussion-education-sheet-officials-e.pdf](#)

[hc-pre-season-concussion-education-sheet-players-e.pdf](#)

[hc-pre-season-concussion-education-sheet-team-staff-e.pdf](#)

2. Head Injury Recognition

Although the formal diagnosis of a concussion should be made following a medical assessment, all individuals in the sport community are responsible for the recognition and reporting of players with suspected concussions. This is particularly important because many hockey venues will not have access to on-site licensed healthcare professionals.

Suspected Concussion

A concussion should be suspected if an athlete sustains an impact to the head, face, neck or body and:

- **demonstrates one or more observable signs** of a suspected concussion (as detailed in the Concussion Recognition Tool 6, p. 9-10), OR
- **reports one or more symptoms** of suspected concussion (as detailed in the Concussion Recognition Tool 6, p. 9-10).
- **If there is any doubt that a concussion occurred, “assume it did” and remove the player.**

This includes cases where the impact wasn't witnessed, but anyone that witnessed the player exhibiting one or more observable signs of suspected concussion or the player

reports one or more symptoms of suspected concussion to one of their peers, parents/ caregivers, coaches, trainers, etc.

In all cases of suspected concussion, the player should be removed from the activity immediately and undergo medical assessment as soon as possible.

Delayed signs and symptoms

If a player is removed from play following an impact for cautionary reasons, but there are no observable signs or symptoms of a suspected concussion, then the player can be returned to play but should be monitored for delayed symptoms for up to 48 hours.

Red flag symptoms

In some cases, a player may show signs or symptoms that potentially indicate a more severe head or spine injury, including loss of consciousness, convulsions, worsening headaches, repeated vomiting or neck pain (see a detailed list in the Concussion Recognition Tool 6, p. 9-10).

If a player demonstrates any red flags, a more severe head or spine injury should be suspected, principles of first aid should be followed, and emergency medical assessment should be pursued. The team's Emergency Action Plan (EAP) should be followed.

3. Onsite Medical Assessment

Depending on the suspected severity of the injury, an initial assessment may be completed by emergency medical professionals or by an on-site licensed healthcare professional if available.

In cases where any red flags are present, emergency medical assessment by emergency medical professionals should take place (see 3a below). If a more severe injury is not suspected, the player should undergo a Medical Assessment.

3a. Emergency medical assessment

If a player is suspected of sustaining a more severe head or spine injury, the EAP should take effect immediately and an ambulance should be called to transfer the patient to the nearest emergency department for further Medical Assessment.

Coaches, parents/caregivers, trainers and officials should not make any effort to remove equipment or move the player and the player should not be left alone until the ambulance arrives. After the emergency medical services staff has completed the emergency medical assessment, the player should be transferred to the nearest hospital for medical assessment.

The player's parents or legal guardians should be contacted immediately to inform them of the injury.

4. Medical Assessment

If a player is suspected of sustaining a concussion and there is no concern for a more serious head or spine injury, the player should be immediately removed from play.

A player with a suspected concussion should be referred for medical assessment by a medical doctor or nurse practitioner as soon as possible (see p. 12 for Medical Assessment Letter).

The medical assessment is responsible for determining whether the player has a diagnosed concussion or not. To provide comprehensive evaluation of players with a suspected concussion, the medical assessment must:

- rule out more serious forms of traumatic brain and spine injuries,
- rule out medical and neurological conditions that can present with concussion-like symptoms, and
- make the differential diagnosis of concussion based on findings of the clinical history and physical examination and the evidence-based use of adjunctive tests as indicated (e.g., CT scan).

Licensed healthcare professionals in Canada whose scope of practice matches these requirements are medical doctors and nurse practitioners. Medical doctors who can evaluate patients with a suspected concussion include pediatricians, family medicine physicians, sports medicine physicians, emergency department physicians, internal medicine physicians, physiatrists (rehabilitation physicians), neurologists and neurosurgeons. All other health care workers are not acceptable to complete assessments as per Hockey Eastern Ontario policy.

Players who are determined to have not sustained a concussion should be provided with a Medical Assessment Letter indicating a concussion has not been diagnosed. The player can return to sport activities without restriction.

Players diagnosed with a concussion should be provided with a Medical Assessment Letter indicating a concussion has been diagnosed. The player must follow a gradual return to sport activities (see 5. Concussion Management).

Because the Medical Assessment Letter contains personal health information, it is the responsibility of the parent/legal guardian to provide this documentation to the player's coaches and trainers. It is also important for the trainer to provide this information to the Eastern Ontario Cobras Director of Risk and Safety.

5. Concussion Management

Players diagnosed with a concussion are to be managed according to the Return-to-Sport Strategy under the supervision of a medical doctor or nurse practitioner. Players and parents/guardians are also encouraged to work with their team's trainer and coach throughout this progression. The stepwise progressions for the Return-to-Sport Strategy are outlined below.

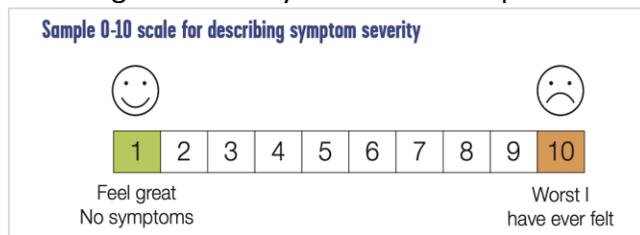
Eastern Ontario Cobras Return-to-Sport Strategy

The following is an outline of the Return-to-Sport Strategy that should be used to help players, parents/caregivers, coaches, trainers and medical professionals to work together in allowing the athlete to make a gradual return to sport activities (see also p. 11). This tool is a guideline and should not replace medical advice; with direction from a healthcare professional, timelines and activities may vary.

The player should spend a minimum of 24 hours at each step before progressing on to the next. It is common for an athlete's symptoms to worsen slightly with activity. This is acceptable as they progress through steps 1 to 3 of return to sport, so long as symptom exacerbation is:

- **mild:** symptoms worsen by only one to two points on a zero-to-10 scale, and
- **brief:** symptoms settle back down to pre-activity levels within an hour.

If the player's symptoms worsen more than this, they should stop the activity and try resuming the next day at the same step.



Before progressing to step 4 of the Eastern Ontario Cobras Return-to-Sport Strategy, players must:

- successfully complete all steps of the Return-to-Sport Strategy (if applicable), and
- provide their coach with a Medical Clearance Letter (see p. 13) indicating they have been medically cleared to return to activities with risk of falling or contact.
- If the player experiences concussion symptoms after medical clearance (i.e., during steps 4 to 6), they should return to step 3 to establish full resolution of symptoms. Medical clearance will be required again before progressing to step 4.

Table adapted from: Patricios, Schneider et al., 2023; Reed, Zemek et al., 2023

6. Return to Sport

Players who have been determined to have not sustained a concussion and provide a Medical Assessment Letter indicating this can return to sport activities without restriction.

Players who have been diagnosed with a concussion can be considered for medical clearance to return to sport activities with risk of contact or fall once they have successfully completed:

- all steps of the Return-to-Sport Strategy (if applicable), and
- steps 1 to 3 of the Eastern Ontario Cobras Return-to-Sport Strategy.

The final decision to medically clear an athlete to return to sport with risk of falls and contact should be based on the clinical judgment of the medical doctor or nurse practitioner, taking into account the athlete's past medical history, clinical history, physical examination findings and the results of other tests and clinical consultations where indicated (e.g., neuropsychological testing, diagnostic imaging).

To progress to step 4 of return to sport, the parent/legal guardian must provide their trainer or coach with a Medical Clearance Letter that specifies that a medical doctor or nurse practitioner has personally evaluated the patient and has cleared the athlete to return to sport. It is also important for the trainer to provide this information to the Eastern Ontario Cobras Director of Risk and Safety.

Players who have been provided with a Medical Clearance Letter may progress through steps 4, 5 and 6 of the Eastern Ontario Cobras Return-to-Sport Strategy to gradually return to full, unrestricted play. If the player experiences any new concussion-like symptoms during these steps, they should be instructed to stop the activity and return to step 3 to establish the full resolution of symptoms. Medical clearance is required again before progressing to step 4. This information should be provided to the appropriate people (e.g., coach, trainer, etc.).

If the player sustains a new suspected concussion, the Eastern Ontario Cobras Concussion Protocol should be followed as outlined.

7. Participation Outside the Association During Return-to-Sport

Eastern Ontario Cobras Policy Statement

Any player who is in the process of completing Return-to-Sport Strategy is prohibited from participating in hockey activities outside the association until the protocol has been fully completed and written medical clearance has been provided.

This includes, but is not limited to:

- School hockey (elementary, high school, academy, or intramural)
- Private skill development sessions or lessons
- Non-sanctioned leagues, tournaments, or pickup hockey
- Any out-of-association practices, games, camps, or scrimmages

Mandatory Restart for External Participation

If it is determined that a player has participated in any hockey-related activity outside the association before completing all steps of the Return-to-Sport Strategy, the following shall apply:

Immediate Ineligibility

The player shall be deemed ineligible to participate in any association hockey activities upon discovery.

Return to Step One

To return to association hockey, the player must restart the Return-to-Sport Strategy at Step 1, regardless of:

- Symptom status
- Medical opinion from non-association activities
- Time already spent in the RTS process
- Whether the external activity was supervised or unsupervised

Association Authority

The association's concussion management requirements supersede all external hockey activities. Participation elsewhere does not replace, accelerate, or satisfy any portion of the association's Return-to-Sport obligations.

Responsibility for Disclosure

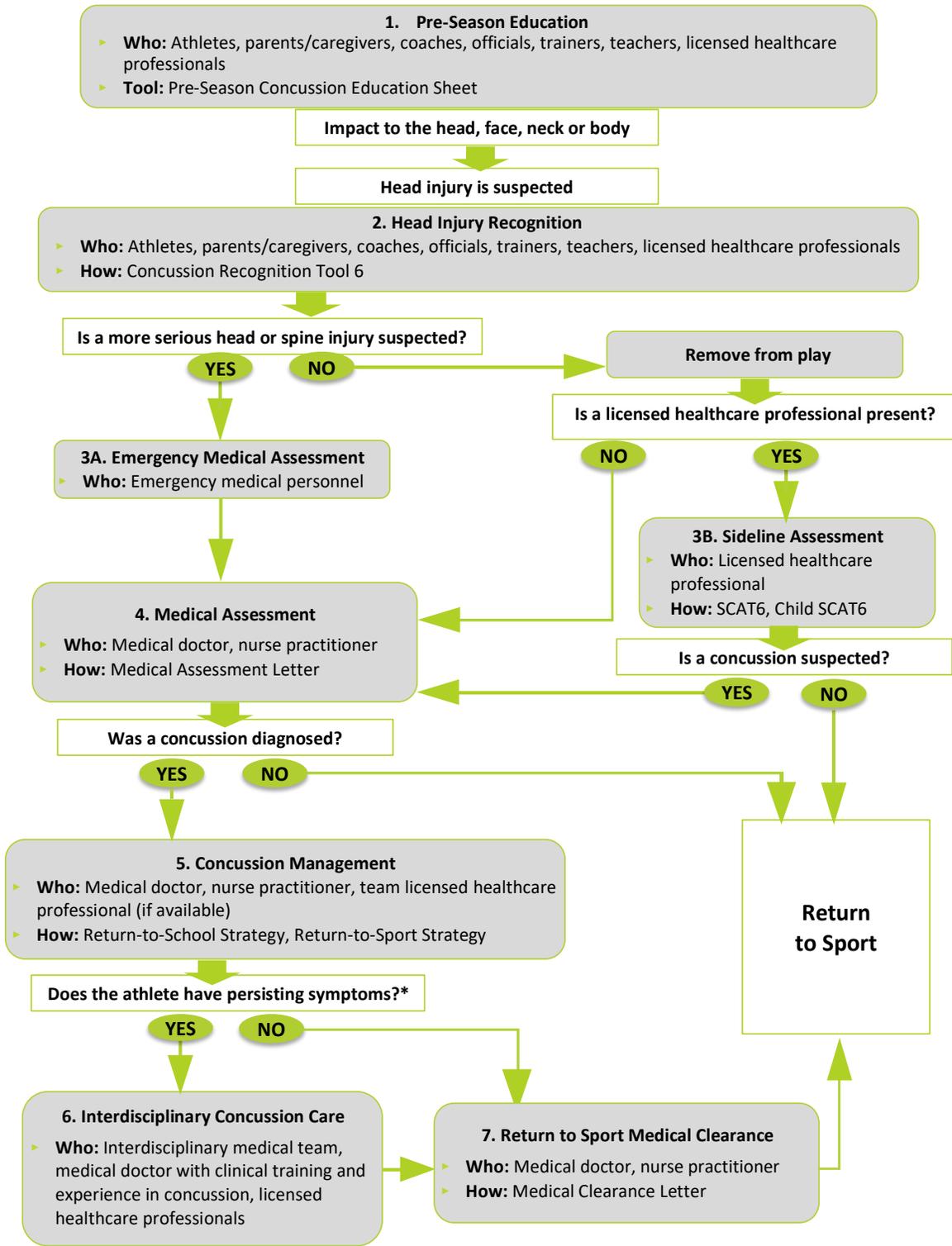
Parents/guardians and players are responsible for disclosing all hockey participation, including school and private development. Failure to disclose participation outside the association may be considered non-compliance and subject to further disciplinary review.

Rationale

This policy exists to ensure:

- Player safety and proper brain recovery
- Consistent medical oversight
- Alignment with Hockey Canada's concussion standards
- Protection of the association, teams, and volunteers
- No exceptions will be made.

Eastern Ontario Cobras Concussion Pathway



*Persisting symptoms: lasting longer than 4 weeks

CRT6™



Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults

What is the Concussion Recognition Tool?

A concussion is a brain injury. The Concussion Recognition Tool 6 (CRT6) is to be used by non-medically trained individuals for the identification and immediate management of suspected concussion. It is not designed to diagnose concussion.

Recognise and Remove

Red Flags: CALL AN AMBULANCE

If **ANY** of the following signs are observed or complaints are reported after an impact to the head or body the athlete should be immediately removed from play/game/activity and transported for urgent medical care by a healthcare professional (HCP):

- Neck pain or tenderness
- Seizure, 'fits', or convulsion
- Loss of vision or double vision
- Loss of consciousness
- Increased confusion or deteriorating conscious state (becoming less responsive, drowsy)
- Weakness or numbness/tingling in more than one arm or leg
- Repeated Vomiting
- Severe or increasing headache
- Increasingly restless, agitated or combative
- Visible deformity of the skull

Remember

- In all cases, the basic principles of first aid should be followed: assess danger at the scene, check airway, breathing, circulation; look for reduced awareness of surroundings or slowness or difficulty answering questions.
- Do not attempt to move the athlete (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) or other equipment.
- Assume a possible spinal cord injury in all cases of head injury.
- Athletes with known physical or developmental disabilities should have a lower threshold for removal from play.

This tool may be freely copied in its current form for distribution to individuals, teams, groups, and organizations. Any alteration (including translations and digital re-formatting), re-branding, or sale for commercial gain is not permissible without the expressed written consent of BMJ.

If there are no Red Flags, identification of possible concussion should proceed as follows:

Concussion should be suspected after an impact to the head or body when the athlete seems different than usual. Such changes include the presence of **any one or more** of the following: visible clues of concussion, signs and symptoms (such as headache or unsteadiness), impaired brain function (e.g. confusion), or unusual behaviour.



CRT6

Concussion Recognition Tool To Help Identify Concussion in Children, Adolescents and Adults



1: Visible Clues of Suspected Concussion

Visible clues that suggest concussion include:

- Loss of consciousness or responsiveness
- Lying motionless on the playing surface
- Falling unprotected to the playing surface
- Disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions
- Dazed, blank, or vacant look
- Seizure, fits, or convulsions
- Slow to get up after a direct or indirect hit to the head
- Unsteady on feet / balance problems or falling over / poor coordination / wobbly
- Facial injury

2: Symptoms of Suspected Concussion

Physical Symptoms	Changes in Emotions
Headache	More emotional
"Pressure in head"	More irritable
Balance problems	Sadness
Nausea or vomiting	Nervous or anxious
Drowsiness	
Dizziness	Changes in Thinking
Blurred vision	Difficulty concentrating
More sensitive to light	Difficulty remembering
More sensitive to noise	Feeling slowed down
Fatigue or low energy	Feeling like "in a fog"
"Don't feel right"	
Neck Pain	

Remember, symptoms may develop over minutes or hours following a head injury.

3: Awareness

(Modify each question appropriately for each sport and age of athlete)

Failure to answer any of these questions correctly may suggest a concussion:

- "Where are we today?"
- "What event were you doing?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last game?"

Any athlete with a suspected concussion should be - IMMEDIATELY REMOVED FROM PRACTICE OR PLAY and should NOT RETURN TO ANY ACTIVITY WITH RISK OF HEAD CONTACT, FALL OR COLLISION, including SPORT ACTIVITY until ASSESSED MEDICALLY, even if the symptoms resolve.

Athletes with suspected concussion should **NOT**:

- Be left alone initially (at least for the first 3 hours). Worsening of symptoms should lead to immediate medical attention.
- Be sent home by themselves. They need to be with a responsible adult.
- Drink alcohol, use recreational drugs or drugs not prescribed by their HCP
- Drive a motor vehicle until cleared to do so by a healthcare professional

Step	Activity	Activity details	Goal of each step
1	Activities of daily living and relative rest (first 24 to 48 hours)	<ul style="list-style-type: none"> ○ Typical activities at home (e.g. preparing meals, social interactions, light walking) that do not result in more than mild and brief worsening of symptoms ○ Minimize screen time 	Gradual reintroduction of typical activities.
After a maximum of 24 to 48 hours after injury, progress to step 2.			
2	2A: Light effort aerobic exercise	<ul style="list-style-type: none"> ○ Start with light aerobic exercise, such as stationary cycling and walking at a slow to medium pace ○ May begin light resistance training that does not result in more than mild and brief worsening of symptoms ○ Exercise up to approximately 55% of maximum heart rate ○ Take breaks and modify activities as needed 	Increase heart rate.
	2B: Moderate effort aerobic exercise	<ul style="list-style-type: none"> ○ Gradually increase tolerance and intensity of aerobic activities, such as stationary cycling and walking at a brisk pace ○ Exercise up to approximately 70% of maximum heart rate ○ Take breaks and modify activities as needed 	
If the player can tolerate moderate aerobic exercise, progress to step 3.			
3	Individual sport-specific activities, without risk of inadvertent head impact	<ul style="list-style-type: none"> ○ Add sport-specific activities (e.g., running, changing direction, individual drills) ○ Perform activities individually and under supervision from a teacher, parent/caregiver or coach ○ Progress to where the athlete is free of concussion-related symptoms, even when exercising 	Increase the intensity of aerobic activities and introduce low-risk sport-specific movements
Medical clearance If the player has completed return to sport (if applicable) and has been medically cleared, progress to step 4.			
4	Non-contact training drills and activities	<ul style="list-style-type: none"> ○ Progress to exercises with no body contact at high intensity, including more challenging drills and activities (e.g., passing drills, multi-athlete training and practices) 	Resume usual intensity of exercise, co-ordination and activity-related cognitive skills.
If the player can tolerate usual intensity of activities with no return of symptoms, progress to step 5.			
5	Return to all non-competitive activities, full-contact practice and physical education activities	<ul style="list-style-type: none"> ○ Progress to higher-risk activities including typical training activities, full-contact sport practices and physical education class activities ○ Do not participate in competitive gameplay 	Return to activities that have a risk of falling or body contact, restore confidence and assess functional skills by coaching staff
If the player can tolerate non-competitive, high-risk activities, progress to step 6.			
6	Return to sport	Unrestricted sport and physical activity	
Return to sport is complete.			

The Return-to-Sport Strategy should be used to allow the player to make a gradual return to activities. The player should spend a minimum of 24 hours at each step before progressing to the next. It is common for symptoms to worsen mildly and briefly with activity and this is acceptable through steps 1 to 3. If a player's symptoms worsen more than this, they should stop the activity and try resuming the next day at the same step.

Eastern Ontario Cobras Medical Assessment Letter

Date: _____ Player's name: _____

To whom it may concern,

Athletes who sustain a suspected concussion should be managed according to the *Canadian Guideline on Concussion in Sport*. Accordingly, I have personally completed a Medical Assessment on this patient.

Results of Medical Assessment

- This patient has not been diagnosed with a concussion and can resume full participation in school, work, and sport activities without restriction.
- This patient has not been diagnosed with a concussion, but the assessment led to the following diagnosis and recommendations:

- This patient has been diagnosed with a concussion.

The goal of concussion management is to allow complete recovery of the patient's concussion by promoting a safe and gradual return to school, work and sport activities. The patient has been instructed to avoid activities that could potentially place them at risk of another concussion or head injury until they have been provided with a *Medical Clearance Letter* from a medical doctor or nurse practitioner in accordance with the *Canadian Guideline on Concussion in Sport*.

Other comments:

Thank-you very much in advance for your understanding.

Yours Sincerely,

Signature/print _____ M.D. / N.P. (circle appropriate designation) *

Eastern Ontario Cobras Medical Clearance Letter

Date: _____ Player's name: _____

To whom it may concern,

Players who are diagnosed with a concussion should be managed according to the *Canadian Guideline on Concussion in Sport, 2nd edition*, including the *Return-to-Sport Strategies* (see page 2 of this letter). Accordingly, the above player has been medically cleared to participate in the following activities as tolerated effective the date stated above (please check all that apply):

- Return-to-Sport Step 4: Non-contact training drills and activities with risk of inadvertent head impact (Exercises with no body contact at high intensity)**
- Return-to-Sport Step 5: Return to all non-competitive activities, full-contact practice and physical education activities**
- Return-to-Sport Step 6: Unrestricted sport and physical activity**

What if symptoms recur?

Athletes who have been medically cleared must be able to participate in full-time school, if applicable, as well as high intensity resistance and endurance exercise without symptom recurrence. Any athlete who has been medically cleared and has a recurrence of symptoms, should immediately remove themselves from play and inform their coach, teacher or parent/caregiver. Medical clearance is required before progressing to step 4 of the Return-to-Sport Strategy again.

Any athlete who returns to practices or games and sustains a new suspected concussion should be managed according to the *Canadian Guideline on Concussion in Sport*.

Other comments:

Thank-you very much in advance for your understanding.

Yours Sincerely,

Signature/print _____ M.D. / N.P. (circle appropriate designation) *

Eastern Ontario Cobras Parent/Guardian Acknowledgement Form
Concussion Return-to-Sport & External Hockey Participation

Season: _____ Team/Division: _____

Player Information Name: _____ DOB: _____

Parent / Guardian Information Name(s): _____ Phone Number: _____ Email: _____

Acknowledgement and Agreement

I/we acknowledge that my/our child is subject to Hockey Canada’s Concussion Protocol and the Eastern Ontario Cobras Return-to-Sport Strategy as adopted and enforced by this association.

I/we understand and agree to the following:

No External Hockey Participation

While my/our child is completing the Return-to-Sport Strategy, they may not participate in any hockey activities outside the association, including but not limited to:

- School hockey (elementary, secondary, academy, or intramural)
- Private skill development sessions or lessons
- Non-association leagues, tournaments, camps, or pickup hockey

Mandatory Restart Requirement

I/we understand that if my/our child participates in any external hockey activity before completing the Return-to-Sport Strategy, they will be immediately removed from association hockey activities, and required to restart the Return-to-Sport Strategy at Step 1 in order to return to association hockey, regardless of symptom status or prior progress.

No Exceptions

I/we understand that no exceptions will be granted, including situations where:

- The activity is supervised by another organization
- The activity is school-based
- A private instructor or external program permits participation

Disclosure Responsibility

I/we accept full responsibility for honest and complete disclosure of all hockey participation, including school and private development activities.

Player Safety Priority

I/we acknowledge that this policy exists to protect player health and safety and that player well-being takes precedence over competition, team participation, or scheduling considerations.

Confirmation

By signing below, I/we confirm that:

- I/we have read and understand this policy
- I/we agree to comply fully with its requirements
- I/we understand the consequences of non-compliance

Parent / Guardian Signature

Name (Print): _____ Signature: _____ Date: _____

Player Signature (if age-appropriate)

Name (Print): _____ Signature: _____ Date: _____