



BLUE CARD



PROTOCOLS AND IMPLEMENTATION PROCEDURES

www.rugbyalberta.com/bluecard

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REFERENCES

Rugby Canada – PlaySmart: [Rugby Canada - PlaySmart](#)

World Rugby - Concussion Guidance: <https://playerwelfare.worldrugby.org/concussion>

New Zealand Rugby - Blue Card Concussion Initiative: <http://www.bluecard.co.nz/>

Parachute Canada – Canadian Guideline on Concussion in Sport:

<http://www.parachutecanada.org/injury-topics/item/canadian-guideline-on-concussion-in-sport>

Holland Bloorview Kids Rehabilitation Hospital - Concussion Handbook:

<https://hollandbloorview.ca/programsandservices/concussioncentre/concussioneducation/handbook>

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ABOUT CONCUSSIONS

A concussion is a traumatic brain injury (TBI). It can't be seen on X-rays, CT scans or MRIs. It may affect the way a person thinks, feels and acts.

Any blow to the head, face or neck may cause a concussion. A concussion may also be caused by a blow to the body if the force of the blow causes the brain to move around inside the skull.

A concussion can happen to anyone – anywhere – including:

- at home, school or your workplace
- following a car, bike or pedestrian accident
- from participating in games, sports or other physical activity

A concussion is a serious injury. While the effects are typically short-term, a concussion can lead to long-lasting symptoms and even long-term effects.

There are many signs and symptoms of a concussion to look out for, including, but not limited to:

- headache
- dizziness
- ringing in the ears
- memory loss
- nausea
- light sensitivity
- drowsiness
- depression

If you notice signs of a concussion in others, or experience any of these symptoms yourself, consult with a physician or nurse practitioner.

Know the risks

You can get a concussion even if you don't black out or lose consciousness.

Slips and falls can also increase concussion risk, especially in:

- young children
- senior citizens

Take time to heal

It is important to take time and heal if you have a concussion.

In some cases, concussions or repeat concussions can result in:

- swelling of the brain
- permanent brain damage
- in a very unlikely occurrence repeat concussions may lead to death.

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ROWANS LAW

Rowan's Law legislation was passed by the Alberta Government in 2018. This legislation is named in memory of Rowan Stringer who tragically passed away in 2013 of Second Impact Syndrome, the result of suffering multiple concussions playing high school. The legislation is designed to create a safer environment for competitive amateur athletes, children and youth to play sport.

Knowing how to recognize the signs and symptoms of a concussion, and what to do if a concussion is suspected – whether you're an athlete, a student, a parent, a coach, a team trainer, an official or an educator– saves lives. The Alberta Government is committed to implementing *Rowan's Law* by putting concussion safety information in the hands of people who need it most. Increasing awareness and changing conversations in sport, at school and in our homes, will result in transformative change to the way in which concussions are managed in amateur competitive sport and beyond.

Rugby Alberta is committed to be a leader in the support of and implementation of Rowan's Law. Rugby Alberta and by association all our Member Clubs and registrants are legally bound by the requirements of the Law.

Rowan's Law: Concussion Awareness Resources

Review the [Concussion Awareness Resources](#) (if you are an athlete, parent, coach, team trainer or official).

Requirements for Sport Organizations

Alberta is a national leader in concussion management and prevention. *Rowan's Law (Concussion Safety), 2018* makes it **mandatory for sports organizations** to:

1. ensure that all athletes, parents of athletes under 18, coaches, team trainers and officials confirm every year that they have reviewed Alberta's Concussion Awareness Resources
2. establish a Concussion Code of Conduct that sets out rules of behaviour to support concussion prevention
3. establish a Removal-from-Sport and Return-to-Sport protocol

* Special Rule: A sport organization that is a university, college of applied arts and technology or other post-secondary institution must not register any athlete regardless of age unless the same requirements are met.

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The new rules requiring the review of Concussion Awareness Resources and Concussion Codes of Conduct came into effect on July 1, 2019.

The rules for removal-from-sport and return-to-sport protocols will be in place effective July 1, 2021.

[Read more about the concussion requirements for sport organizations](#)

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BLUE CARD OVERVIEW

INTRODUCTION

Enhancing player safety and game welfare is a primary concern and responsibility of Rugby Canada and Rugby Alberta. Consequently, all matches played under the jurisdiction of Rugby Canada and the provincial unions must comply with Rugby Canada Concussion Guidelines (recognize and remove). To assist in player safety and game welfare, Rugby Canada and Rugby Alberta has rolled out the Blue Card at all levels of the game in Alberta.

WHAT IS A BLUE CARD?

The Blue Card is a process initiated by a coach, player or match official and delivered on field by the Match Official to identify a player who has been removed from the field of play due to a suspected concussion in accordance with Law 3.22 or Law 3.24.

The Match Official or designate will submit a Blue Card Report in an automated online platform (Rugby Canada will be using SportLomo) which will trigger a process to ensure the correct return to play protocols are followed.

The Blue Card has been already successfully introduced in Australia, New Zealand and France.

THE PILOT

The pilot was conducted in all Marshall, OWL, McCormick Cup and OWL Cup 1st team matches during the 2019 season. There were seven players issued a Blue Card during that time which meant that these players were not able to participate in a game until they had been medically assessed, and if necessary cleared. Through this pilot, we kept players out of the games until they were cleared. Due to the requirements of Rowans Law and the successful implementation of the Blue Card Pilot, the Blue Card will be introduced throughout all rugby activities conducted under the jurisdiction of Rugby Alberta in the 2021 season.

BLUE CARD PROCESS

When a player is removed from the field of play for a suspected concussion, the match official or designated individual will issue that player with a “Blue Card”, in a similar manner to which a red or yellow card is issued. For rugby activities without a Match Official, coaches or administrators will notify Rugby Alberta via issuing a Blue Card via SportLomo Team Sheets, or if not available, contacting Rugby Alberta at memberservice@rugbyalberta.com. All member clubs will designate a Blue Card Officer(s) to ensure that the process is followed for all rugby activities within their club.

- 1) That player is required to leave the field of play immediately and cannot return and play in that match. Please note in accordance with World Rugby and Rugby Canada direction, there is **no sideline Head Injury Assessment (HIA) process at any level of Club rugby.**
- 2) The match official includes the issuing of the Blue Card in their match report.



- 3) The player and their club receive an email notification from Rugby Alberta of the issuing of the Blue Card and the required process to be followed (Appendix C).
- 4) The player issued with the Blue Card cannot return to play in any future match without receiving a written medical clearance, meeting the requirements of the World Rugby Return to Play Protocols and receiving a written clearance from Rugby Alberta to return to play.
- 5) For rugby activities without a Match Official, coaches or administrators will notify Rugby Alberta via issuing a Blue Card via SportLomo Team Sheets, or if not available, contacting Rugby Alberta at memberservice@rugbyalberta.com



ON-FIELD PROCESSES AND PROCEDURES

RELEVANT WORLD RUGBY LAWS

Law 3.24

If, at any point during a match, a player is concussed or has suspected concussion, that player must be immediately and permanently removed from the playing area. This process is known as “Recognize and Remove”.

Law 3.22

A player is deemed to be injured if:

- a. At national representative level, it is the opinion of a doctor that it would be inadvisable for the player to continue.
- b. In other matches, where a match organizer has given explicit permission, it is the opinion of a medically trained person that it would be inadvisable for the player to continue. If none is present, that player may be replaced if the referee agrees.
- c. The referee decides (with or without medical advice) that it would be inadvisable for the player to continue. The referee orders that player to leave the playing area.

ISSUING OF A BLUE CARD

When a player is removed from the field of play for a suspected concussion, the match official or designate shall issue a Blue Card to that player. For rugby activities without a Match Official, coaches or administrators will notify Rugby Alberta via issuing a Blue Card via SportLomo Team Sheets, or if not available, contacting Rugby Alberta at memberservice@rugbyalberta.com.

REPLACEMENT OF A PLAYER WHO IS ISSUED A BLUE CARD

A player issued a Blue Card may be replaced. Furthermore, a tactically replaced player may return to play to replace a player who has been issued a Blue Card, this has no implications on the number of replacements allowed in a match.



OFF-FIELD PROCESSES AND PROCEDURES

The issuing of a Blue Card by a match official initiates the Rugby Alberta Blue Card off-field processes and procedures:

- 1) The match official includes in their match report to Rugby Alberta the name, club and circumstances surrounding the issuing of the Blue Card.
- 2) For rugby activities without a Match Official, coaches or administrators will notify Rugby Alberta via issuing a Blue Card via SportLomo Team Sheets, or if not available, contacting Rugby Alberta at memberservice@rugbyalberta.com.
- 3) Rugby Alberta notifies the player and their Club President & Secretary in via email (see Appendix C) indicating that the player has been stood down from rugby activity because of a suspected concussion. The notification will outline the procedure to facilitate the player's return to training and playing.
- 4) Rugby Alberta enters the player and incident details into the Rugby Alberta Blue Card register.
- 5) Rugby Alberta changes the status of the player in the Rugby Canada Registration system from active to inactive/blue carded. The player cannot be included on a team sheet or participate in any match until the player's status is returned to active.
- 6) The player seeks a medical assessment from a qualified medical doctor or nurse practitioner, ideally within 24 to 48 hours. The doctor completes and signs the Rugby Alberta Medical Assessment Letter (See Appendix A). The player provides a copy of this letter to Rugby Alberta, their team coach and Club President and Secretary.
- 7) If the medical doctor/nurse practitioner indicates through signing the Rugby Alberta Medical Assessment Letter that the player has not been diagnosed with a concussion, they can resume full participation in rugby related activities and will be returned to "active" status in the Rugby Canada Registration system.
- 8) If the medical doctor indicates through signing the Rugby Alberta Medical Assessment Letter that the player has been diagnosed with a concussion, the player must undertake the World Rugby Graduated Return to Play (GRTP) Program.



WORLD RUGBY GRADUATED RETURN TO PLAY (GRTP) PROGRAM TABLE

From World Rugby - Concussion Guidance <https://playerwelfare.worldrugby.org/concussion>

REHABILITATION STAGE	EXERCISE ALLOWED	OBJECTIVE
1. Minimum Rest Period *	Complete body and brain rest without symptoms	Recovery
2. Light Aerobic Exercise	Light jogging for 10-15 minutes, swimming or cycling at low to moderate intensity. No resistance training. Symptom free during full 24 hour period.	Increased heart rate
3. Sport Specific Exercise	Running drills. No head impact activities.	Add movement
4. Non-Contact training drills	Progression to more complex drills (e.g. passing drills). May start progressive resistance training.	Exercise, coordination and cognitive load
5. Full contact practice	Normal training activities	Restore confidence and assess functional skills by coaching staff
6. Return to Play	Player rehabilitated	Recover

- 9) Prior to entering stage 5 of the GRTP (i.e. the stage at which the player resumes full contact practice), the player must obtain a signed copy of the Rugby Alberta Medical Clearance Letter (see Appendix B) from a medical doctor clearing them of any concussion symptoms. The player must provide a copy of this medical clearance letter to Rugby Alberta as well as their team coach and Club President and Secretary no later than 9am on the business day prior to a scheduled match in which a return to play is planned.
- 10) Upon receipt of this medical clearance, Rugby Alberta will amend the status of the player in the Rugby Canada Registration System from “inactive” to “active”. The player and their Club President and Secretary will be notified accordingly. Once this notification is issued, the player is eligible to commence playing again.
- 11) If a player participates in a match prior to clearance for return to play being issued by Rugby Alberta (i.e. whilst the player’s status is inactive), both the player and their Club may be sanctioned in accordance with the Rugby Alberta Schedule of Sanctions.



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INCORRECT PLAYER REPORTED

In the event that the player issued a Blue Card, for whatever reason, is incorrectly identified in a Match Official's match report, the player's Club shall notify Rugby Alberta by return email as soon as practicable following the receipt of the Blue Card notification. In their notification, the Club shall:

- 1) indicate the name of the player who was incorrectly reported
- 2) indicate the name of the player that should have been reported

In such circumstances, the correctly identified player shall be required to undertake the Blue Card Initiative protocols and procedures.

MEDICAL ASSESSMENT

A player issued with a Blue Card, is required to seek medical attention from a qualified medical doctor, within 24 to 48 hours. The doctor having completed the medical assessment of the player, completes and signs the Rugby Alberta Medical Assessment Letter (See Appendix A).

This letter confirms that the player has either:

- a. been diagnosed with a concussion, or
- b. not been diagnosed with a concussion

The player, based on the medical assessment letter, either:

- a. if diagnosed with a concussion commences the World Rugby Graduated Return to Play (GRTP) Program
- b. if not diagnosed with a concussion can resume full participation in rugby related activities

The player must provide a copy of the completed and signed Medical Assessment letter to Rugby Alberta, their team coach and Club President and Secretary.

MEDICAL CLEARANCE

Prior to entering stage 5 of the Graduated Return to Play (GRTP) program (i.e. the stage at which the player resumes full contact practice), the player must obtain a signed copy of the Rugby Alberta Medical Clearance Letter (see Appendix B) from a medical doctor clearing them of any concussion symptoms.



The player must provide a copy of this medical clearance letter to Rugby Alberta as well as their team coach and Club President and Secretary no later than 9am on the business day prior to a scheduled match in which a return to play is planned (e.g. 9am Friday for a Saturday match).

WHO CAN PROVIDE A MEDICAL ASSESSMENT OR MEDICAL CLEARANCE?

Whilst the role of the any medical staff present on match day (e.g. athletic therapists, physiotherapists) is vital in the recognize and remove procedures for any player with a suspected concussion, **medical doctors and nurse practitioners are the only healthcare professionals in Canada with licensed training and expertise to provide comprehensive evaluation of athletes with a suspected concussion.** Therefore, **all players with a suspected concussion should undergo evaluation by one of these professionals, it is strongly recommended that the medical doctor or nurse practitioner has training in traumatic Brain Injuries.**

The types of medical doctors that are qualified to evaluate patients with a suspected concussion include pediatricians; family medicine, sports medicine, emergency department, internal medicine and rehabilitation (physiatrists) physicians; neurologists; and neurosurgeons. In geographic regions of Canada with limited access to medical doctors (i.e. rural or northern communities), a licensed healthcare professional (i.e. nurse) with pre-arranged access to a medical doctor or nurse practitioner can facilitate this role.

SPORT SPECIFIC RETURN TO SPORT STRATEGY

Both the Medical Assessment Letter (Appendix A) and Medical Clearance Letter (Appendix B) contain a Sport Specific Return to Sport Strategy sourced from the 5th International Conference on Concussion in Sport held in Berlin in 2016. This strategy has been included as it has been widely circulated within Canada and thus medical practitioners in Canada may be more likely to be familiar with this strategy than the World Rugby Graduated Return to Play (GRTP) program. Please note The Sport Specific Return to Sport Strategy and World Rugby Graduated Return to Play (GRTP) program directly align.

RETURN TO WORK/SCHOOL STRATEGY

Whilst the requirements of Rugby Alberta under the Blue Card initiative only relate to the Graduated Return to Play (GRTP) program, an important part of the recovery process from a concussion also involves the player being able to return to regular life activities such as work or school.

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As such, information in this regard, provided by Parachute Canada and sourced from the 5th International Conference on Concussion in Sport held in Berlin in 2016, is designed to assist those who have suffered a concussion by providing a Return to School Strategy. Whilst this strategy is targeted at students, the content can also be applied to those returning to the work environment.

The Return to Work/School Strategy is included with the Medical Assessment Letter (see Appendix A) and Medical Clearance Letter (see Appendix B).

It is important to note that an athlete must return to learn before they return to sport. However, both programs can begin together.

RUGBY ALBERTA CONTACTS

All correspondence relating to the Rugby Alberta Blue Card initiative including the lodging of a Medical Assessment Letter and/or Medical Clearance Letter should be directed to:

memberservice@rugbyalberta.com

Sandy Nesbitt - Executive Director

Email: snesbitt@rugbyalberta.com

Phone: 780-993-4973

Peter Houlihan - Director of Rugby Operations

Email: p.houlihan@rugbyalberta.com

Phone: 780-993-4973

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APPENDIX A

Medical Assessment Letter

[Rugby Canada/ Rugby Alberta Medical Assessment Letter](#)

(Hyperlink)

Return to School Strategy¹

The following is an outline of the *Return to School Strategy* that should be used to help student athletes, parents, and teachers to partner in allowing the athlete to make a gradual return to school activities. Depending on the severity and type of the symptoms present, student athletes will progress through the following stages at different rates. If the student athlete experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage.

Stage	Aim	Activity	Goal of each step
1	Daily activities at home that do not give the student athlete symptoms	Typical activities during the day as long as they do not increase symptoms (i.e. reading, texting, screen time). Start at 5-15 minutes at a time and gradually build up.	Gradual return to typical activities.
2	School activities	Homework, reading or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work.
3	Return to school part time	Gradual introduction of schoolwork. May need to start with a partial school day or with increased breaks during the day.	Increase academic activities.
4	Return to school full time	Gradually progress.	Return to full academic activities and catch up on missed school work.

Sport Specific Return to Sport Strategy¹

The following is an outline of the *Return to Sport Strategy* that should be used to help athletes, coaches, trainers, and medical professionals to partner in allowing the athlete to make a gradual return to sport activities. Activities should be tailored to create a sport specific strategy that helps the athlete return to their respective sport.

An initial period of 24 to 48 hours of rest is recommended before starting their *Sport Specific Return to Sport Strategy*. If the athlete experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage. It is important that youth and adult student athletes return to full time school activities before progressing to stage 5 and 6 of the *Sport Specific Return to Sport Strategy*. It is also important that all athletes provide their coach with a *Medical Clearance Letter* prior to returning to full contact sport activities.

Stage	Aim	Activity	Goal of each step
1	Symptom limiting activity	Daily activities that do not provoke symptoms.	Gradual reintroduction of work/school activities.
2	Light aerobic activity	Walking or stationary cycling at slow to medium pace. No resistance training.	Increase heart rate.

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3	Sport specific exercise	Running or skating drills. No head impact activities.	Add movement.
4	Non contact training drills	Harder training drills, e.g. passing drills. May start progressive resistance training.	Exercise, coordination and increased thinking.
5	Full contact practice	Following medical clearance and complete return to school.	Restore confidence and assess functional skills by coaching staff.
6	Return to sport	Normal game play.	

¹Source: McCrory et al. (2017). Consensus statement on concussion in sport – the 5th international conference on concussion in sport held in Berlin, October 2016. *British Journal of Sports Medicine*, 51(11), 838-847. <http://dx.doi.org/10.1136/bjsports-2017-097698>

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[Rugby Canada/Rugby Alberta Medical Clearance Letter](#)

(Hyperlink)

Return-to-School Strategy¹

The following is an outline of the *Return-to-School Strategy* that should be used to help student-athletes, parents, and teachers to partner in allowing the athlete to make a gradual return to school activities. Depending on the severity and type of the symptoms present, student-athletes will progress through the following stages at different rates. If the student-athlete experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage.

Stage	Aim	Activity	Goal of each step
1	Daily activities at home that do not give the student-athlete symptoms	Typical activities during the day as long as they do not increase symptoms (i.e. reading, texting, screen time). Start at 5-15 minutes at a time and gradually build up.	Gradual return to typical activities.
2	School activities	Homework, reading or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work.
3	Return to school part-time	Gradual introduction of schoolwork. May need to start with a partial school day or with increased breaks during the day.	Increase academic activities.
4	Return to school full-time	Gradually progress.	Return to full academic activities and catch up on missed school work.

Sport-Specific Return-to-Sport Strategy¹

The following is an outline of the *Return-to-Sport Strategy* that should be used to help athletes, coaches, trainers, and medical professionals to partner in allowing the athlete to make a gradual return to sport activities. Activities should be tailored to create a sport-specific strategy that helps the athlete return to their respective sport.

An initial period of 24-48 hours of rest is recommended before starting their *Sport-Specific Return-to-Sport Strategy*. If the athlete experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage. It is important that youth and adult student-athletes return to full-time school activities before progressing to stage 5 and 6 of the *Sport-Specific Return-to-Sport Strategy*. It is also important that all athletes provide their coach with a *Medical Clearance Letter* prior to returning to full contact sport activities.

Stage	Aim	Activity	Goal of each step
1	Symptom-limiting activity	Daily activities that do not provoke symptoms.	Gradual re-introduction of work/school activities.
2	Light aerobic activity	Walking or stationary cycling at slow to medium pace. No resistance training.	Increase heart rate.
3	Sport-specific exercise	Running or skating drills. No head impact activities.	Add movement.
4	Non-contact training drills	Harder training drills, e.g. passing drills. May start progressive resistance training.	Exercise, coordination and increased thinking.



5	Full contact practice	Following medical clearance and complete return to school.	Restore confidence and assess functional skills by coaching staff.
	Return to sport	Normal game play.	

¹Source: McCrory et al. (2017). Consensus statement on concussion in sport – the 5th international conference on concussion in sport held in Berlin, October 2016. *British Journal of Sports Medicine*, 51(11), 838-847. <http://dx.doi.org/10.1136/bjsports-2017->

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APPENDIX C

BLUE CARD – PLAYER NOTIFICATION EMAIL

Dear

Match Details: _____

Date of Match: _____

This email confirms that you were issued with a Blue Card during the match listed above. As a result, you are stood down from rugby until you have completed the Rugby Alberta Blue Card Protocols and Procedures. This is to ensure your risk of further injury is reduced as far as possible.

Please find attached the following documents which provides you with the relevant information:

- Rugby Alberta Blue Card Protocols and Implementation Procedures
- Blue Card – Player/Parent Key Points
- Blue Card – Club Key Points
- Rugby Alberta Medical Assessment Letter
- Rugby Alberta Medical Clearance Letter

Key Next Steps:

- Undertake a medical assessment from a medical doctor or nurse practitioner and have them to complete and sign the Rugby Alberta Medical Assessment Letter.
- Submit a copy of the Rugby Alberta Medical Assessment Letter to your club and Rugby Alberta.
- If the Rugby Alberta Medical Assessment Letter clears you of a concussion you may resume full participation in rugby activities.
- If the Rugby Alberta Medical Assessment Letter diagnoses you with a concussion:
 - You must begin the World Rugby Graduated Return to Play (GRTP) program.
 - Prior to commencing full contact practice or returning to play, see a medical doctor and get them to complete and sign the Rugby Alberta Medical Clearance Letter.
 - Submit a copy of this clearance letter to your club and Rugby Alberta no later than 5pm two business day prior to a scheduled match in which a return to play is planned. i.e. if a match is scheduled on Wednesday night the notification is required on Monday before 5pm.

Please note your Club President, Secretary and coach have been copied on this email. If you require any further information regarding this email or the Rugby Alberta Blue Card Initiative, please contact memberservices@rugbyalberta.com.

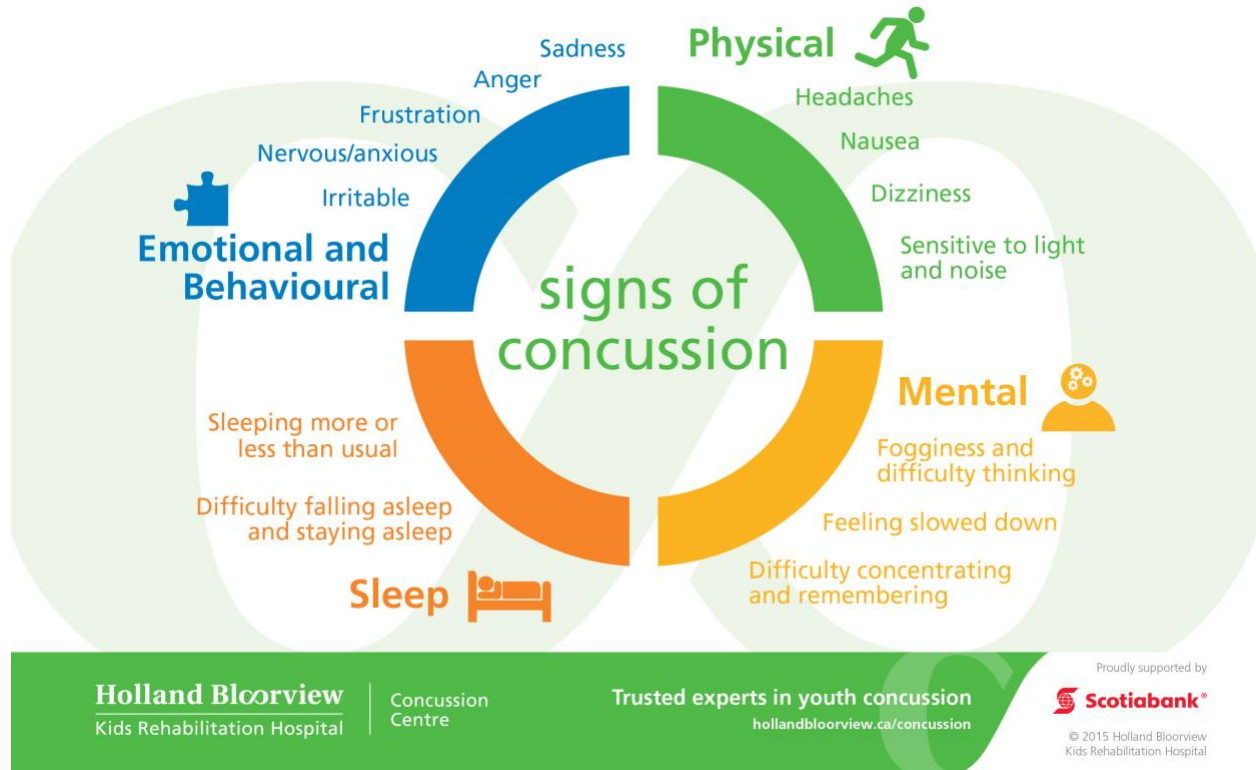
Kind Regards,

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HOLLAND BLOORVIEW - SIGNS OF CONCUSSION CARD



PARACHUTE CANADA – CONCUSSION: THE BASICS

CONCUSSION: THE BASICS







What is a concussion?


A concussion is a brain injury that cannot be seen on routine x-rays, CTscans or MRIs. Any blow to the head, face or neck, or a blow to the body that jars the head, could cause a concussion.

What are the signs and symptoms of a concussion?

Symptoms of a concussion can appear immediately or a few days after the impact. Concussions can appear as a variety of symptoms, and each person might experience concussion in a different way. It is typical to experience one or more of the following symptoms:

<p>PHYSICAL</p>  <ul style="list-style-type: none"> • Dizziness • Nausea or vomiting • "Pressure in the head" • Headache • Balance problems • Sensitivity to light • Neck pain • Seizure or convulsion • Blurred vision • Loss of consciousness 	<p>COGNITIVE</p>  <ul style="list-style-type: none"> • Sensitivity to noise • Feeling slowed down • Fatigue or low energy • Difficulty remembering • Confusion • Drowsiness • Difficulty concentrating • Amnesia
<p>EMOTIONAL</p>  <ul style="list-style-type: none"> • Irritability • Nervous or anxious • More emotional • Feeling like in a "fog" • "Don't feel right" • Sadness 	<p>SLEEP</p>  <ul style="list-style-type: none"> • Insomnia – unable to sleep • Poor sleep quality • Sleeping too much

Our aim is an injury-free Canada



Parachute is bringing attention to the issue of preventable injury and to help Canadians reduce their risks of injury and enjoy long lives lived to the fullest.

CONCUSSION: THE BASICS

What should I do if I suspect a concussion?

Anyone with a suspected concussion should be checked out by a medical doctor.

If any red flag symptoms are present, get medical help immediately.

If the person is unconscious, call an ambulance. Do not move the person or remove any equipment, such as a helmet, in case of a spine injury.

How long does a concussion last?

The symptoms of a concussion often start to improve within 10-14 days, but may last longer. In some cases, it can take weeks or months to heal. If you have had a concussion before, you may take longer to heal the next time.


How is a concussion treated?

Care for a concussion can involve a variety of treatments and a team of health professionals, depending on the symptoms and how a person's condition improves. Common recommendations would include rest in the early days, followed by a gradual return to activity under the supervision of a medical professional.

Where can I get more information?

Parachute has resources to learn about concussion prevention, recognition, and management. Visit our website parachutecanada.org/concussion or download the [ConcussionEdApp](#) for information on the go.

RED FLAGS



- Person complains of neck pain
- Deteriorating conscious state
- Increasing confusion or irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual behavior change
- Seizure or convulsion
- Double vision
- Weakness or tingling/burning in arms or legs