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(Hansard)**

SP-35

**Standing Committee on
Social Policy**

Rowan's Law
(Concussion Safety), 2018

2nd Session
41st Parliament

Monday 26 February 2018

**Comité permanent de
la politique sociale**

Loi Rowan de 2018
sur la sécurité en matière
de commotions cérébrales

2^e session
41^e législature

Lundi 26 février 2018

Chair: Peter Tabuns
Clerk: Jocelyn McCauley

Président : Peter Tabuns
Greffière : Jocelyn McCauley

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON SOCIAL POLICY

COMITÉ PERMANENT DE LA POLITIQUE SOCIALE

Monday 26 February 2018

Lundi 26 février 2018

The committee met at 1401 in room 151.

SUBCOMMITTEE REPORT

The Chair (Mr. Peter Tabuns): Good afternoon, committee members. The Standing Committee on Social Policy will now come to order. We're meeting this afternoon for public hearings on Bill 193, An Act to enact Rowan's Law (Concussion Safety), 2017 and to amend the Education Act. Each witness will receive up to five minutes for their presentation, followed by 10 minutes for questions from committee members, divided equally amongst the recognized parties.

Before we begin, your subcommittee met on Thursday, February 22, 2018, to discuss the method of proceeding on Bill 193. I'll now look to a member to move the report of the subcommittee on committee business. Mr. Coe, I gather you're interested in doing that.

Mr. Lorne Coe: I move that the deadline for written submissions be 6 p.m. on Monday, February 26, 2018; and that proposed amendments to the bill be filed with the Clerk of the Committee by 9 a.m. on Wednesday, February 28, 2018.

I move the adoption of the report of the subcommittee, Chair.

The Chair (Mr. Peter Tabuns): Any questions or comments? There being none, carried? Carried.

ROWAN'S LAW (CONCUSSION SAFETY), 2018 LOI ROWAN DE 2018 SUR LA SÉCURITÉ EN MATIÈRE DE COMMOTIONS CÉRÉBRALES

Consideration of the following bill:

Bill 193, An Act to enact Rowan's Law (Concussion Safety), 2018 and to amend the Education Act / Projet de loi 193, Loi édictant la Loi Rowan de 2018 sur la sécurité en matière de commotions cérébrales et modifiant la Loi sur l'éducation.

MR. GORDON STRINGER

The Chair (Mr. Peter Tabuns): Our first witness, then, is Mr. Gordon Stringer. Mr. Stringer, if you would please come up to the front. You'll have five minutes to present, and then we'll have questions equally divided

between the three parties. And if you'd introduce yourself for Hansard when you begin. Thank you.

Mr. Gordon Stringer: My name is Gordon Stringer. I'm here to speak to Bill 193 as the father of Rowan Stringer. Mr. Chair, I would like to thank you for the opportunity to address the committee this afternoon. While I did serve on Rowan's Law Advisory Committee, I'm here today as the father of Rowan Stringer.

Since Rowan's death on May 12, 2013, my family and I have been on a journey. Sometimes we shared that journey; other times we were individuals. In life, you have many journeys. Most of those are ones that you want or wish to have, or plan to have; others you're compelled to have; and others, hopefully few, you would rather not have. The journey I've been on since May 12, 2013, is a hybrid of one that I didn't ever want to have and one that I had to have.

On this journey, I've learned many things. Learning that a concussion bill died on the order paper in December 2012 was very difficult. Would it have made a difference for Rowan, five months later, had it passed? I don't know, but the question always lingers. Second chances don't come often. I see Bill 193 as a second chance for the government, and I, as a father, support it fully. It is time.

Another thing I've learned is the power of words. The last witness at the inquest into Rowan's death was a man for whom I hold the utmost respect, a gentleman who will address this committee later this afternoon, Dr. Charles Tator. He was the medical expert. While I don't remember all the details of his testimony, I do remember one phrase: "Rowan Stringer's death was preventable." Somewhere in my mind, I always knew that was the case, but hearing it from Dr. Tator put a whole new perspective on it. Since that day, those words have both haunted me and driven me. Another death like Rowan's need not happen, and passing Bill 193 will go a long way to preventing it from happening again.

Through my work with Lisa MacLeod, Catherine Fife and John Fraser, I learned and developed a new and renewed respect for the political process and how powerful it can be when non-partisan approaches are taken on important issues. I thank them on behalf of Rowan, myself and my family for their leadership on this issue, for without it I would not be here today urging the passing of this important bill. I commend the efforts by all three parties thus far to move this legislation forward. Please continue.

Finally, I learned from and was humbled by the work of the Rowan's Law Advisory Committee, all of these people with varied backgrounds, perspectives and expertise giving so freely of themselves, their time and their knowledge, and so ably led by Dr. Dan Cass. I cannot emphasize to you enough my belief that it would be extremely difficult, and I dare say impossible, to replicate the professionalism and passion of that group. Diversity was indeed their strength.

Rowan's Law is the first of their 21 recommendations. Heed their advice. The 21 recommendations in the final report need to be considered and acted on in their entirety. This is not a pick-and-choose exercise. In order to be effective, it's critical that all of those recommendations be implemented. Bill 193, when passed, will support many of those recommendations. The recommendations, however, stand on their own as a how-to in order to reach the desired outcomes and shift the culture around concussion.

I have one request in the bill for consideration. I would suggest that a change be made regarding the reporting on progress, which is in the bill at every two years. I suggest that reporting out annually is a better approach. This will improve transparency and strengthen accountability. Please have an annual progress report.

I thank you again for the opportunity to address you today and I welcome any questions you may have.

The Chair (Mr. Peter Tabuns): Thank you very much, Mr. Stringer. I'll go first, then, to Lisa MacLeod. Ms. MacLeod.

Ms. Lisa MacLeod: Thanks, Gord. It's been a long journey.

I'll move that motion for you at committee in clause-by-clause tomorrow. I know I'll have the support of my colleagues. I really don't have any questions for you because we talk so much. Just give Kathleen and Cassie my love. Thank you.

Mr. Gordon Stringer: I will. Thank you.

The Chair (Mr. Peter Tabuns): Thank you, Ms. MacLeod. Ms. Fife.

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Ms. Catherine Fife: Thank you, Gordon.

Because you sat on the committee and worked hard with that group of folks, what sorts of conversations happened around the reporting of annually versus the two-year decision? Do you recall that coming up in the debate at the committee table?

Mr. Gordon Stringer: I don't recall it. I think it came back from the ministry in their suggestions on how to move forward with the bill.

But I know in discussions with members of the committee afterwards—I believe all the people on the committee would support having an annual reporting out rather than every two years. There's a feeling that it's important to ensure that the government keeps moving on these things and we get an update as often as possible as to the progress.

I think you will probably hear from other members on the committee that very same suggestion.

Ms. Catherine Fife: Okay. One of the reasons that we first brought the private member's bill two years ago was to ensure that the coroner's report was acted upon, so I think that having an annual reporting to ensure that progress continues is advisable. We'll be supporting that motion, when it comes forward, by the PC Party.

One issue that came up that you and I have touched on over the last couple of years is the commercialization of dealing with concussions. I know that you share some concerns about who the government employs or what resources they use. I made the point in debate that concussion training is a public service. It's a public health issue, and I'd like for it to stay in the not-for-profit sector.

Do you want to weigh in on that at all, Gordon?

Mr. Gordon Stringer: Actually, yes; I noted the comment you made in debate, and I was glad that it was raised there.

I've learned a lot of things about concussions in the last five years, more than I ever thought I would. One of the things I've heard repeatedly is this: I've heard it described as this cottage industry that has popped up around this issue—people going and taking weekend courses and then becoming concussion experts and hanging a shingle out and doing baseline testing and whatever. I've also heard the stories of people who, once they run out of their private insurance, are out of luck, because the capacity isn't there in the public sector.

There really is a need out there for increased capacity and support for multidisciplinary centres of excellence in the province. There are a couple that I know of. I've been to the clinic Concussion North in Barrie, run by Dr. Shannon Bauman, an excellent facility, but they really do need the support to keep running and increase their capacity.

The CHEO clinic in Ottawa: Dr. Kristian Goulet there—again, he just can't keep up with the demand, but they do run the multidisciplinary care that really is needed in concussion care and treatment.

So yes, I agree there needs to be increased support. Be very careful who it is who's offering the support and the treatment.

The Chair (Mr. Peter Tabuns): Ms. Fife, I'm sorry to say that you're out of time.

We'll go to the government: Mr. Fraser, are you—

Mr. John Fraser: Yes. Thank you very much, Chair.

Good afternoon, Gordon. Thank you very much for presenting, and I will be supporting my colleague's motion as well, just so you know.

I wanted to just thank you. I've noted it a couple of times before, in talking to you—a chance to have a few things to say in debate. It takes a tremendous amount of courage to do what you've done and to make the decision that you made very quickly at a time that most of us can't imagine.

In doing that, you and Kathleen have led us on a journey, a journey that we also would prefer in some ways not to have been on, really would not want to have been on, under the circumstances. But you've built a

team, and that team had success and is poised for success. It would not have happened without you and Kathleen and, of course, all the people you brought along with you. I just want to thank you for that.

The Chair (Mr. Peter Tabuns): No further questions? Okay.

Mr. Stringer, thank you very much for presenting today.

Mr. Gordon Stringer: Thank you.

COMPLETE CONCUSSION MANAGEMENT

The Chair (Mr. Peter Tabuns): Our next presenter is Cameron Marshall, with Complete Concussion Management. Mr. Marshall, if you'd have a seat. As you've heard, if you can just introduce yourself for Hansard, and you'll have five minutes to speak.

Dr. Cameron Marshall: Thank you, Mr. Chair, and good afternoon. My name is Dr. Cameron Marshall, and I'm the president of Complete Concussion Management Inc., which has 200 partnered clinics across Canada, including 86 in Ontario.

I'm a doctor of chiropractic and a sports injury specialist with a fellowship from the Royal College of Chiropractic Sport Sciences in Canada. I'm also a published concussion researcher and executive board member on Brain Injury Canada.

I appreciate the opportunity to address the Standing Committee on Social Policy in respect to Bill 193, Rowan's Law, and I'm especially humbled and honoured to be here to speak right after Rowan's dad, Gordon.

I congratulate and thank the MPPs who have led and supported the work to get the legislation to this point. Through my practice and the work of Complete Concussion Management, I know first-hand the importance of the issues you have embraced in this legislation. This is my life's work as well.

As this legislation moves forward from debate to actual implementation, I'm here today to encourage the committee members to consider the question of how Ontario will operationalize the assessment and care options for those athletes who sustain a head injury. Likely, the key question herein is whether there will be a sufficient range of health care providers who are able to absorb the outcome of the new requirements that sports organizations must rightly face and, with it, the high probability of more athletes that will need attention.

We feel strongly that the current range of health care services available to those who have sustained a concussion should not be constrained as part of the implementation of this new policy.

We have seen in earlier testimony before this committee, and in the report of the Rowan's Law Advisory Committee, suggestions that only physicians or neuro specialists assess and manage concussion cases. This is of considerable concern and presents significant implications for not only those who have suffered a concussion but also the health care system itself.

For many years now, Ontario has recognized that wait times to see physicians and specialists is a matter that

demands both attention and ongoing improvement. For cost and timeliness reasons, there is ongoing recognition that every medical issue does not demand time at the doctor's office, particularly if these issues are within the scope of other licensed health care providers, including doctors of chiropractic and physiotherapists. Making appropriate care available to patients as quickly as possible leads to better outcomes for patients and our health care system.

In 2017, Complete Concussion Management saw nearly 1,800 concussions in 86 clinics across the province of Ontario. We have already seen over 400 injuries this year in Ontario, and we are estimating upwards of 3,000 in 2018.

If care options are limited to a physician's office, the following questions should be considered: How quickly can the injured individual be seen and treated? Are they seeing someone with specific concussion training? What is the cost implication for individuals and our health care system? What data is the province getting to understand more specifically the sports and athletes that bear the highest risk? How will rehabilitation, which is the primary method for treating concussions, be managed?

For any individual who suffers a head injury in sport, timely access to care is critical. According to research done by the Ontario Neurotrauma Foundation, the average wait time to see a family physician in Ontario is 18 days. The average wait time for an appointment with a neuro specialist is 250 days. Our partnered clinics, in contrast, can typically see patients within 24 to 48 hours.

Another key question is whether it will lead to better patient outcomes to put those individuals who have suffered a sports-related head injury into the physicians queue first, or have them triaged and cared for by another licensed health care professional.

All of our clinics have specific training in concussions. We are not a publicly funded organization, but the majority of high-risk sports organizations hold insurance policies for all their players to cover the costs of their services. This means that neither parents nor the publicly funded health care system face any additional costs.

Most critically, our clinics are purpose-built to manage concussions. In addition to training, we have the time and rehabilitative skill sets that injured athletes need to aid in their recovery.

According to the Ontario Neurotrauma Foundation, the best evidence for early-stage interventions for concussion involves appropriate education and guidance, ideally delivered within the first week of injury.

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Furthermore, the best-in-class treatment options for most concussion patients is rehabilitation consisting of guided exercise, vestibular therapy, and manual therapy and rehabilitation of the neck. This is most effective when initiated within 10 to 14 days of the injury; that is less time than the average wait time to see a physician in Ontario.

The Chair (Mr. Peter Tabuns): Dr. Marshall, I'm sorry to say that you're out of your five minutes.

Dr. Cameron Marshall: Okay.

The Chair (Mr. Peter Tabuns): We'll go first to the third party.

Ms. Catherine Fife: Thanks. I'll wait for you to finish, if you wish.

Dr. Cameron Marshall: Sure. Thank you.

So to summarize, this legislation will considerably improve awareness about concussions and very likely will result in more athletes coming forward for evaluation and treatment. This is entirely appropriate and clearly in the best interests of the athletes. It would be more than unfortunate—and entirely unnecessary—if all those individuals were restricted to a smaller number of clinicians than they can currently see.

Mr. Chair, I appreciate the attention of the committee and am happy to take your questions.

The Chair (Mr. Peter Tabuns): Thank you.

Ms. Fife.

Ms. Catherine Fife: I share some of your concerns around operationalizing this piece of legislation. You're quite right: Having a 250-day wait for a neuro specialist is a problem. Having access to doctors, actually, in the province of Ontario is a problem for many communities. I guess that's why having an annual reporting-back procedure will be very important for us, to see where the gaps in the service are.

You were here when I asked Mr. Stringer this question. There are lots of businesses that have sprung up. They see an opportunity to make money. You have an impressive resumé, I have to say, but what I'm concerned about is—because there's a huge number of private clinics now in the province of Ontario. In the last eight years it's increased to almost 980 private clinics. There's a lot of money to be made off some people's misfortune, especially around concussion.

Do you have any specific recommendations? You've left us with some outstanding questions, but how do you see this, in an ideal world, playing itself out?

Dr. Cameron Marshall: Thank you for your question. This all started with one clinic. This program that I founded started with one clinic, and because I was doing concussion research and treating patients, very quickly we started seeing referrals from two, three hours away, and patients travelling great distances to see us for care. The question that became so abundantly clear every time I saw patients was, "How can I get this closer to where I live? I require this service and I can't find anybody who does any type of rehabilitation or anything for concussion." And so it grew from there, in educating other health care professionals to be able to implement an effective concussion management program using evidence-based practice.

Really what it comes down to is accessibility for patients. Being able to see somebody quicker, to rule out red flags, to determine the need for progression of that care on to those specialists, I think, will lessen the burden on the health care system in general. I think that training has been an issue throughout the health care system, from the medical system down through allied health. This

program is existing because we are researchers in this space and have a lot of information to share with health care practitioners, to help lessen the burden and improve the access to care.

The Chair (Mr. Peter Tabuns): Dr. Marshall, I'm sorry to say we're out of time with this questioner.

We go, then, to the government. Ms. Mangat.

Mrs. Amrit Mangat: Thank you, Dr. Marshall, for your presentation.

If this proposed legislation is passed, we would like to create a balanced approach, as you said in your statement, so that we have a protocol in place for prevention, identification and management of concussions.

It's my understanding that you work with clinics across Canada, right?

Dr. Cameron Marshall: Yes.

Mrs. Amrit Mangat: How do you compare the actions proposed in this legislation with other jurisdictions in Canada?

Dr. Cameron Marshall: There is no legislation in any other Canadian provinces. I believe Manitoba has some under way.

We are in full support of the current legislation. The concern is around some of the restrictions of various health care professionals within the Rowan's Law committee report which may limit access for patient care. That's the concern.

Mrs. Amrit Mangat: What are those concerns? Can you speak about that?

Dr. Cameron Marshall: Limiting accessibility for patients to see somebody who can provide them with a neurological examination, go over symptoms, provide them with the initial management, which is a lot of education, and helping to guide the patient through the initial stages of their recovery.

Mrs. Amrit Mangat: Thank you.

The Chair (Mr. Peter Tabuns): We'll go to the opposition: Ms. MacLeod?

Ms. Lisa MacLeod: My colleague is going to ask a question, but, Cam, I just wanted to say thank you for all your advocacy over the past two years and your personal support that you've given to me, the Stringers, and everyone in this committee.

The Chair (Mr. Peter Tabuns): Mr. Coe.

Mr. Lorne Coe: Thank you, Dr. Marshall, for being here. In your deputation, on the bottom of it you talk about, "All of our clinicians have specific training in concussions." Can you be a little bit more specific about what credentials those individuals have and what those credentials allow you to do in terms of your treatment?

Dr. Cameron Marshall: Yes, for sure. Thank you for the question.

Every professional within our organization who undergoes our training is a licensed health care professional in a regulated health care profession. They are in good standing within their college, and they have to have concussion within their licensed scope of practice. Many are physicians, many are physiotherapists and many are chiropractors.

All of them have to undertake 35 hours of continuing education credits, which cover everything from pathophysiology—what’s going on in the science behind brain injuries, specifically in concussion; how blood flow mechanisms are impacted—acute assessment, neurological examinations, red flags, determining the need for neuroimaging, acute management, proper return-to-play and return-to-learn stages etc. Also, when does a case become chronic? How do we assess a chronic condition? What type of treatment is most appropriate, depending on the symptom presentation that the patient presents with? And most importantly, when do we need to escalate care, if we do?

Mr. Lorne Coe: Thank you for your answer, Doctor.

Just moving to a different area, how would care at one of your clinics compare with the care that would be available in a physician’s office?

Dr. Cameron Marshall: That would really depend on the level of training of that particular physician. If the physician has training in concussions specifically, the management probably wouldn’t differ that much. It would be history—what happened, what symptoms are present, any red flags that are present—as well as doing a neurological exam to rule out the need for neuroimaging. From then on, it’s a lot of education, management and slowly progressing the patient through various return-to-learn and return-to-play stages.

One of the differentiators is that rehabilitation is required within the first 10 to 14 days in order to have the best effect, and we can do that a little bit quicker than if they were just in a physician’s office. Often, a lot of the referrals we get are from physicians in the area.

Mr. Lorne Coe: One final question, through you, Chair: Who sets the rules in Ontario for what you do, Doctor, at your clinics?

Dr. Cameron Marshall: Licensing and scope of practice are determined by provincial licensing bodies for each profession under the Regulated Health Professions Act. Various health professions are self-regulated through provincial licensing bodies. Chiropractors, for example, are licensed under the College of Chiropractors of Ontario, who deem concussion to be within their scope of practice, as it’s taught in our schools and it’s also tested on our national licensing examinations.

Mr. Lorne Coe: Thank you very much, Doctor. Thank you, Chair. Those are my questions.

The Chair (Mr. Peter Tabuns): Thank you, sir.

ROWAN’S LAW ADVISORY COMMITTEE

The Chair (Mr. Peter Tabuns): Our next presenter is Dan Cass, who is chair of the Rowan’s Law Advisory Committee.

Mr. Cass? Thank you. I understand that you have 15 minutes to present.

Dr. Dan Cass: I’m glad we have the same understanding. That makes it easier.

The Chair (Mr. Peter Tabuns): I agree.

Dr. Dan Cass: Thank you very much. First of all, on behalf of the Rowan’s Law Advisory Committee, I’d like

to thank you for the invitation to come today and present to the Standing Committee on Social Policy about Bill 193, an act to enact Rowan’s Law on concussion safety.

A number of our committee members and/or the organizations that they represent have presented or will present to you. You’ve heard from Gordon, and we have some other members of the committee who will be presenting to you. They’ll be able to share not only their experience on the committee but also their own unique perspectives.

All of them were asked to be part of the committee for a reason: because they do bring a particular perspective or a particular vantage point to the table as they work through their time with the Rowan’s Law Advisory Committee. I’m looking forward to them being able to share their particular perspectives, in addition to that of the committee, with you later on today.

Similarly, I’d like to speak not only as Chair of the Rowan’s Law Advisory Committee but also as a physician who has had experience throughout my career with patients who have sustained concussions and more severe head injuries.

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My clinical background is in emergency medicine. I spent 16 years as an emergency physician at St. Michael’s Hospital in Toronto, a large inner-city trauma centre. I saw many patients with concussions not only from participation in sport, but also from simple day-to-day activities, like a slip and fall on the ice or being struck by an object in the workplace. While the mandate of our committee and the focus has been on amateur sports, I think it’s important to remember that the principles that are outlined in this legislation really do apply to everybody, in all walks of life, athletes and non-athletes.

From St. Michael’s, I moved to the Office of the Chief Coroner for Ontario, and I held a number of positions, including deputy chief coroner. In fact, ironically, it’s in that capacity that I first learned about Rowan Stringer and the tragedy of her death. The regional coroner for the Ottawa region, Dr. Louise McNaughton-Filion, who also presided over the coroner’s inquest into Rowan’s death, called me to discuss the possibility of a discretionary inquest into Rowan’s death, simply because she believed, after reviewing the circumstances of her death and speaking with Rowan’s family, that there might be recommendations that would arise from that that might prevent similar deaths in the future.

In the summer of 2016—at that time, I was working at St. Joseph’s Health Centre in Toronto—I was approached by the Honourable Eleanor McMahon, then the Minister of Tourism, Culture and Sport, and was asked to chair the Rowan’s Law committee. I had worked, actually, with Ms. McMahon in a different capacity at the coroner’s office. I chaired the cycling death review, and she was a member of the advisory committee. We got to know each other in that capacity.

The committee, as you know, really came from the legislation that Ms. MacLeod introduced, with the

support of Mr. Fraser and Ms. Fife, to ensure that the recommendations from the coroner's inquest actually translated into action. So when I was asked to take on the committee, it was made very clear to me that the role of the committee was to advise government on how, not if, they should implement the recommendations from the jury and to provide our best advice to government on how to do so.

Our committee was constituted with 14 members from a variety of backgrounds: health care, education, sports organizations, injury prevention and athletes. We worked over the course of one year and submitted our report to the ministry in September 2017. Our 21 recommended actions—and Gordon has already referred to them—represent the unanimous agreement of all of our committee members on how to make amateur sport safer while encouraging safe participation in sport.

Now, in my current role as executive vice-president and chief medical executive at Sunnybrook Health Sciences Centre, which is Canada's first and largest trauma centre, I'm again reminded every day of the importance of preventing devastating injuries and effectively managing head injuries, including concussions.

From the committee's perspective, first and foremost, we want to express our appreciation for the swift introduction and movement of this important bill through first and second reading, and for moving so quickly to committee. The strong support from all parties that this bill has received in debate during second reading speaks to the importance of this legislation and the urgency with which we believe it must be brought to law.

The prevention and management of concussion is not a partisan issue; it's a public health issue. Make no mistake, Ontario is leading the way, and other jurisdictions within Canada and indeed around the world are watching and will be guided by what we do here. The passage of Rowan's Law will help ensure that a harmonized approach to this issue is developed and followed across the country. There was mention made of legislation in Manitoba, which has been introduced and currently has not progressed. We currently have advanced this issue in Ontario farther than any other jurisdiction in Canada.

Secondly, the committee would like to express our strong support for the legislation as drafted. It very closely reflects our first recommended action, and it will, if passed, be the first legislation of its kind in Canada to provide enduring guidance on how concussion should be prevented and managed.

Bill 193 includes many of the critical elements that our committee recommended for legislation. It includes mandatory education on an annual basis about concussion awareness for everyone involved in amateur sport: athletes, parents, coaches, officials and educators. Awareness is a critical success factor in ensuring the safety of amateur sport. Everyone has a role to play in keeping athletes safe, and in order to fulfill that responsibility, we all have to understand how to do that.

It includes immediate removal from play for any athlete who's suspected of having a concussion. The

word "suspected" here is really important. It's not a diagnosis; it doesn't require a health professional to decide if a concussion has occurred. It simply requires the knowledge of what to look for: a significant hit to the head or the body and the presence of any signs or symptoms suggestive of a concussion. This alone is enough to require that the athlete is removed from play and not to return until a concussion is either confirmed or has been ruled out by a medical professional.

I'll come back a bit later and touch on some of the discussion that's happened already today about that medical assessment. The mantra really is, "When in doubt, sit them out." That's what we want everyone who's involved in amateur sport to understand.

The legislation includes a stepwise return-to-learn and return-to-play protocol, to make sure that any athlete who has sustained a suspected concussion that's ultimately diagnosed as such can resume their activities in a safe manner, preventing reinjury before their concussion is resolved. That was the case in Rowan's tragic death, that she had sustained three concussions within a short period of time.

A concussion code of conduct for all amateur sports, including a zero tolerance policy for dangerous behaviours that are considered high risk for causing concussions: This is about preventing concussions, but it's more important than that. It's about changing culture. It has to be unacceptable to everyone involved in amateur sport to allow play which puts other athletes at risk. And it includes an annual Rowan's Law Day, to ensure that students and educators and indeed all of the citizens of Ontario are reminded at the beginning of every school year about the potential serious consequences of concussions and how to ensure our youth can play safely and can enjoy sport and other physical activities.

As a committee, we've tried to make sure that what we've recommended is meaningful and impactful. We've asked ourselves each time we've crafted a recommendation, if these actions were in place at the time of Rowan's injuries, might her death have been prevented? Gordon spoke very powerfully as to that question that he has wrestled with in his mind in the past. We believe very strongly this legislation goes a long way to achieving that important goal.

Education would have ensured that Rowan's coaches, her teammates, her parents and Rowan herself understood and were sensitized to the risk of concussion and the importance of not trying to play through symptoms. Removal-from-play and return-to-play protocols would have ensured that Rowan was guided to return to play only if she was ready, and she would not have sustained three concussions within a few days of each other, which led to her death.

Awareness, through an annual concussion day, would have helped to change the culture and change the conversation, to make it more acceptable to raise your hand and say, "I'm hurt," or "My teammate is hurt."

Before I close, I'd like to make three additional comments about the proposed legislation.

First, if you read our report, you'll recognize that there are some aspects that we recommended for the legislation which are not contained in the bill as drafted, and there are three specific things which are not included. One is the medical diagnosis by a physician or nurse practitioner before return to play for athletes who are removed for suspected concussion. I'll come back and touch on that in a second.

The second is the mandatory collection of data at the field of play for any incidents of suspected concussion.

The third is communication of incidents of suspected concussion to parents or guardians of athletes under 18 and to the other sport delivery partners with whom the athlete is involved, with their consent.

Just touching on the medical diagnosis, I want to be very clear. I think that I and all the committee feel that there's a responsibility and a role for many types of regulated health professionals in the management of patients who have concussion. As currently structured, the diagnosis of concussion is something that's in the purview of physicians and nurse practitioners. That can always be changed. The Regulated Health Professions Act and the scope of professional colleges can adjust those things, but as it stands now, it requires a physician or nurse practitioner to be involved in that.

Our committee believes that these three elements which aren't present in the legislation are important in the strategy to prevent and manage concussions. However, we also accept that there may be other ways to achieve this other than through legislation, such as through regulation or through policy. We appreciate that some of these recommendations, while seemingly straightforward, would add complexity to the legislation which could jeopardize its swift passage. I think we've seen today that it's a complex discussion about how exactly that assessment occurs. There are ways that we can deal with this outside of the legislation itself.

I think the key message from the committee—we want to be crystal clear. Our committee feels strongly that the passage of Rowan's Law (Concussion Safety) during this session of our Ontario Legislature is the most important outcome. We accept that the omission of these elements from our recommended action number one of the legislation may be necessary in order to achieve that goal, and we totally accept that. We believe that those areas can be addressed in other ways.

The second point we'd like to make is, we would applaud the government's inclusion in the draft legislation of a requirement to report publicly on the progress towards implementing the 21 recommended actions of our report. This kind of transparency and accountability is both laudable and necessary. It will ensure that beyond this legislation, the work of our committee and of the coroner's inquest before us will continue to receive the focus and attention that is necessary to truly make Ontario a world leader in concussion safety.

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As currently drafted, the legislation requires this public reporting to occur every two years, and you've

already heard some discussion on this. Beyond Gordon's words, I think all of our committee members feel that annual reporting might be more appropriate. When one looks at the remaining 20 recommended actions from our committee, there's a lot to do, and there's a lot that the government can be proud of as this progresses through channels to become policy.

Human nature is that we all work toward deadlines. By establishing an annual reporting cycle, we feel that the momentum that has been achieved through the work of our committee can be sustained.

I've learned a lot about the legislative process in the course of the last several months, and I want to make one distinction. What I've learned is that a legislative report is a great deal of work and is often complex and involves a great deal of discussion and work with the parties. I'm not saying that the committee feels that a formal legislative report is necessary every year. I think what's important is that there is public reporting every year on the progress. If the more formal legislative report is less frequent, then so be it. But I think the public needs to be aware on an annual basis of the progress that has been made. So I would leave that to the committee.

That being said, I want to reiterate the point I made a moment ago: The most important outcome is the passage of this law in this session. If our suggestion for annual reporting were to create challenges that would jeopardize swift passage, we'd rather withdraw that suggestion and accept two-year reporting instead than jeopardize passage in this session. We simply present this view for the consideration of the standing committee.

Third and last, while these public consultations are focused on the draft legislation, it's our committee's strong belief that our 21 recommendations need to be considered in their totality, as Gordon has already alluded to, and not as an à la carte list. In order to be effective, it's crucial that all of them be implemented. The legislation will support many of the other recommendations. In turn, many of the other recommendations provide the how-to in terms of turning the legislation into an effective strategy.

On behalf of all of the members of the Rowan's Law Advisory Committee, I'd like to thank you for the opportunity to address the standing committee today. I would be happy to respond to any questions that you may have.

The Chair (Mr. Peter Tabuns): Thank you, Mr. Cass. We go first to Ms. Mangat.

Mrs. Amrit Mangat: Thank you, Dr. Cass, for your presentation. Once again, I would like to thank you and your advisory members for the work you have done. It's my understanding that the committee has met eight times over nine months, which is a lot of work.

In your presentation, you said that it's all about changing culture and that the recommendations should be meaningful and effective. I believe that it's equally important to assure the public that the recommendations that the advisory committee advised should be evidence-based also. Can you shine some light on that?

Dr. Dan Cass: I would agree. When you look at a number of the recommendations that we've made, they

do come from evidence. There's an international consensus conference which is held on a periodic basis, and this is based on the most recent version. Dr. Tator, who will address you later on, was an author of part of that report. So there is evidence from the literature on how best to implement these and what will be effective. We've tried, wherever possible, to base our recommendations on those things.

There are some areas where there isn't evidence, where there isn't formal scientific proof. In those, we've turned more to consensus, to the best opinions that are available from experts in those areas. We've tried to craft our recommendations based on that.

Mrs. Amrit Mangat: Thank you. My colleague would like to have—

The Chair (Mr. Peter Tabuns): Mr. Colle.

Mr. Mike Colle: Thank you. I think the last time I saw you was about a gentleman who had starved to death in a downtown apartment.

Dr. Dan Cass: That's right.

Mr. Mike Colle: I remember your good work on that, Doctor.

Dr. Dan Cass: Thank you.

Mr. Mike Colle: I've coached, for about 25 years, football and hockey. When I look back at some of the things that have happened, don't you think what really is necessary is that before you play a sport the students, especially in school, should get a session or two on dealing with injuries like concussions? In other words, they're taught how to stickhandle, they're taught how to skate, they're taught how to kick, to run. There's no time ever given, that I know of, in a school setting where you sit down—because that's one of your recommendations—and you have two or three sessions and say, "Listen, if you get this type of injury, here's the protocol: You come to the coach, you come to the medical person on staff." Is that one of the things that you're in favour of?

Dr. Dan Cass: Absolutely. One of the recommendations in the report relates to ensuring that students at every level in the public and private school system have annual education on concussions. I would take it a step further and say not even limited to those that are participating in a particular sport but all students, and that's applicable across all the sports they're going to play. They may need some very specific information that's tailored to that sport, and that can be part of the training that goes into their preparation.

Mr. Mike Colle: In the physical and health education curriculum.

Dr. Dan Cass: It could be delivered a number of ways. Whether it was through curriculum change—we've talked about trying to tie some of these things together. The annual Rowan's Law Day that is proposed to occur on the last Wednesday in September every year: tying activities that day to some of those educational events so that students make that connection. Yes, absolutely, we're very much in support of that.

The Chair (Mr. Peter Tabuns): We go to the opposition. Mr. Coe.

Mr. Lorne Coe: Yes. Through you, Chair: Thank you very much for your delegation today. There's a section of the legislation before us that amends the Education Act, and I'm sure you've read that. A new section authorizes the minister to establish and require boards to comply with policies and guidelines respecting concussions with students. What's your experience with boards of education and the incidences of concussion in pupils and the degree to which they follow the protocol?

Dr. Dan Cass: This largely reflects a discussion that happened at the committee about PPM 158, the fact that it has been implemented. I think it has had a great deal of positive impact in the schools. There's still some latitude on how PPM 158 is implemented, and part of the intent behind our recommendation that I think is translated into the legislation that's before you is to ensure that there really is the teeth, for lack of a better term, behind this to make sure that those principles really are truly acted on.

Dr. Tator—you may wish to direct questioning—was involved in a scientific paper that has been published looking at the evaluation of how effective PPM 158 has been so far. The answer is, fairly effective, but there are ways to improve it. I don't want to take away from what he's done or try and speak for him; he'd be the best person to ask about that. But I think that really reflects the intention to make sure that those principles really do have the strength of law.

Mr. Lorne Coe: Right. Thank you very much for your answer.

The Chair (Mr. Peter Tabuns): To the third party. Ms. Fife.

Ms. Catherine Fife: You know what struck me—and I was genuinely surprised by this. It has to do with action item number 18, "to enhance the level of knowledge regarding concussion detection, diagnosis and management by health care professionals." The committee has recommended that the Royal College of Physicians and Surgeons of Canada incorporate concussion awareness, diagnosis and management as mandatory curriculum for the following residency programs, like emergency medicine, pediatrics, neurology, neurosurgery, physical medicine and rehabilitation. I would have thought, because concussions are brain injuries, that this would be a part of the curriculum that is currently being transferred—this knowledge transfer—in medical programs. I was genuinely surprised by that. Do you want to speak to it, please?

Dr. Dan Cass: Sure. I'll preface this by saying that I haven't practised clinical emergency medicine since 2009, so I'm speaking from my experience at the time. But I have to tell you, in 16 years of practising emergency medicine, at that time nine years ago there was not a consistent approach in terms of how someone who came into an emergency department in Ontario would be treated and managed and the advice they'd be given about concussion.

In fairness, a lot of the evidence that has come out that guides the stepwise return to play etc., really has come out in more recent years, but I'm not sure that the curriculum for residents who are training in those areas has kept up with that to the same degree. It really is to ensure there aren't any gaps. For those who are currently in practice, there's a recommendation about improved awareness for them, but for those who are coming through, especially those residency programs that are leading to clinical practice in that particular area that will touch patients who are presenting with concussion, to make sure that everyone is on the same page and to expand the cadre of physicians in the province who have a comfort level in managing patients like this.

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Ms. Catherine Fife: This legislation is going to pass, and when it does pass, who's going to hold the Royal College of Physicians and Surgeons of Canada accountable to ensure that the curriculums are modernized, are updated? How will that happen?

Dr. Dan Cass: Well, I think there are a number of ways that can happen. First of all, I think there's a willingness, and certainly an acceptance, on the part of the royal college and the college of family medicine that there's a huge role they can play in helping to improve public safety. I don't think this is going to be a difficult conversation; I think this is something that they will very readily engage in. I think it's pretty easy to envision how one might coordinate that through a body like the royal college. I've had experience working at the royal college. I chaired the standards committee for the emergency medicine residency at the royal college. I think there are ways to achieve that that are fairly straightforward.

Ms. Catherine Fife: Perhaps, if Ontario does pass this legislation, it will set the bar for other provinces and then it will have a national approach. Is that the thinking?

Dr. Dan Cass: One of the ways that this will help do this is, these bodies you referred to, the royal college and the college of family medicine, are national bodies; they're not provincial bodies. So if we set that bar and raise that bar across the country, that's going to have an effect in every province, whether they have legislation or not.

Ms. Catherine Fife: Thanks very much for your work on the committee, Dr. Cass.

Dr. Dan Cass: Thank you.

The Chair (Mr. Peter Tabuns): Dr. Cass, thank you very much.

Dr. Dan Cass: Thank you.

PETERBOROUGH PUBLIC HEALTH

The Chair (Mr. Peter Tabuns): Our next presenter, then, is Dr. Salvaterra from Peterborough Public Health.

Ms. Catherine Fife: Is anyone else hot in here?

Ms. Lisa MacLeod: Yes.

The Chair (Mr. Peter Tabuns): Just before you start, we'll see what we can do about the temperature. It is very hot.

Dr. Salvaterra, it's been a long time. It's good to see you again.

Dr. Rosana Pellizzari Salvaterra: It's nice to be here. Thank you for having me. I believe I have five minutes?

The Chair (Mr. Peter Tabuns): You have five minutes, and if you'd start by introducing yourself for Hansard.

Dr. Rosana Pellizzari Salvaterra: Certainly. My name is Rosana Pellizzari Salvaterra. I am the medical officer of health in Peterborough. I'm very glad to be with you today. If I may begin, then?

The Chair (Mr. Peter Tabuns): Yes, please.

Dr. Rosana Pellizzari Salvaterra: I'd like to start by telling you a little bit about Peterborough's stake in this game. The Health Protection and Promotion Act defines the Peterborough County-City Health Unit as the area within the county boundaries, consisting of the city of Peterborough, the eight townships and two First Nations. The board of health for whom I work has been in existence for about 130 years, and we serve a population of about 140,000 people.

In 2011, our local physicians were so concerned about concussions that they initiated the Youth Sports Concussion Awareness Program on their own, without any government funding. They reached out to both boards of education and began to teach each other how to identify and safely manage these traumatic brain injuries.

Peterborough believes truly that every concussion should be taken seriously, and that is why I'm here today as the medical officer of health to express my support for Bill 193, an act that would help prevent as well as identify and manage concussion injuries that occur in the context of sports and athletics.

I'd like to say, though, that a voluntary approach like Peterborough's, no matter how well intentioned, would take far too long and it would miss many vulnerable children and individuals. A voluntary approach does not address the behaviours in sport that cause or contribute to these injuries. The kind of culture change that is required—and you heard from Dr. Cass—when it comes to both the conduct of players and the protection of injured individuals requires powerful and enforceable actions as proposed in the legislation in order to ensure that this change will be successfully achieved and the most vulnerable protected.

As a public health specialist, I had the privilege of being appointed to the Rowan's Law Advisory Committee. Rowan Stringer's death was a tragedy and one that we all know now may have been prevented. It was the coroner who recommended Ontario take legislative action, and, over the many months that we deliberated, it became clear that this was the needed approach. Bill 193 contains the full suite of recommended actions, from public awareness raising with the annual day in September as the anchor to the adoption of a code of conduct that will create an environment where there should be fewer injuries occurring, to the protocols governing removal from and return to sport, and to the responsibil-

ity for the minister to report on the progress and the impact of these measures. The legislation is comprehensive and it can be transformative.

In an article examining annual and seasonal trends in pediatric visits for concussions to physicians' offices or emergency departments in Ontario, the researchers found that trends increased fourfold over a 10-year period, from 2003 to 2013. A strong seasonal pattern was seen, with more concussions occurring in the fall and winter. The data, although limited, demonstrates that these traumatic brain injuries are both common and growing in number, as awareness grows in both the community and in the medical profession as well. According to emergency department records, the leading cause for these injuries, at about 31%, was participation in a sport.

As a public health physician, I cannot understate the importance of physical activity for the health and well-being of individuals and communities. Organized play, like participation in team sports, contributes significantly to the recommended and evidence-informed amounts of physical activity deemed necessary for optimal health. The last thing we want is for parents to believe that sports are so risky that their children should not play. Rowan's Law should both reassure parents that we have their backs, that we are looking out for their children, as well as send a strong message that codes of conduct apply, that certain behaviour will not be tolerated and that this will be enforced. Rowan's Law will also increase the likelihood that concussion-causing injuries will be identified and that potentially injured players will be assessed in a timely and appropriate manner; that these injuries, if present, will be tracked; and that a return to play will occur only when the injured have recovered.

Rowan's Law has been endorsed by the public health sector here in Ontario; I've included a letter in my comments. Many boards of health are also expressing their endorsements for this act. Ontario may be the first in Canada to consider legislation, but this is not new in North America. Experience with legislation in the USA shows that legislation has a dramatic and a sustained impact on the identification and the treatment of these injuries. That is a critical step in both preventing and evaluating our efforts.

It is time to build upon the great work that has already been done in the school sector with PPM 158. We've done our homework, and I believe it's time to move to legislation. I'm very happy to answer any questions.

The Chair (Mr. Peter Tabuns): Thank you, Doctor. With that, we go to Ms. MacLeod.

Ms. Lisa MacLeod: Thank you so much for coming here today. I don't really have any questions for you. As you probably are aware, I didn't know anything about concussions, really, until Gord came by my office and then I somewhat threw myself into this.

I would like to, on our behalf of our caucus—and I'm sure all MPPs—thank you and the municipality of Peterborough for the wonderful leadership that you have shown. I hope that this tool today will only enhance the work that you're doing. Thank you for your commitment and thank you for being here today.

Dr. Rosana Pellizzari Salvaterra: And thank you to Gord. I've learned a lot about advocacy.

The Chair (Mr. Peter Tabuns): Thank you. We go then to the third party. Ms. Fife.

Ms. Catherine Fife: Thank you for coming from Peterborough. I do appreciate it. I think your story, actually, resonates very well here, because you voluntarily went down this road and tried to be proactive. You've heard some of the discussion on how best to address concussions once they occur. I think a lot of focus has to be, obviously, on prevention, and you've referenced that in your deputation. But what was Peterborough's experience once concussions had been identified and the treatment? Did you track? Did you do research and gather data as to the best approach to deal with concussions once they occur?

Dr. Rosana Pellizzari Salvaterra: The data would be recorded in EMRs, but we haven't found a way in Peterborough. Concussions are not a reportable diagnosis—

Ms. Catherine Fife: Do you think it should be?

Dr. Rosana Pellizzari Salvaterra: I think definitely we should be collecting the data. We can collect the data in a way that it doesn't necessarily have to be reportable to the local medical officer of health, but if you are smart and you collect your data and manage it in a way that you can then also go back and monitor it and assess it, I think you can get a more complete set of data that can allow you to actually assess your impact. I think that's necessary.

This law would commit considerable resources to this. I believe it's important that we do commit those resources, but we also want to be able to evaluate our efforts. We know from the USA that they've been able to look at insurance claims records in the states when legislation was passed. What we saw was almost a doubling in the identification of concussions post-legislation.

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We saw an increase in treatment, but in the doctor's office, not in the emergency department, which I think is brilliant because we don't want to clog up our emergency departments. These assessments can be done in physicians' offices with the correct training and education. They saw a 78% increase in treatment in physicians' offices, and a 150% increase in referral to neurology, and no increase in the use of CT scans, again, which are not warranted in the management of concussions.

So looking at the experience, where there has been legislation, the legislation is an effective tool. It should help us collect that data so that we can actually assess our efforts.

Ms. Catherine Fife: The reason I raised data collection is because it should, in a perfect world, determine resource allocation as well; right? You have some research around fall and winter when there's a spike in concussions.

What was Peterborough's relationship with school boards? There's been a disconnect between the amateur sports community and then the response of school boards, regardless of the PPM that's in place.

Dr. Rosana Pellizzari Salvaterra: The school boards were eager partners; they want to protect their kids. I think the experience of PPM 158 is a great foundation to build this legislation on. They're very keen, parents are very keen; it was a very popular program and one where there continues to be donations. As I said, it's completely voluntary. There is money sitting that's been donated to this program that's just waiting for legislation like this so that the community can then get behind it, support it and enhance it. Definitely, with anything, we want to make sure we use a health equity lens, and we want to think of the most vulnerable individuals and children, to ensure that they can take full protection from this legislation. We want them to benefit, so Peterborough is ready to invest and continue to do this work in a more concerted way.

Ms. Catherine Fife: That's great news. Thank you very much.

The Chair (Mr. Peter Tabuns): Thank you. We go to the government. Ms. Hoggarth.

Ms. Ann Hoggarth: Good afternoon, Dr. Salvaterra. Thank you very much for coming in. I think we've seen you here before. This isn't your first time being an advocate. You always present wonderfully to whatever committee you're presenting to.

Thank you for your work on the Rowan's Law Advisory Committee. It's great to have experts looking into this.

Bill 193 aims to minimize the risk of concussions and make sure that they're properly managed so that our amateur competitive athletes can play sports, be active and have fun safely. As an educator, I can tell you how important that is to the overall well-being of children as they go through the education system. They tend to perform better in academics, as well, if they're involved in sports.

From a public health perspective, why is the passage of this bill a game-changer?

Dr. Rosana Pellizzari Salvaterra: I was a mother before I went into medicine. My children were young when I started studying medicine. For me, I remember making a decision, as a parent, not to allow my children to play competitive hockey. I kept them in the house leagues because I feared for their well-being and their safety.

To have the clause in the legislation which makes it mandatory to have a code of conduct for all sports—one that will be written by the actual sport so it's relevant, but that the parents, players and coaches all sign onto—to me, that's the game-changer. That's what's going to change the culture.

Not all concussions are preventable. Some sports, just because of the type of sports they are, are higher-risk sports. But at least we won't have the intentional injury; that there's zero tolerance for that. To me, that's where I place my hope. I see this as starting to change the culture of sports, where we no longer will consider assaults to be okay because they happen in the context of a sport.

Ms. Ann Hoggarth: Okay, thank you.

The Chair (Mr. Peter Tabuns): Mr. Colle.

Mr. Mike Colle: I remember you at the city of York.

Dr. Rosana Pellizzari Salvaterra: That's right.

Mr. Mike Colle: Yes, a few years ago.

The question I have—you talk about changing the culture, so I think that this is going to help. But if you turn on any kind of computer device or TV, you have the martial arts and people kneeling each other in the heads, kicking each other in the heads; you have NFL football, where they're just headhunting and, in many cases, they don't even get a penalty or fine; you have, on hockey night every night, the highlights of hits, and most of the hits are against the boards, cross-check in the head and all of these things.

How are we ever going to combat that culture that exists?

Dr. Rosana Pellizzari Salvaterra: Well, I hope that parents take seriously their role of being able to choose or advise their children on what they should or shouldn't watch. We do have guidelines for watching screens and what children should be allowed to watch and how parents can intervene. I know that they take that seriously and I would hope that, when there's violence, parents are going to try and protect their children from potentially thinking that this is normal, from normalizing it, which I think can happen with sports. It can normalize violence.

I don't think that Rowan's Law is going to solve our problems. It's certainly won't apply to professional sports that are being played. But I think that it is going to change the culture, because parents and children who are being raised in this are going to see things differently. That's where the code of conduct, I think, has real power in actually identifying what's positive and what's not tolerated. It's a beginning. We're not going to get there overnight. It will probably take a generation to fully change the culture, but I do think that it's a start.

As I said in my comments, right now, it's to the point where some parents are afraid of having their children participate in sports. That is what I really worry about, because we know how good sports are for us. We know that it's important for children to participate in sports and create those behaviours early in life, because when you're 30, 40, 50, if you haven't adopted those behaviours at a young age, it's very unlikely that you're going to get off the couch and suddenly become an athlete. We want children to participate.

Mr. Mike Colle: I just want to let you know that I played ball hockey this Saturday.

Dr. Rosana Pellizzari Salvaterra: Great. I'm glad.

It's a slow change. We're not going to get there overnight. But I do think that it's setting the foundations for that.

The Chair (Mr. Peter Tabuns): And with that, we're out of time. Thank you, Doctor. We really appreciate it, and it's good to see you.

Dr. Rosana Pellizzari Salvaterra: You're welcome. Thank you.

COACHES ASSOCIATION OF ONTARIO

The Chair (Mr. Peter Tabuns): Our next presenter, then: Mercedes Watson from the Coaches Association of Ontario. As you've heard, you have up to five minutes to present, and then we go to questions from members of the committee. If you would start off by saying your name for Hansard.

Ms. Mercedes Watson: Sure. Hi, everyone. My name is Mercedes Watson. I'm the manager of coach and partner development at the Coaches Association of Ontario. Thank you to the standing committee for allowing me to speak today regarding Bill 193.

As mentioned, I work for the Coaches Association of Ontario. We provide a coordinating role to strengthen the support mechanisms, development opportunities and access to educational resources for coaches across sports in Ontario. We exist to promote a minimum standard of coaching quality through education and assurance to coaching ethically in all situations and in all contexts. This is one of the reasons that myself and my organization have been involved and supportive of the work of MPP MacLeod, Rowan's Law and the Rowan's Law Advisory Committee since 2015.

I'm also a coach. I've been coaching women's ice hockey for over 10 years, and I am currently the head coach of the Leaside Wildcats' midget A program. Each season, I see a minimum of three to five of my athletes suspected and diagnosed with a concussion. I only have a short time to speak today, but I could easily speak for an hour on the varied experiences I have had with my own athletes and parents, not to mention what I have seen happen in the rinks around me. It is from this vantage point, along with my work at CAO, that I provide my comments on the bill to you today. As you can see, I've been in the rink all night, so my voice is a little gone.

In section 2(4) of the act, it speaks to the requirements of coaches. As we currently would expect any coach to be able to create and implement an effective emergency action plan in their field of play, I believe it is reasonable to expect any coach to be aware and educated on concussions and how to act if one is suspected and/or diagnosed.

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I will add that I appreciate that this bill goes further to highlight that it is not only the coach's responsibility but all involved to help keep participants safe. Parents, athletes, officials, and organizations all should be well educated on codes of conduct, removal-from-sport protocol and return-to-sport protocol.

Very often, the role of educating parents and athletes has fallen heavily on me, the coach, after a suspected concussion. It is hard enough for a coach to tell an athlete that they cannot participate in the sport they love, and it is only made worse when a coach is further pressured about this decision due to lack of knowledge. Keeping participants safe in sport is everyone's responsibility.

That being said, I would strongly encourage the committee to note that how this bill is implemented will be very important. Yes, we need education for all in-

involved, but we also need consistency with that education. I am happy to see that Parachute Canada is speaking next and will hopefully highlight the work they are doing with the concussion protocol harmonization project. Codes of conduct, removal-from-sport protocol, and return-to-sport protocol must be consistent for this bill to impact the change we want to see in the province. Rowan's story is a perfect example of this, as she sustained her concussions in two separate contexts: at school and in the club system.

I also see this happen regularly with my own athletes, as they are typically involved in more than one sport or physical activity at one time. Last season, my goaltender was out for about three months after a concussion she sustained. It was in another sport and in another setting. This was a really challenging experience for me as a coach, as I saw the toll it took on my player both mentally and physically. I had to continually problem solve as to how to best support her and her return to sport. Fortunately, her parents were very well informed, and we were able to work together to support her challenging return to play. She no longer plays in that other setting, but I am happy to say she continues to participate with my team symptom-free now.

I believe that that is the impact this bill could have on many more young Ontarians, as well as prevent another tragedy such as Rowan's. Overall, I would like to express my support for this bill. I would like to thank all of you for your time.

The Chair (Mr. Peter Tabuns): Thank you.

We go first to the third party. Ms. Fife.

Ms. Catherine Fife: Thank you, Mercedes, for coming in and sharing your perspective as a coach. I think we can all agree that not all coaches are created equally, and sometimes coaches bring their own bias to that hockey rink. Personally, I've never seen more politics at play than in the hockey rink, even more so than this place.

I guess I'm asking about an accountability measure for coaches. There is this mentality, regardless of training, that takes over—the high emotion of sports, amateur sports included. Does Coaches Canada have any recourse for coaches who don't follow safety protocols or codes of conduct or what have you? I think there will come a time and a place, if this legislation passes, where we have to protect athletes sometimes from the ambitions of a coach, in some instances. It needs to be said, and this is the forum to say it.

Ms. Mercedes Watson: Yes, absolutely. In that context, I know that our role—the Coaches Association of Ontario and the Coaching Association of Canada, which is our national partner—is purely educational, so we don't currently have a mechanism for reporting on coaches. At this point in time, I believe that those sorts of mechanisms are taking place through the sports themselves. Each sport is required to have policies in place, including concussion policies. Therefore, it's my understanding that that information goes through the sporting bodies.

In addition to that, I would say that I agree with what you said, that not all coaches are created equal. That's one of the things that I find about this bill—we're asking everyone to be well informed. So it's no longer just about one coach's decision; it's going to empower everybody at the hockey rink or on the soccer field to be able to act, including officials and parents and the athletes themselves.

I would say that I am seeing that happen now. I've had an official come to me on the bench and say, "Hey, your player took a really nasty hit. You should probably sit her out." That's exactly what myself and my trainer agreed to do. Having that global responsibility is a big part of this, for sure.

Ms. Catherine Fife: That's good. And that's a good story to share with this committee, because it is about changing the culture.

Thank you for coming to the committee today.

The Chair (Mr. Peter Tabuns): Thank you.

We go to the government. Mr. Colle.

Mr. Mike Colle: Thank you, Mercedes. I'm a supporter of the Etobicoke Dolphins so I don't know if I can not mention them. I know Leaside is always a tough competitor.

Ms. Mercedes Watson: Would it make you feel better if I told you they beat us on Saturday?

Mr. Mike Colle: Oh, good.

Laughter.

Mr. Mike Colle: My niece is now playing for the University of Prince Edward Island in hockey. She's the second leading scorer—anyways, I won't go into that.

The coaches, as you said, have a critical role to play, but I think you're also mentioning that in that case the official came over.

The Chair (Mr. Peter Tabuns): Mr. Colle, if you could lean into the microphone, that would help Hansard.

Mr. Mike Colle: The official came over and mentioned to you that there was a hit that he thought you should be made aware of. I think in mentioning that, it just really reinforces the fact that it takes everybody to make a difference here, whether it be the coaches' association, the officials, parents, teachers. One of the things is, as I mentioned before, wouldn't it be helpful if at the beginning of a year in hockey, whatever it is, there be a seminar sit-down with the parents, coaches—players, too—and just say, "Hey, listen, part of the game is that there's a possibility of injury. Here's how you prevent injury. Here's how we report injuries. Here's the protocols." Is that part of this law, do you think? Is there anything specific enough? I know there are some good recommendations—actions 15, 16 and 8, I think. Do you think there might be a need for that to evolve?

Ms. Mercedes Watson: Yes, and I will say that that is already in place. As you mentioned, it's sort of an educating role. I talked a little bit about how it's hard for me to be the educator at all times. However, it is a part of my role. So if you went to the Coaching Association of Canada's website right now, you would see under their concussion resources section a code of conduct. All

NCCP-trained coaches are taught how to have those pre-season meetings with their athletes and their parents to do exactly that: talk about the risks, the safety protocols in place. Obviously my sport is high-risk so, therefore, we talk directly about concussions and the protocols that go through it. I also use the Parachute resources. They are integrated into the NCCP material for all coaches to utilize in whatever sport they are coaching in.

The Chair (Mr. Peter Tabuns): And with that, I'm sorry to say, we're out of time. We'll go to the official opposition. Ms. MacLeod.

Ms. Lisa MacLeod: Thanks, Mercedes. I see Susan is here too. If I may just start off by saying thank you to both of you for the wonderful support you've given me, John and Catherine, as well as the Stringer family. I must say I was really humbled when Coaches Canada joined us so early on.

I, too, am a hockey coach; it's well-documented. I just want to reiterate what my friend Catherine Fife said: There is more politics in minor hockey than there is in my day job. In case you guys haven't noticed, the last 24 hours in my day job have been pretty political. I just wanted to say that.

But one of the things I wanted to note—and it's what you said, because we're both in the rink all the weekend and in the evenings—is that there has been a shift in culture, even over the last year and a half. I think it's because we're having this conversation here and people are more cognizant. I often recount a story from last year where I had a kid who fell at school and got her concussion, and then mom and dad said she was cleared to play, but she was clearly exhibiting the signs and symptoms of a concussion. Mom and dad really wanted her to play that final tournament. I had to take her out for the skate, and she wasn't ready. Having that conversation sometimes with a parent who's paid 500 or 600 bucks, and then on top of that team fees, and on top of that tournament fees and whatever, to take them out of play—but this year with my kids, I've had three instances where the kids came off themselves and said, "I hit my head." Then we would give them the list of what the symptoms are and, thankfully, in each case they weren't concussed. But I just go back: It's in a year's time that people are having this conversation.

I'm just going to make the comment to say thank you to Coaches Canada. I know you're working with hockey, which I'm involved in, and working with other sport. Again, I think the point is, yes, the Ontario Women's Hockey Association is doing a great job in making sure that whether you're a trainer, a coach or a general manager, anything you do with a child, you have to be prepared and have a list of protocols. That's working, slowly but surely. But as our friend Eric Lindros often says, it's a shift in culture and it's going to take a little bit of time. We have to make this something that when people walk into the rink, they understand that a brain injury is very serious. Bullying, depression, anxiety and all those sorts of things are things that we need to talk about with our young children.

I just offer you a comment there, again, just to say thanks to you and Susan for being there. It just really made my day that you're here today.

Ms. Mercedes Watson: Thank you.

1520

PARACHUTE

The Chair (Mr. Peter Tabuns): We'll go to our next presenter, Parachute: Steve Podborski and Pamela Fuselli.

Good day, sir.

Mr. Steve Podborski: Good afternoon, sir.

The Chair (Mr. Peter Tabuns): You have up to five minutes to present. If you would start by stating your name for Hansard, that would be great.

Mr. Steve Podborski: I certainly will. Hi. My name is Steve Podborski. I'm the president and CEO of Parachute, Canada's national charity on injury prevention. Thank you for inviting me to speak to this public hearing today.

In May of 2013, a 17-year-old, Rowan Stringer, died as a result of a head injury she sustained while playing rugby with her high school rugby team. We can't and we must not lose sight of the human impact that concussions have on individuals, on families, on friends and on our communities as we work to put policies and actions into place to eliminate these injuries.

Parachute was encouraged by the action taken over the past four years following Rowan's death. The coroner's inquest convened in 2015, resulting in 49 recommendations for how the federal government as well as Ontario government ministries, school boards and sport organizations should improve the manner in which concussions are managed in this very province. The Rowan's Law Advisory Committee was created to make other recommendations intended to prevent, mitigate and create awareness of head injuries in sport in Ontario, resulting in a report that outlines 21 actions.

We are proud that Dr. Charles Tator, a founding member of Parachute and a current member of our board, was part of this work. Gordon and Kathleen Stringer are the catalysts of this work, and their passion and dedication have empowered and galvanized others to take action.

Today we are here regarding Bill 193, Rowan's Law (Concussion Safety). This bill proposes requirements to keep athletes safe from serious life-altering or life-ending injuries. These requirements set out actions for sport organizations that include mandatory review of approved concussion awareness resources by the athlete and/or their parent or guardian before registering in a sport; establishing a concussion code of conduct; establishing a removal-from-sport protocol for athletes suspected of having sustained a concussion; and establishing a return-to-sport protocol for athletes who have indeed sustained a concussion or are suspected of having sustained a concussion.

These are all-important actions closely aligned with the work that Parachute has been undertaking at the na-

tional level with our 50-plus national sport organizations, supported by federal funding from the Public Health Agency of Canada.

Our work has resulted in the creation of the first Canadian Guideline on Concussion in Sport and a national concussion protocol, along with an adaptation tool so that sport organizations can customize information in the protocol to reflect their specific sport activities. We are proud that these tools have been identified by the Rowan's Law Advisory Committee as resources to be used as Ontario moves forward to implement regulations for Bill 193.

In addition, Parachute launched and is sustaining a national public awareness campaign on concussion signs and symptoms through public service announcements which have been running on Bell Media channels for almost two years. A national social media campaign launched last year has garnered three million media impressions. Parachute is also raising awareness and sharing the latest and best information on concussion with medical professionals. In collaboration with our partner, Concussion Awareness Training Tool Online, we will be releasing an online accredited one-hour training course on concussion to ensure that credible, timely information gets into the hands of our medical professionals.

In short, Parachute is very supportive of Rowan's Law, Bill 193, and congratulates Ontario for being the first province in Canada to establish concussion legislation. Parachute is willing and ready to support the rollout of this legislation with our expertise, our resources, our network connections and our experience in partnership with the great province of Ontario.

Rowan Stringer's death as a result of a concussion injury was and is heartbreaking. We thank her brave parents and we thank you for moving forward this law, which will save another family from the same awful heartbreak.

The Chair (Mr. Peter Tabuns): Thank you, Mr. Podborski. We'll go to the government. Mr. Fraser.

Mr. John Fraser: Thank you very much, Mr. Podborski, for being here, for your presentation and for all of Parachute's work on injury prevention, specifically today on concussions, and the work that you're doing to support how we move forward with this.

I think that all of us around the table and in the Legislature are very proud of the legislation that we've put forward. There is a lot of work left to be done. But from a national perspective, is this legislation going to be helpful to you in your work?

Mr. Steve Podborski: Yes, 100%. This legislation sets the tone not only for the province of Ontario but for the rest of our great nation. Indeed, we have Dr. Mike Ellis, who is one of the co-chairs of our advisory committee, working in Manitoba, out of Winnipeg, to establish very similar laws.

In both these cases, being the first is the hardest job. But really, the question is, do you want to lead or get dragged kicking and screaming into the future? Ontario is

going first, and I applaud that. That will help the others come along.

Mr. John Fraser: It helps when you have a legislative framework to look at from another jurisdiction when you're trying to formulate—

Mr. Steve Podborski: Yes, best practices.

Mr. John Fraser: —best practices.

Again, I just want to thank you for taking the time to present here today, and for the work that you do, and the work that you've done to support Rowan's Law. Thanks very much.

Mr. Steve Podborski: It's a pleasure. Thank you.

The Chair (Mr. Peter Tabuns): We go to the opposition. Ms. MacLeod?

Ms. Lisa MacLeod: Steve, I don't know what more I can say other than thank you for the work that Parachute has done in being early supporters of the private member's bill that my colleagues and I put forward. It means a lot to have a private member's bill that three parties put forward to have the support, credibility and backing of you. So I would like just to say thanks to you, your staff, and the previous folks that we had worked with who have moved on. It really meant a great deal to me. I just want you to keep up the great work and, on behalf of all MPPs, effectively offer our support as you try to make this a national effort. If there's anything we can do in talking to our colleagues in other jurisdictions, just count us in.

Mr. Steve Podborski: Thank you very much. Indeed, Mr. Chairman, I would note that, much like the changes that are made—for example, the blue box—it often comes from our children. If we can enforce this approach in Ontario through the schools, they'll be coming home, and instead of saying, "Don't put the glass bottle in the garbage; put it in the blue box," the same thing will happen with concussion injuries.

Ms. Lisa MacLeod: I want to thank you for that, because Gordon and I have been working quite a bit on trying to get the other jurisdictions to move forward. When I got word that the government was going to bring forward the second Rowan's Law, and of course it has my complete support—it was interesting. In my native Nova Scotia, I obviously get a lot of Facebook feeds from people in Nova Scotia because my entire family lives there. A midget AAA player in Nova Scotia named Rowan was hit so hard and had such a bad concussion that he'll never play hockey again. The mother put out a Facebook post that said, "I don't think a four-minute penalty is fair since my son's life has been altered."

I really take to heart your comments about the blue box as we shift behaviour, because there was once a time when I was young—and it was a long time ago—when we would go to the rink and we would expect people in hockey to fight. Today, you go to hockey and it's more about—there are still the hits and there are still the fights, but it's few and far between in that goonish type of game. But we still have more to do.

The work that you have been doing is incredible. You're saving kids' lives and you're teaching us old folks that we have to have new ways, so thank you.

Mr. Steve Podborski: It's a pleasure. Thank you.

The Chair (Mr. Peter Tabuns): To the third party: Ms. Fife.

Ms. Catherine Fife: Thank you, Mr. Podborski, for coming in and sharing your perspective on this.

I'd like to take it in a little bit of a different direction because part of the recommendations also have to do with some of the physical environment where concussions happen, including setting a standard for fields, for instance—the quality of the field. Has your organization, Parachute, delved into physical environments, or are you focused mostly on behaviour modification, shifting the culture and protocol? Have you looked at physical environments where concussions happen?

Mr. Steve Podborski: Much like the Coaches Association of Ontario and of Canada, that is in the realm of the actual sports themselves. We support these organizations in partnership in terms of having proper rules around those things and enforcing them.

There have been some very unfortunate accidents that you may have heard about. A young man was killed by the soccer goal—

Ms. Catherine Fife: The soccer goalposts, yes.

Mr. Steve Podborski: —and other things of that nature. We support sport organizations in doing it right, but we are not leaders in that particular area. In everything we do, it seems that everything is collaborative. Everybody has to work together. You have to hold hands to be a community, to make these big changes, and they start with the little things. Just do it right, and raise your children well.

1530

Ms. Catherine Fife: There was a private member's bill, actually, that came forward from Todd Smith, PC member, around the goalposts as well.

That is just a bit of a red flag for me, around operationalizing this legislation, that we're going to be working really hard to shift the culture and change the way we think about brain injuries and the prevention of them and then dealing with them, but there are some physical environments which will have an impact on our ability to prevent injuries.

The one which was outlined in here was setting "a standard for rugby field quality to ensure that the surface is safe for youth athlete play." That's going to be very hard to put into action, I think. I just want to raise that for Parachute as a way going forward.

Mr. Steve Podborski: I would love to say that the other ones will be easy and that's the only tough one. I think the whole thing is going to be an enormous challenge, because we have to take our culture by its ears and say, "Oh, we're going this way." We have to do so many different things. That is one part of a tapestry, but the whole thing has to work. We have to do all these things.

It won't be done tomorrow or the next day or the day after that. Once we finally get this one under control, we'll have another obvious thing that we need to fix. What we do is we deal with what we can today: We work

on our circle of influence, and we change the world one step at a time. We'll get that one too.

Ms. Catherine Fife: I think that's why it's important for there to be an annual reporting back to measure how we are doing, right?

Mr. Steve Podborski: Yes.

Ms. Catherine Fife: Thank you very much.

Mr. Steve Podborski: Thank you.

The Chair (Mr. Peter Tabuns): Thank you very much for your presentation.

DISTRICT SCHOOL BOARD OF NIAGARA

The Chair (Mr. Peter Tabuns): Our next presenter, then, from the District School Board of Niagara: Warren Hoshizaki. Good day, sir. You have up to five minutes to present, you probably heard, and if you would introduce yourself for Hansard.

Mr. Warren Hoshizaki: I did hear that. My name is Warren Hoshizaki. I'm the director of education for the District School Board of Niagara. I also represent the directors of education on their role in this committee.

Thank you for the opportunity to address the committee on this critical topic today. I'm here on behalf of the 36,000 students, our staff, our parents and our trustees of the District School Board of Niagara. I'm also representing the views of the public board directors of education across Ontario.

The Rowan's Law committee members, Gordon Stringer, Dan Cass, Eric Lindros and Charles Tator, presented these recommendations to every director of education in the province on January 24 of this year. They have all given Rowan's Law their full support and endorsement.

It is my strongest recommendation that the committee accept this bill and all its recommendations in full. I ask this for two simple reasons: First of all, we know the devastating impacts concussions can have on young people and their education. The action and support within Rowan's Law will improve the lives of students.

We know the debilitating effects repeated trauma can have on the brain. This is especially true for young people, whose brains are developing and who may be more vulnerable to injury.

As educators, we feel confident that the recommendations and resources in Rowan's Law will help protect the health and safety of students. It will also help them better manage the effects of concussion so their learning continues with less disruption.

Concussions are a serious injury. They cause students to miss time from school. A brain injury can impair a student's ability to learn. We need to do everything we can to ensure students are in class and at their best. Schools are doing a tremendous job in this area. With the leadership of the Ministry of Education, boards across Ontario have created their own policies and procedures to deal with these injuries.

Adopting Rowan's Law will create the kind of consistency across the province needed to protect all students. It

will provide the increased education for students, teachers and coaches. Rowan's Law will standardize important practices related to prevention and management of concussion and provide schools with more tools to support students.

We want students to be healthy and active. We want the activities they take part in to be as safe as possible. To do that, we all have to work together. It was my great pleasure to work alongside so many dedicated individuals on the Rowan's Law committee.

We ask that you work with us to enact Rowan's Law in its entirety and for the benefit of all young people in Ontario. There are nearly two million JK to 12 students in Ontario. With your support, we can help make sure that what happened to Rowan Stringer never happens to another student in our care.

Thank you, and I'd be happy to answer any questions.

The Chair (Mr. Peter Tabuns): Thank you. With that, we go to the official opposition. Mr. Coe.

Mr. Lorne Coe: Thank you, Director, for being here. I'm the official opposition critic for education, so I'm pleased to hear that there's widespread support across all boards for what we're discussing here today.

You also mentioned in your delegation, though, that boards in your experience already have certain protocols in place, so it's your estimation that by adopting this particular legislation we will be enhancing treatment patterns for students across the province. Is that correct?

Mr. Warren Hoshizaki: Yes. I think it's more than enhancing. As we know, the PPM 158 went to a length. But this legislation will also give the power to the Ministry of Education to enact some of the things that—as you know, if you take a look at PPM 158, there are a lot of “shoulds” and “woulds” and “could do this.” This legislation actually will direct the things that we have to do as “shall do this,” and “make sure that this is done.” A PPM would get implemented to a degree, but those boards that are really interested in the legislation will make sure that this happens. So I think we went to a first, good step, but I think this is the best step that we can take.

Mr. Lorne Coe: The amendment particularly to the Education Act, as you know, requires boards to comply with policies and guidelines respecting concussions in pupils. Some of the earlier delegations that we heard said that the success for this will also involve partnerships. In your particular district, those partnerships, as I understand it, involve work with the public health units as well, and other organizations. Could you just elaborate a little bit on that?

Mr. Warren Hoshizaki: Yes, very close work with public health in Niagara, for sure. One of the things that they want to do is identify doctors who have experience in concussion training. That was really important for us so that we can direct students and parents to physicians in Niagara so that they will get the kind of care with the physicians who have that type of training. So that's one part.

The second part is that organizations like Parachute and Ophea provide so many good resources to our

schools. To make sure that partnership is strong and that we make sure it's implemented in our schools is what this legislation would also do.

Mr. Lorne Coe: Thank you very much for your answers. Thank you, Chair.

The Chair (Mr. Peter Tabuns): Thank you. We go to the third party. Ms. Fife.

Ms. Catherine Fife: Hello, Warren.

Mr. Warren Hoshizaki: Hi.

Ms. Catherine Fife: It's good to see you. It wasn't that long ago when I was a trustee, although today it feels like a long time ago. I'm glad that you referenced the PPM. The inconsistency in applying the PPM across school boards was really a challenge, particularly around the return-to-learning accommodations, because there were still teachers describing "getting your bell rung," and toughening up and still showing up to class. Is that why you think this legislation will anchor best practices around learning accommodations, which are special education accommodations, right?

Mr. Warren Hoshizaki: I really do. I think one of the things that our board did right off the bat—and a number of boards, not just our board—was we created a curriculum for grade 1, grade 4, grade 6 and grade 9, so that's embedded right in the curriculum to talk about that. As I go through schools today and visit schools, many times I have seen a kindergarten or a grade 1 kid with a little sticker on saying, "I bumped my head today." Those are the kinds of things—I think it was talked about earlier—that change the culture and how children and how the education system can have a social change as we move forward. If you think about smoking cessation, when kids learned about it in grades 1, 2, 3, 4, and started saying, "Mommy and Daddy, don't be smoking because we are told it is harmful," I think that's the kind of culture that we want to change with concussion. We're already seeing that.

Another aspect that we spoke about earlier is about how teams report. I think you were talking about that, how teams themselves and coaches report on other kids. There's a program in the United States called Team Up Speak Up. So one of the things they do at the beginning of the year is the team will talk to each other and the coaches will talk to all the players to say, "Look, if you think that there is someone else who has an injury or has a head injury or a hit or something, you've got to report it, just for the safety of your own team."

1540

Ms. Catherine Fife: It's interesting that you mention that, because at the University of Waterloo, their football team, pre-season, does a benchmark so they get a measurement for brain health, if you will—memory, balance, what have you.

It would be very difficult—I mean, those are high-level programs. It would be interesting to be able to do that, to apply it to the sports in high schools where there is a lot of contact, like football and hockey, and basketball, actually.

Mr. Warren Hoshizaki: I would like Dr. Tator to answer that question, so when he gets here, would you please ask him that question?

Ms. Catherine Fife: He's here.

Mr. Warren Hoshizaki: I'm going to leave it to him.

Ms. Catherine Fife: Thank you.

The Chair (Mr. Peter Tabuns): Thank you. We go to the government. Mr. Colle.

Mr. Mike Colle: Warren, thank you for your leadership in the Niagara district school board. You've obviously taken it to heart there and shown others it can be done.

What are some of the challenges in trying to get the other boards to basically be onside with these advanced initiatives, or are they there?

Mr. Warren Hoshizaki: I think there's some way to go and I think this legislation will make it happen, because when we see in the legislation that this "must" happen and "shall" happen, that's what's going to do it.

I've got to say, when the Rowan's Law committee presented to the directors of education in the province—I haven't had so much support for this from the rest of the directors in the province, and they realized how serious it is. They are taking this much more seriously than they did in the last little while. This legislation is going to really help that, and the sharing of curriculum and the sharing of all the resources that we have in all our boards.

Mr. Mike Colle: You're seeing a sea change, are you?

Mr. Warren Hoshizaki: I'm absolutely seeing that right now, and some of the specific recommendations about making sure that the parents and kids understand the risks of the high-risk sport. I think someone also talked about that, that they have to sign that; they have to do some training on that and have some understanding of that sport. That's going to be really good legislation also.

The other one is coaches' training and teachers' training. We have training for teachers and secretaries. It's really important that secretaries get training on concussion, and all of our staff, all the coaches. And now, this legislation will say—we've had, I would say, 99% of our coaches trained, but this will make sure that everyone gets trained and they all get certified, and we will know and we will be able to report that all coaches are trained in concussion.

Mr. Mike Colle: Yes, definitely, a school secretary is the front line for everything.

Mr. Warren Hoshizaki: Absolutely.

Mr. Mike Colle: The other thing is, we talk about high-risk sports. One of the sports that is underrated in terms of its risk factor is soccer—the headers. They're finally recording concussions in Europe for the first time. They are seeing there are so many soccer players who are suffering concussions and it's not because of impact; it's the headers. I don't know whether anything is being done to look at the rules of soccer, but the impact of that ball coming at that speed—parents have to also be made aware of these other sports, not just hockey, football and rugby.

Mr. Warren Hoshizaki: Absolutely. The other thing that we continually talk about in the research with Dr. Tator and the rest of the resources is at what age should kids—and girls; it's different for girls than boys sometimes. It's really important to use the research in our findings and also in our resources going forward.

Mr. Mike Colle: Thank you.

The Chair (Mr. Peter Tabuns): Thank you very much, sir.

CANADIAN CONCUSSION CENTRE

The Chair (Mr. Peter Tabuns): Our next presenter, then, is Dr. Tator from the Canadian Concussion Centre. Good afternoon, Doctor.

Dr. Charles Tator: Good afternoon. Thank you very much for allowing me to address your committee.

The Chair (Mr. Peter Tabuns): It's a pleasure. You have up to five minutes and then, when you've finished, we go to questions from members of the committee. Please begin.

Dr. Charles Tator: It's difficult to know where to start, but my career as a brain and spinal cord surgeon now encompasses about 50 years, and during those years I have seen a lot of catastrophic injuries in sports and recreation. I think what we're now on the brink of doing is taking some major steps to prevent many of those injuries from occurring. So I really have a big smile on my face, even though it is a sad tale when one thinks that it took a death of a wonderful young woman to bring us to this position.

When I summarized about 2,000 cases of catastrophic sports and recreational injuries in Ontario in the book I wrote about 10 years ago, there wasn't really a similar example among those 2,000 cases to Rowan Stringer's case. So this is a rather unusual case. It really took the Ontario inquest system, the coroner system, to bring out the facts of what happened to this wonderful young woman. It took a lot of effort on the part of many people who I regard as heroes to bring us to this stage.

First and foremost, Gordon Stringer and his wife, Kathleen, were major heroes, in my view, because once they heard the value of an inquest, they were for it. They wanted to find out what happened. Indeed, we did find out what happened. The system really worked because of another hero, Dr. Louise McNaughton-Filion, who was the coroner on this case; the detective, Sameer Sharma, who was assigned to the inquest; and the jury of five people. Those folks really put the story together, so we owe them a lot in reaching this stage.

I heard your discussion about PPM 158. When we enacted that policy in Ontario in the Ministry of Education, again, we were at the forefront of bringing concussion education into the school system. We have partnered with the Ministry of Education to study it. I heard Warren Hoshizaki, a superintendent in Niagara, describe what he has done, another heroic figure in making this happen. But sadly, that wasn't enough. I think having concussion legislation will bring us to the

position in injury prevention where organizations like Parachute Canada—and I know my colleagues at Parachute spoke to you earlier—we play a major role in trying to prevent the catastrophic injury that Rowan Stringer suffered.

I have to feel that as a result of this legislation, we are going to prevent this type of injury from happening in the first place, and when it does happen, we're going to be in a much better position to prevent it from escalating the way it did in Rowan's case. I'm really pleased that so many good things have happened to bring us to this stage in Ontario. We really are at the forefront in our country in bringing teeth to the fact that it needs an army of people involved to prevent injuries of this nature.

I heard a question about, "What about the secretaries in the schools?" My daughter, who is an elementary school teacher, tells me constantly that it's the secretary at the school who handles all the concussions, and she or he, acting as secretary, needs to be informed about what to look for, what are the signs. It takes an army to properly conduct injury prevention for concussions, and I really feel strongly that with concussion legislation as has been proposed, we're going to be in a much better position to prevent this from happening in the future.

1550

The Chair (Mr. Peter Tabuns): Thank you, Dr. Tator. We go first to the third party. Ms. Fife?

Ms. Catherine Fife: Thank you, Dr. Tator, for coming in. I remember speaking to you when our private member's bill was coming forth. At that time, there was this response from the world of sports that a piece of legislation like this would fundamentally change the games: in soccer, using your head to hit the ball; in hockey, having checking.

I wanted to give you an opportunity, because one of the key recommendations has to do with prevention and having a code of conduct around zero tolerance policies for dangerous behaviours. There are some dangerous behaviours that are inherent in the sports that we play and that our children are a part of. Do you want to weigh in on that? It's a really light topic, so I thought, "Why not?"

Dr. Charles Tator: Absolutely. You're quite right in raising this issue that many of the sports that Canadians engage in are high-risk sports. Look at what we just witnessed on TV with the Olympics. There's a huge risk to many sports. We can reduce that risk without doing away with the benefits of sport.

We want kids to play sports. At Parachute, we preach that participation is essential. Playing sports and being active is part of being healthy. Learning how to act in a team environment, camaraderie and all the benefits of playing sports: We want kids to appreciate that, but we want them to continue to appreciate it. We don't want them to have to be withdrawn from sport because of concussion. With this legislation, we are going to keep kids playing sports and playing safely.

Yes, a code of conduct is necessary, because as in other activities, some people misbehave. Some people are particularly prone to dangerous acts. This plays out in my

office almost every week, where mothers and fathers tell me, “Well, that kid already caused three concussions this year, and was not taken out of the game, was not penalized sufficiently to prevent that.” This allows more teeth in injury prevention.

PPM 158 was wonderful for the school environment. Now we will have concussion legislation that will cover the non-school environment, so we’re going one step further, and I really applaud that.

Ms. Catherine Fife: Okay. Thank you very much.

The Chair (Mr. Peter Tabuns): With that, we go to the government. Mr. Colle?

Mr. Mike Colle: Thank you, Doctor. It’s wonderful to see your optimism, given your front-line work. If you’re optimistic, I think it’s really a golden thing for all of us. It’s great to see that.

I know you’re involved with the Krembil Neuroscience Centre at Toronto Western, right?

Dr. Charles Tator: Yes.

Mr. Mike Colle: I want to shout out to some of your colleagues: Dr. Devenyi, who’s doing incredible work with a bionic eye; Dr. Singer; the late Dr. Marty Steinbach—

Dr. Charles Tator: Dr. Singer is my eye doctor.

Mr. Mike Colle: One of the best in the world, and we’ve got him right here down the street.

Anyway, I just want to say that one of the things I’ve noticed in the last year or two in professional sports is that there seems to be a regularization of concussions. In other words, they call them “concussion protocols.” You know, they have that tent now, and the player sometimes goes into the tent and sometimes comes out quickly. To me, it’s almost a dangerous thing, because it’s almost like telling the public, “Well, if there’s a concussion, we have an easy way of dealing with it.”

And then, in two weeks—like, when Gronkowski came back after that incredible hit in the playoffs, he came back for the Super Bowl. I was saying to myself, “Should he have come back?” Are these protocols that you see in professional sport really working, or are they something we should be very, very cautious about?

Dr. Charles Tator: Well, the professionals have finally started to come to grips with concussions. Unfortunately, the professionals have not been the heroes that we would like them to be with respect to injury prevention. They have come to it rather late. In fact, football has come to realize earlier than hockey, for example, that this is something that needs to be dealt with. What we see on TV isn’t the way it should be, very often. We see continuing misbehaviour. But to try to be as positive as possible about it, we have seen some definite steps taken. For example, in the NHL, the role of the enforcer has virtually disappeared. Have we worsened the game? No. I would say that we’ve made the game better: better to watch, better for the performers and better for the relatives of those performers, the families involved.

Games can change without destroying the game, and there is light at the end of the tunnel that they’re going to

be able to enjoy those games for a longer period of time. Concussions have been a relatively neglected area of medical research. We don’t know what we should know. We’re all on a learning curve here. It will be another, I would predict, 10 or 15 years until we have this fully sorted out. But in the meantime, we are going to be taking steps to prevent them. We are dragging the professionals along with us.

Mr. Mike Colle: Thank you, Doctor, so much.

The Chair (Mr. Peter Tabuns): Now to the official opposition. Ms. MacLeod.

Ms. Lisa MacLeod: Thank you, Dr. Tator, for being here. I wanted to just make a comment. I remember you being here, I believe, the day that the previous Liberal government brought in the legislation that didn’t pass. I remember just starting to think about concussions at that point in time, and then, lo and behold, you would surface in Ottawa, where I’m from, and be an integral part of the inquiry into Rowan’s passing. You provided a great deal of support to Gordon, Kathleen and the family. You certainly are respected in Toronto. I want you to know that people in Ottawa are very grateful for your intervention there.

I like the message that you have about kids continuing to play sport. There are so many physical and emotional benefits to that. But I agree with you that we have neglected concussion for too long, and it’s time.

I wanted also to say thank you for your support of the previous Rowan’s Law. I remember the day that you and I did a press conference and I said to my mom, “I bet you never thought I’d share a stage with a neurosurgeon.” She was quite proud of me that day. I was really proud to stand there with you. I wanted to say thank you from my community and thank you on behalf of everybody who was part of the first piece of legislation and for the driving force that you’ve become on this. You are a trailblazer, and you will be remembered as that forever on what you did, and your patience and your persistence.

Dr. Charles Tator: Well, thank you very much. Thank you to you, too, for moving this along. I think this is a wonderful example of people coming together to make it happen. Your personal role here was extremely important.

Ms. Lisa MacLeod: That means an awful lot. Thank you, and congratulations.

The Chair (Mr. Peter Tabuns): Dr. Tator, thank you very much for your presentation today.

HOLLAND BLOORVIEW CONCUSSION CENTRE

The Chair (Mr. Peter Tabuns): Our next presenter, from Holland Bloorview Concussion Centre: Nick Reed. Mr. Reed, as you probably have noticed, you have up to five minutes to present, and if—

Dr. Nick Reed: I have noticed, and I’ll do my best.

The Chair (Mr. Peter Tabuns): Thank you—if you’ll just introduce yourself for Hansard.

Dr. Nick Reed: Of course. My name is Nick Reed. I am a clinician scientist and occupational therapist at Holland Bloorview Kids Rehabilitation Hospital, where I co-direct our concussion centre. I am also an assistant professor in the occupational therapy department at the University of Toronto.

I'm very pleased to be here. Let me start by taking this opportunity to share words of thanks and congratulations on behalf of myself and on behalf of Holland Bloorview Kids Rehabilitation Hospital to the great champions of Rowan's Law to date: our MPPs Ms. Lisa MacLeod, Mr. John Fraser and Ms. Catherine Fife, for all the work you've done; our esteemed Rowan's Law Advisory Committee, from many of whom we've heard today; but I think most importantly—and we have heard this already today—to the Stringer family: to Gordon and to Kathleen for having the courage and the tenacity to turn tragedy into triumph and to create real change. I sincerely thank you all.

I am very fortunate to be here today to lend my full and passionate support, along with that of Holland Bloorview Kids Rehabilitation Hospital, to Rowan's Law. My job provides me with the great privilege to engage thousands of kids and families each year in pediatric-specific concussion clinical care, rehabilitation services, educational initiatives, research endeavours and community engagement.

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I can confidently say that children and youth, along with their families and those involved in their lives, need help. They really do. But what's encouraging right now is that they want help. I think that's a message we all need to realize, that now is the time. It's a catalyst for change and people want help.

A few themes I want to touch on briefly: One is this term I hear all the time at Holland Bloorview Kids Rehabilitation Hospital from the families we engage after we engage them: "I wish I knew that sooner. I wish I knew what I should have done. I wish I knew what you're telling me right now so that my outcomes could have been better, so I could do the things I need, want and love to do." I do see Rowan's Law being that opportunity to not hear that phrase again, to make sure that kids and families know what to do, know what the signs and symptoms are of a concussion and exactly what to do when they have one.

Another theme, and we've heard messaging around this already, is around data and thoughtful evaluation. As a scientist, this excites me; I'm an egghead by trade and I get excited by data. But I think some of the important pieces with this are that we will be able to evaluate our efforts. We'll be able to keep track of the suspected concussions going on in our province, but we'll also be able to hold ourselves accountable. The programs and services that we implement as a result of Rowan's Law, we will be able to not just pat ourselves on the back for doing these things, but know if they work, and if they work, keep doing them. If they don't, we have to change them to support children and families.

I'm going to close with just acknowledging that grassroots youth sports organizations want this. Our partnerships with leagues like the Greater Toronto Hockey League, the Toronto Soccer Association, Ontario Soccer, Rugby Ontario, Ontario Basketball—they are all reaching out with the need to do more for their members.

Specific to the Greater Toronto Hockey League: 40,000 youth in that hockey league alone. That's a lot of youth. What we know from our experiences with them is that we've implemented some aspects that are specific to Rowan's Law already: mandatory education for all of the coaches and trainers within that organization, mandatory immediate removal from play for assessment if someone is suspected of having a concussion, and mandatory evidence-based practice around returning to play and medical clearance.

What we found in two years is that this has worked. This is very encouraging. We've seen a 235% increase in reported concussions, suspected concussions in that league with this policy. We have seen a 300% increase of youth getting medical clearance before they step back on the ice with this policy. This can be done on a wide-spread basis, and I can't wait for that to happen.

The members of the Rowan Law's committee have clearly stated that they don't want Rowan's Law to be just a law, but rather a way of thinking, a change in culture, and I couldn't agree more. Rowan's Law is a catalyst for change to ensure that we all have the knowledge and processes in place to put health and safety for our children and youth ahead of scoring that next goal, winning that next game and, as we've heard, hitting someone harder than you need to just to get that big cheer. It is not acceptable.

Again, on behalf of Holland Bloorview and myself, I passionately support this bill. The future is bright, and I can't wait for Ontario to lead the way with this important legislation. Thank you all for listening, thank you for debating this important topic, and thank you for all those who have spoken today to really set the stage for why this is so important. I appreciate it.

The Chair (Mr. Peter Tabuns): Thank you, Dr. Reed. We go now to the government. Mr. Dhillon?

Mr. Vic Dhillon: Thank you, Dr. Reed, for your presentation, and thanks for all the work that you're doing in this area. We hear that you're working with Ontario Basketball on a strategy for youth aged 12 to 14. Do you think the bill addresses the needs of children and youth of all ages?

Dr. Nick Reed: I think that's a great question. I think that is something that is essential here. This injury is happening across age groups. It's not just our teenagers. It's not just our college-aged athletes. Younger children need support as well. I think, yes, the bill will address that, but I think the mechanisms on how we deliver the supports and the initiatives as a result of the bill—we need to put some careful thought into that. It's not a one-size-fits-all package here. We need to know our audience, whether it's young athletes, older athletes, hockey, lacrosse, cheerleading, whatever it might be, and we need

to personalize some of those approaches so that the uptake is there.

Mr. Vic Dhillon: Thank you very much.

The Chair (Mr. Peter Tabuns): Mr. Colle.

Mr. Mike Colle: I couldn't let you go without commending the incredible staff at Holland Bloorview and the work that they do. They've been doing it for years, for children from across Ontario with all kinds of challenging injuries and disabilities. The doctors, the nurses, the support staff—I just encourage everybody to visit it and support that incredible institution. I've had the pleasure of being there a number of times, and it is really a golden place that we're so fortunate to have. Please pass that on to your colleagues back there.

Dr. Nick Reed: Thank you. I very much appreciate that. Yes, we are somewhat of a small fish in a big pond when it comes to hospitals in this city, but we are Canada's largest pediatric rehabilitation hospital. To your points, it is a pretty beautiful place with lots of smiles, so please come by any time.

The Chair (Mr. Peter Tabuns): We go to the official opposition. Ms. MacLeod.

Ms. Lisa MacLeod: Thanks very much, Dr. Reed. Just like a few others whom I was able to talk to today, you have been an early supporter and a very active supporter of Rowan's Law—the first one and, of course, now the second one. I would be remiss not to say how grateful I was that you were part of that process. Just the enthusiastic level of support—at a minute's notice, you would be here to help us out. I'm really grateful.

I just have two really quick questions. Are you collaborating with other pediatric hospitals in the province in terms of research and treatment?

Dr. Nick Reed: It's a great question. I think one facilitator that we have in the pediatric space is that we tend to like to work with each other. It's very exciting, particularly on the research front, that when it comes to cross-country collaborations they're there already, whether it's Roger Zemek at the Children's Hospital of Eastern Ontario—

Ms. Lisa MacLeod: Smart answer, getting my own hospital in there.

Dr. Nick Reed: Yes. Well, I have been fortunate to learn from Roger. He has been a mentor of mine, and we've collaborated on a lot of great research. One project right now, which aligns with your question: We're in emergency departments across Ontario—CHEO, SickKids and out in London as well, London Health Sciences Centre—where we're exploring using exercises in early intervention for these kids who are suffering. Can we get them moving again? With every other brain injury, we get people moving sooner, but not in concussion. Can we do that in a safe and responsible way?

To your points and to your question: Collaboration is there. It's important, and we can't do this without it.

Ms. Lisa MacLeod: That's amazing. I think that maybe you and I should have a conversation with Gord after this, because Holland Bloorview will be perfect to collaborate with us, the way we did with CHEO and

bringing a symposium in Rowan's name last year. We did it with a local university. It would be great to do something like that here in the city of Toronto.

Just one final thing: Concussions, as Dr. Tator has mentioned, were neglected for a long time. We're talking about it now. This legislation will pass next week. We will finally have this law with a lot of teeth in it.

I remember Dr. Tator saying at the very beginning that on the first Rowan's Law, he wanted to make sure, before it was even passed, that there was a second Rowan's Law. I will never forget his words, saying that.

With you dealing with pediatrics and rehabilitation, what does this Legislature need to do next with another public health issue that is maybe not concussion that you see as prevalent, where we can actually start to shift the culture? How do we work together to do that?

Dr. Nick Reed: I think, certainly, when it comes to shifting culture, we need to break down the silos. We need to come together, and we need to identify who is in this space. It's not just the researchers; it's not just the health professionals or the teachers or the coaches. It's all of us together.

What excites me today about all the voices that we've heard prior to me and following me is that we're representing different spaces and different stakeholder groups. I think that's not an easy thing to do—to break down those silos. I've seen it in my own professional life and I know we all have, on all of our collaborations. If we can get it right and if we can put our heads together for the greater good, we can make an impact here. It's absolutely essential.

Ms. Lisa MacLeod: Thank you. I look forward to working with you in the future. You're really great to work with.

Dr. Nick Reed: I do too. Thank you.

The Chair (Mr. Peter Tabuns): Ms. Fife.

Ms. Catherine Fife: Nice to see you again, Nick. You talked about data collection. This has come up as a bit of a theme. I believe that collecting accurate data is really important. Action number 9 asks that the government of Ontario “invest in adapting, creating or acquiring an electronic solution, made available to all amateur athletes,” but in the interim they're recommending using paper, until they can get an electronic model up and running. I have concerns about collecting that data by paper. But it remains the responsibility of the athlete or their parent or guardian to communicate the information. Do you think that there's a responsibility on behalf of the amateur sport—the coach or the organization—to also ensure that that information comes to the Ministry of Health?

Dr. Nick Reed: Personally, my opinion here is—yes, I'm a lacrosse player, since the age of five. I've coached for 15 years in minor sport. I know the demands put on youth sport organizations and on coaches, but I do strongly believe that we need to work with youth sport organizations to identify the best way to communicate this information. We need to be realistic that there are other pressures and other cultures at play right now with

regard to reporting concussions, and we need to make sure that we are going to a neutral third party in some situations, or in all situations, if possible. To me, it's a personalized approach, that we need to speak directly with our end-users, which are our youth sport organizations.

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Ms. Catherine Fife: Yes, I just think that there would be some ownership of the issue around responsibility around concussion prevention if there was a responsibility on the organization to report.

You also mentioned breaking down the silos, because there is evidence and research out there connecting mental health disorders to concussions, and I think that we have to get to that data as well.

Dr. Nick Reed: One hundred per cent.

Ms. Catherine Fife: One hundred per cent.

Dr. Nick Reed: Data is going to be our way of figuring this out, but also making sure that we're doing it right and not just doing something.

Ms. Catherine Fife: Thank you very much for coming in. I'm due to come up to Holland Bloorview for a tour, so I look forward to that. Thank you.

Dr. Nick Reed: Looking forward to it. Thank you.

The Chair (Mr. Peter Tabuns): Thank you very much, Mr. Reed.

MS. LOUISE LOGAN

The Chair (Mr. Peter Tabuns): Our next presenter, then, is Louise Logan. Ms. Logan, as I'm sure you've heard, you have up to five minutes to present and then we go to questions. If you would introduce yourself for Hansard.

Ms. Louise Logan: Certainly. My name is Louise Logan, and I am a member of the Rowan's Law Advisory Committee and past president of Parachute. Good afternoon. Thank you for the opportunity to speak to you today about Bill 193, Rowan's Law (Concussion Safety).

I know you've heard from my committee colleagues this afternoon, and I want to reiterate my support for their submission. We are proud of the work we have done as a committee and of the recommendations we have made. We also appreciate the strengths of the proposed legislation, and I want to personally state my strong support for it.

In addition to adding my voice of support as a member of the Rowan's Law Advisory Committee, I also want to provide comments from two additional perspectives for your consideration.

The first is a personal one, one that happened many years ago when I was at law school. I have never told this story before, but I think it is important to do so now. Back then, I was a soccer player. I played both in an organized league and pickup ball on the weekends. My first concussion happened when I was heading the ball during a weekend game. Not wanting to draw attention to myself or to appear weak or not be a team player, I kept playing.

Later that evening, I actually went on a date to the movies. I had to leave early because my head was pounding. I drove myself home—clearly not a wise or safe thing to do for myself or anybody on the road—pulling over on the way home to close my eyes and rest.

When I got home, I could barely get in the door before I lay down on the floor and stayed there, in my coat, until the next morning when a roommate found me. I never went to the doctor. I just thought I had headed the ball too hard and I had a headache and I would be fine. Fortunately, I was.

The second concussion happened when I was playing an organized game. I was tackled from behind, snapped back my neck and fell hard on my head. I fractured a vertebra in my neck and sustained a concussion. I ended up in hospital and couldn't return to classes for some time. I was not okay. But I was lucky, and I mean that in the true sense of the word. I healed and I am healthy today.

It was indeed pure luck, because there was no one who talked about what having multiple concussions meant, or what I should do, or how I should protect myself. There were no discussions about concussions before the game or the season, during the game or after the game, nor about what steps I should take to return to school or play after the injury. There was absolutely nothing.

Years later, when I became the president of Parachute, I met people like Dr. Tator and Gordon and Kathleen Stringer. I learnt about the important work that was going on in relation to preventing concussion and management. As an organization we worked hard, and Parachute continues to work hard, to raise awareness and share knowledge and resources. But we didn't have the power to enact legislation.

Now, here we are, with the chance to do something that is sure to prevent injuries and save lives. You can pass a law; you can change the culture; you can listen to the passionate, courageous voices of Gordon and Kathleen Stringer. You can hear the grief in their voices and take action to prevent the tragedy that they have experienced from happening to someone else—all in Rowan's name.

I want to now turn briefly to the second perspective I wish to share today. About 16 years ago, I had the privilege of being the chair of the public hearings on environmental tobacco smoke in British Columbia. These hearings resulted in regulatory changes that banned smoking in BC's workplaces—the first jurisdiction in Canada to do so. It wasn't easy at the time, and I could certainly tell a few stories, but there were courageous people who believed in its importance and who collectively, together, made it happen—first in British Columbia and then all across Canada. I am sure that some of us can remember smoking in workplaces, in bars and in restaurants, but there is a generation now that doesn't and can't imagine it. Can't imagine it: That is true culture change.

This kind of change that impacts the fabric of our society, that provides protection from harm, can only

happen with leadership, with courage and with changes to the law. This kind of change requires you to be bold, to be first and to provide leadership so that children, and everyone, can play, have fun, be active and do it safe from harm. This kind of change, I believe, needs Rowan's Law.

By your actions, you have already demonstrated your willingness to be bold, to be first, to be leaders. For this, I thank you. Now we all look forward to the passage of Rowan's Law and the start of a culture change in sport in Ontario and all across Canada.

Thank you for your time today and for the privilege of speaking with you. Thank you for your courage and thank you for your leadership.

The Chair (Mr. Peter Tabuns): Thank you. We start with the official opposition. Ms. MacLeod.

Ms. Lisa MacLeod: Thanks so much, Louise. It's really great to see you. I hope you're doing very well.

Just two quick comments: One, thank you for your dedication immediately and throughout the entire process. When you contacted my office, you became a real player in making sure that the first piece of legislation passed. I'm glad to see that you continued that work on the advisory committee, and I'm delighted to see you here today.

The second thing is that I just wanted to say thank you for courageously telling your story, because I know it's never easy to talk about your own personal health, particularly in a forum where we're live on television. I'm not sure how many people actually watch the legislative channel, but we are live, and it was very good of you to share that.

If I just may, this piece of legislation is going to pass next week. It will have all-party support. It will be unanimous. But it wouldn't have happened if it weren't for you and others just like you who are here today. So thanks, Louise. It's great to see you.

Ms. Louise Logan: Thank you.

The Chair (Mr. Peter Tabuns): Ms. Fife.

Ms. Catherine Fife: Thank you, Louise, for sharing your personal story. I think it drives home the point that all of us have had some experiences with concussions, either personal or with our children. There's a lot of motivation here to actually do the right thing and to pass this legislation.

I've been trying to go through some of the recommendations. There is action item number 14 from the committee which you sat on. It recommends that "new investment in a sustained, multi-channel, integrated marketing campaign to increase public awareness of concussion, and the Rowan's Law brand, by people of all ages" be rolled out.

Do you want to speak to this a little bit? I think your point is that we have a unique opportunity to shift the culture through an engagement tool. Parachute, of course, has gone through this process on a number of issues in the past. Do you want to get on the record as to how this recommendation can be effective or why it might not be as effective if it's done incorrectly?

Ms. Louise Logan: Absolutely. It is, I think, one of the most important recommendations from my personal perspective because it does have the power to impact so many. When we think about the kinds of major changes that we've seen around things like drunk driving, around smoking, around other things, it's the awareness.

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We can't, through legislation, address every situation that people will find themselves in, but I think by raising awareness, and by doing that not just one time but through sustained investment, through multiple channels, getting at different kinds of people in different places, we can truly change that fabric, the way we think about issues, and change attitudes.

It isn't just talking about tragedy. I think it's important to talk about the sport and being active and how this will really help people to live better lives. That can also be an important part of awareness-raising, that there are good things that can happen and that we can do that by taking care of ourselves and taking care of each other and there are some basic things we all need to know.

Parachute has done an amazing job, I think, at starting that process, but it requires investment and it requires sustaining over time.

Ms. Catherine Fife: Okay. Thank you very much.

The Chair (Mr. Peter Tabuns): Thank you. We go to the government. Mr. Colle.

Mr. Mike Colle: Thank you very much for your very difficult story. I guess what it illustrates is that usually we associate concussions with male sports or with hockey or football, but I think you've tapped into an area that really needs a lot of attention. In so many other sports that aren't considered that high risk, there are these concussions happening and there isn't any sensitivity to it.

Ms. Louise Logan: Yes, I think our knowledge of that is growing as professionals, but out there in the public, there is less knowledge about where the risk actually lies. For young girls, for women, it is important that we understand this isn't a male issue; this is an everybody issue.

I haven't told my story before because I think it's important to listen. I think it's important to hear other people's stories, to reflect on them and to take action. But I do think there is a gap in our public understanding and knowledge about the impact that this can have on girls, and that it can have when you're playing a game on a Saturday morning as much as it can in an organized sport. I like to think that perhaps my story eliminates that a little bit.

Mr. Mike Colle: Thank you very much.

The Chair (Mr. Peter Tabuns): Ms. Logan, thank you very much for your presentation.

MR. ERIC LINDROS

The Chair (Mr. Peter Tabuns): We next have Mr. Eric Lindros. Mr. Lindros, if you would have a seat. You have up to five minutes to present, and then we'll have

questions from the members of the committee. If you'd start off by introducing yourself for Hansard.

Mr. Eric Lindros: Eric Lindros, member of the Rowan's Law Advisory Committee and wearer of a fresh pair of glasses. It's come.

Thank you very much for having this opportunity to be here to present to the standing committee today about Bill 193 to enact Rowan's Law (Concussion Safety). As you know, I was appointed as a member of the Rowan's Law Advisory Committee. I know that the standing committee heard from Dr. Cass earlier today, as well as many others. I completely support all 21 recommendations of the Rowan's Law Advisory Committee report, including, of course, recommendation 1, which is the creation of the legislation we are here to discuss today.

However, today, I have asked to address the standing committee not only as a member of the Rowan's Law Advisory Committee, but as a former professional athlete and Olympic athlete whose career and whose life have been profoundly affected by concussion. During my career, I sustained a number of concussions. These concussions—and most importantly, the management of them—shortened my career and affected me to an even greater degree off the ice. I played during the “shake it off, play through it” era, where it was taboo to speak of concussion. It was known as the C-word. The coaches and trainers were doing what was the norm at the time. The consequences of playing with a concussion were not spoken of.

Today we know a bit more. We know that there are steps you can take, simple things that can decrease the likelihood of concussion occurring and help athletes return to play safely after sustaining a concussion. These are things like the immediate removal from play for suspected concussion and returning to activities in a step-wise way when a concussion is diagnosed.

But Rowan Stringer and her family did not know this. The same is true for the majority of amateur athletes in Ontario. Awareness of how to prevent and manage concussions needs to spread to everyone involved in amateur sport and beyond. The majority of concussions do not occur in sport.

We know that “Get back out there and play through it all” is the wrong message, but the culture in sport has not changed that much to match the scientific knowledge that we're starting to mount about concussion. We cannot rely on professional leagues to offer leadership. I believe we use the school system for messaging; approach it unified and consistent. During the last 18 months, I learned that each of the 72 different school boards had their own protocol. I believe, and we all believe, in one protocol, one brand. When we think of Amber Alerts, we think of Amber Hagerman. When we think of concussion, we should think of Rowan.

Rowan's Law will ensure that athletes suspected of sustaining a concussion will be removed from play immediately, and, if diagnosed with a concussion, will return to play gradually and safely. It will create awareness about concussion by everyone, including through

the establishment of an annual Rowan's Law Day, and will hold government accountable for ensuring that all 21 of the recommendations from our advisory committee will be implemented. Rowan's Law will make amateur sport safer in Ontario by changing the conversation about concussion. Once this culture shifts and the current generation of amateur athletes grows up in this new culture, professional sports will follow suit.

Thank you very much for this opportunity. I appreciate it. If you have any questions, I'm happy to chat.

The Chair (Mr. Peter Tabuns): Thank you very much. We start with Ms. Fife.

Ms. Catherine Fife: Thanks, Eric, for coming in. It's been a pleasure to work with you and with John Fraser and Lisa MacLeod in the early days of the private member's bill. I remember you were asked this question at the first press conference back in 2016, I think it was, about the nature of sport and whether changing the way we think about head injuries will impact the way we play sports, particularly around some of the dangerous behaviour that is associated, like hockey or soccer hits. You answered it in a really strong manner, I thought, and I wanted to give you a chance to respond today to the committee.

Mr. Eric Lindros: About the culture in general?

Ms. Catherine Fife: Yes. Do you think this will shift the culture of the way we think about sports?

Mr. Eric Lindros: Absolutely. The idea of sport is to go out and enjoy, to have fun and to compete. Yes, you have highs and you have lows. You lose; it's not what you've gone out to set forth and do, but you've been active and you've been amongst teammates and amongst friends. You've been engaged, and that's what we want people to be a part of.

I love sport. I am particularly—I think hockey is the best game in the world. But all sport, I think, is important for kids to have the opportunity to go out there and to do it and for their parents and themselves to feel safe about it. I think we need to change that. I think a lot of people are sitting at home and not putting their kids into soccer when their daughter is at the right age at 12 or 11 years old where we're starting to learn about heading the ball. I think people are sitting out and they're nervous about it.

If we could just get together and have one solid push on this, I really think we'll make a change.

Ms. Catherine Fife: Yes, I agree. While you've had an impressive career, while it was cut short—and an Olympic athlete as well—I think that one of your lasting legacies may be working on this legislation. I just want to thank you for your work on the committee. Because of who you are and having the courage to speak up about concussions, you have the power to impact so many, particularly youth who look up to you. I just want to say thank you.

Mr. Eric Lindros: I appreciate that.

The Chair (Mr. Peter Tabuns): To the government: Ms. Hoggarth.

Ms. Ann Hoggarth: Good afternoon, Eric. Thank you very much for coming in. In particular, thank you for

being co-chair of See the Line and working as a strong advocate in the area of sports concussions. Back when you and your brother Brett left the sport, not nearly the amount of knowledge was available that there is now. Now when we hear Sid the Kid has got a concussion, everybody understands why he's not coming back quickly. It must have been very hard for you and for your brother because that kind of outlook was not there when you were going through it.

Also, you talked a bit about what will happen as this is implemented to help people in professional sports. Could you go into that a little more?

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Mr. Eric Lindros: I was more focused on leaving the professionals out and working on the culture and the young kids coming through. That will, in turn, be the professional sport, the players within it.

Any time you've got a situation where there are lawsuits and there's money involved, we can't control that. What we can control is—our school system is certainly one; our sports environments are another; how we train and educate and make people aware. Those are things that we can control, and to do it as one brand and to have a big push, a sustained push under Rowan's Law, I think we can accomplish that.

Ms. Ann Hoggarth: I hope you're absolutely right. Thank you very much for being here today and thanks for all your work.

Mr. Eric Lindros: Thank you.

The Chair (Mr. Peter Tabuns): Mr. Colle.

Mr. Mike Colle: As an ex-St. Mike's guy, I have to get my question in. Your mom is a great advocate. She calls me quite regularly in the office there, so I want to thank her for—

Mr. Eric Lindros: Do you get any work done?

Laughter.

Mr. Mike Colle: She keeps me on my toes. She keeps us all on our toes.

Anyway, this makes you reflect back on your days in hockey and everything. I go back to Bruce Draper, the Draper brothers at St. Mike's, when they used to have Sunday double-headers at Maple Leaf Gardens. Your dad would probably remember the time there.

I remember he got such a hit—and Father Bauer was the coach. St. Mike's had the Memorial Cup-winning team. Young Bruce was about as good as Dave Keon. He got such a hit in the head that he didn't play for half the series and then he came back with a helmet. That's the first time I ever saw a helmet. I'm just reflecting back on, here's a guy—and then he never played in the NHL because I think that hit really destroyed his future, because we didn't know any better.

Mr. Eric Lindros: Well, that's it, and we're starting to learn more. We're starting to know more. Unfortunately, research and the amount of money spent on research isn't there yet. We're just getting dribs as we're going along.

What's great about Rowan's Law is it can be a living law. As we learn more from our professionals—we have

great people here in Canada. When we go to Berlin—Charles, how many people were from Canada?

Dr. Charles Tator: Probably 40%.

Mr. Eric Lindros: We have great people in this country, and if we can use this law every time we learn something fresh and new when the larger groups get together—the pros are the pros—we can change the law. We can better it. We can tweak it. I really feel strongly about this. If research groups start working together, the sky is the limit on this. I truly believe that. I think we can tackle this relatively—it's going to take some work, but I really believe that it's not far off.

Mr. Mike Colle: Thank you for your dedication.

The Chair (Mr. Peter Tabuns): Thank you, Mr. Colle. We go to Ms. MacLeod.

Mr. Eric Lindros: Oh, sorry; one more.

Ms. Lisa MacLeod: Is it something I said?

The Chair (Mr. Peter Tabuns): It never ends here, it never ends. They don't call this the inquisition for nothing.

Ms. Lisa MacLeod: I was going to pay you a compliment. I don't know if I'll do that now, Eric.

I wanted to say thanks, Eric. A lot of people may not know this, but two years ago this month, I was coaching a charity hockey game and Eric was on my team and so was Doug Ford. I'm pretty excited that he lived through that game. I wasn't quite sure—

Mr. Eric Lindros: Lisa, that's not very nice.

Ms. Lisa MacLeod: Well, he was having a rough go.

I think it needs to be stated just how committed Eric has been to the first Rowan's Law and this Rowan's Law. He missed almost every single shift to talk to me about concussions and took some time to talk to my daughter. Someone who I think deserves a lot of credit too is his wife, Kina, who later on had a conference call with me. It was not hard to persuade them to come to Queen's Park and support Rowan's Law. Shortly thereafter, they met with Gordon and Kathleen and gave their full commitment to make this a very important issue.

Eric, of course, was later inducted into the Hockey Hall of Fame. Most people don't realize this, but it didn't happen until after I coached him that he got inducted.

Mr. Eric Lindros: That is true. That is true. This is late in the day, isn't it, Lisa?

Ms. Lisa MacLeod: It is late in the day.

He's had his sweater retired and we congratulate him for that. He created a group at Western University called See the Line; amazing work that he and his wife are doing there. He's working a great deal with the Concussion Legacy Foundation, which we'll hear from next. He's come to Ottawa and spent some time with our local people. I firmly believe this: I do not believe we would be sitting in this committee room today if it were not for you, because I think there are different points where we had legislation—and different people can take credit for that. But the point is, I think that in the months of November and December you were such an advocate to really push to make sure that we were here in this room today, and timing, as they say, is everything. I cannot

thank you enough for the support you have given Kathleen and Gord, myself, the advisory committee, every member of this committee. I know that my colleagues firmly believe that you will have a wonderful legacy in hockey, but you will have a great legacy even outside of hockey because of this. You can always count on any of us to support you in your efforts to do that.

Just a final thank you. I know I speak on behalf of my constituents, Gord and Kathleen, for the kindness you have displayed to them but also the commitment you've given all of us. So thanks, buddy.

Mr. Eric Lindros: It takes a whole team and great coaches.

Ms. Lisa MacLeod: Thanks, buddy.

The Chair (Mr. Peter Tabuns): Thank you very much.

CONCUSSION LEGACY FOUNDATION CANADA

The Chair (Mr. Peter Tabuns): Members of the committee, the next presentation is from the Concussion Legacy Foundation Canada, Andrew Lue. Good day, Mr. Lue.

Ms. Lisa MacLeod: Also an Ottawa Redblack.

Interjections.

The Chair (Mr. Peter Tabuns): Welcome to the committee, Mr. Lue.

Interjections.

Mr. John Fraser: You're on fire.

Mr. Andrew Lue: Good evening, everybody.

The Chair (Mr. Peter Tabuns): Members of the committee, please.

As you probably heard, you have up to five minutes to present, and if you'd introduce yourself at the beginning for Hansard.

Mr. Andrew Lue: Perfect. Thank you, everybody, first for granting an audience. My name is Andrew Lue, and I'm the director of special projects with Concussion Legacy Foundation Canada. I'm also a current CFL player. I've been playing for the past four years, and I'm going to be entering my fifth season with the Ottawa Redblacks this year.

Concussion Legacy Foundation is a charity that advocates for concussion education. We support research in the field, and we also go out into the community where we have a chapter system that works out of universities to go and teach the youth about concussions and prevention, ultimately to empower them.

Our executive director, Tim Fleiszer, who couldn't be here today, has actually prepared a little write-up that he would like me to share, so I'm just going to read from that for a second.

"The Concussion Legacy Foundation Canada is proud to support Bill 193, Rowan's Law. MPP Lisa MacLeod and her chief of staff, Gord and Kathleen Stringer, and Eric and Kina Lindros have been fantastic allies in our battle to solve the concussion crisis.

"Our organization operates student-run team of chapters at Wilfrid Laurier University, Western

University, the University of Ottawa, Carleton and the University of Toronto. These chapters have made several hundred concussion prevention presentations across Ontario.

"We also run Brains and Brawn Camps, which have been supported by the Hamilton Tiger-Cats and other stakeholders, where we have taught hundreds of young football players how to play safely and avoid concussions. Through our partnerships with Western University and See the Line, as well as the Brain and Mind Research Institute, we have educated thousands of people via symposium format that connect top researchers to the public. These initiatives, along with addressing head injuries in school curriculums, emphasizing pre-season concussion education for all sports participants, and our Team Up Speak Up social media campaigns are able to provide young athletes across the province of Ontario with information they need to safely enjoy sports.

"I urge the Standing Committee on Social Policy to support Bill 193. For our organization and many other groups working to make sports safer for young athletes in Ontario, passing this bill will bring us much closer to our goal. Rowan's legacy deserves our affirmation."

That was from Tim Fleiszer, our executive director.

Now, on a more personal note, like I said, I'm currently a CFL player. I've played sports through the Canadian system since I was 14, so moving on about 10 years now. Doing that, as well as working with the Concussion Legacy Foundation Canada, I can pretty safely say that I'm extremely educated with concussions, having sustained them, having gone through the teaching that was currently in place and advocating for it now. What I can confidently say is that this issue needs a community to approach it. With my first concussion, I actually stayed in the game and continued to play without realizing it. I had acute amnesia, and I continued to play for about four plays. It took a teammate and a coach to pull me out of the game. That's something that, even with my wealth of knowledge on the subject, I couldn't control. It was out of my hands.

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So that goes to show that putting in a system where we can confidently rely on it to protect us is the next step, and that is how we can truly be as proactive as possible in this situation.

I don't have any kids, but I do advocate for youth sport vehemently. I think any parent would feel a lot better knowing that they could trust the system that they're trying to enrol their children in, moving forward, if they're not in the capacity to address it themselves, such as myself. I was 19 at the time, and I could not have done anything more. My fate was left to my teammates as well as my coaches.

I believe we have the power to prevent second-impact syndrome by actually being aware and removing people who might be suspected to have sustained a concussion. It shouldn't take another extreme case such as Rowan Stringer's for us to realize that we need to do everything we can to prevent the effects of concussions from changing lives.

The merits of sport cannot be overstated, from teamwork to leadership to physical activity to building confidence and, ultimately, just being fun. Enacting Rowan's Law supports these fundamental lessons by providing a safer space for all youth to learn these fundamental skills. Thank you.

The Chair (Mr. Peter Tabuns): We go first to the government. Ms. Mangat.

Mrs. Amrit Mangat: Thank you, Mr. Lue, for your presentation. It's really heart-breaking, what you had to go through. I don't wish that anybody should go through that, even my worst enemy.

In your presentation, you said that this piece of legislation will get us one step closer to eliminating the crisis. This proposed legislation aims at minimizing the risk of concussions. Do you think that this will protect athletes in the future?

Mr. Andrew Lue: I absolutely believe it will protect athletes. One of the most severe consequences in the whole field of concussions is second-impact syndrome, so just having the awareness to pull athletes who may be suspected of having the first concussion can prevent the chronic, longer-lasting concussion issues.

A lot of research shows that if you're able to remove them from play, most of the symptomology remains acute. But it's the repeated hit and the repeated exposure that creates the chronic, longer-lasting health issues.

Mrs. Amrit Mangat: Can you shine light on some strengths of the bill you have seen in the proposed legislation?

Mr. Andrew Lue: Teaching kids, as well as the coaches in the communities, and creating that conversation eliminates the disconnect that may happen sometimes. We've seen situations where kids have perhaps had a concussion. Then it took time for the coach to connect with the parent. The parent wasn't educated on how to approach it or to prevent it. That disconnect all leads to the prolonging of the effects. It inhibits the ability to deal with it properly.

Mrs. Amrit Mangat: Thank you.

Mr. Andrew Lue: Thank you.

The Chair (Mr. Peter Tabuns): Ms. MacLeod.

Ms. Lisa MacLeod: Thanks very much, Andrew. It's really great to see you here today. Obviously, we're very proud in Ottawa that you were traded from the Edmonton Eskimos to come to the great city of Ottawa and play for our Redblacks.

I don't really have a question, other than to say thank you to you and Tim for the incredible work that you've been doing with our office.

Last week, we had a meeting to talk about doing something similar to the Rowan's Legacy Project, the symposium that we did in Ottawa. I took the opportunity, when Holland Bloorview was up and Dr. Nick Reed was doing his testimony, to pitch that maybe they would be perfect to be part of our Concussion Legacy Foundation symposium, something we'll be doing in the future. I'll introduce you guys after your presentation.

Thank you for everything you've done, and good luck as a Redblack.

Hey, by the way, it's not too often that we have a CFL player here and a Hockey Hall of Famer. We're really sort of like the paint-drying people—well, except for the last month. We've been pretty interesting on the news and that sort of stuff. But generally, it's pretty quiet here. So, welcome.

Mr. Andrew Lue: Well, thanks for working with us, Lisa. It has been great, and I love the synergy that we've been able to create, moving forward.

Ms. Lisa MacLeod: Thank you.

The Chair (Mr. Peter Tabuns): Ms. Fife.

Ms. Catherine Fife: Thank you, Andrew, for coming in and sharing your story, actually, because it truly does highlight why we need a consistent protocol across the province. It would be fantastic if Ontario does lead in this endeavour.

Just a question about your story, though: When your teammate and your coach sort of pulled you off the field, did it turn into a teachable moment for the entire team, or was this just like a one-off that they recognized that you had sustained a brain injury?

Mr. Andrew Lue: I think it was a teachable moment for the team. Truth be told, I wasn't really in my capacity and I still have a couple of blind spots about the whole thing. I don't really remember coming off the field or being pulled off the field. It was actually a couple of hours later that they told me what had happened. We did take that opportunity as a team to reiterate the importance of staying aware. As athletes, we can perform on autopilot really easily, especially after we practise so often, so you have to be very vigilant.

I think that's what's most important, when we can create that community that can look out for each other and be very aware that something might be off, especially after there's a hit, because my hit was pretty jarring and violent, but there are a lot of sub-concussive hits that are smaller and it's not as visual, which makes it tougher to realize.

Ms. Catherine Fife: Yes, and I think that we have to recognize that the athletes are vulnerable in that circumstance, right? That's why you have to have protective measures to protect their best interests when they can't make an informed decision. I think that's why your story is so powerful.

Mr. Andrew Lue: Absolutely.

Ms. Catherine Fife: Thank you for coming.

Mr. Andrew Lue: Thank you.

The Chair (Mr. Peter Tabuns): Thank you very much for your presentation.

OPHEA

The Chair (Mr. Peter Tabuns): Our last presenter is of the day is Chris Markham of Opeha. Mr. Markham, as I'm sure you've heard, you have up to five minutes to present. There will be questions from each recognized party, and if you'd start by introducing yourself for Hansard.

Mr. Chris Markham: Hi. My name is Chris Markham and I'm the executive director of Ophea. Just for context, Ophea is a provincial NGO, and we have a vision that all children and youth will value and enjoy the lifelong benefits of healthy, active living.

We work with all educators across the province of Ontario: all 5,000 schools, all 72 school boards, along with all the public health units. We believe that all kids have the right to a safe, inclusive environment that allows them to engage in physical activity and that there's a level of care that should be standard in terms of the quality and consistency across all environments, including schools.

One of the initiatives that Ophea runs is that we have developed and managed the Ontario safety guidelines. These guidelines, developed in 1986, represent the minimum standards for risk management practices in schools and represent the minimum standards for implementing physical activity within the school environment. They focus the attention of teachers, intramural supervisors and coaches onto safe practices, across a number of physical activities in order to both minimize the element of risk while encouraging students to participate safely. Through PPM 158, the Ministry of Education considers the concussion protocols within the Ontario safety guidelines to be the minimum standard for all Ontario schools.

As an organization, we have been advocating for effective, consistent concussion prevention and management for nearly two decades, primarily through the implementation of the safety guidelines. The safety guidelines are updated annually with the support of an expert committee to ensure that they are the most current and evidence-informed practices. The safety guidelines are open to all residents in Ontario and they have been open access since the government of Ontario funded them in 2012.

Fourteen of the 49 recommendations that came from the coroner's report included direct calls to action for Ophea. Ophea was one of the members of the Rowan's Law committee, and to be super clear, we support the full report and we support every single action within the Rowan's Law committee report. We also support the government of Ontario, the committee and all the ministries involved in terms of the work that's been done on Rowan's Law, and in particular, the alignment between PPM 158 and the legislation.

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From a national context, I will let you know that the Ontario safety guidelines form the basis for six other provinces' safety guidelines. Ophea has worked with the Public Health Agency of Canada on a national scan of concussions in Canadian schools that included things like a web scan of the policies and protocols, and key informant interviews with other provinces. It's clear that not only is Ontario a leader when it comes to prevention of concussions and concussion management, but that the step that is being taken with Rowan's Law is another positive step.

I will again highlight that the importance of the alignment between PPM 158 and this legislation is extremely important to bring awareness to concussions, and standardized protocols around how to support children and youth with concussions. I think the other flavour to the Rowan's Law committee report, that I will just again highlight that we support, is the importance of physical activity and sport for kids.

In closing, I will just say that we have a long-standing position as an organization that policy is a good first step. A deeper implementation of this policy will be required down the road. We believe that this can be accomplished through addressing all 21 of the recommendations outlined within the Rowan's Law committee report, and they should be considered as a whole. In particular, efforts around awareness should be prioritized, given how they connect through their various themes and actions.

With that, I will leave it. Again, we are super supportive, if that's not clear.

The Chair (Mr. Peter Tabuns): No, we're picking that up. Thank you. I'll go to the official opposition. Mr. Coe.

Mr. Lorne Coe: Thank you, Mr. Markham, for your presentation.

Your presentation highlights work that you undertook with the Public Health Agency of Canada on a national scan of concussions. When did that activity take place and were the findings published?

Mr. Chris Markham: That work took place within the last 12 months. That material is public. We have provided a full report to key stakeholders in the field as well as the Public Health Agency of Canada—

Mr. Lorne Coe: All right. You'll be able to provide a copy of that to the committee members as well?

Mr. Chris Markham: Yes.

Mr. Lorne Coe: Thank you. Through you, Chair, just a supplementary question?

The Chair (Mr. Peter Tabuns): Yes, please.

Mr. Lorne Coe: Thank you. At the conclusion of your presentation, under the subheading "Moving Forward," you indicate that, "In particular efforts around awareness should be prioritized given the interconnectedness between themes and actions in the Rowan's Law committee report." Can you expand on that sentence, please; just provide us with a little bit of clarity about the intent of that statement?

Mr. Chris Markham: Sure. I think at the core of the committee's debate, from my perspective—and at the core of the committee's report—is this sense of culture change. I think you have heard it with a number of different speakers.

Mr. Lorne Coe: Yes.

Mr. Chris Markham: When you're looking at something like culture change, I think that the concept of awareness is critically important to that. I think there are a number of tools: there is good policy, there is a whole host of things that are out in the environment. Certainly more need to be out in the environment, but I think that awareness is the connective tissue between schools, communities, parents and kids themselves. That is why

we're suggesting that that needs to be a considerable focus.

Mr. Lorne Coe: A true partnership to effect the level of awareness that is required.

Mr. Chris Markham: Right.

Mr. Lorne Coe: Thank you, Chair.

The Chair (Mr. Peter Tabuns): Thank you, Mr. Coe. Ms. Fife?

Ms. Catherine Fife: Thank you, Chris. Ophea does amazing work. You have informed this government on several pieces of curriculum that impact our school health and phys ed—the new health curriculum, for instance. I look forward to actually seeing how the specific 21 recommendations that directly impact Ophea or challenge Ophea to take action will be rolled out.

Not too many people would come here and describe the connective tissue between schools and community and family, but I mean, that is essentially the missing gap; right? It's the communication piece. I think that as we operationalize this piece of legislation, that is what we're going to have to track, because if those gaps stay, then we're not going to catch the concussion that happens in the community and doesn't get reported to the school. There is going to be a recommendation that is going to come forward tomorrow that we have an annual review and report back. That is what I'm going to be watching for carefully. Any thoughts on that?

Mr. Chris Markham: I fully agree with that. I think the other recommendation that's critically important and tied to that is number 21, which looks at the creation of "Rowan's Law Concussion Partners Committee ... to ensure that the momentum which began with the creation of the Rowan's Law Advisory Committee is sustained."

I think, again, that the connective tissues are Ophea, Parachute, Warren—these individuals and these groups in a room talking about this for a year was hugely beneficial. I think it is tables and committees like that that keep the momentum going.

Ms. Catherine Fife: I think the fact that Rowan's Law Day will be in September, that it really can be one of the more important days in the school year if we ensure that the safety protocol is embedded at the very beginning of the school year.

Mr. Chris Markham: I agree.

Ms. Catherine Fife: But the social media piece, because we have to get through to students, has to be responsive. It has to tell a story. It has to be emotional. The impact needs to be felt through that venue.

Mr. Chris Markham: I agree.

Ms. Catherine Fife: Thanks.

The Chair (Mr. Peter Tabuns): To the government. Ms. Hoggarth.

Ms. Ann Hoggarth: Good afternoon, and thank you very much, Chris. As an on-the-ground person in the schools, I can't tell you the number of times that I've used the curriculum that Ophea has developed for teachers, and how important it is to teachers in the classes. Thank you so much for being involved in this. This is very important, that teachers know how important physical activity is to the total development of children,

not only socially and mentally and physically, but also as good citizens and good sports.

Bill 193 is about increasing safe participation in competitive sport, correct? Can you share Ophea's view on the importance of safe participation in physical activity overall?

Mr. Chris Markham: I would say, overall, it's absolutely critical. I think one of the things I like best about the Rowan's Law committee is that it starts off from a place of strength. It starts off from how important sport and physical activity were to Rowan. I think that's an essential piece that we need not forget—it cannot be lost—in terms of increasing awareness, not just around safety and concussions, but the value of sport, the value of physical activity and doing that safely.

So, again, if you look at a number of things that this government as a whole has done—the commitment to a renewed daily physical activity policy, a commitment to a renewed curriculum; you've got the 60 minutes of physical activity; you've got a huge amount of stuff coming out of the Ministry of Tourism, Culture and Sport around participation. Concussion embeds its way through that. But we cannot make the easy choice just to stop physical activity as a way of preventing concussions. Again, that's where the awareness comes back. It needs to be, I think, a dual message of both physical activity as well as safety in concussions.

Ms. Ann Hoggarth: Great. Thank you very much.

The Chair (Mr. Peter Tabuns): Thank you. With that, we appreciate your coming and testifying today.

Mr. Chris Markham: Thank you.

COMMITTEE BUSINESS

The Chair (Mr. Peter Tabuns): Members of the committee, we have one or two other items of business to address. For all those who were here today, thank you for your presentations. You are welcome to stay, but we aren't hearing any more presentations.

Members of the committee, before we adjourn, we have one final item to discuss. Your subcommittee met on Thursday, February 22, 2018, to discuss reimbursement for travel expenses incurred by Erin Smith, an individual who appeared before the committee on November 20, 2017, for public hearings on Bill 166, the Strengthening Protection for Ontario Consumers Act, 2017. Your subcommittee agreed to reimburse the individual in the amount of \$280.95. Agreement by the full committee is now required in order for the witness to be reimbursed. Do we have agreement? Agreed. Thank you.

A reminder that the deadline for written submissions is 6 p.m. today, Monday, February 26, 2018, and that the deadline for filing amendments to the bill with the Clerk of the Committee is 9 a.m. on Wednesday, February 28, 2018.

We stand adjourned until 9 a.m. on Thursday, March 1, 2018, in committee room 2, when we will meet for the purpose of clause-by-clause consideration of Bill 193.

The committee adjourned at 1700.

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