



Hockey Canada Concussion Policy

Purpose

Hockey Canada is committed to maintaining the health, well being and safety of all its participants. Safety is a top priority for those participating in the sport of hockey.

Hockey Canada recognizes the increased awareness of concussions. This policy is intended to be a tool to assist in proper management of those who have a concussion or are suspected of having a concussion.

Hockey Canada encourages the prevention of concussions using sound education programs and enforcement of the rules of the game.

This includes, but is not limited to:

- The reduction of violence in the game.
- The reduction of head contact.
- The reduction of hitting from behind.
- Education of all participants on prevention and recognition of head injuries and responsible return to play.
- Encouraging respect and fair play.

Scope

This policy applies to all players, coaches, officials, trainers, safety personnel, registered participants, parents/guardians, administrators, and decision makers of Hockey Canada.

Adherence

Hockey Canada expects all governing bodies to be dedicated to reducing concussions and their impact through commitment to education and enforcement of the rules.

Hockey Canada expects all governing bodies to direct all team coaches, trainers, safety personnel, and staff to adhere to Hockey Canada's Return to Play strategy as a minimum standard in addressing concussion injuries. (Appendix 1)

Each governing body determines appropriate discipline for any club, team or individual who knowingly disregards their responsibility of requiring a physician's written permission permitting a player to return to play following a concussion.

Process

- If a player is suspected of having a concussion,
 - They are immediately removed from play, regardless of whether the concussion occurs on or off the ice and they are not permitted to return to play that day.
 - If there are doubts, assume that a concussion has occurred.

- The player is referred to a physician for diagnosis as soon as possible.
- Once a player who is experiencing “concussion like symptoms” is diagnosed, they are not permitted to return to play or practice/training until all of the return to play requirements are met. (Appendix 1).
- Written clearance from a physician is required as outlined in the return to play strategy prior to returning to activity. Copy of this documentation is maintained as per Member/Minor Hockey Association policy and procedures. (Attachment – template – Appendix 2)
- NOTE: Second impact syndrome, although rare, can occur in players who return to activity with ongoing symptoms. Monitoring of return to play is essential. Always err on the side of caution.

The player is observed for symptoms and signs of a concussion using the Hockey Canada Concussion Card or the current SCAT 5 Pocket Recognition Tool (Appendix 3).

Remember, even though symptoms may not be present or they come and go, the player must be removed from play the day of the injury, must not return that day and sees a physician as soon as possible.

If a concussion is suspected, players are observed on site. If a licensed healthcare professional is available they can assist with this observation and evaluation. If the person on site is not a physician, the player is directed to a physician for diagnosis and follow up as soon as possible.

If the player experiences loss of consciousness, assume a neck injury – call Emergency Services. If there is a significant loss of awareness and/or orientation, direct the player to an emergency room at the nearest hospital. If unsure, err on the side of caution and call Emergency Services. It is important to become familiar with the red flags section of appendix 3 attached.

All injuries, including concussions, are documented and reported as per member/association reporting policies. If the player is a child or adolescent, also report to the parents/guardians.

All concussions and suspected concussions must be referred to a physician as soon as possible. Coaches, Safety Personnel, and parents/guardians are not to pressure the player to return to play until the player has completed the six-step return to play strategy and is medically cleared by a physician.

Important:

Most people recover fully after a concussion injury if they allow that injury to heal completely before returning to strenuous activity. A second sustained concussion on top of a first sustained concussion, however, can lead to substantially more damage than one concussion alone.

Sufficient time between the concussion and return to play is critical. If there are previous concussions, it is important to report this to the physician. The more concussions an athlete sustains, the greater the odds of suffering another concussion. An athlete with a suspected concussion should not return to play until he or she has been medically evaluated by a physician.

Children are more sensitive to the effects of a concussion and will need to have a longer period of recovery time after a concussion injury before returning to sport. Use symptoms rather than a set time frame when assessing return to play. Always follow the advice of a physician.

The Standards Committee and Risk Management Committee will review the Hockey Canada Concussion Policy annually.

Appendix 1

Hockey Canada Concussion Card

CONCUSSION EDUCATION AND AWARENESS PROGRAM

Concussion in Sport

All players who are suspected of having a concussion must be seen by a physician as soon as possible. A concussion is a brain injury.

A concussion most often occurs without loss of consciousness. However, a concussion may involve loss of consciousness.

How Concussions Happen

Any impact to the head, face or neck or a blow to the body which causes a sudden jolting of the head and results in the brain moving inside the skull may cause a concussion.

Common Symptoms and Signs of a Concussion

Symptoms and signs may have a delayed onset (may be worse later that day or even the next morning), so players should continue to be observed even after the initial symptoms and signs have returned to normal.

***A player may show any one or more of these symptoms or signs.**

Symptoms

- Headache
- Dizziness
- Feeling dazed
- Seeing stars
- Sensitivity to light
- Ringing in ears
- Tiredness
- Nausea, vomiting
- Irritability
- Confusion, disorientation

Signs

- Poor balance or coordination
- Slow or slurred speech
- Poor concentration
- Delayed responses to questions
- Vacant stare
- Decreased playing ability
- Unusual emotions, personality change, and inappropriate behaviour
- Sleep disturbance

For a complete list of symptoms and signs, visit www.parachutecanada.org

RED FLAGS – If any of the following are observed or complaints reported following an injury, the player should be removed from play safely and immediately and your Emergency Action Plan initiated. Immediate assessment by a physician is required.

- Neck pain or tenderness
- Severe or increasing headache
- Deteriorating conscious state
- Double vision
- Seizure or convulsion
- Vomiting
- Loss of consciousness
- Increasingly restless, agitated or combative
- Weakness or tingling/burning in arms or legs

Concussion – Key Steps

- Recognize and remove the player from the current game or practice.
- Do not leave the player alone, monitor symptoms and signs.
- Do not administer medication.
- Inform the coach, parent or guardian about the injury.
- The player should be evaluated by a medical doctor as soon as possible.
- The player must not return to play in that game or practice, and must follow the 6-step return to play strategy and receive medical clearance by a physician.

6-Step Return to Play

The return to play strategy is gradual, and begins after a doctor has given the player clearance to return to activity. If any symptoms/signs return during this process, the player must be re-evaluated by a physician. No return to play if any symptoms or signs persist. Remember, symptoms may return later that day or the next, not necessarily when exercising!

IMPORTANT – CONSULT WITH THE TREATING PHYSICIAN ON RETURN TO LEARN PROTOCOLS. PLAYERS SHOULD HAVE THE ABILITY TO RETURN TO SCHOOL FULL TIME PRIOR TO PROCEEDING THROUGH STEPS 5 AND 6 OF THE RETURN TO PLAY STRATEGY.

IMPORTANT – FOLLOWING A CONCUSSION AND PRIOR TO STEP 1 A BRIEF PERIOD OF PHYSICAL AND MENTAL REST IS RECOMMENDED.

- STEP 1** Light activities of daily living which do not aggravate symptoms or make symptoms worse. Once tolerating step 1 without symptoms and signs, proceed to step 2 as directed by your physician.
- STEP 2** Light aerobic exercise, such as walking or stationary cycling. Monitor for symptoms and signs. No resistance training or weight lifting.
- STEP 3** Sport specific activities and training (e.g. skating).
- STEP 4** Drills without body contact. May add light resistance training and progress to heavier weights.
The time needed to progress from non-contact to contact exercise will vary with the severity of the concussion and the player. **Go to step 5 after medical clearance** (reassessment and written note).
- STEP 5** Begin drills with body contact.
- STEP 6** Game play. (The earliest a concussed athlete should return to play is one week.)

Note: Players should proceed through the return to play steps only when they do not experience symptoms or signs and the physician has given clearance. Each step should be a minimum of one day (but could last longer depending on the player and the situation). If symptoms or signs return, the player should return to step 2 and be re-evaluated by a physician.

IMPORTANT – Young players will require a more conservative treatment. Return to play guidelines should be guided by the treating physician.

Prevention Tips

Players

- Make sure your helmet fits snugly and that the strap is fastened
- Get a custom fitted mouthguard
- Respect other players
- No hits to the head
- No hits from behind
- Strong skill development

Coach/Trainer/Safety Person/Referee

- Eliminate all checks to the head
- Eliminate all hits from behind
- Recognize symptoms and signs of concussion
- Inform and educate players about the risks of concussion



Education Tips

HOCKEY CANADA CONCUSSION RESOURCES
www.hockeycanada.ca/concussion

PARACHUTE CANADA

www.parachutecanada.org

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Appendix 2



Concussion Follow-up and Communication Form (Must be completed in every case when a possible case of concussion is identified)



Name _____ Date _____ Context/Symptoms _____

NOTE: IT IS IMPORTANT THAT PLAYERS AND PARENTS/GUARDIANS CONSULT WITH THE TREATING PHYSICIAN ON RETURN TO LEARN PROTOCOLS. PLAYERS SHOULD HAVE THE ABILITY TO RETURN TO SCHOOL FULL TIME PRIOR TO PROCEEDING THROUGH STEPS 5 AND 6 OF THE RETURN TO PLAY STRATEGY.

A responsible adult such as a parent or guardian has been informed and has taken responsibility for the concussed athlete. Details of the protocol (Hockey Canada Concussion Card attached appendix 1) have also been explained.	Date : _____ Initials : _____
The player has had an initial visit with a physician (preferably one with knowledge in concussion management)	Date : _____ Initials : _____
A complete return to light activities of daily living without aggravating symptoms or making symptoms worse and gradual return to physical activity (see Hockey Canada Concussion Card Steps 1-4 attached) up to intense and sport specific exercises (without contact) has been achieved without recurrence of symptoms.	Date : _____ Initials : _____
The medical clearance note has been completed and return to unrestricted training has been authorized. (prior to proceeding to step 5 of the Hockey Canada Concussion Card)	Date : _____ Initials : _____
Participation in a complete unrestricted training session has been achieved without recurrence of symptoms (this step must be completed at least one day prior to return to competition). (Hockey Canada Concussion Card - Step 5)	Date : _____ Initials : _____
Return to competition is authorized based on successful completion of all of the above mentioned steps of the protocol. (Hockey Canada Concussion Card - Step 6)	Date : _____ Initials : _____
Team staff are aware and have advised the Parent/Guardian to continue monitoring for recurring symptoms and have confirmed the information on this form about the recovery process and medical clearance. Parent/Guardian Signature _____ Print Name _____ Date _____	Date : _____ Initials : _____
Notes:	_____

IMPORTANT NOTICE: This form contains confidential information that is meant to document achievement of all the required steps of the recovery process following a concussion and prior to return to play. De-nominalized information can be extracted from the form by the organization for the purpose of reporting information about concussions. However it cannot be communicated to any third party in a format that contains information about the identity of the injured athlete.

Appendix 3

CONCUSSION RECOGNITION TOOL 5 ©

To help identify concussion in children, adolescents and adults



Supported by

RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS – CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/ burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

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

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Blank or vacant look
- Facial injury after head trauma

STEP 3: SYMPTOMS

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

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:

- "What venue are we at today?"
- "Which half is it now?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last game?"

Athletes with suspected concussion should:

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

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

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

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