Concussion Management Policy

Revision History

Revision Number	Date	Notes
01	6 March 2024	First Draft for Review
02	30 March 2024	Policy as Approved

Contents

Policy Approvals

This Policy has been reviewed by the Ice Hockey ACT Board and approved for use as of the date of the latest signature below.

Position	Name	Signature	Date
Chief Medical Officer	Dr Helena Morris	HM	30/03/2024
President	Joel Davis	JD	30/03/2024

1. Purpose

This document has been prepared to present the Ice Hockey ACT (IHACT) Policy and Procedures that relate to management of concussion and potential concussion injuries. It has been developed to align with the Concussion advice of both the Australian Institiute of Sport (AIS) and the Concussion in Sport Group (CISG) of which the International Ice Hockey Federation (IIHF) is a member.

The Policy aims to safeguard the health and wellbeing of all players, spectators and officials as it's highest priority.

All players, spectators and officials participating in or attending any IHACT must comply with this Policy.

2. Introduction

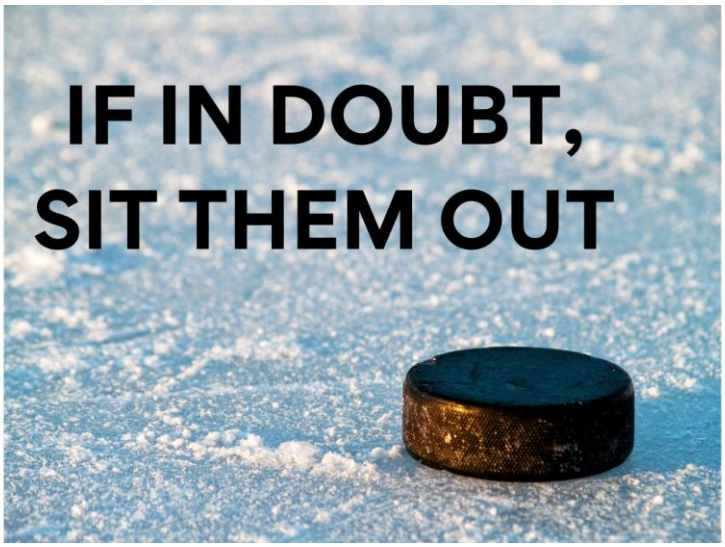
Concussion is a traumatic brain injury induced by biomechanical forces – a direct blow to the head either from another player, equipment or fall, or a blow to the body with a transmitted force to the head. It typically results in the rapid onset of impaired neurological function, though in some cases symptoms can evolve over minutes to hours.

Symptoms can be variable, from seeing stars or dizziness through to loss of consciousness. Acute complications include risk of acute progressive cerebral oedema (swelling of the brain), a higher risk of musculoskeletal injuries or repeat concussion on return to play, and persistent or prolonged symptoms that last for more than 14 days.

Medium to long term risks include an increased risk of mental health issues such as anxiety and depression, and the risk of ongoing cognitive health issues including ongoing memory disturbance, dementia, and chronic traumatic encephalopathy.

It is important to recognise that concussion can occur with even relatively "minor knocks", and can occur with injuries to officials as well as athletes.

3. Overriding Principle



Concussion is a serious health issue that can have long term consequences for the health and wellbeing of the affected person. If there is any doubt or suspicion that an injury may involve any form of concussion, the player must be immediately removed from the session.

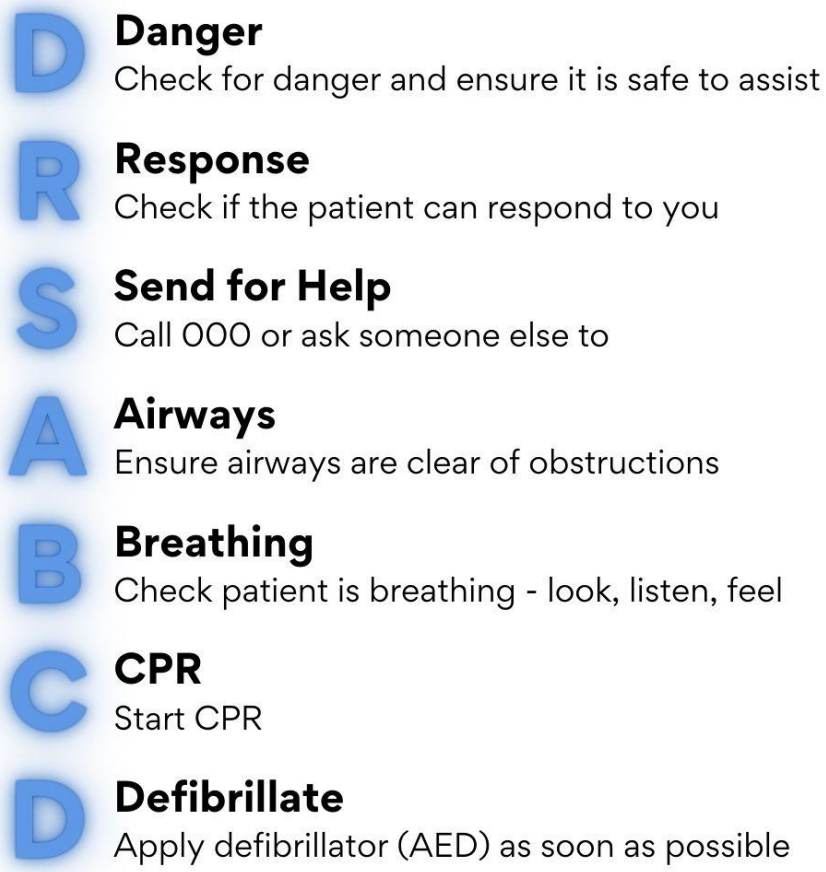
4. Steps in Concussion Management

The steps in management of concussion are: Recognise, Remove, Refer

4.1. Recognise

The first step in the management of concussion is to recognise an injury as a potential concussion-causing injury. A head collision is an obvious one, but in ice hockey this may also include falling and hitting the head on the ice or boards. It may also include hitting other parts of the body on the ice, boards or another player heavily enough to cause a transmitted force to the head.

Acute sideline management starts with basic first aid according to the DRSABCD procedure:



Then assess the need for neck precautions – if they are conscious they can be asked about neck pain, or tingling/numbness in the arms or legs. If unconscious, then neck precautions must be automatically taken.

If there is any suspicion of concussion, the player must be removed from the ice if it is safe to do so. Again consider neck precautions when removing the helmet once off the ice.

The Pocket Concussion Recognition Tool should be used by coaches/team managers/parents to further assess the player to see if they can return to play that day or not. Note that questions to assess for confusion/disorientation should be modified appropriately for children under 13.

If there are any Red Flag symptoms, then the player should be taken to the nearest Emergency Department.

If they exhibit any other signs of concussion, then they must be removed from play and not permitted to return until the procedures laid out in this Policy have been completed.

4.2. Remove

Any symptoms of concussion, no matter how brief, constitute a definite diagnosis and mean the player must be removed from play until they can seek further medical attention.

Players may hide or minimise their symptoms and coaches may be tempted to downplay the potential seriousness of any symptoms. It is important that players, coaches and officials are aware of the risks associated with concussion and take these risks seriously.

The match referee will have the final say on if a player must be removed. If the match referee has any doubts at all they should remove the player from play.

IF IN DOUBT, SIT THEM OUT

The injury must also be recorded on the game score sheet as a suspected concussion and that the player was removed from the game.

4.3. Refer

Any definite or suspicious signs of concussion mean the player must not play until they are assessed by a medical practitioner. This should occur within 3-4 days after the injury.

Players should be given the Head Injury Factsheet and the Concussion Referral and Return (CRR) form. Section 1 of this Form must be completed and returned to the IHACT Chief Medical Officer as soon as practicable.

Players then need to follow the Return to Sport Pathway as reproduced in Appendix A. Note that the timeframes set out in that pathway are minimums, and that professional medical advice should always be sought and followed.

Any player suffering a suspected concussion should see their medical practitioner within 72 hours of the injury for a proper assessment and guidance. This medical practitioner must complete Section 2 of the CRR form.

5. Return to Play

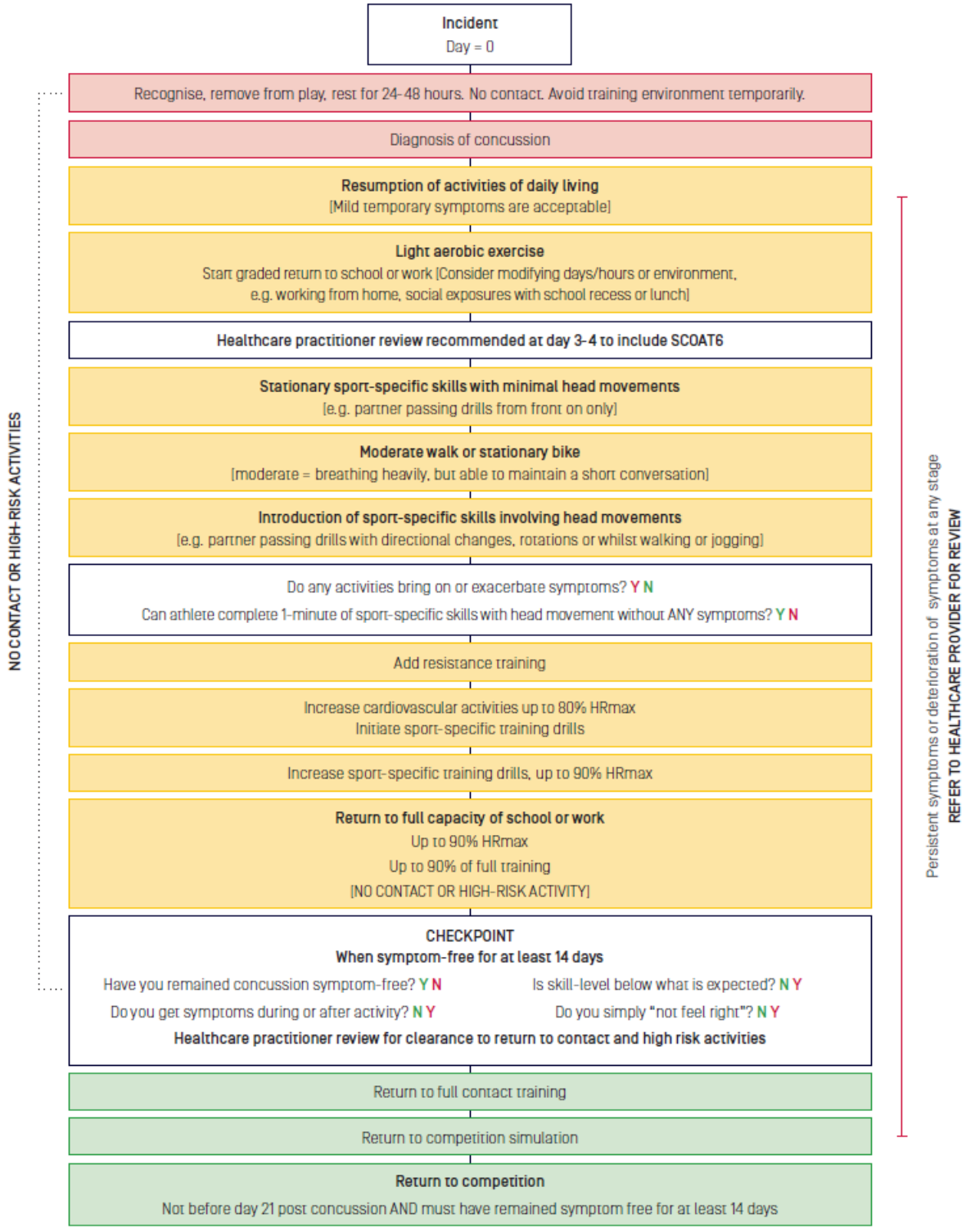
All athletes removed from play for a suspected concussion must follow the Return to Sport Pathway as reproduced in Appendix A.

Return to contact training can occur after 14 days symptom free and after written clearance by a medical practitioner in Section 3 of the CRR form.

Return to contact sport is a minimum of 21 days after the injury for those aged under 19 years and adults in recreational community sport. Return to full contact sport will only be allowed by IHACT on the completion of all Sections of the CRR form, including signatures from a medical professional in Sections 2 and 3. This completed form must be returned to the IHACT Chief Medical Officer and the player receive a written response indicating they may return to play from the IHACT Chief Medical Officer.

If high performance athletes have access to appropriately trained healthcare professionals with experience in multisystem concussion rehabilitation, then they may be cleared earlier. This will be on a case by case basis and will only apply to professional athletes aged 19 or over. This is subject to the IHACT Chief Medical Officer accepting the alternative pathway proposed by the players medical team in writing.

Appendix A: Graded Return to Sport Framework for Community and Youth



Each stage, highlighted in orange or green, should be at least 24 hours and symptoms should return to baseline prior to commencing the next activity or stage.

Appendix B: Concussion Referral and Return Form

This reproduction is for informational purposes only in this Policy. An original form should be used in practice and can be obtained from IHACT.

AIS

AUSTRALASIAN COLLEGE OF SPORT AND EXERCISE PHYSICIANS

AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

SPORTS MEDICINE AUSTRALIA

Concussion Referral & Return Form

SECTION 1 DETAILS OF INJURED PERSON [please print clearly]	
TEAM OFFICIAL TO COMPLETE [Manager, Coach or First Aid / Healthcare practitioner*] AT THE TIME/ON THE DAY OF THE INJURY, BEFORE PRESENTING TO HEALTHCARE PRACTITIONER REVIEWING THE PLAYER	
Name of player:	Date of Birth:
Sport:	Competition/State:

Dear Healthcare Practitioner,

This person has presented to you today because they were injured on [day & date of injury] _____ in a [game or training session] _____ and suffered a potential head injury or concussion.

The injury involved: [select one option]		
☐ Direct head blow or knock	☐ Indirect injury to the head e.g. whiplash injury	☐ No specific injury observed
The subsequent signs or symptoms were observed [Please select one or more]: Consult the referee/umpire if no signs and symptoms were observed by team official personnel		
☐ Loss of consciousness	☐ Dazed or vacant stare	☐ Ringing in the ears
☐ Disorientation	☐ Headache	☐ Fatigue
☐ Incoherent speech	☐ Dizziness	☐ Vomiting
☐ Confusion	☐ Difficulty concentrating	☐ Blurred vision
☐ Memory loss	☐ Sensitivity to light	☐ Loss of balance
☐ Other: _____		
Is this their first concussion in the last 12 months? ☐ Yes ☐ No		
If NO, how many concussions in the last 12 months:		
Name:	Role:	
Signature:	Date:	

INJURED PERSON or PARENT / LEGAL GUARDIAN CONSENT [for persons under 18 years of age]		
I _____ [insert name] consent to _____ [insert Healthcare Practitioner's name] providing information if required to my Club/School regarding my head injury and confirm that the information I have provided the doctor has been complete and accurate.		
Name:	Signature:	Date:

AIS

AUSTRALASIAN COLLEGE OF SPORT AND EXERCISE PHYSICIANS

AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

SPORTS MEDICINE AUSTRALIA

SECTION 2 - INITIAL CONSULTATION

HEALTHCARE PRACTITIONER IDEALLY WOULD SEE THE INJURED PERSON WITHIN 72 HOURS OF THE INJURY

AIS recommends that all persons who have suffered a concussion or a suspected concussion must be treated as having suffered concussion.

The person has been informed that they must be referred to a healthcare practitioner. **Your role as a healthcare practitioner is to assess the person and guide their progress over the remaining steps in the process.**

Detailed guidance for you, the healthcare practitioner, on how to manage concussion can be found at the Concussion in Australian Sport website www.concussioninsport.gov.au

Please note, any person who has been diagnosed showing signs and symptoms of concussion MUST follow the Graduated Return to Sport Framework [GRTSF] https://www.concussioninsport.gov.au/__data/assets/pdf_file/0006/1133466/GRADED-RETURN-TO-SPORT-FRAMEWORK-COMMUNITY-AND-YOUTH.pdf

FOR CHILDREN AGED UNDER 19, AND ADULTS IN COMMUNITY (NON-ELITE) SPORT, THE ATHLETE MUST BE SYMPTOM FREE FOR 14 DAYS BEFORE RETURN TO ANY CONTACT TRAINING. THE MINIMUM TIME FOR RETURN TO COMPETITIVE CONTACT IS 21 DAYS.

I have assessed the person and I have read and understood the information above.

Healthcare Practitioner's Name:	
Signed:	Date:

SECTION 3 - CLEARANCE APPROVAL

I [healthcare practitioner's name] _____ have reviewed _____ [persons name] today and based upon the evidence presented to me by them and their family / support person, and upon my history and physical examination I can confirm:

- I have reviewed Section 1 of this form and specifically the mechanism of injury and subsequent signs and symptoms
- The person has been symptom-free for at least 14 days
- The person will not return to competitive contact in less than 21 days from the time of concussion
- The person has completed the Graduated Return to Sport Framework process without evoking any recurrence of symptoms
- The person has returned to school, study or work normally and has no symptoms related to this activity

I also confirm that I have read [AIS Concussion in Sport Position Statement or framework] – hyperlink

I therefore approve that this person may return to full contact training and if they successfully complete contact training without recurrence of symptoms, the person may return to playing sport [competitive contact].

Healthcare Practitioner's Name:	
Signature:	Date:

Appendix C: Pocket Concussion Recognition Tool

This reproduction is for informational purposes only in this Policy. An original copy should be used in practice and can be obtained from IHACT. A copy of this tool should be provided to all coaches, managers and officials.

Pocket CONCUSSION RECOGNITION TOOL™

To help identify concussion in children, youth and adults

FIFA

RECOGNIZE & REMOVE

Concussion should be suspected **if one or more** of the following visible clues, signs, symptoms or errors in memory questions are present.

1. Visible clues of suspected concussion

Any one or more of the following visual clues can indicate a possible concussion:

Loss of consciousness or responsiveness
Lying motionless on ground/Slow to get up
Unsteady on feet / Balance problems or falling over/Incoordination
Grabbing/Clutching of head
Dazed, blank or vacant look
Confused/Not aware of plays or events

2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

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

© 2013 Concussion in Sport Group

3. Memory function

Failure to answer any of these questions 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?"

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

RED FLAGS

If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

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

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to so do
- Do not remove helmet (if present) unless trained to do so.

from McCrory et. al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013

© 2013 Concussion in Sport Group

Appendix D: Head Injury Fact Sheet

This reproduction is for informational purposes only in this Policy. An original should be used in practice and can be obtained from IHACT.

HEAD INJURY FACT SHEET

The signs of a concussion may occur straight away or may develop more slowly over the following minutes to days. It is entirely possible to have a concussion but feel fine soon after a head injury. Any effects on your brain may develop over time and may last for days to weeks, even after what seems like a minor blow.

There are many possible signs of concussion, some of the more common are listed below.

Possible Signs of Concussion

- Loss of consciousness or responsiveness
- Lying motionless
- Falling without attempting to protect themselves
- Disorientation or confusion
- Dazed or vacant look
- Slow to get up
- Balance problems or poor coordination
- Injury to face or head
- Difficulty concentrating
- Difficulty remembering
- Headache or pressure in the head
- Nausea or vomiting
- Drowsiness, dizziness
- Blurred vision
- Increased sensitivity to light and/or noise
- Fatigue
- More emotional or irritable
- Sadness, nervousness or anxiety
- Feeling slowed down
- Feeling foggy

Red Flags

The symptoms of concussion can be the same as those of a more severe head injury. If any of the following symptoms occur it is could indicate something more serious is happenning and you should immediately attend the nearest Emergency Department or call 000.

- Neck pain
- Increasing confusion, irritability or agitation
- Repeated vomiting
- Seizures, fits or convulsions
- Weakness, tingling or burning in limbs
- Deteriorating conscious state
- Sever or increasing headache
- Unusual behavioural change
- Loss of vision or double vision
- Visual deformity of the skull
- Loss of consciousness

What to Do

- Make an appointment to see a medical doctor in the next 24-48 hours (ensure to book a long appt to complete the required assessment)
- Completely rest for a minimum of 24 hours
- Complete the Concussion Referral & Return Form
- Follow the Graded Return to Sport Framework and all doctors instructions

What NOT to Do

- Go home by themselves
- Be left alone
- Drink alcohol
- Take recreational drugs
- Take any medication not prescribed by a medical doctor
- Drive a car
- Operate machinery

Appendix E: Further Resources

Further information on concussion and its proper management can be found in the following locations.

https://www.concussioninsport.gov.au/

https://connectivity.thinkific.com/courses/sport-related-concussion-short-course

https://www.concussioninsportgroup.com/