



Concussion Policy

Purpose

Increase the knowledge and understanding of concussion in the sporting environment for all Hockey players, coaches, officials and supporters of Hockey in Nelson.

- Provide best-practice recommendations for the identification and management of suspected concussions for those involved in Hockey in Nelson or representing Nelson at the representative level.
- Guide the response and treatment process of possible concussion at all events and competitions of those players or officials who represent Nelson at Local, Regional and National level.

This policy specifies the processes, information and resources that can be used by doctors, players, parents, coaches, umpires and support staff when responding to Hockey players with suspected concussion. It is not intended to act as a medical document or diagnostic tool. This summary incorporates best-practice guidelines as specified at the 5th International Conference on Concussion in Sport held in Berlin, Germany, in 2016 and draws on key messages from the ACC SportSmart National Concussion Guidelines in New Zealand.

Definition

Concussion is a mild traumatic brain injury (mTBI) induced by biomechanical forces. Several common features that may be utilised in clinically defining the nature of a concussive head injury include:

- Concussion may be caused either by a direct blow to the head, face or neck, or by a blow elsewhere on the body where an impulsive force is transmitted to the head.
- Concussion typically results in the rapid onset of short-lived impairment of neurological function (brain function), which resolves spontaneously. However, in some cases signs and symptoms evolve over several minutes, hours or days.
- Concussion may result in neuropathological damage or change to brain function. However, the acute clinical signs and symptoms largely reflect a functional disturbance (change in brain function) rather than a structural injury (lasting damage to the structure of the brain).
- More simply, a concussion may be defined as an alteration in the mental function and state of a player for a variable period, which may or may not result in a loss of consciousness.

Guideline Procedures

- Coaches, support staff and management should prepare for the season/event by being aware of the signs, symptoms and protocols involved in concussion. [The ACC SportSmart Concussion Guidelines](#) should be readily understood, and the knowledge shared with players, managers, coaches and club representatives.
- Coaches, support staff and management should be familiar with the resources in their medical kit to ensure they are able to recognise and respond to suspected incidents of concussion (Concussion Recognition Tool5, ACC SportSmart Concussion Handbook).



- Coaches, support staff and management should know of and have access to the details of the closest Emergency Department or medical practice in relation to their location.

Recognise, Remove, Refer

Recognise

When a concussion or possible concussion occurs, it is important to take immediate action, assist the player and seek help as appropriate. The most important steps are early recognition of concussion and removal from play/activity.

At a community level, non-medical personnel play an important role in recognising possible concussion, its symptoms, and effects on behaviour (staggering on the field, running in the wrong direction). Everyone should take responsibility and facilitate the removal of the potentially concussed player from the field.

If a concussion is suspected during a game or training, it is important to take immediate action. In the case of uncertainty, concussion should be assumed.

“If in doubt, sit them out.”

Remove

Either the athletic trainer and/or coach observe the injury or the athlete reports it. At the point that a suspected concussion has occurred, the injured athlete is immediately removed from play.

If the player is unconscious:

- Apply first aid principles – DRSABC (Danger, Response, Send for help by calling 111, Airway, Breathing and Circulation).
- Treat all unconscious patients as though they have a neck injury.
- An unconscious player must only be removed by personnel trained in spinal immobilisation.
- Call 111 immediately if there are any concerns about neck injury.

If the player is not unconscious and has not sustained a neck injury:

- The player should be removed from play/training into a quiet, safe environment.
- ALL suspected concussions should be referred to a medical doctor as soon as possible.
- Players with a suspected concussion should not be left alone, drive a motor vehicle, or consume alcohol on the day of the incident.

The officiating officials must register the incident on the playing card, identifying the incident and outcomes.



The player may only return to contact play/game when cleared by a medical doctor, the clearance is supplied to **Nelson Hockey** and never on the same day as a concussive episode if a medical doctor is not present at the training/game.

Refer

Immediate referral to a medical doctor (Red Flags)

- Seizure/convulsions
- Double vision
- Deteriorating symptoms after being injured (increase in drowsiness, headache or vomiting)
- Neck pain or spinal symptoms (numbness, tingling, muscle weakness)
- Dazed, stunned, vacant expression
- Personal medical history of a bleeding/clotting disorder or use of blood thinners (Warfarin, aspirin).

Other Concussion symptoms can include:

- Headache, dizziness, feeling foggy
- Behavioural changes:
 - Inappropriate emotions
 - Irritability
 - Feeling anxious or nervous
- Cognitive impairment (change in brain function):
 - Slow reaction time
 - Confusion and disorientation (do not know where they are/who they are playing)
 - Poor attention or concentration
 - Loss of memory (do not recognise or know score)
- Balance issues
- Blurred vision or double vision.

If any of these symptoms are identified, the player should be promptly referred to a medical doctor.

The Concussion Recognition Tool 5 (CRT-5) can be used by non-medical personnel to observe possible signs and symptoms of concussion and make the decision to remove the player and seek medical attention. A printable PDF can be downloaded from <https://bjsm.bmj.com/content/51/11/872> and is also included as Appendix A in this document. It is recommended that this tool is included in all team bags to assist with the early recognition of concussive symptoms.

Signs and symptoms to look for in the first 48 hours:



Problems may arise or worsen within the first 24 to 48 hours. Injured players should be supervised during this time and taken to a medical doctor or hospital immediately if they:

- Are very drowsy or cannot be woken up
- Cannot recognise people or familiar places
- Have a headache that gets worse
- Vomit repeatedly
- Behave unusually, seem confused, irritable, or more emotional than usual
- Have balance problems or slurred speech
- Have weak, numb, or tingling arms and legs
- Have seizures.

If any of these symptoms occur, the player must be promptly referred to a medical doctor. Only qualified medical doctors can diagnose whether a concussion has occurred. They will then advise as to whether a player can return to training or playing Hockey and guide them through a return-to-play protocol.

The key changes are: (1) When a player suffers a concussion, they must be symptom-free for 14 days post-injury before a graduated return to play. (2) They must complete a minimum period of 21 days away from full competition before clearance to return. (3) Medical clearance must be obtained prior to return to play.