

INJURY & CONCUSSION PROTOCOL



POLICY

- A. At least one member of the coaching staff from each team must have completed their safety clinic from Hockey Alberta. This person must be in the arena at all times when their team is on the ice.
- B. First Aid Kit - A First Aid kit will be supplied to each team by the Equipment Coordinator. The manager will have each parent fill out a medical history and consent form. The manager is required to have this present at all team related activities.

INJURY POLICY

- A. For any player that is removed from a game due to an injury the Hockey Canada Injury Report must be submitted to the WMHA Safety Coordinator by a coach or manager. The player must follow a treatment plan as recommended by a medical specialist. (This may include: complete rest, restrictions such as only allowed to do light activity, strength training with the team, only allowed to practice, etc.)
 - a. [HOCKEY CANADA INJURY REPORT](#)
- B. The player must provide the coach or manager with a clearance letter from a medical specialist to return to play.
- C. The coach or manager submits a clearance letter to the WMHA Safety Coordinator.
- D. Significant injuries: Any injury that requires a player to go seek out a medical specialist.
- E. Medical specialist: Can be any advanced medical care such as: family physician, surgeon, physiotherapist, chiropractor.

CONCUSSION POLICY

- A. As per Hockey Canada Policy if a participant is suspected of having a concussion, the following steps MUST occur:
 - a. The participant is immediately removed from play, regardless if the concussion occurs on or off the ice and s/he is not permitted to return to play that day. If there are doubts, assume that a concussion has occurred.
 - b. The participant is referred to a physician for diagnosis as soon as possible.
 - c. If a participant is diagnosed with "concussion-like symptoms" or a concussion, the participant is not permitted to return to play or practice/training until all of the return to play requirements are met.
- B. Written clearance from a physician is required as outlined in the return to play strategy prior to returning to activity. A copy of this documentation is maintained as per Member/Minor Hockey Association policy and procedures.

RESPONSIBLE RETURN TO PLAY

- A. No member of the hockey community in Alberta - including coaches, safety personnel, and parents/guardians - is to pressure the participant to return to play until s/he has completed the 6 step return to play strategy and is medically cleared by a physician.
- B. Once a concussion has been diagnosed recovery is key to prevent the worsening of initial injury and potentially future concussions. Recovery has been identified as six steps that are a gradual return to regular activities. Signs and symptoms can last from 10 days to months and the time required to progress through each step can vary depending on the significance of the concussion and the person. Progression through the steps should be guided by the treating physician.
- C. Only when a player **does not experience** signs or symptoms should that player move to the next step, signs and symptoms may not appear during the activity but rather later. **If any signs or symptoms return then the player should return to step 2 and be reevaluated by a physician.**
- D. These steps **must** be applied to **all physical** activity, not just hockey. The priority in the recovery of a concussion is first returning to daily activities, followed by

returning to school, and finally returning to hockey.

Prior to beginning the process

- A. Following a concussion, a brief period of physical and mental rest is recommended. Typically, this period is between 24 and 48 hours, and resting does not mean during the entire time. Throughout the recovery process, appropriate activities can be done in moderation as long as the activity does not aggravate signs or symptoms.

6 Step Return to Play Process

- A. The six steps are a general progression designed to gradually increase tolerance to stimuli. Only progress to the next step when sign or symptom free. Progression through each step should take a minimum of 24 hours, however progression can vary and the key to proper recovery is not to rush through each step. If signs or symptoms return, then the participant must go back to the previous step.
- B. The first two steps focus on preparing the participant to return to school and general activities. The final four steps focus on preparing the participant to a full participation in school and sport.
 - a. 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.
 - b. Light aerobic exercise, such as walking or stationary cycling. Monitor for symptoms and signs. No resistance training or weight lifting.
 - c. A reintegration to school and sport specific activities and training (e.g. skating).
 - d. A full return to school and 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).
 - e. Begin drills with body contact. This step should not begin until the player has returned to full school participation.
 - f. Game play. (The earliest a concussed participant should return to play is one week.)

IMPORTANT NOTE:

- A. A second sustained concussion on top of the first sustained concussion can lead to substantially more damage than one concussion alone. The effect of concussions are cumulative and the end result of several concussions could be ongoing symptoms. If not properly managed the result could be the end of the individual's participation in sport and affect other aspects of his/her life. 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. Children are more sensitive to the effects of a concussion and will need to have a longer period before returning to sport. Use symptoms rather than a set time frame when assessing return to play. Always follow the advice of a physician.
- B. Hockey Alberta determines and administers 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.

RED FLAGS:

- A. IF ANY OF THE FOLLOWING ARE OBSERVED OR COMPLAINTS REPORTED BY A PARTICIPANT FOLLOWING AN INJURY, INITIATE YOUR EMERGENCY ACTION PLAN. IMMEDIATE ASSESSMENT BY A PHYSICIAN IS REQUIRED.**
 - a. **Neck pain or tenderness**
 - b. **Double vision**
 - c. **Weakness or tingling/burning in arms or legs**
 - d. **Severe or increasing headache**
 - e. **Seizure or convulsion**
 - f. **Loss of consciousness**
 - g. **Deteriorating conscious state**
 - h. **Vomiting**
 - i. **Increasingly restless, agitated or combative**
- B. Consult the Red Flags section of CONCUSSION RECOGNITION TOOL. If no licensed health care professional is available, call an ambulance for urgent medical assessment. Refer to the link below for more information.

<https://www.hockeyalberta.ca/members/safety-management/concussions/>