

HOCKEY CANADA PRE-SEASON CONCUSSION EDUCATION SHEET (TEAM STAFF)



HOCKEY CANADA

WHAT IS A CONCUSSION?

A concussion is a brain injury that can't be seen on x-rays, CT or MRI scans. It affects the way an individual thinks and can cause a variety of symptoms.

WHAT CAUSES A CONCUSSION?

Any blow to the head, face or neck, or somewhere else on the body that causes a sudden jarring of the head may cause a concussion. Examples include getting body-checked in hockey or hitting one's head on the ice.

WHEN SHOULD I SUSPECT A CONCUSSION?

A concussion should be suspected if an official sustains an impact to the head, face, neck, or body and:

- demonstrates one or more observable signs of a suspected concussion, **OR**
- reports one or more symptoms of suspected concussion.

Some individuals will develop symptoms immediately while others will develop delayed symptoms (up to 48 hours after the injury).

WHAT ARE THE OBSERVABLE SIGNS OF A SUSPECTED CONCUSSION?

Signs of a concussion may include:

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| • Lying motionless on the ice. | • Unresponsive |
| • Slow to get up after a direct or indirect hit to the head | • Unsteady on feet, balance problems, poor co-ordination, wobbly |
| • Disorientation or confusion, or inability to respond appropriately to questions | • Blank or vacant stare |
| | • Facial injury |

WHAT ARE THE SYMPTOMS OF A SUSPECTED CONCUSSION?

A person does not need to be knocked out (lose consciousness) to have a concussion. Common symptoms include:

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| • Headaches or head pressure | • Feeling more emotional, easily upset or angered |
| • Dizziness | • Sadness |
| • Nausea or vomiting | • Nervousness or anxiety |
| • Blurred or fuzzy vision | • Difficulty concentrating |
| • Sensitivity to light or sound | • Difficulty remembering |
| • Balance problems | • Feeling like "in a fog" |
| • Feeling tired or having no energy | • Feeling slowed down |
| • Not thinking clearly | • Sleeping more or sleeping less |
| • "Don't feel right" | • Having a hard time falling asleep |

WHAT SHOULD I DO IF I SUSPECT A CONCUSSION?

In all cases of suspected concussion, the individual, including officials, should be removed from the activity immediately and undergo medical assessment as soon as possible. **It is important that all players with a concussion receive written medical clearance from a medical doctor or nurse practitioner before returning to sport activities with a risk of contact or falls.**

WHEN CAN THE PLAYER RETURN TO SCHOOL AND SPORT?

It is important that all players diagnosed with a concussion follow the **Return-to-School Strategy** (if applicable) and the **Hockey-Specific Return-to-Sport Strategy**. Note that these strategies begin at the same time, can happen concurrently and the first step of both is the same. It is important that players return to full-time school activities, if applicable, and provide a **medical clearance letter before progressing to step 4 of the Hockey-Specific Return-to-Sport Strategy**.

HOW LONG WILL IT TAKE FOR THE PLAYER TO RECOVER?

Most players who sustain a concussion will make a complete recovery within four weeks. Approximately 15-30% of patients will experience persisting symptoms (>4 weeks) that may require additional medical assessment and management.

HOW CAN I HELP PREVENT CONCUSSIONS AND THEIR CONSEQUENCES?

Concussion prevention, recognition and management require officials to follow the rules and regulations of their sport, respect other participants, avoid head contact and report suspected concussions.

PLAYERS	COACH / TRAINER / SAFETY PERSON / OFFICIALS
Make sure that your helmet fits snugly & that the strap is fastened.	Eliminate all contacts to the head.
Wear a custom-fitted mouthguard.	Eliminate all hits from behind.
Respect other players.	Recognize sign & symptoms of a concussion.
No hits to the head.	Inform & educate players about the risks of concussion
No hits from behind.	
Strong skill development.	

To learn more about concussions visit: parachute.ca/concussion

Signatures: The following signatures certify that the Team Staff member has reviewed the above information related to concussion.

Printed name

Signature

Date

Select Role:

Coach

Manager

Safety Person

Trainer

Other

Return-to-School Strategy

STEP	ACTIVITY	DESCRIPTION
1	Activities of daily living & relative rest (First 24 – 48 hours)	▪ Typical activities at home (e.g. preparing meals, social interactions, light walking). ▪ Minimize screen time.
After a maximum of 24 – 48 hours after injury, progress to Step 2.		
2	School activities with encouragement to return to school (as tolerated)	▪ Homework, reading or other light cognitive activities at school or home. ▪ Take breaks & adapt activities as needed. ▪ Gradually resume screen time, as tolerated.
If player can tolerate school activities, progress to Step 3.		
3	Part-time or full days at school with accommodations	▪ Gradually reintroduce schoolwork. ▪ Part-time school days with access to breaks & other accommodations may be required. ▪ Gradually reduce accommodations related to the concussion and increase workload.
If the student can tolerate full days without accommodations for concussion, progress to Step 4.		
4	Return to school full-time	▪ Return to full days at school & academic activities, without accommodations related to the concussion. ▪ For return to sport & physical activity, including physical education class, refer to the Hockey-Specific Return-to-Sport Strategy.
RETURN TO SCHOOL IS COMPLETE.		

Hockey-Specific Return-to-Sport Strategy

STEP	ACTIVITY	DESCRIPTION
1	Activities of daily living & relative rest (First 24 – 48 hours)	▪ Typical activities at home (e.g. preparing meals, social interactions, light walking). ▪ Minimize screen time.
AFTER MAXIMUM OF 24-48 HOURS AFTER INJURY, PROGRESS TO STEP 2		
2	2A: Light effort aerobic exercise	▪ Walking or stationary cycling at slow to medium pace for 10 – 15 minutes. ▪ May begin light resistance training that does not result in more than mild & brief worsening of symptoms. ▪ Exercise up to approximately 55% of maximum heart rate. ▪ Take breaks & modify activities as needed.
	2B: Moderate effort aerobic exercise	▪ Gradually increase tolerance & intensity of aerobic activities, such as walking or stationary cycling at a brisk pace for 10 – 15 minutes. ▪ May begin light resistance training that does not result in more than mild & brief worsening of symptoms. ▪ Exercise up to approximately 70% of maximum heart rate. ▪ Take breaks & modify activities as needed.
IF THE PLAYER CAN TOLERATE MODERATE AEROBIC EXERCISE, PROGRESS TO STEP 3		
3	Individual hockey-specific activities, without risk of inadvertent head impact	▪ Add hockey-specific activities (e.g., skating, changing direction, individual drills) for 20 – 30 minutes. ▪ Perform activities individually & under supervision from a parent/guardian, coach, or Safety Personnel. ▪ Progress to where the player is free of concussion-related symptoms, even when exercising. ▪ There should be no body contact or other jarring motions, such as high-speed stops. ▪ Players should wear a “No Contact” identification pinny.

MEDICAL CLEARANCE IF PLAYER HAS COMPLETED RETURN-TO-SCHOOL (IF APPLICABLE) & HAS BEEN MEDICALLY CLEARED, PROGRESS TO STEP 4		
4	Non-contact training drills and activities	- Progress to exercises with no body contact at high intensity, including more challenging drills & activities (e.g., shooting & passing drills, multi-player training, & practices). - Where possible, give extra space around other players to avoid collisions or falls on the ice. - Players should wear a "No Contact" identification pinny.
IF THE PLAYER CAN TOLERATE USUAL INTENSITY OF ACTIVITIES WITH NO RETURN OF SYMPTOMS, PROGRESS TO STEP 5		
5	Return to all non- competitive activities, full-contact practice & physical education activities	- Progress to higher-risk activities including typical training activities, full-contact hockey practices & physical education class activities. - Do not participate in competitive gameplay.
IF THE PLAYER CAN TOLERATE NON-COMPETITIVE, HIGH-RISK ACTIVITIES, PROGRESS TO STEP 6		
6	Return to sport	- Unrestricted sport & physical activity - Full gameplay
RETURN TO SCHOOL IS COMPLETE.		



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