

2016-2017 GTHL Concussion Policy



Concussion & You

A new collaboration between the
Holland Bloorview Concussion Centre
and the GTHL

Back to school | Back to life | Back to sports

Created by Concussion Centre, Holland Bloorview Kids
Rehabilitation Hospital (Version – August 26, 2016)



Holland Bloorview
Kids Rehabilitation Hospital

Concussion
Centre

2016-2017 GTHL Concussion Policy

- 2016-2017 GTHL Concussion Policy was passed by the GTHL board of directors on June 28, 2016
- Policy was collaboratively developed by the **GTHL Safety Committee** and **Holland Bloorview**
- Designed to keep players safe, be proactive, align with current evidence, and better support coaches and trainers

2016-2017 GTHL Concussion Policy

Concussion Policy (page 1-4) is broken down into 5 steps:

STEP 1	Identifying a suspected concussion and removal from play
STEP 2	Completion and submission of the GTHL Suspected Concussion Report Form
STEP 3	Seeing a medical professional, obtaining appropriate diagnosis and documentation
STEP 4	Submission of concussion diagnosis of medical documentation
STEP 5	GTHL Return to Play Protocol

2016-2017 GTHL Concussion Policy

- **Page 5:** GTHL Suspected Concussion Report Form
- **Page 6:** Flow Chart on Policy Summary
- **Page 7-8:** GTHL Return to Play Protocol NO Body Checking
- **Page 9-10:** GTHL Return to Play Protocol Body Checking

2016-2017 GTHL Concussion Policy

STEP 1: Identifying a suspected concussion and removal from play

- Any player who experiences signs and symptoms of concussion following a blow to the head or body will be considered to have a **suspected concussion** and must stop participation in the hockey activity **immediately**
- A hockey activity is any on-ice or off-ice team function
- All team officials hold responsibility to remove players with a suspected concussion from play
- **Team trainers** hold the **final decision** to remove players with a suspected concussion

2016-2017 GTHL Concussion Policy

STEP 2: Completion and submission of the *GTHL Suspected Concussion Report Form (Page 5)*

Team trainers must:

1. Monitor player until a parent/guardian is contacted or on-site
2. Recommend to the players parent/guardian that they see a medical professional immediately
3. Complete the *GTHL Suspected Concussion Report Form* immediately after a concussion is suspected.

**If no team trainer is present, order of next most responsible individuals:*

- a) *An individual with trainer certification*
- b) *Team head coach*

2016-2017 GTHL Concussion Policy

STEP 2: Completion and submission of the *GTHL Suspected Concussion Report Form (Page 5)*

Team trainers must:

4. Submit the *GTHL Suspected Concussion Report Form* immediately after a concussion is suspected to GTHL head office
 - One copy to the players **parents/guardian**
 - One copy to the **GTHL head offices**

** If the form was completed by another individual with trainer certification or team head coach (because the trainer was not present), the **trainer** is responsible for **reviewing** and **submitting** to GTHL head offices*

2016-2017 GTHL Concussion Policy

STEP 2: Completion and submission of the *GTHL Suspected Concussion Report Form (Page 5)*



GTHL Suspected Concussion Report Form

Player Name: _____ Player DOB: _____
Date & Time of Injury: _____ Club Name: _____
Division: _____ Level: _____ Game/Practice Location: _____

Injury Description:

2016-2017 GTHL Concussion Policy

STEP 2: Completion and submission of the *GTHL Suspected Concussion Report Form (Page 5)*

Reported Symptoms: Check all that apply

<input type="checkbox"/> Headache	<input type="checkbox"/> Feeling mentally foggy	<input type="checkbox"/> Sensitive to light
<input type="checkbox"/> Nausea	<input type="checkbox"/> Feeling slowed down	<input type="checkbox"/> Sensitive to noise
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Difficulty concentrating	<input type="checkbox"/> Irritability
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Difficulty remembering	<input type="checkbox"/> Sadness
<input type="checkbox"/> Visual problems	<input type="checkbox"/> Drowsiness	<input type="checkbox"/> Nervous/anxious
<input type="checkbox"/> Balance problems	<input type="checkbox"/> Sleeping more/less than usual	<input type="checkbox"/> More emotional
<input type="checkbox"/> Numbness/Tingling	<input type="checkbox"/> Trouble falling asleep	<input type="checkbox"/> Fatigue

Red Flag Symptoms: Check all that apply

<input type="checkbox"/> Headaches that worsen	<input type="checkbox"/> Can't recognize people or places	Was 911 Called? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Seizures or convulsions	<input type="checkbox"/> Increasing confusion or irritability	
<input type="checkbox"/> Repeated vomiting	<input type="checkbox"/> Weakness or numbness in arms/legs	Why? _____
<input type="checkbox"/> Loss of consciousness	<input type="checkbox"/> Persistent or increasing neck pain	
<input type="checkbox"/> Looks very drowsy/can't be awakened	<input type="checkbox"/> Unusual behavioural change	
<input type="checkbox"/> Slurred speech	<input type="checkbox"/> Focal neurologic signs (e.g. paralysis, weakness, etc.)	

2016-2017 GTHL Concussion Policy

STEP 2: Completion and submission of the *GTHL Suspected Concussion Report Form (Page 5)*

Are there any other observable/reported symptoms: Yes No

If yes, what: _____

Is there evidence of injury to anywhere else on body besides head? Yes No

If yes, where: _____

Has this player had a concussion before? Yes No Prefer not to answer

If yes, how many: _____

Does this player have any pre-existing medical conditions? Yes No Prefer not to answer

If yes, please list: _____

Does this player take any medication? Yes No Prefer not to answer

If yes, please list: _____

2016-2017 GTHL Concussion Policy

STEP 2: Completion and submission of the *GTHL Suspected Concussion Report Form (Page 5)*

I [*name of trainer completing this form*]: _____ recommended to the player's parent or guardian that the player sees a medical professional immediately. *A medical professional includes a family doctor, pediatrician, emergency room doctor, sports-medicine physician, neurologist or nurse practitioner.*

Signature _____ Date: _____ Team Official Role: _____

Phone Number: _____ Email Address: _____

2016-2017 GTHL Concussion Policy

STEP 3: Seeing a medical professional, obtaining appropriate diagnosis and documentation

- It is the **parent/guardian's** responsibility to take the player to see a medical professional immediately
- A medical professional includes: family physician, pediatrician, emergency room physician, sports-medicine physician, neurologist or nurse practitioner. ***Documentation from any other source will not be acceptable***
- Written documentation must be obtained **if a concussion has occurred or not**

2016-2017 GTHL Concussion Policy

STEP 4: Submission of concussion diagnosis of medical documentation

If medical professional determines that the player **did not** have a concussion:

- **Parent/guardian** must give written documentation from the medical professional to the **team trainer**
- **Team trainer** must submit documentation to the to the GTHL head offices before the player is permitted to return to a GTHL hockey activity
 - mfata@gthlcanada.com or Fax: 416-636-2035

2016-2017 GTHL Concussion Policy

STEP 4: Submission of concussion diagnosis of medical documentation

If medical professional determines that the player **did not** have a concussion:

- Parent/guardian should continue to monitor the player for at **least 24-72 hours** after the event, as signs and symptoms may take hours or days to appear
- Team trainers have the right to refuse a player to return to any GTHL hockey activity if they deem the player unfit to do so

2016-2017 GTHL Concussion Policy

STEP 4: Submission of concussion diagnosis of medical documentation

If medical professional determines that the player does have a concussion:

- Parent/guardian must take the written documentation from the medical professional to the team trainer
- Team trainer to submit documentation and the ***Hockey Canada Injury Report Form*** to the to the GTHL head offices
- The player is to begin Step 1 of the *GTHL Return to Play Protocol*

2016-2017 GTHL Concussion Policy

STEP 4: Submission of medical documentation of concussion diagnosis

<u>NO</u> Concussion	<u>YES</u> Concussion
<ul style="list-style-type: none">• Submit medical documentation• Parent/guardian should continue to monitor the player for at least 24-72 hours• Team trainers have the right to refuse a player to return to activity if they deem them unfit	<ul style="list-style-type: none">• Submit medical documentation• Submit <i>Hockey Canada Injury Report Form</i>• Begin Step 1 of the <i>GTHL Return to Play Protocol</i>

2016-2017 GTHL Concussion Policy

STEP 5: Return to Play Protocol

Stage 1: Rest and energy conservation (at least 24 hours)*Strategies: hollandbloorview.ca/concussionhandbook

- Rest your brain and body (stop studying, working and playing)
- Conserve your brain and body's energy, it is needed to feel well and allow the brain to heal

Stage 1: Signature of completion (requires player & parent/guardian signatures)

I confirm that _____ completed Stage 1 for minimum of 24 hours with no symptoms on _____
MM/DD/YY

(Player Signature)

(Parent/Guardian Signature)

2016-2017 GTHL Concussion Policy

STEP 5: Return to Play Protocol

Stage 2: Light general exercise (*at least 24 hours*)

- Off-ice activities. NO contact. NO Checking.
- Begin with a warm up (stretching/ flexibility) for 5-10 minutes.
- Start a cardio workout of 15-20 minutes which can include: stationary bicycle, elliptical, treadmill, fast paced walking, light jog, rowing or swimming (50% intensity).

Stage 2: Signature of completion (requires player & parent/guardian signatures)

I confirm that _____ completed Stage 2 for minimum of 24 hours with no symptoms on _____
MM/DD/YY

(Player Signature)

(Parent/Guardian Signature)

2016-2017 GTHL Concussion Policy

STEP 5: Return to Play Protocol

Stage 3: General conditioning and hockey specific skills work done individually (*at least 24 hours*)

- Off-ice activities. NO contact. NO Checking.
- Begin with a warm up (stretching / flexibility) for 5-10 minutes.
- Increase intensity and duration of cardio workout to 20-30 minutes.
- Begin hockey specific skill work: individual stick handling and shooting drills.
- 50-60% intensity.

Stage 3: Signature of completion (requires player & parent/guardian signatures)

I confirm that _____ completed Stage 3 for minimum of 24 hours with no symptoms on _____
MM/DD/YY

(Player Signature)

(Parent/Guardian Signature)

2016-2017 GTHL Concussion Policy

STEP 5: Return to Play Protocol

Stage 4: General conditioning and hockey specific skill work done with a teammate (at least 24 hours)

- Can begin on-ice activities. **NO** contact. **NO** body checking.
- Increase duration of to 60 minutes. Begin resistance training including neck and core strengthening exercises.
- Begin on-ice skating warm-up: forwards, backwards, stop and start, cones.
- Begin on-ice practice of hockey drills with a partner: passing, shooting on goalie and other position specific drills like face-offs and deflections. Skating intensity 50%.
- *Goalies begin in net with a coach shooting pucks in a controlled manner (e.g. progressing from shots to the pads/along the ice, glove shots then shots to the corners).

Stage 4: Signature of completion (requires player, parent/guardian & trainer signatures)

I confirm that _____ completed Stage 4 for minimum of 24 hours with no symptoms on _____
MM/DD/YY

(Player Signature)

(Parent/Guardian Signature)

(Trainer)

2016-2017 GTHL Concussion Policy

STEP 5: Return to Play Protocol

Stage 5: General conditioning, hockey specific skill work and team drills (at least 24 hours)		
<ul style="list-style-type: none">• On the ice. No Contact. No Scrimmages.• Resume pre-injury duration of practice and team drills.• Practice team passing, shooting drills and individual defensive skills.• Practice break-out drills, 3 on 2's / 2 on 1's and defensive coverage drills.• Practice offensive and defensive plays.• Review body checking and protection techniques.• Skating intensity 75%.• *Goalies begin in net for controlled player drills (e.g. facing a single puck in play or players shooting one at a time). No drills that require a skater to drive hard to the net, to minimize accidental contact.		
Stage 5: Signature of completion (requires player, parent/guardian & trainer signatures)		
I confirm that _____ completed Stage 5 for <u>minimum</u> of 24 hours with no symptoms on _____ MM/DD/YY		
_____	_____	_____
(Player Signature)	(Parent/Guardian Signature)	(Trainer)

	(Physician signature or see attached)	
MEDICAL CLEARANCE REQUIRED BEFORE PROCEEDING TO STAGE 6		

2016-2017 GTHL Concussion Policy

STEP 5: Return to Play Protocol

MEDICAL CLEARANCE REQUIRED BEFORE PROCEEDING TO STAGE 6		
Stage 6: Full team practice with contact (at least 24 hours <u>after</u> medical clearance)		
<ul style="list-style-type: none">• On-ice activities <u>with</u> body checking.• Participate in a full practice to get yourself back in the line-up (scrimmages)• If completed with no-symptoms, discuss with coach/trainer about returning to full game play.• Coaches/trainers must make sure that the player has regained their pre-injury skill level and is confident with their ability to return to game play.• Skating intensity 100%.• *Goalies return to full team practice with hard driven shots, drives to the net and puck battles around the net. .		
Stage 6: Signature of completion (requires player, parent/guardian & trainer signatures)		
I confirm that _____ completed Stage 6 for <u>minimum</u> of 24 hours with no symptoms on _____ MM/DD/YY		
_____	_____	_____
(Player Signature)	(Parent/Guardian Signature)	(Trainer)
Stage 7: Return to game play		

2016-2017 GTHL Concussion Policy

STEP 5: *GTHL Return to Play Protocol (Page 7-10)*

- **Parent/guardian** and **the player** are responsible for each step of the *GTHL Return to Play Protocol* and are responsible for the required signatures at each stage
- Players must be able participate in each stage for a **minimum of 24 hours** without experiencing any symptoms
- If the player experiences any symptoms they should stop that activity immediately, rest for 24 hours, and return to the previous successful stage

2016-2017 GTHL Concussion Policy

STEP 5: *GTHL Return to Play Protocol (Page 7-10)*

- A player is not permitted to proceed to *Step 6: Full Team Practice* until given written permission by a medical professional
- Parent/guardian must give the **written documentation from the medical professional** and the completed ***GTHL Return to Play Protocol*** with signatures to the team trainer
- **Team trainer** must submit medical clearance and *GTHL Return to Play Protocol* to the GTHL head offices **prior to returning to game play**

Team trainers have the right to refuse a player to return to any GTHL hockey activity if they deem the player unfit

2016-2017 GTHL Concussion Policy

Special Considerations

Scenario 1: A suspected concussion from a GTHL activity is not identified/reported until days or weeks after the GTHL activity.

- **Enter at *Step 2: Completion and submission of the GTHL Suspected Concussion Report Form***

Immediately upon the concussion being identified/reported to GTHL team officials, the team trainer is to complete the *GTHL Concussion Report Form* and recommend that the player see the a medical professional immediately.

2016-2017 GTHL Concussion Policy

Special Considerations

Scenario 2: A player is diagnosed with a concussion from a non GTHL activity (i.e. school, other sports, non GTHL related games or training).

- Enter at ***Step 4: Submission of medical documentation of concussion diagnosis***

Upon receiving from parent/guardian, the trainer is to submit medical documentation to GTHL offices. As the concussion did not happen at the GTHL activity, no *GTHL Concussion Report Form* is needed

2016-2017 GTHL Concussion Policy

Summary



2016-2017 GTHL Concussion Policy Summary

6

STEP 1: A suspected concussion has been identified and player is removed from play
When present, team trainers hold the final decision to remove players with a suspected concussion

2016-2017 GTHL Concussion Policy

Summary



2016-2017 GTHL Concussion Policy Summary

6

STEP 1: A suspected concussion has been identified and player is removed from play
When present, team trainers hold the final decision to remove players with a suspected concussion



STEP 2: Trainer completes GTHL Suspected Concussion Report Form and provides a copy to:

2016-2017 GTHL Concussion Policy

Summary



2016-2017 GTHL Concussion Policy Summary

6

STEP 1: A suspected concussion has been identified and player is removed from play
When present, team trainers hold the final decision to remove players with a suspected concussion



STEP 2: Trainer completes GTHL Suspected Concussion Report Form and provides a copy to:



- 1) Parent/Guardian AND recommend they see a medical professional immediately

2016-2017 GTHL Concussion Policy

Summary



2016-2017 GTHL Concussion Policy Summary

6

STEP 1: A suspected concussion has been identified and player is removed from play
When present, team trainers hold the final decision to remove players with a suspected concussion

STEP 2: Trainer completes GTHL Suspected Concussion Report Form and provides a copy to:

1) Parent/Guardian AND recommend they see a medical professional immediately

2) GTHL Office: MFATA@GTHLCANADA.COM
Fax: 416- 636-2035

2016-2017 GTHL Concussion Policy

Summary

STEP 3: Seeing a medical professional and obtaining appropriate diagnosis

If player is experiencing any 'Red Flag' Symptoms:

- Headaches that worsen
- Seizures
- Repeated vomiting
- Looks very drowsy/can't be awakened
- Unusual behavioural change
- Slurred speech
- Can't recognize people or places
- Increasing confusion or irritability
- Weakness or numbness in arms/legs
- Persistent or increasing neck pain
- Change in stage of consciousness
- Focal neurologic signs (e.g. paralysis, weakness, etc.)

If player is experiencing any general concussion symptoms:

Physical: Headaches, nausea, dizziness, sensitivity to light and noise

Mental: Fogginess and difficulty thinking, feeling slowed down, difficulty concentrating and remembering

Sleep: Sleeping more or less than usual, difficulty falling asleep and staying asleep

Emotional and Behavioural: Sadness, anger, frustration, nervousness/anxious, irritable

2016-2017 GTHL Concussion Policy

Summary

Is the player experiencing any “Red Flag” Symptoms?

- Headaches that worsen
- Seizures
- Repeated vomiting
- Looks very drowsy/can't be awakened
- Unusual behavioural change
- Slurred speech
- Can't recognize people or places
- Increasing confusion or irritability
- Weakness or numbness in arms/legs
- Persistent or increasing neck pain
- Change in stage of consciousness
- Focal neurologic signs (e.g. paralysis, weakness, etc.)

Are any general concussion symptoms present?

Physical: headaches, nausea, dizziness, sensitivity to light and noise

Mental: Fogginess and difficulty thinking, feeling slowed down, difficulty concentrating and remembering

Sleep: Sleeping more or less than usual, difficulty falling asleep and staying asleep

Emotional and Behavioural: sadness, anger, frustration, nervousness/anxious, irritable

If yes to any:
Go to nearest
Emergency
Department

2016-2017 GTHL Concussion Policy

Summary

If player is experiencing any 'Red Flag' Symptoms:

- Headaches that worsen
- Seizures
- Repeated vomiting
- Looks very drowsy/can't be awakened
- Unusual behavioural change
- Slurred speech
- Can't recognize people or places
- Increasing confusion or irritability
- Weakness or numbness in arms/legs
- Persistent or increasing neck pain
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- Focal neurologic signs (e.g. paralysis, weakness, etc.)

If player is experiencing any general concussion symptoms:

Physical: Headaches, nausea, dizziness, sensitivity to light and noise

Mental: Fogginess and difficulty thinking, feeling slowed down, difficulty concentrating and remembering

Sleep: Sleeping more or less than usual, difficulty falling asleep and staying asleep

Emotional and Behavioural: Sadness, anger, frustration, nervousness/anxious, irritable

Schedule an appointment immediately with a medical professional.* Go to nearest Emergency Department if 'Red Flag' symptoms appear.

2016-2017 GTHL Concussion Policy

Summary

STEP 4: Was a concussion diagnosis received at medical appointment?

No

Parent monitors for 24-72 hours in case symptoms appear or worsen

Send medical documentation of no diagnosis to team trainer to send to GTHL office **BEFORE** on-ice activity

Receive clearance from team trainer

Return to game play

2016-2017 GTHL Concussion Policy

Summary

STEP 4: Was a concussion diagnosis received at medical appointment?

Yes

Send medical documentation of diagnosis to team trainer to send to GTHL office

STEP 5: Enter Stage 1 of GTHL Return to Play Protocol

Stakeholder Responsibilities

Coaches

- Recognize the signs & symptoms of concussion
- Be familiar with the 2016-2017 GTHL Concussion Policy
- Create a team culture where players feel comfortable reporting injuries
- **Trust your trainer** and know that they have the final say about removing a player

Stakeholder Responsibilities

Trainers

- **At the GTHL activity:**
 - Recognize the signs & symptoms of concussion
 - Remove players, monitor players, recommend they seek medical attention
- **Documentation to submit to GTHL head office:**
 1. GTHL Suspected Concussion Report Form
 2. Medical documentation
 3. Return to Play Protocol (Co-sign stages 4, 5 & 7)
- Have the right to refuse a player to return to any GTHL hockey activity if they deem the player unfit to do so

Stakeholder Responsibilities

Parents

- Obtain documentation from medical professional
- Most responsible person for gradual *Return to Play Protocol*
- Co-sign all stages in *Return to Play Protocol*
- Communicate with team trainer and send documentation

Players

- Be honest with trainers, coaches and parents
- Gradually move through *Return to Play Protocol*
- Co-sign all stages in *Return to Play Protocol*

Referees

- Recognize the signs & symptoms of concussion
- Enforce rules and penalize hits to the head

Stakeholder Responsibilities

- Share information about to *2016-2017 GTHL Concussion Policy* with the parents and players on your team so they know what to expect this season
- Create a team culture where players feel comfortable reporting injuries



Thank you

Information about the 2016-2017 GTHL Concussion Policy
can be found at:

GTHLCanada.com/concussions



Holland Bloorview
Kids Rehabilitation Hospital

Concussion
Centre