	Title	Return to Play Policy
	Policy #	Operational – 8.7
	Draft Date	December 1, 2019
	Approved Date	March 31, 2020
	Revised Date	
	Owned By	Executive Committee

1.0 OVERVIEW

This policy is to help guide team staff while working with parents of injured players. AMHA is committed to the health and safety of its players and have developed the following policies to ensure that players seek the appropriate medical assistance and have properly recovered from their injuries before returning to play.

2.0 POLICY

If a player sustains a bodily injury during any team practice, game (exhibition, regular season, playoff, or tournament), training or team event whereas the player is removed from the ice and then from the game, required to seek a physician’s consultation and/or emergency medical assistance, the player will require documentation from a medical physician that they are cleared to return to play.

As per Hockey Alberta and Hockey Canada Concussion Protocol, if a participant is suspected of having a concussion, the following steps MUST occur:

2.1 The participant is immediately removed from play, regardless if the concussion occurs on or off the ice and they are not permitted to return to play that day. If there are doubts, assume that a concussion has occurred. “When in doubt – sit them out.” The coach/manager/health and safety person on the bench can refer to the Concussion Recognition Tool. A hard copy of this should be kept with the first aid kit in the coach bag.

CONCUSSION RECOGNITION TOOL 5[®]
To help identify concussion in children, adolescents and adults



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RECOGNISE & REMOVE

STEP 1: RED FLAGS – CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are made by those who appear to be at risk, seek emergency medical attention immediately. If a licensed healthcare professional is available, contact them for advice on the appropriate management.

• Loss of consciousness	• Persistent vomiting	• Deteriorating consciousness
• Double vision	• Slurred speech	• Incontinence
• Seizures or fits	• Loss of consciousness	• Increasingly severe, repeated or persistent headaches

Remember:

- In all cases, remove athletes from play immediately and do not allow them to return to play until they are cleared by a medical professional.
- Do not change the level of play or allow athletes to return to play until they are cleared by a medical professional.
- Do not allow athletes to return to play until they are cleared by a medical professional.
- Do not allow athletes to return to play until they are cleared by a medical professional.

If there are no Red Flags, identification of a possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

• Loss of consciousness	• Disorientation or confusion	• Balance, gait difficulties
• Slurred speech	• Irritability or hostility	• Deteriorating consciousness
• Head to get up after initial or 'bumped' on the head	• Incontinence	• Repeated vomiting
• Blank or vacant look	• Field injury after head trauma	

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STEP 2: SYMPTOMS

• Headache	• Blurred vision	• More emotional	• Difficulty concentrating
• "Pressure in head"	• Sensitivity to light	• More irritable	• Difficulty remembering
• Balance problems	• Sensitivity to noise	• Sluggish	• Difficulty remembering
• Nausea or vomiting	• Fatigue or low energy	• Irritability or hostility	• Feeling slowed down
• Dizziness	• "Don't feel right"	• Neck pain	• Feeling like "fog"

STEP 4: MEMORY ASSESSMENT

Failure to answer any of these questions immediately or appropriately for each question may suggest a concussion.

• "What were you wearing on the day?"	• "What team did you play last week's game?"
• "Which half is it now?"	• "Did your team win the last game?"
• "Who scored last in the game?"	

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

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ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY BY A HEALTHCARE PROFESSIONAL.

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2.2 The participant is referred to a physician for diagnosis as soon as possible and the coach/manager should be completing the page 1 of the Hockey Canada Injury Report (HCIR) form (see below), taking a photo of it and emailing the photo to Hockey Alberta for tracking purposes. The coach/manager will then give the form to the parents to complete the page 2 section for insurance purposes, if required. (see below) Blank copies of these forms should be kept in the Coach bag.

HOCKEY CANADA INJURY REPORT

CLAIMS MUST BE PRESENTED WITHIN 90 DAYS OF THE INJURY DATE. DATE OF INJURY: ____/____/____

INJURED PARTICIPANT: Player Team Official Game Official Spectator

Name: _____ Birthdate: ____/____/____ Sex: M F

Address: _____

City / Town: _____ Province: _____ Postal Code: _____ Phone: (____) _____

Parent / Guardian: _____ Email Address: _____

DIVISION
 Initiation Notice Alarm Penalty Breakout
 Breakout Midget Juvenile Junior

CATEGORY
 AAA AA A B CC DD House Minor Junior Adult Rec.
 AA B C D E Major Junior Senior Other

BODY PART INJURED

Head Face Skull Back Lower Trunk Abdomen Hip
 Eye Area Throat Dental Neck Upper Ribs Chest

Arm Left Collarbone Right Elbow Wrist Hand/Finger Upper arm Forearm/Wrist

Leg Left Knee Right Hip Shin Thigh Other Foot

NATURE OF CONDITION
 Concussion Laceration Fracture
 Sprain Strain Contusion
 Dislocation Separation Internal Organ Injury

ON-SITE CARE
 On-Site Care Only Referred Care
 Sent to Hospital by: Ambulance Car

INJURY CONDITIONS
 Name of arena / location: _____
 Exhibition/Regular Season Period #2 Period #3
 Playoff/Tournament Period #1 Period #3
 Practice Overtime
 Try out Dry Land Training
 Other Casual Onset
 Warm up Other Sport
 Period #1 Other

CAUSE OF INJURY
 Hit by Puck
 Collision with Boards
 Non-Contact Injury
 Hit by Stick
 Collision on Open Ice
 Collision with Opponent
 Fall on Ice
 Checked from Behind
 Collision with Net
 Right Left
 Bleeding

Was the injured player in the correct league and level for their age group?
 Yes No
 Was this a sanctioned Hockey Canada activity?
 Yes No

LOCATION
 Offense Zone Offensive Zone Neutral Zone
 Behind the Net 3 ft. from Boards Spectator Area
 Parking Lot Dressing Room Bench
 Other: _____

WEARING WHEN INJURED
 Full Face Mask
 Mouth Guard
 Half Face Shield/Visor
 Durable
 No Mouth Guard
 No Half Face Shield
 No Durable
 No Mouth/No Face Shield
 Short Gloves
 Long Gloves

ADDITIONAL INFORMATION
 Has the player sustained this injury before? Yes No
 If "yes" how long ago: _____
 Was a penalty called as a result of the incident? Yes No
 Estimated absence from hockey?
 1 week 1-3 weeks 3+ weeks

DESCRIBE HOW ACCIDENT HAPPENED
 (Word cap maximum)

I hereby authorize my Health Care Facility, Physician, Doctor or other person who has been notified in respect of my child to have access to my child's medical records, consultation, prescriptions or treatment and copies of records, hospital and medical records, a phone status/electronic copy of this authorization shall be considered as effective and valid as the original.
 Signed: _____
 (Print Name) (Date)

HEALTH INSURANCE INFORMATION
 THIS MUST BE FILLED OUT IN FULL OR FORM PROCESSING WILL BE DELAYED
 Employed Full-time Employed Part-time
 Unemployed Full-Time Student

MEMBER APPROVAL
 1. Do you have provincial health coverage? Yes No Province: _____
 2. Has a claim been submitted? Yes No (IF "YES" PLEASE FORWARD PRIMARY INSURER EXPLANATIONS OF BENEFITS.)
 Make Claim Payable to: Injured Person Parent Team Other: _____

HOCKEY CANADA INJURY REPORT

Participant's name: _____

PHYSICIAN'S STATEMENT

Physician: _____ Address: _____ Tel: (____) _____

Name of Hospital / Clinic: _____ Address: _____

Nature of Injury: _____ Date of First Attendance: _____
 Claimant will be totally disabled: From: ____/____/____ To: ____/____/____
 Is the injury permanent and incurable? No Yes

Give the details of injury (degree): _____

Physician to receive: _____
 Did any disease or previous injury contribute to the current injury? No Yes (describe): _____

Was the claimant hospitalized? No Yes (give hospital name, address and date admitted): _____

Names and addresses of other physicians or surgeons, if any, who attended claimant: _____

I certify that the above information is correct and to the best of my knowledge.
 Signed: _____ Date: _____

DENTIST STATEMENT
 Units of coverage: \$1,250 per tooth, \$3,000 per accident treatment must be completed within 90 days of accident. (Effective September 1st, 2018)

UNIQUE NO. SPEC. PATIENT'S OFFICIAL ACCOUNT NO. _____

Patient
 Last name _____ Given name _____
 Address _____
 City / Town _____ Province _____ Postal Code _____
 PHONE NO. _____ SIGNATURE OF SUBSCRIBER _____

Dentist
 I HEREBY ASSIGN MY BENEFITS PAYABLE FROM THIS CLAIM DIRECTLY TO THE NAMED DENTIST AND AUTHORIZE PROMPT DIRECTOR TO SUI / HER

FOR DENTIST USE ONLY - FOR ADDITIONAL INFORMATION, CHARGES, PROCEDURES OR SPECIAL CONSIDERATION.
 I UNDERSTAND THAT THE FEES LISTED IN THIS CLAIM MAY NOT BE COVERED BY OR MAY EXCEED MY PLAN BENEFITS. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE TO MY DENTIST FOR THE ENTIRE TREATMENT.
 I ACKNOWLEDGE THAT THE TOTAL FEE OF \$_____ IS ACCURATE AND HAS BEEN CHARGED TO ME FOR THE SERVICES RENDERED.
 I AUTHORIZE RELEASE OF THE INFORMATION CONTAINED IN THIS CLAIM FORM TO MY INSURING COMPANY / PLAN ADMINISTRATOR.

SIGNATURE OF (PARENT/GUARDIAN) _____ OFFICE VERIFICATION _____

DATE OF SERVICE Day / Month / Year	PROCEDURE	INITIAL TOOTH CODE	TOOTH SURFACE	DENTIST'S FEE	LAB CHARGE	TOTAL CHARGE

THIS IS AN ACCURATE STATEMENT OF SERVICES PERFORMED AND THE TOTAL FEE DUE AND PAYABLE & O.D. TOTAL FEE SUBMITTED
 (NOTE: All benefits subject to insurer paper details, provisions of the policy, Hockey Canada sanctioned events.)

Mail completed form to: **HOCKEY ALBERTA** 100 College Blvd. Tel: (403) 342-6177
 Box 5005 amar@hockeyalberta.ca
 Red Deer, AB T4N 5H5 www.hockeyalberta.ca

2.3 Once a participant, who is experiencing "concussion like symptoms" is diagnosed with a concussion by a physician, the participant is not permitted to return to play or practice/training until all of the return to play requirements are met. (See the Hockey Canada Concussion Follow up and Communication Form and the Hockey Canada Concussion Card attached listing all the steps)

Appendix 2

Concussion Follow-up and Communication Form
 (Must be completed in every case when a possible case of concussion is identified)

Name: _____ Date: _____ Contact/Physician: _____

NOTE: IT IS IMPORTANT THAT PLAYERS AND PARENTS/GUARDIANS CONSULT WITH THE TREATING PHYSICIAN ON RETURN TO LEARN PROTOCOLS. PLAYERS SHOULD HAVE THE ABILITY TO RETURN TO SCHOOL FULL TIME PRIOR TO PROCEEDING THROUGH STEPS 5 AND 6 OF THE RETURN TO PLAY PROTOCOLS.

A responsible adult such as a parent or guardian has been informed and has taken responsibility for the concussed athlete. Details of the protocol (Hockey Canada Concussion Card attached appendix 1) have also been explained. Date: _____

The player has had an initial visit with a physician (preferably one with knowledge in concussion management). Date: _____

A complete return to light activities of daily living without aggravating symptoms or making symptoms worse and gradual return to physical activity (see Hockey Canada Concussion Card Steps 1-4 attached) has been achieved without recurrence of symptoms. Date: _____

The medical clearance note has been completed and return to unrestricted training has been authorized. (Prior to proceeding to step 5 of the Hockey Canada Concussion Card) Date: _____

Participation in a complete unrestricted training session has been achieved without recurrence of symptoms (this step must be completed at least one day prior to return to competition). (Hockey Canada Concussion Card - Step 5) Date: _____

Return to competition is authorized based on successful completion of all of the above mentioned steps of the protocol. (Hockey Canada Concussion Card - Step 6) Date: _____

Team staff are aware and have advised the Parent/Guardian to continue monitoring for recurring symptoms and have confirmed the information on this form about the recovery process and medical clearance. Date: _____

Parent/Guardian Signature: _____
 Print Name: _____
 Date: _____

Notes: _____

IMPORTANT NOTICE: This form contains confidential information that is meant to document achievement of all the required steps of the recovery process following a concussion and prior to return to play. De-normalized information can be extracted from the form by the organization for the purpose of reporting information about concussions. However it cannot be communicated to any third party in a format that contains information about the identity of the injured athlete.

NOTE: All of these forms can be found on the Hockey Alberta website under:
Members → Safety Management → Concussions → Resources → HC Concussion Policy

When the document below, states in Step 5 of the Return to Play – Body Contact – it is just referring to a full-on practice with all drills and no special jersey to denote “do not touch this player”. After a full practice has been completed and the player has waited 24 hours with no return of symptoms then they could move to Step 6 – playing in a game.

Appendix 1

Hockey Canada Concussion Card

CONCUSSION EDUCATION AND AWARENESS PROGRAM

Concussion in Sport

All players who are suspected of having a concussion must be seen by a physician as soon as possible. A concussion is a brain injury.

A concussion most often occurs without loss of consciousness. However, a concussion may involve loss of consciousness.

How Concussions Happen

Any impact to the head, face or neck or a blow to the body which causes a sudden jolting of the head and results in the brain moving inside the skull may cause a concussion.

Common Symptoms and Signs of a Concussion

Symptoms and signs may have a delayed onset (may be worse later that day or even the next morning), so players should continue to be observed even after the initial symptoms and signs have returned to normal.

•A player may show any one or more of these symptoms or signs.

<p>Symptoms</p> <ul style="list-style-type: none"> • Headache • Dizziness • Feeling dazed • Seeing stars • Sensitivity to light • Ringing in ears • Tiredness • Nausea, vomiting • Irritability • Confusion, disorientation 	<p>Signs</p> <ul style="list-style-type: none"> • Poor balance or coordination • Slow or slurred speech • Poor concentration • Delayed responses to questions • Vacant stare • Decreased playing ability • Unusual emotions, personality change, and inappropriate behaviour • Sleep disturbance
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For a complete list of symptoms and signs, visit www.parachutecanada.org

6-Step Return to Play

The return to play strategy is gradual, and begins after a doctor has given the player clearance to return to activity. If any symptoms/signs return during this process, the player must be re-evaluated by a physician. No return to play if any symptoms or signs persist. Remember, symptoms may return later that day or the next, not necessarily when exercising!

IMPORTANT – CONSULT WITH THE TREATING PHYSICIAN ON RETURN TO LEARN PROTOCOLS. PLAYERS SHOULD HAVE THE ABILITY TO RETURN TO SCHOOL FULL TIME PRIOR TO PROCEEDING THROUGH STEPS 5 AND 6 OF THE RETURN TO PLAY STRATEGY.

IMPORTANT – FOLLOWING A CONCUSSION AND PRIOR TO STEP 1 A BRIEF PERIOD OF PHYSICAL AND MENTAL REST IS RECOMMENDED.

STEP 1 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.

STEP 2 Light aerobic exercise, such as walking or stationary cycling. Monitor for symptoms and signs. No resistance training or weight lifting.

STEP 3 Sport specific activities and training (e.g. skating).

STEP 4 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).

STEP 5 Begin drills with body contact.

STEP 6 Game play. (The earliest a concussed athlete should return to play is one week.)

Note: Players should proceed through the return to play steps only when they do not experience symptoms or signs and the physician has given clearance. Each step should be a minimum of one day (but could last longer depending on the player and the situation). If symptoms or signs return, the player should return to step 2 and be re-evaluated by a physician.

IMPORTANT – Young players will require a more conservative treatment. Return to play guidelines should be guided by the treating physician.

Prevention Tips


<p>Players</p> <ul style="list-style-type: none"> • Make sure your helmet fits snugly and that the strap is fastened • Get a custom fitted mouthguard • Respect other players • No hits to the head • No hits from behind • Strong skill development 	<p>Coach/Trainer/Safety Person/Referee</p> <ul style="list-style-type: none"> • Eliminate all checks to the head • Eliminate all hits from behind • Recognize symptoms and signs of concussion • Inform and educate players about the risks of concussion
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RED FLAGS – If any of the following are observed or complaints reported following an injury, the player should be removed from play safely and immediately and your Emergency Action Plan initiated. Immediate assessment by a physician is required.

<ul style="list-style-type: none"> • Neck pain or tenderness • Severe or increasing headache • Deteriorating conscious state • Double vision • Seizure or convulsion 	<ul style="list-style-type: none"> • Vomiting • Loss of consciousness • Increasingly restless, agitated or combative • Weakness or tingling/burning in arms or legs
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Concussion – Key Steps

- Recognize and remove the player from the current game or practice.
- Do not leave the player alone, monitor symptoms and signs.
- Do not administer medication.
- Inform the coach, parent or guardian about the injury.
- The player should be evaluated by a medical doctor as soon as possible.
- The player must not return to play in that game or practice, and must follow the 6-step return to play strategy and receive medical clearance by a physician.



Education Tips
HOCKEY CANADA CONCUSSION RESOURCES
www.hockeycanada.ca/concussion

PARACHUTE CANADA
www.parachutecanada.org
Revised June 2018. Item #55711

2.4 Written clearance from a physician is required before the participant can return to play. A copy of this documentation is maintained by the Team Manager.

3.0 MORE EDUCATION

Please refer to the University of Calgary Online Concussion Free Course

<https://kinesiology.ucalgary.ca/online-concussion-course>