



HOCKEY CANADA INJURY REPORT



See reverse for mailing address

Forms must be filled out in full or form will be returned. This form must be completed for each case where an injury is sustained by a player, spectator or any other person at a sanctioned hockey activity

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

INJURED PARTICIPANT: ☐ Player ☐ Team Official ☐ Game Official ☐ Spectator

Name: _____ Birthdate: ____/____/____ Sex: ☐ M ☐ F
Mo. Day Yr.

Address: _____

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

Parent / Guardian: _____ Email Address: _____

DIVISION

☐ Initiation ☐ Novice ☐ Atom ☐ Pee wee
☐ Bantam ☐ Midget ☐ Juvenile ☐ Junior

CATEGORY

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

BODY PART INJURED

Head <input type="checkbox"/> Face <input type="checkbox"/> Skull <input type="checkbox"/> Eye Area <input type="checkbox"/> Throat <input type="checkbox"/> Dental	Back <input type="checkbox"/> Lower <input type="checkbox"/> Neck <input type="checkbox"/> Upper	Trunk <input type="checkbox"/> Abdomen <input type="checkbox"/> Ribs <input type="checkbox"/> Chest
Arm: <input type="checkbox"/> Left <input type="checkbox"/> Collarbone <input type="checkbox"/> Right <input type="checkbox"/> Elbow <input type="checkbox"/> Shoulder <input type="checkbox"/> Hand/Finger <input type="checkbox"/> Upper arm <input type="checkbox"/> Forearm/Wrist	Leg: <input type="checkbox"/> Left <input type="checkbox"/> Knee <input type="checkbox"/> Right <input type="checkbox"/> Toe <input type="checkbox"/> Shin <input type="checkbox"/> Thigh <input type="checkbox"/> Other <input type="checkbox"/> Foot	Pelvis <input type="checkbox"/> Hip <input type="checkbox"/> Groin

NATURE OF CONDITION

☐ Concussion ☐ Laceration ☐ Fracture
☐ Sprain ☐ Strain ☐ Contusion
☐ Dislocation ☐ Separation ☐ Internal Organ Injury

ON-SITE CARE

☐ On-Site Care Only ☐ Refused Care
☐ Sent to Hospital by: ☐ Ambulance ☐ Car

INJURY CONDITIONS

Name of arena / location: _____

☐ Exhibition/Regular Season ☐ Period #2
☐ Playoffs/Tournament ☐ Period #3
☐ Practice ☐ Overtime: ____
☐ Try-outs ☐ Dry Land Training
☐ Other ☐ Gradual 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
☐ Fight
☐ Blindsiding

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

☐ Defensive 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
☐ Intra-Oral Mouth Guard
☐ Half Face Shield/Visor
☐ Throat Protector
☐ Helmet/No Face Shield
☐ No Helmet/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

(Attach page if necessary)

I hereby authorize any Health Care Facility, Physician, Dentist or other person who has attended or examined me/my child, to furnish Hockey Canada any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment and copies of all dental, hospital, and medical records. A photo static/electronic copy of this authorization shall be considered as effective and valid as the original.

Signed: _____

(Parent/Guardian if under 18 years of age)

Date: _____

TEAM INFORMATION

(To be completed by a Team Official)

Association: _____

Team Name: _____

Team Official (Print): _____

Team Official Position: _____

Signature: _____

Date: _____

HEALTH INSURANCE INFORMATION

THIS MUST BE FILLED OUT IN FULL OR FORM PROCESSING WILL BE DELAYED

Occupation: ☐ Employed Full-time ☐ Employed Part-time
☐ Unemployed ☐ Full-Time Student

Employer (If minor, list parent's employer): _____

1. Do you have provincial health coverage? ☐ Yes ☐ No Province: _____

2. Do you have other insurance? ☐ Yes ☐ No
(IF "YES", PLEASE SUBMIT CLAIM TO YOUR PRIMARY HEALTH INSURER.)

3. 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: _____

Member
APPROVAL



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 irrecoverable? ☐ No ☐ Yes

Give the details of injury (degree): _____

Prognosis for recovery: _____

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

Limits of coverage: \$1,250 per tooth, \$3,000 per accident. Treatment must be completed within 52 weeks 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 _____

Dentist

PHONE NO _____

I HEREBY ASSIGN MY BENEFITS
PAYABLE FROM THIS CLAIM
DIRECTLY TO THE NAMED DENTIST
AND AUTHORIZE PAYMENT
DIRECTLY TO HIM / HER

SIGNATURE OF SUBSCRIBER _____

FOR DENTIST USE ONLY - FOR ADDITIONAL INFORMATION,
DIAGNOSIS, PROCEDURES OR SPECIAL CONSIDERATION.

DUPLICATE FORM ☐

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 (PATIENT/GUARDIAN) _____

OFFICE VERIFICATION _____

DATE OF SERVICE DAY / MO. / YR.	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 & OE. TOTAL FEE SUBMITTED



NOTE: All benefits subject to insurer payor status, provisions of the policy, Hockey Canada sanctioned events.

Mail completed form to: **HOCKEY ALBERTA** 100 College Blvd. Tel : (403) 342-6777
Box 5005 amarriott@hockeyalberta.ca
Red Deer, AB T4N 5H5 www.hockeyalberta.ca



CONCUSSION POLICY AND PROCEDURES

Appendix 2 - Concussion Follow-Up and Communication Form

 Concussion Follow-up and Communication Form (Must be completed in every case when a possible case of concussion is identified) 	
Name _____ Date _____ Context/Symptoms _____ 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 STRATEGY.	
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 : _____ Initials : _____
The player has had an initial visit with a physician (preferably one with knowledge in concussion management)	Date : _____ Initials : _____
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) up to intense and sport specific exercises (without contact) has been achieved without recurrence of symptoms.	Date : _____ Initials : _____
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 : _____ Initials : _____
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 : _____ Initials : _____
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 : _____ Initials : _____
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. Parent/Guardian Signature _____ Print Name _____ Date _____	Date : _____ Initials : _____
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-nominalized 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.



CONCUSSION POLICY AND PROCEDURES

Appendix 3 - SCAT 5 Pocket Recognition Tool (<https://cdn.hockeycanada.ca/hockey-canada/Hockey-Programs/Safety/Concussion/Downloads/2017-clean-concussion-tool-5.jpg>)

CONCUSSION RECOGNITION TOOL 5®

To help identify concussion in children, adolescents and adults

Supported by



RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

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 reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment!

- Neck pain or tenderness
- Double vision
- Weakness or tingling/numbing in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

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

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

© Concussion in Sport Group 2017

STEP 3: SYMPTOMS

• Headache	• Blurred vision	• More emotional	• Difficulty concentrating
• "Pressure in head"	• Sensitivity to light	• More irritable	• Difficulty remembering
• Balance problems	• Sensitivity to noise	• Sadness	• Feeling slowed down
• Nausea or vomiting	• Fatigue or low energy	• Nervous or anxious	• Feeling like "in a fog"
• Drowsiness	• "Don't feel right"	• Neck Pain	
• Dizziness			

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:

- "What venue are we at today?"
- "Which half is it now?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last 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.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

© Concussion in Sport Group 2017



CONCUSSION POLICY AND PROCEDURES

Classification:	OPERATIONS		
Policy Section/Contact:	Insurance & Risk	Approved By:	ELT
Effective Date:	September 9, 2021	Next Review Date:	June 1, 2022

CONTENTS

CONCUSSION POLICY	1
CONCUSSION PROCEDURE.....	2
Appendix 1 – Hockey Canada Concussion Card	4
Appendix 2 - Concussion Follow-up and Communication Form.....	5
Appendix 3 - SCAT 5 Pocket Recognition Tool	6

CONCUSSION POLICY

PURPOSE

Hockey Canada is committed to maintaining the health, well being and safety of all its participants. Safety is a top priority for those participating in the sport of hockey.

Hockey Canada recognizes the increased awareness of concussions. This policy is intended to be a tool to assist in proper management of those who have a concussion or are suspected of having a concussion.

Hockey Canada encourages the prevention of concussions using sound education programs and enforcement of the rules of the game.

This includes, but is not limited to:

- The reduction of violence in the game.
- The reduction of head contact.
- The reduction of hitting from behind.
- Education of all participants on prevention and recognition of head injuries.
- Responsible concussion management and return to play.
- Encouraging respect and fair play.

This policy applies to all players, coaches, officials, trainers, safety personnel, registered participants, parents/guardians, administrators, and decision makers of Hockey Canada.

Adherence

Hockey Canada expects all governing bodies to be dedicated to reducing concussions and their impact through commitment to education and enforcement of the rules.



CONCUSSION POLICY AND PROCEDURES

Hockey Canada expects all governing bodies to direct all team coaches, trainers, safety personnel, and staff to adhere to Hockey Canada's Return to Play strategy as a minimum standard in addressing concussion injuries. (Appendix 1)

Each governing body determines appropriate 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.

CONCUSSION PROCEDURE

If a player is suspected of having a concussion,

- They are immediately removed from play, regardless of whether 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.
- The player is referred to a physician for diagnosis as soon as possible.
- Once a player who is experiencing "concussion like symptoms" is diagnosed, they are not permitted to return to play or practice/training until all of the return to play requirements are met. (Appendix 1).
- Written clearance from a physician is required as outlined in the return to play strategy prior to returning to activity. Copy of this documentation is maintained as per Member/Minor Hockey Association policy and procedures. (Attachment – template – Appendix 2)
- NOTE: Second impact syndrome, although rare, can occur in players who return to activity with ongoing symptoms. Monitoring of return to play is essential. Always err on the side of caution.

The player is observed for symptoms and signs of a concussion using the Hockey Canada Concussion Card or the current SCAT 5 Pocket Recognition Tool (Appendix 3).

Remember, even though symptoms may not be present, or they come and go, the player must be removed from play the day of the injury, must not return that day and sees a physician as soon as possible.

If a concussion is suspected, players are observed on site. If a licensed healthcare professional is available, they can assist with this observation and evaluation. If the person on site is not a physician, the player is directed to a physician for diagnosis and follow up as soon as possible.

If the player experiences loss of consciousness, assume a neck injury – call Emergency Services. If there is a significant loss of awareness and/or orientation, direct the player to an emergency room at the nearest hospital. If unsure, err on the side of caution and call Emergency Services. It is important to become familiar with the red flags section of appendix 3 attached.

All injuries, including concussions, are documented and reported as per member/association reporting policies. If the player is a child or adolescent, also report to the parents/guardians.

All concussions and suspected concussions must be referred to a physician as soon as possible. Coaches, Safety Personnel, and parents/guardians are not to pressure the player to return to play until the player has completed the six-step return to play strategy and is medically cleared by a physician.



CONCUSSION POLICY AND PROCEDURES

Important

Most people recover fully after a concussion injury if they allow that injury to heal completely before returning to strenuous activity. A second sustained concussion on top of a first sustained concussion, however, can lead to substantially more damage than one concussion alone.

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. The more concussions an athlete sustains, the greater the odds of suffering another concussion. An athlete with a suspected concussion should not return to play until he or she has been medically evaluated by a physician.

Young players and some adults are more sensitive to the effects of a concussion and will need to have a longer period of recovery time after a concussion injury before returning to sport. Use symptoms rather than a set time frame when assessing return to play. Always follow the advice of a physician.

The Program Standards Committee and Risk Management Committee will review the Hockey Canada Concussion Policy annually.

Revision History

Date	Version #	Change
June 1, 2019	1.1	Revised
September 9, 2021	1.2	Revised - Approved by Hockey Canada Board of Directors



CONCUSSION POLICY AND PROCEDURES

Appendix 1 – Hockey Canada Concussion Card

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.

Symptoms

- Headache
- Dizziness
- Feeling dazed
- Seeing stars
- Sensitivity to light
- Ringing in ears
- Tiredness
- Nausea, vomiting
- Irritability
- Confusion, disorientation

Signs

- 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

For a complete list of symptoms and signs, visit parachute.ca/concussion

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.

- Neck pain or tenderness
- Vomiting
- Severe or increasing headache
- Loss of consciousness
- Deteriorating conscious state
- Increasingly restless, agitated or combative
- Double vision
- Weakness or tingling/burning in arms or legs
- Seizure or convulsion

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.

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 and some adults will require a more conservative treatment. Return to play guidelines should be guided by the treating physician.

Prevention Tips

Players

- 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

Coach/Trainer/Safety Person/Referee

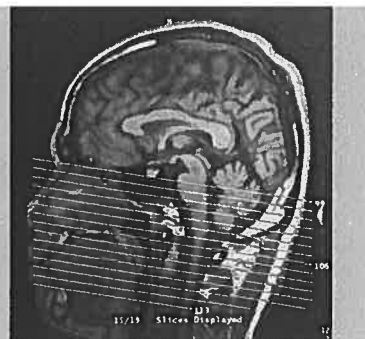
- Eliminate all checks to the head
- Eliminate all hits from behind
- Recognize symptoms and signs of concussion
- Inform and educate players about the risks of concussion



Education Tips
HOCKEY CANADA CONCUSSION RESOURCES
hockeycanada.ca/concussion

PARACHUTE CANADA
parachute.ca/concussion
Revised August 2021 | Item #5571 |

Concussion Guidelines for THE ATHLETE



WHAT IS A CONCUSSION?

A concussion is a brain injury that cannot be seen on routine x-rays, CT scans, or MRIs. It affects the way a person may think and remember things for a short time, and can cause a variety of symptoms.

WHAT ARE THE SYMPTOMS AND SIGNS OF CONCUSSION?

YOU DON'T NEED TO BE KNOCKED OUT (LOSE CONSCIOUSNESS) TO HAVE HAD A CONCUSSION.

THINKING PROBLEMS	CHILD'S COMPLAINTS	OTHER PROBLEMS
<ul style="list-style-type: none"> • Does not know time, date, place, period of game, opposing team, score of game • General confusion • Cannot remember things that happened before and after the injury • Knocked out 	<ul style="list-style-type: none"> • Headache • Dizziness • Feels dazed • Feels "dinged" or stunned; "having my bell rung" • Sees stars, flashing lights • Ringing in the ears • Sleepiness • Loss of vision • Sees double or blurry • Stomachache, stomach pain, nausea 	<ul style="list-style-type: none"> • Poor coordination or balance • Blank stare/glassy eyed • Vomiting • Slurred speech • Slow to answer questions or follow directions • Easily distracted • Poor concentration • Strange or inappropriate emotions (ie. laughing, crying, getting mad easily) • Not playing as well

WHAT CAUSES A CONCUSSION?

Any blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion (ie. a ball to the head, being checked into the boards in hockey).

WHAT SHOULD YOU DO IF YOU GET A CONCUSSION?

You should stop playing the sport right away.

Continuing to play increases your risk of more severe, longer lasting concussion symptoms, as well as increases your risk of other injury. You should tell your coach, trainer, parent or other responsible person that you are concerned you have had a concussion, and should not return to play that day. You should not be left alone and should be seen by a doctor as soon as possible that day. You should not drive. If someone is knocked out, call an ambulance to take them to a hospital immediately.

Do not move them or remove athletic equipment such as a helmet until the paramedics arrive.



Parachute is bringing attention to preventable injury and helping Canadians reduce their risk of injury and enjoy long lives lived to the fullest.

www.parachutecanada.org

rev. 2017-06-15

HOW LONG WILL IT TAKE TO GET BETTER?

The signs and symptoms of a concussion often last for 10-14 days but may last much longer. In some cases, athletes may take many weeks or months to heal. If symptoms are persistent (e.g., more than 10–14 days in adults or more than 1 month in children), the athlete should be referred to a healthcare professional who is an expert in the management of concussion. Having had previous concussions may increase the chance that a person may take longer to heal.

HOW IS A CONCUSSION TREATED?

THE GENERAL RECOMMENDATION IS A BRIEF 24-48 HOUR PERIOD OF REST FOLLOWED BY A GRADUAL RETURN TO LIGHT PHYSICAL AND COGNITIVE ACTIVITIES AS TOLERATED BY THE INDIVIDUAL. IT IS IMPORTANT TO REMEMBER TO NOT PUSH TOO HARD, AND ONLY INDULGE IN THOSE ACTIVITIES THAT DO NOT WORSEN SYMPTOMS WHILE PROGRESSING THROUGH THE STAGES OF RECOVERY.

You should not exercise or do any activities that may make you worse, like driving a car, reading, working on the computer or playing video games. No snow shoveling, cutting the lawn, moving heavy objects, etc. If mental activities (eg: reading, concentrating, using the computer) worsen your symptoms, you may have to stay home from school. You may also have to miss work, depending on what type of job you have, and whether it worsens your symptoms. If you go back to activities before you are completely better, you are more likely to get worse, and to have symptoms last longer. If symptoms are persistent (e.g., more than 10–14 days in adults or more than 1 month in children), the athlete should be referred to a healthcare professional who is an expert in the management of concussion.

Return to school should not happen until you feel better, and these activities do not aggravate your symptoms. It is best to return to school part-time at first, moving to full time if you have no problems. Once you are completely better at rest, you can start a step-wise increase in activities (see “When can I return to sport?”) It is important that you are seen by a doctor before you begin the steps needed to return to activity, to make sure you are completely better. If possible, you should be seen by a doctor with experience in treating concussions.

WHEN SHOULD I GO TO THE DOCTOR?

Anyone who gets a head injury should be seen by a doctor as soon as possible. You should go back to the doctor IMMEDIATELY if, after being told you have a concussion, you have worsening of symptoms like:

1. being more confused
2. headache that is getting worse
3. vomiting more than twice
4. not waking up
5. having any trouble walking
6. having a seizure
7. strange behaviour

WHEN CAN I RETURN TO SPORT?

It is very important that you do not go back to sports if you have any concussion symptoms or signs. Return to sport and activity must follow a step-wise approach:

STEP 1) After an initial short period of rest of 24-48 hours, light cognitive and physical activity can be initiated as long as they don't worsen symptoms. A physician, preferably one with experience managing concussions, should be consulted before beginning a step-wise return to learn and sport strategy.

STEP 2) Light exercise such as walking or stationary cycling, for 10-15 minutes.

STEP 3) Sport specific aerobic activity (ie. skating in hockey, running in soccer), for 20-30 minutes.
NO CONTACT.

STEP 4) “On field” practice such as ball drills, shooting drills, and other activities with **NO CONTACT** (ie. no checking, no heading the ball, etc.).

STEP 5) “On field” practice with body contact, once cleared by a doctor.

STEP 6) Game play.

There should be at least 24 hours (or longer) for each step of the progression. If any symptoms worsen during exercise, you should go back to the previous step. Resistance training should be added only in the later stages (Step 4 or 5 at the earliest). If symptoms are persistent (e.g., more than 10–14 days in adults or more than 1 month in children), the athlete should be referred to a healthcare professional who is an expert in the management of concussion.

You should not go back to sport until you have been cleared to do so by a doctor.

RESOURCES

Return to Learn Protocol

<http://horizon.parachutecanada.org/en/article/parachutes-return-to-learn-protocol/>

To learn more visit www.parachutecanada.org/concussion

A parent's guide to dealing with concussions

Heads Up!



Be Alert: Know that concussions are brain injuries

Concussions pose a significant injury risk to Canadians. They are often viewed as minor events that are tacitly accepted as part of sports. In reality, concussions are injuries to the brain that can have lasting effects. A group of world-renowned researchers recently defined concussion as a complex issue, in which one's brain is injured as the result of a direct force to the body, such as a blow to the head or elsewhere that causes a shaking or jarring to the brain.¹

As a busy parent, you may not understand the full complexity of concussions – they are a tricky topic! It's easy to identify your child's bruise or scrape, but it's not always as simple to identify an injury inside the head. If your child has experienced a sudden blow or impact, some signs of concussion include: headache, nausea, difficulty concentrating and various emotional issues – a full list of symptoms is available on the Parachute website². You

need to be alert to these symptoms – just as you would treat a sprained ankle, you also need to make sure you treat and respond to “sprained brains”!

Another way to be alert is to understand your role – parents are key influences on children's risk-taking patterns, particularly through the knowledge they have about their children's lives and experiences.^{3,4,5} As a parent, you may wonder how you can help reduce your child's risk of concussion. First, be aware of the behaviours you display to your children as they are constantly looking to you for examples. In fact, research has demonstrated that parents' risk-taking behaviours are strong predictors of children's behaviours in the present and future.⁶ Setting proper examples and encouraging safe practices will help ensure your children are learning and viewing the best ways to keep their most important body part safe and healthy!



PREVENTING INJURIES. SAVING LIVES.

www.parachutecanada.org

36 Eglinton Ave. W., suite 704
Toronto, ON M4R 1A1
647.776.5100
info@parachutecanada.org

Rev. 2017-06

Be Safe: Have the tools that help to prevent and identify concussions

Beyond being alert to the symptoms and being a good role model, parents can also find the tools and information to prevent, identify and manage concussions. These tools are available online and include:

- [Concussion Ed](#) mobile app⁷
- [Concussion Basics](#) flyer²
- [Sport concussion recognition tool 5 \(CRT5\)](#)⁸
- Hockey Canada's Concussion App⁹

Another important way to prevent concussions is ensuring that you teach children to respect the rules of sports and the players. As a parent, you should talk with your children about the meaning of good sportsmanship. One helpful example is the *Player Code of Conduct* form¹⁰, which was developed for hockey players but could be adapted for other activities.

Here are some common myths about concussions that might surprise you...

Concussions: Myths and Facts

Myth	Fact
Helmets can protect against concussions	There is no helmet available to make your child concussion-proof
My child didn't get hit on the head, so there's no way he has a concussion	A hit does not have to be directly to the head in order to result in a concussion
As long as I keep my child out of sports until she's better, she can do anything else	Concussions require mental and physical rest, beyond avoiding the activity where the concussion occurred
As long as my child rests, it is not necessary to see a doctor	Concussions are injuries - they are best treated by someone with experience
If my child did not lose consciousness, he probably doesn't have a concussion	Concussions do not always include a loss of consciousness and symptoms can take time to emerge

Be Aware: Know how to manage concussions

Even when following the rules of fair play, concussions can still happen. In the event that your child suffers a concussion, you need to be aware of how to best manage and treat this injury. First, it's always better to be safe than sorry. It's better to miss a few games or classes and have a healed brain! Second, if you are unsure whether your child may have suffered a concussion or if they are healing properly, see a doctor.

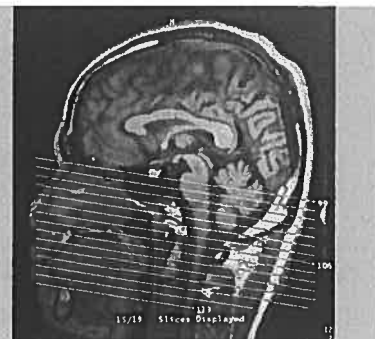
Even if your child says they feel better, specific guidelines and recommendations outline how best to return to sports and education:

- [Return to Learn Protocol: Visual tool for Parents / Teachers and Educators](#)¹¹
- [Return to Sport Guidelines](#)¹²

Concussions are not always a one-time event: symptoms may reappear or get worse, and after the first concussion, a child may be more susceptible to a second and subsequent concussions. It is important to be aware that multiple concussions can add increased strain to your child. Repeated concussions should be taken seriously and activities may need to be altered or even permanently stopped. The advice of a physician is important to consider when making these decisions.

References

- 1 McCrory, P., Meeuwisse, W.H., Aubry, M. et al. (2013). Consensus statement on concussion in sport: the 4th international conference on concussion in sport held in Zurich, November 2012. *British Journal of Sports Medicine*, 47, 250-258.
- 2 Concussion Basics. Parachute (2017) http://www.parachutecanada.org/downloads/resources/Concussion_Basics.pdf
- 3 Morrish, J., Kennedy, P. and Groff, P. (2011). Parental influence over teen risk-taking: A review of the literature. *SMARTRISK*: Toronto, ON
- 4 Stattin, H., & Kerr, M. (2000). Parental Monitoring: A reinterpretation. *Child Development*, 71,1072-1085.
- 5 Willoughby, T. & Hamza, C. (2011). A longitudinal examination of the bidirectional associations among perceived parenting behaviors, adolescent disclosure and problem behavior across the high school years. *Journal of Youth and Adolescence*, 40, 463-478.
- 6 Morrongiello, B., Corbett, M. & Bellissimo, A. (2008). 'Do as I say, not as I do?': Family influences on children's safety and risk behaviours. *Health Psychology*, 27, 4, 498-503
- 7 Concussion Ed. Parachute (2016) Retrieved from <http://horizon.parachutecanada.org/en/article/concussioned-parachutes-concussion-education-app/>
- 8 Concussion in Sports Group. Retrieved from <http://horizon.parachutecanada.org/en/article/sport-concussion-recognition-tool/>
- 9 Hockey Canada Concussion Mobile App. Information retrieved May 6, 2013, at: <http://www.hockeycanada.ca/en-ca/mobile-apps.aspx>
- 10 Smart Hockey Pledge Form. Retrieved May 6, 2013, at http://www.parachutecanada.org/downloads/programs/activeandsafe/Concussion_PlayerPledge.pdf
- 11 Return to Learn Protocol. Parachute. 2016. Retrieved from <http://horizon.parachutecanada.org/en/article/parachutes-return-to-learn-protocol/>
- 12 Return to Sport Guidelines. Parachute. 2017. Retrieved from <http://horizon.parachutecanada.org/en/article/concussion-return-sport-guidelines/>



WHAT IS A CONCUSSION?

A concussion is a brain injury that cannot be seen on routine x-rays, CT scans, or MRIs. It affects the way a child may think and remember things, and can cause a variety of symptoms.

WHAT ARE THE SYMPTOMS AND SIGNS OF CONCUSSION?

A CHILD DOES NOT NEED TO BE KNOCKED OUT (LOSE CONSCIOUSNESS) TO HAVE HAD A CONCUSSION.

THINKING PROBLEMS	CHILD'S COMPLAINTS	OTHER PROBLEMS
<ul style="list-style-type: none">• Does not know time, date, place, period of game, opposing team, score of game• General confusion• Cannot remember things that happened before and after the injury• Knocked out	<ul style="list-style-type: none">• Headache• Dizziness• Feels dazed• Feels "dinged" or stunned; "having my bell rung"• Sees stars, flashing lights• Ringing in the ears• Sleepiness• Loss of vision• Sees double or blurry• Stomachache, stomach pain, nausea	<ul style="list-style-type: none">• Poor coordination or balance• Blank stare/glassy eyed• Vomiting• Slurred speech• Slow to answer questions or follow directions• Easily distracted• Poor concentration• Strange or inappropriate emotions (ie. laughing, crying, getting mad easily)• Not playing as well

WHAT CAUSES A CONCUSSION?

Any blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion (ie. a ball to the head, being checked into the boards in hockey).

WHAT SHOULD YOU DO IF YOUR CHILD GETS A CONCUSSION?

Your child should stop playing the sport right away. They should not be left alone and should be seen by a doctor as soon as possible that day. If your child is knocked out, call an ambulance to take him/her to the hospital immediately. Do not move your child or remove any equipment such as helmet, in case of a cervical spine injury.

Wait for paramedics to arrive.

WHAT TO DO IF YOU SUSPECT YOUR CHILD HAS A CONCUSSION ?

In all suspected cases of concussion, the child should STOP the activity immediately and removed from the activity.

The sport concussion recognition tool 5 (CRT5), can be used by anyone to help identify suspected concussion in children, youth, and adults. It is helpful in identifying how to recognize symptoms related to concussion.

HOW LONG WILL IT TAKE FOR MY CHILD TO GET BETTER?

The signs and symptoms of a concussion often last for 10-14 days but may last much longer. In some cases, children may take many weeks or months to heal. If symptoms are persistent (e.g, more than 1 month in children), the child should be referred to a healthcare professional who is an expert in the management of concussion. Having had previous concussions may increase the chance that a person may take longer to heal.

HOW IS A CONCUSSION TREATED?

After an initial short period of rest of 24-48 hours, light cognitive and physical activity can be initiated as long as they don't worsen symptoms. A physician, preferably one with experience managing concussions, should be consulted before beginning a step-wise return to learn and sport strategy.

The child should not exercise, go to school or do any activities that may make them worse, like riding a bike, play wrestling, reading, working on the computer or playing video games. If your child goes back to activities before they are completely better, they are more likely to get worse, and to have symptoms longer.

Beyond the initial period of 24-48 hours of rest, they can start a step-wise increase in activities. It is important that your child is seen by a doctor before he/she begins the steps needed to return to activity, to make sure he/she is completely better. If possible, your child should be seen by a doctor with experience in treating concussions.

WHEN CAN MY CHILD RETURN TO SCHOOL?

Sometimes children who have a concussion may find it hard to concentrate in school and may get a worse headache or feel sick to their stomach if they are in school. Children should stay home from school if their symptoms get worse while they are in class. Once they feel better, they can try going back to school part time to start (eg. for half days initially) and if they are okay with that, then they can go back full time.

Parachute's Return to Learn protocol provides easy and useful information on the different stages of returning to learn. A Return to Learn strategy must occur before returning to sport.

WHEN CAN MY CHILD RETURN TO SPORT?

It is very important that your child not go back to sports if he/she has any concussion symptoms or signs. Return to sport and activity must follow a step-wise approach:

STEP 1) After an initial short period of rest of 24-48 hours, light cognitive and physical activity can be initiated as long as they don't worsen symptoms. A physician, preferably one with experience managing concussions, should be consulted before beginning a step-wise return to learn and sport strategy.

STEP 2) Light exercise such as walking or stationary cycling, for 10-15 minutes. As long as these activities don't make symptoms worse, move on to step 3.

STEP 3) Individual sport-specific exercise with NO CONTACT (i.e., skating in hockey, running in soccer), for 20-30 minutes. When your child has no more symptoms and is back to full-time school activities, move on to step 4.

STEP 4) "On field" practice with NO CONTACT (i.e., ball drills, shooting drills. No checking, no heading the ball, etc.).

STEP 5) "On field" practice with body contact, once cleared by a doctor.

STEP 6) Normal game play.

Note: There should be at least 24 hours (or longer) for each step of the progression. If any symptoms worsen during exercise, STOP activity and go back to the previous step. Resistance training should be added only in the later stages (Step 4 or 5 at the earliest). If symptoms are persistent (e.g, more than 10-14 days in adults or more than 1 month in children), the athlete should be referred to a healthcare professional who is an expert in the management of concussion.

WHEN SHOULD I TAKE MY CHILD TO THE DOCTOR?

Every child who gets a head injury should be seen by a doctor as soon as possible. Your child should go back to the doctor **IMMEDIATELY** if, after being told he/she has a concussion, he/she has worsening of symptoms such as:

1. being more confused
2. headache that is getting worse
3. vomiting more than twice
4. strange behaviour
5. not waking up
6. having any trouble walking
7. having a seizure

Problems caused by a head injury can get worse later that day or night. The child should not be left alone and should be checked throughout the night. If you have any concerns about the child's breathing or how they are sleeping, wake them up. Otherwise, let them sleep. If they seem to be getting worse, you should see your doctor immediately. **NO CHILD SHOULD GO BACK TO SPORT UNTIL THEY HAVE BEEN CLEARED TO DO SO BY A DOCTOR.**

RESOURCES

Return to Learn Protocol

<http://horizon.parachutecanada.org/en/article/parachutes-return-to-learn-protocol/>

