Okotoks Minor Hockey Association

"Practice and play like a champion today!"
Box 1152 Okotoks, AB T1S 1B2
403.710-2213

Return to Play Policy - Concussions

To be followed when a player leaves the ice with concussion-like symptoms or is asked to return to the bench at the discretion of the Safety Coach/Trainer following an on-ice incident that may have resulted in possible concussion.

CALL 911 if player is unconscious, has decreased consciousness, has a suspected neck or life threatening injury.

OMHA has implemented the HeadCheck Health App at the U15/Bantam and U18/Midget levels for the upcoming season.

1. Safety Coach/Trainer performs on-ice injury assessment (see Concussion Recognition tool)
2. If showing any positive signs or symptoms of concussion, according to the concussion recognition tool, player is safely removed from ice, removed from play, and returns to dressing room with assistance.
3. Safety Coach/Trainer completes the **Hockey Canada Injury Report** (attached). First page of report sent to OMHA Safety Director.
4. Safety Coach/Trainer should provide the player (or parent) with the following documents before the player leaves the rink, if possible:
    - ☐ **Return to Play Form**
    - ☐ Sport Concussion Information Handout (attached)
5. Player sees physician and/other health care providers for treatment and concussion management.

IF CONCUSSION FREE

IF, after visiting a Physician, **no concussion is suspected**, player may return to play once the following are completed:

- ☐ Player has returned the completed **Return to Play Form** to the Safety Coach/Trainer/Manager
- ☐ If player is in Bantam or Midget, they will need to submit the Safety Coach clearance form to HeadCheck Health (attached)
- ☐ Safety Coach/Trainer/Manager submits **Hockey Canada Injury Report** to OMHA Safety Director

SUSPECTED CONCUSSION or CONCUSSION DIAGNOSIS

- ☐ Safety Coach/Trainer notifies OMHA Safety Team *(Bantam/Midget Division Safety Coaches update on HeadCheck)*
- ☐ Player follows treatment plan as directed by Concussion Specialist (Physician, Chiropractor, and/or Physiotherapist); obtaining signatures on **Return to Play Form** as rehabilitation takes place.

When player has received final Physician clearance to return to play without any restrictions, player may return to play once the following are completed:

- ☐ **Return to Play Form** to OMHA Safety team.
- ☐ **Return to Play Form** added to HeadCheck at Bantam/Midget Divisions.

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Concussion Recognition Tool

OMHA has implemented new policy to utilize the Concussion Recognition Tool 5 at all divisions if mechanism of injury (impact, fall, collision) suspects concussion at practise, game or off-ice. See following page.

Please see the following page for a full printable copy.

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/ burning 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 so do.
- 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

STEP 3: SYMPTOMS

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

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.

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

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Sport Related Concussion – Information Handout

What is a Concussion?

A concussion is a brain injury. A concussion most often occurs without loss of consciousness. However, a concussion may involve loss of consciousness. Concussions are caused by the brain moving inside of the skull. The movement causes damage that changes how brain cells function, leading to symptoms that can be physical (headaches, dizziness), cognitive (problems remembering or concentrating), or emotional (feeling depressed).

The majority of people (80-90%) who experience concussion recover with no lingering symptoms.

How Concussions Happen?

Any impact (direct or indirect) 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:

Important note to parents and players:

Signs and symptoms may have a delayed onset (may be worse later that day, next morning, or even days later), 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.

Physical	Cognitive	Behavioural
Headache	Feeling "slowed down"	Frustration
Nausea	Difficulty concentrating	Anger
Vomiting	Feeling dazed	Feeling down/depressed
Blurred or double vision	Memory problems	Anxious
Seeing stars	Unable to multi-task	Sleeping more than usual
Poor balance	Not yourself	Difficulty falling asleep
Dizziness	Sleep disturbance	
Poor co-ordination		

The first 24-48 hrs after Concussion - REST

What should you do if concussion is suspected?

- 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, within 24-72 hrs.
- 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.

If you develop any of the following symptoms, go to the nearest Emergency Department:

- Stiff neck
- Fluid and/or blood leaking from nose or ears
- Difficulty waking up
- Difficulty remaining awake
- Fever
- Headache that gets worse, lasts a long time, or is not relieved by over-the-counter pain relievers
- Vomiting
- Problems walking and talking
- Problems thinking
- Seizures
- Changes in behaviour or unusual behaviour
- Double or Blurred vision
- Changes in speech (slurred, difficult to understand or does not make sense)

How is a Concussion Treated? How long does it take to get better?

Your physician and or other health care provider trained in concussion management will recommend a player should rest physically and mentally.

- Avoiding activities that increase any of the players symptoms, such as general physical exertion, sports, or any vigorous movements.
- This rest also includes limiting activities, which require thinking and mental concentration, such as playing video games, watching TV, school work, reading, texting, or using a computer, if these activities trigger players symptoms or worsen them.
- Symptoms and timelines may be very different from player to player, therefore ongoing concussion management and individualized rehabilitation plans are key in player Returning to Learn and Returning to Sport.
- Most recent research notes that most sport related concussions are resolved in less than two weeks in adults and less than 4 weeks in children.

Return to Learn

- Slowly returning to school is best. As a student, it can be hard for you to focus, remember and process information, which can affect how well a player learns and performs at school. Players and their school staff, including teachers and counselors, can work together to adjust players school work and school environment so a player can gradually return to full school activities and performance.
- A successful return to school must come before a return to play, but a return to physical activity may take place in parallel with a return to school.

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Return to Play Protocol

STEP 1

Light activities of daily living which do not aggravate symptoms or make symptoms worse. When able to tolerate step 1 without symptoms and signs, proceed to step 2.

STEP 2

Light aerobic exercise, such as walking or stationary cycling. Monitor for symptoms and signs. No resistance training or weight lifting. When able to tolerate step 2 without symptoms and signs, proceed to step 3.

STEP 3

Sport specific activities and training (e.g. skating). When able to tolerate step 3 without symptoms and signs, proceed to step 4.

STEP 4

Practice and drills without body contact. May add light resistance training and progress to heavier weights. The time needed to progress from non-contact to contact exercise will vary with the severity of the concussion and the player. When able to tolerate step 4 without symptoms and signs, medical clearance is required and needs to be provided to the team so that you may proceed to step 5.

STEP 5

Begin practice and drills with body contact. When able to tolerate step 5 without symptoms and signs, proceed to step 6.

STEP 6

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

There should be at least 24 hrs (or longer) for each step of the progression. If any of the symptoms worsen during exercise, you should go back to the previous step.

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Return to Play Form

This form is to be given to any player after any injury (game, practice, off-ice) in which a concussion is suspected.

Dear Physician:

Thank you for seeing our player. Your assessment is critical to the safe recovery of our player. OMHA has a Concussion Policy in place for any player suspected of having a concussion. As per our policy, a physician is required to provide clearance for any player that is suspected or diagnosed concussion criteria to either Return to Play or to proceed with more supervised concussion management.

- Please complete SECTION 1 below.
- Please complete SECTION 2 only if player has sustained concussion and is unable to return to play after 1 week

SECTION 1

☐ After assessment, it is my impression that the player is medically able to return to play without restrictions.

☐ After assessment, it is my impression that the player is medically not able to return to play and requires further supervised management prior to returning to play. SECTION 2 should be completed as the athlete rehabilitates.

Supervised concussion management prior to Return to Play. SECTION 2 should be completed as player rehabilitates.

Name of Physician: _____

Signature of Physician: _____ Date:_____

SECTION 2 – to be completed by a health care provider

1. FOLLOW-UP & Rehabilitation Plan
   ☐ Player has had follow-up assessment/testing with health care provided trained in concussion management. An individual rehabilitation plan has been recommended/implemented to support recovery.

   Date completed: _____

2. Rehabilitation Plan Completed
   ☐ Athlete completed all necessary clinical rehabilitation requirements and is discharged to Physician for further Return to Play recommendations (*refer to Concussion Return to Play Procedure)*

   Date completed: _____

3. FINAL PHYSICIAN CLEARANCE
   ☐ After final assessment, it is my impression that medically the player is able to return to play without any restrictions.

   Date Submitted to Safety Coach: _____

4. Form Submission to OMHA and HeadCheck (*Bantam/Midget Divisions)*

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☐ Player has returned completed Clearance Form to Safety Coach/Trainer.

Date Submitted to Safety Director: _____

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: __/__/__ (Mo. Day Yr.) Sex: ☐ M ☐ F

Address: _____

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

Parent / Guardian: _____

DIVISION

☐ Initiation ☐ Novice ☐ Atom ☐ Peewee
☐ 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 ☐ Face ☐ Skull ☐ Eye Area ☐ Throat ☐ Dental

Back ☐ Lower ☐ Neck ☐ Upper

Trunk ☐ Abdomen ☐ Ribs ☐ Chest

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

Leg: ☐ Left ☐ Right ☐ Knee ☐ Toe ☐ Shin ☐ Thigh ☐ Other ☐ Foot

Pelvis ☐ Hip ☐ 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: _____

Branch
APPROVAL

HOCKEY CANADA INJURY REPORT

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, $2,500 per accident
Treatment must be completed within 52 weeks of accident

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

Mail completed form to: **HOCKEY ALBERTA** 100 College Blvd. Box 5005, Room 2606 Red Deer, AB T4N 5H5 Tel : (403) 342-6777 Fax: (403) 346-4277 www.hockey-alberta.ca