



Concussion Policy and Important Information

November 2019

Introduction

This document will provide basic information about concussion, and how suspected concussion should be managed in the context of ice hockey. It aligns with the ACC SportSmart policy, and the 5th International Consensus Statement on Concussion in Sport (2017).

These resources can be accessed by:

ACC SportSmart Concussion: <https://accsportsmart.co.nz/concussion-2/>

Consensus Statement on Concussion in Sport: <https://bjsm.bmj.com/content/51/11/838>

We encourage use of these resources. This policy is not intended as a substitute for common sense nor proper medical care for concussion.

The Federation considers player safety as its core priority. We expect that all players suspected of having a concussion will follow the below guidance, incorporate proper medical care as indicated, and if concussion is diagnosed by a doctor, that the affected player will obtain written medical clearance before returning back to contact training or play.

What is a Concussion?

A concussion is a type of traumatic brain injury (TBI). It is caused by a bump, blow or jolt to the head or body that causes the head and brain to move quickly back and forth. Some of the ways you can get a concussion are when you hit your head during a fall, car crash, sports injury. It can occur with or without loss of consciousness.

It usually takes a little while for the brain to recover from a concussion but in most cases there are no lasting symptoms or ill effects. With a concussion the most rapid recovery occurs in the first few weeks although some take longer to recover.

The symptoms of concussion can be very debilitating, and make work, study, and daily tasks very difficult. It is crucial that everyone with a potential head injury have prompt medical assessment, and follow a care plan for complete recovery. Return to contact sport before a concussion is completely healed is dangerous, with the risk of further more serious head and other injuries significantly increased.

What do I need to know?

This form is designed to provide basic information regarding concussion. For anyone without medical training, the IIHF-endorsed **Concussion Recognition Tool 5 (CRT5)** is a very useful single page information sheet to aid you if there is a player you are concerned might have a concussion. To further educate yourself, we recommend accessing the ACC SportSmart website.

The CRT 5 can be downloaded as a PDF file at: <https://bjsm.bmj.com/content/51/11/872>

No one expects you to make the medical diagnosis of concussion, but if you follow the principles below, you can play an important role in making sure a potentially serious head injury is handled properly.

It is helpful to remember 3 R's for concussion:

1. Recognise the Signs and Symptoms

2. Remove the Player from Play

3. Refer them to a doctor for assessment

1. Recognise Symptoms of Concussion:

Symptoms can be varied, and may include; headache, confusion, difficulty concentrating or remembering, balance difficulties, nausea, dizziness, ringing in the ears, becoming light sensitive, sleepiness and excessive fatigue, irritability and mild mood lability. These symptoms may not occur immediately, but set in over several minutes to possibly a few days later.

2. Remove From Play: If you are concerned you or someone you know might have a concussion, the first step is to remove yourself (or them) from play, and to get a medical assessment by a doctor promptly. In most cases this should be done within 24 hours, but may need to be done sooner if concerning symptoms are present, as noted below.

Anyone suspected of having concussion shall be removed from the game irrespective of the game situation or anyone involved. This suspicion of concussion surpasses anyone's authority on the bench and player safety is the main priority.

3. Refer to a doctor within 24 hours, or sooner:

When to see a doctor immediately: If the player has concerning symptoms such as:

- loss of consciousness, however brief
- vomiting
- slurred speech
- vision changes
- confusion or disorientation
- convulsions or seizures
- memory loss, e.g. being unable to remember what happened before or after the concussion
- drowsiness or difficulty staying awake

- changes in mood or behaviour, eg unusual irritability
- a headache that gets worse and does not go away.
- weakness, numbness, or lack of physical co-ordination.

If any of the above symptoms occur, take the player immediately to the Emergency Department or call 111 for emergency ambulance assistance.

It is very important to carefully monitor a person who has had a head injury, as symptoms may develop later. It is very important that anyone who suffers a head injury be watched over the next 24 hours in case they do worsen.

You can call Healthline 0800 611 116 if you are unsure what you should do. Healthline is a free service that connects you with a registered nurse 24 hours a day, 7 days a week.

Treatment

There's no specific medication or treatment that functions as an easy cure for concussion. Rest and pulling back on activities help the brain to recover, but your gradual return to all activities can start early in your recovery. Do not try too much too fast. You should work out a recovery plan with your doctor. Other helpful advice includes:

- Concussion can have a wide variety of symptoms, and these can be unexpected and temporarily disruptive
- Have a graduated return to activity/academic work, and progress as discussed with your doctor.
- Recognise that you may need to avoid activities that require a lot of thinking or concentration, eg working on the computer, playing video games, phone use, tv. Don't do these activities to the point of getting symptoms – know your limits and respect them.
- Do not drink any alcohol until you are fully recovered. Your brain needs all its energy to heal.
- Limit exposure to bright lights, loud sounds or other stimuli that make you feel worse.
- Stay hydrated.
- Your doctor can prescribe medication that can help some of your symptoms, such as nausea and headaches.
- You might need time off work and University work. Talk to your doctor.
- Do NOT return to ice hockey until cleared to do so by your doctor.

Self-Care

If you or someone you know has a minor head injury with no immediately worrying symptoms, try these ideas. If you have any concerns at all, see your doctor.

- Apply ice or a cool pack for 10 to 20 minutes, every two to four hours, for the next day or two. (Wrapped ice or a pack of frozen vegetables will work well.) This will reduce swelling of the scalp and help with the pain.
- Drink only clear fluids for the first 2 hours, to decrease the likelihood of vomiting.
- Take nothing stronger than paracetamol for pain.
- Rest – someone must stay with the injured person if they sleep.
- Check every 2 hours to see if the person wakes easily (if asleep) and responds normally; that their behaviour and movements are normal; and that they know who they are and where they are.
- A responsible person should stay with the person for 24 hours after the injury.
- The injured person shouldn't drink any alcohol for 24 hours, and then only if symptom-free.

- See a doctor within if there symptoms or concern for concussion

Return to sport and other physical activity

You should develop a plan with your doctor to gradually progress back to participation in sport. All sporting organisations in New Zealand are signatories to the 2017 *Consensus Statement on Concussion in Sport*, and require you to go through a graduated return to play program before return to full participation in sport.

The NZIHF requires you to have written medical clearance to return to contact training and play. Any contact play without this written clearance is prohibited.

Even if you are not going to be involved in contact play after your injury, this gradual return approach is essential to your successful return to your pre-injury state of health.

The following 2 pages explain the basic outline for how to return to sport, work, and learning.



Concussion Recovery.

A concussion affects a person's ability to think and move. To ensure a full recovery and get safely back to school, work and sport it's important to follow best practice. This means following the Graduated Return to Learn/Work protocol, and completing the Graduated Return to Play if returning to sport. All ice hockey players are required to follow NZIHF concussion policy in order to return from concussion to play.

Graduated Return to Learn/Work (GRTL/W)

You may need to miss a few days of school/work. You must be completely back to school/work before you return to sport. Start gradually, if something makes your symptoms worse, stop that activity and rest until you feel better.

Stage	Activity at Each Step	Goals of Each Stage
1	Things you would normally do (e.g. reading, texting, screen time) as long as they do not increase symptoms (e.g. headaches, dizziness, fatigue). Start with 5-15 min at a time and gradually build up	No symptoms with things that you would do at home
2	Reading, checking emails, homework or other thinking tasks	No symptoms with school or work tasks completed at home
3	Gradually return to school/work. May need to start with a half day at school/work or take breaks during the day	Return gradually, guided by symptoms. Start part-time and take breaks when needed
4	Gradually return to school/work until a full day can be tolerated, may need to take breaks during the day to rest your brain	Return to school/work full-time guided by symptoms

If you continue to have symptoms with mental activity, stop the activity until symptoms ease, of consider doing the following:

- Start school/work later, only doing for half days, or going only to certain classes.
 - Allow extra time to finish projects/tasks.
 - Allow extra time to finish projects/tasks.
 - Work in a quiet room and avoid noisy areas
 - Take regular breaks during the day.
 - Avoid doing more than one exam per day.
 - Complete repetition/memory cue exercises.
 - Use a student helper/tutor.
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Graduated Return to Play (GRTP) - Mandatory to Complete before return to play

New Zealand Rugby (NZR) and ACC have spearheaded safe return to play policy in New Zealand. In cooperation with NZR, the NZIHF provides the following guide to GRTP. The mandatory stand-down period is 23 days for people under 19, and 21 days for people 19 and over. This is because children and adolescents often take longer to recover.

*Remember these timeframes are a **minimum**. You may need to spend longer in each stage depending on how you feel. If at any stage you feel worse, you need to return to the previous stage until you feel better. You should develop and follow your plan under the guidance of your doctor.*

Stage	What to Do	Goals	Timeframes:		
			Under 19	19+	
1	Rest / No activity	Mental and physical rest	Avoid physical activity, thinking tasks and screens	2 Days	2 Days
2	Light to moderate exercise	Symptom-guided activities such as walking, jogging or stationary cycling	Increase heart rate	14 Days	14 Days
3	Moderate to high exercise	Running/skating drills, no impact activities	Increased heart rate and movement	2 Days	1 Day
4	Non-contact training drills	Progression to more complex training drills: passing, shooting, weight training	Exercise, coordination and thinking components	2 Days	1 Day
Mandatory: Obtain written medical clearance from a doctor No progression unless written clearance given					
5	Full contact practice	May participate in normal training activities (contact training)	Restore confidence and assess function skills by coaching staff	2 Days	2 Days
6	After 24 hrs return to play	Player rehabilitated	Recover and return to play	1 Day	1 Day

In some cases, symptoms may be prolonged or a gradual return to activity may not be tolerated. If recover is lengthy, a concussion specialist or clinic can help with rehabilitation. If you are under 19 and are still having symptoms after 4 weeks or over 19 and still having symptoms after 2 weeks you need to go back to you doctor.

References www.health.govt.nz, www.mayoclinic.org, www.cdhb.health.nz <https://accsportsmart.co.nz/concussion/> all 2019.

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