

NMRHC Concussion policy

All NMRHC coaches and officials must receive initial online training and refresher training at least once every three years after that from the Concussion in Youth Sports online training program available on the Centers for Disease Control website:

http://www.cdc.gov/concussion/headsup/online_training.html

A copy of the training completion certificate should be provided to the team manager.

All parents, managers and members shall be provided a copy of the CDC “Parent/Athlete Concussion Information Sheet” for review and signature at the beginning of each season:

http://www.cdc.gov/concussion/headsup/pdf/Parent_Athlete_Info_Sheet-a.pdf

A copy of the signed sheet should be provided to the team manager.

(Should the CDC program or sheet become unavailable, a similar program or printed document agreed upon by the NMRHC board of directors may be substituted.)

In the event of a suspected player concussion:

1. A coach or official is required to remove the player from participation in any athletic activity if the player exhibits symptoms of a concussion or is suspected of having received a concussion.
2. The team manager will encourage the player’s parent or guardian to have the athlete evaluated by an informed health care professional.
3. Coaches, officials or managers shall not try to judge the seriousness of the injury.
4. The team manager will inform the athlete’s parents of NMRHC’s suggested “Return to Play” guidelines.

NMRHC Concussion Return to Play guidelines

If a concussion is identified either by loss of consciousness, headache, vomiting or other symptoms, the athlete should be removed from the remainder of the practice or game(s) on that day and should continue to be monitored for several hours after the injury to evaluate for any deterioration of his or her condition.

Under no circumstances should a player return to the ice the same day of a concussion. No athlete should return to play while still symptomatic at rest or with exertion.

If a player has been diagnosed with a concussion, they should not return to play until all symptoms have cleared up—including symptoms while taking medication and especially after stopping it. If medical help was sought, the player should be cleared for play by a licensed health care professional trained in diagnosing and managing concussion.

Return to play for the athlete is absolutely individualized, and care must be taken. There is no set timeline for recovery or return to play. Most players will become asymptomatic within a week of their concussion; however there will always be a longer recovery of full cognitive function in the younger athletes when compared to the college-aged athlete. A more conservative approach should be used with the pediatric and adolescent athlete.

“When in doubt, sit them out!”

These guidelines are meant to act as a suggestion for players after they suffer a concussion. The length of each phase varies depending on the severity of the concussion and the individual. Players should continue to the next phase only if all the signs and symptoms of a concussion are gone. An informed health care professional should be

consulted throughout the return to play protocol, especially if the signs and symptoms continue or reappear at any time.

Rest: Player should be taken out of play and referred to a health care professional. A concussed player needs to get plenty of rest. They should refrain from all physical and brain intense activity, including text messaging and video games. Parents are urged to speak with the player's school and teachers. Depending on the severity, players may need to stay home from school or limit homework and exams.

Light Exercise: If the player does not have any symptoms, begin light aerobic exercise (5-10 min) that does not drastically increase heart rate. Walk, light jog and stationary bike are suggested. No weights, jumping, or skating. Add activity that increases heart rate & limited body and head movement. May return to school part-time with a limited workload and watch some TV.

Hockey Specific: Upon approval by an informed health care professional, the player may resume skating, but not participate in practice. May return to school full-time, gradually increase reading and homework, but avoid video games.

Non-Contact: Begin heavy non-contact physical activity, such as running, stationary bike and resistance training. Player is allowed back on the ice, including practice, but without contact. Continue to increase school workload.

Full Contact: Reintegrate back into full practices, including contact drills and scrimmage. Participate in all academic school activities.

Upon completion of this phase without any signs or symptoms, the athlete may return to game competition. If medical help was sought, the player should be cleared for play by a licensed health care professional trained in diagnosing and managing concussion.

Concussion information (post on website along with above)

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

Prevention opportunities:

- Teach proper skating technique (head up to see surroundings, knee bend for proper balance) and how to correctly give and receive a hit (see USAHockey.com for material). This is applicable for both boys and girls.
- Helmets must fit securely around the head and be fastened tightly.
- Mouthguards must be worn in the proper manner.
- Perform neck strengthening exercises.
- Do not allow players to play in a dangerous manner. The attitude of the coach and parent plays a role in a player's aggressiveness.
- Teach players about the prevention, management, and treatment of concussions.
- Encourage all players to get a baseline test performed by health care professionals. Baseline tests enable medical staff to more accurately diagnose the severity of a concussion and monitor the athlete's readiness for returning to play.

While preventative measures like properly fitted and equipped safety gear such as mouth guards and helmets are helpful in minimizing the occurrence and severity of concussions, education and recognition are the most effective tools for improving the care and outcome for the athlete with a concussion. Individuals that need to be engaged include athletes, parents, coaches and penalty box officials.

A concussion cannot be seen. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. Concussion results in symptoms that interfere with school, social and family relationships and participation in sports. If a player reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

Headache is the most frequent reported symptom. Symptoms may not occur until several hours after the incident, and many young athletes may not be forthcoming of their symptoms as they fear activity restrictions.

Though loss of consciousness only occurs in about 10 percent of concussions, it is an important sign that should lead to further intervention. An unconscious athlete or one who regains consciousness quickly must be evaluated further on the bench.

Assessing a Potential Concussion

The following are tools that can be used to assess a player if you suspect a concussion. These are not diagnostic tools. For proper diagnosis, the player should always be seen by a health care professional.

MEMORY: Ask the player questions they should know the answer to such as date, period, opponent.

FOCUS: Talk with the player, are they focusing on the conversation? Able to speak with coherent sentences?

PHYSICAL TEST: Ask the player to touch their finger to their nose numerous times, is the player able to do this properly?

While assessing the player, keep in mind the most common signs and symptoms of concussions.

Common Signs of Concussion:

Things You Can Observe

- Behavior or personality changes (irritability, sadness, over-emoting, nervousness, etc.)
- Blank stare, dazed or confused look
- Repeating questions
- Changes to balance, coordination, or reaction time
- Delayed or slowed spoken or physical responses
- Disorientation (confused about time, date, location, game)
- Loss of consciousness (blackout) (occurs in less than 10 percent of people with concussion)
- Memory loss of event before, during, or after injury occurred
- Slurred/unclear speech
- Trouble controlling emotions
- Vomiting

Symptoms of Concussion:

Things the Athlete Tells You

- Blurry vision/double vision
- Confusion
- Dizziness
- Feeling hazy, foggy, or groggy
- Feeling very drowsy, having sleep problems
- Headache
- Inability to focus, concentrate
- Nausea (stomach upset)
- Not feeling right
- Sensitivity to light or sound

Ideas for website:

<http://www.minnesotahockey.org/concussioneducation>