



QCHA Concussion Policy

Original: 10/2017

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The USA Hockey Concussion Management Protocol and the law in most states requires that any athlete with a **suspected Sports Related Concussion** (SRC) is **immediately removed from play**.

The Quad City Hockey Association is committed to providing a safe and healthy environment for participants to enjoy the game of hockey. Part of our support in this regard involves promoting safety awareness in regard to the risk of concussions that can be incurred in many athletic activities including ice hockey. All QCHA team coaches and members are to adhere to this policy.

The QCHA program will utilize a multi-level approach to prevent concussions and should an athlete show signs or symptoms of a concussion make certain athletes are not at risk to sustain an additional head trauma until cleared to return to play by a physician. The multi-level approach is as such:

- Coach education regarding concussions involved in the USA Hockey certification program and as part of QCHA coaching preparation.
- Beginning of season education of team and family members as to the QCHA concussion policy.
- Coach and parents will be prepared to recognize the signs and symptoms indicating the possibility a concussion has occurred.
- Concussion baseline testing is highly recommended for all hockey players, which can be administered by local health care providers.
- Adherence to a program policy to remove from play an athlete who displays any signs or symptoms of a concussion (“When in doubt, sit them out”).
- Minimizing the risk of a concussion being incurred by properly structured practices.
- Recognize collisions with another player, ice or boards that could present the possibility of a player incurring a concussion.
- The athlete will not be allowed to return to play until a physician signs the QCHA Return to Play Permission form and it is turned into the head coach and team manager PRIOR to stepping on to the ice.
- A copy of the return to play form is to be provided to the QCHA Vice President.

Parent and Player Education:

- A concussion is a traumatic brain injury. If a concussion is suspected a player must be removed from play.
- This topic and our policy will be covered at the Team Parent meeting at the start of the season and posted on the QCHA website under “Concussion Awareness’.
- Concussion symptoms and signs evolve over time - - the severity of the injury and estimated time of recovery and return to play cannot be predicted.
- Each QCHA player family will receive a statement of this policy, USA Hockey Concussion What to Look For What to Do flier, and latest USA Hockey Concussion Management Program document.
- Parents are encouraged to review the concussion related information on the USA Hockey or CDC websites.
 - www.usahockey.com/safety-concussions
 - www.Cdc.gov/headsup

Signs and Symptoms of a Concussion

Appears dazed or stunned	Headache
Confused about assignments	Nausea
Moves clumsily	Poor balance
Answers slowly	Dizziness
Behavior or personality changes	Double or blurred vision
Unsure of score or opponent	Light or noise sensitivity
Can't recall events before the injury	Groggy
Can't recall events after injury	Confused

Return to Play Training Protocol

- A player who has shown signs or symptoms of a potential concussion will be restricted from play until a Concussion Return to Play Permission Form signed by an authorized medical professional is returned to the head coach and team manager. An original or copy of the document will be forwarded to the QCHA Vice President
- A player who returns to play with the required Concussion Return to Play Form will be closely monitored.

[USAH Return To Play Form](#)

RETURN TO PLAY FORM

The USA Hockey Concussion Management Protocol and most state statutes require that an athlete be removed from any training, practice, or game if they exhibit any signs, symptoms or behaviors consistent with a concussion or are suspected of sustaining a concussion. The player should not return to physical activity until he or she has been evaluated by a qualified medical provider who has provided written clearance to return to sports.

This form is to be used after an athlete has been removed from athletic activity due to a suspected concussion and must be signed by their medical provider to return without restriction to training, practice and competition.

Return this form to the MidWest Affiliate Safety Representative at: kburkelake@yahoo.com

Player Name: _____ DOB: ____ / ____ / ____

District/Affiliate: _____ Name of person reporting: _____

Association & Team: _____ Date of injury: ____ / ____ / ____

Location of injury/Arena: _____

Injury signs/symptoms: _____

Date of Initial Visit to Health Care Professional: ____ / ____ / ____

Print Health Care Professional Name: _____ License Number: _____

Role of Health Care Professional: (Medical, Orthopedic, Pediatric, etc.) _____

Address: _____ Phone Number: _____

I HEREBY AUTHORIZE THE ABOVE-NAMED ATHLETE TO RETURN TO ATHLETIC ACTIVITY FOR FULL PARTICIPATION WITHOUT RESTRICTION.

Signature: _____ Date: ____ / ____ / ____

I AM THE PARENT OR LEGAL GUARDIAN OF THE PLAYER IDENTIFIED ON THIS FORM AND I CONSENT TO THEIR RETURN TO ATHLETIC ACTIVITY WITHOUT RESTRICTION.

Parent/Legal Guardian Name: _____

Signature: _____ Date: ____ / ____ / ____

I AM THE COACH OF THE PLAYER IDENTIFIED AND I CONFIRM RECEIPT OF THIS CLEARANCE FORM ACKNOWLEDGING THE HEALTH CARE PROVIDER AND PARENT HAVE APPROVED THE ATHLETE'S RETURN TO PARTICIPATION WITHOUT RESTRICTION.

Coaches Name: _____

Coach Signature: _____ Date: ____ / ____ / ____
