



To: Clubs, Schools, Committees & Venue Supervisors
From: Rod Templeton
Date: 4th April 2018
Subject: Dealing with Head Injuries/ Player Concussion

As we have all seen, the question of concussion is “front & centre” for many sports. We need to make sure our players who have suffered a possible concussion injury (& any other injury) are identified &, if required, properly treated.

Currently, our Competition By-Laws state;
Head Injuries

CHA insists that a player that has received a head injury with suspected concussion, irrespective of whether the injury occurred while playing hockey, may only commence playing again when a medical certificate clearing the player of concussion has been supplied to the CHA office.

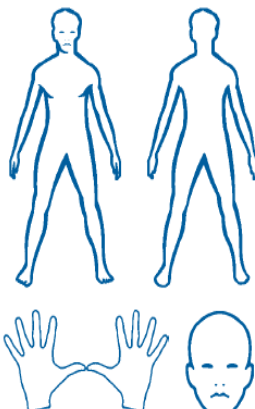
To achieve a safe environment we will require the following steps in relation to head injuries on all Canterbury Hockey turfs:

- If a player is injured in the head the Umpires &/ or Team Manager must require the player to stop playing & move to the Dug-Out
- The Team Manager must require the player to obtain medical treatment either immediately or as soon as practical
- The Umpires must note the injury & player on the Game Card, & advise the Venue Supervisor.
- The Venue Supervisor must complete the Accident/incident Reporting Form (attached) - note: this form should be completed for ALL injuries
- The Office Support will record in a register any injured players reported & advise the Club Secretary or School TIC
- The injured player will not be able to resume playing until a Doctors Certificate is provided to the Office Support, who will then advise the Club Secretary or School TIC.

We strongly recommend clubs and school provide face masks for use at penalty corners. In 2018 this is not compulsory but will be reassessed as the season progresses.

Please advise your playing community of our requirements for dealing with head injuries.

Player Accident / Incident Reporting Form

Location:	Incident Date:	Name of Injured:	Reported by:																					
	Incident Time:	Age:	Venue Supervisor:																					
		Club:																						
			TREATMENT (Tick appropriate box) Nil <input type="checkbox"/> First Aid <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital <input type="checkbox"/>																					
Discomfort/Injury Details – Body Part	Discomfort/Injury Type (tick)		Description of Accident / Incident:																					
	<input type="checkbox"/> Aches/pain (gradual) <input type="checkbox"/> Dermatitis <input type="checkbox"/> Aches/pain (sudden) <input type="checkbox"/> Dislocation <input type="checkbox"/> Amputation <input type="checkbox"/> Fatal <input type="checkbox"/> Broken bone <input type="checkbox"/> Foreign body <input type="checkbox"/> Bruising incl. crushing <input type="checkbox"/> Eye <input type="checkbox"/> Nose <input type="checkbox"/> Ear <input type="checkbox"/> Burn/scald <input type="checkbox"/> Inhalation disease (asbestos /le <input type="checkbox"/> Chemical reaction <input type="checkbox"/> Hearing loss (noise induced) <input type="checkbox"/> Choking/suffocation <input type="checkbox"/> Poisoning <input type="checkbox"/> Concussion/brain injury <input type="checkbox"/> Strain/sprain <input type="checkbox"/> Cut (infected) <input type="checkbox"/> Other <input type="checkbox"/> Cut (not infected) <input type="checkbox"/> Multiple injuries <input type="checkbox"/> Dental injury		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 25%;">Root Cause(s) of Incident</th> <th style="width: 25%;">Initial Control/Corrective Action Suggested Action/s</th> <th style="width: 25%;">Person Responsible for completing</th> <th style="width: 12.5%;">Date Completed</th> <th style="width: 12.5%;">Review Completed</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Root Cause(s) of Incident	Initial Control/Corrective Action Suggested Action/s	Person Responsible for completing	Date Completed	Review Completed															
Root Cause(s) of Incident	Initial Control/Corrective Action Suggested Action/s	Person Responsible for completing	Date Completed	Review Completed																				
Severity:	Severity Scale																							
1. Severe pain 2. Pain 3. Mild pain 4. Discomfort	<input style="width: 100%;" type="text"/>																							
Duration	Duration Scale																							
A. Discomfort/Pain is always present to some degree B. Discomfort/pain stays but improves after a night's rest C. Only at Park D. Occasional	<input style="width: 100%;" type="text"/>																							
Is Further Investigation Required? Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, please give reason):																								
Final Classification: Early Discomfort Incident (EDI) <input type="checkbox"/> / Near Miss Incident (NMI) <input type="checkbox"/> / First Aid Incident (FAI) Medical Treatment Incident (MTI) <input type="checkbox"/>																								
Venue Supervisor Manager Sign off: _____ Date: _____																								
Competitions Manager Sign off : _____ Date: _____																								