



CANTERBURY HOCKEY ASSOCIATION

HEAD INJURY & CONCUSSION POLICY

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1. Introduction

- 1.1. Canterbury Hockey Association (CHA) is the organisation responsible for developing and delivering hockey in the Canterbury region.
- 1.2. CHA, in conjunction with our Head Injury & Concussion Partners – Motus Health, has developed this policy to apply to all CHA delivered competitions.
- 1.3. CHA endorses the 2017 Berlin Consensus Statement on Concussion in Sport and supports and promotes the International Hockey Federation (FIH) Position Statements on Concussion in Sport. It is the aim for this policy to be as consistent as possible with the Consensus and Position Statements.
- 1.4. This policy sets out the guiding principles and provides general advice regarding concussion management in hockey in Canterbury.

2. Player and Participant Welfare

In considering the management of hockey-related concussion, every Club, School or Representative team participating in CHA delivered competitions or events is committed to protecting the health and welfare of hockey players and participants at all levels.

3. What is Concussion?

- 3.1. Concussion is caused by trauma to the brain, which can be either direct or indirect (e.g., whiplash injury). When the forces transmitted to the brain are high enough, they can injure or ‘stun’ the nerves and affect how the brain functions.
- 3.2. Concussion is characterised by a range of observable signs (e.g., lying motionless on the ground, blank or vacant look, balance difficulties or motor incoordination) or symptoms reported by the player (e.g., headache, blurred vision, dizziness, nausea, balance problems, fatigue and feeling ‘not quite right’).
- 3.3. Other common features of concussion include confusion, memory loss and reduced ability to think clearly and process information. It is important to understand that a player does not have to lose consciousness to have a concussion.
- 3.4. The effects of concussion evolve or change over time. Whilst in most cases, symptoms improve, in some cases, effects can worsen in the few hours after the initial injury. It is important that a player suspected of sustaining a concussion be monitored for worsening effects and be assessed by a medical professional as soon as possible after the injury.
- 3.5. The risk of complications is thought to increase when a player returns to sport before being fully recovered. This is why it is important to recognise a concussion and ensure the player only returns when they have fully recovered.

4. Management Guidelines for Suspected Concussions

4.1. Concussion Management

The most important steps in the early management of concussion include:

- **Recognising** the injury may be a concussion or suspected concussion;
- **Removing** the player from play or training; and
- **Referring** the player to a medical professional.

4.2. Recognise

- a. Recognising concussion is critical to correctly managing and preventing any short or long-term injury or damage.
- b. There are some visible signs and symptoms associated with a suspected concussion, including:

Loss of consciousness or responsiveness	Laying motionless/slow to get up
Unsteady on feet, balance problems and poor coordination	Facial or head injury
Dazed, blank or vacant look	Confusion or impaired memory
Player does not seem like their normal self	Seizure or convulsion
Vomiting	Difficulty answering questions

NOTE: Loss of consciousness, confusion and memory disturbance are all classic features of concussion. The problem with relying on these features to identify a suspected concussion is that they are not present in every case.

- c. Symptoms reported by the player that should raise suspicion of concussion include:

Headache	Nausea or feel like vomiting
Blurred vision	Balance problems or dizziness
Feeling “dinged” or “dazed”	“Don’t feel right” or slower than usual
Sensitivity to light or noise	More emotional or irritable than usual
Sadness	Nervous/anxious
Neck pain	Feeling like in a fog
Difficulty concentrating or other memory difficulties	Grabbing/clutching of the head

4.3. Remove

- a. Any player with a concussion or suspected concussion is to be removed from play, training or other related activity immediately, or as soon as it is safe to do so.
- b. When responding to a player, the basic principles of first aid should be adhered to (Danger, Response, Send for help, Airway, Breathing, CPR and Defibrillation).
- c. Structural head injuries may present mimicking a concussion. The signs and symptoms of a structural head injury will usually persist or deteriorate over time, e.g., persistent or worsening headache, increased drowsiness, persistent vomiting, increasing confusion and seizures. In these instances, unless a qualified health professional is on site, do not attempt to treat or move the player - call an ambulance immediately and await its arrival.
- d. A neck injury should be suspected if there is any loss of consciousness. If a neck or spine injury is suspected, the player should not be moved (other than where airway support is required or by a qualified health professional trained in immobilisation techniques), and any protective equipment such as a helmet or face mask should not be removed, unless; the person removing the equipment is trained to do so, or the player's airway is being impeded. If no qualified health professional is on site, do not attempt to move the player – call an ambulance and await its arrival.

- e. Club, School and Representative hockey training and matches may not have a dedicated medical professional available at the venue. In the absence of assessment and clearance by a qualified medical professional, any player with a concussion or suspected concussion must not return to play, training or activity on the same day that the injury occurred. If in doubt, sit them out!
- f. In all hockey matches at which no dedicated medical professional acting in a match-day medical role is available at the venue:
 - i. The welfare of each player is the responsibility of their club, school & representative team through a representative of their team (who may be a coach, manager, captain, parent or spectator).
 - ii. If, following a head impact or collision, a player is observed with any visible sign or symptom of concussion (refer to clause 4.2 for a detailed list of concussion signs and symptoms), play must be stopped.
 - iii. It is not the responsibility of the match officials involved with the match to assess players for any injury.
 - iv. A representative of the club, school or representative team must ensure any player showing any visible sign or symptom of concussion is removed from the field before play may recommence. Under no circumstances should the removed player be allowed to resume their participation in the match; unless a medical professional acting in a dedicated match-day role assesses and clears the player to return.

4.4. Refer

- a. Any player with an unreported suspected head injury or concussion should contact CHA or our Head Injury & Concussion Partners – Motus Health (contact information below; clause 4.4.b.) or a medical professional as soon as possible after the injury for assessment. Ideally, if a medical professional is preferred over Motus Health, they should have experience in the diagnosis and management of sports concussion.
- b. To contact Motus Health in regard to a suspected head injury or concussion, please email: Sportshub@motushealth.co.nz or phone 03 9666 555.
- c. A list of local doctors and emergency departments near each CHA turf / venue are listed on the CHA Head Injury Poster located in all dugouts within the CHA hockey turf network.
- d. Any suspected head injury or concussion that occurs at a training or match must be reported by the individual's club, school or representative team, by their manager, coach, team member, parent or spectator, using the CHA Head Injury QR code located in all dugouts within the CHA hockey turf network, as outlined in clause 4.5 below.

4.5. Symptom Assessment

If a player is suspected of a head injury or concussion during a match or training session, the following steps must be followed;

- a. The player must be removed from the match or training session immediately, or as soon as it is safe to do so;
- b. Using a mobile device, any member of the team or support team (manager, coach, team member, parent, spectator) will act as an **assessor** and must then scan the CHA Head Injury QR code (located in all CHA dugouts);
- c. Upon scanning of the QR code the assessor is then required to complete the **Head Injury Assessor Report**, as outlined in Schedule 2.
- d. If a player is suspected of a head injury or concussion, the player is not to return to playing in the match or participating in the training or activity where the injury occurred.
- e. The Head Injury Assessment Report will be accessed by CHA within one working day, at which time, the player will be contacted by CHA. Following this contact the player will either;
 - i. Be cleared to return to play with no further assessment required, but advised to monitor any developing symptoms and to make contact with CHA or Motus Health if anything changes; or
 - ii. Be put in contact with Motus Health via email to arrange concussion assessments with their Head Injury Team, consisting of a physiotherapist and sports doctor.
 - iii. At this point, if the player chooses to seek their own medical professional for further assessment and assistance, they may do so. However, they will be required to provide a medical certificate from this medical professional clearing them to return to play before the player can be re-activated in the PlayHQ Management System.
- f. If clause 4.5.e (ii) is triggered, the player status will be updated to “Concussion Assessment Required” and the following provisions will apply to that player;
 - i. An initial appointment with Motus Health will be arranged with the player as soon as possible, most likely to be within 48 hours of the contact and appointment request being sent.
 - ii. The player will be suspended in PlayHQ Management System.
 - iii. Following the initial concussion assessment with the Motus Health Head Injury Team, the player may be cleared to return to play and re-activated in PlayHQ.
 - iv. If a concussion is diagnosed the player will be required to complete the Return to Play Protocol (R2PP) – as outlined in Clause 5 and Schedule 1.
 - v. The player will be completely supported by CHA and Motus Health through this entire process.

5. Return to Play Protocol

5.1. If a player is diagnosed by Motus Health as sustaining a Concussion, the player must complete the CHA Return to Play Protocol (R2PP), as outlined in Schedule 1.

Note – This process was originally developed by an international committee dedicated to concussion management, known as CISG (Concussion In Sport Group), and for this policy has been modified by CHA and Motus Health to be more hockey specific.

5.2. The table in Schedule 1 outlines the minimum process to follow in returning to play following a concussion.

5.3. If symptoms return at any phase/stage, the player should return to the previous stage until all symptoms have been resolved.

5.4. While completing the R2PP, a player cannot pass more than one stage of the R2PP per day.

5.5. If a player chooses to use their own medical professional, the player must provide CHA with a medical certificate, clearing them to resume full training and to play in matches.

5.6. Any player who has been diagnosed with a concussion will remain suspended in the PlayHQ management system until they have either:

- a. Completed the R2PP (schedule 1) and received clearance from Motus Health; or
- b. Received a medical certificate from their own medical professional.

6. Concussion Tools and Resources

The following resource produced by ACC is a comprehensive injury prevention framework, and is the most up to date resource available in New Zealand.

It covers a wide range of potential injuries, including concussions;

The link to the ACC SportSmart Reference Resource is set out below:

<https://www.acc.co.nz/assets/injury-prevention/ACC7170-ACC-SportSmart-reference-resource-the-nine-principles.pdf>

Schedule 1: CHA Return to Play Protocol (R2PP) Stages

Return to activity stage	Functional exercise at each stage of rehabilitation	Objective of each stage
No activity	Avoid all physical and mental exertion including the use of technology. (e.g. phones, computers, reading, TV).	Recovery
Light aerobic exercise	Walking, swimming or stationary bike; keep intensity of exercise very low/easy. No resistance training.	Add movement
Physical training drills	Running drills only. Can be on turf, but no stick & ball, just physical training.	Increase heart rate
Non-contact Sport-specific training drills	Progression to light hockey training drills. (e.g. passing drills, flow drills, PC's – no tackling or contact drills)	Exercise, coordination and cognitive load
Full contact practice	Following clearance from Motus Health, participate in normal training activities. Full contact, tackling and game play drills	Restore confidence and have functional skills assessed by coaching staff
Return to play	Play competition matches.	Full return to sport

CANTERBURY HOCKEY HEAD INJURY ASSESSOR REPORT:

Part 1: Observable Signs – Pre-Maddox Questions

Lying motionless on playing surface	YES	NO
Falling unprotected to the surface	YES	NO
Balancing difficulties, stumbling or slow / laboured movements	YES	NO
Impact seizure	YES	NO

Part 2: Maddox Questions:

What venue are we at today?
Which quarter is it now?
Who scored last in this match?
What team did you play last week / game?
Did your team win the last game?

Part 3: Observable Signs – Post-Maddox Questions

Disorientation or confusion	YES	NO
An inability to respond appropriately to questions	YES	NO
Blank or vacant look	YES	NO