

# **Field Hockey Alberta Policy and Protocol**

## **1.1 Concussion Policy**

Field Hockey Alberta is committed to maintaining the health of the community and believes that health is more important than participating in sport/activity/work/school. Field Hockey Alberta recognizes the increased awareness of concussions and their long-term effects and enacts this policy and protocol as a tool to help manage concussed and possibly-concussed individuals and preserve the health of the community.

## **1.2 Definition of Concussion**

Field Hockey Alberta supports the definition of concussion from the 2012 Zurich consensus statement on concussion in sport.

*Concussion is a brain injury and is defined as a complex pathophysiological process affecting the brain, induced by biomechanical forces<sup>1</sup>.*

## **1.2 Definition of Suspected Concussion**

Field Hockey Alberta defines suspected concussion as the recognition that an individual appears to have either experienced an injury or impact that may result in a concussion, or is behaving unusually that may be a result of concussion. Please note that concussions can occur from an impact to the head, face, body or no impact at all.

## **1.3 Ensuring Safe Play**

All Field Hockey Alberta staff and participants will behave ethically at all times.

## **1.4 Concussion Action Plan (CAP)**

A Concussion Action Plan (CAP) will allow proper care for athletes when a suspected concussion occurs. The CAP will provide appropriate direction to all individuals. **[SEE CAP PROTOCOL].**

## **1.5 Documentation of Incident**

There are several areas throughout the concussion management that need to be documented:

- A. Time of injury- record and monitor all signs and symptoms for 24-48 hours post injury. (Note if signs get worse and if any from the “red flag” symptoms show follow the emergency protocol).
- B. During recovery- record how much school/work/sport time has been missed, this is valuable for the athlete if they ever sustain another concussion.
- C. Return to play- documentation needs to occur if the athlete has clearance from a medical doctor before returning to game play. There should be documentation from the athlete that states he/she has successfully returned to school/work full time without reoccurring symptoms as well as successfully exercised to exhaustion without reoccurring symptoms.

## **1.6 Safe Recovery**

### **A. Return to Learn [SEE RETURN TO LEARN PROTOCOL]**

The start of this stepwise program starts with cognitive and physical rest. Follow each step through completion. If symptoms reappear at any stage, stop, wait until the symptoms are gone for 24 hours and start back at the previous stage. You may need to move back a stage more than once during the recovery process . Physical activity during return to learn is restricted to walking as tolerated.

### **B. Return to Play [SEE RETURN TO PLAY PROTOCOL]**

Return to learn/work must be fully completed, the athlete must be in full time school environment without physical activity before starting return to play. Ensure that after completing a step, wait 24 hours before moving to the next step. The athlete must be asymptomatic throughout this process, if symptoms do come back, wait 24 hours after symptoms have subsided and when returning back start at the step previous. This should be medically guided.

## **1.7 Education**

Every player, parent and coach must receive annual concussion education prior to the beginning of each season. Education must include topics:

- Physiology
- Early recognition of signs and symptoms
- Sport injury culture
- Return to learn
- Return to play
- Concussion Action Plan(CAP) Protocol

## **Implementation of Concussion Action Plan (CAP)**

### **Part 1. Acute care**

#### **STEP 1: STOP ACTIVITY**

If at any time it is suspected an athlete has sustained a concussion, immediately stop all activity. Do not move the individual. Reference the Concussion Management Pocket Tool for signs and symptoms (Appendix 4).

#### **STEP 2: FIRST AID**

All individuals working directly with the athlete should have current standard first aid and CPR. Assess the situation as directed by Standard First Aid/CPR protocol.

- If ambulance is required, call 911. Ensure that you follow the instructions given to you by the dispatcher.
- If an ambulance is not required, then move to STEP 3.

#### **STEP 3: RED FLAG SYMPTOMS**

If the athlete is experiencing any of red flag symptoms, **get the athlete to the emergency room as soon as possible. Do not allow the player to return back to sport without a doctor's note.** Reference the Concussion Management Pocket Tool for signs and symptoms (Appendix 4).

#### **STEP 4: REMOVE FROM ACTIVITY AND MONITOR**

If no red flag signs are present, the **athlete must be removed from all activity.**

- Monitor the symptoms, as red flag symptoms can come on within 24-48 hours

#### **STEP 5: GO TO HEALTHCARE PRACTITIONER**

Get assessed by a healthcare practitioner as soon as possible.

#### **STEP 6: COMMUNICATE WITH PARENT/GUARDIAN/CAREGIVER AND DOCUMENT**

Contact the athlete's caregiver as soon as possible to inform them of the injury. Provide caregiver with ACA's concussion management tool, CAP, return to learn/work, and return to play guidelines.

a. In the event an athlete's caregiver cannot be reached and the athlete is able to be sent home, the athletic therapist, doctor, coach, nurse or other appropriate administrative personnel should ensure the individual will be with a responsible adult capable of monitoring the individual and who understands the home care instructions before allowing the individual to go home. Additional steps to take are:

i. Continue efforts to reach the caregiver.

ii. If there is any question about the status of the athlete, or if the athlete is not able to be monitored appropriately, the athlete should be referred to the emergency department for evaluation. A coach, athletic therapist, nurse, or other appropriate administrative personnel should accompany the individual and remain with the individual until the caregiver arrives.

iii. Athletes with suspected concussions should not be permitted to drive

#### **STEP 7: COMMUNICATE WITH SUPERVISORS AND DOCUMENTATION**

Communicate the injury to the athlete's supervisor. Such personnel may include the athletic therapist, doctor, nurse, counsellor, employer, coach, administrator or teachers of the injured athlete.

- a. Communication should include documentation of the incident, and all events that followed.

# Concussion Action Plan (CAP)

## CONCUSSION SYMPTOMS

- Headaches
- Dizziness
- Blurry vision
- Feeling “slowed down” or “dazed”
- Sensitivity to light and sound
- Difficulty concentrating
- General confusion
- Difficulty with balance maneuvers
- Difficulty orienting to time and place
- Not feeling like yourself

## RED FLAG SIGNS

- Headaches that worsen
- Seizures
- Looks drowsy or can't be awakened
- Repeated vomiting
- Slurred speech
- Cannot recognize people or places
- Increased confusion; unusual behavior change; irritability
- Weakness or numbness in arms or legs
- Neck pain
- Double Vision

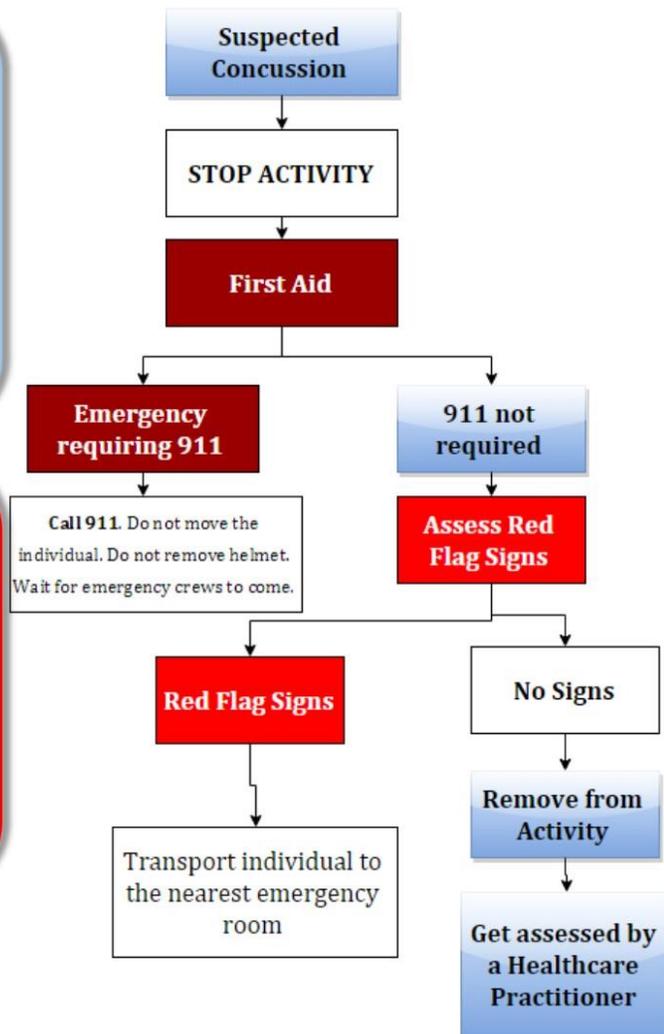
### For more information

#### please visit:

[www.braincarecentre.com](http://www.braincarecentre.com)

[www.cattonline.com](http://www.cattonline.com)

<http://www.parachutecanada.org>



- If at any time it is suspected an individual has sustained a concussion, immediately stop all activity. Do not move the individual.
- ACA defines suspected concussion as the recognition that an individual appears to have either experienced an injury or impact that may result in a concussion, or is behaving unusually that may be a result of concussion. Please note that concussions can occur from an impact to the head, face, body or no impact at all.
- When concussion symptoms are present, the injured individual should not take any medication.
- When monitoring the individual, look for red flag and concussion symptoms, as well as symptom severity.

For more details visit:

<http://www.sportmedab.ca/content.php?id=1745>