

BHC Concussion Policy

1. Introduction

The intention of this policy is to provide guidelines to captains, coaches and team managers for all age groups regarding BHC's position on concussion sustained while playing hockey. The following summarises the key requirements from England Hockey's Policy on Concussion, namely: -

RECOGNISE AND REMOVE - learn to recognise the signs and symptoms of concussion and remove a player from the field if ANY doubt.

- PROTECT OUR YOUNG ATHLETES – England & GB Hockey recommends different return to play protocols for different ages.
- Concussion must be taken extremely seriously to safeguard the long-term welfare of players.
- All players with a diagnosed concussion must be removed from the field of play and not return to play or train on the same day. Players with a diagnosed concussion must go through a graduated return to play program (GRTP), described later in this document.
- **All players with a suspected concussion where no appropriately trained personnel are present must be assumed to have a diagnosed concussion and must be removed from the field of play and not return to play or train on the same day.** In this situation, players must go through a graduated return to play (GRTP) protocol.
- Players who complete a GRTP must receive medical clearance from a doctor or an approved healthcare professional before returning to play.

Fortunately, most head injuries are mild and do not lead to complications or require hospital admission. However, a small number of children do suffer from a severe injury to the brain. Complications such as swelling, bruising or bleeding can happen inside the skull or inside the brain. How much damage is done depends on the force and speed of the blow. This guidance, which is based on guidelines from EH, is to help coaches and first aiders to treat head injuries when they happen and recognise signs which mean that a player requires further medical assessment or hospital treatment following a head injury.

For further information reference should be made to England Hockey's Concussion Policy, November 2016.

2. Head injuries that occur during hockey:

Any injury involving the head that occurs during sporting activities requires the child/player to cease play immediately and sit out for the rest of that session or the duration of the match. First aiders and coaches should consider whether referral to a medical practitioner is required. The following provides guidance on how to recognise concussion and what the necessary remedial action should be.

SIGNS THAT MEAN AN AMBULANCE SHOULD BE CALLED (DIAL 999)

- Unconsciousness or lack of consciousness (for example problems keeping eyes open)

- Problems with understanding, speaking, reading or writing
- Numbness or loss of feeling in part of body
- Problems with balance or walking
- General weakness
- Any changes in eyesight
- Any clear fluid running from either or both of the ears or nose
- Bleeding from one or both ears
- New deafness in one or both ears
- A black eye with no associated damage around the eye
- Any evidence of skull damage, especially if the skull has been penetrated
- Any convulsions or having a fit

SIGNS THAT A CHILD SHOULD BE TAKEN TO AN A&E DEPARTMENT STRAIGHT AWAY

- Any evidence of scalp damage i.e. cut to any part of the head
- Any problems with memory
- A headache that won't go away

Any vomiting or sickness

- Previous brain surgery
- A history of bleeding problems or taking medicine that may cause bleeding problems (for example Warfarin)
- Irritability or altered behaviour such as being easily distracted, not themselves, no concentration or no interest in things around them, particularly in infants and young children (younger than 5 years)

GRADUATED RETURN TO PLAY (GRTP) AFTER CONCUSSION:

Removal from play

All players with a diagnosed concussion must be removed from the field of play and not return to play or train on the same day.

Players with a diagnosed concussion must go through a graduated return to play protocol (GRTP).

All non-elite players with a potential concussion must be presumed to have a diagnosed concussion and must be removed from the field of play and not return to play or train on the same day.

Non-elite players with a potential concussion must go through a graduated return to play protocol (GRTP).

Any player who presents with the following signs or symptom **MUST** be permanently removed from the field of play:

- Traumatic convulsion

- Tonic posturing
- Confirmed loss of consciousness
- Suspected loss of consciousness
- Ataxia - unsteady on feet
- Disorientated or confused

3. Graduated Return to Play (GRTP)

All players diagnosed with a concussion must go through a graduated return to play (GRTP) program as outlined in this document.

As per Zurich 2012, younger athletes who sustain a concussion should be managed more conservatively. Hockey recommends different minimum rest periods and different length GRTP stages for differing age groups - protecting our young athletes.

A summary of the minimum rest periods and different length GRTP stages for different ages is shown below:

Players up to (but not including) 18 years of age

- Minimum rest period 2 weeks and symptom free
- GRTP to follow rest, with each stage lasting 48 hours
- Earliest return to play - Day 23 post injury

Adult - 18 years of age and over

- Minimum rest period 24 hours and free of symptoms
- GRTP to follow rest, with each stage lasting 24 hours
- Earliest return to play - Day 6 post injury

A GRTP should only commence if the player:

- has completed the minimum rest period for their age
- is symptom free and off medication that modifies symptoms of concussion.

Medical or approved healthcare professional clearance is required prior to commencing a GRTP.

In any doubt then refer to EH's Concussion Policy and inform the BHC's Welfare Officer.

4. When a medical practitioner or approved healthcare practitioner is not available to manage GRTP

When a medical practitioner or approved healthcare practitioner is not available to manage and review the GRTP, the player MUST NOT play until completion of a minimum 2 week rest period and the relevant GRTP for that age.

In addition, the process should be observed and managed by someone familiar with the player who could identify any abnormal signs displayed by the player.

Clearance to play by a medical practitioner or approved healthcare practitioner should always be sought.

5. GRTP conclusion

It is recognised that players will want to return to play as soon as possible following a concussion.

Players, coaches, management, parents and teachers must exercise caution to ensure that:

- all symptoms have subsided fully;
- the GRTP program is followed; and
- the advice of medical practitioners or approved healthcare practitioner is strictly adhered to.

In doing so, all concerned can reduce the risk to a player's career longevity and long term health.