AHAI Player Safety

A guide to knowing what to look for & what to do when our players are involved in sports.

Athletes are constantly being instructed to ‘give it their all’ & ‘challenge themselves to be the best they can be’…. but at what cost?

In the past few years, we have seen and heard many professional & amateur athletes collapsing on the field of play regardless of what that field may look like.

This packet has been designed to assist players, coaches, volunteers, parents, etc. to look for the signs that an athlete may be in distress and may be afraid to say something or may not even realize there is a problem.

While nothing can compare to seeking professional medical help, what is done in the first few minutes could make a difference in the athlete’s life.

If a player cannot get up on his/her own accord, do not move the player as it could do more harm. Calling 911 is the most important thing to do & keep the player calm.

Player Equipment – players should have properly fitting equipment to ensure that the protective padding is located where it should be on their body.

- Safety begins with the proper equipment required for the sport
- All teams should have an emergency toolkit complete with helmet screws, skate screws, extra new mouth guards, hockey tape, athletic tape, pre-wrap, ponytail holders for the female players, etc., and the necessary tools needed to assist in repairs
- Players should have 2 properly sized hockey sticks & extra undergarments
- Keep an extra stocking hat in the hockey bag for those cold nights leaving the rink

The next page contains symptoms for various categories & the balance of this packet will have policies, information, resources, etc. including a sample spreadsheet that the AHAI Safety Committee would like to begin using to track concussions & injuries to better communicate & publish informational material. No personal information will be required as privacy & security of our players is a priority.

Concussions – know the signs…. after a fall where the head has made impact with a solid object/surface, know what to look for in the athlete & **WHEN IN DOUBT, SIT THEM OUT.**

Headache	*Confusion*	*Difficulty paying attention*
Dizziness	*Balance*	*Feeling sluggish, groggy*
Nausea	*Vomiting*	*Bothered by light or noise*
Sleep problems		*Loss of Consciousness*
Slowed reaction time		

These are all symptoms of a possible concussion or that something is not right. Cards that can be carried in a wallet or purse are available through the Safety Committee by contacting Anita Lichterman, AHAI Safety Coordinator.

Cardiac Arrest – people can go into cardiac arrest at any time & for any reason….. when this happens to an athlete, are you prepared to step in & be of help?

- *Contact your local Fire Department, Park District, or Hospital & find out how to become certified in CPR*
- *Know where the AED (automated external defibrillator) is in the facility*
- *Know the warning signs:*
  Fainting/blackouts especially during exercise, unusual fatigue or weakness, chests pain, shortness of breath, dizziness, palpitations

Injuries – know what a potential injury may look like & be prepared.

- ✓ *Always be sure there is a first aid kit with bandages (various sizes), a couple ice packs, splints, rubber gloves, tweezers, gauze, tape, etc.*
- ✓ *Players with asthma should always have an inhaler on the bench for emergencies*
- ✓ *Bleeding, swelling of a particular body part, a player holding a specific area on the body, or any facial expression showing the player is in pain will be a tell tale that there is something wrong & the player needs help*

USA Hockey continues to recommend a neck laceration protector for all players. The heightened discussions around lacerations from a skate blade reinforce the recommendation that players wear a neck laceration protector that covers as much of the neck as possible along with cut-resistant socks, sleeves, or undergarments. USA Hockey, led by its safety and protective equipment committee, will work with equipment companies, and maintain efforts to ensure the safest possible environment for all participants.

Neck Laceration Protectors

USA Hockey is very concerned about neck lacerations and the potential catastrophic involvement of arteries, veins, and nerves.
There is sparse data on neck laceration prevalence, severity, and neck laceration protector (neck guard) effectiveness.

Highlights of research on Neck Laceration Protectors:

- Current neck laceration protector designs *do not eliminate the risk* of a neck laceration: 27% of players who sustained a neck laceration were wearing a "neck guard" at the time of the injury.
- Neck lacerations are potentially catastrophic, but most are superficial: 20 (61%) required bandaging only, 11 were sutured and 2 were glued.
- Damage to the neck guard is not an indicator of the cut resistance of a neck guard.
- Neck laceration protectors with Spectra fibers were the most cut resistant.
- Some neck laceration protectors shrink after washing, which may decrease surface area, expose more of the neck, and reduce effectiveness.
- Neck laceration protectors can decrease cervical spine range of motion.

USA Hockey Neck Laceration Protector Policy

USA Hockey *recommends* that *all players* wear a neck laceration protector, choosing a design that covers as much of the neck area as possible. Further research & improved standards testing will better determine the effectiveness of neck laceration protectors.

Concussion Signs and Symptoms

Signs Observed by Coaching Staff

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets sports plays
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Symptoms Reported by Athlete

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

Action Plan

- If you suspect that a player has a concussion, you should take the following steps:
- Remove athlete from play
- Ensure athlete is evaluated by an appropriate health care professional. Do not try to judge the seriousness of the injury yourself.
- Inform the athlete’s parents or guardians about the known or possible concussion and give them the fact sheet on concussion.
- Allow athletes to return to play **only** with permission from an appropriate health care professional.

It's better to miss one game than the whole season

For more information and to order additional materials free of charge,
visit: **cdc.gov/ConcussionInYouthSports**

Story from ***Red Line Editorial, Inc.***

Teamwork takes on many different forms in hockey.

We spoke with Kevin Margarucci, USA Hockey's manager of player safety.

Q: How has concussion awareness changed in recent years?

A: Fortunately, concussion awareness has been brought to the forefront of a lot of people's minds because of what's going on at the pro levels. Obviously, the youth game is a lot different than the pro game, but, nonetheless, that has brought awareness to everybody.

USA Hockey takes into account the latest medical research that is out there and tries to educate everyone involved in the game to the best of our ability. Based on the information available, USA Hockey has put in place and continues to advance policies and protocols for concussion management and return to play.

Q: The culture of sports often is to try to fight through some injuries or a little bit of pain, at times. Can you explain, based on what we have learned so far, why it is so important that it cannot be the case when dealing with a head injury?

A: The thing I've always done with my experience as an athletic trainer is preach to parents, coaches, and athletes that you need your brain for the rest of your life. Even if you aspire to be a pro athlete, you're not going to do that if you do not take care of yourself. Any injury is indicative of that, but head injuries can be more serious and have some long-term effects.

The NHL just put out a concussion education video, and there are a couple athletes who stress that players shouldn't have a "tough-it-out mentality." They must do the right things to recover the right way.

Not only do they know that, but they also know they have support from their coaching staff, the support staff and even their teammates.

That culture of being a tough player and getting patted on the back for toughing it out is not there anymore. We need to get that message to the grass-roots level.

Q: Where did the Team Up Speak Up Week idea originate?

A: The Concussion Legacy Foundation started this program in 2016 and reached out to us to be a supporter of it. It started as a one-day campaign, but last year we both wanted to expand it to a week in order to help raise awareness.

Together, we identified a week during October because it's the beginning of the season for a lot of youth teams. We timed it to coincide with the beginning of the season, so the message is out there. It's our goal that the message continues to resonate throughout the season.

Q: How can teams and associations get involved?

A: The concept is very simple. We ask the coach to **give a short speech** to their team and post a video of the speech on social media using #TeamUpSpeakUp.

A lot of times kids are scared to speak up to their coach because they don't want anyone to be upset with them. By having the coach give that speech to the kids, it empowers them and shows those kids that their coach cares about them. Ultimately, teammates become more likely to speak up.

Q: Realizing that we could be addressing athletes of various ages, are there some basic tips that can be passed along to the athletes about how they can recognize someone who possibly has a concussion?

A: When you look at concussions, you look at a lot of different things. You look at signs someone can observe and symptoms in various degrees that you have to be able to identify.

By looking at someone, you can't tell if they have a headache, you can't tell if they're dizzy, you can't tell if their ears are ringing, you can't tell some of those symptoms.

There are some signs though. They have a blank stare. They're not responding to questions. Their personality is different. If they fell on the ice or had an impact, they may have been slow to get up or may have been grabbing at their head.

There are outward signs that you can view that may trigger the idea that something doesn't look right. Those are the types of things that an athlete might show.

Q: What else can be done to reduce the impact concussions and other injuries have on sports?

A: One of the things that I think this week ties into is the Declaration of Safety, Fair Play and Respect that was just ratified by USA Hockey's Board of Director this past June. The Declaration is a collaborative effort between players, coaches, officials, administrators, and parents to change the culture around body checking to ensure there are no hits from behind, hits to the head or late hits.

If we can continue shifting the culture of body checking in today's game to focus on possession and not to intimidate or hurt an opponent, then we're looking at reducing the risk of injury and making our game safer and more fun for everybody on every level.

They go hand in hand. We want to decrease the risk of injury, but also when it does happen — I don't think you're ever going to have a zero rate of injury in any sport — we want to make sure we're doing the right thing for our players when they are injured.

RESOURCES

Baseline testing is not mandatory.

Locations of all Athleticos that offer baseline testing

https://www.athletico.com/services/head-injury-and-concussion-management/baseline-testing/

Unite 2 Play - Home - PLAY Sports Coalition

NFL Expands Smart Heart Sports Coalition to Include 26 Members, Continuing to Drive CPR and AED Advocacy

NFL Founds Coalition to Advance Adoption of Life-Saving Policies For Student Athletes

ACC Joins Smart Heart Sports Coalition to Support Nationwide CPR Education, AED Access - American College of Cardiology

Red Cross Part of NFL's Coalition to Help Prevent Student Athlete Deaths Due to Cardiac Arrest

Video | Dr. Sasson on the Smart Heart Sports Coalition 3-27-2023 | American Heart Association

RESOURCE GUIDE FOR INJURY MANAGEMENT

This information is to be used as a guideline only and not meant to replace any formal first aid training or care by a licensed medical professional.

1 FIRST AID KIT

The first aid kit should include the following supplies:

- Athletic Tape (1" and 1½")
- Foam Under Wrap
- Band Aids (variety of sizes)
- Sterile Gauze Pads (4x4)
- Roll Gauze
- Wound Cleansing Solution or Saline Rinse (can use soap/water as well if these are not available)
- Alcohol/Antiseptic Wipes
- Non-Latex Disposable Gloves
- Elastic Wraps (ACE Bandages)
- Hand Sanitizer
- Paramedic Scissors
- Uniform Blood Cleaner (Hydrogen Peroxide)
- Extra Mouth Guards
- Parent/Guardian Contact Information
- Emergency Numbers (Local Hospital, Ambulance)

2 WOUND CARE

Follow these steps to care for wounds:

- Put on disposable gloves
- Apply direct pressure using sterile gauze
- Once bleeding stops, clean the wound with sterile wound cleanser or soap/water
- Cover with a sterile band aid or wound dressing
- If bleeding persists, continue to apply direct pressure and wrap the area with a roll gauze to hold pressure on the wound. Refer to a physician for further care or suturing

3 INJURY EVALUATION

Use the **HOPS** protocol to evaluate the athlete's injury.

H History

Ask the athlete the following questions:

- How did the injury happen?
- Where does it hurt?
- Do you have any tingling/numbness? (may indicate nerve damage)
- Did you feel or hear a "pop, snap or crack" (could indicate more severe injury such as fracture, dislocation, muscle, tendon or ligament tear)

O Observation

Compare the injured side to the uninjured side. Look for swelling, bruising or deformity. A large amount of swelling or bruising immediately can indicate a more severe injury.

P Palpation

Feel the injured area for tenderness and pain. Feel for warmth on the injured side versus the uninjured side.

S Special Test

These should be performed by a trained medical professional, but you can assess simple movement to see if there is any dysfunction. Ask the athlete if they can move the injured body part through its range of motion. You may also assist or passively move the athlete through range of motion. Note any pain or limitations.

If you suspect a neck or spine injury, ***DO NOT MOVE*** *the athlete or have the athlete move themselves. Activate Emergency Medical Services (9-1-1) and have the injured athlete evaluated and transported by qualified medical personnel at a hospital or health care facility.*

4 INITIAL TREATMENT

Use the **RICE** protocol to treat basic injuries.

R Rest

Have the athlete rest from activity to allow healing to begin and prevent further damage. Better to have an athlete sit out when in doubt rather than risk further damage and prolonged recovery.

I Ice

Apply ice pack to the injured area for 20 minutes per hour. Make sure the ice pack is removed for at least 40 minutes before reapplying. Provide a thin towel layer between the skin and the ice pack to prevent the skin from being damaged. This will help with pain control and decreased swelling in the area.

C Compression

Use an elastic wrap or ace bandage to compress the injured area. Start at an area away from the heart and wrap toward the heart. Compression will help reduce swelling after an injury has occurred.

E Elevation

Elevate the injured area above the level of the heart. This will also help reduce swelling in the injured area.

5 EMERGENCY ACTION PLAN

It's important to have an emergency action plan in place. Follow these steps to make sure you're ready should an emergency arise.

- Talk to your local ice rink management to see if they have an established emergency action plan in case of a serious or life-threatening injury.
- Check to see if your local ice rink has an Automated External Defibrillator (AED) and where it is located.
- If no emergency action plan is in place, we encourage your association to adopt one. Visit the following website for guidelines in emergency action planning – *anyonecansavealife.org*.
- Recommend that coaches become certified in First Aid, CPR and AED use.

6 CONCUSSION RESOURCES

- Visit *usahockey.com/safety-concussions* to download the Concussion Management Protocol and Return to Play Guidelines.
- Download the CDC Heads Up Concussion App for free on Apple or Android devices. This app provides detailed helmet fitting guidelines as well as information on how to recognize concussions and treatment management guidelines.
- See reverse of this page for additional concussion information.

USA HOCKEY

CONCUSSION

WHAT TO LOOK FOR • WHAT TO DO

SIGNS AND SYMPTOMS

THESE SIGNS AND SYMPTOMS MAY INDICATE THAT A CONCUSSION HAS OCCURRED.

SIGNS OBSERVED BY COACHING STAFF

- Appears dazed or stunned
- Is confused about assignment or position
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

SYMPTOMS REPORTED BY ATHLETE

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

ACTION PLAN

If you suspect that a player has a concussion, you should take the following steps:

1. Remove athlete from play.
2. Ensure athlete is evaluated by an appropriate health care professional. Do not try to judge the seriousness of the injury yourself.
3. Inform athlete's parents or guardians about the known or possible concussion and give them the fact sheet on concussion.
4. Allow athlete to return to play **only** with permission from an appropriate health care professional.

It's better to miss one game than the whole season.

For more information and to order additional materials **free-of-charge**, visit:
CDC.GOV/HEADSUP/YOUTHSPORTS

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

2023 Concussion Management Program

Michael Stuart MD
Kevin Margarucci ATC

A sports concussion management program must be incorporated within each affiliate. All USA Hockey programs should follow this protocol as a minimum standard and conform to their individual state concussion statutes.

Accepted current medical practice and the law in most states requires that any athlete with a ***suspected*** **Sports Related Concussion** (**SRC**) is ***immediately removed from play***.

- A concussion is a traumatic brain injury- ***there is no such thing as a minor brain injury.***
- A player does not have to be "*knocked-out*" to have a concussion- ***less than 10% of players lose consciousness***.
- A concussion can result from a blow to head, neck, ***or body***.
- Concussions often occur to players who don't have or just released the puck, from open-ice hits, unanticipated hits, and illegal collisions.
- The **youth** hockey player's brain is ***more susceptible*** to concussion.
- Concussion in a young athlete may be *harder* to diagnosis, takes *longer* to recover, and is *more likely* to have a recurrence, which can be associated with serious long-term effects.
- The strongest predictor of slower recovery from a concussion is the severity of **initial symptoms** *in the first day or 2* after the injury.
- Treatment is individualized and it is impossible to predict when the athlete will be allowed to return to play- ***there is no standard timetable***.

A player with ***any*** **symptoms/signs** or a ***worrisome*** **mechanism of injury** has a concussion until proven otherwise:

"When in doubt, sit them out."

Follow these concussion management steps:

1. Remove immediately from play (training, practice, or game)
2. Inform the player's coach/parents or guardians.
3. Refer the athlete to a qualified health-care professional (as defined in state statute)
4. Initial treatment requires a short period of rest, but the athlete may participate in light exercise (if their symptoms are not made worse).
5. Begin a graded return-to-sport and return-to-learn.
6. Provide written medical clearance for return to play (the ***USA Hockey Return to Play Form*** is required)

Diagnosis

Players, coaches, officials, parents, and heath care providers should be able to recognize the symptoms/signs of a sport related concussion. (See attached ***Concussion Recognition Tool 6***)

Symptoms:

- Headache
- "Pressure in head"
- Neck Pain
- Nausea or vomiting
- Balance problems
- Dizziness
- Drowsiness
- Blurred vision
- Difficulty concentrating/remembering
- "Don't feel right"
- Sensitivity to light/noise
- More emotional or irritable
- Fatigue or low energy
- Feeling like "in a fog"
- Feeling slowed down
- Confusion
- Sadness
- Nervous or anxious

Observable Signs:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion
- Inability or slow to respond appropriately to questions
- Blank or vacant look
- Slow movement or incoordination
- Balance or walking difficulty
- Facial injury after head trauma

Management Protocol

1. If the player is ***unresponsive***- call for help & dial 911

2. If the athlete is ***not breathing***: start **CPR**

3. Assume a neck injury *until proven otherwise*

- ✓ DO NOT move the athlete.
- ✓ DO NOT rush the evaluation.
- ✓ DO NOT have the athlete sit up or skate off until you have determined:
    - no neck pain
    - no pain, numbness, or tingling
    - no midline neck tenderness
    - normal muscle strength
    - normal sensation to light touch

4. If the athlete is conscious & responsive without symptoms or signs of a neck injury…

- help the player off the ice to the locker room.
- perform an evaluation.
- do not leave them alone.

5. Evaluate the player in the locker room: **Concussion Recognition Tool 6** or other sideline assessment tools

- Ask about concussion ***symptoms.***
- Observe for concussion ***signs.***
- ***Memory Assessment***
    - → What venue are we at today?
    - → What period is it?
    - → Who scored last in this game?
    - → Did your team win the last game?
    - → Who was your opponent in the last game?

→ If a healthcare provider is not available, the player should be safely removed from practice or play and referral to a physician arranged.

6. A player with any symptoms or signs, disorientation, impaired memory, concentration, balance, or recall has a concussion and should not be allowed to return to play on the day of injury.

7. The player should not be left alone after the injury, and serial monitoring for deterioration is essential over the initial few hours after injury.

If any of the signs or symptoms listed below develop or worsen go to the **hospital emergency department** or dial **911**.

- Severe throbbing headache
- Dizziness or loss of coordination
- Ringing in the ears (tinnitus)
- Blurred or double vision
- Unequal pupil size
- No pupil reaction to light
- Nausea and/or vomiting
- Slurred speech
- Convulsions or tremors
- Sleepiness or grogginess
- Clear fluid running from the nose and/or ears
- Numbness or paralysis (partial or complete)
- Difficulty in being aroused

8. Concussion symptoms & signs *evolve over time*- the severity of the injury and estimated time to return to play are unpredictable.

9. A qualified health care provider guides the athlete through **Return-to-Learn** and **Return-to-Sport** strategies.

10. Written clearance from a qualified health care provider is required for an athlete to return to play without restriction (training, practice, and competition). Only the **USA Hockey Return to Play Form** is acceptable:

Return-to-Sport (RTS) Strategy: each step typically takes a minimum of 24 hours.

Step	Exercise Strategy	Activity at each step	Goal
1	Symptom-limited activity	Daily activities that do not exacerbate symptoms (e.g., walking)	Gradual reintroduction of work/school activities
2	Aerobic exercise **2A—Light** (up to approximately 55% max HR) **then** **2B—Moderate** (up to approximately 70% max HR)	Stationary cycling or walking at slow to medium pace. May start light resistance training that does not result in more than mild and brief exacerbation* of concussion symptoms.	Increase heart rate
3	Individual sport-specific exercise Note: If sport-specific training involves any risk of inadvertent head impact, medical clearance should occur prior to Step 3	Sport-specific training away from the team environment (e.g., running, change of direction and/or individual training drills away from the team environment). No activities at risk of head impact	Add movement, change of direction
Steps 4–6 should begin after the resolution of any symptoms, abnormalities in cognitive function and any other clinical findings related to the current concussion, including with and after physical exertion.			
4	Non-contact training drills	Exercise to high intensity including more challenging training drills (e.g., passing drills, multiplayer training) can integrate into a team environment.	Resume usual intensity of exercise, coordination, and increased thinking
5	Full contact practice	Participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6	Return to sport	Normal game play	

*Mild and brief exacerbation of symptoms (i.e., an increase of no more than 2 points on a 0–10 point scale for less than an hour when compared with the baseline value reported prior to physical activity). Athletes may begin Step 1 (i.e., symptom-limited activity) within 24 hours of injury, with progression through each subsequent step typically taking a minimum of 24 hours. If more than mild exacerbation of symptoms (i.e., more than 2 points on a 0–10 scale) occurs during Steps 1–3, the athlete should stop and attempt to exercise the next day. Athletes experiencing concussion-related symptoms during Steps 4–6 should return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities. Written determination of readiness to RTS should be provided by an HCP before unrestricted RTS as directed by local laws and/or sporting regulations.
HCP, healthcare professional; max HR, predicted maximal heart rate according to age (i.e., 220-age).

Return-to-Learn (RTL) Strategy

Step	Mental Activity	Activity at each step	Goal
1	Daily activities that do not result in more than a mild exacerbation* of symptoms related to the current concussion	Typical activities during the day (e.g., reading) while minimizing screen time. Start with 5–15 min at a time and increase gradually.	Gradual return to typical activities
2	School activities	Homework, reading or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work
3	Return to school part-time	Gradual introduction of schoolwork. May need to start with a partial school day or with greater access to rest breaks during the day.	Increase academic activities
4	Return to school full time	Gradually progress in school activities until a full day can be tolerated without more than mild* symptom exacerbation.	Return to full academic activities and catch up on missed work

Following an initial period of relative rest (24–48 hours following an injury at Step 1), athletes can begin a gradual and incremental increase in their cognitive load. Progression through the strategy for students should be slowed when there is more than a mild and brief symptom exacerbation.

*Mild and brief exacerbation of symptoms is defined as an increase of no more than 2 points on a 0–10 point scale (with 0 representing no symptoms and 10 the worst symptoms imaginable) for less than an hour when compared with the baseline value reported prior to cognitive activity.

USA HOCKEY CONCUSSION MANAGEMENT

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.

Player Name_____ D.O.B._____/_____/_____

District/Affiliate: _____ Name of person reporting: _____

Association and Team: _____Date of Injury: _____/_____/_____

Location of Injury/Arena: _____

Injury signs/symptoms: _____

_____

Print Health Care Professional Name: _____ License Number: _____

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.

Coach Name: _____

Coach Signature: _____ Date:_____/_____/_____

CRT6™

Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults

What is the Concussion Recognition Tool?

A concussion is a brain injury. The Concussion Recognition Tool 6 (CRT6) is to be used by non-medically trained individuals for the identification and immediate management of suspected concussion. It is not designed to diagnose concussion.

Recognise and Remove

Red Flags: CALL AN AMBULANCE

If **ANY** of the following signs are observed or complaints are reported after an impact to the head or body the athlete should be immediately removed from play/game/activity and transported for urgent medical care by a healthcare professional (HCP):

- **Neck pain or tenderness**
- **Seizure, 'fits', or convulsion**
- **Loss of vision or double vision**
- **Loss of consciousness**
- **Increased confusion or deteriorating conscious state (becoming less responsive, drowsy)**
- **Weakness or numbness/tingling in more than one arm or leg**
- **Repeated Vomiting**
- **Severe or increasing headache**
- **Increasingly restless, agitated or combative**
- **Visible deformity of the skull**

Remember

- In all cases, the basic principles of first aid should be followed: assess danger at the scene, check airway, breathing, circulation; look for reduced awareness of surroundings or slowness or difficulty answering questions.
- Do not attempt to move the athlete (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) or other equipment.
- Assume a possible spinal cord injury in all cases of head injury.
- Athletes with known physical or developmental disabilities should have a lower threshold for removal from play.

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If there are no Red Flags, identification of possible concussion should proceed as follows:

Concussion should be suspected after an impact to the head or body when the athlete seems different than usual. Such changes include the presence of **any one or more** of the following: visible clues of concussion, signs and symptoms (such as headache or unsteadiness), impaired brain function (e.g. confusion), or unusual behaviour.

Developed by: The Concussion in Sport Group (CISG)

Supported by:

International Olympic Committee · FEI · FIA · FIFA · IIHF · World Rugby

CRT6 Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults

1: Visible Clues of Suspected Concussion

Visible clues that suggest concussion include:

- Loss of consciousness or responsiveness
- Lying motionless on the playing surface
- Falling unprotected to the playing surface
- Disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions
- Dazed, blank, or vacant look
- Seizure, fits, or convulsions
- Slow to get up after a direct or indirect hit to the head
- Unsteady on feet / balance problems or falling over / poor coordination / wobbly
- Facial injury

2: Symptoms of Suspected Concussion

Physical Symptoms
Headache
"Pressure in head"
Balance problems
Nausea or vomiting
Drowsiness
Dizziness
Blurred vision
More sensitive to light
More sensitive to noise
Fatigue or low energy
"Don't feel right"
Neck Pain

Changes in Emotions
More emotional
More Irritable
Sadness
Nervous or anxious

Changes in Thinking
Difficulty concentrating
Difficulty remembering
Feeling slowed down
Feeling like "in a fog"

Remember, symptoms may develop over minutes or hours following a head injury.

3: Awareness

(Modify each question appropriately for each sport and age of athlete)

Failure to answer any of these questions correctly may suggest a concussion:

"Where are we today?"

"What event were you doing?"

"Who scored last in this game?"

"What team did you play last week/game?"

"Did your team win the last game?"

Any athlete with a suspected concussion should be - IMMEDIATELY REMOVED FROM PRACTICE OR PLAY and should NOT RETURN TO ANY ACTIVITY WITH RISK OF HEAD CONTACT, FALL OR COLLISION, including SPORT ACTIVITY until ASSESSED MEDICALLY, even if the symptoms resolve.

Athletes with suspected concussion should **NOT**:

- Be left alone initially (at least for the first 3 hours). Worsening of symptoms should lead to immediate medical attention.
- Be sent home by themselves. They need to be with a responsible adult.
- Drink alcohol, use recreational drugs or drugs not prescribed by their HCP
- Drive a motor vehicle until cleared to do so by a healthcare professional

British Journal of Sports Medicine

HOCKEY + HEALTH

CARDIAC EMERGENCY RESPONSE PLAN

A cardiac emergency response plan establishes specific steps to reduce death from cardiac arrest. A carefully orchestrated response to cardiac emergencies will reduce deaths and ensure that chaos does not lead to an improper or no response.

PREPARATION IS THE ESSENTIAL KEY TO SAVING LIVES.

To get training visit:

American Red Cross	https://www.redcross.org/
American Heart Association	https://www.heart.org/

S C A → **Sudden Cardiac Arrest** → **Sudden Collapse Athlete**

RECOGNIZE	REACT	RESCUE
Sudden Collapse	Call 911	Start CPR
Unresponsive	Retrieve AED	Apply AED
Eyes Open	Expose Chest	Rhythm Analysis
Seizure	Access Airway	Shock
Gasping	Clear Area	Resume CPR

Sources:

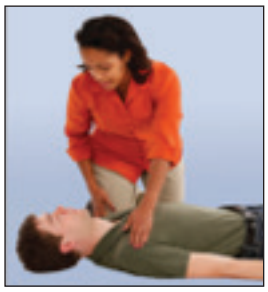
[NFL]. *Recognize, React, Rescue: Effectively Treating Sudden Cardiac Arrest* [Video]. National Football League. https://www.nfl.com/videos/recognize-react-rescue-effectively-treating-sudden-cardiac-arrest

How to perform hands-only CPR. Red Cross. (n.d.). Retrieved January 3, 2023, from https://www.redcross.org/take-a-class/cpr/performing-cpr/hands-only-cpr

USA HOCKEY

UNIVERSAL RESPONSE
CARDIAC EMERGENCY RESPONSE PLAN

1. RECOGNIZE THERE'S A CARDIAC EVENT



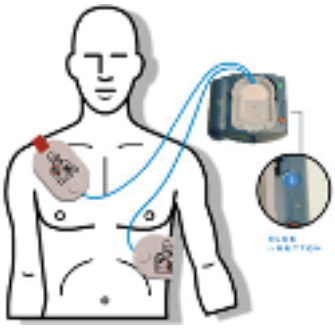
- Sudden collapse
- Unresponsiveness
- Eyes open
- Seizure
- Gasping

2. REACT

- Check the scene, THEN check the person
  - i. Tap on the shoulder and shout, ***"Are you okay?"*** and quickly look for breathing
- CALL 9-1-1
- Retrieve AED
- Expose chest
  - i. Remove all clothing covering the chest. If necessary, wipe the chest dry
- Access airway
- Clear area

3. RESCUE

- Start CPR
  - i. If unresponsive and not breathing, BEGIN CHEST COMPRESSIONS
    1. Place the heel of one hand on the center of the chest
    2. Place the heel of the other hand on top of the first hand, lacing your fingers together
    3. Keep your arms straight, position your shoulders directly over your hands
    4. Push hard, push fast
       - a. Compress the chest at least 2 inches
       - b. Compress at least 100 times per minute
       - c. Let the chest rise completely before pushing down again



- Apply AED
  - i. When AED is available TURN ON
  - ii. Place one pad on the upper right side of the chest
  - iii. Place the other pad on the lower left side of the chest, a few inches below the left armpit
    1. ***Note:*** If the pads may touch, place one pad in the middle of the chest and the other pad on the back, between the shoulder blades
- Allow AED to analyze rhythm
  - i. Prepare to let the AED analyze the heart's rhythm
    1. Make sure no one is touching the person
    2. Say, ***"CLEAR!"*** in a loud, commanding voice
- Shock
  - i. Deliver a shock, if the AED determines one is needed
    1. Make sure no one is touching the person
    2. Say, ***"CLEAR!"*** in a loud, commanding voice
  - ii. Push the SHOCK button to deliver the shock
- Resume CPR
  - i. Perform compressions and follow the AED prompts

AHAI 2023-2024 Regular Season - Hockey related injuries

Level of Play	Injury Description	Person Reporting (ie coach, self, parent, teammate, official) DO NOT list names	Days out from play	Clearance for return to play, by medical provider	
10u	*Concussion*	*parent*	*10*	*Yes*	*1*
					2
					3
					4
					5
					6
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					9
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USA HOCKEY CONCUSSION MANAGEMENT
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 in order to return without restriction to training, practice or competition.

Player Name:_____ Date of Birth:_____/_____/_____

District/Affiliate:_____ Name of Person Reporting:_____

Association and Team:_____ Date of Injury:_____/_____/_____

Location of Injury/Arena:_____

Injury Signs/Symptoms:_____

_____

Print Health Care Professional Name:_____ License No:_____

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.

Coach Name:_____

Signature:_____ Date:_____/_____/_____