



Concussion Policy

Purpose

The purpose of this policy is:

1. to keep hockey players safe by
 - raising awareness of concussion symptoms among players, officials and staff
 - outlining the steps that players and officials must take if there is a suspected concussion incident during training or games, and
2. to adopt a policy that corresponds to other full contact New Zealand sporting organizations and New Zealand Hockey National Associations.

Policy

Concussion is a type of injury that often occurs when people play contact sports like hockey. Unfortunately, concussion has the potential to cause serious injuries, and if it's not recognised and treated properly, it can even lead to death.

Multiple concussions have cumulative effects, making each successive concussion more likely to cause players serious injuries. Hockey players are also at risk of Second Impact Syndrome, which is rare, but is usually fatal.

The Wellington Hockey Association wants to reduce the severity and consequences of concussion by making sure it has a system in place to provide for early recognition of symptoms, and to make sure players only return to play hockey when it is safe for them to do so.

It's very important that concussion injuries aren't ignored, and the Wellington Hockey Association encourages players to seek medical attention as soon as possible. Likewise, it's just as important for players to take the time they need to fully recover from a head injury, and not undo the body's healing process by playing hockey again before they are fully fit.

Process

1. When a player receives an injury from an impact to the head

If a player receives an injury from an impact to the head, they must leave the playing field immediately. The WHA strongly recommends that the player seeks medical attention.

They will not be allowed to play hockey until they receive a medical clearance to return to playing from a doctor. If the player does not seek medical attention, they will not be permitted to resume playing for at least three weeks.



1.1 Immediately after the injury

If a player receives an injury from an impact to the head, it must be reported immediately to a WHA official.

A WHA official must conduct an immediate assessment of the injured player for concussion. See **Appendix 1** for further information.

If the player shows symptoms of concussion, they must stop playing immediately, and not play for the remainder of that game.

The injured player must receive appropriate first aid for their injury. See **Appendix 1** for further information.

1.2 Recording and notification

The official must record in the 'Injuries' section at the rear of the game card:

- the player's name
- type of injury (e.g. 'ball to head')
- the symptoms they display (e.g. bleeding, unsteady on feet, confused).

The match official must inform the player's coach and team manager (if they aren't already aware of the circumstances) about the player's injury as soon as possible, so they can monitor the player's symptoms and make sure the player does not return to the game.

1.3 Anyone can report an injury or the symptoms of concussion

Any official, coach, manager, parent or guardian can inform a WHA official about a player receiving a head impact injury.

The WHA official must inform the umpire, who will notify the coach/manager about the situation.

1.4 If a match official does not see the injury or notice the symptoms of concussion

If a match official does not see the injury or notice the symptoms of concussion but the player's coach or manager does, the coach or manager must report the injury to the scorer, so they can record it on the game card and take the necessary steps to help secure the player's safety and welfare.

2. When a player returns to play hockey

2.1 Coach/manager responsibilities

If a player's name appears on the game card for concussion, the WHA official will inform their manager or coach.

The manager or coach must inform the player that the WHA has recorded their concussion.



The manager or coach must make sure the concussed player does not resume playing hockey until the conditions for returning to hockey are met.

2.2 Conditions for returning to playing hockey

Before the concussed player can return to playing hockey, they must:

- a. stand down for a compulsory three-week period before playing in any WHA-sanctioned competition, and
- b. get medical clearance from a doctor and provide the WHA Tournament and Competitions Manager a medical certificate confirming the clearance before they can play again.

3. Training

All WHA officials and players will receive training on:

- the contents of this policy and why it was put in place
- how concussion is caused
- what the immediate symptoms of concussion can be
- what steps to take to ensure the injured player's safety
- as an injured person, how to take care of yourself post-injury to minimise further harm.

4. Enforcement

This policy is designed to provide for the safety of the players, and all parties must comply with it in good faith.

If a WHA investigation finds that a player pretended to be injured by an impact to the head, they will be dealt with under the WHA Code of Conduct.

If a WHA investigation finds that a person has falsely claimed that a member of the opposing team is experiencing concussion, they will be dealt with under the WHA Code of Conduct.

5. Definitions

<p>Concussion</p>	<p>Concussion is a type of brain injury that is caused by the impact of force (a blow) to a part of the body.</p> <ul style="list-style-type: none"> • It's not always caused by a direct blow to the head. It could come from a blow to the face, neck or other part of the body that transmits an 'impulsive' force to the head. • Players do not need to be knocked unconscious to experience concussion. • Concussion injuries to the brain resolve themselves spontaneously, but may take weeks or months to clear, depending on the concussion's severity, or how many concussions the player's previously had.
<p>Injury from an impact to the head</p>	<p>Physical harm to the head that was caused by a blow, either directly or indirectly. It may not necessarily be a concussion</p>



	injury, but it is significant enough to require medical treatment, including first aid.
Second impact syndrome	When a person receives a second concussion before the first concussion has healed. The brain can swell rapidly and bleed, leading to neurological shutdown. It is a rare but usually fatal condition. Even a mild second concussion can be potentially fatal.
WHA	Wellington Hockey Association.
WHA official	Can be a match or technical official, umpire, scorer or WHA staff member.

Review

This policy will be reviewed 1 October 2019 and then annually.

References

ACC, Wellington, April 2016 ACC7553 *Concussion: Recognising the Signs*

<https://accsportsmart.co.nz/assets/Uploads/files/Sportsmart-Flip-cards.pdf>

ACC, Wellington, May 2016 ACC 7555 Sport Concussion in New Zealand: ACC National Guidelines

<https://accsportsmart.co.nz/assets/assets-final/resources-final/ACC7555-ACCsportSmart-concussion-national-guidelines.pdf>

ACC, Wellington *Sportsmart Concussion Flip Cards*

<https://accsportsmart.co.nz/assets/assets-final/resources-final/SportSmart-concussion-cards.pdf>

Health Navigator New Zealand. *Concussion: Mild Traumatic Brain Injury (MTBI)*

<https://www.healthnavigator.org.nz/health-a-z/c/concussion/>

Brain Injury Support: Supporting New Zealanders Living with Brain Injury. *Concussion*

<https://www.brain-injury.org.nz/html/concussion.html>



Appendix 1: Concussion: Recognising the signs

(Extracts are from the ACC concussion flip cards. The whole document can be used as the Appendix)

RECOGNISE THE SIGNS AND SYMPTOMS OF CONCUSSION

Concussion should be suspected if one or more of the following visible clues, signs, symptoms or errors in memory questions are present.

01 PHYSICAL SIGNS
(WHAT YOU SEE)

02 MEMORY
(WHAT THEY SAY)

03 CLINICAL SYMPTOMS
(WHAT THEY FEEL)

04 RED FLAGS
(WHAT REQUIRES HOSPITALISATION)



01 PHYSICAL SIGNS (YOU SEE)

- Loss of consciousness or non-responsive
- Lying on the ground not moving or slow to get up
- Disorientation/confusion
- Dazed, blank or vacant look
- Visible injury to face or head (especially in combination with any other signs)
- Grabbing/clutching of head
- Loss of balance/co-ordination

02 MEMORY (WHAT THEY SAY)

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

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



03 CLINICAL SYMPTOMS (WHAT THEY FEEL)

If any of the following symptoms appear, concussion may be present.

- Blurred vision
- Neck pain
- Nausea
- Dizziness
- Confusion
- Sensitivity to light &/or noise
- Nervous or anxious
- Fatigue
- Irritability
- Headache/pressure in the head
- Drowsiness/trouble sleeping
- More emotional
- Problems with memory
- Reduced ability to think/concentrate
- Difficulty sleeping

04 RED FLAGS (WHAT REQUIRES HOSPITALISATION)

If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment.

- Player complains of neck pain
- Increasing confusion or irritability
- Repeated vomiting
- Seizure or convulsion
- Double vision
- Weakness or tingling/burning in arms or legs
- Deteriorating conscious state
- Severe or increasing headache
- Unusual behaviour change



Removing a player from play

REMOVE THE PLAYER FROM PLAY

Any athlete with a suspected concussion should be **IMMEDIATELY REMOVED FROM PLAY**, and should not be returned to activity until they have been assessed by a medical doctor. Players with a suspected concussion should not be left alone and should not drive a motor vehicle.

To help an unconscious athlete:

- Apply first aid principles: **DRSABC** (Danger, Response, Send for help, Airway, Breathing, Circulation).
- Treat as though they have a **neck injury**.
- **ONLY be moved by a medical professional** trained in spinal immobilisation techniques.
- **Do not remove helmet** (if present) unless trained to do so.
- **Call 111** if there is concern regarding the risk of structural head or neck injury.

In cases of uncertainty always adopt a conservative approach – “If in doubt sit them out”.