



# PELHAM MINOR HOCKEY ASSOCIATION



## Injury Reporting Policy &

## Return to Play Guidelines

The PMHA is committed to promoting awareness of safety of all players and recognizes that the health and safety of all players are essential preconditions for playing hockey. All stakeholders in minor hockey, including coaches, managers, trainers, and PMHA members have important roles to play in promoting player health and safety and in fostering and maintaining healthy and safe environments in which players can learn and enjoy the game.

In any case, where there is a serious injury, i.e. a player is unable to return to a game/practice vs. missing a shift or two and then returning (ex. just winded or a slight bump on the leg), the Hockey Canada Injury Report (HCIR) form must be completed by the team trainer. This shall be done before the player leaves the arena to ensure that the incident is documented with the cause of the potential injury, along with any initial symptoms that exist with the player. If in doubt the HCIR form shall be completed to ensure the incident is documented to protect the player from being allowed to participate further, in the case of serious injury. The trainer will make that determination and is not to be influenced in that decision by Coaches or parents of the player; caution is always the best response.

The following forms are to be used by every trainer for all their players and for Injury Reporting and Safety Management of their players

- [Player Medical Form](#) (all trainers are to have copy on hand during practices, games and team events)
- [Injury Report](#)
- [Injury Log](#)
- [Return to Play Guidelines](#)
- [Return to Play Letter](#) (to be signed by Doctor)

Please note the following policies regarding Return To Play – both found on the PMHA website:

**HTCP Return To Play Memorandum 12-21-12.**

**HTCP Return to Play Guidelines**

### **Injury Reporting Procedure & Return to Play Guidelines for PMHA:**

- 1) Effective February 22<sup>nd</sup>, 2016 all Trainers within the Pelham Minor Hockey Association will be responsible for reporting the following information to the Director of Risk Management:
  - a. any head, neck or spinal injury sustained during any game, practice or team function on ice or during off ice/dry land/team function where a player is required to leave the ice or the activity
  - b. any injury sustained during a PMHA sanctioned event that requires medical attention
  - c. any injury sustained by a PMHA player that occurs outside of the hockey sphere which will impact their normal participation in hockey team activities and missed playing time (injuries at school/home involving a more serious nature such as head injuries or suspected concussion, fractures, dislocations, lacerations, muscular skeletal injuries, soft tissue injuries or dental injuries)

- 2) This information will be submitted to the proper PMHA personnel within 24 hours of the injury, or immediately upon the team's Trainer learning of this injury.
- 3) This information will be submitted to the Vice President of PMHA, to the Vice President of Local League or Rep (whichever stream the player is rostered to) and to the appropriate age group convenor either by email or by phone
- 4) The Trainer will ensure that the following information is included in this notification:
  - a. Date of injury
  - b. Where injury occurred (physical geographic location)
  - c. Player's name
  - d. Player's team
  - e. Trainer's name
  - f. Trainer's contact number
  - g. Nature of the injury
  - h. Any known medical attention that has been undertaken to date
- 5) The Trainer will ensure a Hockey Canada Injury Report is submitted within 90 days as required to ensure access to insurance benefits are available to the player if required. A copy of this submission is to be forwarded to the PMHA Vice President of Rep or LL by Electronic copy or a photocopy delivered directly.
- 6) The Trainer will ensure that any injured player wishing to return after sustaining one of the following injuries during a PMHA event submits a **Return to Play Form**.
  - a. Any head, neck or spinal injury
  - b. Any injury where the player received medical attention/treatment from a medical professional
  - c. Any fracture or dislocation, or serious muscular-skeletal / soft tissue injury (tear)
  - d. Any injury requiring surgical treatment
  - e. Laceration requiring stitches
- 7) When a player sustains an injury described in A, C or D listed in section 6 during a non-PMHA event, and the injury causes the noted player to miss any scheduled PMHA practices or games, the Trainer will ensure that a **Return to Play Form** is submitted.
- 8) The Trainer will ensure that any submitted **Return to Play Form** is signed by a qualified medical practitioner.
- 9) The Trainer will ensure a copy of the noted **Return to Play Form** is submitted to the Vice President of PMHA, to the Vice President of Local League or Rep (whichever stream the player is rostered to) and to the appropriate age group convenor no less than 24 hours prior to the noted player returning to the ice.
- 10) The Trainer, whenever possible, will ensure that the returning player participates in at least one team practice as required by Hockey Canada prior to being considered for game play.
- 11) No player is to be allowed to continue their practice or continue to play in a game if the Trainer does not feel that player is safe to do so.
- 12) In cases when the Trainer's decision is in conflict with the Head Coach, other bench staff, or the parent/guardian, the Trainer will immediately notify the Vice President of PMHA, or the President of PMHA, who will determine the resolution of the matter. **The player will not participate in hockey activities** in the interim.
- 13) The Trainer will ensure all information relating to their player's injury is noted in their Team Injury Log.
- 14) Any Trainer who does not report player injuries as required will be subject to potential discipline including suspension or removal from their position with the team.
- 15) The PMHA Vice Presidents will maintain written records of all reported injuries and documentation which will be reviewed at each Board meeting. This information will remain confidential and will not be released outside of the executive without the written permission of the President of Pelham Minor Hockey.

## Head Injuries and Concussions

A concussion can have a significant impact on a person student – cognitively, physically, emotionally, and socially. It is very important to PMHA players' long-term health that individuals across PMHA have information on appropriate strategies to minimize risk of concussion, steps to follow if they suspect that a player may have a concussion, and effective management procedures to a players' return to playing after a diagnosed concussion.

If there is a concussion suspected, do not allow the player to participate until **AFTER** the player has received a professional medical evaluation. If you suspect that someone has a possible concussion, and a player is seen to or comes off the ice indicating that he has banged his head off the ice/boards/glass/another player, the trainer is to perform the concussion tests as recommended by Hockey Canada and take note of the player's name and **always inform the caregivers** that it is recommended that they take the player to a doctor to verify that the player is not suffering from a serious injury or concussion. This is applicable outside PMHA boundaries as well... i.e. away games.

At the time of writing, for concussions, proposed method to follow is to inquire with the quick questions to ask on the bench...which are:

1. What is your name?
2. What is the name of this place?
3. Why are you here?
4. What month are we in?
5. In what town are you in?
6. How old are you?
7. What is your date of birth?
8. What time of day is it? (morning, afternoon, evening)
9. Three pictures are presented for subsequent recall

*\* Any incorrect response is considered a positive test for cognitive impairment after head injury.*

Please visit any of the following for more information....

### Websites:

- <https://www.niagararegion.ca/health/activity-nutrition/concussions/default.aspx>
- [http://www.parachutecanada.org/downloads/resources/ConcussionKit\\_E\\_2012Nov-1.pdf](http://www.parachutecanada.org/downloads/resources/ConcussionKit_E_2012Nov-1.pdf)
- Ontario Neurotrauma Foundation <http://onf.org/documents/guidelines-for-pediatric-concussion>
- Coaching Association of Canada <http://www.coach.ca/concussion-awareness-s16361>
- Smartphone Apps: Hockey Canada <http://www.hockeycanada.ca/en-ca/Hockey-Programs/Safety/Concussions.aspx>
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### Videos:

- Dr. Mike Evans 'Concussion 101' - a short video to explain concussions
- ThinkFirst Smart Hockey - a longer, more in-depth look at concussions, hosted by Tessa Bonhomme of Team Canada <http://www.parachutecanada.org/thinkfirstcanada>

## Pocket CONCUSSION RECOGNITION TOOL

To help identify concussion in children, youth and adults



### RECOGNIZE & REMOVE

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

#### 1. Visible clues of suspected concussion

Any one or more of the following visual clues can indicate a possible concussion:

- Loss of consciousness or responsiveness
- Lying motionless on ground/Slow to get up
- Unsteady on feet / Balance problems or falling over/Incoordination
- Grabbing/Clutching of head
- Dazed, blank or vacant look
- Confused/Not aware of plays or events

#### 2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

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

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### 3. Memory function

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

- "At what venue are we at today?"
- "Which half is it now?"
- "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 PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.**

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

### RED FLAGS

**If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:**

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

### Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to do so
- Do not remove helmet (if present) unless trained to do so.

from McCrory et. al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013

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# STEPWISE RETURN TO PLAY

- 1 NO ACTIVITY.** Rest until asymptomatic.
- 2 Light aerobic exercise.**  
Examples: light jogging; stationary bike
- 3 Sport-specific exercise. No contact.**  
Examples: running, shooting on a side basket
- 4 Non-contact sport drills.**  
Example: full-speed agility drills
- 5 Full-contact sport drills.**  
Examples: tackling drills; scrimmage
- 6 Full activity.**  
No restrictions

**Each Step Up Must Be Separated by 24 Hours  
Do Not Advance to the Next Step if Symptoms Reappear**