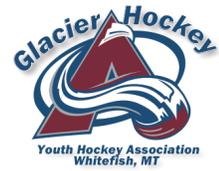


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# GLACIER HOCKEY ASSOCIATION

## CONCUSSION PROTOCOL

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GHA follows USA Hockey's Concussion Management Protocol:  
[www.usahockey.com/safety-concussions](http://www.usahockey.com/safety-concussions)

The standard of care for 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 Sports Related 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 SRC - *less than 10% of players actually lose consciousness.*
- A SRC can result from a blow to head, neck or body.
- SRCs 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 SRC.
- In addition, the SRC in a young athlete may be *harder* to diagnosis, takes *longer* to recover, 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 a person's 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.*
- Baseline or pre-season neuropsychological testing is not mandatory but may be helpful for return-to-plan decision making when an athlete feels normal.
- The use of helmet-based or other sensor systems to diagnose or assess SRC cannot be supported at this time.

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

**“When in doubt, sit them out”**

Remember these steps:

1. Remove immediately from play (training, practice or game)
2. Inform the player's coach/parents
3. Refer the athlete to a qualified health-care professional
4. Initial treatment requires physical and cognitive rest
5. The athlete begins a graded exertion and schoolwork protocol.
6. Medical clearance is required for return to play

### **Diagnosis**

Players, coaches, officials, parents and health care providers should be able to recognize the symptoms and signs of a sport related concussion.

### **Symptoms**

- Headache
- Nausea
- Poor balance
- Dizziness
- Double vision
- Blurred vision
- Poor concentration
- Impaired memory
- Light Sensitivity
- Noise Sensitivity
- Sluggish
- Foggy
- Groggy
- Confusion

### **Signs**

- Appears dazed or stunned
- Confused about assignment
- Moves clumsily
- Answers slowly
- Behavior or personality changes
- Unsure of score or opponent
- Can't recall events after the injury
- Can't recall events before the injury

### **Management Protocol**

1. If the player is unresponsive - call for help & dial 911
2. If the athlete is *not breathing*: start CPR
  - ✓ DO NOT move the athlete
  - ✓ DO NOT remove the helmet
  - ✓ DO NOT rush the evaluation

3. Assume a neck injury *until proven otherwise*

✓ 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: **SCAT5** or other sideline assessment tools

- Ask about concussion **symptoms** (How do you feel?)
- Examine for **signs**
- Verify **orientation** (e.g., What day is it?; What is the score?; Who are we playing?)
- Check **immediate memory** (Repeat a list of 5 words)
- Test **concentration** (List the months in reverse order)
- Test **balance** (have the players stand on both legs, one leg and one foot in front of the other with their eyes closed for 20 seconds)
- Check **delayed recall** (repeat the previous 5 words after 5-10 minutes)
- If a healthcare provider is not available, the player should be safely removed from practice or play and urgent referral to a physician arranged.

6. A player with any symptoms or signs, disorientation, impaired memory, concentration, balance or recall has a SRC 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. An athlete who is *symptomatic* after a concussion initially requires **physical** and **cognitive rest**.

- A concussed athlete **should not** participate in physical activity, return to school, play video games or text message if he or she is having symptoms at rest.
- 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 **Graduated Return-to-School** and **Graduated Return-to-Sport** strategies

### **GHA Concussion Management Program Educational Materials**

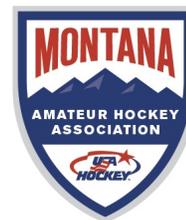
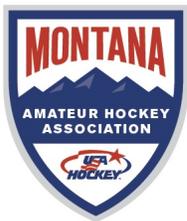
On May 4, 2017, Montana Governor Bullock signed into law legislation addressing sports-related concussions and required protocols for certain youth organizations. Montana House Bill 487 law, which went in effect on October 1, 2017, requires that all youth sports coaches, employees and volunteers participate in the concussion awareness program, as well as provide the educational materials to athletes.

To comply with these regulations, on October 29, 2018, GHA, along with MAHA, adopted the USA Hockey Concussion Management Program **and associated educational materials as its concussion management program**. These educational materials include the Concussion Management Program handout, USA Hockey Concussion Poster and some other concussion related information. Following MAHA's and USA Hockey's recommendations, GHA requires all parents and guardians to download the materials and review them with their player. These materials can be found at [www.mthockey.com](http://www.mthockey.com) under the Safety tab, then Concussions, and below.

Each season, GHA players and parents are required to acknowledge that they have received and reviewed these materials prior to the start of the season. Players and parents, and coaches are required to submit signed forms and certificates of completion to the GHA Hockey Director who passes along copies to team managers, officials etc. and will keep them on file for one year. Copies are also emailed to the MAHA Risk Manager for state filing.

Another part of the new legislation requires that coaches remove any youth athlete suspected of having sustained a concussion from all hockey activities immediately. The athlete may only return to practice or competition when GHA receives written

authorization from a licensed healthcare provider. GHA must retain the release for the entire time the athlete is registered with GHA, or until the athlete reaches 18. GHA coaches and administrators each have a responsibility in dealing with, reporting and retaining records of players with concussion symptoms.



## Concussion Protocol Parent/Athlete Acknowledgement Form

Season: \_\_\_\_\_ Association: \_\_\_\_\_

Athlete Name (Print): \_\_\_\_\_

Program: \_\_\_\_\_ Level of Play: \_\_\_\_\_

1. I understand that Montana Amateur Hockey Association, affiliate of USA Hockey has adopted concussion-related education, awareness and protocol into their policies and procedures.
2. I understand the following guidelines and protocol exist, and will respect them if they must be instituted with the above-named athlete:
  - a. An athlete who is suspected of sustaining a concussion or head injury shall be immediately removed from participation for the remainder of the day. Removal can be at the request of a coach, official, team manager, parent/guardian, or the athlete.
  - b. Athlete shall not be permitted to return to participation until he/she is evaluated and released by a medical professional trained in the management of concussions and acting within the scope of his/her practice.
  - c. An athlete removed from participation for evaluation shall not be permitted to return to participation until a medical release by an appropriate medical professional (trained in the management of concussions and acting within the scope of his/her practice) is provided to the team manager.
3. Should it be determined that above-named athlete needs to be removed from participation, I/we understand that the protocol outlined herein must and will be followed for the safety of the athlete.
4. I/we understand that if a suspected concussion has occurred and protocol has been enacted for the above-named athlete, there is no review period or negotiation as to the course of action and return to participation outside of the recommendations of the evaluating medical professional who has been selected to treat the athlete.
5. I/we understand that if I/we suspect the above-named athlete has experienced a concussion or exhibits behavior that suggests concussion-like symptoms, I/we have the authority to remove the athlete from participation and begin the concussion protocol with a medical professional of my/our selection who meets the criteria of an acceptable evaluator.

By the signature/s below, I/we acknowledge responsibility for the above-named athlete in the current season, and agree to all the information stated herein.

\_\_\_\_\_  
Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date



# MAHA Concussion - Return to Participation Medical Release

If an athlete sustains a concussion during athletic participation, or sustains an injury and exhibits the signs, symptoms, or behaviors consistent with a concussion, the athlete must be immediately removed from all athletic participation. The athlete may only return to physical activity if/when the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussions, and receives the following written clearance to return to sport.

The following athlete has been evaluated and diagnosed with a concussion by a medical professional trained in the evaluation of concussions. The following steps must be completed under the supervision of a medical professional (MD, DO, PA, Advanced Practice Nurse) who **IS TRAINED IN THE EVALUATION AND MANAGEMENT OF CONCUSSIONS**. This form must be signed by the above referenced medical professional and returned to the league, organization, or athletic trainer in order for the athlete to return to participation.

**Athlete Name:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Injury Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Sport:** \_\_\_\_\_ **Level (HS, 14U, 12U, etc.)** \_\_\_\_\_

**Mechanism of Injury:**

\_\_\_\_\_

**Symptoms upon evaluation:**

\_\_\_\_\_

**Sideline evaluation completed:** Yes  No

**Evaluation completed by:** \_\_\_\_\_

**In accordance with the Centers for Disease Control and Prevention (CDC), the Return-to-Sport Strategy begins with Return-to-Learn (successfully tolerating school- resumption of full cognitive workload) and there is a six step process gradually returning the athlete to normal activities. There is a minimum 24 hour period between each step. If at any time the athlete's concussion symptoms reoccur they must return to the previous asymptomatic level and reattempt progression after a further 24 hour period of rest has passed.**

**Graduated Return-to-Sport (RTS)- (For Hockey specific Return-to-Sport progression refer to the back of this page)**  
*An initial period of 24-48 hours of both relative physical rest and cognitive rest is recommended before beginning RTS progression.*  
Stage 1 – Symptom limited activity (Daily activities that do not provoke symptoms)  
Stage 2 – Light aerobic exercise (Walking or stationary cycling at slow to medium pace. No resistance training)  
Stage 3 – Sport-specific exercise (Running or skating drills. No head impact activities)  
Stage 4 – Non-contact training drills (Harder training drills, eg, passing drills. May start progressive resistance training)  
Stage 5 – Full-contact practice with MEDICAL CLEARANCE (Participate in normal training activities)  
Stage 6 – Return to sport (Normal game play)

I (treating MD/DO/PA/Advanced Practice Nurse) certify that the aforementioned athlete has completed the above Return to Sport Strategy and is cleared for full contact drills and training, and, **IF ASYMPTOMATIC**, may return to competition.

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

I (parent/guardian) attest that my child has successfully completed the full Return to Sport Strategy as outlined above, and has been cleared to return to participation by a medical professional **trained in concussion management**. I understand that sports are inherently dangerous and realize that concussions are an injury that can occur. I also understand that this process/protocol is in place to protect my child, that any deviation from this process/protocol is under my volition, and I take full responsibility for any and all consequences of that decision.

**Parent/Guardian name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_