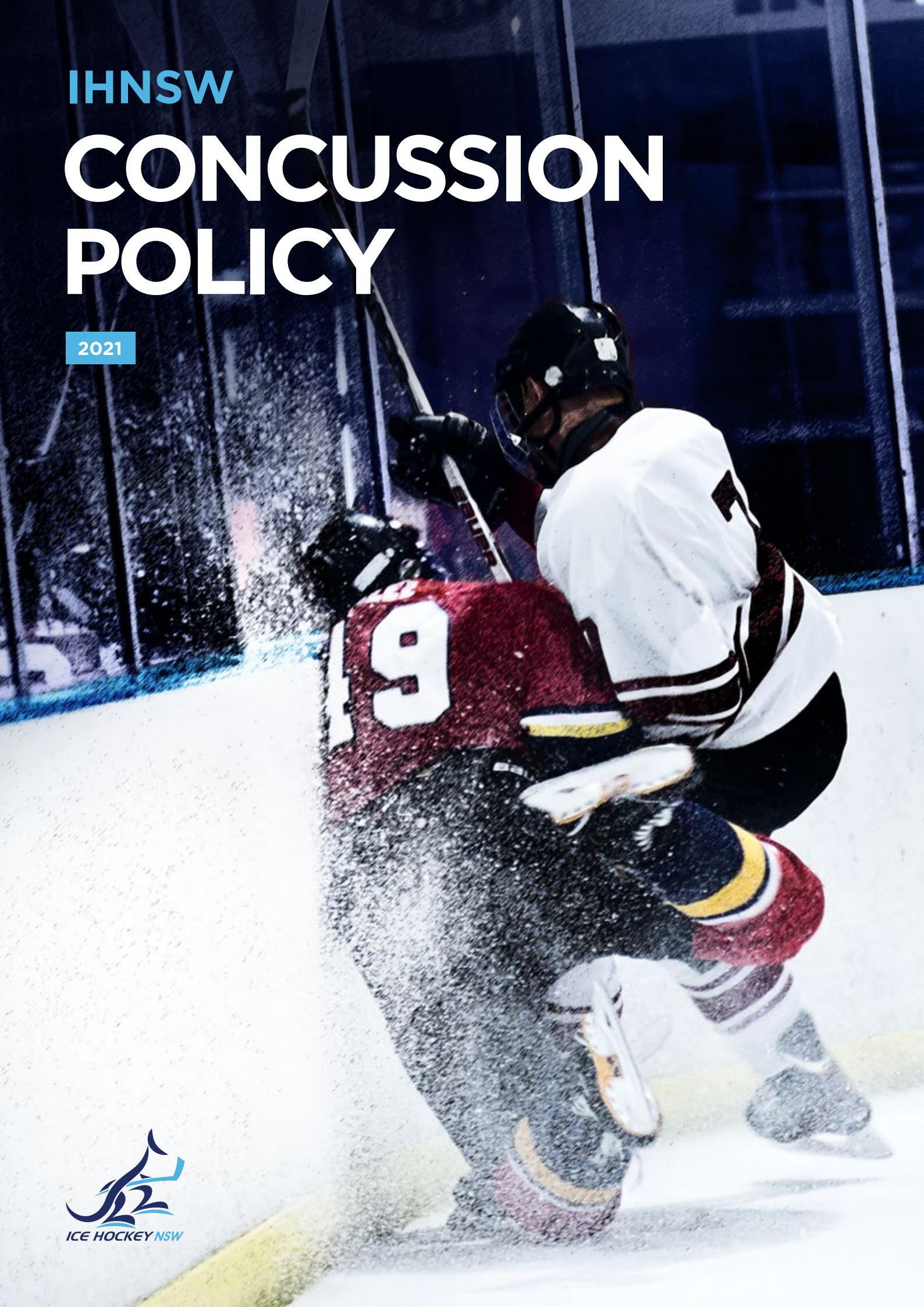


IHNSW

CONCUSSION POLICY

2021







IHNSW

CONCUSSION POLICY

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Introduction

IHNSW is committed to maintaining the health, wellbeing and safety of all its participants. Safety is a top priority for those participating in the sport of hockey and IHNSW recognises the increased awareness of concussions and their potential short and long-term effects.

This policy is intended as a tool to assist in the recognition and management of those who have a concussion or are suspected of having a concussion, as a result of participation in IHNSW's activities. It aims to ensure that players with a suspected concussion receive timely and appropriate care, to allow them to return to their sport safely.

This protocol may not address every possible clinical scenario that can occur during sport-related activities, but includes critical elements based on the latest evidence and current expert consensus.

THE OVERALL PREMISE IS TO TREAT SUSPECTED CONCUSSIONS CONSERVATIVELY AND IF IN DOUBT, SIT THEM OUT.

Summary

Concussion is a transient disturbance in brain function resulting from trauma that is transmitted to the brain either directly or indirectly. There does not need to be direct head impact for a concussion to occur. There are no structural changes (e.g. brain bleeds) and the disturbance that occurs is temporary and recovers spontaneously.

Complications can occur if a player continues activity before they have fully recovered from a concussion. Therefore, a player who is suspected of having a concussion must be taken out of the game or training session immediately.

The most important element in the management of a concussion is the welfare of the player, in both the short and long term. All players with concussion, or suspected of having a concussion, should seek urgent medical assessment.

A player who has suffered a concussion or potential concussion or exhibits the symptoms of concussion should not return to play that same day, and not return to play for a minimum of 24 hours, even if they appear to have recovered.

Concussion is an evolving condition which may develop over minutes to hours (and sometimes days). Some symptoms or signs may resolve only to be replaced by others later. The management of head injuries may be difficult for non-medical personnel. It is often unclear whether you are dealing with concussion, or if there is a more severe structural head injury. Especially in the early phases of any injury, a potential concussion should be considered.

In the period following a suspected concussion, a player should not be allowed to return to play or train until they have had a formal medical clearance using the IHNSW Referral and Return Form completed by a medical doctor.

The management of a concussion involves eight steps. Each step must be followed and completed before moving to the next step. These steps can be broken down into two primary components.

Stage 1

On the day of Injury:

Recognise
Remove
Record
Refer

Stage 2

On the days following Injury:

Rest
Recover
Record
Return

A graduated return to play program should be followed to manage the return of training and or play following a concussion. Children and adolescents generally take longer to recover from a concussion and additional time should be catered for. They should, therefore, be treated more conservatively than adults.

Players suspected of having a concussion must not be allowed to drive, operate heavy machinery, drink alcohol, or take anti-inflammatory medication unless under the instruction of a medical doctor.

Collective Responsibilities

The primary consideration in all participation decisions must be the safety of all participants as a requirement that overrides all others. Players, parents, team officials, match officials and medical staff always need to act in the best interests of player safety and welfare by:

- Taking responsibility for the recognition, removal, and referral of all players to a medical doctor
- Ensuring concussion is appropriately managed as per IHNSW Concussion management procedure
- Ensuring Referral and Return paperwork is completed in full

This document is prepared for the general members of IHNSW and is not a medical document.

Second impact syndrome can occur in players who return to activity with ongoing symptoms. Monitoring of return to activity is essential. Always err on the side of caution. Children are more sensitive to the effects of a concussion and will need to have a longer recovery period prior to returning to sport. Always adhere to the advice of a doctor.

The Executive, the Audit & Risk Committee and Concussion Sub Committee will review the IHNSW Concussion Policy annually.

Process

The most important steps in management of a concussion are broken down into 2 components.

1. Stage 1 - Day of injury
2. Stage 2 - On the days following injury

STAGE 1:

On the Day of Injury

Recognise



Remove



Record



Refer

Recognise

Whilst concussion symptoms may not present straight away, players suspected of having a concussion should be monitored closely over a 72-hour period.

If any of the **'red-flag'** symptoms appear after a concussion, **the player should be admitted to an Emergency Department immediately for a medical evaluation.** These symptoms could signal something worse than a concussion.

- Neck pain or tenderness
- Loss of consciousness
- Double vision
- Deteriorating conscious state
- Weakness or tingling/burning arms or legs
- Vomiting
- Severe or increasing headache
- Increasingly restless, agitate or combative
- Seizure or convulsion



RED-FLAG

If there are no **'red flags'** identification of possible concussion should proceed.

Observable Signs (Visual cues):

- Lying motionless on playing surface
- Slow to get up after direct or indirect contact with the head
- Disorientation or confusion
- Blank or vacant look
- Balance or difficulty in motor control
- Facial injury after head trauma

Symptoms (What the player reports):

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

Remove

- Adhere to first aid rules, including airway, breathing, circulation and spinal immobilisation
- Any player with signs/symptoms of a potential head injury or concussion must be removed from the play immediately.

Any player with a potential head injury may also have neck injury. **If neck or spinal injury is suspected, the player must only be removed by experienced health care providers.**

- The player must not be allowed to return to play for a minimum 24-hour period and not until they have received medical clearance from a doctor

Players with suspected concussion should:

- Not be left alone for at least the first 1-2 hours
- Not drink alcohol
- Not use recreational/prescription drugs
- Leave the venue in the accompaniment of a responsible adult
- Not drive a motor vehicle or operate heavy machinery until cleared to do so by a healthcare professional

Record

- Section 1 of the Referral and Return paperwork is to be completed by team official
- Provide the player the Referral and Return paperwork to present to the medical doctor
- A head injury information sheet is also to be provided to the player

Refer

- All players with suspected concussion need urgent medical assessment with a registered medical doctor
- If a doctor is not available at the venue, the player should be sent to a local medical doctor or hospital emergency
- The player needs to take the Referral and Return paperwork with them to see the medical doctor

STAGE 2:

On the Days Following Injury

Rest



Recover



Record



Return

Rest

Rest (reduced mental and physical activity) is recommended immediately following a concussion (24-48 hours). Rest means not undertaking any activity that provokes symptoms. However, anyone who has suffered a concussion should be encouraged to become gradually and progressively more active if they do not experience any symptoms. (Graduated Return to Play (GRTP) stage 1 - Light General Conditioning)

Recover

The recovery phase is about working on getting back to normal, including school, study and work. Players should follow the Graduated Return to Play (GRTP) process stages 1-4. Normal daily activities should be able to be completed before moving to light exercise, with the objective to return to school/study/work prior to returning to play. The GRTP process should be followed with a minimum of 24 hours between each progression. Progression can only occur if the player does not have any increased or recurring concussion symptoms.

Record

- Player has received clearance to return to contact training by medical doctor and completed steps 2 - 4 of GRTP
- Section 3 of the Referral and Return paperwork completed by medical doctor
- Copy of paperwork provided to Team Official and Concussion Coordinator and IHNSW to be officially released to return

Return

A player can only return to contact training when they have fully recovered from concussion and provided written confirmation that they have recovered from a medical doctor. Referral and Return paperwork must be fully completed by the doctor and presented to the club official. The club will present a copy of this form to IHNSW Executive Officer. The player is then available to return to full contact training after IHNSW approves 'release' (Graduated Return to Play (GRTP) stage 6 - Written Medical Clearance)

A player can only return to play if they have fully recovered from concussion. Players 18 years old and under cannot return to play for at least **19 days** after being symptom free. Adult players, 19 years old and over, cannot return for at least **12 days** after being symptom free.





APPENDICES

Concussion Code of Conduct

IHNSW is committed to the safety and well-being of the participants in our sport. Participation in sport and activities includes risk of injury that includes concussions. Concussions can pose a serious health risk with short and long-term consequences if not recognised and handled appropriately.

As members of our sport, we all have a significant role to play in concussion identification and management. In recognition of the potential seriousness of a concussion, all participants in IHNSW sanctioned events, are required to read and verify that they will adhere to the Concussion Code of Conduct as a **mandatory condition** prior to participation.

I _____ Please write your full name

commit to the following concussion related protocols and expectations as below

Recognise:

- I understand that a concussion is a serious head injury that can have short and long-term effects.
- I understand that any impact to the head, neck or body may result in a concussion.
- Any individual with a suspected concussion will be removed from activity **immediately** and must seek medical assistance.
- I understand that concussions cannot be seen, and symptoms may occur immediately or hours/days afterwards. **If in doubt, sit them out.**

Prevention:

- Players are required to wear protective equipment correctly.
- A commitment to play fair and respect the rules, the officials, and the opponents.

Responsibility:

- I will commit to concussion reporting. This includes self-reporting of concussion and reporting to appropriate personnel when any individual is suspected of having sustained a concussion.
- I will respect the roles and responsibilities of all team/club staff and physicians in the “G RTP” protocols.
- I will be available, during and after activity to discuss injury/concussion concerns.
- I will commit to zero-tolerance for play that is deemed high risk or ‘reckless’ for causing concussions.
- I understand that those that engage in reckless play will be subject to potential expulsion from play.

Acknowledgements:

- I have reviewed and commit to this Concussion Code of Conduct.
- I understand that concussion education is a mandatory requirement of my participation in any IHNSW sanctioned activity AND commit to reviewing Concussion Education Resources prior to participating in any IHNSW sanctioned team/club and/or activities.
- I understand the important role that I play in the concussion recognition and management process and agree to support the IHNSW Concussion Policy.

Signature of Member or Member’s Guardian if U18

Date

For more information please visit concussioninsport.gov.au

“Concussion” is a brain injury. It cannot be detected by X-ray, CT scan or MRI. It may affect the way a person thinks, feels and acts.

“Return to learn/sport” are medically supervised processes/protocols that gradually introduce the injured player back to academics/activity to ensure they are fully recovered before they are exposed to full mental or physical tasks.

Head Injury Fact Sheet

The signs and symptoms of concussion may occur immediately or may develop over minutes, hours, or days. It is possible that people feel better soon after a head injury, but that does not mean they have not suffered a concussion. The changes in your brain may develop over some time and may persist for days and weeks, even after a relatively minor hit.

Some of the signs of concussion include (but are not limited to);

- Suspected or definite loss of consciousness
- Dizziness
- Disorientation
- Difficulty concentrating
- Incoherent speech
- Sensitivity to light
- Confusion
- Ringing in the ears
- Memory loss
- Fatigue
- Dazed or vacant stare
- Vomiting
- Headache
- Blurred vision
- Loss of balance



What to do

As a member who has been recognised as having a potential concussion, you should make an appointment to see a medical doctor in the next 24-48 hours where possible or as soon as practical afterwards. This may be a GP or a specialist Sports and Exercise Physician. It may not be a physiotherapist, chiropractor, osteopath, trainer, or masseur. The medical doctor will assess and guide your progress over the next steps in the process.

Whilst waiting to see a medical doctor, you should avoid any physical activity, and be in the care of a responsible adult at all times.

Important:

The player must completely rest (reduce mental and physical activity) for a minimum of 24-hours after suspected injury. The required time of rest will vary between players; therefore, a medical doctor will specify the minimum rest time for each player.

It is advisable when making an appointment with a medical doctor to note;

- Assessment can take 30 minutes, so a long appointment should be requested when booking.
- Take a copy of the Referral and Return form with you (section 1 completed)
- Take a copy of the IHNSW Concussion Policy with you, or direct your doctor to www.ihnsw.com.au/concussion for further information



What not to do

- Be left alone
- Watch TV or play computer games
- Drink alcohol
- Swim alone
- Drive a car
- Handle heavy machinery
- Take anti-inflammatory or pain killer medication stronger than paracetamol unless instructed by your doctor



Red Flags

The signs and symptoms of concussion can sometimes be the same as more severe head injuries. If the following signs and symptoms occur, they could be a sign that there is something more serious happening. These are called 'Red Flags' and if they occur, you should immediately attend the nearest Emergency Hospital, or ring 000 for an Ambulance.

- Deterioration of conscious state
- Increasing confusion or irritability
- Changes in normal behaviour
- Fit seizure or convulsions
- Double vision
- Blurred vision
- Slurred speech
- Continuing unsteadiness
- Weakness or tingling / burning in arms or legs
- Repeated vomiting - more than once
- Severe or unusual neck pain

IHNSW Concussion management procedure provides information and the process and the obligations on all participants, it is important that you read this document and understand your obligations.

For further information please refer to: www.ihnsw.com.au/concussion

NOTE: A player must provide a completed IHNSW Referral and Return form to their team manager for presentation to the concussion coordinator and submitted to the IHNSW Executive Officer prior to returning to full contact training and or match play.

Concussion Injury Management Workflow

STAGE 1

On the Day of Injury

Recognise Concussion signs and symptoms

Team Officials | Medical Staff | Match Official
Player | Parent/Guardian

Remove Athlete from play

Team Officials | Medical Staff | Match Official

Record Suspected concussion

Team official to complete Referral and Return Form -
Section 1.
Referral and Return Form and Head Injury Fact Sheet
given to athlete/guardian.

Refer Medical assessment

Medical Doctor assessment. Confirmation of concussion
and if further investigation required. Advice and guidance
on their progress over the remaining steps in the process.
Completion of Section 2 of the Referral and Return Form.

STAGE 1

On the Days Following Injury

Rest

Complete rest followed by relative rest of the
brain and body.

Recover GRTP Stages 1 - 4

the focus in the recovery phase is about getting back to
normal life, school, study or work, etc.

Record and return to contact training

Athlete requires a further assessment and clearance by a
medical doctor prior to returning to contact training.
Completion of Section 3 of the Referral and Return Form.

Return to play - GRTP Stage 6

Athlete can only return to play when they have fully
recovered from concussion.

Case review

ALTERNATIVE DIAGNOSIS - Medical doctor identifies an alternative diagnosis to explain the players signs and symptoms and provides a written confirmation of findings.

REPORTING ERROR - Where there is no evidence to suggest the player suffered a concussion the is updated to 'not confirmed' and the player may return to contact training and match play.

Step by Step Concussion Procedure Summary

STAGE 1 – DAY OF INJURY

STEP	ACTION	RESPONSIBILITY
1	Recognise: A potential head injury or concussion must be acknowledged if a player has any signs, symptoms, or fails any recognition checks after a head or body collision.	Player, Parent/Guardian, Team/Club Official, Team Medical/First Aid Staff, Match Official
2	Remove: Any player with signs/symptoms of a potential head injury or concussion must be removed from the play immediately. Any player with a potential head injury may also have neck injury. If neck injury is suspected, the player must only be removed by experienced health care providers.	Coach, Team/Club Official, Team Medical/First Aid Staff, Match Official
3	Record: Any player removed from field of play with a potential head injury or concussion must be recorded as part of the 'game activity'. This also needs to be reported to the concussion coordinator.	Team/Club Official, Match Official
	Record: Team Manager or Concussion Coordinators are required to notify the IHNSW Executive Officer of a potential head injury or concussion occurrence via the online form at www.ihnsw.com.au/concussion	Team/Club Official, Club Concussion Coordinator, IHNSW Executive Officer
4	Refer: All players with potential head injury or concussion must be referred to a medical doctor as soon as practical (within 24-48 hours of suspected injury where possible or as soon as practical afterwards). If there are serious concerns about a player or any red flags, the player must be referred to the Emergency Department as soon as possible or call an Ambulance. IHNSW Head Injury Fact Sheet and IHNSW Concussion Referral and Return Form must be given to player or Parent/ Guardian. Section 1 & 2 of Referral must be completed.	Player, Parent/Guardian, Team/Club Official, Team Medical/First Aid Staff

STAGE 2 – DAYS FOLLOWING INJURY

STEP	ACTION	RESPONSIBILITY
5	Rest: This is crucial to recovery. Players must rest (reduce mental and physical activity) until all post-concussion symptoms have disappeared and stopped all medication required for concussion symptoms. The minimum rest time is 24 hours whilst children and adolescents require a longer rest period of 48-72 hours.	Player, Parent/Guardian
6	Recover & Return to Sport: The recovery phase is about working on getting back to normal, including school, study and work. Players should follow the Graduated Return to Play (GRTP) process stages 1-4. Normal daily activities should be able to be completed before moving to light exercise, with the objective to return to school/study/work prior to returning to play. The GRTP process should be followed with a minimum of 24 hours between each progression. Progression can only occur if the player does not have any increased or recurring concussion symptoms.	Player, Parent/Guardian, Team/Club Official
7	Record & Return to Contact Training: A player can return to contact training, only when they have fully recovered from concussion and provided written medical clearance. IHNSW Concussion and Referral and Return Form Section 3 must be completed by the doctor, and then the player parent or guardian will present to the Club Concussion Coordinator. The Concussion Coordinator will then submit a completed copy of this form to the IHNSW Executive Officer via the online form at www.ihnsw.com.au/concussion for the player to participate in contact training.	Player, Parent/Guardian, Team/Club Official, Medical Doctor, IHNSW Executive Officer, Club Concussion Coordinator
8	Return to Play: A player can only return to play when they have fully recovered from a concussion. Players 18 year and under cannot return to play (GRTP - 6) for at least 19 days after all symptoms and signs have disappeared. Players 19 years and over, cannot return to play for at least 12 days (GRTP - 6) after all symptoms and signs have disappeared	Player, Parent/Guardian, Team/Club Official

Graduated Return to Play Protocol

If a concussion is diagnosed/confirmed by a medical doctor, the 6 steps below are to be followed before returning to play. Activity restrictions should be observed. Players should be symptom free for 24-48 hours since incident/ time of concussion or have been advised by a doctor before they are ready to commence the progressive steps.

The IHNSW Referral and Return form must be fully completed before progressing to Stage 5 of the Return to Play and presented to Club Concussion Coordinator and IHNSW Executive Officer.

Children 18 years or under – No return to contact/collision activities before 19 days from complete resolution of all concussion symptoms. 19 years and over, cannot return for at least 12 days after being concussed.

There should be at least 24 hours between each step. If any symptoms return at any time, rest until symptom free for 24 hours, then return to the previous step.

<p>STAGE 1 Light general conditioning OFF ICE</p>	<ul style="list-style-type: none"> ▪ Warm up ▪ Cardio workout (stationary bike, treadmill, light jog or swim) ▪ 15-20 min duration, 50% intensity ▪ Goal: Recovery
<p>STAGE 2 General conditioning and individual hockey specific skill OFF ICE</p>	<ul style="list-style-type: none"> ▪ Warm up ▪ Cardio workout (stationary bike, treadmill, light jog or swim) ▪ 20-30 min duration, 50-60% intensity ▪ Hockey specific skill work (stick handling/shooting) ▪ Goal: Increase heart rate
<p>STAGE 3 General conditioning and partnered hockey specific skill ON ICE, NO CONTACT</p>	<ul style="list-style-type: none"> ▪ Resistance training and core strength ▪ On ice skating warm-up forwards/backwards, stops and starts ▪ On ice practice of hockey drills with partner, passing/shooting ▪ 60 min duration, skating intensity 50% ▪ Goal: Add movement
<p>STAGE 4 General Conditioning ON ICE, NO CONTACT, NO SCRIMMAGES</p>	<ul style="list-style-type: none"> ▪ Practice team passing, shooting and individual defensive skills ▪ Practice system plays (breakouts, zone drills etc.) ▪ Pre-injury duration, 75% intensity ▪ Goal: Exercise coordination and cognitive load
<p>STAGE 5* Full Team Practice with body Contact ON ICE, CONTACT, SCRIMMAGES</p>	<ul style="list-style-type: none"> ▪ Can only be completed with Written Medical Clearance ▪ Aim to complete with no symptoms ▪ Full practice duration, 90-100% intensity ▪ Goal: Restore confidence. Functional skills assessed by coaches
<p>STAGE 6 Return to Play</p>	<ul style="list-style-type: none"> ▪ Written Medical Clearance ▪ Normal training and competition without restrictions ▪ Monitor and assess periodically

Concussion Referral and Return Form

In the event a player has been removed from play due to a suspected concussion, the Concussion Referral and Return form must be completed as specified by IHNSW.

This form is available for online submission at www.ihnsw.com.au/concussion

Sections 1 – 3 must be provided to the clubs Concussion Coordinator and IHNSW Executive Officer before full contact training and playing resumes.

FAILURE TO COMPLETE ANY SECTION OF THIS FORM WILL RESULT IN THE PLAYER BEING EXCLUDED FROM FULL CONTACT TRAINING AND PLAYING.

SECTION 1 - PLAYER DETAILS

Team official (manager, coach, medic) to complete at the time of the day of the injury, before presenting to medical doctor reviewing the player.

Player Name:

Date of Birth:

Club:

Competition:

Dear Doctor,

This ice hockey player has presented to you today because they were injured on: game/ training session and suffered a potential head injury or concussion.

The injury involved (select only one option)

Direct head blow or knock Indirect injury to the head e.g. whiplash No specific injury observed

The following subsequent signs or symptoms were observed (select all that apply):

Consult with the match officials if no symptoms were observed by team staff

- | | | |
|--|---|--|
| <input type="checkbox"/> Loss of consciousness | <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> Disorientation |
| <input type="checkbox"/> Sensitivity to light | <input type="checkbox"/> Incoherent speech | <input type="checkbox"/> Ringing in the ears |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Memory loss |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Dazed or vacant stare | <input type="checkbox"/> Blurred vision |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Loss of balance | <input type="checkbox"/> Dizziness |

Other (please specify)

Is this the first suspected concussion in the past 12 months? YES NO UNKNOWN

If NO, how many suspected concussions in the past 12 months?

I have completed this form to the best of my knowledge on the suspicion that this given player has a suspected concussion.

Name:

Role:

Signature:

Date:

SECTION 2 - INITIAL CONSULTATION

Ice Hockey NSW takes concussion seriously and its default position is that all players who are suspected of, or have suffered, a concussion must be treated as having suffered concussion.

The player has been informed that they must be referred to a medical doctor. Your role as a medical doctor is to assess the player and guide their progress over the remaining steps in the process.

The IHNSW Concussion Policy and Graduated Return to Play Protocol is available in full at www.ihnsw.com.au/concussion.

Please note, any player who has been diagnosed showing signs and symptoms of concussion MUST follow the Graduated Return to Play (GRTP) protocol.

ADULTS AGED 19 AND OVER

The MINIMUM period before RETURN TO PLAY is 12 days

CHILDREN AND ADOLESCENTS AGED 18 AND UNDER

The MINIMUM period before RETURN TO PLAY is 19 days

I have assessed the player and read and understood the information provided about the incident in this form. I have provided a summary of my assessment in a written document attached.

Doctor's name:

Contact details:

Signature:

Date:

SECTION 3 - CLEARANCE APPROVAL

Doctor's name:

Players name:

Today and based upon the evidence presented to me by them and their parent / guardian, and upon my history and physical examination, I can confirm:

- I have reviewed Section 1 of this form, and specifically the mechanism of injury and subsequent signs and symptoms
- The player has undertaken the age specific mandatory rest period
- The player has completed steps 2,3,4 of the IHNSW Graduated Return to Play process without reoccurring symptoms
- The player has returned to school, study, work normally and has no symptoms related to this

I can also confirm I have read all relevant information in Ice Hockey NSW's Concussion Policy at www.ihnsw.com.au/concussion.

Following medical assessment, and completion of the above steps, I therefore approve that this player may return to full contact training (Stage 5 of the Graduated Return to Play) and if they complete this stage successfully without the reoccurrence of symptoms, the player may return to playing Ice Hockey.

Doctor's name:

Contact details:

Signature:

Date:

Concussion Management Check List – Player

As a player that has been injured and has **suffered a potential head injury or concussion**, you **MUST** follow the information detailed in IHNSW Concussion Management Procedure.

All players who suffer a suspected concussion are to seek the highest level of medical care reasonably available to ensure it is managed appropriately.

If diagnosed/confirmed by a medical professional as having suffered a concussion, the minimum time frames for returning to play/train are:

- Adults over the age of 19 - the minimum timeframe before return to play is **12 days**.
- Children and Adolescents aged 18 and under – the minimum timeframe before return to play is **19 days**.

The check list actions outlined below are provided to assist the player in meeting their obligations and requirements relating to the IHNSW Concussion Management Procedure.

STEP	ACTION	COMPLETE
1	Record	
	Receive and read IHNSW Head Injury Fact Sheet	<input type="checkbox"/>
	Receive and read IHNSW Concussion Referral and Return Form	<input type="checkbox"/>
	Ensure Section 1 of IHNSW Concussion Referral and Return Form has been completed	<input type="checkbox"/>
2	Refer	
	Present yourself to a medical doctor for assessment within 72 hours of injury	<input type="checkbox"/>
	Ensure the medical doctor completes Section 2 IHNSW Concussion Referral and Return form	<input type="checkbox"/>
3	Rest, Recover, Return to Exercise & Training	
	Ensure you completely rest for a minimum of 24 hours after injury	<input type="checkbox"/>
	Follow the advice from medical doctor relating to your injury	<input type="checkbox"/>
	Progress through Stages 1-4 of Graduated Return to Play program	<input type="checkbox"/>
	NOTE: The minimum time between stages is 24 hours. Although children and adolescents may require a longer period of time between stages	
4	Return to Full Contact Training & Play	
	Obtain clearance from the medical doctor and ensure Section 3 of the IHNSW Concussion Referral and Return Form is completed	<input type="checkbox"/>
	Submit completed IHNSW Concussion Referral and Return Form to the Club Concussion Coordinator as evidence to approve a return to full contact training and play	<input type="checkbox"/>
	NOTE: Failure to complete any section of this form will result in the player being excluded from full contact and training	

Concussion Management Check List – Club/Team

If a player at your Club has been injured and **suffered a potential head injury or concussion**, they **MUST** follow the information detailed in IHNSW Concussion Management Procedure.

All players who suffer a suspected concussion are to seek the highest level of medical care reasonably available to ensure it is managed appropriately.

If diagnosed/confirmed by a medical professional as having suffered a concussion, the minimum time frames for returning to play/train are:

- Adults over the age of 19 - the minimum timeframe before return to play is **12 days**.
- Children and Adolescents aged 18 and under – the minimum timeframe before return to play is **19 days**.

The check list actions outlined below are provided to assist the club in meeting their obligations and requirements relating to the IHNSW Concussion Management Procedure.

STEP	ACTION	COMPLETE
1	Record	
	Ensure injury is noted on Official Scoresheet.	<input type="checkbox"/>
	Notify the IHNSW Executive Officer of a potential head injury or concussion occurrence via the online form at www.ihnsw.com.au/concussion	<input type="checkbox"/>
	Concussion coordinator to keep record of incident	<input type="checkbox"/>
2	Record & Refer	
	Complete Section 1 of Concussion Referral and Return Form.	<input type="checkbox"/>
	Provide Referral and Return Form along with Head Injury Fact Sheet to player.	<input type="checkbox"/>
	Remind player they must be referred to a medical doctor within 24-48 hours of suspected injury where possible or as soon as practical afterwards - or if experiencing any Red Flag symptoms, immediately attend the nearest Emergency Hospital, or ring 000 for an Ambulance.	<input type="checkbox"/>
3	Rest & Recover	
	Confirm player has been assessed by a medical doctor and can progress through Graduated Return to Play Protocol	<input type="checkbox"/>
	NOTE: The minimum time between stages is 24 hours, although children and adolescents may require a longer period of time between stages.	
4	Return to Full Contact Training & Play	
	Ensure Section 3 of Referral and Return Form is completed	<input type="checkbox"/>
	Submit completed Referral and Return form to IHNSW Executive Officer via the online form at www.ihnsw.com.au/concussion as evidence to approve a return to full contact training and play	<input type="checkbox"/>
	NOTE: Failure to complete any section of this form will result in the player being excluded from full contact and training	



