



# Ice Hockey New South Wales Concussion Policy

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# Ice Hockey NSW Concussion Policy

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# Ice Hockey NSW Concussion Policy

## Introduction

### Purpose

Ice Hockey NSW (IHNSW) follows the concussion protocols as recommended by the Australian Institute of Sport Concussion In Sport in the Australian Concussion Guidelines for Youth and Community Sport. This policy is intended to provide information on how to recognise concussion and manage concussion from the time of injury through to a safe return to education, work and playing sport including ice hockey.

Safety is a top priority of IHNSW for those participating in the sport of ice hockey and recognises as a collision sport there is a risk of participants sustaining a concussion. However, this information should not be interpreted as a guideline for clinical practice or legal standard of care. These concussion guidelines are recommended for youth (aged under 19 years) sport settings, and for community adult sport.

### Intent

The IHNSW Concussion 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, because of participation in IHNSW 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.

These protocols 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**.

This policy is for players, coaches, on-ice officials, club officials and parents and should be understood and followed by all parties for the benefit and welfare of the players.

## Concussion

### What is concussion?

Concussion is a brain injury resulting in a disturbance of brain function. It affects the way a person thinks, feels and remembers things. Concussion can affect an individual in a variety of ways, including:

- Physical – Headaches, dizziness, vision changes
- Cognitive – Feeling 'foggy', slowed down
- Emotional – Short tempered, sad or general change of personality
- Sleep – Not being able to sleep or sleep more than normal
- Fatigue – Low energy

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## What causes concussion?

A concussion occurs through a collision with another person or object where biomechanical forces to the head, or anywhere on the body transmit an impulsive force to the head/brain. In most cases, this results in transient neurological impairment. It should be noted that concussion can also occur with relatively minor 'knocks'.

## Onset of symptoms

Concussion is often an evolving injury, with symptoms changing over hours or days following the injury. There are often adverse effects on balance and cognitive function. Recovery times following concussion vary between athletes. Physiological recovery may take longer than measures of clinical recovery, and the average time taken to resolve symptoms may vary according to sex, age, presence of pre-injury medical conditions, and para-athlete status.

## Mandatory training in Concussion

It is a mandatory requirement for the following to pass the [Connectivity Sport-Related Concussion Short Course](#).

- Players 14 years and older
- At least one parent each junior player
- On Ice Officials
- Off Ice Officials

The course must be completed each year to ensure knowledge relating to concussions is kept up to date. When the course is completed, screenshot the Certificate of Completion page including the text confirming you have completed the course. Paste this screenshot onto an email as proof of completion and sent to the Club Concussion Officer. The Club Concussion officer will confirm compliance to the IHNSW Executive Officer.

## How to Recognise a Concussion

The Concussion Recognition Tool 6 ([CRT6](#)) is recommended to be used as an aid to the on and off ice recognition of concussion by non medically trained participants. The CRT6 is a simplified summary of the key signs and symptoms including 'red flags' that should raise a concern about a possible concussion.

If any of the visible clues (signs) or symptoms listed on the CRT6 are present following an injury, the individual **should be assumed to have concussion** and must be immediately removed from play or training and must not return to activity that day. **'IF IN DOUBT SIT THEM OUT'**. The individual with suspected concussion should be reviewed by a Health Care Practitioner (HCP) at the earliest opportunity and should commence a graded return to sport and learning activities.

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## Concussion Protocols

### Who can report a Concussion

If a player is suspected of displaying symptoms of a concussion, the matter must be reported immediately to the team manager for further assessment. Reporting is not restricted to any specific individual and may be made by, but is not limited to, teammates, on-ice or off-ice officials, coaches, parents, or spectators.

### Concussion Referral

When a suspected concussion has been identified, the assessing person is to complete the [AIS Concussion Referral & Return Form](#). A digital copy is to be obtained for referral to IHNSW as part of the reporting process and the hard copy given to a person responsible for their care if a junior player, the adult player or the ambulance officer if they are being directly conveyed to hospital. This form provides important information to a healthcare practitioner following the suspected concussion of an athlete. The form outlines clear return to sport protocols, and the requirements for clearance for return to contact activities.

It is the responsibility of the Team Manager to ensure they have all concussion paperwork at games.

### Concussion Reporting

The team manager must

- Ensure the injury is noted on Official Scoresheet
- Ensure Section 1 of Referral and Return form is completed
- Provide player Referral and Return form, Concussion Management Checklist – Player and Head Injury fact sheet
- Inform player to see a doctor in 24-48 hours following injury or if experiencing any red flag symptoms immediately attend the nearest Emergency Hospital or ring 000 for an ambulance
- Complete IHA Injury Report Form
- Submit the online report to IHNSW through the [online portal](#)
- Email IHA Injury Report Form and copy of the Referral and Return Form to the IHNSW Executive Officer [eo@ihnsw.com.au](mailto:eo@ihnsw.com.au)
- Inform the club Concussion Protocol Officer
- Report to the IHNSW Executive Officer any other leagues the player may play in.

The IHNSW Executive Officer will report the concussion to any other leagues this player may play in.

### Recovery and Graduated Return to Play

The risk of complications from concussion is increased if a player is permitted to return to sport before they have fully recovered. It is important that athletes do not return to contact activities or competition, until they have fully recovered. The graded return to sport framework

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(GRTSF) for community and youth assists athletes/ coach/parents/teachers with concussion management through the recovery process and time frames for a safe return to sport/learn.

**Rest:** The player 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 for adults is 24 hours – children and adolescents require a longer rest period of 48-72 hours.***

**Assessment:** If displaying Red Flag signs get immediate medical attention. If displaying non red flag symptoms see a Health Care Practitioner for assessment including suitability to progress through the through [Graduated Return to Play \(GRTP\)](#) process stages 1-4. IHNSW follows the AIS recommendation that all persons who have suffered a concussion or a suspected concussion must be treated as having suffered concussion.

**Recover & Return to Sport:** If approved by a medical doctor they can resume activities of daily living (Mild temporary symptoms are acceptable) with the objective to return to school/study/work prior to returning to play. The Doctor is to compete

The GRTP process should be followed with a **minimum of 24 hours between each progression**. They can only progress to the next stage if they do not have any increased or recurring concussion symptoms. If this occurs, they must return to GRTP stage 1.

**See the Recover and Return Flow Chart for the recovery progression chart**

**Return to Contact Training:** After **14 days of being symptom free**, the player is to be reassessed by a medical practitioner and if appropriate, cleared for return to contact training. The player can only return to contact training when they have fully recovered and provided written medical clearance to IHNSW. The Concussion and Referral and Return Form Section 3 must be completed by their doctor before being forwarded to the Club's Concussion Coordinator. The Concussion Coordinator will then need to submit a completed copy of this form to the IHNSW Executive Officer before they can participate in contact training.

**Return to Play:** A player can only return to play when they have fully recovered from a concussion. Players cannot return to play (GRTP – 6) **before** 21 days post-concussion and it must have been for at least 14 days after **all** symptoms and signs have disappeared.

## Protocol for those with multiple suspected concussions

An athlete with a history of multiple concussions is at risk of experiencing prolonged symptoms before return to sport. Those who suffer from multiple concussions within a short period of time should be managed more conservatively and be assessed by a clinical management team with specific training and expertise in concussion.

Multiple concussions can be a minimum of two concussions within a 3-month period, or a minimum of three concussions in a 12-month period. If this occurs, the individual should follow a more conservative return to sport protocol. There is no evidence regarding specific time frames for return to sport following multiple concussions. The timeframes will be influenced

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by factors such as the severity of the most recent injury, the number of previous concussions and the general medical history of the athlete.

A recommended starting point for return to sport after second concussion within three months, is **28 days symptom-free** before return to contact training and a minimum of **six weeks** from the time of the most recent concussion until return to competitive contact. In situations where more than two concussions have occurred within a 12-month period, consideration needs to be given to missing a season of contact / collision sport.

## Compliance with this Policy

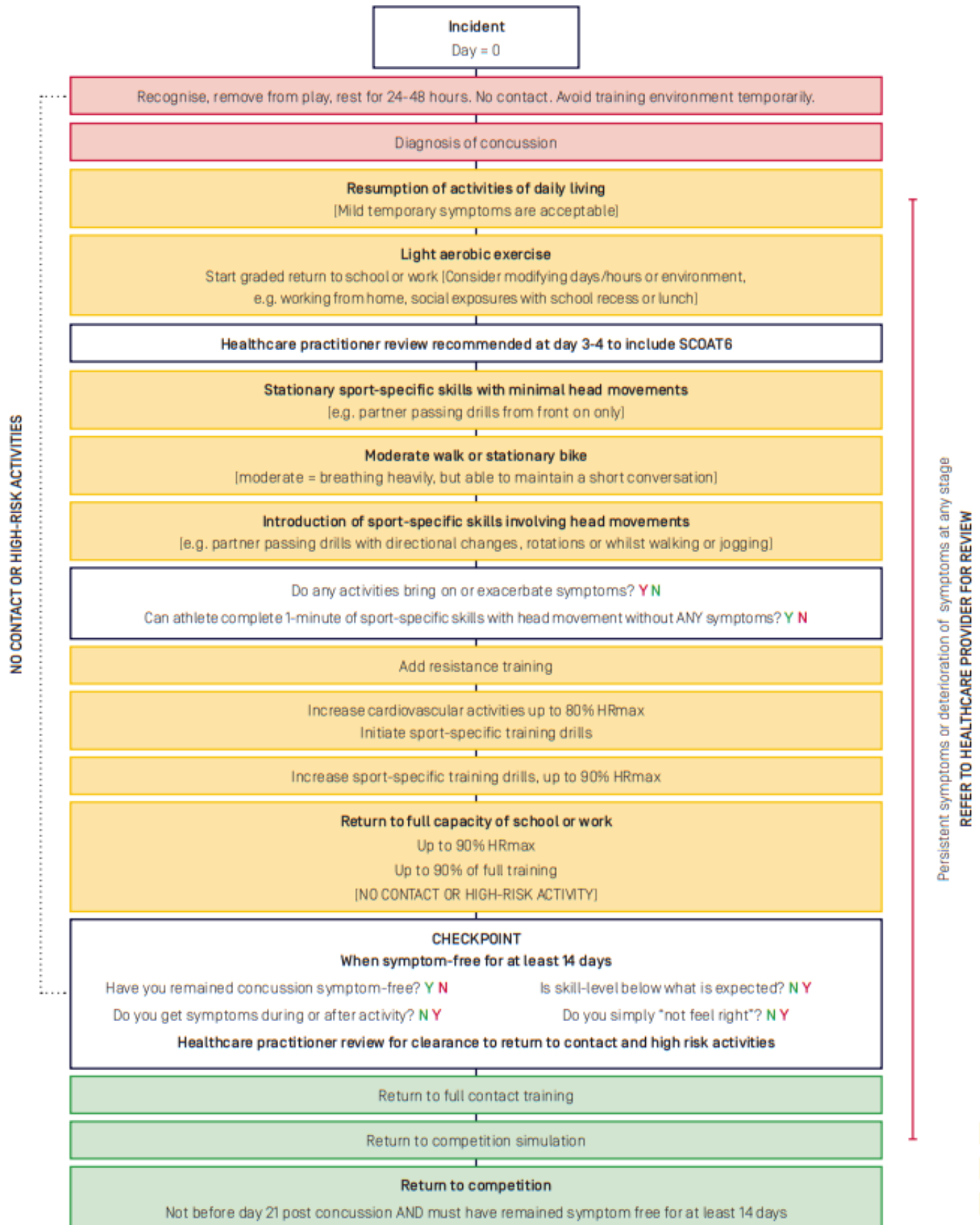
This policy has been designed to foster a safe environment for all participants in the sport. IHNSW follows the recommendations of the AIS regarding the treatment of concussions. Refusal to comply with the policy or abuse of officials or IHNSW employees for enforcing this policy will not be tolerated. Failure to complete any section of the [AIS Concussion Referral & Return Form](#) will result in the player being excluded from games and training. By following the processes outlined above, Ice Hockey NSW ensures that suspected concussions are addressed in a consistent manner, aligned with the Australian Institute of Sports concussion recommendations.

For further information or clarification, please contact IHNSW at: [eo@ihnsw.com.au](mailto:eo@ihnsw.com.au)

# GRADED RETURN TO SPORT FRAMEWORK FOR COMMUNITY AND YOUTH



Each stage, highlighted in orange or green below, should be at least 24 hours and symptoms should return to baseline prior to commencing the next activity or stage.



Some high-performance athletes may have access to appropriately trained Healthcare Practitioners experienced in multi system concussion rehabilitation. These athletes may be cleared earlier if their sports concussion protocol allows. Refer to the graded return to sport framework for advanced care settings. Note, athletes aged under 19 years should NOT have access to earlier clearance available in advanced care settings.

# 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.

#### 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.

This tool may be freely copied in its current form for distribution to individuals, teams, groups, and organizations. Any alteration (including translations and digital re-formatting), re-branding, or sale for commercial gain is not permissible without the expressed written consent of BMJ.

CRT6™

Developed by: The Concussion in Sport Group (CISG)

Supported by:



**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



# Concussion Referral & Clearance Form

## SECTION 1 DETAILS OF INJURED PERSON (please print clearly)

**TEAM OFFICIAL TO COMPLETE** (Manager, Coach or First Aid / Healthcare practitioner\*) **AT THE TIME/ON THE DAY OF THE INJURY, BEFORE PRESENTING TO HEALTHCARE PRACTITIONER REVIEWING THE PLAYER**

Name of player: _____	Date of Birth: _____
Sport: _____	Club/School: _____

Dear Healthcare Practitioner,

This person has presented to you today because they were injured on (day & date of injury) \_\_\_\_\_ in a (game or training session) \_\_\_\_\_ and suffered a potential head injury or concussion.

<b>The injury involved:</b> (select one option)		
<input type="checkbox"/> Direct head blow or knock	<input type="checkbox"/> Indirect injury to the head e.g. whiplash injury	<input type="checkbox"/> No specific injury observed
<b>The subsequent signs or symptoms were observed (Please select one or more):</b> Consult the referee/umpire if no signs and symptoms were observed by team official personnel		
<input type="checkbox"/> Loss of consciousness	<input type="checkbox"/> Dazed or vacant stare	<input type="checkbox"/> Ringing in the ears
<input type="checkbox"/> Disorientation	<input type="checkbox"/> Headache	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Incoherent speech	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Confusion	<input type="checkbox"/> Difficulty concentrating	<input type="checkbox"/> Blurred vision
<input type="checkbox"/> Memory loss	<input type="checkbox"/> Sensitivity to light	<input type="checkbox"/> Loss of balance
<input type="checkbox"/> Other: _____		
Is this their first concussion in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If NO, how many concussions in the last 12 months: _____		
Name: _____	Role: _____	
Signature: _____	Date: _____	

## INJURED PERSON or PARENT / LEGAL GUARDIAN CONSENT (for persons under 18 years of age)

I _____ (insert name) consent to _____ (insert Healthcare Practitioner's name) providing information if required to my Club/School regarding my head injury and confirm that the information I have provided the doctor has been complete and accurate.		
Name: _____	Signature: _____	Date: _____



## SECTION 2 - INITIAL CONSULTATION

HEALTHCARE PRACTITIONER IDEALLY WOULD SEE THE INJURED PERSON WITHIN 72 HOURS OF THE INJURY

**AIS recommends that all persons who have suffered a concussion or a suspected concussion must be treated as having suffered concussion.**

The person has been informed that they must be referred to a healthcare practitioner. **Your role as a healthcare practitioner is to assess the person and guide their progress over the remaining steps in the process.**

Detailed guidance for you, the healthcare practitioner, on how to manage concussion can be found at the Concussion in Australian Sport website [www.concussioninsport.gov.au](http://www.concussioninsport.gov.au)

Please note, any person who has been diagnosed showing signs and symptoms of concussion MUST follow the Graduated Return to Sport Framework (GRTSF) [https://www.concussioninsport.gov.au/\\_data/assets/pdf\\_file/0006/1133466/GRADED-RETURN-TO-SPORT-FRAMEWORK-COMMUNITY-AND-YOUTH.pdf](https://www.concussioninsport.gov.au/_data/assets/pdf_file/0006/1133466/GRADED-RETURN-TO-SPORT-FRAMEWORK-COMMUNITY-AND-YOUTH.pdf)

**FOR CHILDREN & ADOLESCENTS AGED UNDER 19, AND ADULTS IN COMMUNITY (NON-ELITE) SPORT, THE ATHLETE MUST BE SYMPTOM FREE FOR 14 DAYS BEFORE RETURN TO ANY CONTACT TRAINING. THE MINIMUM TIME FOR RETURN TO COMPETITIVE CONTACT IS 21 DAYS.**

I have assessed the person and I have read and understood the information above.

Healthcare Practitioner's Name:

Signed:

Date:

## SECTION 3 - CLEARANCE APPROVAL

I [healthcare practitioner's name]  have reviewed  [persons name] today and based upon the evidence presented to me by them and their family/ support person, 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 person has been symptom-free for at least 14 days
- The person will not return to competitive contact in less than 21 days from the time of concussion
- The person has completed the Graduated Return to Sport Framework process without evoking any recurrence of symptoms
- The person has returned to school, study or work normally and has no symptoms related to this activity

I also confirm that I have read the Australian Concussion Guidelines for Youth and Community Sport [https://www.concussioninsport.gov.au/\\_data/assets/pdf\\_file/0003/1133994/37382\\_Concussion-Guidelines-for-community-and-youth-FA-acc.pdf](https://www.concussioninsport.gov.au/_data/assets/pdf_file/0003/1133994/37382_Concussion-Guidelines-for-community-and-youth-FA-acc.pdf)

I therefore approve that this person may return to full contact training and if they successfully complete contact training without recurrence of symptoms, the person may return to playing sport [competitive contact].

Healthcare Practitioner's Name:

Signature:

Date:



# Ice Hockey Australia Injury Reporting Form

## Purpose

Ice Hockey Australia's (IHA's) Injury Reporting Form is a significant tool for collecting information to measure the types of injuries, the number of reoccurrences and severity. The collected information will assist in determining what measures may be implemented to prevent, or at the very least, reduce reoccurring injuries to IHA's member players and officials in IHA sanctioned competitions.

## Injury Definition

1. An injury is considered reportable if a player misses a training or a game because of an injury sustained during a practice or game.
2. The player does not return to play for the remainder of the game following an injury.
3. All concussions.
4. Any dental injury.
5. Any facial laceration.

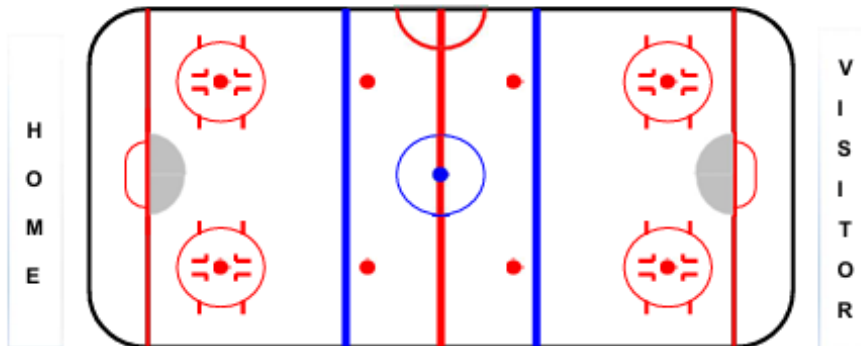
Association: \_\_\_\_\_ Venue: \_\_\_\_\_

Competition: \_\_\_\_\_ Team: \_\_\_\_\_ Date: / /

Player's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Position: Centre Wing Defence Goal

## Zone of Injury:

Mark the area of the ice surface where the injury occurred. Note that Home and Visitor ends are marked to identify offensive and defensive activity.



### Cause of Injury

- Body Check
- Check from behind
- Check to the head/neck
- Stick contact
- Puck contact
- Unintended collision
- Fighting
- Non-contact
- Other
- Was a penalty called? Y N

### Equipment

- a) Full Face Mask Y N
- b) Visor Y N
- c) None Y N
- d) Mouthguard Y N
- e) Neck Guard Y N

### Location of the injury:

- |   |   |                                       |
|---|---|---------------------------------------|
| 1. Head <input type="checkbox"/>        | 13. Forearm <input type="checkbox"/>    | 24. Buttocks <input type="checkbox"/> |
| 2. Face <input type="checkbox"/>        | 14. Wrist <input type="checkbox"/>      | 25. Pelvis <input type="checkbox"/>   |
| 3. Neck <input type="checkbox"/>        | 15. Hand <input type="checkbox"/>       | 26. Groin <input type="checkbox"/>    |
| 4. Throat <input type="checkbox"/>      | 16. Thumb <input type="checkbox"/>      | 27. Genitals <input type="checkbox"/> |
| 5. Jaw/Chin <input type="checkbox"/>    | 17. Fingers <input type="checkbox"/>    | 28. Hip <input type="checkbox"/>      |
| 6. Teeth/Mouth <input type="checkbox"/> | 18. Chest <input type="checkbox"/>      | 29. Thigh <input type="checkbox"/>    |
| 7. Eye <input type="checkbox"/>         | 19. Abdomen <input type="checkbox"/>    | 30. Knee <input type="checkbox"/>     |
| 8. Ear <input type="checkbox"/>         | 20. Kidneys <input type="checkbox"/>    | 31. Leg <input type="checkbox"/>      |
| 9. Shoulder <input type="checkbox"/>    | 21. Upper back <input type="checkbox"/> | 32. Ankle <input type="checkbox"/>    |
| 10. Upper arm <input type="checkbox"/>  | 22. Lower back <input type="checkbox"/> | 33. Foot <input type="checkbox"/>     |
| 11. Elbow <input type="checkbox"/>      | 23. Coccyx <input type="checkbox"/>     | 34. Toes <input type="checkbox"/>     |

### Assessment:

- a) None
- b) Contusion
- c) Sprain - ligament
- d) Sprain - muscle
- e) Laceration
- f) Dislocation
- g) Fracture
- h) Concussion
- i) Other

12. Was the injury - Minor:  Acute:  Severe:

### Time Lost (the amount of time the player was out of play):

1. Return the same game:
2. Return the same day:
3. Out for the Championship:
4. One week or more:

The form is to be submitted to **your local State Association** for forwarding to IHA at [admin@iha.org.au](mailto:admin@iha.org.au)

# 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 HP 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 Graded Return to Sport Framework



## 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 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.ihns.com.au/concussion](http://www.ihns.com.au/concussion)

**NOTE:** A player must provide a completed 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 Management Checklist Player

As a player that has been injured and has **suffered a potential head injury or concussion** you **MUST** follow the information detailed in the AIS Concussion in Sport protocols. All players who suffer a suspected concussion are to seek the highest level of medical care reasonably available to ensure it is managed appropriately.

IHNSW follows the AIS recommendation that **all** persons who have suffered a concussion or a suspected concussion **must** be treated as having suffered a concussion. The minimum return to play is **21 Days**.

The check list actions outlined below are provided to assist the player in meeting their obligations and requirements relating to the AIS Concussion in Sport protocols.

Step	Action	Complete
1	<b>Record</b>	
	Receive and read the <b>IHNSW Head Injury Fact Sheet</b>	<input type="checkbox"/>
	Receive and read the <b>AIS Concussion Referral and Clearance Form</b>	<input type="checkbox"/>
	Ensure Section 1 of the <b>AIS Concussion Referral and Clearance Form</b> has been completed	<input type="checkbox"/>
2	<b>Refer</b>	
	Present yourself to a medical officer for assessment within 24-48 hours of injury	<input type="checkbox"/>
	Ensure the medical doctor completes Section 2 of the <b>AIS Concussion Referral and Clearance Form</b>	<input type="checkbox"/>
3	<b>Rest, Recover, Return to Exercise &amp; Training</b>	
	Ensure you completely rest for a minimum of 24 hours after injury	<input type="checkbox"/>
	Follow the advice from the medical doctor relating to you injury	<input type="checkbox"/>
	Progress through the stages of the <b>Graded Return to Sport Framework</b>	<input type="checkbox"/>
	NOTE: The minimum time between stages is 24 hours. Children and adolescents may require a longer period between stages	
4	<b>Return to Full Contact Training and play</b>	
	After 14 days of being symptom free, obtain clearance from the medical doctor and ensure Section 3 <b>AIS Concussion Referral and Clearance Form</b> is completed by the medical doctor	<input type="checkbox"/>
	Submit the <b>AIS Concussion Referral and Clearance Form</b> to the Club Concussion Co-ordinator as evidence of medical approval to return to full contact training	<input type="checkbox"/>
	After 21 days post concussion and at least 14 days after <b>all</b> symptoms and signs have disappeared. You can return to play	<input type="checkbox"/>
	NOTE: For a second concussion within 3 months, <b>28 days symptom-free</b> before return to contact training and a minimum of <b>six weeks</b> from the time of the most recent concussion until return to competitive contact. If more than two concussions have occurred within a 12-month period, consideration needs to be given to missing a season of contact / collision sport.	

# Concussion Management Checklist Team/Club

If a player at your club has been injured and has suffered a potential head injury or concussion, you **MUST** follow the information detailed in the AIS Concussion in Sport protocols. All players who suffer a suspected concussion are to seek the highest level of medical care reasonably available to ensure it is managed appropriately.

IHNSW follows the AIS recommendation that **all** persons who have suffered a concussion or a suspected concussion **must** be treated as having suffered a concussion. The minimum return to play is **21 Days**.

The check list actions outlined below are provided to assist the player in meeting their obligations and requirements relating to the AIS Concussion in Sport protocols.

Step	Action	Complete
1	<b>Record</b>	
	Ensure the injury is noted on the Official Scoresheet	<input type="checkbox"/>
	Notify the IHNSW Executive Officer of a potential head injury or concussion occurrence via the online form at <a href="http://www.ihnsw.com.au/concussion">www.ihnsw.com.au/concussion</a>	<input type="checkbox"/>
	Complete Section 1 of the <b>AIS Concussion Referral and Clearance Form</b> and take a copy of the form i.e. scan/photograph	<input type="checkbox"/>
	Complete the <b>IHA Injury Report Form</b>	<input type="checkbox"/>
2	<b>Record and Refer</b>	
	Give the player the <b>AIS Concussion Referral and Clearance Form</b> and <b>Head Injury Fact Sheet</b>	<input type="checkbox"/>
	Remind player they must see a doctor within 24-48 hours of injury or as soon as practical afterwards and if they are experiencing Red Flag symptoms to immediately attend the nearest Emergency Department or call 000	<input type="checkbox"/>
	Email the Executive Officer the copy of the <b>AIS Concussion Referral and Clearance Form</b> and <b>IHA Injury Report Form</b>	<input type="checkbox"/>
3	<b>Rest &amp; Recover</b>	
	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. Children and adolescents may require a longer period between stages	
4	<b>Return to Full contact and training</b>	
	After 14 days of being symptom free, ensure Section 2 and 3 of the <b>AIS Concussion Referral and Clearance Form</b> is completed by the medical doctor.	<input type="checkbox"/>
	Submit the completed <b>AIS Concussion Referral and Clearance Form</b> to the IHNSW Executive Officer via email as evidence of medical approval to return to full contact training	<input type="checkbox"/>
	After 21 days post-concussion and at least 14 days after <b>all</b> symptoms and signs have disappeared. The player can return to full contact play	<input type="checkbox"/>
	NOTE: Failure to complete and section of the <b>AIS Concussion Referral and Clearance Form</b> will result in the player being excluded from playing and training	