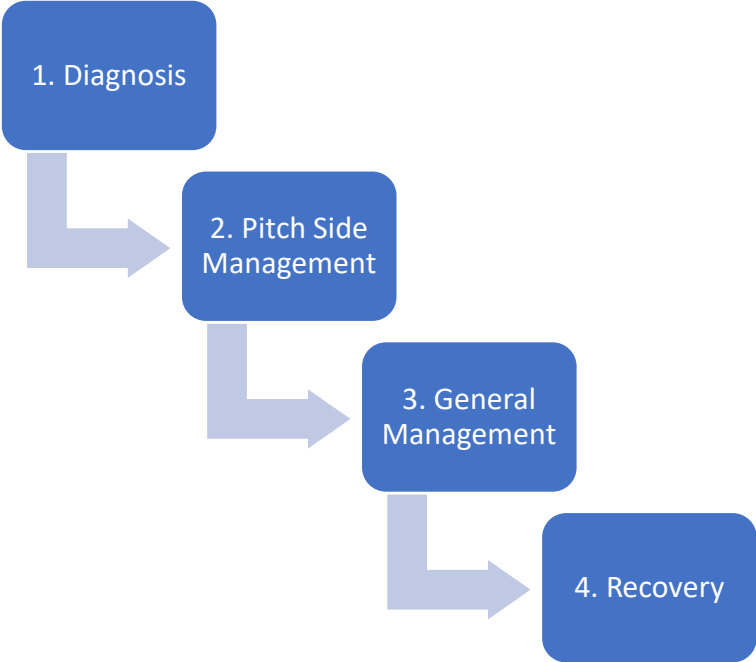


Hockey Wales Concussion Policy



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Concussion Process



DIAGNOSIS AND ASSESSMENT OF CONCUSSION

Identifying concussion

Hockey Wales & GB supports and promotes **RECOGNISE AND REMOVE**.

The Pocket Concussion Recognition Tool developed by the Zurich 2012 Concussion Consensus Group supports this Recognise and Remove message and is suitable for use in Age Grade and Community Hockey. This Tool highlights the signs and symptoms suggestive of a concussion. These include:

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

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

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

- Headache
- Dizziness
- Mental clouding, confusion, or feeling slowed down
- Visual problems
- Nausea or vomiting
- Fatigue
- Drowsiness / Feeling “in a fog” / difficulty concentrating
- “Pressure in head”
- Sensitivity to light or noise

Failure to answer any of these questions correctly may suggest a concussion (Maddox Questions):

- “What venue are we at today?”
- “Which quarter/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?”

If a player has signs or symptoms of a possible concussion that player must be:

RECOGNISED AND REMOVED and IF IN DOUBT, SIT THEM OUT.

On field or pitch side management

A player with a signs or symptoms of concussion must be removed in a safe manner in accordance with emergency management procedures and medically assessed.

If a cervical spine (neck) injury is suspected, the player should only be removed by emergency healthcare professionals with appropriate spinal care training.

Teammates, coaches, match officials, team managers, administrators or parents who observe an injured player displaying any of the signs or symptoms after an injury event with the potential to cause a concussion **MUST** do their best to ensure that the player is removed from the field of play in a safe manner.

Diagnosing concussion

The Concussion Consensus Statement, recognised as the best practice document for concussion management, identifies concussion as being among the most complex injuries in sports medicine to diagnose, assess and manage. This paper also confirms that there is no perfect diagnostic test or marker for the immediate diagnosis of concussion in the sporting environment

The 2016 statement also confirmed that clinical diagnosis by a doctor remains the gold standard and this diagnosis should be supported by:

- a review of symptoms using a standardised checklist
- cognitive (memory) assessment
- balance evaluation

If available, neurophysiological testing (computerized or paper-based) can be used in conjunction with symptom checklists and balance evaluation as an aid to the clinical decision-making process but should not be relied upon solely.

In summary the diagnosis of concussion is a clinical diagnosis supported by a multi- modal tool such as SCAT 5. Decisions regarding concussion should not be based solely on the results of any support tool and remain a clinical decision for experienced healthcare practitioners supported by tools such as SCAT 5.

Onset of symptoms

It should be noted that the signs and symptoms of concussion can present at any time but typically become evident in the first 24-48 hours following a head injury.

MANAGEMENT OF CONCUSSION

Removal from play

All players with a suspected or diagnosed concussion must be removed from the field of play and not return to play or train on the same day. Players with a diagnosed concussion must go through a graduated return to play protocol (GRTP).

Any player who presents with the following signs or symptom **MUST** be permanently removed from the field of play and sent directly to a local emergency department if there is any medical concern. Examples may include:

- Traumatic convulsion
- Tonic posturing
- Confirmed loss of consciousness
- Suspected loss of consciousness
- Ataxia (unsteady on feet)
- Disorientated or confused

Recovery from concussion

Recovery from concussion is spontaneous and typically follows a sequential course. The majority (80–90%) of concussions resolve in a short (7–10 day) period, although the recovery time frame may be longer in children and adolescents.

Players must be encouraged not to ignore symptoms at the time of injury and must not return to play prior to the full recovery following a diagnosed concussion. The risks associated with premature return to play include:

- a second concussion due to increased risk
- an increased risk of other injuries because of poor decision making or reduced reaction time associated with a concussion
- reduced performance
- serious injury or death due to an unidentified structural brain injury
- a potential increased risk of developing long-term neurological deterioration

Comprehensive medical assessment and follow up is required until a concussion has fully resolved. Players must be honest with themselves and medical staff for their own protection.

Hockey Wales & GB recognises the heightened risk of head injury and concussion and its complications in children and adolescent (under 18 years of age) players. Extra caution must be taken to prevent such players returning to play or continuing playing or training if any suspicion of concussion exists.

A second head impact in a player who has not fully recovered from concussion could lead to dangerous neurological complications, including death.

Further Information

Refer to Hockey Wales Return to Play following Concussion Document and FIH Concussion Assessment Tool

For further information about any aspect of the Hockey Wales Concussion Policy, please contact:

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