

## ***Windermere Valley Minor Hockey Association Head Injuries /Concussions***

There is significant literature regarding concussions and their long term cumulative effects on players. As a result of this literature, the WVMHA has developed this policy for the protection and benefit of our players and all involved with the game of hockey.

- 1) A brain injury or concussion could happen as a result of various altercations or events such as a check or blow to the head/ jaw or upper body which is significant enough to cause the brain to shake inside the skull. This trauma has the ability to cause symptoms of concussion and unbeknown to most bench staff, there could be some measure of brain injury suffered. In reality most bench staff do not have the experience or medical expertise to recognize such an injury. As bench staff, it must be acknowledged that a person in such a state could appear to the normal observer to be “out of it, punch drunk or dazed”. Symptoms include but are not limited to headaches, loss of consciousness, irritability, slow reaction time, drowsiness, slurred speech, double vision and vomiting.
- 2) Even when diagnosed by a physician via a diagnostic imaging test, CAT scan or MRI, a concussion may not be evident and despite “normal” visual diagnostics, this does not preclude the possibility of a severe concussion and said physician may suggest being “safe rather than sorry”.
- 3) When seen by a physician a skull fracture, bleeding in the brain or indeed some swelling may not be evident but may indeed be present.
- 4) An injury could be present and could be temporary or permanent or indeed perhaps a blood clot may be present and could be fatal.
- 5) WVMHA is adopting a “better safe than sorry” policy when it comes to concussions. We want every player treated as if they were our own; therefore when it comes to posing the question “I wonder if he/she has a concussion?” a visit to the doctor or the emergency room is the only option to gain a definitive answer to this question.

WVMHA believes that the health and safety of the players in our game is more important than anything else and as such WVMHA demands that every precaution be taken before a player who has suffered a suspected or identified head injury returns to practice or game situation.

## **WVMHA Policy re: Head Injuries/Concussions**

- A. A player suspected of a concussion must stop play immediately. Whether this happens on or off- ice, in a game or practice, the coach must remove the player from participation and request of the parents that they refer the player immediately to a physician for diagnosis. Final decision here is that of the coach and parents must follow-up as requested. Once requested by the coach that a player visit a doctor as a result of concussion like symptoms, the player will not be allowed to return to play until he/she has been evaluated by a medical physician and the player provided with a note clearing them to practice or play..
- B. A player diagnosed as concussed by a medical physician must stop all on and off-ice activities immediately. This not a parental decision, but rather a responsibility of the coach. The coach must report this injury to the WVMHA.
- C. All coaches under the jurisdiction of WVMHA must understand that they cannot allow any player diagnosed as concussed to return to practice or play without written permission from a physician and the player must follow the return to play guidelines listed below.
- D. Such written approval must be submitted to the coach, who will inform the president or designate of the WVMHA of the physicians report and that the return to play guidelines have been followed, as listed below, before said player assessed with such concussion is permitted to return to any form of hockey activity.

WVMHA is adamant that the responsibility for the enforcement of this policy is that of the coach and ultimately the president of WVMHA.

## **WVMHA - RETURN TO PLAY FRAMEWORK**

**The return to play process is gradual, and begins after a doctor has given the player clearance to return to activity. Steps 1 through 4 must be completed with consultation between the parent/guardian and the coach.**

**Doctor's clearance must be submitted to your coach or the Team Trainer/Safety Person after completion of step 4 and before movement to step 5, who will in turn inform the WVMHA President.**

\*The player should only progress to the next step after 24 hours of no symptoms after completion of the previous step.

- Step 1:** No activity, only complete rest. Proceed to step 2 only when symptoms are gone.
- Step 2:** Light aerobic exercise, such as walking or stationary cycling. Monitor for symptoms and signs. No resistance training or weight lifting.
- Step 3:** Sport specific activities and training (e.g. skating, anaerobic, aerobic workout).
- Step 4:** Drills without body contact. May add light resistance training and progress to heavier weights. The time needed to progress from non-contact to contact exercise will vary with the severity of the concussion and the player. Go to step 5 after medical clearance (***reassessment and note to be submitted to your team's Coach or training staff***).
- Step 5:** Begin drills with body contact after medical clearance.
- Step 6:** Game play.

**If symptoms or signs return, the player should return to the previous step, and be re-evaluated by a physician.**

Failure of any coach, player, trainer, or board member to follow this policy and the guidelines herein will be suspended indefinitely pending a full investigation.