



PERINTON YOUTH HOCKEY Concussion Management Policy

The intention of this policy is to reduce and hopefully eliminate instances where Perinton Youth Hockey ("PYH") players suffer "post concussion syndrome" or "secondary impact syndrome." The policy seeks to (1) educate coaches, parents and players regarding symptoms and signs of concussions, (2) provide guidelines for coaches and parents to follow when symptoms or signs of a concussion are recognized, (3) require that either a licensed physician or a PhD having an expertise in concussion management (collectively referred to herein as a "Medical Professional") diagnose the subject player and determine the appropriate treatment, and (4) permit the subject player to return to participate in the PYH program only upon the express written approval of a Medical Professional.

Education

PYH shall endeavor to supply parents and coaches with educational tools aimed to outline the basic aspects of concussion management, including the signs, symptoms, and behaviors of concussed players. Each team should identify a person on the team who may be a medical professional who may assist with assessment.

PYH Protocol Upon Recognition of Concussion Symptoms

NEVER move a player with a suspected back or neck or spinal injury unless absolutely necessary to prevent further injury.

Always assume a spinal injury if:

- There is evidence of a head injury with an ongoing change in the player's level of consciousness.
- The player complains of severe pain in his or her neck or back.
- The player won't move his or her neck.
- An injury has exerted substantial force on the back or head.
- The player complains of weakness, numbness, or paralysis or lacks control of his or her limbs, bladder, or bowel.
- The neck or back is twisted or positioned oddly.

If you suspect someone has a spinal injury:

- Dial 911 or call for emergency medical assistance.
- Keep the player in much the same position as he or she was found.
- Keep the player still.
- Place heavy towels on both sides of the neck or hold the head and neck to prevent movement.
- Provide as much first aid as possible without moving the player's head or neck.

When a PYH Coach, Team Manager or Board Member is aware that a PYH player shows ANY signs or symptoms of a concussion:

1. The Coach is encouraged to immediately remove the player from an ongoing game or practice until it can be determined or assessed if the player can return to play.
2. The athlete should not be left alone - regular monitoring for deterioration is essential over the initial few hours following injury.
3. The Coach shall complete the attached Concussion Checklist (page 4) if ultimately assessed that the player has symptoms.

4. The Coach is encouraged to immediately:
 - (a) inform the athlete's parents of the recognized symptoms and provide the parents with a copy of the complete concussion checklist;
 - (b) advise the parents that the player will not be allowed to return to practice or games until a Medical Professional (as defined above) has evaluated the player **twice** and provided written permission, to be delivered to the team's coach or manager, that the player may return to play following the appropriate protocol; and
 - (c) encourage the parents to immediately take the player to a Medical Professional for diagnosis.
5. The Coach shall provide the Team Manager, Travel or House Coordinator (whichever is applicable), and Board President with a copy of the completed Concussion Checklist.

Return to Play Protocol Where Diagnosis Indicates No Concussion Occurred

If a Medical Professional determines that a player did NOT sustain a concussion, the player may immediately return to practice and games upon the Head Coach's receipt of the Physician Evaluation which evidences the Medical Professional's written diagnosis that no concussion occurred, and no other injury would preclude return to play.

Notwithstanding the foregoing, if the player is not examined by a Medical Professional within 24 hours of the time of the possible injury, the player may not return to practice until the player undertakes PYH's 6 day "return to play protocol" and the Head Coach's receives the Physician Evaluation which evidences the Medical Professional's written diagnosis that the player is asymptomatic and is ready to begin the return to play protocol.

Return to Play Protocol Where Player Is Symptomatic for 7 or Less Days

If either (a) a Medical Professional determines that the player did sustain a concussion, or (b) if the player is not examined by a Medical Professional within 24 hours of the time of the possible injury, the player may commence PYH's 6 day "return to play protocol" upon the Head Coach's receipt of the Physician Evaluation which evidences the Medical Professional's written diagnosis that the player is asymptomatic and is ready to begin the return to play protocol.

PYH's return to play protocol is broken down into six steps in which only one step is covered per day. The six steps involve the following:

Step 1. No significant physical activity until asymptomatic for 24 hours.

Step 2. Light aerobic exercise such as walking or stationary bike, etc. No resistance training.

Step 3. Medium aerobic exercise (jogging).

Steps 1-3 should be undertaken by the player under the supervision of the player's parents and not in connection with a PYH practice, game, or other event. If at any time during steps 1-3 a player shows symptoms of a concussion, the athlete should drop back to the previous level and try to progress after 24 hours of rest. If following step 3 the player remains asymptomatic, the player may proceed to step 4 upon the Coach's receipt of the "PYH Post Concussion Return to Play Waiver" signed and dated by the player and the player's parent(s). The Coach should provide the Team Manager, Travel or House Coordinator (whichever is applicable), and Board President with a copy of such waiver.

Step 4. Participation with the player's team in an on-ice practice with the exception of drills involving contact. During such practice the player shall wear a brightly colored jersey to identify and remind all players and coaches that such player should not participate in contact drills during practice.

Step 5. Full contact training in a practice setting.

Step 6. Return to competition (games).

If at any time during steps 4-5 a player shows symptoms of concussion, the player's parents should to take the player to a Medical Professional for re-evaluation. If following step five neither the coaching staff nor team

manager identifies signs or symptoms of a concussion, the player may return to full competition the following day.

Return to Play Protocol Where Player Is Symptomatic More Than 7 Days

Where a player sustains a significant concussion where a player remains symptomatic for more than 7 days following the date of injury, a player may participate in an on-ice practice with the exception of drills involving contact if (1) the Board President and Head Coach have received a "PYH Post Concussion Return to Play Waiver For Significant Concussions" signed and dated by the player, the player's parent(s) and the player's Medical Professional, and (2) at least 60 days have elapsed since the date of the initial injury.

During such practice the player shall wear a brightly colored jersey to identify and remind all players and coaches that such player should not participate in contact drills during practice. Such player shall not participate in contact drills during practice or competition unless and until the PYH Board President and Head Coach receive written approval from a Medical Professional that the player is asymptomatic and is ready to begin PYH's standard return to play protocol.

Reservation of PYH's Right to Deny Return to Play

Notwithstanding anything herein to the contrary, PYH reserves the right to deny a player's return to play if either the Head Coach or PYH Board of Directors have reason to believe a player is not ready to return to play for health and safety reasons.

PYH and Coaches Held Harmless

While this policy provides certain guidelines for PYH coaches and administrators, the failure to strictly adhere to such guidelines shall not expose PYH Coaches or administrators to any liability whatsoever. Specifically, all PYH players and parents expressly waive, release, absolve, indemnify, and hold harmless the PYH, its Board of Directors, organizers, supervisors, coaches, sponsors, officials, participants, and persons transporting players to and from said activities, from any claim arising out of injury.

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PERINTON YOUTH HOCKEY CONCUSSION CHECKLIST

Name: _____ Age: _____ Grade: _____ Sport: _____

Date of Injury: _____ Time of Injury: _____

On Site Evaluation

Description of Injury: _____

	Yes	No		<u>Questions to Ask Player</u>
Has the athlete ever had a concussion?	Yes	No		
Was there a loss of consciousness?	Yes	No	Unclear	Where are we? What month is it? What day is it? Who is the opposing team?
Does he/she remember the injury?	Yes	No	Unclear	Repeat words.... <i>Table, Dog, Green</i> What do you remember prior to hit?
Does he/she have confusion after the injury?	Yes	No	Unclear	Repeat days of the week backward Repeat numbers backwards ...36 (63), 419 (914), etc.

Symptoms observed at time of injury:

Dizziness	Yes	No	Headache	Yes	No
Ringing in Ears	Yes	No	Nausea/Vomiting	Yes	No
Drowsy/Sleepy	Yes	No	Fatigue/Low Energy	Yes	No
"Don't Feel Right"	Yes	No	Feeling "Dazed"	Yes	No
Seizure	Yes	No	Poor Balance/Coord.	Yes	No
Memory Problems	Yes	No	Loss of Orientation	Yes	No
Blurred Vision	Yes	No	Sensitivity to Light	Yes	No
Vacant Stare/Glassy Eyed	Yes	No	Sensitivity of Noise	Yes	No

* Please circle yes or no for each symptom listed above.

Other Findings/Comments: _____

Final Action Taken: _____ Parents Notified _____ Sent to Hospital _____

Evaluator's Signature: _____ Title: _____

Printed Name: _____

Address: _____ Date: _____ Phone: _____



**PERINTON YOUTH HOCKEY
Player Injury Report**

Player's Name _____

Team _____

Coach _____

Date of Injury _____ Location _____

Describe the injury and how it occurred _____

Did the player require medical treatment at the rink or hospital? _____

Was the player transported to the hospital by ambulance or parent/guardian? _____

If no parent or guardian was present, who was the responsible adult? _____

What was the diagnosis after medical evaluation? _____

Please complete this form after any injury that requires medical treatment. ***If a concussion is suspected, the other side of this form must also be completed.*** Forward to:

**President – PYH
P. O. Box 1001
Fairport, NY 14450**

Please note that if the player has an injury that prevents him/her from participating in team practices/games, there must be a doctor's release provided to PYH President or Team Manager PRIOR to the player returning to practices/games.