



RESTON RAIDERS HOCKEY CLUB

SAFETY PROGRAM OVERVIEW

as of June 2013

Reston Raiders Hockey Club has the most proactive safety program in the CBHL. Concussions are difficult to spot, and signs/symptoms change by the hour and from day-to-day. The goals of the safety program are that no child skates while concussed and that parents are armed with as much information as possible. We follow and supplement the USA Hockey Concussion Management Plan. Here are the basics:

Baselines -- ImPACT and King Devick

Each player should get two pre-season baselines as age appropriate: ImPACT and KingDevick. ImPACT is a computerized test that takes 30-45 minutes. It is offered to eligible Raiders at specific times/locations. KingDevick is a timed reading of flipcards, which takes about 5 minutes at the rink and is administered by team volunteers called Injury Liaisons.

Injury Liaisons or "ILs"

Every team has at least one designated Injury Liaison ("IL") or safety person, who is a volunteer. The ILs job is to assist coaches with player safety throughout the season.

Pull from Play

The IL will watch for potential injuries during games and be available to the bench if coach suspects injury. The IL will administer the KingDevick test and compare against the player's baseline time and will run through a standard checklist of concussion signs/symptoms with the player. If a player shows delay/errors off King-Devick baseline or indicates signs/symptoms of concussion off the checklists, the IL will recommend pull from play as a precaution.

Coaches are **required** to pull players for the day if they are injured on the ice and cannot then achieve their preseason KingDevick baseline time. In the 2012-13 season, 82% of the players who failed KingDevick and went to a medical professional within a few days afterward were diagnosed as concussed.

ILs do not diagnose concussions -- they only recommend pull from play. The guiding principle is: "WHEN IN DOUBT, SIT THEM OUT." ILs also will assist players with non-head injuries.

Return to Play

If a player has been pulled from play, it is the responsibility of the parent/guardian to take that player for full medical evaluation by a medical professional experienced in concussions before returning to play. Parents/guardians should always bring the preseason ImPACT baseline with them to this evaluation so the score can be compared to a post-injury ImPACT test, if given.

Athletic trainers will be available at limited times at the rink throughout the season as a resource for parents who suspect concussion or whose players were removed from play.

For any player who has been diagnosed with a concussion, medical clearance for full contact play is **required** for that player to return to practices or games. All other players return at the discretion of their parents. Bringing your child to a practice or game means you think s/he is 100% ready for full contact play. Coaches will remove players if there is any concern that a player is injured.

HEAD INJURY PROTOCOL

(effective June 2013)

RRHC RESPONSIBILITIES

PARENT/PLAYER RESPONSIBILITIES

INJURY

On Ice: Indication of potential head injury: slow to get up, putting hand to head, crying after a hit, dazed/confused, unsteady on feet, head hitting ice, player complaining.

IL or spectators see it and IL comes to bench.

Coach sees it and summons IL to bench.

ASSESSMENT

IL: CHECKLIST/APP & KING DEVICK
NO IL: COACH TO ASSESS FOR SIGNS/SYMPTOMS

PLAYER SHOWS SIGNS OF CONCUSSION
WHEN IN DOUBT, SIT THEM OUT

PLAYER FAILS KING DEVICK = **MANDATORY PULL FROM PLAY FOR DAY**

REMOVE FROM PLAY

COACH BENCHES PLAYER
PLAYER IS NOT TO BE LEFT ALONE
COACH INFORMS PARENTS AFTER GAME
IL DESCRIBE ASSESSMENT TO PARENTS AND GIVES PARENT PACKET
OLDER PLAYERS SHOULD NOT DRIVE THEMSELVES HOME
COACH OR IL TO DO INJURY REPORT SAME DAY

NOTICE

COACH OR IL INFORMS PARENT(S) AFTER ICETIME THAT PLAYER WAS ASSESSED

PLAYER PASSES KING DEVICK AND SHOWS NO SYMPTOMS OF CONCUSSION

NO CONCUSSION

PARENTS TAKE PLAYER FOR MEDICAL EVALUATION
DOC OR ATHLETIC TRAINER

CONCUSSION

RETURN TO ICE

PLAY FULL CONTACT HOCKEY
HAVE FUN!

MEDICAL CLEARANCE REQUIRED FOR FULL CONTACT PLAY

FOR ANY PLAYER RETURNING TO ICE FROM DIAGNOSED CONCUSSION
PARENTS TELL/EMAIL COACH THAT PLAYER IS CLEARED FOR FULL CONTACT

PLAYER REST & RECOVERY

MANAGE CONCUSSION PURSUANT TO MEDICAL INSTRUCTIONS
6 STEP GRADUAL RETURN TO PLAY
NO ICE UNTIL CLEARED FOR FULL CONTACT

PARENTS DECIDE NOT TO TAKE PLAYER FOR MEDICAL EVALUATION

ASSUME RISK OF SECOND-IMPACT SYNDROME

BRINGING YOUR CHILD TO GAME, PRACTICE OR OFF-ICE CONDITIONING MEANS COACHES WILL ASSUME 100% READY FOR FULL CONTACT PLAY.

RESTON RAIDERS HOCKEY CLUB -- INJURY POLICY

Effective September 2012

HEAD INJURIES

Raiders follows the USA Hockey Concussion Management Program, which is attached.¹ The Program contains the following instructions for players with any symptoms or signs of concussion, disorientation, impaired memory, concentration, balance or recall:

WHEN IN DOUBT, SIT THEM OUT

- ✓ Remove immediately from play (training, practice or game)
- ✓ Inform the player's parents
- ✓ Refer the athlete to a qualified health-care professional
- ✓ Medical clearance is required for return to play

Raiders supplements the USA Hockey Program, as follows:

- ✓ Injury Liaison ("IL") for each team -- assists coaches in detecting and assessing potential concussions. ILs are parent volunteers.
- ✓ Use of KingDevick test and CDC concussion checklists by coaches and ILs to look for concussion signs/symptoms, which are utilized in locations appropriate to the situation
- ✓ Certified athletic trainer made available to assist players who have shown signs/symptoms of concussion during or after a Raiders activity
- ✓ imPACT baselines offered to all players (age appropriate)
- ✓ Concussion information and resources available at Safety Info tab of Raiders website
- ✓ Concussion education events

Parents/guardians must understand that assessments of injured players by Raiders coaches, IL's or other parents using CDC checklists or KingDevick test are not the equivalent of a medical diagnosis. Rather, these tools are used only to determine if a player should be pulled from the ice and taken by his/her parents for a thorough medical evaluation. If a player is pulled off the ice for a suspected concussion, it is the responsibility of the parent/guardian to get proper medical evaluation of the player and to obtain medical clearance to return that player to the game. In addition, parents/guardians should always be on the lookout for signs/symptoms of concussion in their own child throughout the season, regardless of whether their player was pulled from the ice. Symptoms of concussion are hard to detect and can develop over time. Parents/guardians must not rely solely on sideline evaluations of their child during a practice or game. Parents/guardians should also familiarize themselves with proper home and school care for children with concussions.

¹ Similar guidelines are required for student-athletes in the Virginia Board of Education Guidelines for Policies on Concussions in Student-Athletes (January 13, 2011).

ALL OTHER INJURIES

RRHC Injury Return Policy

Any player returning from an injury may do so at the discretion of his/her parents. Upon a return from the injury a player must be able to fully participate in all activities including any physical contact. Under no circumstance should a player be on the ice in a condition less than being able to fully participate. Coaches will be required to adhere to this policy. Approved 12-13-10 RRHC BOD

Coaches are directed to remove players from participation in practice/games if in their opinion there is any concern that the player has been injured, until such time that the player is able to see a medical professional and receive a clean bill of health to participate in full contact play. *"When in doubt, sit them out."*



2015 Concussion Management Program

Michael Stuart MD
Alan Ashare MD

The standard of care for current medical practice and the law in most states requires that any athlete with a *suspected* concussion is *immediately removed from play*.

- A concussion is a traumatic brain injury- *there is no such thing as a minor brain injury*.
- A player does not have to be “knocked-out” to have a concussion- *less than 10% of players actually lose consciousness*.
- A concussion can result from a blow to head, neck or body.
- Concussions often occur to players who don’t have or just released the puck, from open-ice hits, unanticipated hits and illegal collisions.
- The youth hockey player’s brain is more susceptible to concussion.
- In addition, the concussion in a young athlete may be harder to diagnosis, takes longer to recover, is more likely to have a recurrence and can be associated with serious long-term effects.
- Treatment is individualized and it is impossible to predict when the athlete will be allowed to return to play- *there is no standard timetable*.

A player with any symptoms or signs; disorientation; impaired memory, concentration, balance or recall has a concussion.

Remember these steps:

1. Remove immediately from play (training, practice or game)
2. Inform the player’s coach/parents
3. Refer the athlete to a qualified health-care professional
4. Initial treatment requires physical and cognitive rest
5. The athlete begins a graded exertion and schoolwork protocol.
6. Medical clearance is required for return to play

Diagnosis

Players, coaches, parents and health care providers should be able to recognize the symptoms and signs of a concussion:

Symptoms

- Headache
- Nausea
- Poor balance
- Dizziness
- Double vision
- Blurred vision
- Poor concentration
- Impaired memory
- Light Sensitivity
- Noise Sensitivity
- Sluggish
- Foggy
- Groggy
- Confusion

Signs

- Appears dazed or stunned
- Confused about assignment
- Moves clumsily
- Answers slowly
- Behavior or personality changes
- Unsure of score or opponent
- Can't recall events after the injury
- Can't recall events before the injury

Management Protocol

1. If the player is unresponsive- call for help & dial 911
2. If the athlete is *not breathing*: start CPR
 - ✓ DO NOT move the athlete
 - ✓ DO NOT remove the helmet
 - ✓ DO NOT rush the evaluation
3. Assume a neck injury *until proven otherwise*
 - ✓ DO NOT have the athlete sit up or skate off until you have determined:
 - no neck pain
 - no pain, numbness or tingling
 - no midline neck tenderness
 - normal muscle strength
 - normal sensation to light touch
4. If the athlete is conscious & responsive without symptoms or signs of a neck injury...
 - help the player off the ice to the locker room
 - perform an evaluation
 - do not leave them alone

5. Evaluate the player in the locker room:

- Ask about concussion *symptoms* (How do you feel?)
- Examine for *signs*
- Verify *orientation* (What day is it?, What is the score?, Who are we playing?)
- Check *immediate memory* (Repeat a list of 5 words)
- Test *concentration* (List the months in reverse order)
- Test *balance* (have the players stand on both legs, one leg and one foot in front of the other with their eyes closed for 20 seconds)
- Check *delayed recall* (repeat the previous 5 words after 5-10 minutes)

6. A player with any symptoms or signs, disorientation, impaired memory, concentration, balance or recall has a concussion.

“When in doubt, sit them out”

- Remove immediately from play (training, practice or game)
- Inform the player’s coach/parents
- Refer the athlete to a qualified health-care professional
- Medical clearance is required for return to play

7. If any of the signs or symptoms listed below develop or worsen: go to the hospital emergency department or dial **911**.

- Severe throbbing headache
- Dizziness or loss of coordination
- Memory loss or confusion
- Ringing in the ears (tinnitus)
- Blurred or double vision
- Unequal pupil size
- No pupil reaction to light
- Nausea and/or vomiting
- Slurred speech
- Convulsions or tremors
- Sleepiness or grogginess
- Clear fluid running from the nose and/or ears
- Numbness or paralysis (partial or complete)
- Difficulty in being aroused

8. An athlete who is *symptomatic* after a concussion initially requires *physical* and *cognitive rest*.

- A concussed athlete should not participate in physical activity, return to school, play video games or text message if he or she is having symptoms at rest.
- Concussion symptoms & signs *evolve over time*- the severity of the injury and estimated time to return to play are unpredictable.

9. A qualified health care provider guides the athlete through a **Functional Return to School/Play protocol**.

USA Hockey Post-Concussion Functional Return to School/Play Protocol

This protocol should not be initiated until after the athlete has been released to participate in the functional return to play protocol by a qualified health care provider. ***If symptoms worsen during a functional test, the test should be stopped and the athlete monitored until symptoms resolve.*** No further functional testing should be performed that day. Functional testing may resume the following day at the previously asymptomatic level if the athlete remains asymptomatic. If symptoms do not resolve, appropriate medical attention should be obtained.

After each phase of functional testing, the presence of post-concussive symptoms should be assessed and progression to the next phase of functional testing will require the absence of post-concussive symptoms. Each phase requires ***a minimum of 1 day*** before progressing to the next phase.

