

North Halton Twisters Concussion Policy 2019-2020

North Halton Twisters, in conjunction with the University of Guelph's Health & Performance Centre (HPC) and Eramosa Physiotherapy Associates (EPA) Georgetown and Acton, have implemented a concussion policy. This concussion policy adheres to the Hockey Canada concussion policy.

This new concussion policy will implement Hockey Canada's 5R's (**Recognize, Remove, Rest, Require and Return**). The goal of the North Halton Twisters Concussion Policy is to provide a clear outline for players, parents, trainers and team officials of the necessary steps to keep our athletes safe throughout.

What is a concussion?

A concussion is a disruption or change of brain function that is caused by an outside force which can be *direct force* such as direct contact to the head or an *indirect force* where the force leads to movement of the brain inside the skull (whiplash or force to another part of the body). The disruption or injury to the brain leads to changes in attention and mental state and results in the presence of new adverse and evolving symptoms.

Signs and Symptoms of a concussion are:

Common Signs of a Concussion - Remove Player from Play		
Headache	Nausea	Dizziness
Vomiting	Balance problems	Numbness/Tingling
Drowsiness	Difficulty Remembering	Difficulty Concentrating
Visual Problems	Sensitivity to Noise or Light	Feeling Foggy
Irritability	Sad	Nervous/Anxious
Fatigue	More emotional	Sleeping more / less than usual
Trouble falling asleep	Feeling slowed down	

Should more serious signs of a concussion be evident, 911 should be called immediately:

911 must be called	
Headaches that worsen	Seizures/convulsions
Loss of consciousness	Repeated vomiting
Very drowsy/can't be wakened	Slurred speech
Can't recognize people or places	Increased confusion/irritability
weakness/tingling/burning in arms/legs	Persistent or increasing neck pain
Unusual behavioural changes	Paralysis or marked weakness

A concussion can be identified:

1. When the athlete reports experiencing any one of these symptoms.
2. When a team official observes an athlete demonstrating any one of these symptoms.
3. When peer players, parents and/or team officials report that an athlete has been experiencing/demonstrating any one of these symptoms.

Pre-Season Baseline Concussion Testing:

The purpose of a Baseline concussion test is to assist a Health Care Professional in making safe return to play decisions if an athlete suffers a concussion. The Baseline test helps to establish an athletes normal physical and cognitive function in a non-injured state.

Athletes who are involved in sports with high acceleration, body contact and falls should have baselines performed every 2 years.

A baseline test should include a battery of tests which help to evaluate a number of different systems that can be affected after a sports related concussion.

In athletes under the age of 18, a Baseline must include:

- ☐ Cervical Range of Motion and stability (assess any pre-existing neck limitations)
- ☐ Detailed History (to assess the athletes concussion risk factor)
- ☐ SCAT 5 child (< 12 years old), SCAT 5
- ☐ VOMS (vestibular ocular assessment)
- ☐ King Devick test (captures eye movement, attention and language)
- ☐ Bess (balance and proprioception)

In athletes > 18 years old the ImPact computer test should also be included.

The Baseline Test will be completed by every Rep and AP player Atom to Midget prior to August 1st of the current season. DS players must complete the Baseline Test prior to November 1st of the current season.

Players will not be rostered until testing is completed.

The test will be organized and supervised by a trained, accredited health professional in a clinic or off-site setting. The preferred partner for the NHGHA is EPA/HPC but players can choose their own clinic if desired. **The test is not valid if performed at home and will not be accepted.**

A baseline test confirmation of completion must be signed by the accredited supervising health professional and given to the Team Trainer.

The Team Trainer will collect the individual players confirmations and provide copies to NHGHA for tracking purposes.

All Rep, DS and AP players must complete baseline testing as outlined above every 2 years, or after recovery from a concussion.

While it is not mandatory, House League players are encouraged to participate in Baseline testing too.

Concussion Identification During Game/Practice:

Who is responsible for removing the player from the game/practice?

When a suspected concussive incident has occurred it is the responsibility of the team trainer to remove the player from the game and to monitor and remain with the player until the parent/guardian is on site and a transfer of care can be made – **the trainer's decision cannot be overruled by anyone (coach or parent)**. The team trainer, parents, players and coaches should be reminded that there are no "mild" concussions, and the presence of one (1) symptom warrants removal of play until medical investigation can confirm otherwise.

When in doubt sit them out.

In accordance to Hockey Canada's concussion policy:

"Following each game, it is the responsibility of the team trainer to report the details of any participant suspected of sustaining a concussive injury, or any participant who exhibits any symptoms as outlined by the Pocket Concussion Recognition Tool, ...prior to the participant's next game.

The team trainer shall record the details of the symptoms and provide copies of Hockey Canada's Injury Report Form and Pocket Concussion Recognition Tool to the participant and parent (or guardian) if present. The team trainer must notify the coaching staff that the participant requires evaluation by a **qualified physician** to determine whether the player has sustained a concussion prior to returning to play. Upon medical diagnosis of a

concussion, the participant shall be ruled ineligible to participate until medically cleared to do so."

Reporting a Concussion Incident for North Halton Twisters

The team trainer will complete the **Suspected Concussive Incident Communication Form**. On this form the trainer will note all of the player's symptoms and will stay with the player until the parents have received and signed this form. The trainer will remind the parents that Hockey Canada requires a licensed medical professional to confirm or deny whether a concussive incident has occurred prior to returning to a practice or game situation.

It is the parent/guardian's responsibility to seek confirmation of a concussion diagnosis or its absence.

It is the trainer's responsibility to ensure that confirmation has been received prior the player returning to a practice or game venue.

Once the form is signed, the trainer will keep the form and email it to: Carolyn Tegelaar (ectegelaar@sympatico.ca) and then send the same to the parents. The trainer will ensure the parents leave the venue with the appropriate information, should they not have a licensed medical professional that they can follow up with.

Seeking a licensed medical provider for confirmation of a concussion diagnosis:

1. If the suspected concussion incident is deemed by a licensed physician **NOT to have occurred**, written documentation must be provided to the team trainer prior to the player returning to the ice for a practice or game. In this case, return to a practice or game is at the discretion of the player, parents and trainer.
 - a. Parents should be reminded by the trainer to monitor the player for 24-72 hours as concussion symptoms may appear in a delayed manner.
 - b. Team trainers maintain the right to refuse or to request further medical assessment if the player does not appear to be functioning at their normal level.
2. If the suspected concussion incident is deemed by a licensed physician to **have occurred**, written documentation by a licensed medical provider must be given to the trainer.
 - a. In such a case the trainer must then fill in the Hockey Canada Report Injury Form.

- b. The player must enter the REST phase and move through the stages of concussion recovery (Return to Learn & Return to Activity).

A player suffering from a concussion will need to rest their brain to facilitate healing and recovery. This often requires a period of time where the player is avoiding activities like reading, concentrating, video games etc. When symptoms are persisting, **treatment by a skilled medical provider** can assist in the management of these ongoing symptoms. The initial recovery phase of a concussion focusses on the cognitive/thinking functions of the brain. Therefore a player must have been successful with the **Return to Learn Phase** and back at school full time prior to entering the **Return to Activity Phase**. (See Flow Sheets from McMaster University in appendices)

It is the responsibility of the parents/guardians to ensure that the player has been successful with the **Return to Learn** phase prior/concurrently to entering the **Return to Activity** phase of concussion recovery.

A **Concussion Baseline Testing Protocol** must be part of their **Return to Activity** for players where a concussive incident was medically confirmed. Concussion Baseline Testing has been shown to be the most currently reliable method to determine if a player has reached their preinjury state and is ready to resume play. Concussion Baseline Testing is available to all North Halton Twister players (ie: houseleague, rep) through EPA/HPC at a preferred rate, however, a player can choose to go to a skilled health provider/clinic of their choosing.

Preseason baseline testing parameters that were assessed by EPA/HPC will be made available to any licensed medical provider of the player's/parents' choosing.

It is the responsibility of the parent to cover the fees for post concussive incident assessment and necessary treatment. If using a licensed medical provider most fees are likely covered through parents extended health insurance (or Hockey Canada insurance if there is not extended health insurance) or OHIP.

It is the responsibility of the parent to contact EPA/HPC or an alternate licensed medical provider for a Concussion Return to Play assessment.

It is the responsibility of the parents/guardians to obtain documentation for the trainer that confirms that the player is ready for a Return to Activity program.

Return to Play

In accordance with Hockey Canada Concussion Policy:

“Any participant who has been declared to have a concussion must submit written medical clearance from a medical licensed provider to the team trainer prior to returning to play. In consultation with the licensed medical practitioner, the team trainer may develop a Return to Play plan for the participant. The final authority for an athlete who has sustained a concussion to return to play lies with the medical authority; not with any team or league representative.”

The Return to Play procedure following a concussion injury has been well documented, and North Halton Twisters Hockey requires that all players adhere to the stages of Return to Play. With the successful completion of each stage, the licensed medical provider will authorize that the player is returning to practice and play.

There is a required minimum of 24 hours between each stage. It is the parent and players responsibility to ensure that no symptoms were exacerbated by each stage prior to moving to the next.

The NHGHA has outlined the required stages and authorization through EPA/HPC's Concussion Passport.

The NHGHA requires that any player diagnosed with a concussion follows a **Return to Activity** protocol that is supervised by a qualified therapist and your family doctor. The physiotherapy fees are typically covered by extended health insurance. In cases where the player does not have extended coverage (or the coverage limit has been exceeded) the completion of an injury report allows the player to use the Hockey Canada insurance which provides additional coverage of these fees.

Return to Play Stages:

Stage One: Must have medical clearance to enter this stage and have successfully completed the Return to Learn phase which requires a full return to academic responsibilities.

Stage Two: Light General Exercise.

- No on ice or dry land training
- NO CONTACT
- Light warm up, with stretching and flexibility exercises
- Light cardio (15-20 mins) which can include stationary bike, elliptical, treadmill, fast paced walking, swimming (50% intensity)

The player must receive medical clearance from a doctor prior to moving onto to the next stage, no sooner than 24 hours later.

Stage Three: General conditioning and hockey specific work done individually

- No on ice or dryland training
- NO CONTACT
- Begin with warm up, stretching and flexibility exercises
- Increase cardiovascular exercises (20-30 mins)
- Add hockey specific drills challenging agility, coordination, shooting drills

The player and parent must acknowledge there was not symptom exacerbation during this stage prior to moving onto to the next stage 24 hours later.

Stage Four: Return to Hockey, NO body contact practice with teammates. This stage is meant to further challenge the player with a more complicated but safe environment

- NO CONTACT, wearing “pinny”
- Increase duration of exercise to 60 minutes
- Overall skating intensity 60-70%
- Return to team passing/shooting, agility, shooting, passing, and coordination drills

It is the responsibility of the **trainer, player and parents** to acknowledge that there was not symptom exacerbation during this stage prior to moving onto the next stage 24 hours later.

Stage Five: Return to Hockey with full body contact with teammates.

- CONTACT PRACTICE
- Participate in full practice to be ready for game day
- If completed with no symptoms discuss with trainer about returning to full play
- Players must make sure they are confident to return to game play
- Coaches and Trainers must make sure that the player is performing at their pre-injury level
- Running intensity should be 100%

It is the responsibility of the **player, trainer, and parents** to acknowledge that there was not symptom exacerbation during this stage prior to moving onto the next stage 24 hours later.

Medical clearance is required prior to returning to a game, it will be noted on the Return to Play Concussion Passport for the Trainer.

APPENDIX

Confirmation of Completion ~ Player Form

Team: _____

Date test completed: _____

Player name: _____

Accredited Clinic name and Contact details:

Supervising Health Professional name:

Supervising Health Professional signature:

North Halton Twisters: Suspected Concussive Incident

Communication Form

Date: _____ Time of the Injury: _____

Players Name: _____

Players DOB: _____ Division: _____

Game/Practice Location: _____

Details of the suspected Concussive Incident: _____

Reported Symptoms: Circle all that apply		
Headache	Nausea	Dizziness
Vomiting	Balance problems	Numbness/Tingling
Drowsiness	Difficulty Remembering	Difficulty Concentrating
Visual Problems	Sensitivity to Noise or Light	Feeling Foggy
Irritability	Sad	Nervous/Anxious
Fatigue	More emotional	Sleeping more / less than usual
Trouble Falling asleep	Feeling slowed down	

Red Flag Symptoms: 911 must be called (circle all that apply)	
Headaches that worsen	Seizures/convulsions
Loss of consciousness	Repeated vomiting
Looks very drowsy/can't be wakened	Slurred speech
Can't recognize people or places	Increased confusion/irritability
Weakness/tingling/burning in arms/legs	Persistent or increasing neck pain
Usual behavioural changes	Paralysis or marked weakness

Are there any other observable signs or other injured areas? **Yes** **No**

If yes, what: _____

I (name of trainer) _____, have recommended to the player's parent or guardian obtain an assessment by a licensed medical provider to determine whether the player has suffered from a concussion.

Trainer's Signature: _____ tel #: _____

Parent Signature: _____ tel #: _____

Parent Name: _____

Concussion Pocket SCAT: (copies to be on hand in Trainer's Kit)

- To be given to every parent and player if there was a concussive incident

Pocket SCAT2



Concussion should be suspected in the presence of **any one or more** of the following: symptoms (such as headache), or physical signs (such as unsteadiness), or impaired brain function (e.g. confusion) or abnormal behaviour.

1. Symptoms

Presence of any of the following signs & symptoms may suggest a concussion.

- | | |
|-------------------------|----------------------------|
| ▪ Loss of consciousness | ▪ Feeling slowed down |
| ▪ Seizure or convulsion | ▪ Feeling like "in a fog" |
| ▪ Amnesia | ▪ "Don't feel right" |
| ▪ Headache | ▪ Difficulty concentrating |
| ▪ "Pressure in head" | ▪ Difficulty remembering |
| ▪ Neck Pain | ▪ Fatigue or low energy |
| ▪ Nausea or vomiting | ▪ Confusion |
| ▪ Dizziness | ▪ Drowsiness |
| ▪ Blurred vision | ▪ More emotional |
| ▪ Balance problems | ▪ Irritability |
| ▪ Sensitivity to light | ▪ Sadness |
| ▪ Sensitivity to noise | ▪ Nervous or anxious |

2. Memory function

Failure to answer all questions correctly may suggest a concussion.

- "At what venue are we at today?"
- "Which 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?"

3. Balance testing

Instructions for tandem stance

*"Now stand heel-to-toe with your **non-dominant** foot in back. Your weight should be evenly distributed across both feet. You should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."*

Observe the athlete for 20 seconds. If they make more than 5 errors (such as lift their hands off their hips; open their eyes; lift their forefoot or heel; step, stumble, or fall; or remain out of the start position for more than 5 seconds) then this may suggest a concussion.

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, urgently assessed medically, should not be left alone and should not drive a motor vehicle.

Scat 3: Concussion Assessment. To be completed by a medical professional (copies on Hand or available in the event that further direction is needed for medical professional)

SCAT3™

Sport Concussion Assessment Tool – 3rd edition

For use by medical professionals only

Name: _____
Date / Time of Injury:
Date of Assessment: _____
Examiner: _____

What is the SCAT3?

The SCAT3 is a standardized tool for evaluating injured athletes for concussion and can be used in athletes aged from 12 years and older. It supersedes the original SCAT and the SCAT2 published in 2005 and 2008, respectively. For younger persons, ages 12 and under, please use the Child SCAT3. The SCAT3 is designed for use by medical professionals. If you are not qualified, please use the Sport Concussion Recognition Tool. Pre-season baseline testing with the SCAT3 can be helpful for interpreting post-injury test scores.

Specific instructions for use of the SCAT3 are provided on page 3. If you are not familiar with the SCAT3, please read through these instructions carefully. This tool may be freely copied in its current form for distribution to individuals, teams, groups and organizations. Any revision or any reproduction in a digital form requires approval by the Concussion in Sport Group.

NOTE: The diagnosis of a concussion is a clinical judgement, ideally made by a medical professional. The SCAT3 should not be used solely to make, or exclude, the diagnosis of concussion in the absence of clinical judgement. An athlete may have a concussion even if their SCAT3 is "normal".

What is a concussion?

A concussion is a disturbance in brain function caused by a direct or indirect force to the head. It results in a variety of non-specific signs and / or symptoms. Some examples listed below and most often does not involve loss of consciousness. Concussion should be suspected in the presence of any one or more of the following:

- Symptoms (e.g., headache), or
- Physical signs (e.g., unsteadiness), or
- Impaired brain function (e.g., confusion) or
- Abnormal behaviour (e.g., change in personality).

SIDELINE ASSESSMENT

Indications for Emergency Management

NOTE: A hit to the head can sometimes be associated with a more serious brain injury. Any of the following warrants consideration of activating emergency procedures and urgent transportation to the nearest hospital:

- Glasgow Coma score less than 15
- Deteriorating mental status
- Potential skull injury
- Progressive, worsening symptoms or new neurologic signs

Potential signs of concussion?

If any of the following signs are observed after a direct or indirect blow to the head, the athlete should stop participation, be evaluated by a medical professional and should not be permitted to return to sport the same day if a concussion is suspected.

Any loss of consciousness?	<input type="checkbox"/> Y <input type="checkbox"/> N
"If so, how long?"	
Balance or motor incoordination (swaying, dizziness, laboured movements, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N
Disorientation or confusion (unable to respond appropriately to questions?)	<input type="checkbox"/> Y <input type="checkbox"/> N
Loss of memory	<input type="checkbox"/> Y <input type="checkbox"/> N
"If so, how long?"	
"Before or after the injury?"	
Blank or vacant look	<input type="checkbox"/> Y <input type="checkbox"/> N
Visible facial injury in combination with any of the above:	<input type="checkbox"/> Y <input type="checkbox"/> N

1 Glasgow Coma Scale (GCS)

Best eye response (E)	
No eye opening	1
Eye opening in response to pain	2
Eye opening to speech	3
Eyes opening spontaneously	4
Best verbal response (V)	
No verbal response	1
Incomprehensible sounds	2
Inappropriate words	3
Confused	4
Oriented	5
Best motor response (M)	
No motor response	1
Extension to pain	2
Abnormal flexion to pain	3
Flexion / Withdrawal to pain	4
Localization to pain	5
Obeys commands	6
Glasgow Coma score (E + V + M)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">... of 15</div>

GCS should be recorded for all athletes in case of subsequent deterioration.

2 Maddocks Score³

"I am going to ask you a few questions, please listen carefully and give your best effort."

Modified Maddocks questions (1 point for each correct answer)

What venue are we at today?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0 / 1</div>
Which half is it now?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0 / 1</div>
Who scored last in this match?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0 / 1</div>
What team did you play last week / game?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0 / 1</div>
Did your team win the last game?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0 / 1</div>
Maddocks Score	<div style="border: 1px solid black; padding: 2px; display: inline-block;">... of 5</div>

Maddocks score is validated for sideline diagnosis of concussion only and is not used for clinical testing.

Notes: Mechanism of injury ("tell me what happened"):

Any athlete with a suspected concussion should be REMOVED FROM PLAY, medically assessed, monitored for deterioration (i.e., should not be left alone) and should not drive a motor vehicle until cleared to do so by a medical professional. No athlete diagnosed with concussion should be returned to sports participation on the day of injury.

SCAT3 SPORT CONCUSSION ASSESSMENT TOOL 3 | PAGE 1

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HOCKEY CANADA INJURY REPORT

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See reverse for mailing address.

Forms must be filled out in full or form will be returned. This form must be completed for each case where an injury is sustained by a player, spectator or any other person at a sanctioned hockey activity.

CLAIMS MUST BE PRESENTED WITHIN 90 DAYS OF THE INJURY DATE. DATE OF INJURY: ____/____/____

INJURED PARTICIPANT: ☐ Player ☐ Team Official ☐ Game Official ☐ Spectator

Name: _____ Birthdate: ____/____/____ Sex: ☐ M ☐ F

Address: _____

City / Town: _____ Province: _____ Postal Code: _____ Phone: (____) _____

Parent / Guardian: _____

DIVISION

☐ Initiation ☐ Novice ☐ Atom ☐ PeeWee
☐ Bantam ☐ Midget ☐ Juvenile ☐ Junior

CATEGORY

☐ AAA ☐ A ☐ BB ☐ CC ☐ DD ☐ House ☐ Minor Junior ☐ Adult Rec.
☐ AA ☐ B ☐ C ☐ D ☐ E ☐ Major Junior ☐ Senior ☐ Other _____

BODY PART INJURED

Head <input type="checkbox"/> Face <input type="checkbox"/> Skull <input type="checkbox"/> Eye Area <input type="checkbox"/> Throat <input type="checkbox"/> Dental	Back <input type="checkbox"/> Lower <input type="checkbox"/> Neck <input type="checkbox"/> Upper	Trunk <input type="checkbox"/> Abdomen <input type="checkbox"/> Ribs <input type="checkbox"/> Chest
Arm: <input type="checkbox"/> Left <input type="checkbox"/> Collarbone <input type="checkbox"/> Right <input type="checkbox"/> Elbow <input type="checkbox"/> Shoulder <input type="checkbox"/> Hand/Finger <input type="checkbox"/> Upper arm <input type="checkbox"/> Forearm/Wrist	Leg: <input type="checkbox"/> Left <input type="checkbox"/> Knee <input type="checkbox"/> Right <input type="checkbox"/> Toe <input type="checkbox"/> Shin <input type="checkbox"/> Thigh <input type="checkbox"/> Other <input type="checkbox"/> Foot	Pubis <input type="checkbox"/> Hip <input type="checkbox"/> Groin

NATURE OF CONDITION

☐ Concussion ☐ Laceration ☐ Fracture
☐ Sprain ☐ Strain ☐ Contusion
☐ Dislocation ☐ Separation ☐ Internal Organ Injury

ON-SITE CARE

☐ On-Site Care Only ☐ Refused Care

☐ Sent to Hospital by: ☐ Ambulance ☐ Car

INJURY CONDITIONS

Name of arena / location: _____

☐ Exhibition/Regular Season ☐ Period #2
☐ Playoffs/Tournament ☐ Period #3
☐ Practice ☐ Overtime: _____
☐ Try-outs ☐ Dry Land Training
☐ Other ☐ Gradual Onset
☐ Warm-up ☐ Other Sport
☐ Period #1 ☐ Other: _____

CAUSE OF INJURY

☐ Hit by Puck
☐ Collision with Boards
☐ Non-Contact Injury
☐ Hit by Stick
☐ Collision on Open Ice
☐ Collision with Opponent
☐ Fall on Ice
☐ Checked from Behind
☐ Collision with Net
☐ Fight
☐ Blindsiding

Was the injured player in the correct league and level for their age group?
☐ Yes ☐ No

Was this a sanctioned Hockey Canada activity?
☐ Yes ☐ No

LOCATION

☐ Defensive Zone ☐ Offensive Zone ☐ Neutral Zone
☐ Behind the Net ☐ 3 ft. from Boards ☐ Spectator Area
☐ Parking Lot ☐ Dressing Room ☐ Bench
☐ Other: _____

WEARING WHEN INJURED

☐ Full Face Mask
☐ Inter-Oral Mouth Guard
☐ Half Face Shield/Visor
☐ Throat Protector
☐ Helmet/No Face Shield
☐ No Helmet/No Face Shield
☐ Short Gloves
☐ Long Gloves

ADDITIONAL INFORMATION

Has the player sustained this injury before? ☐ Yes ☐ No
If "Yes" how long ago _____
Was a penalty called as a result of the incident? ☐ Yes ☐ No
Estimated absence from hockey?
☐ 1 week ☐ 1-3 weeks ☐ 3+ weeks

DESCRIBE HOW ACCIDENT HAPPENED

(Attach page if necessary)

I hereby authorize any Health Care Facility, Physician, Dentist or other person who has attended or examined me/my child, to furnish Hockey Canada any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment and copies of all dental, hospital, and medical records. A photo static/electronic copy of this authorization shall be considered as effective and valid as the original.

Signed: _____
(Parent/Guardian if under 18 years of age)
Date: _____

TEAM INFORMATION

(To be completed by a Team Official)

Association: _____

Team Name: _____

Team Official (Print): _____

Team Official Position: _____

Signature: _____

Date: _____

HEALTH INSURANCE INFORMATION

THIS MUST BE FILLED OUT IN FULL OR FORM PROCESSING WILL BE DELAYED

Occupation: ☐ Employed Full-time ☐ Employed Part-time
☐ Unemployed ☐ Full-Time Student

Employer (If minor, list parent's employer): _____

1. Do you have provincial health coverage? ☐ Yes ☐ No Province: _____

2. Do you have other insurance? ☐ Yes ☐ No
(If "YES", PLEASE SUBMIT CLAIM TO YOUR PRIMARY HEALTH INSURER.)

3. Has a claim been submitted? ☐ Yes ☐ No
(If "YES", PLEASE FORWARD PRIMARY INSURER EXPLANATIONS OF BENEFITS.)

Make Claim Payable To: ☐ Injured Person ☐ Parent ☐ Team ☐ Other: _____

Branch
APPROVAL



HOCKEY CANADA INJURY REPORT

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PHYSICIAN'S STATEMENT

Physician: _____ Address: _____ Tel: (____) _____

Name of Hospital / Clinic: _____ Address: _____

Nature of Injury: _____ Date of First Attendance: _____

_____ Claimant will be totally disabled:

_____ From: _____ To: _____

Is the injury permanent and irreparable? ☐ No ☐ Yes

Give the details of injury (diagnosis): _____

Prognosis for recovery: _____

Did any disease or previous injury contribute to the current injury? ☐ No ☐ Yes (describe): _____

Was the claimant hospitalized? ☐ No ☐ Yes (give hospital name, address and date admitted): _____

Names and addresses of other physicians or surgeons, if any, who attended claimant: _____

I certify that the above information is correct and to the best of my knowledge.

Signed: _____ Date: _____

DENTIST STATEMENT

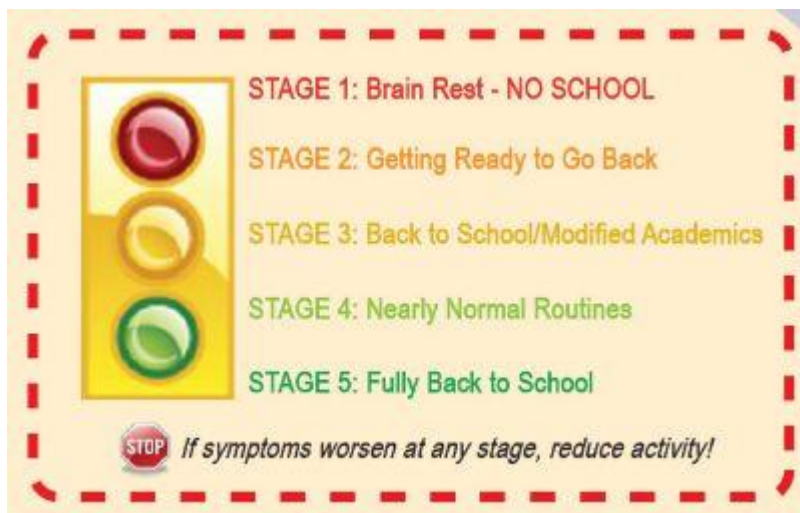
Limits of coverage: \$1,250 per tooth, \$2,500 per accident
Treatment must be completed within 52 weeks of accident

UNIQUE NO. SPEC. PATIENT'S OFFICIAL ACCOUNT NO.

Patient Last name _____ Given name _____ Address _____ City / Town _____ Province _____ Postal Code _____	Dentist PHONE NO _____	I HEREBY ASSIGN MY BENEFITS PAYABLE FROM THIS CLAIM DIRECTLY TO THE NAMED DENTIST AND AUTHORIZE PAYMENT DIRECTLY TO HIM / HER SIGNATURE OF SUBSCRIBER _____
FOR DENTIST USE ONLY - FOR ADDITIONAL INFORMATION, DIAGNOSIS, PROCEDURES OR SPECIAL CONSIDERATION. DUPLICATE FORM <input type="checkbox"/>	I UNDERSTAND THAT THE FEES LISTED IN THIS CLAIM MAY NOT BE COVERED BY OR MAY EXCEED MY PLAN BENEFITS. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE TO MY DENTIST FOR THE ENTIRE TREATMENT. I ACKNOWLEDGE THAT THE TOTAL FEE OF \$_____ IS ACCURATE AND HAS BEEN CHARGED TO ME FOR THE SERVICES RENDERED. I AUTHORIZE RELEASE OF THE INFORMATION CONTAINED IN THIS CLAIM FORM TO MY INSURING COMPANY/PLAN ADMINISTRATOR. SIGNATURE OF (PATIENT/GUARDIAN) _____ OFFICE VERIFICATION _____	

DATE OF SERVICE DAY / MO. / YR.	PROCEDURE	INITIAL TOOTH CODE	TOOTH SURFACE	DENTIST'S FEE	LAB CHARGE	TOTAL CHARGE
THIS IS AN ACCURATE STATEMENT OF SERVICES PERFORMED AND THE TOTAL FEE DUE AND PAYABLE & OE.					TOTAL FEE SUBMITTED	
NOTE: All benefits subject to insurer payer status, provisions of the policy, Hockey Canada sanctioned events.						

Return to School Phase:



Visit: https://canchild.ca/system/tenon/assets/attachments/000/000/291/original/MTBI-return_to_school_brochure.pdf

Return to School Guidelines

These stages are designed to strike a balance between the importance of returning to school and brain recovery. Work with your school to put these recommendations into place.

STAGE 1: Brain Rest - NO SCHOOL

- No school for at least one week
- Lots of cognitive rest (NO TV, video games, texting, reading)
- When symptom free, move to STAGE 2

**If symptoms persist past 2 weeks, move to STAGE 2*

STAGE 2: Getting Ready to Go Back

- Begin gentle activity guided by symptoms (walking, 15 minutes of screen time twice daily, begin reading).
- When symptom free, move to STAGE 3

**If symptoms persist, stay in this stage for a maximum of 2 weeks and discuss moving to STAGE 3 with your physician or brain injury clinician*

STAGE 3: Back to School/Modified Academics

- This stage may last for days or months depending on rate of recovery
- Go to bed early and get lots of sleep. Have a quiet retreat space in school
- Academic Modifications:
 - Timetable/attendance: Start by going for one hour, half days or every other day
 - Curriculum: Attend less stressful classes, no tests, homework in 15 minute blocks up to a maximum of 45 minutes daily
 - Environment: Preferential seating, avoid music class, gym class, cafeteria, taking the bus, carrying heavy books
 - Activities: Limit screen/TV time into 15 minute blocks for up to 1 hour daily
- When symptom free, move to STAGE 4

**If symptoms persist past 4 weeks → A recovery Individualized Education Plan (IEP) may be needed*

STAGE 4: Nearly Normal Routines

- Back to full days of school, but can do less than 5 days a week if needed
- Complete as much homework as possible and a maximum of 1 test per week
- When symptom free, move to STAGE 5

STAGE 5: Fully Back to School

- Gradual return to normal routines including attendance, homework, tests and extracurricular activities

STAGE 1: Brain Rest - NO SCHOOL

STAGE 2: Getting Ready to Go Back

STAGE 3: Back to School/Modified Academics

STAGE 4: Nearly Normal Routines

STAGE 5: Fully Back to School

STOP If symptoms worsen at any stage, reduce activity!

Important Notes

- Anxiety can be high after a brain injury. Many children worry about school failure and need reassurance about the temporary accommodations.
- Depression is common during recovery from a brain injury, especially when the child is unable to be active. This may make symptoms worse or prolong recovery.

Talk with the child about these issues and offer encouragement and support.

Also see the McMaster Return to Activity Guidelines

Return to Activity Phase:

Visit:

https://canchild.ca/system/tenon/assets/attachments/000/000/292/original/Return_To_Activity_Brochure.pdf

Return to Activity Guidelines

These guidelines should be followed in discussion with a physician or brain injury clinician.

STEP 1: No Activity and Complete Rest

- NO physical activity if symptomatic
- Which symptom group are you in: **BLUE**, **PURPLE**, or **GREEN**? →

**Get clearance from a physician or brain injury clinician before beginning STEP 2*

STEP 2: Light Exercise

- NO resistance training or weight lifting
- 10-15 minutes light exercise, maximum twice a day
e.g., walking, stationary cycling, light jogging, freestyle swimming

STEP 3: Individual Sport-Specific Activity

- NO body/head contact, spins, dives, jumps, high speed stops, hitting a baseball with a bat, or other jarring motions
- 20-30 minutes general conditioning, maximum twice a day.
e.g., skating, running, throwing

STEP 4: Sport-Specific Practice with Team, NO CONTACT

- NO checking, heading the ball, tackling, live scrimmages
- Begin activities with one other teammate and then by the end of this step progress to full team practice, with NO contact.
e.g., ball drills, shooting/passing drills, or other non-contact activities
- Begin resistance training and 'beginner level' sport-specific skills. Increase skill level over time.

**Get clearance from a physician or brain injury clinician before beginning STEPS 5 and 6*

STEP 5: Sport-Specific Practice with Team and CONTACT


- Participate in normal training activities. If symptom free, you are ready to return to competition!

STEP 6: Return to Activity, Sport or Game Play

Which group are you in?

Choose your symptom group and follow the instructions below.

SYMPTOM FREE WITHIN 1 WEEK	SYMPTOM FREE WITHIN 1 - 4 WEEKS	SYMPTOMATIC FOR MORE THAN 4 WEEKS
Rest for 1 more week after symptom free ↓ Begin STEP 2 ↓ Take at least 24 hours for each step as you complete the rest of the guidelines	Rest for 1 more week after symptom free ↓ Begin STEP 2 ↓ Take at least 1 week for each step as you complete the rest of the guidelines	Begin STEP 2 (4 weeks after injury) ↓ DO NOT progress to STEP 3 until symptom free and cleared by a physician or brain injury clinician ↓ Take at least 1 week for each step as you complete the rest of the guidelines

 **If symptoms return, rest for at least 24 hours and then go back to the previous step**

Overriding Recommendations for Return to Contact Sport

- If positive neuroimaging findings → Take at least 3 months off from contact sport
- If 2 concussions in 3 months → Take 6 months off from the time of the most recent injury
- If 3 or more concussions in 1 year → Take 1 year off from the time of the most recent injury
- Discuss retirement from sport after 3 or more concussions, especially if symptoms are prolonged and affecting performance

But continue to exercise!

Also see the McMaster Return to School Guidelines

Reference: McCrory P, Meeuwisse W, Johnston K et al. Consensus Statement on Concussion in Sport: The 3rd International Conference on concussion in Sport Held in Zurich, Nov 2008. Journal of Athletic Training 2009; 44(4):434-448. © CanChild, McMaster University

Concussion Passport (front & back pages):

CONCUSSION PASSPORT™

Player Name: _____ Date of Concussion: _____

What should athletes do once they have sustained a concussion?

- | | | Check for completion |
|---|--|--|
| ① | Remove from all sporting activities, school or work until a trained medical provider can assess the player. Until then REST is the best strategy for the player. If symptoms are SEVERE or WORSENING, either immediately go to the hospital or get medical evaluation. | <input type="checkbox"/> |
| ② | Once cleared from the hospital, book an appointment with a Physiotherapist, or skilled medical provider who has experience with Concussion Management. Continue to rest your brain and your body. | <input type="checkbox"/> |
| ③ | Schedule a Concussion Assessment with your Physiotherapist or Medical Provider. At this appointment the player's symptoms will be assessed, treatment will be initiated when appropriate and a comparison of the multiple variables testing at the Concussion Baseline Assessment will be done. <ul style="list-style-type: none">➤ If you are attending a different provider, your baseline assessment can be communicated at your written request➤ If you have not had a baseline a concussion assessment & treatment are still important as they will help drive the Return to Activity stages | <input type="checkbox"/>
<input type="checkbox"/> |
| ④ | Follow the management recommendations and participate in active treatment with your physiotherapist. Treatments are unique and varied and may include school activity/modifications, manual therapy for the neck, vision and balance exercises and return to activity and sport exercises. | <input type="checkbox"/> |
| ⑤ | Once you have clearance from your physiotherapist or medical provider you can first return to school, followed by a return to sport. | <input type="checkbox"/> |



Putting our Heads together to Protect Yours™



CONCUSSION PASSPORT™

Player Name: _____

Date of Concussion: _____

A. Return to Learn Guidelines:

B. Return to Activity Guidelines:

The athletes must successfully complete A. before moving onto B.

Stage	Return of Symptoms ? Yes/No	Completion Date Or Estimation	Responsible/ Initial	Stage	Return of Symptoms ? Yes/No	Completion Date Or Estimation	Responsible/ Initial
REST: Initial Medical Clearance before proceeding				REST: Initial Medical Clearance before proceeding			
Stage 1: Cognitive Preparation				Stage 1: Light General Exercise, Flexibility and Balance			
Stage 2: Modified Academics				Stage 2: Individual Sport Specific Exercise			
Stage 3: Almost Normal Routine				Stage 3: Return to NON-contact Practice (submax effort)			
Stage 4: Full Recovery Back to School				Stage 4: Return to Contact Practice (max effort)			
			Medical Clearance may be required	Stage 5: Return to Game			

- 24 hours are between each stage where the athlete's symptoms are monitored for exacerbation
- Any exacerbation of symptoms results in athlete returning to previous stage and medical clearance



Putting our Heads together to Protect Yours™



ABOUT ERAMOSA PHYSIOTHERAPY

EPA has pioneered concussion management through the University of Guelph's Health and Performance Site. In 2016, they were selected amongst a small Canadian group of providers, to attend the **5th International Concussion Consensus Summit held in Berlin, Germany**. Through the HPC site, they are also involved in concussion research projects and assess over 600 athletes yearly for concussion management. EPA/HPC has committed to being at the forefront of concussion management so that Youth Sporting Organizations can have the confidence that they are offering their families and athletes the best possible guidance with concussion management.

FOR TOURNAMENTS:

In accordance with Hockey Canada concussion policy, "the host committee for each North Halton Twister event shall:

- a. Provide the main contact for any visiting team with the address and telephone number of the nearest emergency medical facility upon arrival to the event (see appendices)
- b. Provide a copy of the HOCKEY CANADA Injury Report Form (see appendices) to any team member or parent if requested
- c. Provide a copy of the Pocket Concussion Recognition Tool (see appendices) to any team member or parent if requested
- d. Provide an appropriate space (eg. dressing room or first aid room) within the facility or tent for administration of the Sport Concussion Assessment Tool (see appendices) to any team member or parent if requested

OTHER CONCUSSION RESOURCES:

<http://www.parachutecanada.org/concussion>

<http://www.hollandbloorview.ca/programsandservices/Concussioncentre/Concussioneducation/Handbook>

<https://www.canchild.ca/en/diagnoses/brain-injury-concussion>

<http://www.cattonline.com/>

www.erasosaphysio.com

AN EMERGENCY ACTION PLAN FOR HOCKEY

The coach, manager and hockey trainer should initiate a meeting at the beginning of the season to ensure they have the volunteers required for their Emergency Action Plan.

Equipment Locations

Please locate and identify area on map:

Legend
Phone P
Exits E
First aid... FA
AED, AED



Arena Information

Arena/Facility Name: Mold-Master Sportsplex Park.
Address: 221 Guelph St.
Telephone Number: 905 877 8488

Emergency Telephone Numbers

Emergency: 911
Ambulance: 905 825 6000
Fire Dept: 905-873-2600 x 2108
Hospital: 905-873 0111 (Georgetown)
Police: 905-825-4747
General: _____

Roles

Hockey Trainer / Charge Person

- Initially takes control of the situation.
- Instructs player to lay still and bystanders, such as other players, not to move player.
- Do not move the athlete.
- Assess injury status of player, decide if an ambulance/medical care is required.
- If the injury is serious and warrants immediate attention that you are not qualified to provide, make your pre-determined signal to your call person, control person and your pre-determined first aid/medical person.

Call Person

- Makes call when emergency assistance required (tests their cell phone in the facility to ensure it will work).
- Know location of alternate phones in the facility being played in. Have change or a phone card if necessary.
- Ideally at all games and practices and not involved on the bench.
- Has a list of emergency phone numbers in the area of the facility.
- Has a diagram displaying specific directions and best route to the arena facility.

Control Person

- Pre-determine the location of the AED and other emergency equipment in the facility.
- Retrieving the AED and/or first aid kit and bringing to the injured player if requested.
- Seek highly-trained medical personnel in the facility if requested by the Charge Person.
- Ensure teammates, other participants and spectators are not in the way of the charge person.
- Advise opponents, on-ice officials, arena staff and parents of the steps being taken.
- Ensure the quickest and best route for the ambulance crew to the ice surface is clear and accessible.
- Meet the ambulance on its arrival and direct EMS to the injured player.

IMPORTANT REMINDERS

The game official continues to assume the role of being in charge of the overall environment.

It is important for officials to note that if the hockey trainer makes the signal for assistance that there may be a number of pre-determined people who will respond and will require access to the ice.

Once the ambulance is called, the officials should send both teams to their dressing rooms.

See flow chart on reverse

The coach, manager and hockey trainer should initiate a meeting at the beginning of the season to ensure they have the volunteers required for their Emergency Action Plan.

Equipment Locations

Arena Information

Please locate and identify area on map:

Legend

Phone P
Exits E
First aid... FA
AED AED



Arena/Facility Name: Milton Sports Centre

Address: 605 Santa Maria Blvd.

Telephone Number: 905-875-5393

Emergency Telephone Numbers

Emergency: 911

Ambulance: 905-825-6000

Fire Dept: 905-878-9251

Hospital: 905-878-2383 (Milton)

Police: 905-825-4777

General: _____

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Legend

Phone P
Exits E
First aid... FA
AED AED



Arena Information

Arena/Facility Name: Milton Memorial
Address: 77 Thompson Rd S
Telephone Number: 905 878 5393
x 2600

Emergency Telephone Numbers

Emergency: 911
Ambulance: 905 - 825 - 6000
Fire Dept: 905 878 9251
Hospital: 905 878 2383 (Milton)
Police: 905 - 825 4777
General: _____

Roles

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AN EMERGENCY ACTION PLAN FOR HOCKEY

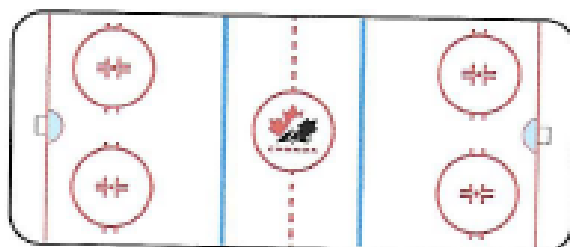


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Legend
Phone P
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First aid... FA
AED, AED



Arena Information

Arena/Facility Name: John Torrey Spaul
CNTR
Address: 217 Laurier Ave
Telephone Number: 905-875-5393 x
2600

Emergency Telephone Numbers

Emergency: 911
Ambulance: 905-825-6000
Fire Dept: 905-878-9251
Hospital: 905-878-2383 (mitlen)
Police: 905-825-4777
General: _____

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