



Manual of Operations

Title: Safe Return to Play	Number: MO-06-20
Source: LMC	
Approved By: WGMHA Board	Date Approved: June 2014 Date Last Reviewed: June 2016

WGMHA promotes and encourages players to be at their best when participating in hockey activities. Health, wellbeing, safety and injury prevention are priorities.

Illnesses and injuries do happen. Players need to be brought back into practices and games in a thoughtful planned manner supported by the player's primary care provider and parents.

ILLNESSES AND INJURIES

WGMHA respects that parents are often the best judges of when their player is ready to return to activities after a minor illness such as a cold or flu. It is expected that reasonable judgment will be exercised when allowing the player to return.

After an injury a note from the player's primary care practitioner (physician, nurse practitioner) is needed. The note should indicate restrictions (if any) on returning to play.

A gradual approach to return to activity is recommended. The injured and or ill player should return to a practice situation before playing in a game.

HEAD INJURIES AND CONCUSSIONS

Head injuries and concussions are very serious injuries and as such a more detailed approach is followed by WGMHA.

All players who experience a concussion must be seen by a physician as soon as possible. Coaches, trainers, players and parents should not attempt to treat a concussion without a physician's involvement.

A concussion is a brain injury and most often occurs without a loss of consciousness. However, a concussion may involve loss of consciousness.

How Concussions Happen

A blow to the head, face or jaw, or even elsewhere on the body. May also result from a whiplash effect to the head and neck.

Common Symptoms and Signs of Concussion



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Symptoms and signs may have a delayed onset (may be worse later that day or even the next morning), so player should continue to be observed even after the initial symptoms and signs have returned to normal.

A player may show one or more of the following:

Symptoms	Signs
Headache	Poor balance or coordination
Dizziness	Slow or slurred speech
Feeling dazed	Poor concentration
Seeing stars	Delayed responses to questions
Sensitivity to light	Vacant stare
Ringing in ears	Decreased playing ability
Tiredness	Unusual emotions, personality change, and inappropriate behaviour
Nausea, vomiting	
Irritability	
Confusion, disorientation	

For a complete list of symptoms and signs, visit www.parachutecanada.org

Initial Response

Should a suspected head injury occur during a WGMHA activity (practice, dry-land training, game) the following must be adhered to :

- Remove the player from the current game, practice or dry-land activity
- Have someone(parent, dressing room staff) stay with the player to monitor symptoms and signs
- Do not administer medication
- Inform the coach, parent or guardian about the injury
- Player should be evaluated by a medical doctor as soon as possible
- Player must not return to play in the current game, practice or dry-land activity

Step Return to Play



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The return to play process is gradual, and begins after a doctor has given the player clearance to return to activity. If any symptoms/signs return during this process, the player must be re-evaluated by a physician. No return to play if any symptoms or signs persist. Remember, symptoms may return later that day or the next, not necessarily when exercise

- Step 1:** No activity, only complete mental and physical rest. Proceed to step 2 only when all symptoms are gone. This includes avoiding both mental and physical stress.
- 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).
- 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)
- Step 5:** Begin drills with body contact.
- Step 6:** Game play. (The earliest a concussed athlete should return to play is one week).

Note: Players should proceed through return to play steps only when they do not experience symptoms or signs and the physician has given clearance. Each step should be a minimum of one day. If symptoms or signs return, the player should return to step 1, and be re-evaluated by a physician.

Players should **Never return to play if symptoms persist.**

Head Injury and Concussion Prevention

WGMHA promotes prevention of head injuries by encouraging players, coaches and officials to all play a role.

Players:

- Make sure helmets fit snugly and that the strap is always fastened
- Get a custom fitted mouth guard
- Respect other players



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- No hits to the Head
- No hits from behind.

Coaches, Trainers

- Eliminate all hits to the head
- Eliminate all hits from behind
- Recognize symptoms and signs of concussion
- Inform and educate players and parents about the risks of concussion
- Inform and educate players and parents about the safe return to play protocol

REFERENCE MATERIAL

Hockey Canada Guidelines

Smart Hockey Program (www.parachutecanada.org)