

Appendix 2



Concussion Follow-up and Communication Form (Must be completed in every case when a possible case of concussion is identified)



Name _____ Date _____ Context/Symptoms _____

NOTE: IT IS IMPORTANT THAT PLAYERS AND PARENTS/GUARDIANS CONSULT WITH THE TREATING PHYSICIAN ON RETURN TO LEARN PROTOCOLS

A responsible adult such as a parent or guardian has been informed and has taken responsibility for the concussed athlete. Details of the protocol (Hockey Canada Concussion Card attached appendix 1) have also been explained.

Date : _____
Initials : _____

The player has had an initial visit with a physician (preferably one with knowledge in concussion management)

Date : _____
Initials : _____

A complete return to light activities of daily living without aggravating symptoms or making symptoms worse and gradual return to physical activity (see Hockey Canada Concussion Card Steps 1-4 attached) up to intense and sport specific exercises (without contact) has been achieved without recurrence of symptoms.

Date : _____
Initials : _____

The **medical clearance note** has been completed and return to unrestricted training has been authorized. (prior to proceeding to step 5 of the Hockey Canada Concussion Card)

Date : _____
Initials : _____

Participation in a complete unrestricted training session has been achieved without recurrence of symptoms (this step must be completed at least one day prior to return to competition).
(Hockey Canada Concussion Card - Step 5)

Date : _____
Initials : _____

Return to competition is authorized based on successful completion of all of the above mentioned steps of the protocol. (Hockey Canada Concussion Card - Step 6)

Date : _____
Initials : _____

Team staff are aware and have advised the Parent/Guardian to continue monitoring for recurring symptoms and have confirmed the information on this form about the recovery process and medical clearance.

Date : _____
Initials : _____

Parent/Guardian Signature _____
Print Name _____
Date _____

Notes:

IMPORTANT NOTICE: This form contains confidential information that is meant to document achievement of all the required steps of the recovery process following a concussion and prior to return to play. De-nominalized information can be extracted from the form by the organization for the purpose of reporting information about concussions. However it cannot be communicated to any third party in a format that contains information about the identity of the injured athlete.

Appendix 3

CONCUSSION RECOGNITION TOOL 5 ©

To help identify concussion in children, adolescents and adults



RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS – CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/ burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Blank or vacant look
- Facial injury after head trauma

STEP 3: SYMPTOMS

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More Irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:

- "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?"

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

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ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

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