NIHL Concussion guide

The NNIHC has requested that all players over the age of 14 and at least 1 parent from players under the age of 18 and all on ice and off ice officials complete the AIS Concussion in sport course. (link below). Note this is for all rep and NIHL players:

- https://connectivity.thinkific.com/courses/sport-related-concussion-short-course

Please use the following 9 steps as a guide of what to do when you witness a suspected concussion:

1. EVENT HAPPENS – This can be any direct impact to head (boards, collision, puck) or hard contact/impact to body. See section 3 of IHA policy:
   - https://cdn.revolutionise.com.au/cups/iha/files/m2flu9fvqcoeayde.pdf

2. Identify and confirm or rule out "Red Flag" criteria (top of CRT6). Call an ambulance as required.

Red Flags: CALL AN AMBULANCE

If **ANY** of the following signs are observed or complaints are reported after an impact to the head or body the athlete should be immediately removed from play/game/activity and transported for urgent medical care by a healthcare professional (HCP):

- **Neck pain or tenderness**
- **Seizure, 'fits', or convulsion**
- **Loss of vision or double vision**
- **Loss of consciousness**
- **Increased confusion or deteriorating conscious state (becoming less responsive, drowsy)**
- **Weakness or numbness/tingling in more than one arm or leg**
- **Repeated Vomiting**
- **Severe or increasing headache**
- **Increasingly restless, agitated or combative**
- **Visible deformity of the skull**

3. Does any player show any of the following or have they been observed by a player, official, or NPO:

- Visible Clues of Suspected Concussion? (CRT6 #1- Observable signs)

- Symptoms of Suspected Concussion? (CRT6 #2 - Symptoms and behavioural changes)

- Awareness? (CRT6 #3 - Player awareness)

4. Any player can and should advise the game officials OR the team captain immediately if they have witnessed a player who is showing any one of the visible clues from the CRT6 #1 section of the guide or is observed to be experiencing or complaining of any symptoms from #2 after an event has occurred.

5. If the game officials have been notified, they will then stop the game at the next whistle and notify the team captain. The game officials will signal to the scorer's box for the game clock to be stopped while the captain is notified. The officials will also then notify the scorer's box so that it can be recorded in the game notes.

6. The team captain (or alternate, if the captain is the one injured, or NPO) will take the player and perform their own check of CRT6 #1, #2 & #3. Common questions to ask for awareness:

- What day is it?
- What is the date (day/month/year)?
- What is the current score (best done in the changing rooms so they cannot see the scoreboard)?
- Where are we?

7. If the captain or assessor confirms that the player is showing no signs of a concussion, the player will then return to play as normal.

8. If at any time during the assessment the captain or assessor has any doubt or concern regarding the player's condition, despite not showing signs of a concussion, the captain can opt to "sit" or "bench" the player for the remainder of the period for their own safety.

9. If the player shows signs of a concussion, the player will be removed from the game and monitored by the captain, teammates or another person assigned to look after the player. As per the CRT6, anyone ruled out due to a suspected concussion should be cleared by a medical professional before returning to play. It is also recommended that they do not drive and have another adult supervising them for the next 3 hours as worsening of symptoms should lead to immediate medical attention.