



## **HEAD INJURY AND CONCUSSIONS POLICY**

- **RECOGNISE AND REMOVE:** learn to recognise the signs and symptoms of concussion and remove a player from the field if ANY doubt.
- **PROTECT OUR YOUNG ATHLETES:** England & GB Hockey recommends different return to play protocols for different ages.
- Concussion must be taken extremely seriously to safeguard the long term welfare of players.
- All players with a diagnosed concussion must be removed from the field of play and not return to play or train on the same day. Players with a diagnosed concussion must go through a graduated return to play program (GRTP), described later in this document.
- All players with a suspected concussion where no appropriately trained personnel are present must be assumed to have a diagnosed concussion and must be removed from the field of play and not return to play or train on the same day. In this situation, players must go through a graduated return to play (GRTP) protocol.
- Players who complete a GRTP must receive medical clearance from a doctor or an approved healthcare professional before returning to play

Richmond Hockey club takes player welfare seriously and follows the published guidelines by England and GB Hockey who actively participate in the Concussion in Sport Consensus meetings.

### **Age definitions**

For the purposes of this policy, children and young people are defined as individuals under the age of 18, and adults are defined as individuals 18 years of age and over. Head injury and concussion management will be applied in accordance with the appropriate guidance for each age group, with a more conservative approach taken for children and young people.



## **Scope and responsibility**

This policy applies to all players, coaches, team managers, officials, volunteers, parents and carers involved in Richmond Hockey Club activities. All adults involved in hockey have a responsibility to ensure that head injuries and suspected concussions are managed in accordance with this policy.

### *Concussion management: 6 "Rs"*

1. Recognise: Learn the signs and symptoms of a concussion so you understand when an athlete might have a potential concussion
2. Remove: If an athlete has a concussion or even a potential concussion, he or she must be removed from play immediately
3. Refer: Once removed from play, the player should be referred immediately to a medical practitioner or qualified healthcare professional who is trained in evaluating and treating concussions
4. Rest: Players must rest from exercise until symptom free and then start a Graduated Return to Play program.
  - o GB & England Hockey recommends minimum rest periods for different ages:
  - o U18 years and under–2 weeks minimum rest
  - o Adults (19 years and older)-24 hours minimum rest
5. Recover: Full recovery from the concussion is required before return to play is authorised. This includes being symptom-free. Rest and specific treatment options are critical for the health of the injured participant
6. Return: In order for safe return to play in Hockey, the athlete must be symptom free and cleared in writing by a medical practitioner or approved healthcare professional who is trained in evaluating and treating concussions.



The athlete must complete a GRTP (Graduated Return to Play) program.  
What is Concussion?

- Concussion is a mild traumatic brain injury caused by either direct or indirect forces to the head.
- Concussion typically results in the rapid onset of short-lived impairment of brain function.
- Loss of consciousness occurs in less than 15% of concussion cases and whilst a feature of concussion, loss of consciousness is not a requirement for diagnosing concussion.
- Concussion results in a disturbance of brain function (e.g. memory disturbance, balance problems or symptoms) rather than damage to structures such blood vessels, brain tissue or fractured skull.

### **CONCUSSION MUST BE TAKEN EXTREMELY SERIOUSLY.**

Concussion is only one diagnosis that may result from a head injury. Head injuries may result in one or more of the following:

1. Superficial injuries to scalp or face such as lacerations and abrasions
2. Subconcussive event - a head impact event that does not cause a concussion
3. Concussion: an injury resulting in a disturbance of brain function
4. Structural brain injury: an injury resulting in damage to a brain structure for example fractured skull or a bleed into or around the brain

Structural brain injuries may present mimicking a concussion. In this instance the signs and symptoms of a structural brain injury will usually persist or deteriorate over time e.g. persistent or worsening headache, increased drowsiness, persistent vomiting, increasing confusion and seizures.

Medical assessment of a concussion or a head injury where the diagnosis is not apparent is recommended to exclude a potential structural brain injury.



All head injuries should be considered associated with cervical spine injury until proven otherwise.

## **Different ages**

It is widely accepted that children and adolescent athletes (18 years and under) with concussion should be managed more conservatively. This is supported by evidence that confirms that children:

1. are more susceptible to concussion
2. take longer to recover
3. have more significant memory and mental processing issues.
4. are more susceptible to rare and dangerous neurological complications, including death caused by a second impact syndrome

## **Diagnosis and assessment of concussion**

### **Identifying concussion**

GB & England Hockey supports and promotes RECOGNISE and REMOVE.

The Pocket Concussion Recognition Tool developed by the Zurich 2012 Concussion Consensus Group supports this Recognise and Remove message and is suitable for use in Aged Grade and Community Hockey. This Tool highlights the signs and symptoms suggestive of a concussion. They include:

Visible clues of potential concussion-what you see:

Any one or more of the following visual clues can indicate a possible concussion:

- Dazed, blank or vacant look
- Lying motionless on ground / Slow to get up
- Unsteady on feet / Balance problems or falling over /Incoordination



- Loss of consciousness or responsiveness
- Confused / Not aware of plays or events
- Grabbing / Clutching of head
- Convulsion
- More emotional / Irritable

Symptoms of potential concussion-what you are told:

Presence of any one or more of the following signs and symptoms may suggest a concussion:

- Headache
- Dizziness
- Mental clouding, confusion, or feeling slowed down
- Visual problems
- Nausea or vomiting
- Fatigue
- Drowsiness / Feeling like "in a fog" / difficulty concentrating
- "Pressure in head"
- Sensitivity to light or noise

Questions to ask - what questions to ask:

Failure to answer any of these questions 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?"

If a player has signs or symptoms of a possible concussion that player must be: RECOGNISED AND REMOVED and IF IN DOUBT, SIT THEM OUT.

### **On field or pitch side management**

A player with signs or symptoms of concussion must be removed in a safe manner and medically assessed.

If a cervical spine (neck) injury is suspected, the player should only be removed by emergency healthcare professionals with appropriate spinal care training.

Team mates, coaches, match officials, team managers, administrators or parents who observe an injured player displaying any of the signs or symptoms after an injury event with the potential to cause a concussion MUST do their best to ensure that the player is removed from the field of play in a safe manner.

### **ALL HEAD INJURIES NEED TO BE RECORDED ON THE ACCIDENT REPORT FORM.**

Any concerns relating to head injuries, concussion management, or failure to follow this policy must be reported in line with the club's

Inform the parent/carer of the injured person of any injuries sustained, first aid given and advise to seek medical advice if required.

### **Diagnosing concussion**

The International Concussion in Sport Consensus guidance , recognised as the best practice document for concussion management, identifies concussion as being among the most complex injuries in sports medicine to diagnose, assess and manage. This



paper also confirms that there is no perfect diagnostic test or marker for the immediate diagnosis of concussion in the sporting environment. The Statement also confirmed that clinical diagnosis by a doctor remains the gold standard and this diagnosis should be supported by:

- a review of symptoms using a standardised checklist
- cognitive (memory) assessment and
- balance evaluation

### **Onset of symptoms**

It should be noted that the signs and symptoms of concussion can present at any time but typically become evident in the first 24-48 hours following a head injury.

### **Recovery from concussion**

Recovery from concussion is spontaneous and typically follows a sequential course. The majority (80–90%) of concussions resolve in a short (7–10 day) period, although the recovery time frame may be longer in children and adolescents.

Players must be encouraged not to ignore symptoms at the time of injury and must not return to play prior to the full recovery following a diagnosed concussion.

Comprehensive medical assessment and follow up is required until a concussion has fully resolved. Players must be honest with themselves and medical staff for their own protection.

GB & England Hockey recognizes the heightened risk of head injury and concussion and its complications in children and adolescent (18 years and under) players. Extra caution must be taken to prevent such players returning to play or continuing playing or training if any suspicion of concussion exists.

A second head impact in a player who has not fully recovered from concussion could lead to dangerous neurological complications, including death.

### **Management of concussion**



## **Removal from play**

All players with a diagnosed concussion must be removed from the field of play and not return to play or train on the same day.

Players with a diagnosed concussion must go through a graduated return to play protocol (GRTP).

Any player who presents with the following signs or symptom **MUST** be permanently removed from the field of play:

- Traumatic convulsion
- Tonic posturing
- Confirmed loss of consciousness
- Suspected loss of consciousness
- Ataxia-unsteady on feet
- Disorientated or confused

Traumatic posturing (TP) is not, in isolation, a diagnosis of concussion and must be assessed by an appropriately qualified medical professional

## **Graduated Return to Play**

All players diagnosed with a concussion must go through a graduated return to play (GRTP) program as outlined in this document.

A summary of the minimum rest periods and different length GRTP stages for different ages is shown below:

Players up to (but not including) 18 years of age

- Minimum rest period 2 weeks and symptom free



- GRTP to follow rest, with each stage lasting 48 hours
- Earliest return to play-Day 23 post injury

Adult-18 years of age and over

- Minimum rest period 24 hours and free of symptoms
- GRTP to follow rest, with each stage lasting 24 hours
- Earliest return to play-Day 6 post injury

A GRTP should only commence if the player:

- has completed the minimum rest period for their age
- is symptom free and off medication that modifies symptoms of concussion.

Medical or approved healthcare professional clearance is required prior to commencing a GRTP.

The management of a GRTP should be undertaken on a case by case basis and with the full cooperation of the player. The commencement of the GRTP will be dependent on the time in which symptoms are resolved and the age of the player. It is important that concussion is managed so that there is physical and cognitive rest (avoidance of activities requiring sustained concentration), until there are no remaining symptoms for a minimum of 24 consecutive hours without medication that may mask the symptoms.

### **The Graduated Return to Play Program**

Before a player can restart exercise, they must have rested for the prescribed minimum rest period AND be symptom free.

The GRTP Program contains six distinct stages:

- The first stage is the recommended rest period for the athlete's age
- The next four stages are training based restricted activity



- Stage 6 is a return to play

Under the GRTP Program, the Player can proceed to the next stage if no symptoms of concussion are shown at the current stage (that is, both the periods of rest and exercise during that 24-hour period).

If any symptoms occur while progressing through the GRTP protocol, the player must return to the previous stage and attempt to progress again after a minimum 24-hour period of rest has passed without the appearance of any symptoms.

Prior to entering Stage 5, a Medical Practitioner or approved healthcare professional and the Player must first confirm that the player can take part in this stage. Full contact practice equates to return to play for the purposes of concussion. However, return to play itself shall not occur until Stage 6.

For the full England and GB Hockey Concussion guidelines please visit

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<http://www.englishockey.co.uk/page.asp?section=1921&sectionTitle=Medical+Information>

Dated October 2026 by Richmond Hockey Club Committee