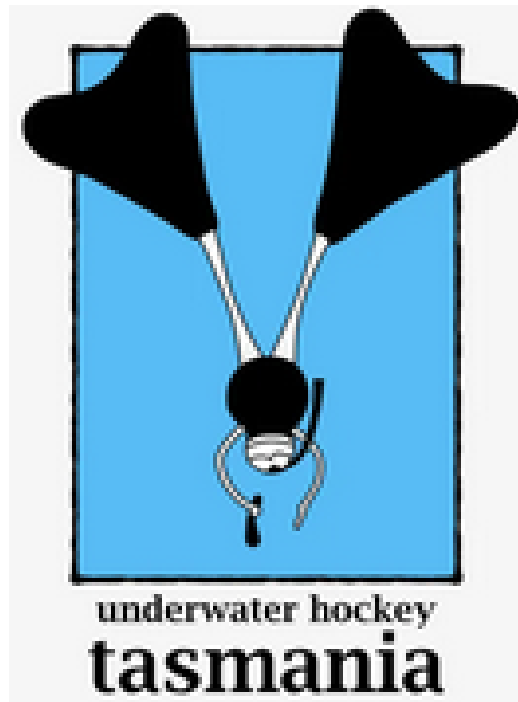


TASMANIAN UNDERWATER HOCKEY ASSOCIATION



CONCUSSION POLICY

MAY 2023

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Approved by: TUHA Executive *Tasmanian Underwater Hockey Association Concussion Policy – 2023*

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Introduction

There is growing concern in Australia and internationally about the incidence of sport-related concussion and potential health ramifications for athletes.

If managed appropriately, most symptoms and signs of concussion resolve spontaneously. However, complications can occur, including prolonged symptoms and increased susceptibility to further injury.

This document provides background to concussions in Underwater Hockey,

These have been developed from various reference material including the Concussion and Brain Health (CBH) Project 2021-2024 and www.concussioninsport.gov.au

Background

What is Concussion

Concussion is a brain injury caused by a knock to the head or anywhere on the body, where the force is transmitted to the head. It can also be caused by a fall. Concussion involves temporary, neurological impairment. The symptoms may evolve over the hours or days following the injury.

While all concussions should be assessed by a doctor, most will resolve without the need for specific treatment. A short period (24-48 hours) of relative rest, followed by gradual return to activity is the main treatment.

All concussion is serious.

Concussion in Underwater Hockey

There are five key causes of concussion in UWH

- Puck to the head (illegal flick)
- Puck to the head (illegal stop)
- Kick or Elbow to the head
- Collision with the wall / floor of the pool
- Collision with another player

The additional factors for Underwater Hockey are:

- The game is played in a pool and the possibility of drowning exists albeit this is a low risk
- Instances can occur at the bottom of the pool (2m – 3m deep) where witnesses are limited - players, coaches, and referees in the water at that time
- The game is based on the need to hold one's breath
- Access to the player is limited to those in the water

It is important that all coaches, managers, players, and tournament officials (especially in water referees) can identify the symptoms of concussion and the action to take.

The signs of concussion vary and may be difficult to detect. For example, athletes may:

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- appear normal apart from appearing vacant, dazed, or stunned
- be disoriented and unable to recall team plays, scores, who the opponent is or be disoriented in terms of place and time
- ask repeatedly about what happened or what the score is; amnesia is common
- have difficulty concentrating and answering specific questions.

Loss of consciousness, seizure or balance difficulties are clear signs that an athlete has sustained a significant injury. Urgent medical support is critical in these circumstances.

Symptoms of concussion can be very subtle and may present as nothing more than the athlete reporting that they do not 'feel right'. Concussed athletes often report these symptoms:

- visual disturbance
- feeling 'foggy', lethargic, or slow
- having sensitivity to light or noise
- feeling dizzy or nauseous
- headache.

Athletes need to be alert for evidence that a teammate or competitor is behaving unusually or out of character, exhibits signs of disorientation, clumsiness, or loss of balance.

Critical symptoms/signs	Obvious symptoms/signs	Subtle symptoms/signs
<ul style="list-style-type: none"> • Neck pain • Increasing confusion, agitation or irritability • Repeated vomiting • Seizure or convulsion • Weakness or tingling/burning in the arms or legs • Deteriorating conscious state • Severe or increasing headache • Unusual behavioural change • Double vision 	<ul style="list-style-type: none"> • Loss of consciousness • No protective action in fall to ground directly observed or on video • Seizure or jerky movements after a knock • Confusion, disorientation • Memory impairment • Unsteady on feet or balance problems • Athlete reports significant, new or progressive concussion symptoms • Dazed or looking blank/vacant • Changed behaviour – may be more irritable agitated, anxious or emotional than normal 	<ul style="list-style-type: none"> • Headache • 'Pressure in the head' • Neck pain • Nausea or vomiting • Dizziness • Blurred vision • Balance problems • Sensitivity to light • Sensitivity to noise • Feeling slowed down • Feeling like 'in a fog' • 'Don't feel right' • Difficulty concentrating • Difficulty remembering • Fatigue or low energy • Confusion • Drowsiness • More emotional • Irritability • Sadness • Nervous or anxious • Trouble falling asleep (if applicable)
<p>If an athlete displays these symptoms/signs they may have a more serious injury. They should be immediately taken to the nearest emergency department.</p>		

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The Tasmanian Underwater Hockey Association has a strong base of school players that are under 18. This means that the protocol will be applied differently to adult players as opposed to under 18 players, as children and adolescents should be treated differently to adults, because they are normally:

- Are more prone to concussion
- Take longer to recover
- Have more significant memory and mental processing problems
- Are at greater risk of rare and dangerous neurological complications, caused by a single or second impact.

It must be noted that each case of concussion is different and due to the nature of the injury adults may be treated in the same as Under 18 players.

In the event of a player showing any symptoms of concussion, that player will not be allowed to play in a pennant without a full medical clearance to the satisfaction of the TUHA committee.

Any player with a previous concussion suffered in the past month must provide a medical certificate to play in the TUHA pennant or Nationals tournament. It is the players obligation to provide this certificate.

The time penalties for dangerous play are to be strictly enforced as per the CMAS rules.

It is noted that the definition for a head shot is broader for Secondary School players than that used for adult competition and international tournaments.

For schools games it is from shoulders up to a line just above the head. All players are reminded of this rule in the code of conduct / bylaws.

First Aid Training

It is expected that there will be a lifeguard present who will be sought upon the person being identified as having concussion. Oxygen should be administered to the patient and the person bringing the injured party to the first aid room should enquire as to the availability of oxygen.

Reporting

Effective immediately all TUHA events are to have records of all concussions. Details are to include the following:

- Event name – Pennant game / come and try
- Player details
- What happened
- Date and time of incident
- Action taken by whom
- Outcome of incident

These records are to be maintained centrally with the relevant privacy controls and used for monitoring / reporting as required. It will also be used for monitoring of repeat accidents and possible rule changes.

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Application of Policy

- Applies to all TUHA events
- Not negotiable – agree or don't play
- Adult tournaments require ticked acceptance at the registration portal for the TUHA event prior to playing.

Concussion Management Plan Guidelines

amended specifically for Underwater Hockey

The management of concussion involves sequentially following the 6 steps where each step must be followed and completed before moving to the next step. In summary the steps are:

1. **Recognise** the signs and symptoms
2. **Remove** the player from the pool
3. **Refer** for further medical attention
4. **Rest** after the concussion
5. **Recover** from the concussion
6. **Return** to the sport

1. RECOGNISE the signs and symptoms

The signs of concussion vary and may be difficult to detect. For example athletes may:

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Athletes need to be alert for evidence that a teammate or competitor is behaving unusually or out of character, exhibits signs of disorientation, clumsiness, or loss of balance.

CONCUSSION RECOGNITION TOOL 5[®]

To help identify concussion in children, adolescents and adults



FIFA[®]

Supported by



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/numbing 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

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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:

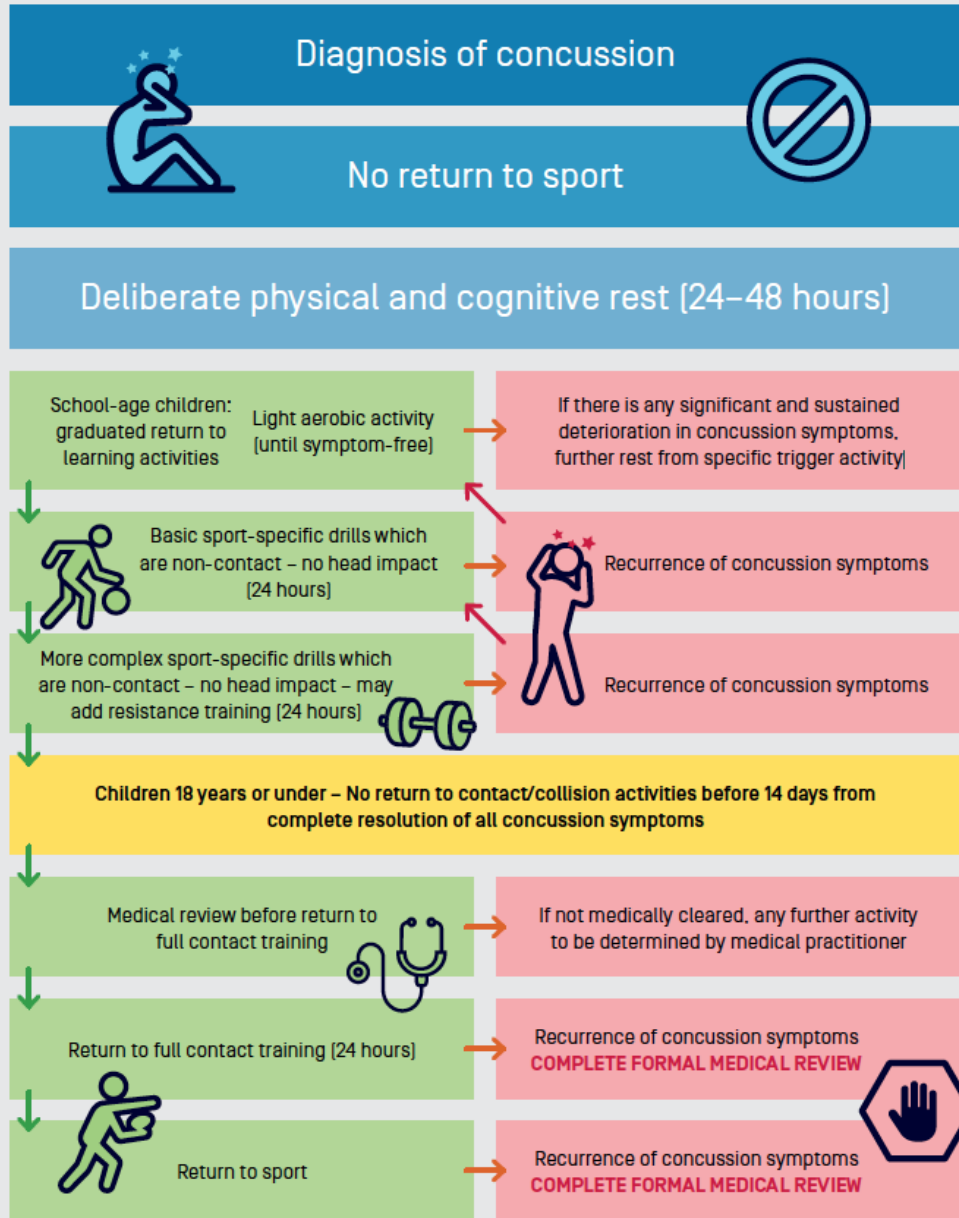
- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

The CRT 5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

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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CONCUSSION IN SPORT



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