

**Board Meeting November 20, 2018**

Regrets: Sean MacDonald

Special Guests: Tony Martindale Jennifer MacDonald

19:00: Call to order

19:02 Motion for approval of Agenda **Kelly/Moffatt**

**Carried**

19:03 New Business request:

Lesley asked to speak about registration stuff

19:04 Motion to approve September Board Minutes **Kelly/Lane**

**Carried**

19:06 Motion to approve October Board Minutes **Lane/Fines**

**Carried**

19: 07 **President’s report**

Darryl discussed the following:

* Still have not heard from the Friends of Sarnia Hockey – he will re-send another email
* Sean McDonald is heading Coaches’ recruitment committee…Sean was not present to give an update, but he and others had an initial meeting
* Darryl met with Jeff Perry to go over the results from the Survey Monkey results…Jeff was very receptive of suggestions
* Darryl discussed Gender Identity - all but 2 teams have not completed – Major Bantam and Minor Pee Wee need to complete
* Ken Dwinell was able to secure $2000 from the Local 663, Pipefitters, for a family struggling financially to play AAA…Dawn will put a thank you on the website
* Xmas social December 18…we will start that meeting at 6 PM
* Darryl talked about next year having the Minor Midget and Minor Atom team mentor together….Minor Midget will be assigned a player from Minor Atom as a “Big Brother” mentoring program..similar to what EMC did this year
* Darryl handed out Cliff Bars that were donated to be given to parents of each team
* Darryl asked Dawn to put Minor Atom coaching application on our website with a deadline of December 20th

19:15 **1st VP**

* N/A

19:16 **2nd VP**

* Paul talked about sitting down with each coach and also having two board members be actively involved with each team…a way to have direct communication with the board and a way to help prevent issues from arising….
* Darryl to send an email to Dan Jenkins of EMC and to copy Tony with regard to a parent’s behavior at the minor pee wee last game

19:20 **Equipment**

* N/A

19:20 **Ice scheduler**

* Mike discussed Face Off for Mental Health being a success….we also spoke of maybe making it a full weekend next year and tie it into a Sting game…..have all the teams play and raise awareness for local mental Health…we also will look into getting a special 3rd jersey for that day

19:25 **Public Relations**

* N/A

19:26 **Policy**

* Terry sent out the new Concussion protocol and flow chart…she explained that she consulted with Dr. Barwitzki and this allows us to be compliant with Rowans law which will soon be in effect.

Motion to approve the Concussion Protocol as presented **DeMarco/Kelly**

**Carried**

A copy of the policy is at the end of the minutes and Darryl will forward to all team managers and coaches.

19:35 **Skill Development**

* Kevin said all sessions are booked and on the calendar…no more PD days are scheduled for the remainder of the year. Feedback has been positive so far. He encouraged anyone with feedback to bring it forward. The goalie skill development is based on Corey Campbell’s availability and is going well to date.

19:40 **Legionnaires**

* There is a new OHA board..but there is still issues to date
* Paul mentioned that we should check the website for games as the schedule may change and that the team will be wearing special warmup jerseys that will get auctioned off.

19:45 **Treasurer**

* Ryan handed out cheques to teams for sponsorship reimbursement
* He reviewed financials from last year.
* We were close to breaking even
* We have approximately 80% of our operating budget in reserve – we should plan to add another 5 to 10% for next year’s budget…goal is to get near 100%

19:47 **Fundraising**

* Elimination draw tickets can be turned in anytime…Joe would appreciate the staples removed if possible
* The draw is scheduled for December 13 at 6 pm at Brownstones

19:50 **Risk Management**

* VSC are almost all completed
* Only 5 outstanding in which Bob will reach out to those directly
* Bob is not getting team reports….maybe an email glitch as other board member said they are…he needs reports as a way to track suspensions

19:55 **New Business**

* Lesley wanted to ensure everyone know that December 10th is the last day to add an AP player…we have set an organization deadline of December 8th deadline to allow for her to enter into their database
* Chris Knowles asked about Sarah MacDonald coming to speak to the board next meeting about mental health. She is utilized successfully by the Sting…it may be a good program to start with our minor Bantam and older teams

20:00 Motion to go in Camera **Moffat/Lane**

**Carried**

21:30 Came out of In-camera

21:30 Motion to adjourn **Colameco/Najim**

**Carried**

OUTSTANDING ISSES

* Bob is looking at our insurance coverage for buses
* Mike Kelly will look at our coverage as director of the board
* Money from the Friends of Sarnia
* Major Midget Dressing Room
* Minor Pee Wee and Major Bantam Gender Identity completion

**CONCUSSION PROTOCOL (REMOVAL FROM PLAY AND RETURN TO PLAY POLICY)**

Approved November 20, 2018

*Adapted from: Parachute. (2017). Canadian Guideline on Concussion in Sport.* [*www.parachutecanada.org/guideline*](http://www.parachutecanada.org/guideline)

LAMBTON AAA HOCKEY ASSOCIATION has developed the LAMBTON AAA HOCKEY ASSOCIATION Concussion Protocol to help guide the management of athletes who may have a suspected concussion as a result of participation in LAMBTON AAA HOCKEY ASSOCIATION activities.

**Purpose**

This protocol covers the recognition, medical diagnosis, and management of players who may sustain a suspected concussion during a sport activity. It aims to ensure that athletes with a suspected concussion receive timely and appropriate care and proper management to allow them to return back to their sport safely. This protocol may not address every possible clinical scenario that can occur during sport-related activities but includes critical elements based on the latest evidence and current expert consensus.

**Who should use this protocol?**

This protocol is intended for use by all individuals who interact with athletes inside and outside the context of school and non-school based organized sports activity, including athletes, parents, coaches, officials, trainers, and licensed healthcare professionals.

For a summary of the LAMBTON AAA HOCKEY ASSOCIATION Concussion Protocol please refer to the LAMBTON AAA HOCKEY ASSOCIATION Sport Concussion Pathway figure at the end of this document.

**1. Pre-Season Education**

Despite recent increased attention focusing on concussion there is a continued need to improve concussion education and awareness. Optimizing the prevention and management of concussion depends highly on annual education of all sport stakeholders (athletes, parents, coaches, officials, trainers, licensed healthcare professionals) on current evidence-informed approaches that can prevent concussion and more serious forms of head injury and help identify and manage an athlete with a suspected concussion.

Concussion education should include information on:

* the definition of concussion,
* possible mechanisms of injury,
* common signs and symptoms,
* steps that can be taken to prevent concussions and other injuries from occurring in sport.
* what to do when an athlete has suffered a suspected concussion or more serious head injury,
* what measures should be taken to ensure proper medical assessment,
* *Return-to-School* and *Return-to-Sport Strategies*, and
* Return to sport medical clearance requirements

All parents and athletes are required to review and submit a signed copy of the *Pre-season Concussion Education Sheet* to their coach prior to the first practice of the season. In addition to reviewing information on concussion, it is also important that all sport stakeholders have a clear understanding of the LAMBTON AAA HOCKEY ASSOCIATION Concussion Protocol. For example, this can be accomplished through pre-season in-person orientation sessions for athletes, parents, coaches and other sport stakeholders.

**2. Head Injury Recognition**

Although the formal diagnosis of concussion should be made following a medical assessment, all sport stakeholders including athletes, parents, coaches, officials, and licensed healthcare professionals are responsible for the recognition and reporting of athletes who may demonstrate visual signs of a head injury or who report concussion-related symptoms. This is particularly important because many sport and recreation venues will not have access to on-site licensed healthcare professionals.

A concussion should be suspected:

* in any athlete who sustains a significant impact to the head, face, neck, or body and demonstrates *ANY* of the visual signs of a suspected concussion or reports *ANY* symptoms of a suspected concussion as detailed in the *Concussion Recognition Tool 5*.
* if a player reports ANY concussion symptoms to one of their peers, parents, or coaches or if anyone witnesses an athlete exhibiting any of the visual signs of concussion.

In some cases, an athlete may demonstrate signs or symptoms of a more severe head or spine injury including convulsions, worsening headaches, vomiting or neck pain. If an athlete demonstrates any of the ‘Red Flags’ indicated by the *Concussion Recognition Tool 5,* a more severe head or spine injury should be suspected, and Emergency Medical Assessment should be pursued.

**3. Onsite Medical Assessment**

In cases where an athlete loses consciousness or it is suspected an athlete might have a more severe head or spine injury, Emergency Medical Assessment by emergency medical professionals should take place (see 3a below). If a more severe injury is not suspected, the athlete should undergo Sideline Medical Assessment (see 3b below).

**3a. Emergency Medical Assessment**

If an athlete is suspected of sustaining a more severe head or spine injury during a game or practice, an ambulance should be called immediately to transfer the patient to the nearest emergency department for further Medical Assessment.

Coaches, parents, trainers and officials should not make any effort to remove equipment or move the athlete until an ambulance has arrived and the athlete should not be left alone until the ambulance arrives. After the emergency medical services staff has completed the Emergency Medical Assessment, the athlete should be transferred to the nearest hospital for Medical Assessment. In the case of youth (under 18 years of age), the athlete’s parents should be contacted immediately to inform them of the athlete’s injury. For athletes over 18 years of age, their emergency contact person should be contacted if one has been provided.

**3b. Sideline Medical Assessment**

If an athlete is suspected of sustaining a concussion and there is no concern for a more serious head or spine injury, the player should be immediately removed from the field of play.

The athlete should be referred immediately for medical assessment by a health care professional acceptable to Lambton AAA Hockey, and the athlete must not return to play until receiving medical clearance.

**4. Medical Assessment**

In order to provide comprehensive evaluation of athletes with a suspected concussion, the medical assessment must rule out more serious forms of traumatic brain and spine injuries, must rule out medical and neurological conditions that can present with concussion-like symptoms, and must make the diagnosis of concussion based on findings of the clinical history and physical examination and the evidence-based use of adjunctive tests as indicated (i.e CT scan). In addition to nurse practitioners, medical doctors[[1]](#footnote-1) that are qualified to evaluate patients with a suspected concussion include: pediatricians; family medicine, sports medicine, emergency department, internal medicine, and rehabilitation (physiatrists) physicians; neurologists; and neurosurgeons.

In geographic regions of Canada with limited access to medical doctors (i.e. rural or northern communities), a licensed healthcare professional (i.e. nurse) with pre-arranged access to a medical doctor or nurse practitioner can facilitate this role. The medical assessment is responsible for determining whether the athlete has been diagnosed with a concussion or not. Athletes with a diagnosed concussion should be provided with a *Medical Assessment Letter i*ndicating a concussion has been diagnosed. Athletes that are determined to have not sustained a concussion must be provided with a *Medical Assessment Letter* indicating a concussion has not been diagnosed and the athlete can return to school, work and sports activities without restriction.

**5. Concussion Management**

When an athlete has been diagnosed with a concussion, it is important that the athlete’s parent/legal guardian is informed. All athletes diagnosed with a concussion must be provided with a standardized *Medical Assessment Letter* that notifies the athlete and their parents/legal guardians/spouse that they have been diagnosed with a concussion and may not return to any activities with a risk of concussion until medically cleared to do so by a medical doctor or nurse practitioner. Because the *Medical Assessment Letter* contains personal health information, it is the responsibility of the athlete or their parent/legal guardian to provide this documentation to the athlete’s coaches, or employers. It is also important for the athlete to provide this information to sport organization officials that are responsible for injury reporting and concussion surveillance where applicable.

Athletes diagnosed with a concussion should be provided with education about the signs and symptoms of concussion, strategies about how to manage their symptoms, the risks of returning to sport without medical clearance and recommendations regarding a gradual return to school and sport activities. Athletes diagnosed with a concussion are to be managed according to their *Return-to-School and Sport-Specific Return-to-Sport Strategy* under the supervision of a medical doctor or nurse practitioner*.* When available, athletes should be encouraged to work with the team athletic therapist or physiotherapist to optimize progression through their *Sport-Specific Return-to-Sport Strategy.* Once the athlete has completed their *Return-to-School and Sport-Specific Return-to-Sport Strategy* and are deemed to be clinically recovered from their concussion, the medical doctor or nurse practitioner can consider the athlete for a return to full sports activities and issue a *Medical Clearance Letter*.

The stepwise progressions for *Return-to-School* and *Return-to-Sport Strategies* are outlined below. As indicated in stage 1 of the *Return-to-Sport Strategy*, reintroduction of daily, school, and work activities using the *Return-to-School Strategy* must precede return to sport participation.

*Return-to-School Strategy*

The following is an outline of the *Return-to-School Strategy* that should be used to help student-athletes, parents, and teachers to collaborate in allowing the athlete to make a gradual return to school activities. Depending on the severity and type of the symptoms present student-athletes will progress through the following stages at different rates. If the student-athlete experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage. Athletes should also be encouraged to ask their school if they have a school-specific Return-to-Learn Program in place to help student-athletes make a gradual return to school.

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| **Stage** | **Aim** | **Activity** | **Goal of each step** |
| **1** | Daily activities at home that do not give the student-athlete symptoms | Typical activities during the day as long as they do not increase symptoms (i.e. reading, texting, screen time). Start at 5-15 minutes at a time and gradually build up. | Gradual return to typical activities |
| **2** | School activities | Homework, reading or other cognitive activities outside of the classroom. | Increase tolerance to cognitive work |
| **3** | Return to school part-time | Gradual introduction of schoolwork. May need to start with a partial school day or with increased breaks during the day. | Increase academic activities |
| **4** | Return to school full-time | Gradually progress | Return to full academic activities and catch up on missed school work |

McCrory et al. (2017).  Consensus statement on concussion in sport – the 5th international conference on concussion in sport held in Berlin, October 2016. *British Journal of Sports Medicine, 51*(11), 838-847.

*Hockey-Specific Return-to-Sport Strategy*

The following is an outline of the Return-to-Sport Strategy that should be used to help athletes, coaches, trainers, and medical professionals to partner in allowing the athlete to make a gradual return to sport activities. An initial period of 24-48 hours of rest is recommended before starting the *Hockey-Specific Return-to-Sport Strategy.* The athlete should spend a minimum duration of 24 hours without symptom increases at each stage before progressing to the next one. If the athlete experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage. It is important that youth and adult student-athletes return to full-time school activities before progressing to stage 5 and 6 of the Hockey-Specific Return-to-Sport Strategy. It is also important that all athletes provide their coach with a *Medical Clearance Letter* prior to returning to full contact sport activities.

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| --- | --- | --- | --- |
| **Stage** | **Aim** | **Activity** | **Goal of each step** |
| **1** | Symptom-limiting activity | Daily activities that do not provoke symptoms | Gradual re-introduction of work/school activities |
| **2** | Light aerobic activity | Walking or stationary cycling at slow to medium pace. No resistance training  *-Light intensity jogging or stationary cycling for 15-20 minutes at sub-symptom threshold intensity* | Increase heart rate |
| **3** | Sport-specific exercise | Running or skating drills. No head impact activities  *- Moderate intensity jogging for 30-60 minutes at sub-symptom threshold intensity*  *- Low to moderate impact passing, dribbling, shooting, and agility drills* | Add movement |
| **4** | Non-contact training drills | Harder training drills, i.e. passing drills. May start progressive resistance training  *- Participation in high intensity running and drills*  *- Non-contact practice without heading*  *- Participation in resistance training work-outs* | Exercise, coordination and increased thinking |
| **5** | Full contact practice | Following medical clearance  *- Participation in full practice without activity restriction* | Restore confidence and assess functional skills by coaching staff |
| **6** | Return to sport | Normal game play |  |

McCrory et al. (2017).  Consensus statement on concussion in sport – the 5th international conference on concussion in sport held in Berlin, October 2016. *British Journal of Sports Medicine, 51*(11), 838-847.

**6. Multidisciplinary Concussion Care**

Most athletes who sustain a concussion while participating in sport will make a complete recovery and be able to return to full school and sport activities within 1-4 weeks of injury. However, approximately 15-30% of individuals will experience symptoms that persist beyond this time frame. If available, individuals who experience persistent post-concussion symptoms (>4 weeks for youth athletes, >2 weeks for adult athletes) may benefit from referral to a medically supervised multidisciplinary concussion clinic that has access to professionals with licensed training in traumatic brain injury that may include experts in sport medicine, neuropsychology, physiotherapy, occupational therapy, neurology, neurosurgery, and rehabilitation medicine.

Referral to a multidisciplinary clinic for assessment should be made on an individualized basis at the discretion of an athlete’s medical doctor or nurse practitioner. If access to a multidisciplinary concussion clinic is not available, a referral to a medical doctor with clinical training and experience in concussion (e.g. a sport medicine physician, neurologist, or rehabilitation medicine physician) should be considered for the purposes of developing an individualized treatment plan. Depending on the clinical presentation of the individual, this treatment plan may involve a variety of health care professionals with areas of expertise that address the specific needs of the athlete based on the assessment findings.

**7. Return to Sport**

Athletes who have been determined to have not sustained a concussion and those that have been diagnosed with a concussion and have successfully completed their *Return-to-School and [Name of Sport]-Specific Return-to-Sport Strategy* can be considered for return to full sports activities. The final decision to medically clear an athlete to return to full game activity should be based on the clinical judgment of the medical doctor or nurse practitioner taking into account the athlete’s past medical history, clinical history, physical examination findings and the results of other tests and clinical consultations where indicated (i.e. neuropsychological testing, diagnostic imaging). Prior to returning to full contact practice and game play, each athlete that has been diagnosed with a concussion must provide their coach with a standardized *Medical Clearance Letter* that specifies that a medical doctor or nurse practitioner has personally evaluated the patient and has cleared the athlete to return to sports. In geographic regions of Canada with limited access to medical doctors (i.e. rural or northern communities), a licensed healthcare professional (such as a nurse) with pre-arranged access to a medical doctor or nurse practitioner can provide this documentation. A copy of the *Medical Clearance Letter* should also be submitted to sports organization officials that have injury reporting and surveillance programs where applicable.

Athletes who have been provided with a *Medical Clearance Letter* may return to full sport activities as tolerated. If the athlete experiences any new concussion-like symptoms while returning to play, they should be instructed to stop playing immediately, notify their parents, coaches, or trainer, and undergo follow-up *Medical Assessment*. In the event that the athlete sustains a new suspected concussion, the LAMBTON AAA HOCKEY ASSOCIATION Concussion Protocol should be followed as outlined here.

* **Who**: Lambton AAA Hockey Association medical consultant or a Health Care professional acceptable to the Lambton AAA Hockey Association
* **Document:** *Medical Clearance Letter*

**\*Persistent symptoms: lasting > 4 weeks in children & youth or** > 2 weeks in adults

**Return**

**to Sport**

**6. Multidisciplinary Concussion Care**

**3A. Emergency Medical Assessment**

**Was a concussion diagnosed?**

**5. Concussion Management**

**Does the athlete have persistent symptoms?\***

**2. Head Injury Recognition**

**Head injury is suspected**

**Impact to the head, face, neck or body**

**Is a more serious head or spine injury suspected?**

**1. Pre-Season Education**

**4. Medical Assessment**

**by Lambton AAA Hockey Association medical consultant or a Health Care professional acceptable to the Lambton AAA Hockey Association**

**Remove from play**

**7. Return to Sport Medical Clearance**

by Lambton AAA Hockey Association medical consultant or a Health Care professional acceptable to the Lambton AAA Hockey Association

1. Medical doctors and nurse practitioners are the only healthcare professionals in Canada with licensed training and expertise to meet these needs; therefore all athletes with a suspected concussion should undergo evaluation by one of these professionals. [↑](#footnote-ref-1)