



**AUSTRALIAN ICE RACING**



**CONCUSSION POLICY  
and  
RETURN TO SPEED SKATING  
PROTOCOL**

**Version 1, March 2019**

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## **PURPOSE**

AIR is committed to maintaining the health of its athletes and believes that an athlete's health is more important than participating in the sport of speed skating. AIR recognises the increased awareness of concussions and their long-term effects and AIR therefore enacts this Policy as a tool to help manage concussed and possibly-concussed athletes and preserve the health of its members.

## **SCOPE**

This Policy applies to all athletes, coaches, officials, members and decision-makers within the sport. All the information in this policy is in line with the latest findings from the 5th International Conference on Concussion in Sport, and the 2017 Concussion in Sport Group (CISG) consensus statement.

## **WHAT IS CONCUSSION?**

Concussion is a disturbance in brain function rather than a structural injury to the brain. It is caused by direct or indirect force to the head, face, neck or elsewhere with the force transmitted to the head. An athlete does not have to be knocked unconscious to have a concussion. Loss of consciousness is seen in only 10–15% of cases of concussion. Concussion is difficult to diagnose and only medical doctors can definitively diagnose a concussion. However, recognising a suspected concussion at the time of injury is extremely important to ensure appropriate management and to prevent further injury. Recovery from concussion varies from person to person, and injury to injury. If recognised and appropriately managed most people will recover from their symptoms. Concussions occurs in almost every sport or recreational physical activity.

## **EXPECTATIONS**

As part of this Policy AIR has the following expectations of stakeholders involved:

### **Athlete expectations:**

- report any potential concussion symptoms they experience;
- report if they suspect a team mate or fellow athlete has concussion;
- follow any medical advice they receive.

### **Parent/Carer expectations:**

- watch carefully for immediate and delayed signs and symptoms of concussion;
- obtain appropriate medical attention for the athlete under their care;
- inform coaches and available medical staff of the health of the athlete under their care.

### **Onsite Responsible Person / Concussion Co-ordinator expectations:**

- ensure all participants are aware of the concussion policy;
- ensure all participants follow on the day and practice concussion protocols;

- notify parents/carers of concussed junior athlete's as quickly as possible and provide advice about further management of the child under their care;
- ensure concussed athlete/s follow appropriate protocols and medical assessment prior to resuming participation.

## PROCEDURE

1. During all speed skating events, competitions, and practices sanctioned by or under the auspices of AIR, participants (which include coaches, athletes, officials, and other members) will use their best efforts to:
  - a) Be aware of incidents that may cause a concussion, such as:
    - i. Falls
    - ii. Accidents
    - iii. Collisions including whether these are with:
      - another athlete;
      - a piece of equipment; or
      - the ground.
    - iv. Head trauma
  - b) Identify visual signs of a concussion when an athlete sustains an impact to the head, face, neck, or body can such as:
    - i. Lying motionless on the racing surface
    - ii. Getting up slowly after a direct or indirect blow to the head
    - iii. Being disoriented or unable to respond appropriately to questions
    - iv. Having a blank or vacant stare
    - v. Having balance and coordination problems such as stumbling or slow laboured movements
  - c) Understand the symptoms that may result from a concussion, such as:
    - i. Nausea or vomiting
    - ii. Poor concentration
    - iii. Amnesia
    - iv. Fatigue or low energy
    - v. Sensitivity to light or noise
    - vi. Feeling more emotional or irritable than usual
    - vii. Poor appetite
    - viii. Decreased memory or difficulty concentrating or remembering
    - ix. Headache
    - x. Feeling "Pressure in the head"
    - xi. Balance problems
    - xii. Drowsiness, dizziness or blurred vision
    - xiii. Feeling more emotional or irritable than usual
    - xiv. Being nervous or anxious
    - xv. Neck pain
    - xvi. Feeling slow or feeling like "in a fog".

- d) Identify athletes or other individuals who have been involved in any of the above incidents and/or exhibit any of the above symptoms. Knowing about an athlete's previous concussion/s can help to identify athletes who fit into a high-risk category. It also provides an opportunity to educate the athlete and their parents or family about the significance of concussion injuries. If anyone is concerned about an athlete's concussion history, refer the athlete to a medical practitioner for a full review. As with any other personal athlete information collected by an AIR official or representative of AIR, this should be handled and treated with full confidentiality. Parents and athletes should be encouraged to report any history of previous concussions to coaches, officials, teachers, trainers and administrators.
2. Athletes or other individuals who have been involved in an incident that may cause a concussion and who may exhibit symptoms of a concussion shall be:
- Treated in accordance with normal first aid principles (danger, response, airway, breathing, circulation)
  - Removed immediately from the speed skating activity.  
No one has the authority to decide that it is okay for an athlete or any other individual with suspected concussion to resume participating on the same day other than a medical practitioner. This includes the athlete themselves, parents and/or carers of junior athletes, coaches or officials.
3. As a result of an incident should an athlete or other individual be unconscious then that person or persons must only be moved (onto a stretcher) by a qualified health professional or professionals, trained in spinal immobilisation techniques. In the same vein removal of a helmet or any other equipment is only to be done by a person trained to do so safely. If no qualified person is present, do not move the person or any of their equipment, call for the ambulance and then wait for the ambulance/paramedics to arrive.
4. As a result of an incident should an athlete or other individual exhibit any of the following, known as 'red flag' symptoms an ambulance is to be called 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 for any period of time
  - Deteriorating conscious state
  - Vomiting
  - Increasingly restless, agitated or combative.
5. Following the athlete or other individual being removed from the speed skating activity, the athlete's coach, or other individual in charge of the athlete (if the athlete is a minor), or someone familiar to the athlete should:
- Notify the athlete's parent or carer (if the athlete is a minor) or someone close to the athlete (if the athlete is not a minor)
  - Have a ride home or to a place where they will be cared for by someone else arranged for the athlete
  - Isolate the athlete into a dark room or area
  - Reduce external stimulus (noise, other people, etc)
  - Remain with the athlete until he or she can be taken home or to a place where they will be cared for by someone else

- f) Not be given alcohol, recreational drugs or certain medications including aspirin, anti-inflammatory medications, sedative medications or strong pain-relieving medications
  - g) Be referred for appropriate medical assessment even if symptoms resolve
6. Once the athlete's immediate needs have been met, the athlete's family and where applicable the athlete's coach as well as the athlete should be directed to AIR's Return to Speed Skating Protocol.

## RETURN TO SPEED SKATING

An athlete who has been concussed or suspected of being concussed should only return to speed skating activity by following the steps outlined in AIR's Return to Speed Skating Protocol.

- STEP 1: Complete cognitive and physical rest.** Limit school, work and tasks requiring concentration. Refrain from physical activity until symptoms are gone. Once all symptoms are gone, rest for at least another 24-48 hours and consult a registered medical practitioner, preferably one with experience managing concussion, for clearance to proceed to Step 2.
- STEP 2: Light aerobic exercise** to reintroduce physical activity: 10-15 minutes of low intensity cycling on a stationary bike.
- STEP 3:** 30 minutes of cycling on a stationary bike at 75% of Max Heart Rate.
- STEP 4:** 30 minutes of cycling on a stationary bike at 75% of Max Heart Rate with 30 second maximum effort intervals at minutes 10, 15, and 20.
- STEP 5: Sport-specific aerobic activity and re-introduction of skating: 15 minutes of low intensity skating.** The environment should be managed so as to ensure the athlete is not in excessive traffic and that there is minimum risk of falling or colliding with other athletes. The athlete may also attempt basic balance drills, such as gliding in basic position on one leg. For activity at a short track facility, the athlete should skate around the outside, close to the boards with no traffic on the inside.
- STEP 6:** 30 minutes of skating at 75% of Max Heart Rate with 30 second maximum effort intervals at minutes 10, 15, and 20.
- STEP 7:** Regular off-ice warm-up with high intensity off-ice agility/coordination activities and monitored high intensity off-ice and on-ice workout. See Appendix 1.
- STEP 8: Full on-ice practice,** including skating in traffic, tactical drills, starts and race simulations **once cleared by a registered medical practitioner whereby the clearance report has been cited by AIR and a representative of the athlete's State ice racing body.**
- STEP 9: Return to unrestricted training and competition**

## MEDICAL CLEARANCE

AIR's Return to Speed Skating Protocol requires the athlete to consult with a registered medical practitioner at two stages: a) before returning to light aerobic exercise, and b) before resuming full on-ice practice.

As part of AIR's Return to Speed Skating Protocol AIR will require the athlete to obtain medical clearance, from a registered medical practitioner, ideally one familiar with concussions, before permitting the athlete to resume speed skating activity.

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## RETURN TO SPEED SKATING PROTOCOL

The following protocol presents a suggested step-by-step protocol for return to full training and competition in short track or long track speed skating. Each step in the Return to Ice Racing protocol requires a minimum of one day. However, each step of the protocol may be extended depending on the athlete's prior concussion history, severity and duration of current concussion symptoms, degree of compliance to the protocol, facility availability, and age. For example, each step could be two days instead of one day.

For the purposes of this protocol a registered medical practitioner-parent cannot act as his or her child's treating medical practitioner.

If an athlete develops any concussion symptoms (e.g., headache, feeling sick), during the activity of a step of the protocol, later the same day or the following day the athlete should stop the protocol immediately and return to Step 1 (a reassessment by a registered medical practitioner). Written medical clearance from a registered medical practitioner is required prior to steps 2 and 8.

### **Step 1 – Complete Cognitive and Physical Rest**

Limit school, work and tasks requiring concentration. Refrain from physical activity until symptoms are gone. Once all symptoms are gone, rest for at least another 24-48 hours and consult a registered medical practitioner, preferably one with experience managing concussion, for clearance to proceed to Step 2.

### **Step 2 – Light Aerobic Exercise**

Aimed to reintroduce physical activity: 10-15 minutes of low intensity cycling on a stationary bike.

### **Step 3 – Thirty Minutes of Cycling**

On a stationary bike at 75% of maximum heart rate.

### **Step 4 – Thirty Minutes of Cycling**

On a stationary bike at 75% of maximum heart rate with 30 second maximum effort intervals at minutes 10, 15, and 20.

### **Step 5 - Sport-specific aerobic activity and re-introduction of skating: 15 minutes of low intensity skating.**

The environment should be managed so as to ensure the athlete is not in excessive traffic and that there is minimum risk of falling or colliding with other athletes. The athlete may also attempt basic balance drills, such as gliding in basic position on one leg. If the athlete only has access to a short track facility, he or she should skate around the outside, close to the boards with no traffic on the inside.

### **Step 6 – Thirty Minutes of Skating**

At 75% of maximum Heart Rate with 30 second maximum effort intervals at minutes 10, 15, and 20.

### **Step 7**

Regular off-ice warm-up with high intensity off-ice agility/coordination activities and monitored high intensity off-ice and on-ice workout. Such workouts to be supervised by an AIR accredited coach.

### **Step 8 – Full Ice Practice**

Aimed at incorporating skating in traffic, tactical drills, starts and race simulations once cleared by a registered medical practitioner.

### **Step 9 – Return to Unrestricted Training and Competition**

If symptoms return, then the athlete should drop back to the previous symptom free stage and only proceed to the next stage once symptoms have resolved. Athlete honesty is important when questioning about symptoms. Remember that skating or training with symptoms of concussion can increase the risk of injury, result in concussion complications and prolonged symptoms, result in reduced performance, increase the risk of other injuries (musculoskeletal) and could potentially be catastrophic.

### **Children and adolescents (18 years old and younger)**

The same protocols apply to children and adolescents, however, it is widely accepted that children and adolescents with concussion or suspected concussion should be managed more conservatively. This includes longer initial rest and slower return to train and skate programs. Additionally, a successful symptom-free return to school/learn should be completed before a graded return to skate/train is commenced.

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