



# CONCUSSION AWARENESS

*UPDATED: JULY 30, 2025*

Concussion Laws became mandatory in Ontario in 2018. This document outlines concussion awareness and the MGHL's concussion management protocols.

All players must participate in the protocols outlined by the MGHL, including pre-season education and Return to Sport Strategy.

**Failure to do so may result in the player being removed from play until procedures are followed**



# Concussion Awareness & Actions

## What Is It?

- A head, face, neck or body impact by either a direct blow, or indirect transmission of force, that causes a sudden jarring of the head which can be associated with a **serious and potentially fatal brain injury**
- Suspect a concussion if an impact to the head, face, neck or body is sustained, and:
  - One or more observable signs of suspected concussion are present, **OR**
  - The person reports one or more symptoms of suspected concussion
- **Observable signs** of a suspected concussion include:
  - Lying motionless on the ice
  - Slow to get up after a direct or indirect hit to the head
  - Disorientation or confusion, or inability to respond appropriately to questions
  - Unresponsiveness
  - Unsteady on feet, balance problems, poor coordination, wobbly
  - Blank or vacant stare
  - Facial injury

**[Read more on the MGHL Website](#)**



# Concussion Awareness & Actions

## What Is It?

- A person doesn't need to be knocked out to have a concussion; **common symptoms** of a suspected concussion include:
  - Headaches or head pressure
  - Dizziness
  - Nausea or vomiting
  - Blurred or fuzzy vision
  - Sensitivity to light or sound
  - Balance problems
  - Feeling tired or having no energy
  - Not thinking clearly
  - "Don't feel right"
  - Feeling slowed down
  - Feeling more emotional, easily upset or angered
  - Sadness
  - Nervousness or anxiety
  - Difficulty concentrating
  - Difficulty remembering
  - Feeling like "in a fog"
  - Sleeping more or sleeping less
  - Having a hard time falling asleep
- If there are significant concerns, including any of the **red flags** listed below, then **activate emergency procedures and arrange transport to the nearest hospital:**
  - Neck pain or tenderness
  - Severe or increasing headache
  - Increasingly restless, agitated or combative
  - Weakness or tingling/burning in arms or legs
  - Seizure or convulsion
  - Deteriorating conscious state
  - Double vision
  - Vomiting
  - Loss of consciousness



# Concussion Awareness & Actions

## What To Do

Evidence of **ONE (1) symptom** means player must stop playing right away

- The player should not be left alone and should be seen by a doctor as soon as possible that day
- If a player is knocked out, call an ambulance to take them to a hospital immediately
- Do not move the player or remove athletic equipment like a helmet as there may also be a cervical spine injury; wait for paramedics to arrive

A player with a suspected concussion must NOT return to play that day, even if they report they are feeling better

- Problems caused by a head injury can get worse later that day or night (especially in children and adolescents) and can take up to 48 to 72 hours to show up
- **Player cannot begin the Hockey-Specific “6 Step Return to Sport Strategy” or return to sports activities until they get written medical clearance from a Medical Professional**

If no symptoms, use the facts of the situation to assess the situation (player to sit a shift or two, or remainder of the game, and reassess symptoms after adrenaline starts to wear off); Trainer has final decision on return to play



# 6 Step Return to Sport Strategy

Return to Sport applies to ALL injuries, not just concussions!

## MANDATORY MEDICAL ASSESSMENT

**BEGIN RETURN TO SPORT STRATEGY WITH MEDICAL PROFESSIONAL'S CLEARANCE**

**No.**

**Step Description**

**Step 1**

Activities of daily living & relative rest (first 24 - 48 hrs)

- Typical activities at home (e.g., preparing meals, social interactions, light walking.)
- Minimize screen time.

**AFTER MAXIMUM OF 24-48 HOURS AFTER INJURY, PROGRESS TO STEP 2**

**Step 2**

2A: Light effort aerobic exercise

- Walking or stationary cycling at slow to medium pace for 10 - 15 mins.
- May begin light resistance training that does not result in more than mild & brief worsening of symptoms.
- Exercise up to approximately 55% of maximum heart rate.
- Take breaks & modify activities as needed.

2B: Moderate effort aerobic exercise

- Gradually increase tolerance & intensity of aerobic activities, such as walking or stationary cycling at a brisk pace for 10 - 15 mins.
- May begin light resistance training that does not result in more than mild & brief worsening of symptoms.
- Exercise up to approximately 70% of maximum heart rate.
- Take breaks & modify activities as needed.



# 6 Step Return to Sport Strategy Con't

Return to Sport applies to ALL injuries, not just concussions!

No.

Step Description

**IF THE PLAYER CAN TOLERATE MODERATE AEROBIC EXERCISE, PROGRESS TO STEP 3**

Step 3

Individual hockey-specific activities, without risk of inadvertent head impact.

- Add hockey-specific activities (e.g., skating, changing direction, individual drills) for 20 - 30 mins.
- Perform activities individually & under supervision from a parent/guardian, coach, or safety personnel (e.g., trainer).
- Progress to where the player is free of concussion-related symptoms, even when exercising.
- There should be no body contact or high-speed stops.
- Players should wear a "No Contact" identification pinny.

## **MANDATORY MEDICAL CLEARANCE**

**IF PLAYER HAS COMPLETED RETURN-TO-SCHOOL (IF APPLICABLE) & HAS BEEN MEDICALLY CLEARED, PROGRESS TO STEP 4**

Step 4

Non-contact training drills & activities.

- Progress to exercises with no body contact at high intensity, including more challenging drills & activities (e.g., shooting & passing drills, multi-player training, & practices).
- Where possible, give extra space around other players to avoid collisions or falls on the ice.
- Players should wear a "No Contact" identification pinny.
- The time needed to progress from non-contact to contact exercise will vary with the severity of the concussion / injury and the player.



# 6 Step Return to Sport Strategy Con't

Return to Sport applies to ALL injuries, not just concussions!

No.

Step Description

IF THE PLAYER CAN TOLERATE USUAL INTENSITY OF ACTIVITIES WITH NO RETURN OF SYMPTOMS, PROGRESS TO STEP 5

Step 5

- Return to all non-competitive activities, full-contact practice & physical education activities
- Progress to higher-risk activities including typical training activities, full-contact hockey practices & physical education class activities.
  - DO NOT participate in competitive gameplay.

IF THE PLAYER CAN TOLERATE NON-COMPETITIVE, HIGH-RISK ACTIVITIES, PROGRESS TO STEP 6

Step 6

- Return to sport.
- Unrestricted sport & physical activity.
  - Full gameplay.
  - The earliest a concussed athlete should return to play is approximately one to two weeks if it's a first concussion.

**Note:** Players should proceed through Return to Sport Steps only when they do not experience symptoms or signs and a Medical Professional has given clearance

- **Each step should be a minimum of at least 1 day, usually 2-3 days**
- If symptoms or signs return, the player should return to the previous step, and be re-evaluated by a Medical Professional



# Concussion Awareness & Actions

## How Can We Help Prevent Concussions?

- Concussion prevention, recognition and management requires everyone to follow the rules and regulations of sport, respecting other players, avoiding head contact and reporting suspected concussions.

### **Players:**

- Make sure your helmet fits snugly & that the strap is fastened
- Wear a custom-fitted mouthguard
- Respect other players
- No hits to the head
- No hits from behind
- Strong skill development

### **Coach / Trainer / Safety Person / Officials**

- Eliminate all contacts to the head
- Eliminate all hits from behind
- Recognize sign & symptoms of a concussion
- Inform & educate players about the risks of concussion





# Other Resources

## Hurricanes Trainer Mentor

- If you are uncertain or have questions before or during the season, please e-mail: Stacey Marnoch, Development Director, at [development@mghl.ca](mailto:development@mghl.ca)

## Websites

- Bill 193, Rowan's Law (Concussion Safety), 2018 - <https://www.ola.org/en/legislative-business/bills/parliament-41/session-2/bill-193>
- Hockey Canada Concussion Policy - <https://mghl.ca/Public/Documents/Concussion/hockey-canada-concussion-policy-2025-e.pdf>
- Hockey Canada Concussion Protocol - <https://mghl.ca/Public/Documents/Concussion/hc-concussion-protocol-2025-e-.pdf>
- Hockey Canada Concussion Downloads & Resources - <https://www.hockeycanada.ca/en-ca/hockey-programs/safety/concussions/links-and-downloads>