

BMHA DISCIPLINARY FORM

Persons to be in attendance at disciplinary meetings are:

1. Player involved
2. Coach
3. Parent(s)

****COMPLETED FORM TO BE GIVEN TO HOCKEY OPERATIONS COMMITTEE****

Step 1: INFORMAL MEETING: explanation of process and introduction of this form.

Step 2: VERBAL WARNING

Step 3: SUSPENSION - 1 or 2 games, at the coach's discretion.

Step 4: DISMISSAL FROM TEAM

Indicate here which step is applicable:

Date of Meeting:

Pertinent information leading to calling of this meeting (i.e., Coach's comments);

Players's Signature: _____

Coach's Signature: _____

****Parent's Comment's:**

*By signing this form it does not necessarily mean the player agrees with the coach's comments. The player has the right to disagree and appeal to the HOC.

MINOR HOCKEY COACH JOB DESCRIPTION

Position Description:

Oversee and be responsible for all aspects of the day to day operation of the assigned hockey team, ensuring that the objectives of the Association as stated in the Constitution and Volunteer Agreement of the Belmont Minor Hockey Association (BMHA) and the Manual of Operations of the Ontario Minor Hockey Association (OMHA) are met. Be a spokesperson for the team and represent the team at all meetings and functions.

This position requires the Level of Certification as required by the OMHA Manual of Operations. All applicants must review and comply with the BMHA Constitution, Code of Conduct and Volunteer Agreement in addition to the OMHA Manual of Operations. The minor hockey coach will report to the Hockey Operations Committee and the BMHA Executive.

A commitment of approximately 10 hours per week is required in order to fulfill the obligations of the position. This position will require unsupervised and possible physical contact with the athletes and may require the transportation of athletes. Eligible applicants will be required to "PASS" a Police Record Check.

Position Requirements:

Coach as Leader Standards

- Establish seasonal goals and objectives for the team.
- Be a role model for your players by using appropriate behaviour towards officials, players, and other coaches.
- Foster leadership abilities in your athletes.
- At a minimum, meet with parents of athletes at a pre-season and a pre-playoff or playdown meeting to outline your coaching and team philosophies, playing time and other relevant aspects of your plan.
- Demonstrate a sincere effort in helping each athlete to maximize his or her potential.

Coach as a Teacher Standards

- Develop a seasonal plan and review it monthly.
- Teach age and ability appropriate skills using proper sequence and progression.
- Teach skills using understandable language.
- Recognize uniqueness in your athletes and always treat them with respect.
- Realize your position as a role model and teach more than hockey skills.

Coach as an Organizer and Communicator Standards

- Plan effective practices.
- Select support staff that will provide maximum benefit to you and your athletes.
- Hold regular individual player meetings (minimum of two).
- Hold regular parent meetings (minimum of two).
- Utilize athlete's parents for assistance in various activities.

Risk Management and Safety Standards

- Review athlete's equipment on a regular basis and advise parents accordingly.
- Monitor rehabilitation of injured athletes and ensure medical clearance is received prior to returning from an injury.
- Report any player abuse or harassment to BMHA per OMHA guidelines.
- Review team safety action plan with trainer.
- Ensure that all ice and dressing room activities have adult supervision.
- Report any arena safety deficiencies to the BMHA.

Appendix C

VOLUNTEER AGREEMENT

Belmont Minor Hockey Association is pleased to offer you a volunteer position with our organization. The terms and conditions of this offer are outlined herein and your signature indicates your acceptance of these terms and conditions.

I commit to the following volunteer principles and standards:

- To show leadership by always taking responsibility for my actions.
- To lead by example.
- To support the principles of fair play.
- To build self esteem among all players.
- To offer only constructive criticism.
- To treat all players with dignity and respect.
- To teach all players that the officials are an integral part of the game and their decisions should be respected at all times.
- To teach all players to respect their opponents.
- To teach all players the values of team play.
- To teach all players that effort is more important than results.
- To encourage all players to be modest in victory and good sports in defeat.
- To learn, follow, and enforce any and all drug and alcohol policies.
- Endeavour to maintain a positive and open relationship with all players and their parents.
- To be respectful of all members and representative of the BMHA.
- To be respectful of all members and representative of other associations.
- To learn and follow the rules of hockey, the rules and by-laws of the Ontario Minor Hockey Association and the rules and by-laws of Belmont Minor Hockey Association.
- To use proper conduct at all team functions.
- To be responsible for the association's equipment and uniforms and return it at the end of the season in reasonable conditions and on the date requested.
- To report to a BMHA executive member any conduct observed or committed that negatively reflects on the BMHA.
- To never offer any player money, gifts, or any material items as incentive in connection with their hockey involvement.
- To never permit myself to become intimately or sexually involved with any player or to touch any player in any manner which could be reasonably interpreted as being sexual in nature.
- To wear proper safety equipment when on the ice. Minimum Requirement is a hockey helmet and hockey gloves. Chin straps on helmets must be fastened in place.

I have not been convicted nor found guilty of a criminal offense against a person. I consent to a criminal record search to confirm this statement and will sign the appropriate forms when requested. I understand and agree that the BMHA may withdraw this offer if for any reason at their sole discretion.

I further understand that the BMHA has the right to apply discipline that they feel is appropriate. If I do not follow the above listed principles and standards.

I have been given a copy of this agreement, have read and understand the terms and have had the opportunity to obtain independent legal advice.

I hereby accept the terms and conditions outlined above.

Dated at Belmont, Ontario, this _____ day of _____, 20_____.

President

Team Affiliation

Volunteer Name (please print)

Volunteer Signature

TEACHING TIPS



TEACHING TIPS

COMMUNICATING WITH YOUR PLAYERS

Ongoing communication with your players will be easier if you have taken the time at the beginning of the season to talk about goals, outline your approach, and answer questions.

Here are a few simple tips to help you communicate effectively with your players during practices and games:

- Arrange players in a semi-circle in front of you.
- Position them so there are no distractions behind you.
- Scan your group as you talk. Make eye contact with all players.
- Ask questions to make sure players have understood you and know what is expected of them.
- Give your players an opportunity to speak.
- Listen to what they say and how they say it.
- Speak to them using words they understand (keep it simple).
- Bend down, kneel or crouch so you can talk to them at their level.
- Speak to every player at every session.

GIVING FEEDBACK

Providing feedback for your players is critical in developing skills. Always remember these three points:

- Give the “good” picture. Demonstrate what you want, not what the player is doing incorrectly.
- Be positive. Acknowledge what is being done well, then point out what should be worked on.
- Be specific. Demonstrate exactly what it is you want done.
- Don’t forget your goaltender(s), they require equal feedback.

TROUBLE SHOOTING

Challenge	Solution	Challenge	Solution
Forgot your pucks	<ul style="list-style-type: none"> • 3 on 3 tourney 	Challenging player(s)	<ul style="list-style-type: none"> • Help the ones that want help • Use that player more (demonstrations, ask him/her questions)
Scheduling conflict	<ul style="list-style-type: none"> • Team building • Road hockey 	Challenging parent(s)	<ul style="list-style-type: none"> • Team meeting at start of year • Layout team goals and objectives • Have parents agree to and contribute to attaining these goals • Refer to these goals and objectives if problems arise • Delegate tasks to the parent(s) in question
Missing players	<ul style="list-style-type: none"> • Share the ice • Station work • Restrict playing area 		
Forgot practice plan	<ul style="list-style-type: none"> • Individual skills • Play some fun games • Individual skills work 		

SKILL LEARNING

Here is a good teaching sequence to follow:

1. **Explain the skill**
 - Name the skill and describe it
 - Tell why it's important and when it's used.
Highlight the key teaching points (key words or phrases used in instructing and giving feedback to your players)
2. **Show how it is done**
 - Demonstrate
 - State key points again
3. **Give time to practice**
 - Get players to practice the skill right away
 - Get everyone involved
4. **Tell them how they're doing**
 - Move around to each player
 - Give individual feedback
 - Get assistants to help

PREPARING FOR PRACTICE

Practice time is precious, so you'll want to make the most of it. Here are some tips for planning and running your practices:

- Plan to keep everyone active. Use small groups when doing drills so players don't have to wait long for their turn.
- To save time, consider introducing your drills on a chalk or rink board in the dressing room before going on the ice.
- Warm-up stretches and cool-down activities can be done in the dressing room to maximize the use of ice time.
- Treat all players equally and emphasize positive feedback. Try to talk to every player individually at every practice.

COACH'S CHECKLIST

- | | | | |
|---|---|--|--|
| ✓ Did you set goals and objectives for the practice? | ✓ Do you keep all players active including the goaltenders? | ✓ Do you observe, evaluate and give feedback throughout the practice? | ✓ Do you speak to players as a group at the end of practice about the practice, upcoming games or general information? |
| ✓ Do your drills have specific purpose and meet the goals of the practice? | ✓ Do you give clear and concise instructions? | ✓ Do you keep the drills effective, competitive, active and challenging? | ✓ Do you allow time for players to work on/practice specific skills individually? |
| ✓ Are your drills suitable to the age and skill level of your players? | ✓ Do you have the attention of your athletes when you speak to them? | ✓ Are you positive and upbeat? | ✓ Do you communicate individually with each of your players throughout practice? |
| ✓ Does your practice have general progressions from Individual skills to team play? | ✓ Do you explain and demonstrate skills and drills clearly? | ✓ Do you greet the players by their first names before practice? | ✓ Do you emphasize fun? |
| ✓ Are your drills applicable to the skills used in games? | ✓ Do you inform your assistant coaches and use effectively? | ✓ Do you include a fun drill in each practice? | |
| ✓ Do you teach new skills and drills early in the practice? | ✓ Did you keep them active in all drills? | ✓ Do you stop drills when general error or lack of effort is apparent? | |
| ✓ Do your drills challenge the skill level of the players? | ✓ Did you use the entire ice surface available to you? (Full or half ice) | ✓ Do you do your conditioning drill at or near the end of practice? | |

THE NUMBERS

A PRACTICE BY THE NUMBERS

statistics supplied by: Calgary Hockey Development

The following facts and figures relate to a 60 minute practice session.

- One individual practice will give a player more skill development than 11 games collectively.
- Each player should have a puck on their stick for 8-12 minutes.
- Each player should have a minimum of 30 shots on goal.
- Players will miss the net over 30% of the time in a minor hockey practice.
- Coaches should try to run 4-5 different drills/games/activities each practice. More is not better; execution of what you do is development.
- No more than 5 minutes should be spent in front of a teaching board each practice.
- If you have 10 players on the ice, strive to keep 4-5 players moving at all times.
- If you have 15 players on the ice, strive to keep 9-10 players moving at all times.
- If you have 20 players on the ice, strive to keep 14-15 players moving at all times.

A GAME BY THE NUMBERS

The following statistics were recorded during a 60 minute Pee Wee level hockey game.

- Players will have the puck on their stick for an average of 8 seconds per game.
- Players will take an average of 1 - 2 shots per game.
- 95% of passes made backwards are successful.
- Players will take an average of 18 shifts per game.
- 99% of the feedback coaches give players is when they have the puck. Ironically, players only have the puck on their stick for 0.2% of the game.

THE PRACTICE CHEF

Courtesy of Calgary Hockey Development

There are **10 Key Ingredients** a coach should mix into each practice. Collectively these lead to enjoyment and learning for both players and coaches.

1. Coaches should have minimum of 50 pucks in their bucket.
2. Players must be on time, all the time. Coaches set the standard and lead by example. Parents must be encouraged to buy in.
3. Don't waste ice time stretching. Stretching should be performed in the dressing room prior to the ice time. A good pre-ice stretching routine appears in this manual.
4. The use of stations in practices leads to a dynamic practice. Stations keep participants active enabling them to achieve high levels of repetitions. Have players spend 3-8 minutes per station before switching. 2-3 stations are recommended.
5. Basic skill Development (skating, puck control, passing, shooting) should comprise 90% of your practice time. Remember you can work skills in game-like drills. Skill development should not be considered boring.
6. Positive and Specific Feedback are imperative. Consider the head coach who always stands at centre ice and runs drills. How often during the practice is this coach able to effectively teach? Teaching is done in the trenches (corners, lines).
7. Routines in practice are dangerous. Players will pace themselves and become bored very quickly. Routine practices develop great practice players. Strive to change things up, create an element of surprise, utilize variety, and generate enthusiasm. Players also enjoy time on their own. 2-5 minutes per practice should be sufficient. This Enables players to be creative and try new things.
8. "TELL ME AND I'LL FORGET, SHOW ME AND I MIGHT REMEMBER, INVOLVE ME AND I'LL UNDERSTAND"
9. **Practice Execution** by coaches is of principle importance. Great drills that aren't executed properly by coaches are useless. Execution involves using all staff on ice, having pucks spotted in the proper areas, informing players of the whistle sequence (1st whistle begin, 2nd whistle stop, 3rd whistle begins next group) and providing appropriate feedback. To assist in practice execution, name your drills ie. "Killer Bees".
10. Relate what you do in **practices to games** and vice versa. "Players, we are doing this drill because in our last game we were unable to finish around the net." Or "this drill will assist you in keeping your stick and body away from the checker and in effective scoring position."

CHECKING : THE RIGHT WAY

Checking is one of the most demanding skills in hockey and also one of the most overlooked by players and fans. It is probably the least glamorous of all skills but one of the most important when it comes to team play. Checking is a skill designed to aid in the recovery and possession of the puck. It should not be used to intimidate or injure an opponent.

ANGLING: To carry out the proper checks along the boards, you must learn to force the puck carrier toward the boards. The key is to take the puck carrier in the direction you want by angling your opponent into the boards under a controlled speed.

HOW TO DO IT: Keep yourself stick to stick and body to body with the puck carrier. Continuing to skate when close to the puck carrier and glide into the check. Concentrate on the puck carrier, not the puck. Aim to a point on the boards in front of the puck carrier. Keep your body low and your legs spread for balance.

BODY CHECKS: There are three major types of body checks: Shoulder check, hip check and checking along the boards. The shoulder check is the most common. It is normally used by a defenseman when taking out an onrushing forward

TO EXECUTE THE PROPER SHOULDER CHECK: Concentrate on the chest and hips of the attacker since it is the most difficult part of the body to shift quickly. Keep your feet shoulder width apart. Bend your knees and keep the weight on the inside edges of the blades. Use your legs to drive your shoulder into the opponent's chest. Keep your head up and your stick down at all times.

PROTECTING YOURSELF: Players must learn to protect themselves, especially along the boards. When going into the corner, use some fakes with your body, stick or skates to avoid being a stationary target.

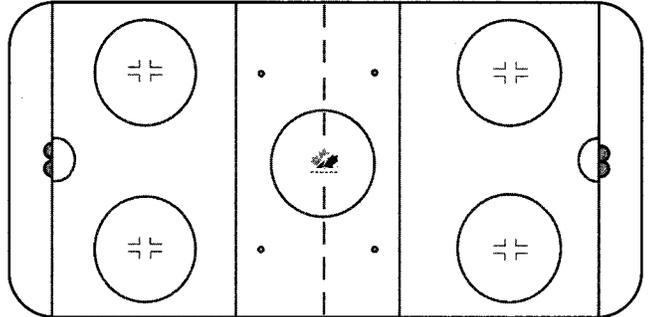
HOW TO DO IT: Try to keep your skates parallel to the boards rather than pointing toward the boards. As soon as you pick up the puck move out of the area quickly. If you can't avoid being checked, position yourself to accept the blow. PRO-TIPS strongly discourages checking from behind but if it should happen while your facing the boards, get your stick and gloves up to spread out the area of impact. Use your arms as shock absorbers. If you are checked from the side, keep your head up; get a good stable position, feet apart, knees bent, and body in a low position, forearms and hands on the boards.

Session Objective(s)

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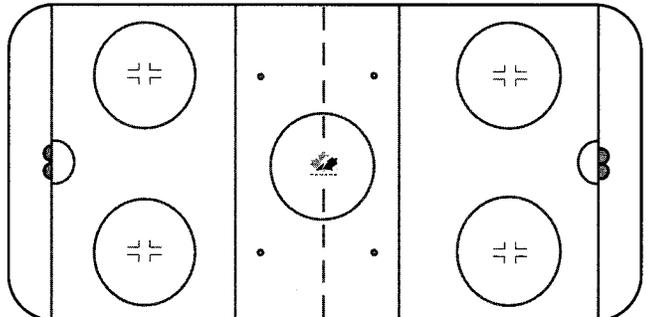
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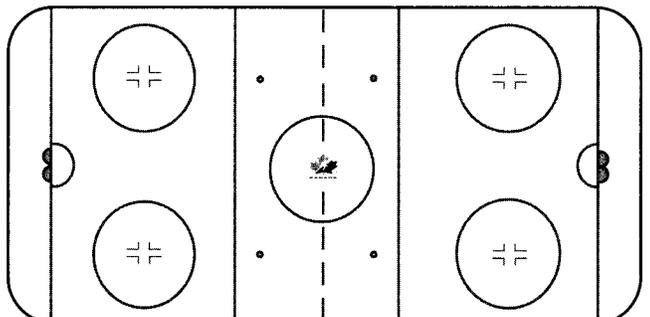
KEY EXECUTION POINTS

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KEY EXECUTION POINTS

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KEY EXECUTION POINTS

HOCKEY TRAINER MUST DO



9.0 EMERGENCY ACTION PLAN (EAP)

While you as the Hockey Trainer must do everything possible to prevent injuries and accidents before they happen, you must also be prepared to react in the event of an emergency. In sports that involve physical contact, like hockey, there is always the potential for a serious accident or injury. When a serious injury occurs time becomes critical. Therefore, you must establish a plan to handle emergencies in an organized and efficient manner. By implementing an Emergency Action Plan (EAP) with your team, you will be prepared to react effectively in the event of a serious injury or incident.

The EAP requires the appointment of three positions (3 C's):

- Charge Person
- Call Person and
- Control Person.

Each of these people must be identified at the beginning of the season, must clearly understand their roles in the EAP and must rehearse the EAP at regular intervals throughout the season. The following is an outline of each person's role in the EAP:

CHARGE PERSON

The Charge Person will normally be you, the Hockey Trainer, or the individual registered with your team with the most specialized training in injury care. As the Charge Person you have specific duties that include, but are not limited to, the following:

- 1) Initially take control and assess the situation when coming into contact with the injured player.
- 2) Instruct the player to lay still.
- 3) Instruct bystanders to leave the injured player alone.
- 4) Do not move the athlete and leave all equipment in place.
- 5) Evaluate the injury and situation. This may include anything from an unconscious player to a sprained finger. Once you have determined the severity of the injury, decide whether or not an ambulance or medical care is required.
- 6) If the injury is serious and warrants immediate attention that you are not qualified to provide, seek out someone with the highest possible level of first aid/medical expertise.

Key Point: As the Hockey Trainer you should be aware of those individuals on your team with these qualifications and arrange a signal should you need their assistance.

- 7) If an ambulance is required, notify your Call Person with a pre-determined signal. Give a brief explanation of the injury, and tell them to call for an ambulance. Let the injured player know that an ambulance is being called and why. This could reduce fear and panic on the part of the player.
- 8) Once the call has been placed, observe the player carefully for any change in condition and try to calm and reassure the player until medical professionals arrive.
- 9) STAY CALM. Keep an even tone in your voice.
- 10) Make a note of the time at which the injury occurred and keep track in writing of all pertinent facts regarding the accident, including time of occurrence, time of ambulance arrival, etc.
- 11) Never make direct contact with an injured player's blood products or bodily fluids. Always wear barrier protection gloves.

CALL PERSON

The Call Person is responsible for making the telephone call when emergency help is required. The Call Person should ideally be someone who is at all games and practices but is not responsible for the bench area, and watches games and practices from the stands. The Call Person's responsibilities include:

- 1) Knowing the location of all emergency telephones or pay phones in every facility in which your team plays. (In an emergency situation, when seconds count, it is advisable to use a land line. Cellular telephone transmission/receipt may be compromised in certain arenas or areas of the facility.)
- 2) Having a list of all emergency telephone numbers in every city or town in which your team plays and **KNOW IF 911 IS AVAILABLE IN THE AREA**. The Call Person should have a list of these emergency numbers on a wallet sized card in their possession at all times, or use the Hockey Trainer's list from the First Aid Kit. These emergency numbers include Ambulance, Fire, Police, Hospital and General Emergency. The Call Person should always have change in their possession in case only a pay phone is available.
- 3) Having a diagram displaying specific directions of the best route to the arena facility and ice surface in which you are playing.
- 4) Communicating with the Charge Person to determine whether or not emergency help is necessary.
- 5) Placing the call for emergency assistance, ensuring the following:
 - i) Speak clearly and calmly at all times.
 - ii) State to the dispatcher that it is a medical emergency.
 - iii) State your name and give the location of the arena facility (state proper name of arena and address, including city).
 - iv) State what type of emergency it is and give the dispatcher a brief explanation of the injury. (e.g. is the player conscious? is the player bleeding? is the player breathing normally?)
 - v) Give the dispatcher the best route into the arena facility and to the ice surface.
 - vi) Ask for the estimated time of arrival for the ambulance.
 - vii) Always remain on the line until you are certain the dispatcher has finished asking questions and that your call has been transferred or until the dispatcher has informed you that Ambulance/emergency personnel have been dispatched.
 - viii) Give the dispatcher the telephone number from which you are placing the call in the event they must call back for more information. Have someone wait by the phone. (This should be a back up call person, another parent, or trusted member of the team)
 - viii) Report back to the Charge Person to confirm that the call for emergency help has been placed, and give them the estimated time of arrival for emergency assistance.
 - x) Communicate all pertinent information to the Control Person so they can relay this information to the parents.

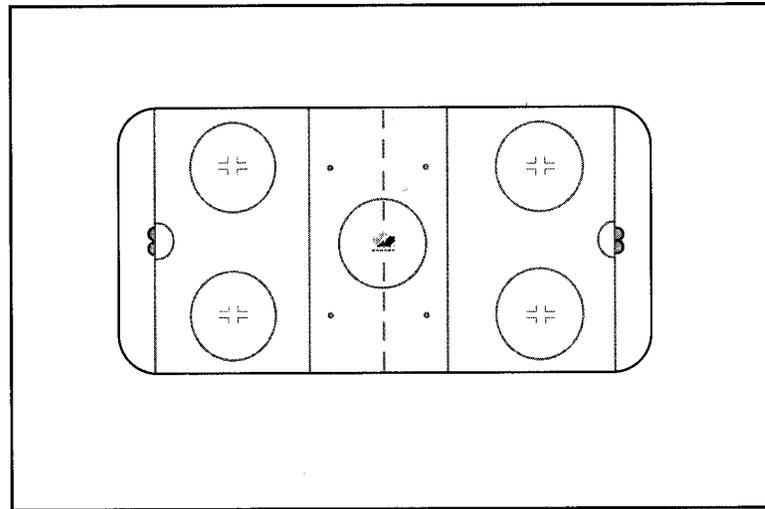
CONTROL PERSON

The Control Person is responsible for controlling the crowd and other participants to ensure that the EAP is executed effectively. The Control Person's responsibilities include:

- 1) Ensuring that teammates, other participants and spectators are not in the way of the Charge Person and the injured player.
- 2) Discussing the EAP with opponents, on ice officials, arena staff and the parents of the injured player. In the event of an emergency inform them of the steps taken and keep them updated on the situation.
- 3) Ensuring a proper room is available to attend to the injured player if requested by the Charge Person or emergency personnel. Know the location of the First aid room and check for additional emergency medical equipment that may be needed.
- 4) Ensuring that the quickest and best route for the ambulance crew to the ice surface is clear and accessible. If necessary, communicate with arena staff to ensure ice resurfacer is removed from storage and that entry doors to the storage area and ice surface are in the open position to allow quick access to injured player.
- 5) Seeking highly trained medical personnel in the arena facility if the Charge Person believes the injury is serious and cannot wait for emergency assistance to arrive. This can be accomplished by using the loud speaker or having arena staff ask throughout the facility.

SAFETY REQUIRES TEAMWORK

AN EMERGENCY ACTION PLAN FOR HOCKEY



- Legend**
- Phone
 - Exits
 - + First Aid

EQUIPMENT LOCATIONS

Please locate and identify areas on above map: i.e., first aid room, routes for ambulance crew, telephones, emergency exits, etc.

Arena/Facility name: _____

Address: _____

Telephone number: _____

Emergency Telephone Numbers

Emergency _____

Ambulance _____

Fire Dept _____

Hospital _____

Police _____

General _____

Other _____

1. Charge Person

- Most qualified person available with training in first aid and emergency response
- Familiarize yourself with arena emergency equipment
- Take control of an emergency situation until medical personnel arrive
- Assess injury status of player

2. Call Person

- Location of emergency telephone
- List of emergency telephone numbers
- Directions to arena
- Best route in and out of arena for ambulance crew
- Communicate with Charge Person and Control Person

3. Control Person

- Ensure proper room for Charge Person and ambulance crew
- Discuss emergency action plan with:
 - Arena staff
 - Officials
 - Opponents
- Ensure that the route for the ambulance crew is clear and available
- Seek highly trained medical personnel (i.e., MD, nurse) to assist injured player if requested by Charge Person
- Discuss player's injury and status with parents.

10.0 INJURY MANAGEMENT PRINCIPLES

KNOW YOUR PLAYERS. You should know each player's medical background and personality. In the event of an injury, such as a concussion, the athlete's personality may change so it is important to recognize this change.

GET TO PLAYER QUICKLY AND SAFELY. You should try to get to the injured player as quickly as possible, yet under control and with assistance from a player or official. You should also wear a type of shoe that does not slide easily on the ice for better traction.

INSTRUCT PLAYERS AND OFFICIALS NOT TO TOUCH THE INJURED PLAYER. When attending to an injured player, give clear and concise instructions to keep the area clear, sending all other players to their respective benches. Players, on ice officials and other team officials should never touch or move an injured player until serious injury is ruled out.

DO NOT STRADDLE AN INJURED PLAYER. You may cause further injury to the player, or cause injury to yourself.

STAY CALM. Try to keep a calm, even tone in your voice during your evaluation of the injured player. As the Hockey Trainer you must show confidence in your abilities. If you show nervousness and uncertainty, it will be evident to the injured player. Reassure the player. Do not hurry your examination and make it thorough under the circumstances. Take as much time as is necessary.

KNOW HOW TO RECOGNIZE EXCEPTIONAL INJURIES. Do not move an injured athlete who may have a serious injury or if movement could cause further injury. Once the potential of a serious injury such as a spinal injury is ruled out, you should then continue to assess for other injuries. If you are unsure as to the extent of an injury, ask for assistance from the stands from a medical professional or someone with first aid. If assistance is not available and you are unsure, initiate your EAP.

DO NO HARM. Stay within your limits. The Hockey Trainer should never administer any type of drug (even cold medicine or aspirin) or suture any type of wound.

LET THE PLAYER GET UP SLOWLY ON HIS/HER OWN INITIATIVE. Do this only if you feel the individual can stand up and you have ruled out a neck or back injury, or other serious injuries such as a fracture of the leg or dislocation of the shoulder.

KNOW THE FUNDAMENTALS OF THE GAME OF HOCKEY – IT IS A FAST PACED AND PHYSICAL GAME – AND THE ELEMENT OF RISK INVOLVED IN PARTICIPATION.

This will help when a decision has to be made on whether or not a player may continue to play. Be decisive in the decision. There is no half speed in hockey. If you are unsure, err on the side of caution.

ALWAYS be proactive and stress injury prevention.

PRACTICE AND REVIEW your skills to quickly and correctly recognize potentially severe injuries. Know how to effectively:

- Recognize that the player is in trouble and that your help is needed
- Recognize signs of danger to you at the scene
- Recognize what happened
- Recognize severe and critical injuries which need immediate care

11.0 INJURY RECOGNITION AND MANAGEMENT

In sports with physical contact like hockey, there is always the potential for severe, life-threatening injuries. The greater the speed or the force, the more likely it is that an injury will be serious. As the Hockey Trainer, you must be prepared to respond quickly and effectively and to assess the severity of any injuries. The first step is always to assess whether a life threatening situation exists.

A situation may arise where a player falls to the ice, is unconscious and not moving. You attend to the player immediately. As the Hockey Trainer what should you do?

The Emergency Action Plan should be activated immediately whenever there is ANY loss of consciousness. Do not move the player or allow the player to move as there may be a possible spinal injury.

11.1 Recognition Of Life-threatening Injuries

STOP and survey to ensure safety!

- 1. Assess level of consciousness**
- 2. Assume spinal injury**
- 3. Activate E.A.P.**
- 4. (A) Assess airway**
- 5. (B) Assess breathing**
- 6. (C) Assess circulation**

The following guidelines will help you determine whether or not a life-threatening situation exists. Be calm. Do no harm.

- 1) Assess level of consciousness. Is the player awake? Does the player respond? What is the level of response? Calmly ask questions. Do not shake.
- 2) Assume a spinal injury if player is unconscious. Do not move the head and neck area. Stabilize (hold) the neck in position found and do not move.
- 3) Activate Emergency Action Plan.
- 4) Assess and monitor A-B-C's (Airway-Breathing-Circulation) until medical help arrives.

A Assess **airway**.
Is air moving in and out of the mouth?
Does the player have anything in the mouth such as a mouthpiece or gum?

B Is the player **breathing**?
Is air moving in and out of mouth?
Is chest rising and falling?
Does the player have difficulty breathing?

C Does the player have **circulation**?
Are there any obvious signs of bleeding?
Does the player have good colour?

12.0 SPINAL INJURIES AND CONCUSSIONS

12.1 Spinal Injuries

Some of the most serious types of injuries which a Hockey Trainer might have to contend with are spinal injuries. Spinal injuries have the potential to inflict hardship on victims and their families for a lifetime. Most of the injuries are caused when a player is checked from behind into the boards. However, spinal injuries can occur in any area of the ice.

Definition: Injury to the neck or the back area

1. Neck strain or sprain (muscles or ligaments surrounding the spine)
2. Fracture
3. Dislocation
4. Fracture/Dislocation

- Any fall or blow to the neck or back area may result in a spinal injury.
- If the player is unconscious, always suspect a spinal injury.
- Treat any neck or back pain during a fall as a spinal injury.

Mechanism:

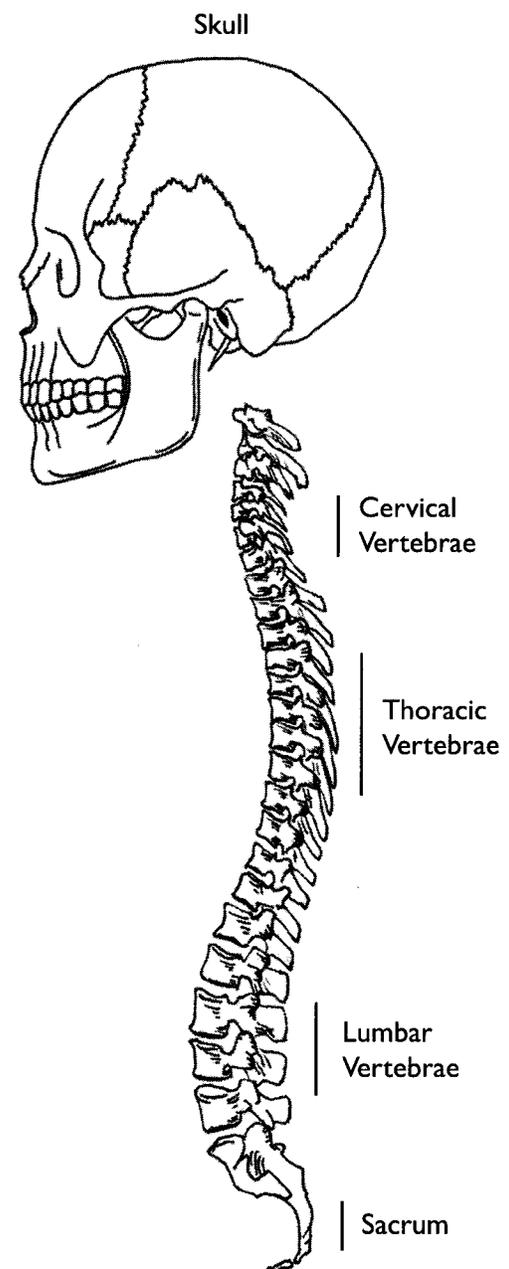
- Direct blow to the neck or back.
- Check from behind into the boards (neck goes into mild flexion and hits the boards).
- Check from behind or in front causing a whiplash effect (hyperextension of the neck).

Symptoms:

- Neck/Back pain
- Tingling in arm(s) or leg(s)
- Loss of feeling in extremities
- Loss of strength in extremities
- Radiation of pain in arms/legs

Care:

- **DO NOT MOVE THE PLAYER**
- Do not remove any equipment.
- Stabilize (hold) head/neck and spine in position found and keep the player warm.
- Assess level of consciousness.
- Activate Emergency Action Plan.
- Check A (Airway), B (Breathing), C (Circulation) and continue to monitor until emergency personnel arrive.
- Reassure the injured player.
- Remain calm.
- Instruct player not to move.
- Player should not return to play without a physician's written approval.

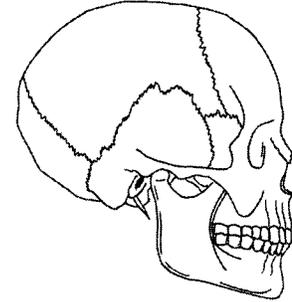


12.2 Concussions

Because of the contact nature of the game and the speed with which the game is played, the brain is vulnerable to injury. Trauma may occur through direct contact to the head or face or indirectly through a whiplash effect. Injuries to the brain are characterized by an altered state of consciousness. It is the **altered state of consciousness** that is the key thing to look for with any head injury.

Definition: A concussion is a brain injury. A concussion may involve loss of consciousness. However, a concussion most often occurs **without a** loss of consciousness.

Mechanism: Blow to the head, face or jaw, or even elsewhere on the body.



Note: Children are more sensitive to the effects of a concussion and may need to have a longer period of rest prior to returning to play.

Common Symptoms and Signs

- Symptoms and signs may appear immediately upon injury, have a delayed onset or may be worse later that day or even the next morning, so players should continue to be observed even after the initial symptoms and signs appear to have returned to normal.
- Concussion is a “symptom” injury - there are fewer outward signs than symptoms. This may make it more difficult for the observer to detect and easier for the player to mask/hide the symptoms.

Symptoms

- Headache
- Dizziness
- Feeling dazed
- Seeing stars
- Sensitivity to light
- Ringing in ears
- Tiredness
- Nausea, vomiting
- Irritability
- Confusion, disorientation

Signs

- Poor balance or coordination
- Slow or slurred speech
- Poor concentration
- Delayed responses to questions
- Vacant stare
- Decreased playing ability
- Unusual emotions, personality change, and inappropriate behaviour

ANY ONE OF THESE SIGNS OR SYMPTOMS IS ENOUGH TO REMOVE A PLAYER FROM ACTION.

Mental Status Testing

For information only. Do not attempt to treat a concussion. Always have the player consult a physician.

Orientation: Does the player know what the exact time and place is?

Concentration: Can the player spell “world” backwards?

Memory: Does the player know the score of the game?

Initial response

If there is any loss of consciousness – Initiate Emergency Action Plan and call an ambulance. Assume possible neck/spinal injury.

- Stabilize the head and neck.
- Check **A** (Airway), **B** (Breathing), **C** (Circulation) and continue to monitor the A, B, C's if unconscious.
- Never give players aspirin, Tylenol or other medications.
- Notify a parent or guardian of any player with a concussion.

Concussion Management

- Remove the player from the current activity.
- Do not leave the player alone; monitor signs and symptoms.
- Do not administer medication.
- Inform the coach, parent or guardian about the injury.
- The player should be evaluated by a medical doctor. All players should consult a physician after a concussion. Coaches, trainers, players and parents should not attempt to treat a concussion without a physician's involvement.
- The player must not return to play in that game or practice and must have a physician's approval prior to return to play.

Note: If there is no loss of consciousness but the symptoms persist, become worse, or new symptoms appear, immediate medical attention is necessary.

Return to Play

The return to play process is gradual, and begins after a doctor has given the player clearance to return to **activity**.

If any symptoms/signs return during this process, the player must be re-evaluated by a physician. No return to play if any symptoms or signs persist. Remember, symptoms may return later that day or the next, not necessarily when exercising!

Step 1. No activity, only complete rest. This includes avoiding both mental and physical stress. Proceed to step 2 only when symptoms are gone.

Step 2. Light aerobic exercise, such as walking or stationary cycling. Monitor for symptoms and signs. No resistance training or weight lifting.

Step 3. Sport specific activities and training (e.g. skating).

Step 4. Drills without body contact. May add light resistance training and progress to heavier weights.

The time needed to progress from non-contact to contact exercise will vary with the severity of the concussion and the player. Go to step 5 after medical clearance. (Reassessment and note)

Step 5. Begin drills with body contact.

Step 6. Game play. The earliest a concussed athlete should return is one week. Note that each step should be a minimum of one day.

Note: Players should proceed through return to play steps only when they do not experience symptoms or signs and a physician has given clearance. Each step should be a minimum of one day. If symptoms or signs return, the player should return to the previous step, and be re-evaluated by a physician.

REMEMBER

A second concussion on top of the first concussion can lead to substantially more damage than one concussion alone. The effect of concussions is cumulative and the end result of several concussions could be long term/permanent impairment and the end of a player's participation in sport if not properly managed. Sufficient time must be allowed between the concussion and return to play because the risk of a second concussion and its effects are too great. Parents should always be instructed to advise the physician that there has been more than one concussion.

Children are more sensitive to the effects of a concussion and may need to have a longer period of rest before returning to activity and the sport without necessarily having a set time frame.

Prevention Tips

Players

- Make sure your helmet fits snugly and that the strap is fastened
- Respect other players
- No hits to the head
- No hits from behind
- Get a custom fitted mouth guard

Coach/Trainer/Referee

- Eliminate all checks to the head
- Eliminate all hits from behind
- Recognize signs and symptoms of concussion
- Inform and educate players about the risks of concussion

MEDICAL INFORMATION SHEET

Name: _____

Date of birth: Day _____ Month _____ Year _____

Address: _____

Postal Code: _____ Telephone: (_____) _____ Cell: (_____) _____

Mother's Name: _____ Father's Name: _____

Business Telephone Numbers: Mother _____ Father _____

Alternate emergency contact (if parents are not available)

Name: _____ Telephone: _____

Relationship to player: _____

Address: _____

Doctor's Name: _____ Telephone: (_____) _____

Dentist's Name: _____ Telephone: (_____) _____

Date of last complete physical examination: _____

* Before a player participates in a hockey program, any medical condition or injury problem should be checked by that individual's family physician.

Please circle the appropriate response and provide details below if you answer "Yes" to any of the questions.

- | | | | |
|-----|----|--|---------------------------|
| Yes | No | Medication | |
| Yes | No | Allergies | |
| Yes | No | Previous history of concussions | |
| Yes | No | Fainting episodes during exercise | |
| Yes | No | Seizures and/or Epilepsy | |
| Yes | No | Wears glasses | |
| Yes | No | Are lenses shatterproof | |
| Yes | No | Wears contact lenses | |
| Yes | No | Wears dental appliance | |
| Yes | No | Hearing problem | |
| Yes | No | Asthma | |
| Yes | No | Trouble breathing during exercise | |
| Yes | No | Heart Condition | |
| Yes | No | Family History of Heart Disease | |
| Yes | No | Diabetes | Type 1 _____ Type 2 _____ |
| Yes | No | Wears a medical information bracelet or necklace | |
| | | For what purpose? | _____ |



- Yes No Has any health problem that would interfere with participation on a hockey team
- Yes No Has had an illness that lasted more than a week and required medical attention in the past year
- Yes No Has had injuries requiring medical attention in the past year
- Yes No Has been admitted to hospital in the last year
- Yes No Surgery in the last year
- Yes No Presently injured. Injured body part: _____
- Yes No Vaccinations up to date
Date of last Tetanus Shot: _____
- Yes No Hepatitis B vaccination

Please give details if you answered “Yes” to any of the above. Use separate sheet if necessary

Medications: _____

Allergies: _____

Medical conditions: _____

Recent injuries: _____

Any information not covered above: _____

I understand that it is my responsibility to keep the team Hockey Trainer advised of any change in the above information as soon as possible. In the event of a medical emergency and that no one can be contacted, team management will arrange to take my child to the hospital or a physician if deemed necessary.

I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child.

I also authorize release of information to appropriate people (coach, physician) as deemed necessary.

Date: _____ Signature of Player: _____

Date: _____ Signature of Parent or Guardian: _____

Disclaimer: Personal information used, disclosed, secured or retained will be held solely for the purposes for which it is collected and in accordance with the National Privacy Principles contained in the Personal Information Protection and Electronic Documents Act.

HOCKEY CANADA INJURY REPORT



CLAIMS MUST BE PRESENTED WITHIN 90 DAYS OF INJURY. INJURY DATE: ____/____/____

INJURED PARTICIPANT: Player Team Official Game Official Spectator

Name: _____ Birthdate: ____/____/____ Sex: (M) (F)

Address: _____ City/ Town _____

Province: _____ Postal Code: _____ Phone: (____) _____

Parent/Guardian: _____

Forms must be filled out in full or form will be returned. This form must be completed for each case where an injury is sustained by a player, spectator or any other person at a sanctioned hockey activity.

DIVISION:

- Initiation Novice Atom PeeWee
 Bantam Midget Juvenile

CATEGORY:

- AAA AA A B BB C CC
 D DD E House Major Junior Minor Junior
 Senior Adult Rec. Other _____

BODY PART INJURED: * visit the Hockey Canada web-site for an optional questionnaire *

- | | | | | | | | | | |
|---|--------------------------------|----------------------------------|-----------------------------------|--|--------------------------------|--------------------------------|-------------------------------|-------------------------------|--------------------------------|
| Head | Back | Trunk | Arm | <input type="checkbox"/> Left | <input type="checkbox"/> Right | Pelvis | Leg | <input type="checkbox"/> Left | <input type="checkbox"/> Right |
| <input type="checkbox"/> Eye Area <input type="checkbox"/> Face | <input type="checkbox"/> Neck | <input type="checkbox"/> Ribs | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Hand/Finger | <input type="checkbox"/> Hip | <input type="checkbox"/> Thigh | <input type="checkbox"/> Foot | | |
| <input type="checkbox"/> Throat <input type="checkbox"/> Dental | <input type="checkbox"/> Upper | <input type="checkbox"/> Chest | <input type="checkbox"/> Upperarm | <input type="checkbox"/> Forearm/Wrist | <input type="checkbox"/> Groin | <input type="checkbox"/> Knee | <input type="checkbox"/> Toe | | |
| <input type="checkbox"/> Skull | <input type="checkbox"/> Lower | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Elbow | <input type="checkbox"/> Collarbone | <input type="checkbox"/> Shin | <input type="checkbox"/> Other | | | |

NATURE OF CONDITION:

- Concussion Laceration Fracture Sprain Strain
 Contusion Dislocation Separation Internal Organ Injury

ON-SITE CARE: On-Site Care Only Refused Care

- Sent to Hospital, by: Ambulance Car

INJURY CONDITIONS: Name of arena/ location: _____

- Exhibition/Regular Season Playoffs/Tournament Practice Try-outs Other
 Warm-up Period #1 Period #2: Period #3 Overtime # _____
 Dry Land Training Gradual Onset Other Sport Other: _____

Was the injured player in the correct league and level for their age group? Yes No

Was this a sanctioned Hockey Canada hockey activity? Yes No

CAUSE OF INJURY:

- Hit by Puck Collision with Boards Non-Contact Injury
 Hit by Stick Collision on Open Ice Collision with Opponent
 Fall on Ice Checked From Behind Collision with Net
 Fight Blindsiding

LOCATION:

- Defensive Zone Offensive Zone Neutral Zone
 Behind the Net 3 ft. from boards Spectator Area
 Parking Lot Dressing Room Bench
 Other: _____

WEARING WHEN INJURED:

- Full Face Mask Intra-Oral Mouth Guard
 Half Face Shield/Visor Throat Protector
 Helmet/No Face Shield No Helmet/No Face Shield
 Short Gloves Long Gloves

ADDITIONAL INFORMATION:

- Has the player sustained this injury before? Yes No
 If "Yes" how long ago _____
 Was a penalty called as result of the incident? Yes No
 Estimated Absence from hockey? 1 week 1-3 weeks 3+ weeks

DESCRIBE HOW ACCIDENT HAPPENED:
 (Attach page if necessary)

I hereby authorize any Health Care Facility, Physician, Dentist or other person who has attended or examined me/my child, to furnish Hockey Canada any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment and copies of all dental, hospital, and medical records. A photostatic/electronic copy of this authorization shall be considered as effective and valid as the original.

Signed: _____ Date: _____
 (Parent/Guardian if under 18 years of age)

TEAM INFORMATION: (To be completed by a Team Official)

Association: _____ Team Name: _____
 Team Official (Print): _____ Team Official Position: _____
 Signature: _____ Date: _____

HEALTH INSURANCE INFORMATION:

- Occupation: Employed Full-time Employed Part-time Unemployed Full-Time Student
 Employer (If minor, list parent's employer): _____
 1. Do you have provincial health coverage? Yes No Province: _____
 2. Do you have other insurance? Yes No (If "Yes", please submit claim to your primary health insurer.)
 3. Has a claim been submitted? Yes No (If "Yes", please forward primary insurer explanation of benefits)
 Make Claim Payable To: Injured Person Parent Team Other: _____

Branch APPROVAL

PHYSICIAN'S STATEMENT

Physician: _____ Address: _____ Tel: (____) _____

Name of Hospital / Clinic : _____ Address: _____

Nature of Injury: _____ Date of First Attendance: ____/____/____

_____ Claimant will be totally disabled:

_____ From: _____ To: _____

Is the injury permanent and irrecoverable? No Yes

Give details of injury (degree) : _____

Prognosis for recovery : _____

Did any disease or previous injury contribute to the current injury? No Yes (describe): _____

Was claimant hospitalized? No Yes (give hospital name, address and date admitted): _____

Names and addresses of other physicians or surgeons, if any, who attended claimant: _____

I certify that the above information is correct to the best of my knowledge,

Signed: _____ Date: _____

DENTIST'S STATEMENT

Limits of coverage: \$1,250 per tooth, \$2,500 per accident
Treatment must be completed within 52 weeks of accident

UNIQUE NO. SPEC. PATIENT'S OFFICIAL ACCOUNT NO.

I HEREBY ASSIGN MY BENEFITS PAYABLE FROM THIS CLAIM DIRECTLY TO THE NAMED DENTIST AND AUTHORIZE PAYMENT DIRECTLY TO HIM/HER

P LAST NAME GIVEN NAME
A _____
T _____
I ADDRESS APT. _____
E _____
N _____
T CITY PROV. POSTAL CODE _____

D
E
N
T
I
S
T
PHONE NO. _____

SIGNATURE OF SUBSCRIBER

FOR DENTIST'S USE ONLY – FOR ADDITIONAL INFORMATION, DIAGNOSIS, PROCEDURES, OR SPECIAL CONSIDERATION.

I UNDERSTAND THAT THE FEES LISTED IN THIS CLAIM MAY NOT BE COVERED BY OR MAY EXCEED MY PLAN BENEFITS. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE TO MY DENTIST FOR THE ENTIRE TREATMENT.

I ACKNOWLEDGE THAT THE TOTAL FEE OF \$ _____ IS ACCURATE AND HAS BEEN CHARGED TO ME FOR SERVICES RENDERED.

I AUTHORIZE RELEASE OF THE INFORMATION CONTAINED IN THIS CLAIM FORM TO MY INSURING COMPANY/PLAN ADMINISTRATOR.

DUPLICATE FORM

SIGNATURE OF (PATIENT/GUARDIAN)

OFFICE VERIFICATION

DATE OF SERVICE DAY / MO. / YR.	PROCEDURE	INITIAL TOOTH CODE	TOOTH SURFACE	DENTIST'S FEE	LAB CHARGE	TOTAL CHARGE

THIS IS AN ACCURATE STATEMENT OF SERVICES PERFORMED AND THE TOTAL FEE DUE AND PAYABLE & OE.

NOTE: All benefits subject to insurer payor status, provisions of the policy, Hockey Canada sanctioned events.

**TOTAL FEE
SUBMITTED**



Stickers on Helmets

Virtually all hockey helmets sold in Canada bear three stickers, because of the need for manufacturers to meet standards within three jurisdictions. The certification marks include:

- ✓ Canadian Standards Association (CSA) certification label which must appear on all helmets sold in Canada for use in hockey;
- ✓ Hockey Equipment Certification Council (HECC) certification sticker, mandatory for hockey helmets in the United States;
- ✓ European Union's required CE marker for hockey helmets intended for use in Europe.



**OMHA
STOP Program**

Hockey Canada only permits the use of hockey helmets certified to CSA Standard for all players.

HECC certification stickers on hockey helmets sold in Canada bear a time limit, related only to the length of certification (originally 5 years but changed recently to 6.5 years) granted by HECC, and is not an indication of the life-span of a hockey helmet. HECC certified hockey helmets are mandated for players playing under the jurisdiction of USA Hockey. The HECC certification sticker does not apply in Canada. The only certification sticker that should be verified for play under the jurisdiction of Hockey Canada is the presence of the CSA certification label on the helmet.

The life-span of a hockey helmet is not easy to determine. Many factors, including the amount and type of use, care and maintenance, storage, etc., determine a hockey helmet's life-span. Consumers should exercise good judgment as to the suitability of a hockey helmet for play. Helmets that are cracked, have loose fitting or missing liner pieces, or that have been subjected to a severe blow should be replaced.

The CSA certification label provides assurances that a hockey helmet performs in accordance with CSA Standard Z262.1. For a hockey helmet to function effectively, it must be in very good working order and worn properly in accordance with the manufacturer's instructions.

📄 For more information on the STOP Program, please visit www.safetytowardsotherplayers.com