



Ilderton Minor Hockey Association

Trainer's Seminar

Moore
12-16



"Jurgen! Can you hear me, Jurgen? Squeeze my hand two times if you feel well enough to go back into the game."



"We won't know until the MRI, but I'm certain that it's either an 'ouchie' or a 'boo-boo' ..."

Role of the Team Trainer

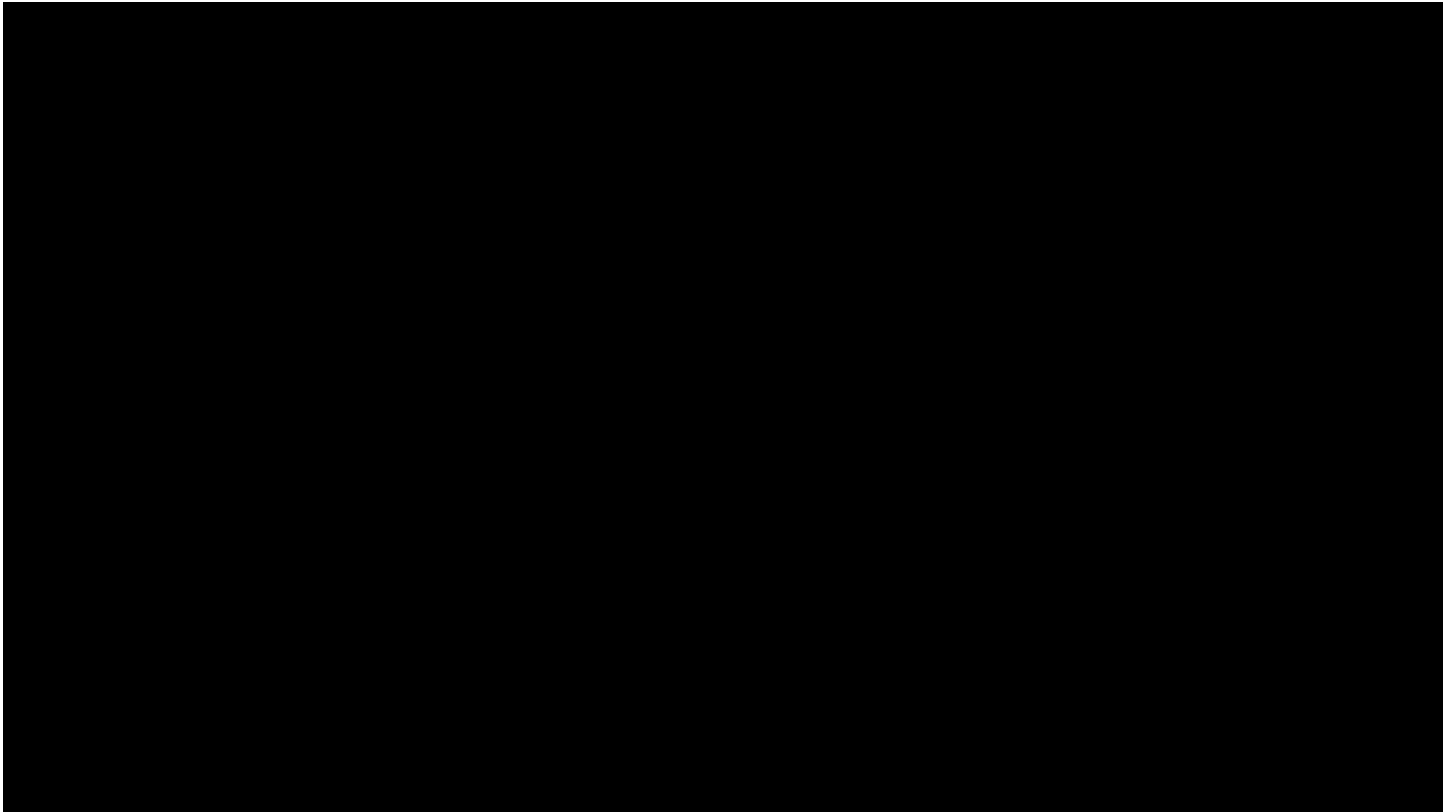
- Current medical information for all players
- Ensure parents and coaches have read and signed off on Rowan's Law
- Ensure parents and coaches have read and signed off Code of Conduct
- Ensure parents and coaches have read and signed off on Return to Play
- Awareness of EAP for the facility
- Fully stocked first aid kit
- Act as the Charge Person in all injury situations
- Fill out injury forms
- Communicate with coach(es) and parents regarding injuries
- Communicate with parents regarding IMHA injury policies
(ie Return to Play, Rowan's Law)

Home team trainer is responsible to communicate with referees about their potential medical needs during the game

Trainer/Coach Relationship

- Trainer is not a coach but can help out at practices
- Trainer is not expected to help out on the ice at practice
- Trainer should have first aid/CPR training if possible
- Trainer must have completed HTCP, Respect in Sport, Gender Identity & Expression, Vulnerable Sector Check
- Games cannot occur without trainer present
- Trainer has last say on playing decisions above parents, coaches and doctors
- Trainer and coaching staff will coordinate roles for EAP ASAP
- A second trainer option would be good on all teams as game cannot happen without a trainer present

Why should I be watching at all times...



Ilderton Arena Emergency Action Plan








13168 Ilderton Road
Ilderton, ON
NOM 2A0
[\(519\) 666-0410](tel:5196660410)

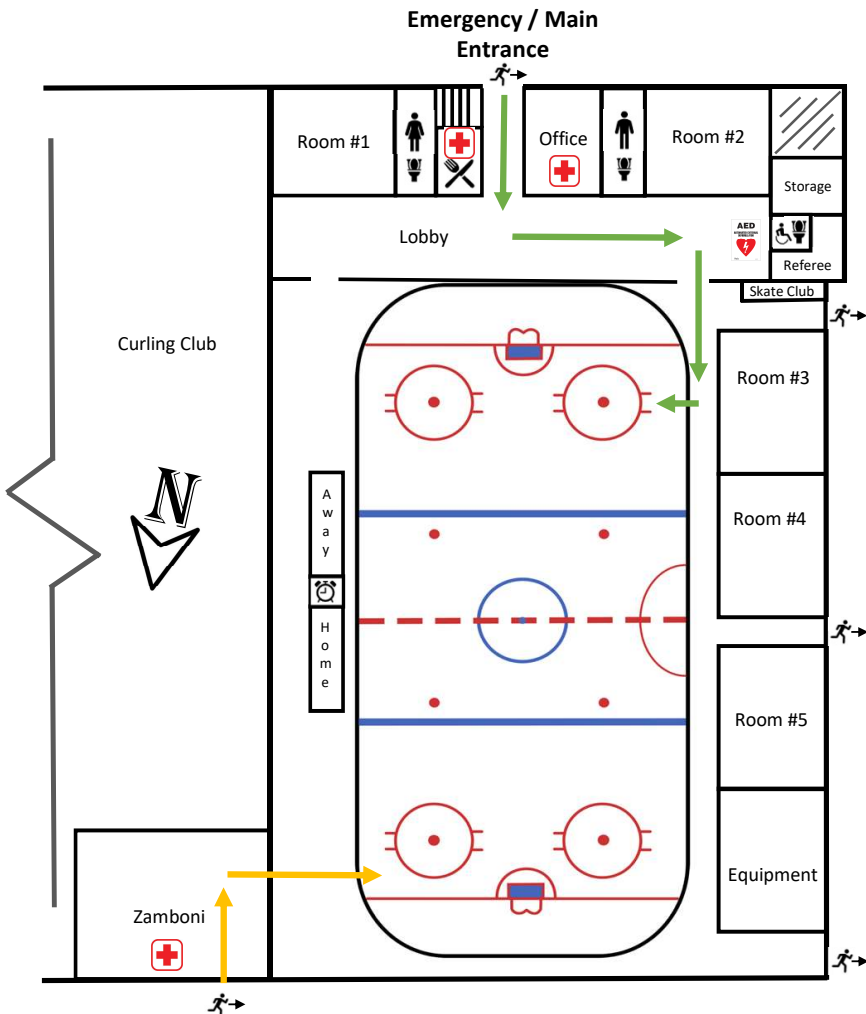
In the case of an emergency the following steps should be taken:

1. **Charge Person** – The most qualified member of the team staff (Trainer) will care for the injured athlete
2. **Control Person** – Will control the scene, including keeping players, coaches, referees and parents away from the injured athlete so the Control Person can do their job. The Control Person is also responsible for retrieving the AED and first aid kit.
3. **Call Person** – will contact Emergency Response (**911**) and communicate important medical information from the Control Person and provide detailed directions to access the injured athlete.

Once 911 has been activated the Emergency Responders will access Ilderton Arena through the front entrance and be directed through the lobby to the left side of the rink surface. The Charge person will relay medical information to the Emergency Responders while the Call Person and Control Person will work together to keep access and exit points clear for the evacuation of the athlete.

Legend...

- Emergency AED... 
- Emergency Route to Ice... 
- Alternate Emergency Route to Ice... 
- Exits... 
- First Aid... 





SAFETY REQUIRES TEAMWORK AN EMERGENCY ACTION PLAN FOR HOCKEY



The coach, manager and safety person should initiate a meeting at the beginning of the season to ensure they have the volunteers required for their Emergency Action Plan.

Equipment Locations

Please locate and identify area on map:

Legend

Phone P
Exits E
First aid... FA
AED. AED



Arena Information

Arena/Facility Name: _____

Address: _____

Telephone Number: _____

Emergency Telephone Numbers

Emergency: _____

Ambulance: _____

Fire Dept: _____

Hospital: _____

Police: _____

General: _____

Roles

Safety Person / Charge Person

- Initially takes control of the situation.
- Instructs player to lay still and bystanders, such as other players, not to move player.
- Do not move the athlete.
- Assess injury status of player, decide if an ambulance/medical care is required.
- If the injury is serious and warrants immediate attention that you are not qualified to provide, make your pre-determined signal to your call person, control person and your pre-determined first aid/medical person.

Call Person

- Makes call when emergency assistance required (tests their cell phone in the facility to ensure it will work).
- Know location of alternate phones in the facility being played in. Have change or a phone card if necessary.
- Ideally at all games and practices and not involved on the bench.
- Has a list of emergency phone numbers in the area of the facility.
- Has a diagram displaying specific directions and best route to the arena facility.

Control Person

- Pre-determine the location of the AED and other emergency equipment in the facility.
- Retrieving the AED and/or first aid kit and bringing to the injured player if requested.
- Seek highly-trained medical personnel in the facility if requested by the Charge Person.
- Ensure teammates, other participants and spectators are not in the way of the charge person.
- Advise opponents, on-ice officials, arena staff and parents of the steps being taken.
- Ensure the quickest and best route for the ambulance crew to the ice surface is clear and accessible.
- Meet the ambulance on its arrival and direct EMS to the injured player.

IMPORTANT REMINDERS

The game official continues to assume the role of being in charge of the overall environment.

It is important for officials to note that if the safety person makes the signal for assistance that there may be a number of pre-determined people who will respond and will require access to the ice.

Once the ambulance is called, the officials should send both teams to their dressing rooms.

See flow chart on reverse

On Ice Safety

- All staff require skates, helmets (with chin strap) and gloves if participating in practice
- Any additional on ice help must be:
 1. At least 2 years older than that age group
 2. Must wear skates, gloves, helmet
 3. If under 14 must wear full equipment
- All gates should be closed during practices
- Adequate water breaks
- Clear view of the playing surface



HOCKEY CANADA INJURY REPORT



See reverse for mailing address

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

CLAIMS MUST BE PRESENTED WITHIN 90 DAYS OF THE INJURY DATE. DATE OF INJURY: ____/____/____
Mo. Day Yr.

INJURED PARTICIPANT: ☐ Player ☐ Team Official ☐ Game Official ☐ Spectator

Name: _____ Birthdate: ____/____/____ Sex: ☐ M ☐ F
Mo. Day Yr.

Address: _____

City / Town: _____ Province: _____ Postal Code: _____ Phone: (____) _____

Parent / Guardian: _____ Email Address: _____

DIVISION

☐ Initiation ☐ Novice ☐ Atom ☐ Pee wee
☐ Bantam ☐ Midget ☐ Juvenile ☐ Junior

CATEGORY

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

BODY PART INJURED

Head ☐ Face ☐ Skull
☐ Eye Area ☐ Throat ☐ Dental

Back ☐ Lower
☐ Neck ☐ Upper

Trunk ☐ Abdomen
☐ Ribs ☐ Chest

Arm: ☐ Left ☐ Collarbone
☐ Right ☐ Elbow
☐ Shoulder ☐ Hand/Finger
☐ Upper arm ☐ Forearm/Wrist

Leg: ☐ Left ☐ Knee
☐ Right ☐ Toe
☐ Shin ☐ Thigh
☐ Other ☐ Foot

Pelvis
☐ Hip
☐ Groin

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

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

Was the injured player in the correct league and level for their age group?

☐ Yes ☐ No

Was this a sanctioned Hockey Canada activity?

☐ Yes ☐ No

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 a 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 photo static/electronic copy of this authorization shall be considered as effective and valid as the original.

Signed: _____

(Parent/Guardian if under 18 years of age)

Date: _____

TEAM INFORMATION

(To be completed by a Team Official)

Association: _____

Team Name: _____

Team Official (Print): _____

Team Official Position: _____

Signature: _____

Date: _____

HEALTH INSURANCE INFORMATION

THIS MUST BE FILLED OUT IN FULL OR FORM PROCESSING WILL BE DELAYED

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 EXPLANATIONS OF BENEFITS.)

Make Claim Payable To: ☐ Injured Person ☐ Parent ☐ Team ☐ Other: _____

Member
APPROVAL



HOCKEY CANADA INJURY REPORT

Participant's name: _____



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 the details of injury (degree): _____

Prognosis for recovery: _____

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

Was the 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 and to the best of my knowledge,

Signed: _____ Date: _____

DENTIST STATEMENT

Limits of coverage: \$1,250 per tooth, \$3,000 per accident. Treatment must be completed within 52 weeks of accident. (Effective September 1st, 2018)

Patient	Dentist	UNIQUE NO. SPEC. PATIENT'S OFFICIAL ACCOUNT NO.
<p>Last name _____ Given name _____</p> <p>Address _____</p> <p>City / Town _____ Province _____ Postal Code _____</p>	<p>I HEREBY ASSIGN MY BENEFITS PAYABLE FROM THIS CLAIM DIRECTLY TO THE NAMED DENTIST AND AUTHORIZE PAYMENT DIRECTLY TO HIM / HER</p> <p>PHONE NO _____</p> <p>SIGNATURE OF SUBSCRIBER _____</p>	
<p>FOR DENTIST USE ONLY - FOR ADDITIONAL INFORMATION, DIAGNOSIS, PROCEDURES OR SPECIAL CONSIDERATION.</p> <p>DUPLICATE FORM <input type="checkbox"/></p>	<p>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.</p> <p>I ACKNOWLEDGE THAT THE TOTAL FEE OF \$ _____ IS ACCURATE AND HAS BEEN CHARGED TO ME FOR THE SERVICES RENDERED.</p> <p>I AUTHORIZE RELEASE OF THE INFORMATION CONTAINED IN THIS CLAIM FORM TO MY INSURING COMPANY/PLAN ADMINISTRATOR.</p> <p>SIGNATURE OF (PATIENT/GUARDIAN) _____ OFFICE VERIFICATION _____</p>	

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	

Mail completed form to: **ONTARIO MINOR HOCKEY ASSOCIATION**
25 Brodie Drive, Unit 3 www.omha.net
Richmond Hill, ON L4B 3K7

Medical form

- To be filled out for every player and member of staff
- Copy kept by team trainer with first aid kit
- Electronic copy of all medicals sent to Head Trainer - one file, not individual medicals

MEDICAL INFORMATION SHEET

Name: _____

Date of birth: Day _____ Month _____ Year _____

Address: _____

Postal Code: _____

Telephone: (____) _____ Cell: (____) _____

Provincial Health Number (optional): _____

Parent/Guardian #1: Name _____

Business Phone Number: (____) _____

Parent/Guardian #2: Name _____

Business Phone Number: (____) _____

Alternate emergency contact (if parents are not available)

Name: _____

Relationship to Player: _____

Telephone: (____) _____ Cell: (____) _____

Doctor's Name: _____

Telephone: (____) _____

Dentist's Name: _____

Telephone: (____) _____

Date of last complete physical examination: _____

Before a player participates in a hockey program it is recommended that they have a medical and that they also have any medical condition or injury problem checked by their family physician

Please check 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 or seizure during or after physical activity

Yes ☐ No ☐ Near fainting or Brownouts

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 ☐ Palpitations or Racing Heart

Yes ☐ No ☐ Family history of heart disease

Yes ☐ No ☐ Family history of unexpected death during physical activity

Yes ☐ No ☐ Family history of unexplained death of a young person

Yes ☐ No ☐ Diabetes – Type 1 _____ Type 2 _____

Yes ☐ No ☐ Wears medical information bracelet/necklace For what purpose? _____

Yes ☐ No ☐ 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 ☐ 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: _____

Recent injuries: _____

Allergies: _____

Any information not covered above: _____

Medical conditions: _____

I understand that it is my responsibility to keep the team Safety Person 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: _____

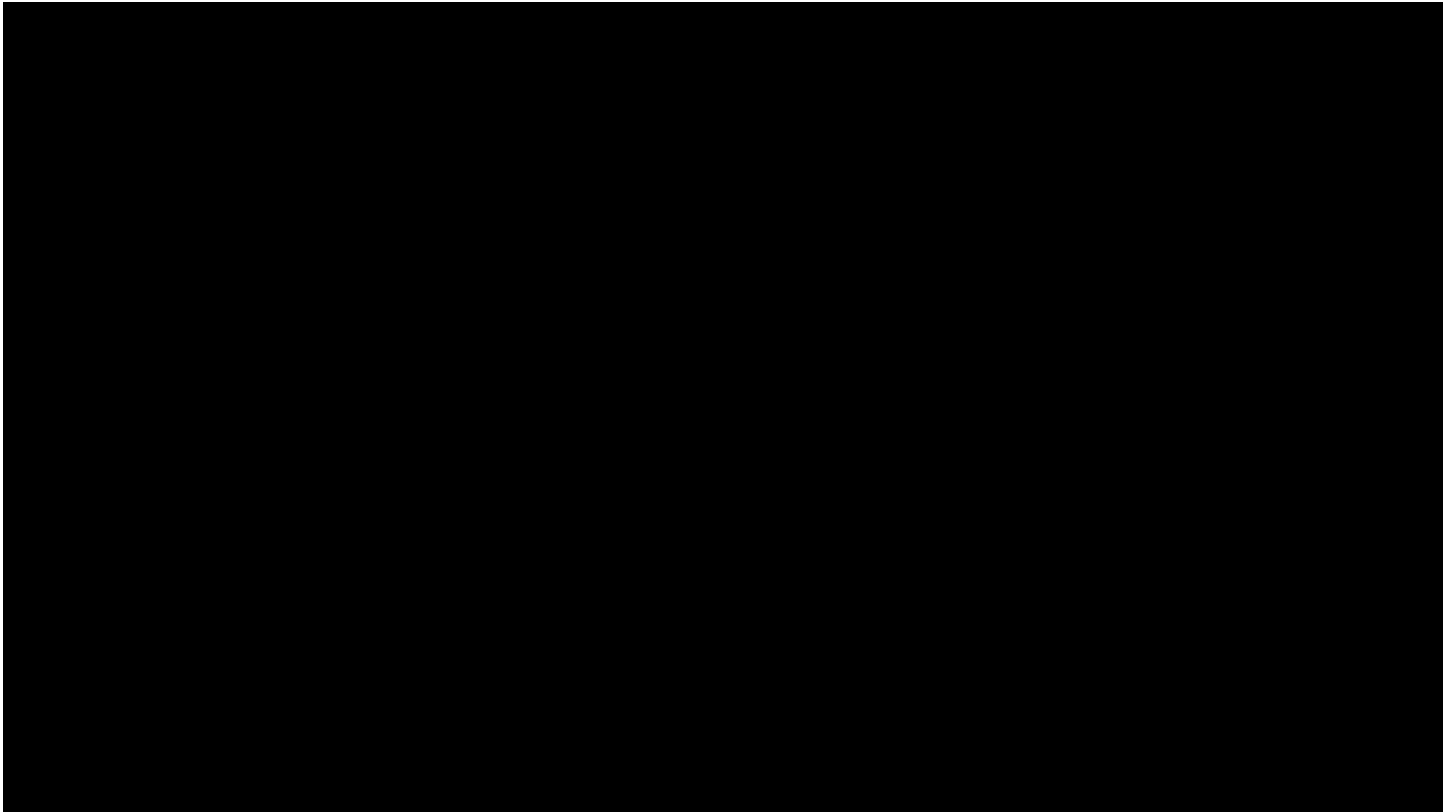
Disclaimer: Personal information used, disclosed, secured or retained by Hockey Canada will be held solely for the purposes for which we collected it and in accordance with the National Privacy Principles contained in the Personal Information Protection and Electronic Documents Act as well as Hockey Canada's own Privacy Policy.

Concussions



"Voila! ... Concussion-proof!"

Concussions



Hockey Canada Concussion Card

CONCUSSION EDUCATION AND AWARENESS PROGRAM

Concussion in Sport

All players who are suspected of having a concussion must be seen by a physician as soon as possible. A concussion is a brain injury.

A concussion most often occurs without loss of consciousness. However, a concussion may involve loss of consciousness.

How Concussions Happen

Any impact to the head, face or neck or a blow to the body which causes a sudden jolting of the head and results in the brain moving inside the skull may cause a concussion.

Common Symptoms and Signs of a Concussion

Symptoms and signs may have a delayed onset (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 have returned to normal.

• A player may show any one or more of these symptoms or signs.

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
- Sleep disturbance

For a complete list of symptoms and signs, visit www.parachutecanada.org

RED FLAGS – If any of the following are observed or complaints reported following an injury, the player should be removed from play safely and immediately and your Emergency Action Plan initiated. Immediate assessment by a physician is required.

- Neck pain or tenderness
- Severe or increasing headache
- Deteriorating conscious state
- Double vision
- Seizure or convulsion
- Vomiting
- Loss of consciousness
- Increasingly restless, agitated or combative
- Weakness or tingling/burning in arms or legs

Concussion – Key Steps

- Recognize and remove the player from the current game or practice.
- Do not leave the player alone, monitor symptoms and signs.
- Do not administer medication.
- Inform the coach, parent or guardian about the injury.
- The player should be evaluated by a medical doctor as soon as possible.
- The player must not return to play in that game or practice, and must follow the 6-step return to play strategy and receive medical clearance by a physician.

6-Step Return to Play

The return to play strategy 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!

IMPORTANT – CONSULT WITH THE TREATING PHYSICIAN ON RETURN TO LEARN PROTOCOLS. PLAYERS SHOULD HAVE THE ABILITY TO RETURN TO SCHOOL FULL TIME PRIOR TO PROCEEDING THROUGH STEPS 5 AND 6 OF THE RETURN TO PLAY STRATEGY.

IMPORTANT – FOLLOWING A CONCUSSION AND PRIOR TO STEP 1 A BRIEF PERIOD OF PHYSICAL AND MENTAL REST IS RECOMMENDED.

- STEP 1** Light activities of daily living which do not aggravate symptoms or make symptoms worse. Once tolerating step 1 without symptoms and signs, proceed to step 2 as directed by your physician.
- 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 written note).
- STEP 5** Begin drills with body contact.
- STEP 6** Game play. (The earliest a concussed athlete should return to play is one week.)

Note: Players should proceed through the return to play steps only when they do not experience symptoms or signs and the physician has given clearance. Each step should be a minimum of one day (but could last longer depending on the player and the situation). If symptoms or signs return, the player should return to step 2 and be re-evaluated by a physician.

IMPORTANT – Young players will require a more conservative treatment. Return to play guidelines should be guided by the treating physician.

Prevention Tips

Players

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

Coach/Trainer/Safety Person/Referee

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



Education Tips
HOCKEY CANADA CONCUSSION RESOURCES
www.hockeycanada.ca/concussion

PARACHUTE CANADA
www.parachutecanada.org
Revised June 2018. Item #55711

Rowan's Law

- Concussion Awareness Resource
 1. Ages 10 and Under
 2. Ages 11-14
 3. Ages 15 and up
- Once the document has been read the parents and child must sign off. Form is on the website
- Trainer's and coaches should familiarize themselves with Rowan's Law and the processes involved
- www.ontario.ca/page/rowans-law-concussion-safety

Requirements for Sport Organizations

Ontario is a national leader in concussion management and prevention. Rowan's Law (Concussion Safety), 2018 makes it mandatory for sports organizations to:

1. Ensure that athletes under 26 years of age,* parents of athletes under 18, coaches, team trainers and officials confirm every year that they have reviewed Ontario's Concussion Awareness Resources

Parents, coaches and trainers of IMHA will read and sign of at start of each season

2. Establish a Concussion Code of Conduct that sets out rules of behaviour to support concussion prevention

Education and awareness initiatives will be found on bulletin board and on ildertonjets.com under trainer's tab

3. Establish a Removal-from-Sport and Return-to-Sport protocol

available at ildertonjets.com under the trainers tab



CONCUSSION AWARENESS APP



Be smart, stay safe,
have fun, and be respectful
of everyone on the ice.

VISIT: [HOCKEYCANADA.CA/CONCUSSION](https://www.hockeycanada.ca/concussion)

So what do I need to do now??

- Medical Forms
- Rowan's Law – read by parent and child
 - Sign acknowledgement form
- OHF Code of Conduct, RTP Document
- Collect signatures on Preseason Sheet
- Forward to Head Trainer
 1. Copy of medical files (all in one document)
 2. Copy of Preseason Signoff Sheet

Preseason Signoff – Review and Discussion of OHF Concussion Awareness Resources, Code of Conduct and Related Removal/Return to Play Protocols

[insert TEAM NAME] (insert LAST NAME COACH)

[illegible]

Future of IMHA Trainer's Requirement

- Action Clinic October ✓
- First Aid/CPR & AED training