HOCKEY TRAINERS CERTIFICATION PROGRAM

Revised April 2013

Participant's Manual

"SAFETY REQUIRES TEAMWORK"

"SPEAK OUT!
It's more than just a game"

HOCKEY DEVELOPMENT CENTRE ONTARIO

www.hdco.on.ca

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SHOP ONLINE RESOURCES

- Manuals / Videos / DVDs
- First Aid Kits
- Hygiene Products

PROGRAM INFORMATION

- Levels 1, 2 and 3 Overview
- Equivalency Policy
- Recognized First Aid Providers

DOWNLOADS

- Arena Safety Checklist
- Canada's Food Guide
- Concussion Education and Awareness Program
- Emergency Action Plan for Hockey
- Guide to Fitting Hockey Equipment
- HTCP Information Guide
- Medical Information Files & Injury Reporting
- Return to Play Form
- Safety Requires Teamwork Booklet

HOCKEY TRAINERS CERTIFICATION PROGRAM
HTCP

HOCKEY DEVELOPMENT CENTRE ONTARIO

MISSION STATEMENT

"The Hockey Trainers Certification Program will endeavour to provide the amateur hockey volunteer a simple, effective approach to the prevention and management of injuries in hockey, understanding risk management principles and the Speak Out program. The HTCP strives to be an educational program for the purposes of increasing communication, awareness, personal knowledge and as an end result enhancing a safe, positive environment with respect and encouragement for hockey volunteers and participants in Ontario."

HOCKEY TRAINERS CERTIFICATION PROGRAM

Participant's Manual
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1.0 PURPOSE OF THE PROGRAM

The Hockey Trainers Certification Program is a risk management and safety education program for the volunteer Hockey Trainer on all minor, junior, female and senior hockey teams. The goal of the program is to have you, the Hockey Trainer, ensure safety is your primary responsibility and first priority during all hockey related activities, both on and off the ice.

All Hockey Trainers should utilize a proactive, preventative approach to safety while being prepared to react in the event of accidents, injuries or medical emergencies.

1.1 Hockey Trainer's Responsibilities

As a Hockey Trainer and team official you must play a leadership role in implementing effective risk management programs with your own teams, enhancing the safety of players and all involved in amateur hockey.

The following are some responsibilities that the Hockey Trainer should assume:

- Implement an effective Risk Management program with your team that strives to prevent injuries and accidents before they happen.
- Assume a proactive role in identifying and minimizing or eliminating risks during all activities, and if ever in doubt, always err on the side of caution.
- Promote and reflect the values of Fair Play and strive to instil these values in all participants and others involved in amateur hockey.
- Ensure that all players are provided with meaningful opportunities and enjoyable experiences free from physical and/or emotional maltreatment.
- Conduct regular checks of players' equipment to ensure proper fit, protective quality and maintenance, and advise players and parents regarding the selection or replacement of equipment.
- Promote proper conditioning, warm-up, and cool down techniques as effective methods of injury prevention.
- Maintain accurate medical information files on all players and team officials and bring these to all team activities.
- Maintain a Player Injury Log.
- Maintain a fully stocked First Aid Kit and bring it to all team activities.
- Implement an effective Emergency Action Plan with your team and practice it regularly to ensure all involved understand their roles and are prepared to act promptly when an incident occurs.
- Recognize life-threatening and significant injuries, and be prepared to deal with serious injury.
- Manage minor injuries according to basic injury management principles and refer players to medical professionals when necessary.
- Recognize injuries that require a player to be removed from action. Refer players to medical professionals and coordinate return to play.
- Promote a healthy lifestyle with all hockey participants by being a good role model and by educating participants regarding hygiene, performance-enhancing substances, drug and alcohol abuse, nutrition and hydration.
- Facilitate communication with players, coaches, parents, physicians, therapists, paramedical personnel, officials and other volunteers regarding safety, injury prevention and player's health status.
- Act as a Hockey Trainer for both your team and your opponents if only one Hockey Trainer is present.

The Hockey Trainers Certification Program is based on the following Code of Ethics for hockey. You must understand and abide by these principles at all times.

1.2 Hockey Trainer's Code of Ethics

1) ***Strive to enhance the safety of all hockey participants at all times.***

2) ***Use only those techniques that you are qualified to administer.***

3) ***Always err on the side of caution and never practice any behaviour that may ultimately harm a participant or worsen an injury.***

4) ***Never mislead or lie about your qualifications, education or professional affiliations.***

5) ***Strive to achieve the highest level of competence and continue to educate yourself to update and improve your skills.***

6) ***Strive to promote the values of Fair Play, integrity and friendship in hockey, and never condone, encourage, engage in or defend unsportsmanlike conduct, including the use of performance enhancing substances.***

7) ***Always put the player's best interest first and ensure that all players are treated with respect and integrity; free from any form of physical and/or emotional maltreatment.***

8) ***Never practice, condone, defend or permit discrimination on the basis of race, colour, sex, age, sexual orientation, religion or ethnic origin.***

9) ***Respect all participant information as confidential. Such information shall not be disclosed to any person without the consent of the participant and their parents or guardians, except where required by law or in the event of an emergency.***

2.0 FAIR PLAY

2.1 What Is Fair Play?

Fair Play is a universal concept that forms the foundation for all sport. Fair Play does not change the rules of the game. Fair Play goes far beyond scoring and winning, it is about the development of skills and character, on and off the ice, that lead to a life long enjoyment of sport and recreation. Fair Play allows all athletes the same opportunity to develop skills, the chance to display those skills in an atmosphere of respect, and to develop an appreciation for the efforts of all participants.

INTEGRITY, FAIRNESS and **RESPECT** are the principles of Fair Play and are reflected by five simple statements:

1. Respect the rules.
2. Respect the officials and their decisions.
3. Respect your opponent.
4. Give everyone an opportunity to participate.
5. Maintain your self control at all times.

Participants learn best by seeing and doing. Therefore sport offers an excellent opportunity for us to teach the lifetime values of Fair Play in a way that is both effective and fun. As participants interact with one another they learn ethical choices that shape their character as they mature.

While we are developing the hockey players of today, we are building the citizens of tomorrow.

- If participants see all members of the team being given a turn they will learn to treat people equally and fairly.
- If participants learn the importance of the rules in a game they will learn to respect and value the rules of society.
- If participants are rewarded for playing fairly they will learn the values of honesty and integrity.
- If participants are recognized for their efforts they will learn to respect themselves and their opponents in victory and defeat.

The Hockey Trainer must be proactive and a good role model in the promotion of the values of Fair Play. When all those involved in amateur hockey understand, accept and abide by the rules of Fair Play it leads to the development of attitudes that make the game safer and more enjoyable for all.

2.2 Fair Play Is Everyone's Call

The following are Fair Play codes for players, parents, spectators, coaches, officials, and league organizers. As a Hockey Trainer you play an important role in helping to create a positive environment by distributing the appropriate codes to the players and parents on your team.

Fair Play Code
for players

1) I will play hockey because I want to, not just because others or coaches want me to.
2) I will play by the rules of hockey and in the spirit of the game.
3) I will control my temper - fighting and "mouthing off" can spoil the activity for everybody.
4) I will respect my opponents.
5) I will do my best to be a true team player.
6) I will remember that winning isn't everything - that having fun, improving skills, making friends and doing my best are also important.
7) I will acknowledge all good plays and performances - those of my team and of my opponents.
8) I will remember that coaches and officials are there to help me. I will accept their decisions and show them respect.

FAIR PLAY IS EVERYONE'S CALL

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Fair Play Code
for parents

1) I will not force my child to participate in hockey.
2) I will remember that my child plays hockey for his or her enjoyment, not for mine.
3) I will encourage my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
4) I will teach my child that doing one's best is as important as winning so that my child will never feel defeated by the outcome of a game.
5) I will make my child feel like a winner every time by offering praise for competing fairly and trying hard.
6) I will never ridicule or yell at my child for making a mistake or losing a game.
7) I will remember that children learn best by example.
8) I will applaud good plays/performances by both my child's team and their opponents.
9) I will never question the officials' judgement or honesty in public.
10) I will support all efforts to remove verbal and physical abuse from children's hockey games.
11) I will respect and show appreciation for the volunteer coaches who give their time to coach hockey for my child.

FAIR PLAY IS EVERYONE'S CALL

Fair Play Code
for spectators

1) I will remember that participants play hockey for their enjoyment. They are not playing to entertain me.
2) I will not have unrealistic expectations. I will remember that players are not professionals and cannot be judged by professional standards.
3) I will respect the officials' decisions and I will encourage participants to do the same.
4) I will never ridicule a player for making a mistake during a game.
5) I will give positive comments that motivate and encourage continued effort.
6) I will condemn the use of violence in any form and will express my disapproval in an appropriate manner to coaches and league officials.
7) I will show respect for my team's opponents, because without them there would be no game.
8) I will not use bad language, nor will I harass players, coaches, officials or other spectators.

FAIR PLAY IS EVERYONE'S CALL

HOCKEY DEVELOPMENT CENTRE ONTARIO

Fair Play Code
for coaches

1) I will be reasonable when scheduling games and practices, remembering that players have other interests and obligations.
2) I will teach my players to play fairly and to respect the rules, officials and opponents.
3) I will ensure that all players get equal instruction, support and playing time.
4) I will not ridicule or yell at my players for making mistakes or for performing poorly. I will remember that players play to have fun and must be encouraged to have confidence in themselves.
5) I will ensure that equipment and facilities are safe and match the players' ages and abilities.
6) I will remember that participants need a coach they can respect. I will be generous with praise and set a good example.
7) I will obtain proper training and continue to upgrade my coaching skills.
8) I will work in cooperation with officials for the benefit of the game.

FAIR PLAY IS EVERYONE'S CALL

Fair Play Code
for officials

1) I will ensure that every player has a reasonable opportunity to perform to the best of his or her ability within the limits of the rules.
2) I will avoid or put an end to any situation that threatens the safety of the players. I will maintain a healthy atmosphere and environment for competition.
3) I will not permit the intimidation of any player either by word or by action. I will not tolerate unacceptable conduct toward officials, other players, spectators or myself. I will be consistent and objective in calling all infractions, regardless of my personal feelings toward a team or individual player.
4) I will handle all conflicts firmly but with dignity. I accept my role as a teacher and role model for fair play, especially with young participants.
5) I will be open to discussion and contact with the players before and after the game.
6) I will remain open to constructive criticism and show respect and consideration for different points of view.
7) I will obtain proper training and continue to upgrade my officiating skills.
8) I will work in cooperation with coaches for the benefit of the game.

FAIR PLAY IS EVERYONE'S CALL

HOCKEY DEVELOPMENT CENTRE ONTARIO

Fair Play Code
for league organizers

1) I will do my best to see that all players are given the same chance to participate, regardless of gender, ability, ethnic background or race.
2) I will absolutely discourage any sport program from becoming primarily entertainment for the spectator.
3) I will make sure that all equipment and facilities are safe and match the athletes' ages and abilities.
4) I will make sure that the age and maturity level of the participants are considered in program development, rule enforcement and scheduling.
5) I will remember that play is done for its own sake and make sure that winning is kept in proper perspective.
6) I will distribute the Fair Play codes to spectators, coaches, athletes, officials, parents and media.
7) I will ensure that coaches and officials are capable of promoting fair play as well as the development of good technical skills and I will encourage them to become certified.

FAIR PLAY IS EVERYONE'S CALL

Fair Play Code
for hockey trainers

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

FAIR PLAY IS EVERYONE'S CALL

Expanded Thought:

1. The Hockey Trainers Certification Program is committed to the values of safety, enjoyment, Fair Play, education and integrity in the game of hockey.

   Using these values and the Fair Play Codes in this module as examples, develop a Fair Play Code for the Hockey Trainer on the preceeding page.

2. What can you do as a Hockey Trainer to promote the values of Fair Play on your team?

   - _____
   - _____
   - _____

3.0 RISK MANAGEMENT: SAFETY REQUIRES TEAMWORK

Accidents can happen anywhere, anytime, to anyone. In sports that involve physical contact the risk of accidents is heightened, as is the potential for serious injuries. Catastrophic injuries, such as spinal injuries, inflict tremendous hardships on injured parties and their families. Serious injuries also carry the risk of litigation, where people and organizations are sued for negligence.

Risk management is a **proactive** approach which eliminates or minimizes risks in an activity. The ultimate goal of risk management is to create safe environments which lead to the prevention of accidents and injuries before they happen.

To ensure that all hockey activities (games, practices, off ice training) are planned and conducted safely, an effective risk and safety management process must be implemented. You, as the Hockey Trainer, must be able to identify the range of risks and hazards, both actual and potential, to which players are exposed. It is also important to ensure that all your activities are properly sanctioned to ensure that insurance coverage is in place.
(refer to Module 4 – "When are you covered")

3.1 Risk Management - What Is It?

DEFINITION

Risk management is the process by which an organization identifies, assesses, controls, eliminates or minimizes the risk of bodily injury or financial loss arising from its activities.

Within the HTCP, each Branch, Association, League or Team must take steps to review its activities, programs and operating procedures (including facilities and staff) to identify, understand, and eliminate or minimize the everyday risks confronted in operating an organized hockey program.

Step 1: **Identify** the risks connected with an activity (e.g. game, practice, dressing room, parking lot, travel plans, fundraisers, dry land training)

Step 2: **Assess** the relative significance of all on-ice and off-ice risks.

Step 3: **Eliminate** or **minimize** identified risks. Our primary goal should always be to work to eliminate the risk. If that is not possible then we must take steps to minimize the risk to avoid accident or injury.

Step 4: **Provide insurance** as protection against unavoidable risks.

The first 3 steps MUST be carried out effectively or no insurance, nor other funds which may be set aside, will be adequate for the purpose of insuring against unavoidable risks. No funds would be able to contain the claims costs that would arise from a risk exposure that is uncontrolled and unmanaged. A proactive, preventative approach must be taken to ensure safety is the first priority, on and off the ice at all times.

RISK MANAGEMENT IS OUR FIRST LINE OF DEFENCE. INSURANCE IS OUR LAST LINE OF DEFENSE...THE "SAFETY NET" WHEN ALL RISK MANAGEMENT EFFORTS HAVE FAILED.

3.2 Risk Management – Think Safety

Risk management is not a one-time activity, it is an ongoing process - like electricity, it is present for as long as we are prepared to generate it. The best approach is a common sense approach - be aware of all risks involved in a hockey-related activity, and whenever you are in doubt, always err on the side of caution and never take any chances. Safety should be your top priority at all times. Think safety with everything you do.

In order to be proactive and prepare yourself for any situation that arises, on or off the ice, it is important to thoroughly analyze:

- The activity
- The equipment
- The environment
- The participants – players and officials
- The spectators
- Available resources

so that unacceptable risk factors can be identified, removed, avoided or suitably controlled.

3.2.1 On-ice Safety

As a Hockey Trainer, you must play a leadership role in the identification and elimination or minimization of risks during all on-ice activities, including both games and practices.

Areas of risk include:

- The facility
- Player supervision

THE FACILITY

Before and during all games and practices, check and monitor the playing area to ensure that:

- the ice surface is free from debris, bumps, ruts or bare spots
- all rink gates are securely closed and will open and close easily
- there are no protrusions from the glass, boards, nets or ice surface
- proper lighting is in use at all times
- there is no debris on the floor of the players' bench area that may become stuck on the blades of skates or damage skate blades
- facility management has been monitoring air quality for dangerous emissions or gases and you are aware of the symptoms of toxic gas poisoning such as headache, nausea, and dizziness.
- you notify facility management of risks that require the intervention of staff (e.g. defective lighting or heating). For more serious on ice risks, facility management should be notified immediately and players should not be allowed on the ice until the risk is eliminated. Always follow-up in writing when informing facility management of any safety risks, and copy your letter to both your Association and Branch.

NOTE: Utilize the following Arena Safety Checklist to help you identify and monitor risks within the arena facility

ARENA SAFETY CHECKLIST

Name of Facility _____

Address _____

Facility Manager _____

Date of Inspection _____ By whom _____

Position _____

FINDINGS:

Area	Condition			Notes/Comments
	Good	Acceptable	Unacceptable	
Ice Condition	☐	☐	☐	_____
Breakaway nets	☐	☐	☐	_____
Boards	☐	☐	☐	_____
Lighting	☐	☐	☐	_____
Benches	☐	☐	☐	_____
Gates	☐	☐	☐	_____
Glass enclosures	☐	☐	☐	_____
Air quality	☐	☐	☐	_____
Penalty boxes	☐	☐	☐	_____
Officials' box	☐	☐	☐	_____
Evacuation procedure	☐	☐	☐	_____
Emergency exits	☐	☐	☐	_____
First Aid Room	☐	☐	☐	_____
First Aid Equipment	☐	☐	☐	_____
Telephone	☐	☐	☐	_____
Heating system	☐	☐	☐	_____
Dressing rooms (Washroom toilet stalls, sinks and shower area)	☐	☐	☐	_____
Other danger areas	☐	☐	☐	_____

AED in Arena Yes ☐ No ☐

Location: _____

_____

Report filed with _____ Date _____

(e.g., Branch, Rink Manager, etc.)

Response requested ☐ Yes ☐ No

Action Taken

_____

_____

_____

PLAYER SUPERVISION

- Ensure that players are supervised at all times in an agreed upon ratio according to the age of the players.
- Never allow anyone onto the ice surface until the ice-resurfacing machine has left the playing area and all rink gates are securely closed.
- Never allow players to sit on the boards.
- Ensure that all players wear all protective equipment at all times during all games and practices.
- Any players with long hair should keep it tied back and loosely tucked (so as not to restrict head and neck movement) inside the jersey. This reduces the danger of loose hair becoming caught in equipment or other obstructions.
- Players should remove **all** removable jewellery before participating in any activities. An exception to this would be medical information bracelets. The player should be advised to obtain a type that has been made specifically for sports activities. (An athletic wristband should also be worn to cushion the bracelet and protect the player).
- Have sufficient amounts of water available for players at all games and practices: tired, dehydrated players are more susceptible to injury.
- Players must never bump, shove or push an opponent from behind, especially one who is in the danger zone 3-4 meters in front of the boards.
- Players should not chew anything which could cause an airway obstruction such as candy, gum or chewing tobacco during practices and games.
- Work with the coaching staff to educate players about the dangers of checking from behind and hits to the head.
- When going onto the ice surface to attend to an injured player, proceed with caution and obtain the assistance of a player or official to guide you. Never run on the ice surface. It is highly recommended that you wear footwear that will provide increased traction on ice.
- Always be aware when in the bench area: be prepared to react in order to avoid pucks or other objects that may enter the area.
- Never allow anyone who is under the influence of alcohol or drugs to participate in any hockey-related activities.
- Team officials should never consume alcohol or drugs before participating in hockey-related activities.

3.2.2 Off-ice Safety

Risk management is an ongoing process that does not start or end with on-ice activities. As a Hockey Trainer, you have a responsibility to identify, eliminate or minimize risks involved with off-ice activities.

Areas of risk include:

- The dressing room/facility
- Travel
- Off-ice training and team activities

DRESSING ROOM

- Ensure that as team officials you establish strict rules against horseplay in the dressing room, that the dressing room floor is free from debris, and players are cautioned against walking around while wearing skates.
- If you work with a team that includes both males and females, ensure that any separate dressing areas are safe and supervised.
- Integrated teams (teams with males and females) must have comparable facilities for both genders. In the event that shower/dressing rooms are limited, each gender should take turns using the shower/dressing room.
- Ensure that hallways leading to the playing area feature rubber padding or another non-slip surface for players to walk on. Also ensure that this surface is free from debris, bumps or ruts and that proper lighting is in use.
- Dressing rooms should be kept to safe standards: well lit, appropriately heated, maintained and regularly cleaned. In most cases, this is the responsibility of the facility staff. However, the dressing room should be maintained with the following in mind:
  - The locker room should be cleaned and disinfected daily (including lockers and benches).
  - The floor should be damp mopped daily.
  - Carpeted areas should be vacuumed daily (antifungal carpets are recommended).
  - Any concerns should be reported to facility staff and followed up in writing to your association.
- Know the location of all fire exits, first aid/treatment rooms and First Aid Kits within every arena facility.

TRAVEL / ROAD TRIPS

- Never have alcohol in your possession or allow any player or team staff member to have alcohol in their possession while travelling to and from the arena or at the arena.
- Alcohol should not be consumed at any hockey-related activities.
- Never allow anyone who is under the influence of alcohol or drugs to participate in any hockey-related activities or to operate a motor vehicle.
- Care should be exercised when allowing injured players to operate a motor vehicle.
- Before travelling to hockey-related activities monitor weather and road conditions. Never take any chances with poor travelling conditions and recruit reliable adults to transport players. Consult with the coaching staff and the team manager.
- When planning overnight trips ensure that your team rooms are all booked on the same floor or in the same area of the hotel and that players are supervised at all times by reliable, responsible adults. Know the location of all fire exits within the hotel.

- Communicate with the parents of players with special needs (e.g. asthma, food allergies) to ensure that any illnesses or other needs are attended to. If players will be staying with billets, ensure billets are aware of any special needs or illnesses and that all medicinal guidelines are followed.
- Ensure proper guidelines and ground rules are in place when players will be staying with billets, including screening of billets and rules for billets and players.
- Take your First Aid Kit and medical information files to all hockey-related activities and know emergency telephone numbers and the location of hospitals or other emergency treatment facilities where you are travelling.

TRAINING AND OTHER TEAM ACTIVITIES

- Ensure that all team activities are properly sanctioned/approved by your Branch or association well in advance. **Note: Sanctioned events take place within clearly defined parameters set out by your Branch and its constituents.** These can include association, team and league scheduled practices, games, evaluations/tryouts and related activities. These activities, which would qualify as "normal" hockey program delivery, all fall within the scope of regular day to day operations of a minor hockey association, team and league and do not require specific sanctioning authority. Teams should contact their Branch office for approval of fundraising or any activity (i.e. dry land training) which falls outside the normal activities.
- Ensure that all off ice training sessions and activities are appropriate for the age and developmental stage of your players and that players are constantly supervised while using any equipment. Never have players run near traffic. Be familiar with the facility or terrain used for training sessions and ensure a safe environment prior to the activity (much the same as you would for any on ice activity).
- Always have sufficient amounts of water available for players to re-hydrate.
- The use of oxygen tanks, cylinders or any form of supplemental oxygen is strictly prohibited under any circumstances within all hockey related activities. Extra oxygen provides no added benefit to players, and tanks and cylinders pose a serious safety hazard if dropped, bumped or exposed to an open flame. If anyone requires oxygen for emergency medical purposes, activate your Emergency Action Plan and qualified emergency medical personnel will bring and administer oxygen.
- All activities, which take place in a facility other than the regular "home" facility, should be scheduled in advance with players and parents/guardians. As any out-of-program contact between personnel and players runs the risk of being misinterpreted, it is recommended that personnel limit contact with players to official team activities (games, practices, training sessions, meetings and team social activities.)

In all instances where a risk is identified, and if you (or another participant or volunteer) can eliminate or minimize the risk, you should do so before allowing athletes to participate in the activity.

Expanded Thought:

1. Identify three on ice risks and three off ice risks specific to your team and rate/assess their significance

	RISK	SIGNIFICANCE
On ice:		
1.	_____	_____
2.	_____	_____
3.	_____	_____
Off ice:		
1.	_____	_____
2.	_____	_____
3.	_____	_____

Think about what you need to do to eliminate or minimize these risks this season.

2. Your Midget AAA team is away on a tournament in a city with a major junior team. Your manager has arranged for a ticket for any players and team officials who wish to attend the game. It is a 15 minute walk from your hotel. What are the areas of risk you need to consider?

_____

_____

_____

_____

_____

_____

4.0 MEDICAL INFORMATION FILES AND INJURY REPORTING

As a Hockey Trainer, it is essential that you have as much information as possible about your players and team officials. This not only helps you to be aware of special conditions or previous injuries, but also provides you with important information in the event of a medical emergency. By compiling and maintaining a medical information file on each player and team official, you will equip yourself with information that is vital to the safety and well-being of everyone involved with your team, especially your players.

Here are some key guidelines to follow with your medical information files:

- Remember that a player's medical information is strictly confidential, and only the Hockey Trainer and player's parents/gaurdians should have access to the medical information file.
- If players do not have a complete physical examination on an annual basis, strongly encourage parents to have their family physician examine the player and certify them as physically fit to participate in hockey.
- Players with medical conditions and recent injuries should have a medical examination before the season and have approval from their physician to participate.
- Pregnant women should consult their physician before engaging in any on-ice activities.
- Communication is essential when developing your medical information files and following-up on injuries, treatment and rehabilitation.
    - Work with parents and players to ensure that all information regarding special needs, illnesses, and previous injuries are included in your files. Emphasize the need to be updated regarding the treatment and development of injuries or changes in the health status of the player.
    - When dealing with the removal of players from action due to injury, or coordinating their return to play, be proactive in communicating with parents and coaches. Take the initiative and always keep them informed.
- Make sure that you review your medical information files regularly and are aware of all special needs, illnesses and previous injuries. Take your medical information files to all team activities and keep them in your possession while travelling. Always carry a copy of the original form in case you need to release that information to medical professionals.
- Utilize your medical information files to help you ensure that players with health issues such as asthma, diabetes, epilepsy and all allergic conditions are properly cared for, especially if they require medicine such as inhalers for asthma. Also be aware of any signs or symptoms that signal that the player is having difficulties which would require their removal from action.
- Document all injuries that require medical attention as well as injuries that require removal from play and ensure that the proper accident report forms are completed. In addition, all player injuries/incidents should be recorded on a player/team injury log (included in this section). The log can be attached to each player's medical information file to help keep track of individuals and their injuries or a separate form can be used to keep track of what happens during each practice/game.
- If you remove a player from action because of serious injury or illness, the player should not be allowed to return to play without a medical clearance. Clearly communicate the need for such medical permission to coaches and parents.
- In the case of a suspected concussion, it is strongly recommended that the player not be allowed to return to play without physician's note. (Refer to Concussion Section)
- Medical information files should be returned to the parents or player at the conclusion of the season.

NOTES

MEDICAL INFORMATION SHEET

Name: _____

Date of birth: Day _____ Month _____ Year _____

Address: _____

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

Parent's Name: _____ Parent's Name: _____

Business Telephone Numbers: Parent/Guardian #1 _____ Parent/Guardian #2 _____

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 TRAINERS CERTIFICATION PROGRAM
Player / Team Injury Log

Player/Team: _____ Hockey Trainer: _____

Date	Name	Injury Description	Management (ice/bandage/tape)	Follow-up/ Recomendations	Hockey Canada Injury Report and HTCP IDCP Report Form Submitted	Return to play form		Hockey Trainers Initials
						Requested	Received	

Note: This log should report, **at minimum**, each time;

- A player is removed for the remainder of the game due to an injury sustained during play.
- A player is injured during a practice whether on or off ice.
- A player is forced to leave a game or practice for unknown medical reasons.
- A player is injured during a hockey related event.

Note: If an injury requires medical referral and/or hospitalization, complete and submit a Hockey Canada Injury Report.

NOTES

4.1 HOCKEY CANADA INJURY REPORT

The Hockey Canada Injury Report relates specifically to the Hockey Canada National Insurance Program and allows an individual, for whom a premium has been paid, to access the Hockey Canada Major Medical and Dental coverage.

- The Injury Report should be completed and submitted whenever a player, coach or other team official who is registered with a team is injured during a hockey-related activity, and:
  - Incurs expenses beyond those covered by provincial health care insurance or any other supplementary insurance they may possess (E.g. Blue Cross, company dental plans).
  - Or if the injured party reasonably foresees expenses in the future which will not be covered by provincial health care or group health care.
  - Or as directed by your Branch injury reporting procedures.
- As the team Hockey Trainer you should carry sufficient forms with you at all times. Forms are available through your local association. If none are available, contact your local Branch office.

How To Make A Claim

- Secure a Hockey Canada Injury Report and complete the two-sided form in its entirety. Have a team official (coach, manager, or yourself) complete the team official section, and the injured party's doctor or dentist complete the back.
- Submit the fully completed form to your **Member Office.** (Refer to front of manual for applicable address). The Injury Report Form must include any original receipts and invoices, and must be received by Hockey Canada **within 90 days of the date of the accident**. The form must be completed in its entirety or it will be returned.
- ***NOTE: Hockey Canada is strictly a supplemental insurer. If an injured party has access to any other insurance, they must pursue it through such insurance first. Hockey Canada shall cover those costs not covered by an injured party's primary insurance to Hockey Canada policy limits.***
- For more information regarding the Hockey Canada National Insurance Program, please refer to the booklet "Safety Requires Teamwork" which is available online.

When are you covered?

1. Hockey Canada/ Branch **sanctioned events** when playing member teams only.
2. Transportation directly to and from the arena or venue.
3. Accommodations while billeted or at a hotel during a Hockey Canada/Branch sanctioned hockey activity.

Note: Sanctioned events take place within clearly defined parameters set out by your Branch and its constituents. These can include association, team and league scheduled practices, games, evaluations/tryouts and related activities. These activities, which would qualify as "normal" hockey program delivery, all fall within the scope of regular day to day operations of a minor hockey association, team and league, and do not require specific sanctioning authority. However, program extensions such as dry land training camps, exhibition games and tournaments, all require separate specific sanctioning.

It is understood that in the course of annual programming many team, association, and league activities can fall outside what is considered to be normal programming. These kinds of activities usually occur away from the arena venue and in the surrounding community where opportunities exist to enhance the programs offered to our teams.

It is important that you check with your Branch or Minor Hockey Association if planning an event outside of normal programming.

NOTES

HOCKEY CANADA INJURY REPORT

PAGE 1/2

Contact your minor association or Branch for forms

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: __/__/__ (Mo. Day Yr.) Sex: ☐ M ☐ F

Address: _____

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

Parent / Guardian: _____

DIVISION

☐ Initiation ☐ Novice ☐ Atom ☐ Peewee
☐ 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 ☐ Right ☐ Collarbone ☐ Elbow ☐ Shoulder ☐ Hand/Finger ☐ Upper arm ☐ Forearm/Wrist

Leg: ☐ Left ☐ Right ☐ Knee ☐ 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: _____

Branch APPROVAL

SAMPLE ONLY
Contact your minor association or Branch for forms

HOCKEY CANADA INJURY REPORT

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, $2,500 per accident
Treatment must be completed within 52 weeks of accident

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

Patient

_____
Last name Given name

_____
Address

_____
City / Town Province Postal Code

Dentist

_____
PHONE NO

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

_____
SIGNATURE OF SUBSCRIBER

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

DUPLICATE FORM ☐

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 ACKNOWLEGDE THAT THE TOTAL FEE OF $_____ IS ACCURATE AND HAS BEEN CHARGED TO ME FOR THE SERVICES RENDERED.
I AUTHORIZE RELEASE OF THE INFORMATION CONTAINED IN THIS CLAIM FORM TO MY INSURING COMPANY/PLAN ADMINISTRATOR.

_____ _____
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	

4.2 HOCKEY DEVELOPMENT CENTRE FOR ONTARIO
INJURY DATA COLLECTION PROGRAM (IDCP) ONLINE REPORTING SYSTEM

On the following page, you will find a sample of the Hockey Development Centre for Ontario's Injury Data Collection Report Form. The data compiled from this information is designed to provide organized hockey in Ontario with the critical statistical information on hockey injuries that is required to permit the hockey bodies in Ontario to discuss possible changes to enhance safety in the game of hockey.

This injury report form is not meant in any way to replace or substitute for Hockey Canada's Accident or Serious Injury Report Form.

This Form is to be Completed Each Time:

- A player is removed from play for the remainder of a period or game due to an injury sustained while playing hockey. (Example: A player injured in the first period, but who returns to play in the second or third period would have a form filled out for them.)
- A player is injured during a practice, whether on or off ice.
- A player is forced to leave play for a health reason that is not known.

How to Complete:

- To access the HTCP Injury Data Collection Online Reporting System, go to: www.hdco.on.ca (Safety Initiatives). NOTE: The web based reporting system has been designed to simplify the process of reporting injuries, however if you do not have internet access, please photocopy the sample form, complete and submit to the HDCO office.
- All player information of a personal or injury nature that is recorded on this form is considered to be confidential and is not to be used in any manner to determine a player's future ability to play the game.
- This form is to be completed in full by the team trainer or other team official.
- The information should be complete and accurate as possible.
- Only one form is to be completed for each player for each injury incident that occurs.
- To be completed and submitted within playing season the injury/illness occured.

INJURY DATA COLLECTION REPORT FORM
TO BE COMPLETED ONLINE AT:
www.hdco.on.ca
[Safety Initiatives]

NOTES

HOCKEY DEVELOPMENT CENTRE FOR ONTARIO
HOCKEY TRAINERS CERTIFICATION PROGRAM
INJURY DATA COLLECTION PROGRAM

ONLINE REPORTING FORM

TO BE COMPLETED ONLINE AT:
www.hdco.on.ca (Safety Initiatives)

ASSOCIATION	☐ ALLIANCE	☐ GTHL	☐ NOHA	☐ OHA	☐ OHL	☐ OMHA	☐ OWHA	☐ ODHA	☐ ODMHA	☐ HNO

LEVEL OF PLAY:		CLASSIFICATION:		CATEGORY	POSITION
☐ INITIATION	☐ BANTAM	☐ AAA	☐ C	☐ HOUSE LEAGUE	☐ FORWARD
☐ MINOR NOVICE	☐ MINOR MIDGET	☐ AA	☐ DD	☐ SELECT	☐ DEFENSE
☐ NOVICE	☐ MIDGET	☐ A	☐ D	☐ REP	☐ GOALTENDER
☐ MINOR ATOM	☐ JUVENILE	☐ BB	☐ EE		☐ OTHER (SPECIFY)
☐ ATOM	☐ JUNIOR	☐ B	☐ E		
☐ MINOR PEEWEE	☐ INTERMEDIATE	☐ CC	☐ OTHER (SPECIFY)		
☐ PEEWEE	☐ SENIOR				
☐ MINOR BANTAM	☐ OTHER (SPECIFY)				

NAME OF TEAM			
LOCAL ASSOCIATION			
NAME OF ARENA		TOWN/CITY	

PLAYER'S NAME		DOB (M/D/Y)		OR AGE	
ADDRESS		TOWN/CITY			
		POSTAL CODE			

ACTIVITY			CATEGORY	PERIOD OF GAME
	☐ GAME	☐ PRACTICE	☐ HOME	☐ 1ST ☐ OT
	☐ EXHIBITION	☐ PLAYOFF	☐ AWAY	☐ 2ND
	☐ TOURNAMENT	☐ OFF-ICE		☐ 3RD
	☐ OTHER (SPECIFY)			

LOCATION OF INJURY ON BODY				
	☐ ANKLE	☐ FACE	☐ LOWER ARM	☐ SPINE
	☐ BACK (LOWER)	☐ FINGER	☐ LOWER LEG	☐ STERNUM
	☐ BACK (UPPER)	☐ FOOT	☐ NECK	☐ THIGH
	☐ DENTAL	☐ GROIN	☐ RIBS (FRONT)	☐ UPPER ARM
	☐ EAR	☐ HEAD	☐ RIBS (SIDE)	☐ WRIST
	☐ EYE	☐ HIP	☐ SHOULDER	
	☐ ELBOW	☐ INTERNAL	☐ OTHER (SPECIFY)	

TYPE OF INJURY			
	☐ BRUISE	☐ FRACTURE	☐ STRAIN
	☐ CONCUSSION	☐ LACERATION	☐ OTHER (SPECIFY)
	☐ DISLOCATION	☐ SPRAIN	

SIGNS/SYMPTOMS OF INJURED PLAYER			
	☐ DEFORMITY	☐ LOSS OF CONSCIOUSNESS	☐ SHORTNESS OF BREATH
	☐ HEAVY BLEEDING	☐ LOSS OF FEELING	☐ OTHER (SPECIFY)
	☐ LIGHT BLEEDING	☐ PAIN	

CAUSE OF INJURY				
	☐ BOARDS	☐ FAULTY EQUIPMENT	☐ PUCK	☐ OTHER (SPECIFY)
	☐ BODY CHECK	☐ FELL ON ICE	☐ SKATE	
	☐ CHECK FROM BEHIND	☐ NET	☐ STICK	
	☐ COLLISION	☐ POOR FITTING EQUIPMENT	☐ TRIP	

LOCATION ON ICE WHERE INJURY OCCURRED				
	☐ DEFENSIVE ZONE	☐ GOAL CREASE	☐ OTHER (SPECIFY)	
	☐ NEUTRAL ZONE	☐ PLAYERS' BENCH	HOW LONG WAS PLAYER OUT OF HOCKEY? SPECIFY # OF DAYS	
	☐ OFFENSIVE ZONE	☐ PENALTY BENCH		

WAS PLAYER TRANSPORTED TO HOSPITAL?	MODE OF TRANSPORTATION	IF PLAYER WAS HOSPITALIZED PROVIDE::	NAME OF HOSPITAL	
☐ YES ☐ NO	☐ AMBULANCE ☐ PRIVATE VEHICLE ☐ OTHER (SPECIFY)		CITY/TOWN	

TYPE OF MEDICAL CARE	HAS THE PLAYER SUSTAINED THIS INJURY BEFORE?	WAS A PENALTY CALLED AS A RESULT OF THIS INJURY?	STATE PENALTY:
☐ FAMILY PHYSICIAN ☐ EMERGENCY CLINIC ☐ SPORTS CLINIC ☐ OTHER (SPECIFY)	☐ YES ☐ NO	☐ YES ☐ NO	WAS THE PENALTY CALLED ON THE:: ☐ OPPOSING PLAYER ☐ INJURED PLAYER

DID THE HOCKEY TRAINERS' CERTIFICATION PROGRAM ASSIST YOU IN YOUR MANAGEMENT OF THE INJURY SITUATION?				☐ YES ☐ NO	
TRAINER'S NAME		TRAINER'S ID #		LEVEL	☐ 1 ☐ 2 ☐ 3
DATE INJURY OCCURRED (M/D/Y)		COMMENTS:			
DATE REPORT COMPLETED (M/D/Y)					

SAMPLE ONLY
To be completed online

Expanded Thought:

1. How should you ensure the confidentiality of player and team official medical information?

_____

_____

_____

2. List some team activities you may be planning for the season which would require special sanctioning through your Branch.

_____

_____

_____

3. Why is a team injury log a valuable risk management tool?

_____

_____

_____

_____

_____

5.0 FIRST AID KIT

A Hockey Trainer must always have a fully stocked first aid kit on hand during all games, practices and off-ice training sessions. This helps to ensure that you are prepared to respond to any illnesses, accidents or injuries that may occur. The best kit is one which contains only the supplies that you use most often. There is no reason to carry a wide variety of items, if you do not know how to, or are not qualified to use such items.

Remember, the Hockey Trainer should not administer medication of any kind to a player.



The following is a recommended list of items that you should include in your first aid kit. Whenever you use an item you should replace it immediately to ensure that your kit remains fully stocked.

Amount	Item	Application
1	Soft, sturdy kit/box	A durable waterproof kit which holds all your supplies in one place and is easily transportable.
1 roll	Pre-Wrap	Covers & protects skin when taping an injury.
2 rolls	1 1/2" Athletic Tape (low grade)	Protects exposed injuries and provides support for injured joints.
2 - 4	Tensor bandages- 2", 4" or 6"	Use for injury support and compression over soft tissue injuries. The size of the injured area dictates the appropriate tensor size.
2	40" cotton triangular bandages (slings)	Use for injury support/slings or to apply pressure.
1 bag	Sterile cotton tipped applicators	Use to clean wounds.
1 box	Knuckle dressings	Cover cuts in unusual areas – knuckles, web spaces, etc.
1 box	Fingertip dressings	Cover cuts on finger tips.
2 boxes	Elastic stretch strips in assorted sizes	To cover all minor skin wounds – blisters, lacerations.
10	Sterile pads (non adhering)	Used to cover cuts and abrasions. Non adhering so they will not stick to the wound.
10	4" X 4" gauze	To control bleeding and cover wounds – use over non adherent dressings.
1 roll	4"stretch gauze	Covers & compresses wounds.
1 container	Petroleum Jelly	Use to reduce friction in the case of blisters.
4 - 8	Ziploc plastic bags (various sizes)	Hold ice, contaminated or bloody materials - gloves, compresses, etc.
1 pair	Bandage scissors	Cut dressings, tape, equipment, etc.
10 pairs	Barrier protection gloves	Medical non latex gloves must be worn at all times when attending to an injured player (see Special Considerations following page)
1 container	Hand Sanitizer or wipes	Alcohol based. Ensures clean hands when dealing with injuries or when immediate access to hand washing is not available.
1	Pocket mask	Use when there is mouth to mouth contact for CPR or artificial respiration.
1 2	Note pad/pencil Working pens	Use to take notes (or write reminders for yourself) and record injuries.
	Ice	Apply to soft tissue injuries.

Notes

1) If there are females on your team you should keep a supply of sanitary napkins with your kit.
2) You should carry a list of all emergency telephone numbers in your kit, including ambulance, fire department, police and general emergency. It is also recommended that you include several quarters in the event that you must make an emergency telephone call and only a pay phone is available.
3) Although the Hockey Trainer is not the team's equipment manager, for safety reasons you should maintain extra supplies of the following items in a separate "safety" kit.

- fasteners and screws for helmets and facial protectors
- skate laces
- hockey tape
- a multi-head screwdriver to tighten helmets and other equipment
- small hack saw for stick shafts
- sharpening stone

Special Considerations

Within sport there exists a risk of injury and subsequent bleeding. This is particularly true in the case of high-risk sports where open bleeding wounds tend to occur quite often, especially during competition. Accordingly, there is a possibility, albeit small, of risk of HIV or other viral infections during participation in certain physical activities. Transmission is further facilitated when protective sports equipment is not properly used.

When bleeding occurs, the recommended approach should be one that assumes all blood is potentially contaminated. Universal safety precautions should be adopted at all times and the injury treated no differently from any other in sport. **Universal Precautions** refers to a set of guidelines for handling body fluids properly (i.e., blood, saliva, urine, vomit). The precautions taken by all persons, both participants and officials alike, must be timely, proper and adequate. In this way all participants assume some responsibility for their own safety.

Universal Precautions

- Wash hands before and after dealing with a bodily fluid spill or caring for a wound. Good hand washing technique is essential for preventing the spread of disease and should be reinforced with all players and team officials. Adequate facilities for hand washing that should be available in every facility include warm water, liquid soap or detergent, towels, waste receptacles and posted signs to instruct on hand washing technique.
- Always wear barrier protection gloves when coming in contact with bodily fluids. Vinyl and nitrile gloves have less risk than latex for allergic reaction.
- Gloves should be changed after treating each individual. Always put on a clean pair of protective gloves before treating a new player, and ensure proper disposal of used protective gloves as described below.
- Remove bleeding athletes from competition to care for wound.
- Segregate contaminated laundry from non-contaminated laundry. Wash with water as hot as the fabric care label recommends, with good quality soap and dry thoroughly.
- Wipe up spills from hard surfaces with wet towels or cloths with a 10% bleach solution or approved germicidal cleaning solution.
- Deposit bloody dressings and protective gloves in a resealable bag and check with facility staff with regard to proper disposal.

Key Point

Precautions are as much about protecting yourself as they are about protecting the injured player!

For more detailed information visit: www.cdc.gov

Expanded Thought:

1. Name three important injury management components your First Aid Kit should contain.

   _____

   _____

   _____

2. Name three equipment related components your safety kit should contain.

   _____

   _____

   _____

6.0 BULLYING, HARASSMENT AND ABUSE

What does safety for children mean?

We all want our children to be safe - keeping them safe means putting the child's best interests first. In sports this means ensuring that the player is treated with respect and integrity - emotionally, socially, intellectually, physically, culturally and spiritually.

What is Hockey Canada's mission?

The mission of Hockey Canada is to lead, develop, and promote positive hockey experiences.

Hockey Canada's primary interest is the well being of its participants. This includes, among other things, a shared responsibility with parents to nurture the physical and emotional well-being of its participants.

What is Hockey Canada's role in promoting safety for children?

Child abuse is a serious concern which has existed for centuries. It crosses all cultural, economic and community boundaries. The recent heightened awareness about abuse in sport has resulted from a number of courageous disclosures from athletes who have experienced emotional, physical and sexual abuse. This has led to a new drive within the sport community to protect children, youth and adults to whom sport has become an important part of life.

Protecting participants from all forms of bullying, harassment or abuse, whether emotional, physical or sexual, is an important element of safety. Hockey Canada considers any form of bullying, harassment or abuse to be unacceptable and will do all it can to prevent this intolerable social problem. To this end, Hockey Canada will promote awareness of all forms of bullying, harassment and abuse by providing educational materials and programs for participants, parents, volunteers and staff members.

What is Hockey Canada's policy on preventing bullying, harassment and abuse?

It is the policy of Hockey Canada that there shall be no abuse and neglect, whether physical, emotional or sexual, of any participant in any of its programs. Hockey Canada expects every parent, volunteer and staff member to take all reasonable steps to safeguard the welfare of its participants and protect them from any form of maltreatment.

It is the policy of Hockey Canada that harassment and bullying in all its forms will not be tolerated during the course of any Hockey Canada activity or program. Accordingly, all Hockey Canada personnel (staff, volunteers, team or on-ice officials) and partners (parents, guardians) are responsible for making every reasonable effort to uphold this commitment. Specifically, this includes refraining from harassing or bullying behaviour, responding promptly and informally to minor incidents of harassment or bullying and following local or national policy guidelines for reporting or responding to more serious complaints of harassment or bullying. Players and other participants are expected to refrain from harassing or bullying behaviour and are encouraged to report incidents of harassment or bullying.

What is bullying?

Bullying is a form of abuse at the hands of peers that can take different forms at different ages. Bullying is defined as repeated aggression in which there is an imbalance of power between the person who bullies and the person who is victimized (Juvonen & Graham, 2001: Olweus, 1991; Pepler & Craig, 2000)

Bullying is understood as a disrespectful relationship problem.

Bullying describes behaviours that are similar to harassment but occur between children under the age of 12, or behaviours between youth, between adults, or between adults and youth. These are behaviours that are not linked to prohibited grounds of discrimination, and therefore, are **not addressed under federal, provincial or territorial human rights laws or behaviours that are not addressed under child protection legislation.**

Bullying is offensive, cruel, intimidating, insulting or humiliating behaviour combined with the misuse of power or position. It can be physical or verbal; direct or indirect. Children or youth who bully are typically cruel, demeaning and hostile towards the targets of their bullying. The issue of bullying between youth under 12 years of age is not addressed by the law; however, bullying behaviour is similar to harassment in that it is defined as hurtful interpersonal mistreatment of a person.

Hurtful actions may include:

Types	Actions
Physical	Hitting, shoving, kicking, spitting on, grabbing, beating others up, damaging or stealing another person's property; used most often by boys.
Verbal	Name-calling, hurtful teasing, humiliating or threatening someone, degrading behaviours; may happen over the phone, through text messaging or chat rooms, in notes or inperson
Relational	Excluding peers, spreading gossip or rumours, making others look foolish. This may happen in person, over the phone, through the computer; used most often by girls.
Reactive	May include any of the above behaviours. Victims of bullying engaging in bullying themselves, as well as provoking bullies into attacking them by taunting.
Cyber-Bullying	Involves the use of information and communication technologies such as email, cell phone and text messages, camera phones, instant messaging, defamatory personal Websites, to support deliberate repeated and hostile behaviour by an individual or group that is intended to harm others.

According to youth, bullying means:
- Someone who pushes you around and beats you up if you are weaker. Grade 6 male
- Tormenting you and hurting you. Grade 5 male
- To demoralise a person through physical, mental or social ways. Grade 7 female
- Someone is calling you names and is tormenting you constantly. Grade 5 male

TYPES OF BULLYING
- **Physical Bulling:** hitting or kicking victims or taking/damaging property.
- **Verbal Bullying:** using name-calling, insults, negative comments and constantly teasing.
- **Relational Bullying:** trying to cut off victims from social connection by convincing peers to exclude or reject a certain person; most common among girls.
- **Reactive Bullying:** engaging in bullying, as well as provoking bullies into attacking them by taunting.
- **Cyber-Bullying:** using email, cell phones, text messaging, and Internet sites to threaten, harass, embarrass, socially exclude or damage reputations or friendships.

What is the role of the bystanders?

Bystanders are those who observe the interaction between the bully and the victim

Bystanders play a key role in the bullying world. Their reaction or lack of reaction often influences the outcome of the interaction.

- A passive response gives the bullies a theatre to cause hurt and a sense of reinforcement as there is no opposition.
- A supportive response gives the bullies positive attention, alignment, power and social status. The bystanders may also increase their own social status.
- A negative response supports the person being bullied and may stop the bullying; it may also put the bystander at risk to become the next victim.

Bullying is not...	Bullying is...
Conflict between friends	Hurting behaviours based on oppression and "meanness"
An argument between people of equal power	Based on power differentials
Accidental	Intentionally harmful
Normal relational development challenges	Intense and long in duration
A "one-time" event (usually)	Repeated over time (generally)
Friendly teasing that all parties are enjoying	Oppressive – isolates victims
Something people grow out of	Caused by many factors and behavioural challenges

(Beyond the Hurt, Red Cross RepsectED, 2002)

What is harassment?

Harassment can take many forms whether physical, verbal, sexual or emotional, and most often involves a combination of these elements. Harassment may occur among anyone: between peers (e.g. player to player of the same age group, parent to official, coach to coach) or between someone in a position of power or authority and an adult in a subordinate position (e.g.: coach to player, sports administrator to employee). It doesn't matter that a person did not mean their behaviour to be harassing or did not intend to abuse their position of power or trust. **It is the effect of the behaviour that is most critical.**

It is difficult, if not impossible, to define harassment in black and white terms. At its extreme, harassing behaviour is easy to discern, but there are always grey areas since not everyone perceives behaviour the same way. Thus, any definition of harassment will contain a certain subjective or interpretive element.

Harassment is defined as conduct, gestures or comments which are insulting, intimidating, humiliating, hurtful, malicious, degrading or otherwise offensive to an individual or group of individuals, and which create a hostile or intimidating environment for work or sports activities, or which negatively affect performance or work conditions. **Any of the different forms of harassment must be based on a prohibited ground of discrimination in human rights legislation, including race, ethnicity, colour, religion, age, sex, marital status, family status, disability, pardoned conviction and sexual orientation**. Harassment is a **HUMAN RIGHTS** issue which, in many cases, can be dealt with under the policies of the local Branch or association.

Types of behaviour which constitute harassment include, but are not limited to,

- Unwelcome jokes, innuendo or teasing about a person's body, age, race, religion, sex or sexual orientation.
- Condescending, patronizing, threatening or punishing actions, **based on a ground of discrimination,** which undermine self-esteem or diminish performance.
- Practical jokes, **based on a ground of discrimination,** which cause awkwardness or embarrassment, endanger a person's safety or negatively affect performance.
- Unwanted or unnecessary physical contact including touching, patting or pinching (in the case of minors, this is defined as abuse under Child Protection Legislation).
- Unwelcome flirtation, sexual advances, requests or invitations (if minor involved, covered under Child Protection Legislation).
- Behaviours such as those described above which are not directed towards individuals or groups but have the effect of creating a negative or hostile environment.
- Hazing and initiation rights that are based on a ground of discrimination.

Note: It is not the intent of the perpetrator's behaviour, but rather the perception and hurtful impact of the behaviour on the victim that is considered during a complaint of harassment.

Example

Players on a minor hockey team continually use degrading racial comments and labels when referring to aboriginal players.

What is child abuse?

Who is a child/youth?

Child/Youth - Across Canada a person is considered a child up to the age of 16 to 19 years depending on provincial and territorial legislation.

Child abuse is any form of physical, emotional and/or sexual mistreatment or lack of care that causes physical injury or emotional damage to a child. A common characteristic of all forms of abuse against children and youth is an abuse of power or authority and/or breach of trust. All types of child abuse are **CHILD PROTECTION** issues which must be dealt with according to the provincial or territorial child protection legislation through the local child protection authority. Branch or association policies regarding reporting procedures and documentation, which must comply with provincial or territorial child protection legislation, will also need to be applied.

What is emotional abuse?

Emotional Abuse is a **chronic** attack on a child's self-esteem; it is psychologically destructive behaviour by a person in a position of power, authority or trust. It can take the form of name-calling, threatening, ridiculing, berating, intimidating, isolating, hazing or ignoring the child's needs. Emotional abuse can be categorized into seven different areas, including rejecting, degrading, isolating, terrorizing, corrupting, ignoring and exploiting.

Examples

- *A minor hockey coach screams swear words at a team of 12-year old boys and tells them that they are losers and that he is wasting his time and gas money on them by coaching.*
- *A minor hockey coach tells one of his players, in front of the entire team that "he is a pussy" and that "he should go home and suck on his mother's breasts".*
- *A minor hockey coach and his assistant refuse to speak to one of their 15-year old players, except to criticize him, after his parents lodged a protest at the beginning of the season when the player was cut during evaluation camps. Their protest was upheld by the minor hockey association and the player was placed on the team. Not only did the coaches and other players refuse to speak to him, but also began making derogatory phone calls and writing negative letters to the association asking that the player be removed from the team.*
- *In the heat of an on-ice scuffle, a minor hockey coach confronts an opposing player who has struck his son, telling him "if you touch my son again, I'll kill you".*
- *Coaches and team officials of a team of Midget players (ages 16 and 17) buy beer for their players after a road game early in the season and make them drink it on the bus on the way home as an initiation rite. Those players who refuse to drink beer are ridiculed, ostracized and eventually quit the team.*
- *"I am an assistant coach on a girl's hockey team and there's this girl on my team. The parents treat their daughter like a boy and favour the son. They say they will be at her game and they don't show up. And the whole game she's upset that they aren't there but are at her brother's hockey game. When they are there, they are always yelling at her and saying that she's bad and doesn't do anything right.*
- *A junior hockey coach, in refusing to provide a player with his release to play elsewhere, stated "I own this player, he's my property, and I own his rights. If he doesn't want to play for me, he won't play anywhere else."*

Emotional Abuse is not simply:

• Being denied ice time • Being released from a team • Being benched for disciplinary reasons

What is physical abuse?

Physical Abuse is when a person in a position of power or trust purposefully injures or threatens to injure a child or youth.

Examples

Threatening to use unreasonable physical force as punishment; use of physical force such as hitting, slapping, punching, pinching, kicking, hair pulling, hitting with an object, shaking, pushing, burning, biting, tying up, restraining, etc.; using excessive exercise as punishment; forcing an athlete to work out until they vomit or pass out from exhaustion; throwing equipment at an athlete, such as pucks, helmets, balls, clipboards, etc.; pushing or throwing athletes against the walls, boards, nets; encouraging or allowing team members to physically assault another athlete.

- *A 14-year old minor hockey player comes off the ice after a shift and is confronted by his coach who didn't think he had a particularly good shift. The coach begins to shout at the player, and when he senses the player isn't listening, grabs him by the neck, turns him around, shouts at him again, and then pushes him off the bench.*
- *A minor hockey coach makes his players skate around the centre ice circle and places a bucket at the centre ice dot. The players are not allowed to stop skating until they vomit in the bucket.*

What is neglect?

Neglect is **chronic** inattention to the basic necessities of life such as clothing, shelter, nutritious diet, education, good hygiene, supervision, medical and dental care, adequate rest, safe environment, moral guidance and discipline, exercise and fresh air.

Examples

- Inadequate Nutrition: Encouraging unhealthy diets, fasting or eating habits; not allowing sufficient breaks for meals/nourishment
- Inadequate Shelter/Unsafe Environments: Lack of maintaining equipment or facility; forcing athletes to participate without proper protective equipment
- Inadequate Clothing: Preventing athletes from dressing adequately for weather conditions or making them stay in wet clothes as punishment following a game
- Inadequate Supervision: Leaving young athletes unsupervised in a facility or on a team trip
- Lack of Medical/Dental Care: Ignoring or minimizing injuries; ignoring medical advice; not seeking medical or dental attention when warranted
- Inadequate Education: Encouraging athletes to not do homework, to not attend school or to drop out
- Inadequate Rest: Overdoing or increasing workouts as punishment; prohibiting adequate sleeping or resting time
- Inadequate Moral Guidance & Discipline: Not providing adequate supervision during team functions; hiring strippers or prostitutes; offering pornographic movies to young athletes

A 15-year goaltender, with a history of concussions, is kneed in the head as he comes out to freeze the puck. He stays down on the ice and the Hockey Trainer comes out to attend to him. The player complains of dizziness and asks to be removed from the game. As the Hockey Trainer helps the player to the bench, the coach stands in the entrance to the bench and tells the player, "Don't you dare pull this on me! You get back in there!" The goaltender pleads to be taken out, but is put back in the game.

What is sexual abuse?

Sexual Abuse is when a young or less powerful person is used by an older or more powerful child, adolescent or adult for sexual gratification. There are two categories: contact and non-contact.

Examples of Contact: Kissing or holding a young athlete in a sexual manner; touching a young athlete's sexual body parts or forcing a young athlete to touch another person's sexual parts; penetrating a young athlete anally or vaginally with objects or fingers; having vaginal, anal or oral intercourse with a young athlete.

Examples of Non-Contact: Flashing or exposing your sexual body parts to a young athlete; watching intrusively as a young athlete changes or showers; speaking or communicating sexually/seductively with a young athlete; showing pornographic films, magazines or photographs to young athletes; having young athletes participate in the creation of pornographic materials; forcing a young athlete to watch a sexual act performed by others; objectifying or ridiculing a young athlete's sexual body parts.

Examples

- *Three junior hockey players on their way home with their coach after a recruiting trip stop at the coach's house. They stay the night and are forced to shower and sleep in the same bed with the coach.*
- *"My hockey coach always wanted to spend time with me. He would pull me in for extra practices. One time he asked me to go to his house. When I got there, he started acting weird and made me watch a porn flick with him. I quit hockey." 17 year-old youth*
- *The coaches of a team of Pee Wee players (12 and 13 year olds) pass out pornography as a motivational tool prior to a game.*

What are the differences and similarities between bullying, harassment and abuse?

	BULLYING	HARASSMENT	ABUSE
Basis for Violence	• misuse of power	• misuse of power	• misuse of power
Types of Violence	• verbal • physical • relational • reactive	• discrimination • sexual harassment • racism	• emotional abuse • physical abuse • neglect • sexual abuse
Legislation and Policies	• Convention of the Rights of the Child • Criminal Code • Organization's policies	• Convention of the Rights of the Child • Canadian Human Rights legislation: federal, provincial and territorial • Criminal Code • Organization's policies	• Convention of the Rights of the Child • Provincial/territorial Child Protection Acts • Criminal Code • Organization's policies
Victims	• any person, but most frequently are children and youth • male or female	• any person • male or female	• any child or youth as defined by Child Protection Acts • male or female
Perpetrators	• any person, but most frequently are children or youth • male or female	• any person but in Canada only individuals 12 years of age and older can be charged • male or female	• people who are in positions of trust and authority over children and youth • male or female
Mandate	• relationship issue • justice issue if criminality has occurred	• rights issue • justice issue if criminality has occurred	• protection issue • justice issue if criminality has occurred
Philosophy	• victim is blameless	• victim is blameless	• victim is blameless

(Fairholm, J & Ferguson, P., 2002)

How Do I Respond To Disclosures?

There are two types of disclosures: Verbal Disclosures and Non-verbal Disclosures. Regardless of how kids tell, disclosures are usually mixed with several strong emotions - relief, guilt, fear, and chaos because now someone else knows the secret. Both types of disclosure need to be handled sensitively while following specific procedures.

Verbal Disclosures

When a child/youth decides to tell someone about his/her mistreatment, it is important to follow the **HEARD** procedure:

- **H**ear what they are saying and not saying
    - Listen to the child's fears about the situation.
- **E**mpathize with them
- **A**ffirm
    - Identify vulnerable situations and be there to protect the children.
- **R**eport/Refer
    - If it is mild bullying or harassment, try to resolve the situation informally.
    - If it is moderate or serious bullying or harassment, refer the complaint as specified in your organization's policy.
    - If it is criminal harassment, the police must be informed.
    - If it is abuse, refer immediately to your Provincial/Territorial Child Protection Agency or Police.
    - Keep it confidential; do not get caught in the "rumour mill".
- **D**ocument the situation and your response; determine the support the child needs

Non-verbal Disclosures

Behaviours can have many meanings and are the result of numerous factors. This complicates non-verbal disclosures as observers try to make sense of what they are seeing, hearing or sensing. Sometimes the behaviours are indicative of bullying, harassment or abuse. When maltreatment is suspected as a result of observed behaviours or indicators, the procedure for responding to non-verbal disclosure is **DARE:**

- **D**ocument your observations
    - Record behaviors, dates, times and people involved.
- **A**ffirm the child's situation
    - Identify vulnerable situations and be there to observe and protect the child.
    - Seek advice or information from a knowledgeable person.
    - Tell the child your concerns.
    - Listen to the child's fears about the situation.
- **R**eport/Refer if your suspicions are strong
    - If it is mild bullying or harassment, try to resolve the situation informally.
    - If it is moderate or serious bullying or harassment, refer the complaint as specified in your organization's policy.
    - If it is Criminal Harassment, the police must be informed.
    - If it is abuse, refer immediately to your Provincial/Territorial Child Protection Agency or Police.
    - Keep it confidential; do not get caught in the "rumour mill".
- **E**stablish support for the child

QUESTIONING TECHNIQUES:

Ask general, open-ended questions
- *Ask – "Do you want to tell me about that?"*
- *Do not ask – "When, why, where, how did this happen? Who did this to you?*

State observations
- *Observe – "I see you have welts on your legs."*
- *Do not ask – "Have you been beaten?"*

Validate feelings
- *Validate – "I see that you are upset."*
- *Don't analyze – "You must hate your father for doing that!"*

Express concern
- *Say – "I need to know that you are safe; let's try to get you some help."*
- *Don't make promises – "Everything will be alright if you report this."*

Anonymous Allegations

Anonymous allegations may seem to have less credibility than identifiable reports. No one wants to perpetuate rumours circulating within an organization, especially when that rumour has the potential to destroy an individual's career or reputation. While it is important to use one's own common sense in responding to the "rumour mill", it is equally important to listen to what athletes are saying, ask open-ended questions, and report when necessary. Many children have continued to suffer because no one filed an official report of alleged bullying, harassment or abuse.

Consider the following guidelines:

- In the event of a rumour of bullying, harassment or abuse, one should:
  - document what you have heard;
  - be very specific - ask athletes involved in the rumour open-ended questions
  - if the rumour persists, seek guidance from the local Child Protection Agency, Police or your sport governing body
- **Remember that it is not the responsibility of the person receiving the allegation or the organization to verify the truth of any such allegations: there is only need for a reasonable belief.**
- Follow procedures described under Responding to Disclosures - "Non-Verbal Disclosures".

There is no legal penalty for reporting an allegation of bullying, harassment or abuse which is made in good faith.

Determining Bullying, Harassment Or Abuse

In order to determine whether a behaviour falls under organizational policy regarding bullying, harassment or abuse, ask yourself some of the following questions:

1. Is the child in need of protection from caregiver(s), another adult or other players or hockey personnel?
2. Could the behaviour that was described or witnessed negatively impact a child or youth's self-esteem or diminish his/her ability to participate?
3. Is the behaviour that was described or witnessed humiliating, offensive or degrading?

4. Is the behaviour that was described or witnessed psychologically or physically harmful, or potentially psychologically or physically harmful?
5. Is the behaviour that was described or witnessed of a criminal nature (physical or sexual assault, threats, criminal harassment)?
6. Does the behaviour that was described, witnessed or suspected contradict the organization's codes of conduct or sense of fair play?
7. Does the behaviour that was described, witnessed or suspected fall under the organization's Bullying, Harassment and Abuse policies and procedures?

If you can answer "yes" to any of these questions, the complaint must be addressed under your sport governing body's Bullying, Harassment and Abuse policies and procedures.

Response to Bullying, Harassment or Abuse Complaints

Type of Maltreatment	BULLYING	NON-CRIMINAL HARASSMENT	CRIMINAL HARASSMENT	ABUSE AND NEGLECT
Means of response	May be dealt with internally according to policy.	May be dealt with internally according to policy.	Must be referred externally to police according to policy.	Must be referred externally to child protection authority according to policy.
1. Individual response	1.Self-help: person tells aggressor to STOP! (Only some victims are able to do this.)	1.Self-help: person tells aggressor to STOP! (Only some victims are able to do this.)	1.Self-help: Person may attempt to stop the aggressor's behaviour. (Only some victims are able to do this.)	1. Self help: Person may attempt to stop the aggressor's behaviour (Only some victims are able to do this)
2. Disclosure	2.Person discloses to someone they trust; bullying incident is witnessed; third party discloses.	2.Person discloses to someone they trust; harassing incident is witnessed; third party discloses.	2.Person discloses to someone they trust; harassing incident is witnessed; third party discloses.	2. Person discloses verbally or non-verbally to someone they trust; incident is witnessed; third party discloses.
3. Response to disclosure: Care and Safety	3.Care for the complainant	3.Care for the complainant	3.Ensure appropriate steps are taken to remove the alleged offender and to care for the safety and well-being of the complainant.	3.Ensure appropriate steps are taken to remove the alleged offender and to care for the safety and well-being of the complainant.
4. Report or Refer	4.Preliminary fact finding to determine course of action; respondent informed.	4.Preliminary fact finding to determine course of action; respondent informed.	4.Report incidence to responsible person according to policy.	4.Report incidence to child protection authority according to policy.
5. Course of Action: including low level mediation*, documentation or formal reporting and investigation	5a.Low-level mediation*. 5b.Documentation	5a. Low-level mediation*. 5b.Documentation	5a. Document. 5b.Ensure report has been made to police.	5a. Document. 5b. Child protection authority conducts investigation and protection assessment as necessary. Case may be referred to police for criminal investigation.
6. Results of reporting	6.Sanctions imposed according to policy and common sense.	6.Sanctions imposed according to policy and common sense.	6.Report substantiated, unsubstantiated, not true.	6.Report substantiated, unsubstantiated, not true.
7. Hearing or court proceedings	7.Not applicable	7.Hearing unless sanctions are agreed upon.	7.If substantiated, restorative justice or court proceedings.	7.If substantiated, court proceedings, child protection proceedings as necessary.
8. Additional processes where required	8.Not applicable	8.Harassing incidents under discrimination and sexual harassment may be taken to the Human Rights Commission by complainant.	8.Not applicable	8. Organizational policy dictates appropriate sanctions against perpetrator. If unsure, seek direction from child protection agency or police.
9. Appeals and/or Consequences	9.Not applicable	9.Appeal process.	9.Not applicable	9. Possible court sentencing, justice appeal process.

(Fairholm, 2002)

***Low-level Mediation of Minor Complaints for bullying or harassment:**

- **The person in authority observing the behaviour makes it immediately clear that the behaviour is unacceptable and deals with it promptly and informally.**
- **The "culture" of the organization does not tolerate bullying, harassment or abuse of any kind.**
- **Minor instances of bullying or harassment between peers may be addressed informally through a verbal or written apology or revoking of certain privileges.**

Reminders

How do I know when children/youth are being bullied, harassed or abused?

- by listening to them
- by believing them
- by observing them
- by watching their interactions with others
- by being aware of sudden changes in their behaviour and/or anger in them
- by questioning unexplained bruises, marks on their faces, back, thighs, upper arms, heads, buttocks, genital areas

Recognizing Responsibilities

How can I contribute to ensuring safe environments for young people?

Your contribution is key to meeting this goal:

- Ensure your own behaviour models respect and integrity towards coaches, officials, participants, and parents.
- Understand the issues and become knowledgeable; read all the Speak Out materials.
- Know and support your Association's policies and procedures.
- Act when you see a bullying, harassing or abusive situation.
- Speak Out and promote safe environments.

What is my responsibility in responding to bullying and harassing behaviour?

Hockey Canada is committed to providing safe environments for everyone involved with the game. This is particularly important for young participants. Safe environments need to be the goal of everyone. This means that harassment and bullying will be stopped immediately with the victim's well-being given priority. Therefore it is everyone's responsibility to:

- intervene with low-level mediation for mild bullying and harassment situations.
- report to hockey administration serious bullying and harassment situations.
- ensure that criminal harassment cases are reported to police.
- report abuse situations to child protection or police.

What is my legal responsibility in reporting abuse?

As Canadians it is our legal responsibility to report the abuse and neglect of children and youth. Consequently, it is the policy of Hockey Canada that any Hockey Canada personnel (part-time and full-time staff, volunteer, participant, team official, on ice official) or Hockey Canada partner (parent, guardian) who has reasonable grounds to suspect that a participant is suffering, or may have suffered from emotional, physical abuse and neglect and/or sexual abuse, shall immediately report the suspicion and the information on which it is based to the local child protection agency and/or the local police detachment. Across Canada, a person is considered a child up to the age of 16 to 19 years depending on provincial and territorial legislation.

When I report abuse, what questions will be asked?

- The child's name, address, age, sex and birthdate.
- Parents'/guardians' names and addresses (provide if known).
- The name and address of alleged offender (provide if known).
- Details of the incident(s) that prompted your report.
- Your name and address.

NOTE: The individual making the report should only provide information they currently have. It is the responsibility of child protection officials to seek any missing information.

What happens when a report of abuse is made?

- A social worker or police officer will decide if an investigation is needed.
- If the child is "at risk" and needs protection, an investigation is started as soon as possible.
- An experienced interviewer will conduct the interview.
- The primary concern is safety of the child.
- The social worker and/or police officer will decide what further action is required.

Why don't people report?

They don't report because they:

- are unaware of the reporting laws and policies.
- believe that they can take care of the problem themselves - it's their own business!
- are fearful of retaliation from the abuser - or are friends with the abuser.
- find it hard to believe.
- assume someone else will make a report.
- don't want "to tell" on someone.
- want to protect their child from questions and embarrassment.
- are not sure where or how to make a report.
- just want it "all to go away".
- forget that the child's best interests are the priority.

Do children ever make false allegations?

Yes, sometimes it happens. Some of the research shows that about 8% of disclosures are false. Most of the false allegations by children are encouraged by adults - e.g. custody cases, others have been by adolescents who wanted "to get even". It is important to reinforce the truth - false allegations are devastating to the person accused.

Summary

When bullying, harassment or abuse has been reported or suspected, it is imperative that sport organizations act in a manner which:

- protects the victimized child/youth
- protects other children/youth within the organization
- respects the rights of the alleged abuser or aggressor, by maintaining the appropriate confidentiality
- works in cooperation with the organization, parents, Child Protection Agencies or Police
- informs itself so that immediate action is taken

PREVENTION GUIDELINES FOR THE HOCKEY TRAINER

Due to the nature of the Hockey Trainer's role, and consistent with the Hockey Trainer's Code of Ethics, the Hockey Trainer should always adhere to the following standards of behaviour:

- Respect the dignity and spirit of all participants: children, youth, and adults.
- Treat all players fairly and equally.
- Establish supportive, positive environments for the purpose of healthy competition, skill development, fun and achievement of goals.
- Avoid contact or conduct that may be interpreted to have sexual connotations or which is defined as inappropriate by the organization.
- Do not take part in or tolerate behaviour that frightens, embarrasses, demoralizes or negatively affects players' self-esteem, including hazing or initiation rites and chronic or undue criticism.
- Do not tolerate acts of aggression.
- Work towards eliminating bullying, harassment and abuse from sport environments.
- Be prepared to intervene if a child or youth is being bullied, harassed or abused.
- In cases of child abuse, follow the appropriate Child Protection Legislation, as previously addressed.
- Engage in "Fair Play" both during and outside of sports activities. "Fair Play" is defined as showing considerate regard for players, personnel, parents, spectators and officials; and abiding by all rules of the sport; abiding by officials' decisions.
- Adhere to the policies of the sport organization.

SUPERVISORY RESPONSIBILITIES

General Guidelines

Interaction between personnel and athletes must be based on each organization's code of conduct which establishes respect, dignity, health and well-being for all players. Due to the great amount of time the Hockey Trainer spends in the dressing room and is in direct contact with the players, he/she has great supervisory responsibilities which are crucial to the well-being of the players. Because supervisory responsibilities are paramount to the Hockey Trainer's role, it is essential that they understand this role.

Dressing Room, Showers and Other Rooms (First Aid Room, Training Room)

The Hockey Trainer should ensure that the following guidelines are adhered to in dressing rooms, showers and other rooms:

- Players should be supervised at all times. A lone personnel member should never be in the dressing room with players at any time, and especially when they are showering or changing: two (2) adults should be present together, which is called the **"Two Deep Method"** of supervision. If players are uncomfortable dressing or showering at the arena, they should do so at home.
- Players from competing teams or vastly different age groups should never shower together.
- Cell phones, video or photography equipment should never be allowed in the shower/ dressing rooms while athletes are undressed/changing. The privacy and dignity of the players is the first priority.
- Team officials must not change or shower at the same time as players.
- Comparable facilities should be provided for both genders, or genders should take turns using shower facilities.
- In the case of players with a disability who require assistance in showers, locker rooms or toilet facilities:
    - Encourage their own personal attendant/caregiver to help them

- When personal attendants are not available, sport personnel should only agree to provide personal aid after an explicit explanation of the nature of the aid has been given, the players' personal boundaries have been discussed, and training (if appropriate) has been undertaken
- Agreements for sport personnel acting as attendants must be mutually devised and consented to, until such a time when either party wants changes

Getting Dressed

- When players are unable to put on their own uniform or protective equipment, and that equipment is located beneath the uniform (such as a protective cup), they should be aided by a parent/guardian or their designate.
- The Hockey Trainer should strongly recommend to parents/guardians of younger children or players with a disability that they arrive for sports activities fully outfitted in equipment and uniforms, except for skates and helmet.
- Athletes with a disability who can put on their own equipment should be allowed to dress with the other athletes.
- Where pre-activity dressing is not practical, appropriate facilities should be provided where parents/guardians/attendants can assist players in getting dressed.
- In cases where assistance is requested by the parent/guardian, attendant or the player, the Hockey Trainer must only assist:
  - within the sight of other team members/personnel/parents
  - in a manner which preserves the dignity and privacy of the player
  - in a manner where only necessary physical contact occurs
  - and will stop assisting immediately upon the player's request

Transporting Children and Youth

While it is strongly recommended that personnel never transport players, injured or otherwise, the Hockey Trainer should adhere to the following guidelines:

- Ideally, all players should have their own transport to and from all sporting activities.
- In the event that transportation is required by players, personnel should only provide transportation when:
  - the driver is appropriately licensed
  - other players/personnel/parents are also in the vehicle
  - the ride has been approved by parents/guardians/caregivers
  - the ride is given directly to and/or from the sports activity - no other stops or side-trips should occur
  - all passengers can be seated and secured in the vehicle according to provincial/territorial legislation
- Any extraordinary event, such as a car accident, is reported immediately to parents/guardians/caregivers and at the earliest date possible to the sports organization.

Managing Injured and Ill Children and Youth

- All injuries should be managed in a manner consistent with the guidelines of the Hockey Trainers Certification Program.
- No player, regardless of the level of competition, should be forced/coerced or feel obligated to participate beyond their capacity in a sport activity when injured, suffering from illness or rehabilitating from an injury. The health and well-being of players must be the highest priority. Any discrepancies should be dealt with by the attending physician or parent/guardian.

- The Hockey Trainer should avoid treating injuries out of sight of others. Use the "two-deep" (two adults) supervision system. For example, as most injuries occur during on-ice activities, when the Hockey Trainer is required to take an injured player back to an empty dressing room, ensure that another adult, such as an assistant coach, manager or parent, accompanies you.
- The comfort level and dignity of the athlete should always be the priority. Example: only uncover the injured area, or drape private areas of the player's body.

Physical Contact

When physical contact is required between the Hockey Trainer and players, whether through the injury management principles (STOP, LISTEN, LOOK and FEEL) of this program or otherwise, a climate of mutual respect needs to be fostered, while at the same time, defining types of contact that are inappropriate or which extend beyond the personal boundaries of that relationship. Guidelines are not meant to inhibit personnel from touching athletes in order to instruct, encourage, protect or comfort, or to manage injuries. Guidelines need to provide definitions of how a player, personnel member or parent might identify inappropriate types and contexts for touching.

Guidelines

- Physical contact between the Hockey Trainer and athletes should not involve touching the genital area, buttocks, or breasts. Injuries to these areas are very serious in nature and should only be treated by a qualified medical professional. If examination of these areas is absolutely necessary, players should perform self-examination and relay the information to the Hockey Trainer, unless it is a medical emergency.
- All physical contact by the Hockey Trainer should be for one of the following purposes:

    - to develop sport skills/techniques
    - to manage an injury
    - to prevent an injury

- All physical contact by the Hockey Trainer should fulfill all of the following criteria:

    - Touching should be in response to the need of the player and not the need of the Hockey Trainer.
    - An explanation for touch should be given by the Hockey Trainer.
    - Permission from the player to be touched should be sought by the Hockey Trainer except in an emergency situation.
    - The comfort level and dignity of the player should always be a priority.
    - The Hockey Trainer should avoid touching an athlete out of sight of others. Use a "two-deep" (two personnel, or two athletes) supervision system.
    - Touching should never have a sexual nature, sexual undertones, or sexual jokes or innuendoes attached to it.
    - Touching should never be kept secretive or hidden. Remember that non-verbal communication is very powerful and very easy to misinterpret.

Comforting and/or Congratulating Athletes

- Comforting/congratulating athletes is an important part of the relationship between personnel and players. Guidelines for this type of touch are:

  - Limit touching to "safe" areas, such as hand-to-shoulder.
  - Make your intention to congratulate or comfort clear to the player.
  - Get permission from the player before embracing them - remember that you are in the position of power.
  - Respect a player's discomfort or rejection of physical contact.
  - Be sure that touching occurs when others are present.
  - Touch should be appropriate to the development age of the player. Example: Having a twelve-year-old child sit on the coach's knee would be inappropriate.

Where do I get more information and resources regarding bullying, harassment and abuse?

In 1997, Hockey Canada launched a campaign entitled "Speak Out!: Abuse and Harassment Can Be Stopped!" in order to weave a tighter safety web around its players. In 2005 a major update of the program was undertaken including the addition of bullying into our prevention education. The following resources can be obtained from your local minor hockey association or Branch office to assist your team in educating players, personnel and parents. The following information is also available on the Hockey Canada website at www.hockeycanada.ca:

- "Speak Out!...Act Now!: A Guide To Preventing Harassment and Abuse For Sport Clubs and Associations", is a comprehensive 130-page guide for local organizations to implement policies and procedures in order to address the issues of harassment and abuse.
- "Speak Out!" brochure, for players, which also features the Kids Help Phone number.
- "Speak Out!" posters, which also feature the Kids Help Phone number.
- "Fair Play Means Safety For All: A Guide To Understanding Bullying, Harassment and Abuse For Parents and Guardians."
- "Respect In Sport," interactive on-line training.

7.0 PROTECTIVE EQUIPMENT AND HYGIENE

Protective equipment plays a crucial role in the prevention of injuries. As a Hockey Trainer, you and your coaches have a responsibility to advise parents and players regarding the fit, protective quality and maintenance of equipment, and to make regular checks of players' equipment throughout the playing season.

Protective equipment should be evaluated based on the following criteria:

1) Proper fit
2) Protective quality
3) Maintenance

1) Proper Fit

A piece of equipment should completely cover the area it is meant to protect, and when fully dressed, adequate protection should be provided to the player.

- Equipment should not be bought to grow into because if it is too big it will slide away from the area that it is meant to protect.
- A player's helmet should fit properly: if it is too loose it may shift and if too tight, will cause discomfort. All screws in the helmet should be properly adjusted and tightened and the facemask should be properly secured. All helmets and facemasks must be CSA certified and the sticker clearly visible. Helmets must be replaced if the shell is cracked or broken.
- Hockey pants should fit properly to protect the kidneys, hips, front, thighs and tailbone.
- Athletic support and cup should be properly positioned and the proper size to fit the player.
- Shoulder pads, elbow pads and gloves should adequately cover the chest and arm areas.
- If you work with female players, be aware that they might purchase junior size equipment for a better fit, but it may not provide adequate protection for the level/division in which they participate. There are good lines of equipment designed specifically for the female player which will provide the necessary protection.
- Equipment such as pants, shin pads, shoulder pads, elbow pads and gloves should slightly overlap the next piece of equipment. This gives maximum protection and minimal exposure.

2) Protective Quality

The primary function of protective equipment is to absorb the shock of impact and distribute the force across a wide area, thus, minimizing shock transmitted to the player's body. If a piece of protective equipment cannot effectively disperse and reduce such shock, it is unsafe and should be replaced.

The following are guidelines to examine the protective quality of each piece of equipment:

- Any piece of equipment with a break or crack in its main structural surface (e.g. helmet, shin pad) should be discarded and replaced.
- Equipment must not be modified in any way that reduces its protective quality.

> Hockey Canada's official Playing Rules book states under rule 3.7, section b) that no player is permitted to wear a sweater or pants modified or altered to gain an advantage or compromise their safety.

- Make sure all Velcro is properly fastened and is not worn out. Poor Velcro will allow equipment to slip out of position therefore not providing the actual protection needed.
- Cracks or tears in other areas of equipment such as gloves or the surface of elbow pads should be repaired immediately, before the damage becomes more severe and protective quality is reduced.
- Examine padding inside equipment and be aware of foam rubber padding which has become brittle through saturation and age. If padding has deteriorated, the protective quality of the equipment has been compromised and shock-absorbing qualities have been reduced. If this occurs, the piece of equipment should be replaced.

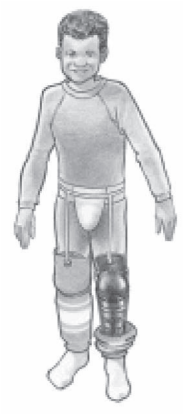
3) Maintenance

- Immediately after **every** game and practice, equipment should be hung up to dry. Moisture allows bacteria to grow so air drying after every use is essential. This will assist in preventing athlete infections and in prolonging the life of the equipment. (Never place leather equipment over any source of direct heat, as cracking will occur.)
- All equipment including the hockey bag should be washed/cleaned on a regular basis and periodic spraying with an alcohol based equipment disinfecting spray is also recommended. The Centers for Disease Control (CDC) issue warnings to athletes and sports teams to routinely clean all sports equipment due to a dramatic increase in serious infections. Cleaning can be done at home or through professional cleaning services. The CDC recommends professional cleaning at least once a year.
- After every game and practice, wipe off skate blades and holders until they are completely dry. This will prevent rusting.
- Skate guards should protect skate blades. A great deal of damage to skate blades occurs in the equipment bag during travel to and from rinks. Bad blades can directly affect performance and, if not properly sharpened and maintained, can lead to injury.
- Skates should be left unlaced with the tongues pulled down so warm air can circulate inside and evaporate moisture. If liners are removable, take them out to dry.
- Regularly check your skate blades for:
  - sharpness: a sharp skate will plane a fine white shaving off your thumbnail
  - nicks: which can often be removed with a small wet stone
  - bends: a bent or loose blade can often be detected by the squeaking noise it makes when gliding to a stop - this can be corrected by most skate sharpeners
  - rivets or screws: ensure that all rivets or screws which attach blade holders to the boot are present and secure
- Skates worn more than 3 times a week should be sharpened weekly.
- Visually inspect all equipment at regular intervals. Usually a shoemaker can repair fabric tears and do patch stitching. If padding or other plastic is cracked, replacement parts can usually be purchased.

Important Note
While Hockey Canada playing rules are in place to address illegal and unsafe equipment, it is the job of all team officials and especially the Hockey Trainer to conduct regular equipment checks and to ensure that players are properly and safely equipped at all times.

7.1 Equipment Tips

Undergarments

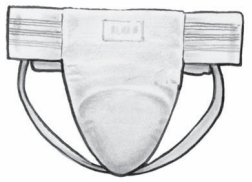


- Are essential to provide a clean layer of protection between the skin and the equipment.
- 50/50 cotton/polyester blends provide good ventilation and comfort for all underwear and socks. New micro fibre and synthetic options offer good moisture wicking properties (they act to move moisture away from the skin thus keeping the skin dryer and less exposed to chafing and infections). There are also sports underclothing lines which offer odour reduction and antimicrobial properties.
- A single pair of clean socks with good moisture wicking/ absorbing properties should be worn in the skates.

Sports Bra

- Female players, especially those who are heavy busted, should wear a sports bra when participating in vigorous activities. These are sized by chest width and cup size as with a regular bra.

Athletic Supports



- The jock strap for males and the jill strap for females are fitted according to waist size. It should fit snugly, but not so tight as to be uncomfortable. The protective cup should be appropriately sized for effective shock absorption.

Shin Pads

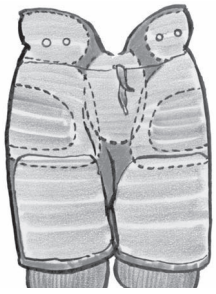


- Shin pads that are too big can slide out of position and reduce protection.
- Shin pads that are too small leave the lower shin area exposed and do not provide adequate protection for the kneecap area and sides of the knee.

Note: Shin pads must cover the entire kneecap area as shown above, front and side. The skate tongue is to be positioned behind the shin pad for added protection.



Pants



- Pants must adequately protect the front and sides of the thigh, tailbone, and hip and kidney area. If not properly fitted, they will not provide adequate protection.
- All tears must be repaired to avoid cuts and lacerations to any exposed areas of skin.
- It is a Hockey Canada requirement that pants with zippers on the inseam are to be properly closed.

Girdles

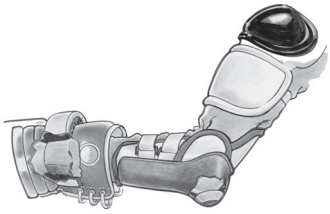
- Worn instead of traditional pants, girdles are designed to fit snugly to the body. Girdle padding must protect the same areas pants normally protect and should not move around when a player walks or skates.
- When standing straight, the bottom of the girdle legs should touch the top of the knee cap.

Shoulder Pads



- Shoulder pads must protect the shoulder joint, collar bone, chest, back and upper arms. For female players, a combination shoulder and chest protector combines shoulder pads with extra protection in the breast area.
- The back of the shoulder pads should overlap slightly with the pants to provide maximum protection to the kidney area.

Elbow Pads



- Elbow pads should protect the entire elbow joint as well as parts of the upper arm and forearm. A properly fitted elbow pad will allow the elbow to rest firmly in the cup. The donut shaped pad should suspend and protect the point of the elbow and the elastic should be snug but comfortable.

Hockey Canada's rule 3.7c) states that all elbow pads which do not have a soft protective covering of sponge, rubber or a similar material at least 1.27cm (1/2 in.) thick, shall be considered dangerous equipment.

Key Point -Slash Guards
A slash guard should be worn to protect the forearm. This is particularly important if the player is wearing short cuffed gloves.

Gloves



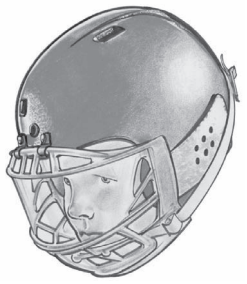
- Properly fitted gloves should be snug, but not tight, and the palms should be soft and pliable so that the player can easily grip the stick and be sensitive to the feel of the puck on the blade. Padding on the back of the glove and in the thumb area should absorb shock. Longer cuff gloves should be worn to protect the wrist and forearm area. Compression should not be felt inside the glove when the back of the glove is pushed with the fingers.

According to Rule 3.6a) palmless gloves are prohibited. After one warning by the referee, a minor penalty .shall be imposed on the offending player for the violation of this rule.

Helmet

- Only helmets bearing a **visible CSA** certified label may be worn in Hockey Canada competition. A properly fitted helmet protects the entire skull, specifically the forehead, temples, ear area and base of the skull.

- A helmet should never be painted and stickers, tape or decals should never be affixed to a helmet unless approved by the manufacturer, as this could weaken the structure and affect its CSA certification/manufacturer's warranty.
- Ensure that only manufacturer approved replacement parts are used, and that they are the correct type for that specific make and model (i.e. screws, attachments, etc).
- Any alterations such as drilling extra holes or removing side straps, chin cups, clamps or ear guards may affect the manufacturer's warranty and /or void the CSA certification.



Note: ***for more information on Hockey Canada policy regarding ear protection and decals on helmets refer to Information Bulletin I02-21 (Ear Protection) and I04-07 (Stickers on Helmets).***

The Application of Stickers on Helmets

Hockey Canada Bulletin I 04-07

Hockey Canada requires all players to wear helmets that are CSA certified from the manufacturer. It is the responsibility of the equipment user to ensure that throughout the life of the helmet the CSA certification is maintained. Hockey Canada recommends that prior to applying anything to the helmet including stickers that they refer to the manufacturer's instructions and if applicable the sticker manufacturer to confirm the type of adhesive they are applying will not jeopardize CSA certification and/or the manufacturer's warranty. It is the sole responsibility of the equipment user to ensure that they are not applying adhesives or other materials that may affect the integrity of the helmet and ultimately void the CSA certification and/or the manufacturer's warranty.

Summary

All players within Hockey Canada must wear a CSA certified hockey helmet and the CSA sticker must remain on the helmet at all times. The following summarizes guidelines related to the application of stickers on the CSA certified helmet:

- It is recommended that you do not apply anything to the helmet; however, if the user decides to apply materials such as stickers then it is their responsibility to ensure that it meets approval of the helmet manufacturer.
- It is important that the manufacturer instructions for care of the helmet are carefully read and followed to ensure proper maintenance of this piece of equipment.

1. What does this policy mean to the user?

Hockey Canada will continue to require all players to wear a CSA certified helmet and a CSA certified facial protector (where applicable) as stated in rule 24 (b). It is the responsibility of the parents and players to ensure that if they are applying a sticker to the helmet that the adhesive meets the requirements of the manufacturer and of CSA, and the manufacturer has approved the application of the sticker. Hockey Canada Officials will no longer remove a player's helmet from play for the application of stickers. Note that this does not by any means allow for other alterations of the helmet or the facial protector.

2. Why is this policy being brought forward?

As you are aware it has become very difficult to police situations in which stickers have been applied to the helmet. There are many stickers that exist that could be approved by the manufacturer, but because Hockey Canada cannot differentiate between these and stickers that should not be applied, we have had to have a policy of no stickers on the helmet. This policy puts the responsibility of ensuring that stickers are approved by the manufacturer back in the hands of the parents and players.

3. Why do some adhesives affect the helmet integrity?

Some glue creates an exothermic reaction, which can alter the molecular composition of the plastic, therefore reducing its strength and protection.

4. How quickly can adhesive affect the helmet?

This depends on many factors including how much the helmet is worn and what material the helmet is made of.

5. Could a unique mark be used to identify stickers that are safe to apply to the hockey helmet?

This is unfortunately not a realistic solution, as it would be very difficult to mark small stickers such as numbers. The other problem is that the mark could be copied and applied to stickers that are not suitable. This type of situation would be difficult to police.

6. Is there another way to affix decals as opposed to glue?

The problem with other application methods is that helmets often get wet and this would cause the stickers to fall off.

7. If a specific manufacturer approves a sticker to be applied to their helmet does this mean the sticker may be applied to a helmet from another manufacturer?

No, the approval from one manufacturer does not mean that the sticker can be applied to all helmets. Approval has to be sought from the manufacturer of the particular helmet.

Facemask



- For all goaltenders and all players in minor and female hockey, a CSA certified full facial protector is required to participate in Hockey Canada competition.
- Not all facemasks will fit every helmet and players should check carefully before purchasing one.
- The face mask should fit to allow one finger to be placed snugly between the bottom of the chin and the chin cup of the protector. Removal of the chin cup voids the CSA certification and exposes the chin to undue risk of injury.
- Never cut out wire to improve vision, as this weakens the structure and eliminates CSA certification.
- Facemasks should be regularly inspected to ensure the wire structure is solid and intact and that screws which attach the facemask to the helmet are securely tightened.
- Clear plastic visors must be **CSA certified**, and should be checked regularly for scratches and cracks. Ensure that only manufacturer approved replacement parts are used, and that they are the correct type for that specific make and model (i.e. screws, attachments, etc.).

Types of Facial Protection

Category	Description	Type	CSA Sticker Colour
Full-Face protectors	Players older than 10 years of age (other than goalkeepers)	B1 or 1	White
		A*	Green
	Players 10 years of age and younger (other than goalkeepers)	B2 or 2	Orange
		B*	Red
	Goalkeepers of all ages	D1, D2, or 3	Blue
		C*	Purple
Eye protectors (visors)	Players in the major junior age category and older (other than goalkeepers)	C or 4	Yellow

** Also appropriate for use in ringette*

Mouth guards

- Although the facemask can reduce dental injuries, teeth and other structures can still be damaged when the lower jaw hits the upper jaw, a common injury in hockey. As well, the facemask can impact into the front teeth and cause damage. It is recommended that all players who play hockey wear a mouth guard. The mouth guard should ideally be moulded to an athlete's teeth by a dentist.
- An added benefit to wearing a properly fitted mouth guard may be a possible reduction in the incidence or severity of concussions resulting from blows to the head or jaw. At this time, however, there is no solid scientific or medical evidence to support this theory.

Throat Protector



- All female and minor players in Hockey Canada must wear a throat protector with the Bureau De Normalisation Du Quebec **(BNQ)** certification logo.
- If the neck guard is altered the BNQ certification is void.
- The throat protector should completely cover the throat, and with bib styles, the upper chest area. Bib style protectors are worn beneath the shoulder pads and offer increased protection.
- The throat protector is an essential piece of equipment in the prevention of cuts and other serious injuries to the throat area.





Jerseys and Socks

Hockey Canada Rule 3.6 a) states that all protective equipment except gloves, head gear or goaltenders leg pads must be worn entirely under the uniform.

- A jersey should be large enough to fit OVER the upper body equipment, provide good range of motion and not ride up when the player is skating.
- The sleeves of the jersey should not be pushed up or tucked inside the elbow pads.
- Socks are tucked inside the hockey pants.
- Socks should not be held up with tape above the knee area as this may impair circulation.



Stick Safety



- Sizing: Youth (junior) sized sticks with smaller (narrower) shafts and straight blades are recommended for younger players. A proper sized stick should reach between the chin and mouth of a player in street shoes with the toe of the stick on the ground. When wearing skates, a stick should reach just below the player's chin.
- Blade Lie: This is the angle of the blade in relation to the shaft of the stick and affects the angle at which the stick rises from the ice. In a "ready stance" with the stick blade flat on the ice there should be no gap between the ice and the bottom edge of the blade. For older players lie and flexibility are often based on skating style and shooting preference.
- The less flexible a stick the greater amount of strength required to use it – thus younger players should use sticks with greater flexibility than older players.
- Regularly check sticks to ensure there are no breaks or cracks in the shaft or blade, which should be smooth with no splinters. Sticks with fibreglass over wrap on the shaft should be cut with a hack saw, when necessary, and taped to prevent penetration of the skin with fibreglass strands and dangerous splintering.

A key message from Hockey Canada

A recent safety concern has surfaced with respect to CSA approved wire cage facial protectors. If the butt end of the hockey stick has not been sufficiently covered there is a possibility that it could penetrate the cage causing injury to the facial area.

Hockey Canada Rule 3.3 (e) states that the end of the shaft of all sticks must be covered to protect against injury. In the case of hollowed shaft sticks, the end of the shaft must have a protective cap as well as being covered to protect against injury. Hockey Canada recommends that parents, coaches, safety people, trainers and players ensure that the sticks butt end is sufficiently covered to minimize the possibility of this type of injury.

Skates

- Proper skates are essential for players to develop effective skating skills.

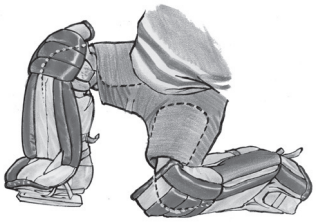
When purchasing skates, here are some helpful tips players should follow:



- Wear the same type of socks that will be worn when playing.
- Put foot in skate and bang heel down to ensure it is properly positioned in the boot. Make sure the skate fits comfortably both in length and width.
- Check to ensure there is one finger space between the boot and heel when toes are touching the front.
- Keep trying on smaller sizes until toes press up against the protective toecap. Then, go back up one half or one full size. Skates usually fit ½ size smaller than street shoes.
- Lace up skates fully and walk around before deciding.
- Never buy skates that are too big with the idea of growing into them. Skates that are too big will inhibit proper skating skill development. When skates are laced up, the eyelets should be about 1" to 2" apart. If they come closer, the boot is too large. If they are wider, a bigger boot, or at least a wider one, is needed.

- Do not wrap laces or tape around the ankle as this can inhibit blood circulation and irritate the Achilles tendon.
- When purchasing used skates make sure there is good life left on the blade. There should be at least 1/2 inch of blade left. The ends should not be rounded right off. This would lead to too little blade on the ice and could lead to premature skate release.

Goaltender's Equipment



- Goaltender's pads are designed for blocking shots and protecting the front and side of the goaltender's legs. Pads should always be fitted while wearing skates. A properly fitted pair of goaltender's pads extends from the toe of the skate up to about 4" above the knee. The large vertical roll should always be on the outside of each leg. It is recommended that leg coverings be worn under the goalie pads.
- Goaltender's pads should always be stored standing to prevent flattening of the padding and air-dried to prevent mildew as the pads dry out. Straps should be checked regularly for cuts or cracks and replaced as needed. Any cuts in the leather of the pads should be repaired immediately.
- Goaltender's knee pads, which are worn under the goaltender's pads described above, can provide additional protection when the goaltender is in such a position that the goalie pads do not cover the knee area.
- Goaltenders should wear a specially designed goaltender athletic supporter and cup for the extra padding and protection it provides.



- Goaltender pants have several additional protective pieces, and the padding is heavier than in regular pants. The inner section, which protects the kidneys, tailbone, groin and waist area, is also fitted with heavier weighted padding and protection.
- The belly pad is designed to protect the collarbone and the entire chest and abdominal areas. Ensure the pants are loose enough around the waist to allow the belly pad to tuck into the pants comfortably.
- The special goaltender shoulder and arm pads are designed to protect the shoulder area and arms right to the wrists. Many goaltenders adjust or add padding to their arms and the front of their shoulders to suit their individual preferences. Pads, which are too small, and do not reach the cuff of the glove, leave the forearms open to injury.



- The wearing of a **BNQ certified** throat protector is required for all goaltenders.
- The catching glove, or trapper, should be appropriate for the hand size of the goaltender and should have a heavily padded protective cuff, which overlaps the protection of the arm pad.
- The blocker is composed of a large, protective fibre back pad which should not be warped, as this exposes the fingers. The glove should be pliable for easy gripping of the stick. Both blocker and catcher are made from various materials such as leather, and should be cared for accordingly. Properly fitting gloves allow a goaltender better control of the stick when handling the puck.
- Goaltenders should select a stick which allows them to comfortably assume the goaltender's stance, or crouch position, with the blade of the stick on the ice. If the shaft or "paddle" of the stick is too big, the goaltender will not be able to assume the crouch, while a shaft, which is too small, causes the goaltender to bend over too far and lift the stick off the ice when standing up.
- Goaltenders in all divisions of hockey are required to wear a **CSA certified** hockey helmet to which a **CSA certified** facial protector is attached and not altered in any way. Facemasks should be regularly inspected to ensure the wire structure is solid and intact and that screws that attach the facemask to the helmet are securely tightened. Ensure that only manufacturer approved

replacement parts (i.e. screws, attachments, etc.) are used, and that they are the correct type for that specific make and model .The following are important notes for goaltenders:

1) Any alterations such as drilling extra holes, removing side straps, chin cups, clamps or ear guards may affect the manufacturer's warranty and /or void the CSA certification.
2) Any goaltender on the bench, as a minimum, is required to properly wear the same protective head equipment as the players.
3) Goaltenders should be wearing a **Type 3** protector distinguishable by a **BLUE CSA** sticker or a **Type C** distinguishable by a **PURPLE CSA** sticker.
4) Always ensure that only manufacturer authorized providers are used when applying paint to goalie masks.

IMPORTANT NOTE: When advising parents regarding selection or replacement of protective equipment, always emphasize that inadequate protection, fitting or maintenance will compromise the safety of the player. Safety should always be the top consideration when purchasing equipment. Regular checks of your players' equipment will help you monitor the protective quality of their equipment.

Water Bottles

A personal water bottle should be considered an integral part of each player's equipment.

There has been concern shown over the potential health risks related to the sharing of water bottles by players, officials, coaches and other participants. The Hockey Trainers Certification Program recommends the following protocol as it relates to the use of water bottles:

"Good team hygiene includes ensuring all players and staff have their own water bottles to prevent the transmission of viruses and bacteria. Bottles should be labelled and washed out after each practice or game."

It is further recommended that officials avoid the practice of drinking from the goaltenders water bottle. If officials require water during a game, we suggest they have their own water bottle at the penalty bench.

Good hygienic practices will help to maintain a healthy team atmosphere and ultimately assist in keeping all participants healthy throughout the season.

7.2 Hygiene

Preventing illness and disease transmission in a team sport is paramount to maintaining team effectiveness and morale. Good hygienic practices help to maintain a healthy team atmosphere and ultimately assist in keeping the team and staff healthy throughout the season. Poor hygiene can lead to a variety of communicable bacterial, fungal and viral infections, which can spread rapidly throughout the team.

While no disease can be fully preventable, we must concentrate on practicing basic preventative hygiene and limiting the spread of illness once an athlete has become infected.

Team staff need to emphasize to players and parents the need for total co-operation in all aspects concerning hygiene from personal care, to equipment maintenance, and extending to common shared areas such as team dressing rooms, showers and storage areas.

1. Stress to all players the need for daily showers with soap. Showering immediately after every practice and competition is very important. **Note:** if players are not comfortable showering at the rink they should be encouraged to shower at home. Good quality soap should be supplied for athletes' showers. (Shower stalls should be frequently sanitized. A 10% bleach solution is an extremely effective antimicrobial agent).
2. Players should report all types of skin rashes to their parents and the Hockey Trainer immediately so that the proper referral can be obtained and the spread of such conditions minimized. The skin is the first line of defense in protection from outside infections. Cuts, scrapes, and blisters allow an avenue for bacterial and viral infections to enter the body. Feet should be washed and dried thoroughly to prevent fungal infections. The groin area should be dried thoroughly after showering to prevent bacterial and fungal infections.
3. Players should wear clean clothes and be encouraged to change underwear worn under their protective equipment **after every use**. Clean, dry undergarments prevent irritation and chafing from equipment and also absorb moisture from the skin. Sport specific gear that directly touches the skin should also be cleaned after every use.
4. Stress good foot hygiene, which includes washing, drying and the use of foot powder. When showers are available players should wear thongs or aqua socks to prevent the spread of bacteria and fungus.
5. Wash hands routinely and always after handling hockey equipment or after dealing with or coming in contact with an injury. Frequent hand washing is one of the best defences in limiting disease exposure. Proper hand washing is performed using soap, rubbing the hands together for a minimum of 30 seconds, then rinsing completely. The friction created when the hands are rubbed together effectively removes any contaminating agent.
6. Ensure all players and team staff have their **own water bottles**. Bottles should be labeled with the athlete's name or number and washed/disinfected after each practice or game. Soda cans or sport drink bottles should not be shared as infection can spread without direct lip contact with the container. Hand to container contact may be enough to spread the contamination.
7. Athletes should not share towels, clothing, bar soap or other personal items.
8. Limit exposure of ill athletes with their team-mates.
9. Protect the body's immune system:

   - **Fatigue & Over Training**: Both of these factors have been implicated in lowering the body's immunity to disease. Proper sleep, 8 to 10 hours per night for an adolescent, should be stressed. Workouts should be structured with appropriate recovery time between stations or drills.
   - **Proper Nutrition**: Athletes should give themselves the best fuel possible to compete. (refer to module 15)
   - **Immunizations** should be up to date

Expanded Thought:

1. List three practices that lead to good team/personal hygiene.

2. You observe players on your team tucking their jerseys into their pants. How would you approach this with the players?

3. You observe that a player's equipment does not fit him/her properly and appears to be quite worn. What criteria would you use to decide if it was safe for that player to participate in the game?

4. In evaluating the protective quality of a player's helmet what should you look for?

8.0 INJURY PREVENTION TECHNIQUES

8.1 General Principles of Conditioning

It is a well known fact that athletes are less likely to be injured when they are physically fit. In addition, well conditioned athletes can perform at a higher level of intensity for longer periods of time without becoming fatigued. This resistance to fatigue allows fit athletes to be both physically and mentally in control of themselves from the drop of the puck until the final buzzer.

The basic components of fitness are:

- Aerobic and Anaerobic Conditioning
- Muscular Endurance, Strength and Power
- Motor Coordination and Skill
- Joint Flexibility
- Speed, Agility and Quickness Characteristics

This section will briefly describe these components of fitness. To learn more about the systems specific to your team, please consult a professional in this field.

Aerobic Conditioning

This is the training of the athlete to utilize oxygen as an energy source at different workloads. The athlete is generally training for a longer period of time at an intensity of anywhere from 50-85% of maximum exertion. The proper work to rest ratio involves exercising for longer than 120 seconds then resting for an equal amount of time. The development of this energy system is critical in the game of hockey. A large degree of Aerobic Conditioning allows the player to recover better enabling them to perform for an entire game at maximum intensity. The development of Aerobic Conditioning is essential in the development of Anaerobic Conditioning for hockey.

Anaerobic Conditioning

This is the training of the athlete to work at a high intensity (greater than 85% of maximum exertion) for a short period of time. Generally, an athlete will work from 0 to 120 seconds with 5 to 6 times as much rest allowed between work intervals. During this type of activity the muscles do not require oxygen to work, however, lactic acid is produced as a by-product that accumulates in the muscle. The key to its success is following the proper work to rest ratios when training. It is through this type of conditioning that players will develop improved speed.

Muscular Endurance/Strength/Power

Muscular endurance is the ability of a muscle or group of muscles to work for an extended period of time.
Muscular strength is the ability of a muscle or group of muscles to produce a large amount of force a few times.
Muscular power is the ability of a muscle or group of muscles to produce force in a short period of time.

The training of these fitness components is complex and dependent on the athletes' age and experience.
- For 9 to 12 year olds emphasis should be on motor coordination and skill development.
- For 13 to 16 year olds emphasis should be on development of aerobic conditioning and muscular endurance.
- For 17 to 20 year olds emphasis should be on development of aerobic conditioning, anaerobic conditioning and muscular strength and power.

Note: It is important to consult a professional when introducing muscular endurance/ strength/power training.

Motor Co-ordination and Skill

This is the training of the athlete to perform new skills, agility and quickness. It is important that the development of new skills follow an acceptable sequence, allowing the athlete enough time to practice these skills in a controlled situation prior to executing them in a game situation. When teaching new skills, it is important to first teach these skills when the athlete is well rested and not fatigued. As the new skill is mastered, it is important to allow the athlete to practice the skill under different levels of fatigue and stress.
During the growing years, motor co-ordination is influenced by periods of rapid growth causing the athlete to lose certain aspects of his/her motor co-ordination and skill. During these periods, it is important that time is allowed for the athletes' motor co-ordination and skill to catch up with their growth.

Joint Flexibility

Flexibility is defined as the range of motion (ROM) available at a joint or series of joints.

The development of joint flexibility allows the body to move more freely with less energy costs; indicating that the joint has better movement efficiency. Another way to look at this movement efficiency is in terms of movement stiffness. The goal of flexibility training is to increase the range of motion and decrease the movement stiffness or resistance to movement. A joint's range of motion is improved through stretching while the movement stiffness is improved through warm-up activities.

Stretching improves a player's flexibility. Therefore, stretching is a fundamental component of any risk management and safety program. An appropriate stretching program can provide the following benefits:

- Increased Range of Motion
- Increased Strength
- Increased Movement Efficiency
- Increased Muscular Relaxation
- Improved Posture and Symmetry
- Improved Body Awareness
- Decreased Muscle Soreness

Stretching ultimately allows a player to increase their level of performance and decrease their risk of injury.

There are generally two types of stretches or flexibility:

1) **Dynamic**: Dynamic stretching consists of controlled movement that takes you gently to the limits of your range of motion. It involves the ability to use your own muscular strength to move under control through the entire range of motion of a joint. As hockey requires dynamic movements, it is necessary to conduct dynamic stretching exercises. Start off with the movement at half speed for a couple of repetitions and then gradually work up to full speed movement under control through-out the entire range of motion of the joint.

   Examples of Dynamic stretching are found in the Dynamic Warm-up section of this module.

2) **Static/Active**: Static/Active stretching involves gradually assuming a position and then holding it there on your own with no assistance other than using the strength of your own muscles.

The position should be held statically and you can often move further into the stretch position as the stretch sensation subsides.

Static/Passive: Static/Passive involves gradually moving into the stretch position and holding that position within the joint's range of motion using your own body weight, the support of another limb or the support of an external object. Often in static stretching you are advised to move further into the stretch position as the stretch sensation subsides.

It is generally accepted that to improve static flexibility an athlete must stretch regularly holding each stretch for 15-30 seconds and repeating 2-4 times for each side. It has also been shown that the total time spent stretching is important in the amount of range of motion gained.

Examples of Static active/Passive stretching are found in the Cool-down section of this module.

Speed, Agility and Quickness Characteristics

The secondary fitness characteristics of Speed, Agility and Quickness are cornerstones in hockey. Today's hockey player must work to develop top speed, defining agility and lightning quickness to adapt to the multi-directional demands of hockey. These fitness parameters are developed through-out the athlete's career.

The foundation of all of these skills is first the ability of the athlete to stop under control with balance on a single foot regardless of the direction of movement. So it is important to teach the athlete to stop first and move second!

All of these skills are generally anaerobic in nature and must follow the training guidelines as outlined in anaerobic conditioning. As there is also a high skill and motor control component to these skills, the coach must first teach the skills of these drills prior to the training of speed, agility and quickness

The development of these basic components of fitness is the goal of every coach. Their development should be aimed not only at improving the athletes' performance, but also for injury prevention. Through proper conditioning a player will be able to better handle the stresses of the game, putting them at a lower risk for injury.

8.2 Off-ice Conditioning: Considerations And Guidelines

- The development of an appropriate off-ice training program should incorporate all the major components of fitness. It is necessary to consult with an appropriate fitness professional when starting an off-ice training program.
- All activities must be appropriate for the age and ability of the player:
  - For 9 to 12 year olds emphasis should be on motor coordination and skill development.
  - For 13 to 16 year olds emphasis should be on development of aerobic conditioning and muscular endurance.
  - For 17 to 20 year olds emphasis should be on development of aerobic conditioning, anaerobic conditioning and muscular strength and power.
- All players must warm-up before and cool-down after all training sessions, and players must drink sufficient amounts of cold water before, during and after sessions.
- It is important that all players are properly supervised during off-ice conditioning and players should never participate in any form of conditioning that aggravates an injury.
- Training and exercise must not be used as a form of punishment.
- The player should be able to stop participating in any exercise if he/she chooses to do so.
- The exercises should be discussed with the player so he/she understands both the purpose of the exercise and the expected stress and fatigue of the exercise.

8.3 Warm-up Considerations And Guidelines

While the player may be in top form in terms of their physical conditioning, participation in vigorous sports like hockey requires a proper warm-up to help prepare the body for the increased demands and to help prevent injuries.

A proper warm-up provides a number of benefits to the body:

- Increased general body and tissue temperature.
- Increased blood flow throughout the cardio-respiratory system and ultimately to the working muscles.
- Increase in the body's metabolic processes.
- Decreased resistance of connective tissue thus allowing for greater movement in muscle and associated joint structures.
- Enhanced psychological preparedness of the athlete.
- Reduced risk of muscle/tendon pulls.

While the above is not an exhaustive list, the benefits are readily seen. To be effective, a good warm-up should focus on the following:

1. To raise body temperature resulting in an increase in respiratory and heart rate.
2. It should affect as many of the large muscle groups as possible to effectively make tissues less stiff and flexible.
3. It should be made up of general body activities and some sport-related ones.
4. To reduce muscle stiffness, as muscle injury is thought to be related to muscle stiffness.

Off-Ice Warm-up

Ideally players should arrive at the arena at least 30 minutes before a game or practice to prepare both mentally and physically. Players should warm-up for approximately 10-15 minutes.

The warm-up can be divided into 3 phases:

1) General Total Body Warm-up
2) Dynamic Warm-up
3) Speed, Agility and Quickness Warm-up

1) General Total Body Warm-up

The General Total Body Warm-up is simply a general aerobic activity such as jogging, biking or skipping at a low intensity. The goal is simply to get the heart and lungs working at a higher rate, and to get the body warmed up to a light sweat.

2) Dynamic Warm-up

The Dynamic Warm-up is a series of callisthenic type movements and exercises aimed at moving the body in a controlled manner though a variety of movement patterns. Exercises such as jumping jacks, lunge walking, high knee marching, bum kick walking, straight leg marching, push-ups, carioca, trunk rotations, burpees and arm circles are simple examples of the type of exercises completed during the dynamic warm-up. The goal is to ensure that the athlete moves under control through the entire range of motion available at the joint and to gradually increase the intensity of the movements during the dynamic warm-up.

3) Speed, Agility and Quickness Warm-up

The Speed, Agility and Quickness Warm-up should consist of a series of drills to prepare the athlete to play hockey. The exercises could be things like hopping, skipping, pattern drills like hop scotch and ladder drills, jumping or reaction drills. These warm-up exercises should be done at a high intensity for a short duration with lots of recovery time between exercises. These exercises should not fatigue the athlete prior to the game!

On-Ice Warm-up

Once players are on the ice, the warm-up should follow the same 3 basic phases:

1) General Total Body Warm-up
2) Dynamic Warm-up
3) Speed, Agility and Quickness Warm-up

1) General Total Body Warm-up will consist of basic skating drills aimed at gradually increasing the athlete's heart rate and respiratory rate. The player should get a feel for the ice by doing some basic skating skills:

- Forward/backward skating in a straight line as well as turning corners to the right and left.
- Skating in circles to the right and left.
- Cross-overs to the right and left.
- Slow stops and starts to the right and left.

2) Dynamic on-ice Warm-up will consist of some basic movement exercises such as:

Shoulder Flexion
- Holding the stick with both hands in front of their body, the player lifts their arms over their head as far as possible without arching their back.

Shoulder Extension
- Holding the stick with both hands behind their back, the player lifts their arms behind their back as high as possible without arching their back.

Trunk Rotation
- Holding the stick at shoulder height with both hands, the player rotates their trunk to one side, returns to the middle and stops, and then rotates to the opposite side. DO NOT rotate from side to side without stopping in the middle.

Note: During these exercises the athlete should control the swing. There should be little momentum and no bounce.

Groin/Thigh

- While gliding, as in illustration, the left leg is forward with knee bent over the skate.
- Keep back straight with hips and shoulders square.
- Keep the right leg straight with inside of skate gliding on the ice.
- Press forward and down, bending the left knee, stretching the right groin and thigh.
- Slowly move in and out of stretch.
- Repeat stretch for opposite leg.



3) Speed, Agility and Quickness Warm-ups are done doing technical skills specific to hockey. The players should ensure that they are moving at top speed prior to the opening face-off.

8.4 Cool-down

The cool-down is the opposite of the warm-up. If the warm-up prepares the body for exercise, then the cool-down recovers the body following exercise. The cool-down is one of the most important features of the recovery process following exercise.

An appropriate cool-down will:

- Aid in the dissipation of waste products
- Reduce the potential for muscle soreness following exercise
- Reduce the chances of dizziness or fainting caused by the pooling of venous blood in the extremities
- Reduce the level of adrenaline in the blood

The cool-down should consist of a period of 5 – 10 minutes of light aerobic activity to keep the muscles working to aid in the dissipation of waste product and keep the blood from pooling in the extremities. It is generally agreed that static stretching during the cool-down is beneficial.

STRETCHING

Stretching should be completed after every game, practice and off-ice training activity.

General Static Stretching Instructions:

1) Players should be warm prior to stretching.
2) Players should maintain the proper body position and alignment during each stretch.
3) Players should be alert to the feel of the stretch: the feeling should be one of gentle stretch not pain. DO NOT OVER STRETCH.
4) The stretch should be static and not bouncy.
5) Stretches should be held for 15-30 seconds and repeated 2-4 times each.

Things to Remember

- These stretches should be considered the minimum requirements.
- For more stretches, consult an appropriate professional in your community.
- If a player complains of pain during any of the dynamic or static stretching exercises, the player should stop the exercises and seek medical advice.
- A player's flexibility will decrease during their growth spurt. This occurs at approximately age 12 for girls and age 14 for boys. More frequent stretching may decrease these effects.

Players should perform the following seven (7) stretches to complete the cool-down.

Cool-down Stretches

1. Trunk/Shoulder



- Stand with feet shoulder width apart -bring left arm overhead reaching hand down spine
- Hold the left elbow behind the head with the right hand
- Bend the trunk straight sideways to the right
- Do not rotate the trunk

2. Thigh/Quadriceps



- Stand on your left foot holding wall with left hand for support
- Reach behind with the right hand holding the right foot
- Keep back straight and hips and shoulders square
- Lift the right foot and ankle towards the right buttocks
- Keep the right leg in good alignment: the right shoulder, hip, knee and ankle should be aligned

3. Thigh/Hip Flexor



- Kneel on the right knee
- The left leg is forward with the knee bent
- Place hands on the floor at each side of the left foot
- Keep your back straight and hips and shoulders square
- Stretch forward feeling the stretch in the right thigh and hip flexor

4. Groin



- Sit on the floor with your feet together as in the picture
- Keep your back straight
- Pull your feet in towards your groin until you cannot keep your back straight or keep your feet together
- Put your elbows on your knees and your hands on your ankles
- Press your knees towards the floor, to increase the stretch rotate forward at the hips while keeping your back straight

5. Hamstring/Lower Back



- Sit on the floor with the left leg extended and the right leg bent inward as in the picture
- Keep the back straight and hips and shoulders square
- Keep the left leg in neutral rotation and aligned with the left shoulder. Reach forward with your hands keeping the back straight (Think of bringing your chest towards the thigh, not the head to the knee)

6. Low Back/Hip Extensor



- Lie on your back with the right knee bent up towards the chest as in the picture
- Hold the right knee with both hands (If a player complains of pain holding the knee as illustrated; instruct them to hold the leg/thigh under the knee)
- Keep the right knee in alignment with the right shoulder
- Pull the right knee towards the chest

7. Gluteal/Hip/Low Back



- Lie on your back with the right hip and knee bent and the foot over the left leg as in the picture
- Place the right hand flat on the floor with the shoulder at 90 degrees as in the picture
- Turn the head to the left
- Hold onto the right knee with the left hand and pull the knee towards the floor
- Allow the body to rotate until the shoulder is about to lift off the ground
- Keep the shoulders and right hand in contact with the ground

REMEMBER
Players should be dressed in comfortable track/athletic clothing when performing stretching routines. (These stretches may also be done in equipment)

Hold each stretch 15-30 seconds and repeat 2 – 4 times for each side.

Expanded Thought:

1. What are some exercises that you could use with your team for warm up and cool down?

Off Ice Warm up:

_____

_____

On Ice Warm up:

_____

_____

Off Ice Cool Down:

_____

_____

2. What types of dry land training activities are appropriate for your team?

_____

_____

_____

_____

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.

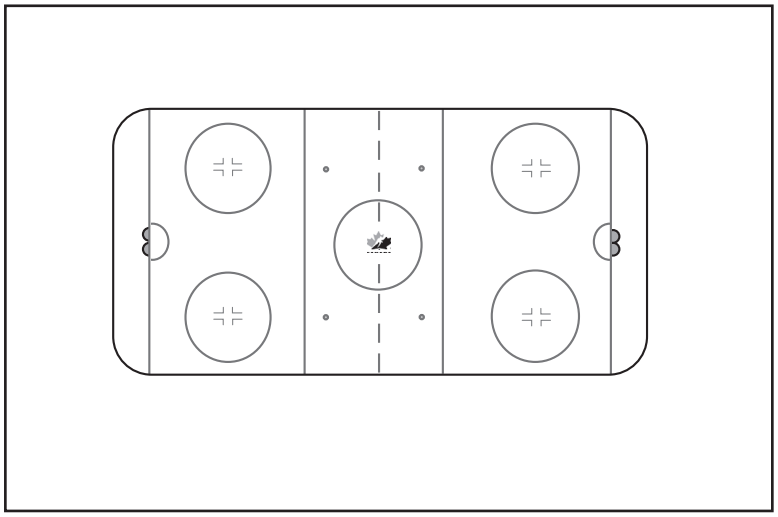
CONTROL PERSON

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
- AED

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 personel 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.

Expanded Thought:

1. As the Charge Person, once you have initiated the EAP what are some things you should consider while awaiting the arrival of the ambulance?

2. Your team is attending an out of town tournament. As the Charge Person what can you do to prepare for effective implementation of your EAP?

EAP Wallet Cards

Hockey Trainer's Emergency Telephone Numbers

Facility Name: _____

Facility Address: _____

Facility Phone #: _____

Emergency _____

Fire . _____

Police _____

Ambulance _____

Hospital _____

Poison Control _____

Other _____

Hockey Trainer's Emergency Telephone Numbers

Facility Name: _____

Facility Address: _____

Facility Phone #: _____

Emergency _____

Fire . _____

Police _____

Ambulance _____

Hospital _____

Poison Control _____

Other _____

Hockey Trainer's Emergency Telephone Numbers

Facility Name: _____

Facility Address: _____

Facility Phone #: _____

Emergency _____

Fire . _____

Police _____

Ambulance _____

Hospital _____

Poison Control _____

Other _____

Hockey Trainer's Emergency Telephone Numbers

Facility Name: _____

Facility Address: _____

Facility Phone #: _____

Emergency _____

Fire . _____

Police _____

Ambulance _____

Hospital _____

Poison Control _____

Other _____

Hockey Trainer's Emergency Telephone Numbers

Facility Name: _____

Facility Address: _____

Facility Phone #: _____

Emergency _____

Fire . _____

Police _____

Ambulance _____

Hospital _____

Poison Control _____

Other _____

Hockey Trainer's Emergency Telephone Numbers

Facility Name: _____

Facility Address: _____

Facility Phone #: _____

Emergency _____

Fire . _____

Police _____

Ambulance _____

Hospital _____

Poison Control _____

Other _____

AED (On site)
Location: _____

Emergency Phone (On site)
Location: _____



AED (On site)
Location: _____

Emergency Phone (On site)
Location: _____



AED (On site)
Location: _____

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AED (On site)
Location: _____

Emergency Phone (On site)
Location: _____



AED (On site)
Location: _____

Emergency Phone (On site)
Location: _____



10.0 INJURY MANAGMENT 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. Immediately**
4. **(C) Compressions**
5. **(A) Airway**
6. **(B) Breathing**

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 immediately.
4) Assess and monitor - Does the player appear to be breathing normally?

C **Compressions**
Push hard and fast on the center of the chest

A **Airway**
Assess the airway

B **Breathing**
Give Mouth-to-mouth rescue breaths

Neck Stabilization - Overhead View

Found face up



Found face down



It is a good idea to carry a towel or small blanket which can be used to provide protection between yourself and the ice surface while tending to an injured player.

- The head/neck must be **stabilized in the position found** with the Hockey Trainer's hands on opposite sides of the head by placing the hands along the sides of the helmet and the neck area. (See diagram)
- Never remove the helmet.
- The face mask should only be flipped back if the player is not breathing or is having difficulty breathing. Straps should be cut using scissors from your first aid kit.

The primary goal of the Hockey Trainer is to stabilize the player such that the athlete does not move and cause further injury. If the player has fallen and is resting in a certain position, remember that you must always stabilize the player in the position found and prevent movement of the injured area.

Important Message

This course material has only given you a few tools to recognize and manage a life-threatening situation and will in no way teach you how to treat such an injury.

You are encouraged to take First Aid and C.P.R. courses in your community to familiarize yourself and to be able to deal effectively with life-threatening situations.

11.2 Proper Techniques For Assessment Of An Injured Player

The first step is always to assess whether a life threatening situation exists and respond as directed in section 11.1. Once you have done this you must assess the player for any other injuries. These steps are not intended to make you an expert at injury assessment but to provide the basic information to help determine the severity of an injury and the most appropriate response.

1. STOP

Evaluate the surrounding environment and approach the player with caution. Remove any potential hazards (e.g., broken sticks) before touching the player. By witnessing the event, you will already have an idea regarding the type and severity of the injury. Much of this recognition occurs before you reach the player.

This is a very important step and there are important guidelines you should follow:

- Always put on your barrier protection gloves before coming in contact with an injured player. Make sure that anyone assisting you is also gloved.
- The player should never be moved until you are sure that they are not severely injured.
- Rule out the most serious injury first by assessing the level of consciousness and the CAB's - Compressions, Airway and Breathing. Make sure that the player does not have a spinal (neck or back) injury.
- Do no harm. The player is already injured so do not make it worse by moving the injured part unnecessarily.
- Take your time. Do not rush your assessment. Many injuries will settle over a few minutes and the examination will be much easier and more informative.
- Be thorough. Evaluate carefully so that you know what you are dealing with.
- Stay calm. You need to stay composed to keep everyone else calm. When you start to panic you are unable to think clearly.

2. LOOK

Look for visual signs that would indicate severity and type of injury such as:

- Swelling: localizes the injured area.
- Loss of motion: an important finding in assessing severity.
- Compare the injured limb with the uninjured limb and note any difference in color or size.
- Deformity: sign of severe injury such as a dislocation or fracture.
- Bleeding: look for bleeding under equipment.

3. LISTEN

The most important part of the examination and assessment is the history. The player will usually tell you what happened and where they are hurt:

- The mechanism of the injury - how it happened? What were you doing at the time? If you did not see it, ask the referee or another player.

- The injured area
  - Where does it hurt?
  - Severity of pain: How painful is it?
  - Previous injury: Have you had an injury in the area before? If so, is the injury as painful as the last time?

- Other areas: Do you hurt anywhere else?

- What have you eaten today?

- Is there any relevant information in the player's medical information file?

4. FEEL

This is the last component of the injury assessment. The Hockey Trainer should seek permission for, and give an explanation of, touching the player, except in an emergency situation. Feel gently so you will not cause additional pain and make the player even more anxious. Begin in areas which are away from the injured area and move slowly towards the affected area.

Make note of any:

- Tenderness to touch: localizes the area.
- Swelling and warmth: localizes area and indicates severity and inflammation.

NOTES

- Physical contact between the Hockey Trainer and the player should not involve touching the genital area, buttocks or breasts. Injuries to these areas are very serious in nature and should only be treated by a qualified medical professional. If examination of these areas is absolutely necessary, players should perform a self-examination and relay the information to the Hockey Trainer, unless it is a medical emergency.
- The Hockey Trainer should avoid touching players out of sight of others. Use a "two-deep" (two personnel/two adults) supervision system.

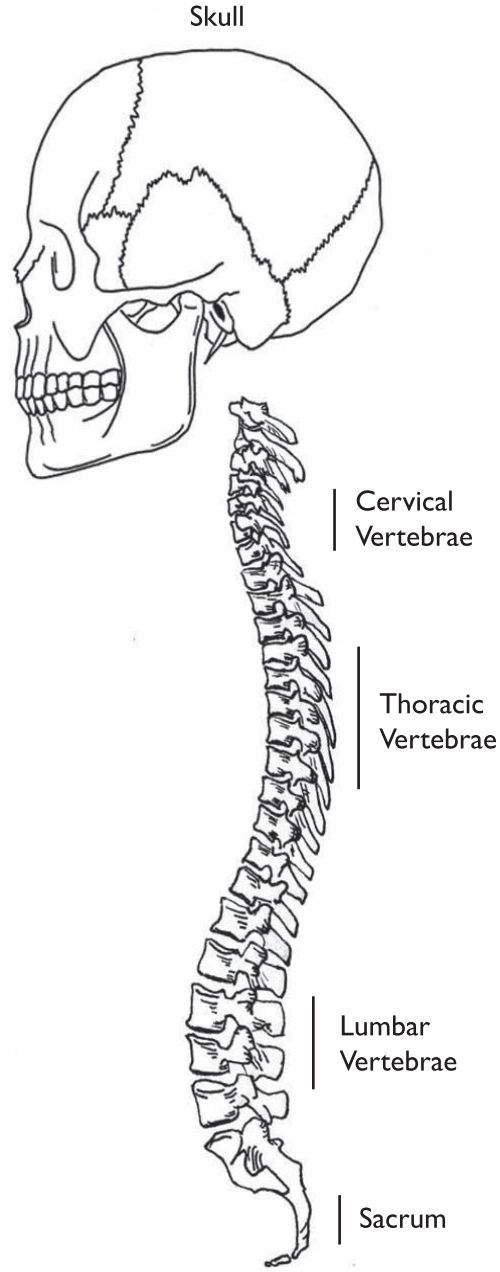
PRIMARY CONSIDERATIONS

- The possible severity of the injury
- The immediate protection of the injury (e.g. neck stabilization)
- Whether the athlete should be moved
- Whether the Emergency Action Plan should be put into action
  - **If yes**, is further assistance required to manage the player until the ambulance arrives?
  - **If no**, method of removal – player assistance, self?
  - Should player be referred to physician?
- Whether player can continue to play

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 C (Compressions), A (Airway), B (Breathing) 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.

Remember: The Hockey Trainer's role is to,

1. Promptly recognize spinal/neck injuries.
2. Activate the EAP.
3. Prevent the injury from getting worse.

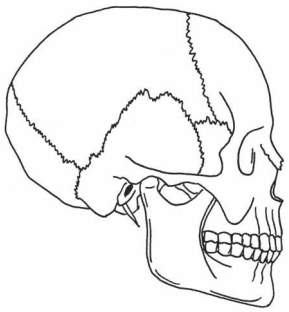
Expanded Thought:

1. One of your bantam players is hit at center ice with a cross-check to the neck and falls to the ice. The player does not get up, is having difficulty breathing and is semi conscious.

   What should you do?

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	Signs
• Headache • Dizziness • Feeling dazed • Seeing stars • Sensitivity to light • Ringing in ears • Tiredness • Nausea, vomiting • Irritability • Confusion, disorientation	• 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 **C** (Compressions), **A** (Airway), **B** (Breathing) and continue to monitor the CAB'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 mental and physical 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 minumum of one day. If symptoms or signs return, the player should return to step 1, and be re-evaluated by a physician.

REMEMBER

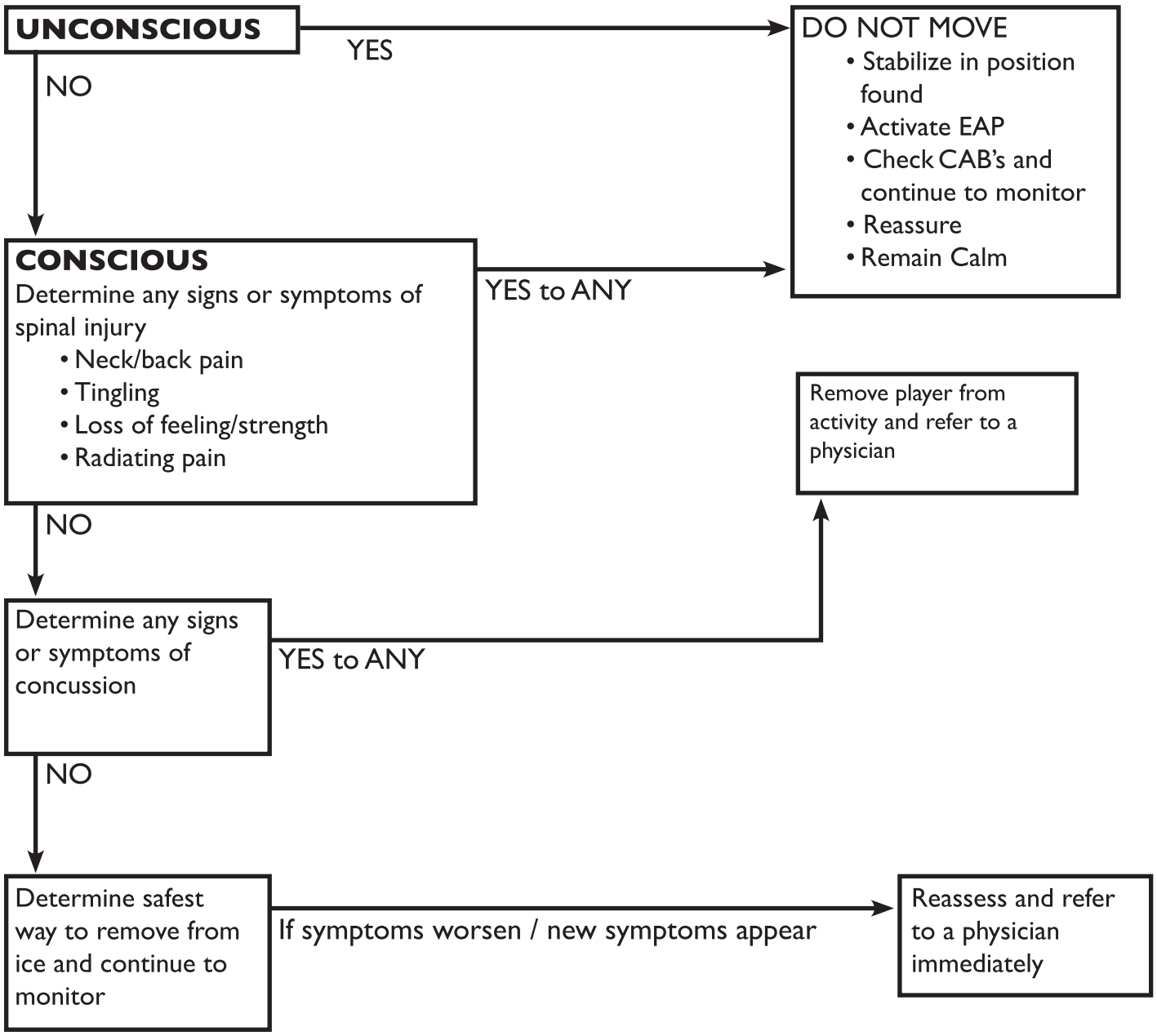
A second concussion on top of the first concussion can lead to substantially more damage than one concussion alone. The effect of concussions is cumulative and the end result of several concussions could be long term/permanent impairment and the end of a player's participation in sport if not properly 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	Coach/Trainer/Referee
• 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	• 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

EMERGENCY ASSESSMENT OF AN INJURED PLAYER



Expanded Thought:

1. During a game one of your players collides with an opponent at center ice and falls down. Your player gets up slowly and comes to the bench and appears to be shaken and off balance. He complains of dizziness and a slight headache.

   What questions should you ask?

   _____

   _____

   What would be your assessment of this injury based on what you have seen and heard?

   _____

   Can this player remain in the game? YES NO

   If your answer is no, when can the player return to play?

   _____

   _____

2. You remove a player from a game with a suspected concussion, instruct the player to see a doctor and obtain his physician's permission to return to play. You communicate this information to the coaches and to the player's parents. The player returns to the team's next practise two days later and claims to be fine and ready to play. He does not bring a return to play note. The coaching staff wants him to practise as there is an important playoff game the following night.

   What is your role in this situation?

   _____
   _____

   Before returning to play, the player should?

   _____
   _____
   _____

   How would you handle this situation?

   _____
   _____
   _____
   _____
   _____

13.0 INJURIES AND ILLNESS

Over the course of a season, you will encounter many different types of injuries. Most of these injuries will be of a soft tissue nature involving muscles and joints.

Soft tissue injuries can be classified as:

- Strains
- Sprains
- Contusions

Fractures, lacerations, other skin conditions and some infectious blood borne diseases will also be dealt with in this section.

13.1 Soft Tissue Injuries

With soft tissue injuries, as with any injury, it is important that you know how to:

- Assess the injury
- Recognize the severity
- Act appropriately to prevent further injury
- Manage the injury properly until the player can seek professional medical attention

All soft tissue injuries can be managed with the same basic principles. Remember **PRICE.** This term will allow you to have an understanding of the initial management, care and prevention of the most common hockey injuries. By applying these five principles, the injured player will have avoided further injury, will be comfortable and will be well on their way to a quick recovery.

P **Protect the injured area from further damage**
- Immediate stabilization may be required.
- Additional protection may be needed for return to play.

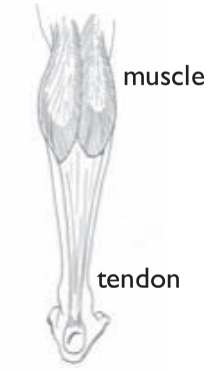
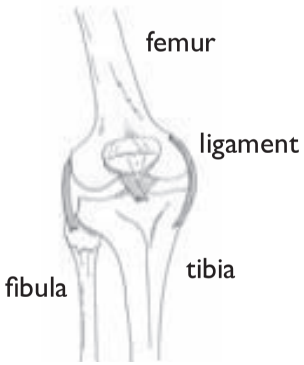
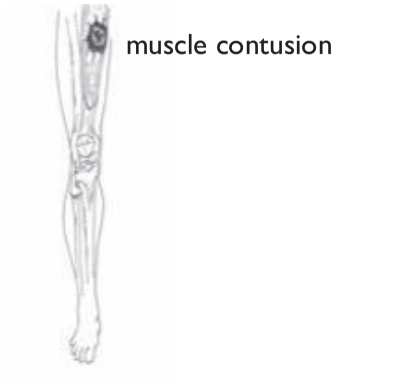
R **Rest/Restricted Activity**
- Remove the athlete from the activity.
- Do not move injured area.
- No injury will heal unless rest is given.

I **Ice**
- The use of ice over an applied wet tensor or towel aids cold conduction and will help in the reduction of swelling and pain.
- Apply ice for 10-15 minutes every 60 minutes for the first 48-72 hours or as directed by a physician.
- Never apply ice directly to the skin and use caution in areas such as the face, neck, wrist and groin.

C **Compression**
- Tensor wrap or crepe bandage can be very useful in providing some consistent and even pressure over an injured area.
- Do not wrap too tightly, check frequently and never leave a tensor wrap on overnight.

E **Elevate the injured area**
- When the injury allows elevate the injured part above the level of the heart. This will allow the swelling to diminish rather than move further down the limb. It will also alleviate pain.

13.2 Strains, Sprains And Contusions

	STRAIN	SPRAIN	CONTUSION
DEFINITION	Injury to a muscle, tendon and/or its attachment to the bone 	Injury involving a joint and the ligaments surrounding it 	Injury to a muscle, joint or bone from a direct blow 
MECHANISM OF INJURY	The muscle and tendon are pulled beyond their normal capacity	The joint is twisted or moved beyond its normal range of motion	Direct blow
COMMON LOCATION	Groin, Thigh	Knee, Shoulder, Ankle	Thigh, Foot, Ankle
SYMPTOMS (listen) Player reports	• Pain with use of the muscle • Difficulty moving or skating • Stiffness	• Pain in the joint area • Instability in the joint area when bearing weight • Difficulty in moving the joint or limb • Stiffness	• Pain over area of impact • Difficulty in bearing weight or moving • Stiffness • Spasm/cramping
SIGNS (look/feel)	• Difficulty in bearing weight or moving • Swelling and tenderness over muscle belly or tendon • Loss of strength	• Difficulty in bearing weight or moving • Swelling and tenderness over joint • Loss of motion	• Difficulty in bearing weight or moving • Swelling and tenderness over area of impact • Loss of motion
SEVERITY	• Mild • Moderate • Severe Severity correlates well with degree of pain, swelling and loss of motion.	• Mild • Moderate • Severe Severity correlates well with degree of pain, swelling and loss of motion.	• Mild • Moderate • Severe Severity correlates well with degree of pain, swelling and loss of motion.
MANAGEMENT	**P.R.I.C.E.** for 48-72 hours or as directed by a physician Do not massage Always suspect a fracture	P.R.I.C.E. for 48-72 hours or as directed by a physician Do not massage Be careful even with mild sprains as they can become worse over the first 12-24 hours. Always suspect a fracture	P.R.I.C.E. for 48-72 hours or as directed by a physician Do not massage Always suspect a fracture

13.3 Fractures



Definition: A break in the bone.

Mechanism: Direct blow

Indirect force (fall on outstretched arm)

Common Location: Ankle, lower leg, wrist, clavicle

Symptoms

- Pain
- Inability or difficulty to move injured area
- Grinding or snapping sound at time of injury

Signs

- Deformity of the limb at the injury site
- Cannot support injured (broken) limb
- Inability or difficulty moving injured area
- Tenderness

Care:

- Do not move or attempt to straighten injured area
- Stabilize the injured area
  e.g. pin the sleeve of the sweater to the sweater itself to support and stabilize the wrist or arm
- Activate Emergency Action Plan
- Do not remove equipment

KEY NOTES: You should always err on the side of caution and be suspicious of a fracture for any soft tissue injury which does not heal quickly or gives a great deal of pain.

Injuries such as dislocations in the joint area should be treated as fractures - immediate medical attention is required. (A dislocation occurs when one end of a bone is pulled or pushed out of its normal position.)

13.4 Skin Wounds And Lacerations

	Blisters	Abrasions	Minor/ superficial cuts	Lacerations
Definition	Usually caused by friction of the skin from poorly fitting skates or shoes, improper taping or overuse	A disruption to the top layers of the skin that is susceptible to re injury and infection	A disruption of the deeper layers of the skin	A disruption of the deeper layers of the skin resulting in increased risk of infection and possible scar formation
Symptoms Player reports	Pain	Pain	Pain and discomfort	Pain, possible numbness
Signs You see	Warm reddened area on the skin (hot spot) or a clear liquid filled "bubble"	Reddened raw area of skin – possible bleeding	Bleeding	Bleeding – if severe the blood may be pulsating/ spurting
Management	• Do not break a blister • If it breaks, treat as an open wound • Cleanse and cover • Protect the area with second skin or a nonadherent pad • Use elastic tape to firmly secure the pad • May need to apply donut pad	• Clean with antibacterial soap and water or sterile saline • Apply dressing or band aid • Do not apply any creams or ointments to the wound	• Clean with antibacterial soap and water or sterile saline • Apply dressing or band aid • Do not apply any creams or ointments to the wound • Refer to physician if there is any doubt as to deepness	• Place gauze dressing on wound, apply pressure and elevate when possible • Ice may be applied to the area to control bleeding • Activate EAP if bleeding is severe • Refer player to physician
Notes	• Petroleum jelly or skin lube applied to the covered area, sock and inside the skate boot will further reduce friction • Keep wound covered during play	Keep the wound covered during play until completely healed which may take several weeks	Keep the wound covered during play until completely healed which may take several weeks	**Neck Laceration** • Any laceration in the neck area is dangerous and can be life threatening. • Pressure with pressure bandage (large gauze dressing or clean towel) should be placed over the area and kept until medical help arrives. • Activate EAP • Leave player in position found
Prevention	• Keep feet clean and dry • Appropriate socks • Properly fitted skates and training shoes	Wear clean dry underclothing under equipment to avoid skin irritation		Always wear a properly fitted, maintained and positioned BNQ throat protector

Key Note: Watch all skin wounds for signs of infection or a wound that does not heal quickly and refer to physician as necessary.

13.5 Dental Injuries

When an athlete loses a tooth, the initial response of the Hockey Trainer is very important. Keep the following points in mind whenever you are dealing with a tooth injury:

- **If a tooth is knocked out or if a piece breaks off** – save the tooth/piece and refer the player to a dentist. Protect the tooth/piece by keeping it moist with saline, milk, or saliva and remember to handle it with sterile gauze. Do not attempt to clean it and avoid touching the exposed areas.
- **If tooth is loosened** – refer the player to a dentist as soon as possible.

Important Note: For any dental injury the player should be removed from play and referred to a dentist.

13.6 Communicable Diseases

As parents, coaches, Hockey Trainers and players, we are concerned about AIDS and HIV in the community. The Canadian Academy of Sport Medicine (CASM) prepared a position statement clarifying many of the issues about the disease, the virus, its transmission and how it relates to sport. The following is a summary of the CASM statement.

Human Immunodeficiency Virus (HIV) is the cause of Acquired Immune Deficiency Syndrome (AIDS). HIV infects and seriously damages the body's immune system. Without the protection of the immune system, people can suffer fatal infections and cancers. People can be infected with HIV before being symptomatic.

Hepatitis A, B, and C are also viral infections. The hepatitis viruses infect the liver causing serious illnesses. The complication of hepatitis may be fatal. HIV, HBV, HCV are all transmitted in similar ways. Transmission of HIV occurs mainly through sexual activity.

Risk of HIV Transmission in Sport

The risk of transmission of HIV in the hockey setting is exceedingly low. The risk of obtaining HIV through blood into an open wound is very small (less than any other type of transmission). However, because of the remote possibility, certain precautions need to be taken by all players, Hockey Trainers, coaches and other volunteers. Universal Precautions (see Module 5) are appropriate for protecting against other viruses such as hepatitis but also are appropriate to protect against HIV.

General Prevention:

1. Safe sex and abstinence from sex play a major role in decreasing HIV transmission.
2. Instruments designed for piercing the skin such as needles, syringes, ear-piercing, tattooing and acupuncture instruments should be sterile, used one time and not shared.
3. Personal items that may pierce the skin should not be shared. This includes razors, toothbrushes and nail clippers.

Sport Specific Prevention:

1. Primary prevention for bloody injuries includes the use of appropriate protective equipment.
2. Dealing with a bloody wound:

    a) If a player suffers a bloody wound, their participation should be immediately interrupted until the bleeding is stopped and the wound is cleansed with water, and covered with a dressing.
    b) All clothing with blood should be removed and replaced with clean clothing prior to return

to participation. Clothing with blood should be washed in hot water before it is used again.

The Hockey Canada Playing Rules / Case Book, Rule 2.6, Situation 7 states:
If a referee notices a player with an open cut or blood either on the skin or jersey, at the earliest opportunity the referee should inform the player that the cut must be treated or the jersey changed before the player is eligible to return to the ice.

3. All abrasions, skin lesions, and rashes must be reviewed by a medical professional and diagnosed as non-infectious before the athlete returns to competition. They should be securely covered.
4. Vaccination for Hepatitis A and B is available and is encouraged for athletes involved in contact sports. There is no vaccination for Hepatitis C. All universal precautions must be taken even when vaccinated.

Prevention for the Hockey Trainer:

1. Wear barrier protection gloves for direct contact with another individual's blood or body fluids. If you are allergic to latex, a suitable replacement should be obtained. Change gloves after treating each individual.
2. Wash hands with soap and water after removing gloves.
3. A Hockey Trainer with weeping skin lesions, open wounds or rashes should routinely wear waterproof gloves when treating people.
4. Vaccination is available for Hepatitis A and B virus but not for Hepatitis C. All universal precautions must be taken even when vaccinated.
5. When travelling to other destinations, medical precautions should be confirmed.

The entire HIV policy may be obtained by contacting,
CANADIAN ACADEMY OF SPORT MEDICINE
ACADÉMIE CANADIENNE DE MÉDECINE DU SPORT
5330 Canotek Road, Unit 4, Ottawa, ON, K1J 9C1
Tel: 613 748-5851 or Fax: 613-748-5792 or E-mail: info@casm-acms.org
www.casm-acms.org

13.7 Exercise-induced Bronchospasm

Asthma is a condition where children and adults may have difficulty breathing for no apparent reason. Asthma is the most common chronic disease of childhood.

Exercise-Induced Bronchospasm (EIB) is a form of asthma and is very common in the athletic population. It affects 12 – 15% of the population. It is likely that one of the players on your hockey team will experience this problem.
In EIB the bronchial tree in the lungs reacts to intense exercise by constriction of airways. The airways have muscles which go into spasm with heavy exercise. There is less airflow in and out of the lungs because of the narrow airways.

A player will complain of or experience one or more of these symptoms:

1. Difficulty breathing
2. Tightness in the chest area
3. Shortness of breath
4. Persistent deep cough
5. Wheezing
6. Fatigues easily

There are certain players who may be at risk for EIB:

a. Players with asthma
b. Players with allergies, including those to food and pollen
c. Players with a family history of asthma
d. Players with viral illnesses (common cold)
e. Players with frequent chest symptoms (cough or wheeze and recurrent pneumonia or bronchitis)

There are also certain factors that will aggravate this condition:

1. Cold air
2. Dry air
3. Air pollution – indoor and outdoor
4. Allergens (pollen, hay fever, foods)
5. Viruses
6. Tobacco smoke
7. Some fragrances/perfumes

Cold air is usually associated with dry air, thus there is an increase in respiratory water loss during cold-air exercise. Emphasize the important role of maintaining fluid consumption in cold arenas.

Managing EIB

Athletes with EIB should always have a proper warm up before participating in any exercise whether on or off the ice.

Most players recognize their limits and can compensate by rest or slowing their activity level (intensity) when they feel one of the symptoms. However, others may not appreciate or understand what is happening and can get into trouble very easily with difficulty breathing.

It is important at the beginning of the year to highlight the medical information files of players who may have this condition. You must discuss with them and their parents how their condition is managed. You should also be alert to changes in frequency of symptoms/episodes and a player's management of their condition.

Players with exercise-induced bronchospasm will often treat themselves with an inhaler or other medication. They will take a deep inhalation of the inhaler before the activity or may need to take a puff during the game when they feel short of breath. This inhaler (medication) will open up the airways and allow easier airflow in and out of the lungs. The sensation of chest tightness and shortness of breath will disappear and they will be able to continue with the activity.

Viruses (common cold) and cold air will also bring on EIB and aggravate the condition. Players with EIB may find it particularly difficult and notice that their condition worsens if they are in a cold arena or have a flu bug.
A player with EIB who continues to have difficulty breathing after use of the inhaler should be removed from play.

The EAP should be activated. EIB or asthma can become severe if a player is allowed to continue playing when having difficulty breathing. Any shortness of breath requires removal from play.

The Hockey Trainer may be placed in a situation where they recognize that a player has difficulty breathing and is not known to have EIB. They should activate the EAP and keep the player in a warm setting, sitting upright until the ambulance arrives.

REMEMBER

1. The Hockey Trainer must review the information on the team medical information files and identify the players with EIB or asthma.
2. The Hockey Trainer should meet with the players and their parents to discuss the severity of the condition, the frequency of occurrence, aggravating factors (cold weather, flu) and the use of the inhaler or other type of medication. The Hockey Trainer should ask the parents whether the player usually administers his or her own inhaler, and should be guided by the usual practice adopted by the family. The Hockey Trainer should not allow the player to administer his or her own inhaler unless the parents agree.
3. The Hockey Trainer should never administer an inhaler for medical use to a player. In short, the Hockey Trainer should never hold the inhaler to the player's mouth and activate the spray action. The inhaler is a medication and should only be given by the player themselves, if they are trained to do so, or the parent/guardian who knows the player's condition.
4. If the player usually administers his or her own inhaler and the parents agree, the Hockey Trainer may keep the inhaler on the bench or hold it during an activity. The player may ask for the inhaler during a game or practice and administer the medication themselves. The Hockey Trainer should have the parents' written consent before keeping or holding the inhaler for the player. Make sure the inhaler is properly labelled with the player's name.

13.8 Allergies & Epinephrine Auto-Injectors

An allergy is defined as an acquired, abnormal immune response to a substance (or allergen). Allergic reactions can occur at any time when exposed to an allergen. Common allergens are inhalants (dusts, pollens, smoke, perfumes), foods (wheat, eggs, peanuts, milk), and drugs (aspirin, antibiotics). Severe allergic reactions (e.g. anaphylactic reaction) occur when the body's immune system strongly reacts to a particular allergenic protein or irritant. Food, insect stings, medications or latex may cause these reactions. (Health Canada website)

When a person has food allergies, their immune system mistakenly identifies a food protein as being harmful. Exposure to the "harmful" protein creates antibodies. Subsequent exposures cause more antibodies and chemicals such as histamine to be released. "Histamine is a powerful chemical that can cause a reaction in the respiratory system, gastrointestinal tract, skin or cardiovascular system. In the most extreme cases, food allergies can be fatal." (Health Canada website) Allergic individuals should be aware that any food could cause an immune response, however, only a few foods are responsible for the majority of food allergies. The top 9 food allergens are:

- peanuts,
- eggs,
- milk,
- tree nuts,
- wheat,
- soy,
- sesame seeds,
- seafood (fish, crustaceans, and shellfish),
- and sulphites.

Coming in contact with an allergen causes the symptoms of a reaction to occur. The symptoms may develop quickly and rapidly progress from mild to severe. A severe reaction to an allergen is called anaphylaxis. Anaphylaxis is a severe, potentially life threatening allergic reaction caused by contact with certain foods, medications, insect venom or latex. It may also be caused by vigorous play. A person having **any** of the following symptoms:

- Flushed face
- Hives
- Rash
- Red and itchy skin
- Swelling of the eyes, face, lips, throat and tongue
- Trouble breathing, speaking or swallowing
- Anxiety, distress, faintness
- Paleness, weakness
- Cramps
- Diarrhea
- Vomiting
- Drop in blood pressure
- Rapid heart beat
- Loss of consciousness

could be experiencing an allergic reaction.

When faced with a potential anaphylactic reaction, the person should receive an injection of adrenaline immediately. The self-injectable epinephrine shot reverses an allergic reaction, at least temporarily, to provide life-saving time to get further treatment in a medical facility. The person must then be taken to a hospital emergency room for further treatment and observation.

REMEMBER

1. The Hockey Trainer must review the information on the team medical information files and identify the players with allergies.
2. The Hockey Trainer should meet with the player(s) and their parent(s) to discuss the severity of the allergies and the use of an Epinephrine Auto-Injector or other type of medication. The Hockey Trainer should ask the parents whether the player usually administers his or her own Epinephrine Auto-Injector, and should be guided by the usual practice adopted by the family. The Hockey Trainer should not allow the player to administer his or her own Epinephrine Auto-Injector unless the parents agree. Note that a plan should be established in writing identifying who will administer the Epinephrine Auto-Injector.
3. The Epinephrine Auto-Injector is a medication and should only be given by the player themselves, if they are trained to do so, or the parent/guardian who knows the player's condition. **A written strategy should be worked out by the player, parent and hockey trainer in the advent of an emergency where there is a severe allergic reaction.** NOTE: While the administration and handling of the Epinephrine Auto-Injector is not a defined responsibility of the Hockey Trainer, as a Hockey Trainer you should act in a way that any REASONABLE person would under life threatening circumstances.
4. **Activate your EAP when an allergic reaction occurs, as the epinephrine injection is just a temporary relief.** Tell the dispatcher that someone is having a life threatening allergic reaction. Ask for an ambulance to be sent immediately.
5. If the player usually administers his or her own medication and the parents agree, the Hockey Trainer may keep the Epinephrine Auto-Injector on the bench or hold it during an activity. The player may ask for the Epinephrine Auto-Injector during a game or practice and administer the medication himself or herself. The Hockey Trainer should have the parents' written consent before keeping or holding the Epinephrine Auto-Injector for the player. Make sure the Epinephrine Auto-Injector is properly labeled with the player's name, and that parents are reminded to periodically check the date on the Epinephrine Auto-Injector to ensure that it has not expired.
6. It is important to listen to the player, as he/she is in the best position to detect the early onset of symptoms that may develop into anaphylaxis.

13.9 Sudden Cardiac Death in the Young Athlete

Sudden cardiac death (SCD), when it occurs in the young, is a devastating experience for the family, the hockey community, and society as a whole. There are many possible causes for SCD in a young seemingly healthy child, teen, or young adult:

• inherited cardiac rhythm disorders • structural cardiac defects • a blow to the chest wall

Research suggests that over 700 Canadians under the age of 35 die each year from an undiagnosed cardiac rhythm disorder. ***At least 50% of those who died suddenly had symptoms prior to their deaths!***

Because physical activity is a common trigger for many of these deaths, it is important for the sports community to recognize possible symptoms.

The Warning Signs

- Fainting (syncope) or seizure during physical activity.
- Fainting (syncope) or seizure resulting from emotional excitement, emotional distress or startle.
- Family history of unexpected sudden death during physical activity or during a seizure, or any other unexplained sudden death of an otherwise healthy young person.

It is imperative that fainting episodes, or near faints (significant dizziness or light-headedness) be reported immediately to parents and treated as a significant "medical problem" until otherwise determined by a physician.

A comprehensive Awareness Strategy should include:

- Learning to recognize "The Warning Signs"
- Calling 911 for all fainting episodes
- Enforcing a return to play policy that would require a physician's approval before participation is resumed

Additional information may be obtained from:
THE CANADIAN SUDDEN ARRHYTHMIA DEATH SYNDROMES (SADS) FOUNDATION
Tel: 905-826-6303 or Toll Free 1-877-525-5995 or E-mail: info@sads.ca
www.sads.ca

13.10 Diabetes

Diabetes mellitus (sometimes called "sugar diabetes") is a condition that occurs when the body can't use glucose (a type of sugar) normally. Glucose is the main source of energy for the body's cells. The levels of glucose in the blood are controlled by a hormone called insulin, which is made by the pancreas. Insulin helps glucose enter the cells.

In diabetes, the pancreas does not make enough insulin (type 1 diabetes) or the body can't respond normally to the insulin that is made (type 2 diabetes). This causes glucose levels in the blood to rise, leading to symptoms such as increased urination, extreme thirst, and unexplained weight loss.

Participants will normally disclose diabetes to you on the medical form and may need to be monitored. You may be asked by parents to assist their child if they need to check blood sugars with a glucometer or assist their child to take sugar should they develop signs and symptoms of Insulin Shock (extremely low blood sugar). The signs and symptoms of insulin shock can include fast breathing, fast pulse, dizziness, weakness, change in the level of consciousness, vision difficulties, sweating, headache, numb hands or feet, and hunger. The EAP should be activated if the player does not improve after they are given sugar or if they are not conscious.

REMEMBER

1. The Hockey Trainer must review the information on the medical team information files and identify the players with diabetes.

2. The Hockey Trainer should meet with the player(s) and their parent(s) or guardian(s) to discuss their condition and develop a plan to react to potential Insulin Shock.

Expanded Thought:

1. During a game one of your PeeWee players goes into the corner to get the puck, tries to stop along the boards and goes over on her ankle. She feels pain and when she tries to get up she cannot put weight on her ankle. You go onto the ice to attend to the injured player.

   What should you ask her?

   _____

   _____

   Based on the information you have seen and heard, what is your recognition of the injury?

   _____

   _____

   How should this injury be managed?

   _____

   Should she remain in the game?

   _____

2. One of your Midget players is late for the game. He dresses quickly and is late getting on the ice. On his first shift he feels a pulling sensation in the groin, there is pain and he can't move very well. He returns to the bench.

   What type of injury do you suspect?

   _____

   Why did this occur?

   _____

   What should you do next?

   _____

   Can he continue to play?

   _____

14.0 REMOVING PLAYERS FROM ACTION / CO-ORDINATING RETURN TO PLAY

Injuries will occur during the course of a season and especially in divisions where body contact is part of the game. Parents, coaches and players will often look to the Hockey Trainer for advice and direction regarding removal from, and return to play.

- Communication with the player, parents, and coaches is vital when a decision needs to be made about removing a player from action or returning to play.
- The Hockey Trainer's duty is to observe the injured player. If the player is unable to participate at their **usual skill level** due to injury or illness such as high fever or influenza, or they complain of pain and weakness during the activity, then remove them from play. Direct the player to a proper medical authority if necessary.
- Caution should be exercised when such a decision needs to be made. Your primary goal and duty is not to make a decision whether a player can return to play but rather to ensure the safety of the player is the top priority at all times.
- It is recommended that players who are removed from games or practices due to injury or serious illness such as mononucleosis, and do not return to that game or practice, should obtain a note from a physician before they are allowed to return to play. A Hockey Canada Injury Report form and the HTCP Injury Data Collection Program report form should be completed and the injury recorded on the team injury log so that an accurate injury/recovery history is maintained.
- If you are ever in doubt as to the seriousness of a player's injury or illness, exercise common sense and direct the parents to seek medical attention for the player and **request that a physician's note be obtained before permitting the player to play or practice**. Clearly communicate the necessity of medical permission from a physician to the player's parents or guardians and the coaching staff. Once medical permission is requested, you should work with coaches and parents to ensure the player does not return without it.
- After an extended layoff players should practice before they play. The practice situation is a controlled setting which allows players to gradually adapt, feel comfortable, and regain confidence without risking further injury. The practice situation also permits a player to regain conditioning and cardiovascular endurance before returning to play. Remember, players are much more at risk to re-injure themselves in the injured area or another area because of a lack of conditioning.
- Players returning from injuries should never be permitted on the ice unless wearing all protective equipment.
- Players returning to practice from an injury should wear a different color jersey than the rest of the team to identify them as returning from an injury until full conditioning has returned.
- The step wise return to play guidelines for concussion management can be a beneficial process for guiding any injured athlete back into competition.
- A player should not return to play unless they can demonstrate appropriate skills in a practice situation. Remember, you want full function and return to pre injury fitness and skill level.
- There may be pressure on you to allow the player to return to play. This is not your decision. Safety is the top priority and protecting the player from further injury is essential. Your role as a Hockey Trainer is not to try and get the player back into competition as soon as possible, but to ensure that the player is both ready and safe to return to play. If there are doubts, a physician's advice should be sought.
- When working with older players who are driving, be aware that certain injuries or circumstances may impair their ability to drive or the decision making process. Ensure that an injured player does not drive home alone.
- The HTCP recommends that players returning to play following a muscular or skeletal injury (excluding fractures) can be signed off by a physician, chiropractor, physiotherapist or nurse practitioner. Fractures as well as all neurological injuries including spinal injuries and concussions must be signed off by a physician. (NOTE: this does not pertain to the Hockey Canada Injury Report related to the insurance program. This will still need to be completed by a physician or dentist, whichever applies.)

Expanded Thought:

One of your players has been sidelined for several weeks with a wrist injury sustained in a soccer game. The cast has just been taken off and the player wants to know when he/she can start playing hockey again.

WHAT SHOULD YOU DO TO ASSIST THE PLAYER'S SAFE RETURN TO PLAY?

HOCKEY TRAINERS CERTIFICATION PROGRAM RETURN TO PLAY

_____
Name of Player

is able to return to play following injuries sustained on

_____
Date

Considerations /restrictions with respect to return to play:

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____
Name of Medical Authority Type of Medical Authority

Date: _____ _____
Signature

This information is strictly confidential and will only be used to assist in the player's safe return to play. All records will be returned to the player.

NOTE: The HTCP recommends that this be completed by a physician, chiropractor, physiotherapist or nurse practitioner for muscular or skeletal injuries (excluding fractures). Fractures as well as all neurologicial injuries including spinal injuries and concussions must be signed off by a physician.

Disclaimer: Personal information used, disclosed, secured or retained 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.

NOTES

15.0 Special Topics: Nutrition And Hydration, Performance Enhancing Substances

15.1 Nutrition And Hydration

Optimal selection and timing of fluid and food intake before, during and after hockey practices and games is important for peak performance. Food provides energy through three sources: carbohydrates, protein and fats. Water and carbohydrates are the key nutrients for performing well during a hockey practice or game.

Water is available in our food (milk, juice, soup, vegetables and fruit), in its natural form (tap water or bottled water) and in beverages (fruit drinks, sport drinks and pop). The human body is 65-70% water and performance drops as fluid is lost through perspiration, evaporation and elimination. Thirst is often not the first sign of dehydration - a person has already lost about 2% of body weight by the time thirst is felt. As a further challenge, exercise dulls thirst. Athletes must be aware of the importance of a balanced daily intake of water and the increased need to hydrate before, during and after exercise.

Carbohydrate is abundant in our food. Carbohydrate-rich foods provide the fuel for rapid stop and go activity. Carbohydrate provides most of the fuel for the muscles during high intensity exercise. The brain and red-blood cells use only carbohydrate for fuel. Carbohydrates must be combined with protein and fat in a well balanced daily diet to be effective. A low fat intake facilitates a high carbohydrate intake. Adequate protein facilitates muscle repair and production of antibodies to fight infections.

A shortage of either fluid or carbohydrate can result in:

- fatigue
- lack of focus
- poor performance

A balanced diet everyday is more important than the meal before a practice or game. Regular meals and snacks provide energy throughout the day. By eating every three or four hours, a hockey player keeps fuel available to all parts of the body – muscles, brain, blood cells, etc.

Balanced Diet

Hockey players who are growing as well as performing at the rink require a large amount of food to provide energy. A balanced diet is based on the four food groups from Canada's Food Guide and will provide all the needed nutrients for growth and hockey. The nutrients are supplied when adequate energy is consumed and a variety of foods are selected.

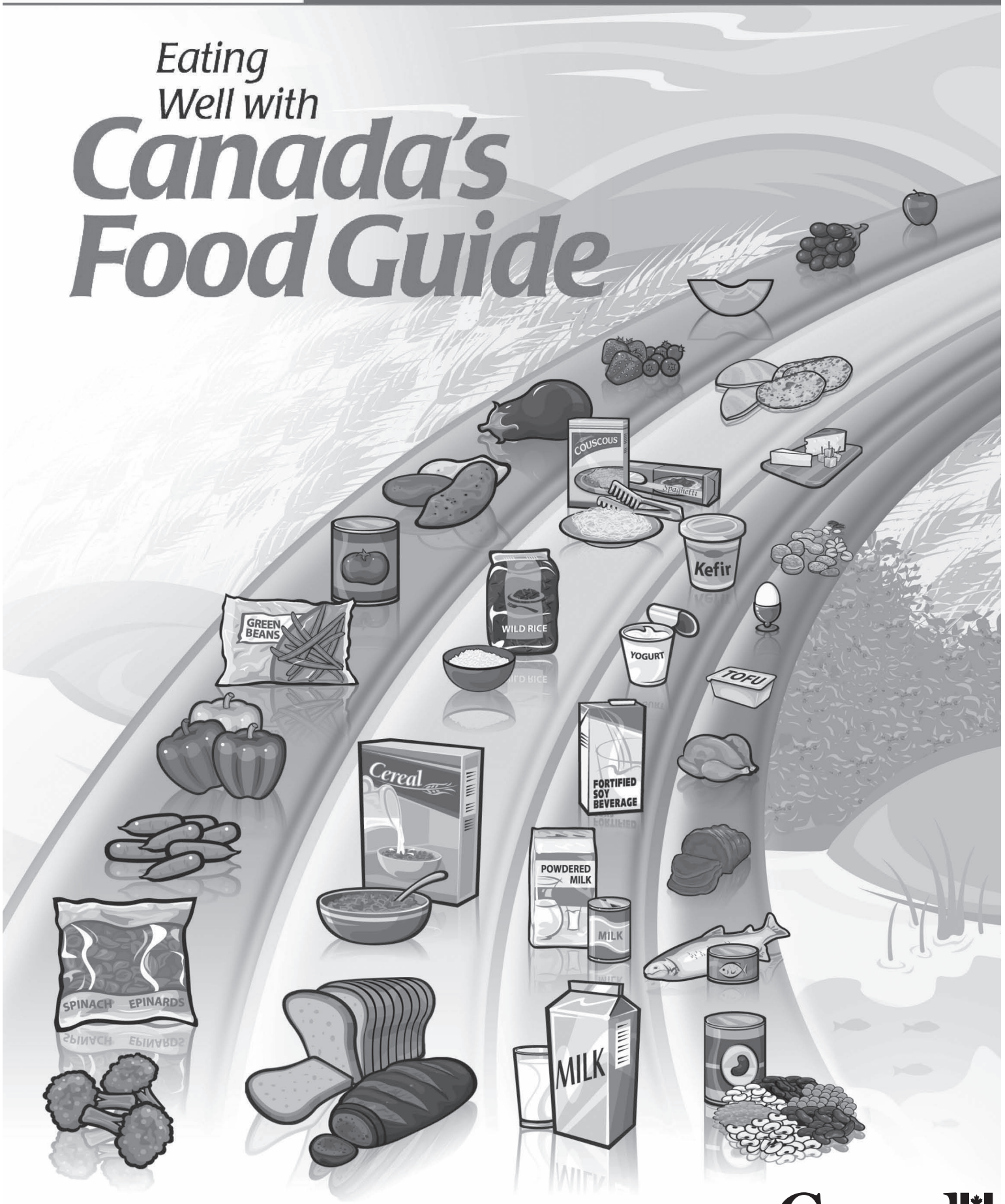
Vegetables and Fruit	Grain Products	Milk and Alternatives	Meat and Alternatives	Other Foods
	Protein	Protein	Protein	
		Fat	Fat	Fat
Carbohydrate	Carbohydrate	Carbohydrate		Carbohydrate
Vitamins	Vitamins	Vitamins	Vitamins	
Minerals	Minerals	Minerals	Minerals	

NOTES

Health Canada Santé Canada

Your health and safety… our priority. *Votre santé et votre sécurité… notre priorité.*

Eating Well with Canada's Food Guide



Canada

*Recommended Number of **Food Guide Servings** per Day*

	Children			Teens		Adults			
Age in Years	2-3	4-8	9-13	14-18		19-50		51+	
Sex	Girls and Boys			Females	Males	Females	Males	Females	Males
Vegetables and Fruit	4	5	6	7	8	7-8	8-10	7	7
Grain Products	3	4	6	6	7	6-7	8	6	7
Milk and Alternatives	2	2	3-4	3-4	3-4	2	2	3	3
Meat and Alternatives	1	1	1-2	2	3	2	3	2	3

The chart above shows how many Food Guide Servings you need from each of the four food groups every day.

Having the amount and type of food recommended and following the tips in *Canada's Food Guide* will help:

- Meet your needs for vitamins, minerals and other nutrients.
- Reduce your risk of obesity, type 2 diabetes, heart disease, certain types of cancer and osteoporosis.
- Contribute to your overall health and vitality.

What is One Food Guide Serving?

Look at the examples below.



Fresh, frozen or canned vegetables
125 mL (½ cup)



Leafy vegetables
Cooked: 125 mL (½ cup)
Raw: 250 mL (1 cup)



Fresh, frozen or canned fruits
1 fruit or 125 mL (½ cup)



100% Juice
125 mL (½ cup)



Bread
1 slice (35 g)



Bagel
½ bagel (45 g)



Flat breads
½ pita or ½ tortilla (35 g)



Cooked rice, bulgur or quinoa
125 mL (½ cup)



Cereal
Cold: 30 g
Hot: 175 mL (¾ cup)



Cooked pasta or couscous
125 mL (½ cup)



Milk or powdered milk (reconstituted)
250 mL (1 cup)



Canned milk (evaporated)
125 mL (½ cup)



Fortified soy beverage
250 mL (1 cup)



Yogurt
175 g
(¾ cup)



Kefir
175 g
(¾ cup)



Cheese
50 g (1 ½ oz.)



Cooked fish, shellfish, poultry, lean meat
75 g (2 ½ oz.)/125 mL (½ cup)



Cooked legumes
175 mL (¾ cup)



Tofu
150 g or
175 mL (¾ cup)



Eggs
2 eggs



Peanut or nut butters
30 mL (2 Tbsp)



Shelled nuts and seeds
60 mL (¼ cup)

Oils and Fats

- Include a small amount – 30 to 45 mL (2 to 3 Tbsp) – of unsaturated fat each day. This includes oil used for cooking, salad dressings, margarine and mayonnaise.
- Use vegetable oils such as canola, olive and soybean.
- Choose soft margarines that are low in saturated and trans fats.
- Limit butter, hard margarine, lard and shortening.



Make each Food Guide Serving count…
wherever you are – at home, at school, at work or when eating out!

- **Eat at least one dark green and one orange vegetable each day.**
  - Go for dark green vegetables such as broccoli, romaine lettuce and spinach.
  - Go for orange vegetables such as carrots, sweet potatoes and winter squash.
- **Choose vegetables and fruit prepared with little or no added fat, sugar or salt.**
  - Enjoy vegetables steamed, baked or stir-fried instead of deep-fried.
- **Have vegetables and fruit more often than juice.**

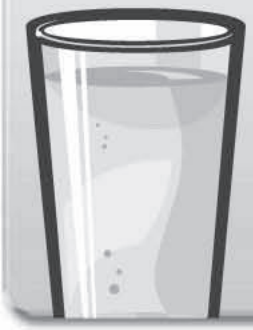
- **Make at least half of your grain products whole grain each day.**
  - Eat a variety of whole grains such as barley, brown rice, oats, quinoa and wild rice.
  - Enjoy whole grain breads, oatmeal or whole wheat pasta.
- **Choose grain products that are lower in fat, sugar or salt.**
  - Compare the Nutrition Facts table on labels to make wise choices.
  - Enjoy the true taste of grain products. When adding sauces or spreads, use small amounts.

- **Drink skim, 1%, or 2% milk each day.**
  - Have 500 mL (2 cups) of milk every day for adequate vitamin D.
  - Drink fortified soy beverages if you do not drink milk.
- **Select lower fat milk alternatives.**
  - Compare the Nutrition Facts table on yogurts or cheeses to make wise choices.

- **Have meat alternatives such as beans, lentils and tofu often.**
- **Eat at least two Food Guide Servings of fish each week.***
  - Choose fish such as char, herring, mackerel, salmon, sardines and trout.
- **Select lean meat and alternatives prepared with little or no added fat or salt.**
  - Trim the visible fat from meats. Remove the skin on poultry.
  - Use cooking methods such as roasting, baking or poaching that require little or no added fat.
  - If you eat luncheon meats, sausages or prepackaged meats, choose those lower in salt (sodium) and fat.



Enjoy a variety of foods from the four food groups.



Satisfy your thirst with water!

Drink water regularly. It's a calorie-free way to quench your thirst. Drink more water in hot weather or when you are very active.

* Health Canada provides advice for limiting exposure to mercury from certain types of fish. Refer to www.healthcanada.gc.ca for the latest information.

Advice for different ages and stages…

Children

Following *Canada's Food Guide* helps children grow and thrive.

Young children have small appetites and need calories for growth and development.

- Serve small nutritious meals and snacks each day.
- Do not restrict nutritious foods because of their fat content. Offer a variety of foods from the four food groups.
- Most of all... be a good role model.



Women of childbearing age

All women who could become pregnant and those who are pregnant or breastfeeding need a multivitamin containing **folic acid** every day. Pregnant women need to ensure that their multivitamin also contains **iron**. A health care professional can help you find the multivitamin that's right for you.

Pregnant and breastfeeding women need more calories. Include an extra 2 to 3 Food Guide Servings each day.

Here are two examples:

- Have fruit and yogurt for a snack, or
- Have an extra slice of toast at breakfast and an extra glass of milk at supper.



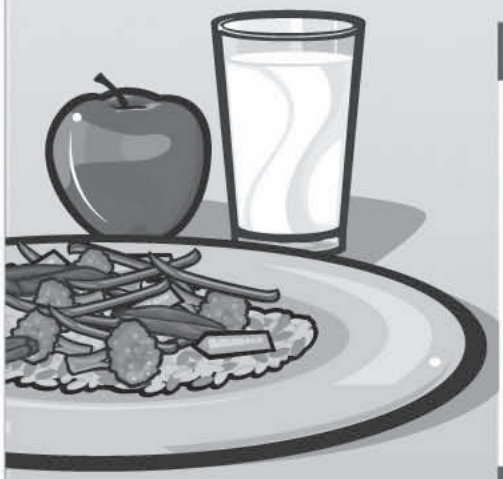
Men and women over 50

The need for **vitamin D** increases after the age of 50.

In addition to following *Canada's Food Guide*, everyone over the age of 50 should take a daily vitamin D supplement of 10 µg (400 IU).



How do I count Food Guide Servings in a meal?



Here is an example:

Vegetable and beef stir-fry with rice, a glass of milk and an apple for dessert		
250 mL (1 cup) mixed broccoli, carrot and sweet red pepper	=	2 **Vegetables and Fruit** Food Guide Servings
75 g (2 ½ oz.) lean beef	=	1 **Meat and Alternatives** Food Guide Serving
250 mL (1 cup) brown rice	=	2 **Grain Products** Food Guide Servings
5 mL (1 tsp) canola oil	=	part of your **Oils and Fats** intake for the day
250 mL (1 cup) 1% milk	=	1 **Milk and Alternatives** Food Guide Serving
1 apple	=	1 **Vegetables and Fruit** Food Guide Serving

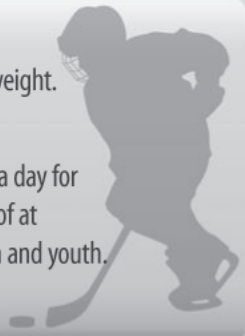
Eat well and be active today and every day!

The benefits of eating well and being active include:



- Better overall health.
- Lower risk of disease.
- A healthy body weight.
- Feeling and looking better.
- More energy.
- Stronger muscles and bones.

Be active



To be active every day is a step towards better health and a healthy body weight.

Canada's Physical Activity Guide recommends building 30 to 60 minutes of moderate physical activity into daily life for adults and at least 90 minutes a day for children and youth. You don't have to do it all at once. Add it up in periods of at least 10 minutes at a time for adults and five minutes at a time for children and youth.

Start slowly and build up.

Eat well

Another important step towards better health and a healthy body weight is to follow *Canada's Food Guide* by:

- Eating the recommended amount and type of food each day.
- Limiting foods and beverages high in calories, fat, sugar or salt (sodium) such as cakes and pastries, chocolate and candies, cookies and granola bars, doughnuts and muffins, ice cream and frozen desserts, french fries, potato chips, nachos and other salty snacks, alcohol, fruit flavoured drinks, soft drinks, sports and energy drinks, and sweetened hot or cold drinks.

Read the label

- Compare the Nutrition Facts table on food labels to choose products that contain less fat, saturated fat, trans fat, sugar and sodium.
- Keep in mind that the calories and nutrients listed are for the amount of food found at the top of the Nutrition Facts table.

Nutrition Facts

Per 0 mL (0 g)

Amount	% Daily Value
Calories 0	
Fat 0 g	**0** %
Saturates 0 g	**0** %
+ Trans 0 g	
Cholesterol 0 mg	
Sodium 0 mg	**0** %
Carbohydrate 0 g	**0** %
Fibre 0 g	**0** %
Sugars 0 g	
Protein 0 g	

Vitamin A	0 %	Vitamin C	0 %
Calcium	0 %	Iron	0 %

Limit trans fat

When a Nutrition Facts table is not available, ask for nutrition information to choose foods lower in trans and saturated fats.

Take a step today…

- ✓ Have breakfast every day. It may help control your hunger later in the day.
- ✓ Walk wherever you can – get off the bus early, use the stairs.
- ✓ Benefit from eating vegetables and fruit at all meals and as snacks.
- ✓ Spend less time being inactive such as watching TV or playing computer games.
- ✓ Request nutrition information about menu items when eating out to help you make healthier choices.
- ✓ Enjoy eating with family and friends!
- ✓ Take time to eat and savour every bite!



For more information, interactive tools, or additional copies visit Canada's Food Guide on-line at:
www.healthcanada.gc.ca/foodguide

or contact:

Publications
Health Canada
Ottawa, Ontario K1A 0K9
E-Mail: publications@hc-sc.gc.ca
Tel.: 1-866-225-0709
Fax: (613) 941-5366
TTY: 1-800-267-1245

Également disponible en français sous le titre :
Bien manger avec le Guide alimentaire canadien

This publication can be made available on request on diskette, large print, audio-cassette and braille.

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Plan Meals to include all Food Groups

By including foods from all food groups at meals, all the necessary nutrients will be eaten. Use the following formula to plan meals:

("Serving" size is, in most cases, an amount that will fit in the palm of your hand)

2 – 4 servings Vegetables and Fruit
2 – 4 servings Grain Products
½ - 1 serving Milk and Alternatives
½ - 1 serving Meat and Alternatives
Oil or fat
Fluid

Players will have different energy needs. A player who is growing and very physically active may need 4 or more servings of Vegetables and Fruit, Grain Products at a meal. A player who is small, not experiencing a growth spurt and playing only one game a week may want to eat only 2 servings. Check the page 3 of Canada's Food Guide to learn serving sizes.

Sample breakfasts

Lower energy	Higher energy
Banana	Banana 125 ml juice
60 grams breakfast cereal	60 grams cereal 2 slices toast
125 ml (½ cup) milk 30 ml (2 Tablespoons) almonds	250 ml (1 cup) milk 30 ml (2 Tbsp) peanut butter

Other breakfast ideas

Lower energy	Higher energy
Raisins or dried fruit Hot oatmeal cereal Milk Nuts or sunflower seeds Vegetable juice Cold pizza	Applesauce or an orange Pancakes Glass of milk Egg(s)

Your breakfast ideas

	Breakfast	Breakfast
Vegetables and Fruit		
Grain Products		
Milk and Alternatives		
Meat and Alternatives		
Oil or fat		
Fluid		

Lunches and Dinners

Use the same formula to plan lunches and dinners.

Sample meal:
125 – 250 ml (½ - 1 c) cooked carrots
250 – 500 ml (1 – 2 c) salad
250 – 500 ml (1 – 2 c) rice
125 – 250 ml (½ - 1 c) milk
75 g (1/2 c) beef
Salad dressing
Yogurt with fruit for dessert
Milk provides some fluid (additional water is great)

Your lunch ideas

	Lunch	Lunch
Vegetables and Fruit		
Grain Products		
Milk and Alternatives		
Meat and Alternatives		
Oil or fat		
Fluid		

Your dinner ideas

	Dinner	Dinner
Vegetables and Fruit		
Grain Products		
Milk and Alternatives		
Meat and Alternatives		
Oil or fat		
Fluid		

For the age and gender of athletes under your care, check the recommended number of servings from each food group.

If you care for several groups, check the recommended number of servings for each group. Remember that Canada's Food Guide meets the energy needs of Canadians who do little or no physical activity.

How many servings are suggested for athletes under your care?

Age and Gender	_____	_____	_____	_____
Vegetables and Fruit	_____	_____	_____	_____
Grain Products	_____	_____	_____	_____
Milk and Alternatives	_____	_____	_____	_____
Meat and Alternatives	_____	_____	_____	_____
Oils and Fats (page 115)	_____	_____	_____	_____

Because we need most of our energy from carbohydrates, more servings are suggested from the Vegetables and Fruit and Grain Products. Hockey players, especially those who are growing, and in particular the adolescent males, need more than 8 servings of Vegetables and Fruit and 7 servings of Grain Products to meet their energy needs.

Protein is important for growth. However, without adequate energy from carbohydrate, protein foods are used for energy. Therefore, carbohydrate-rich foods are very important to optimally balance the nutrients. Milk and Alternatives (3-4 servings) and Meat and Alternatives (2-3 servings) provide adequate protein for most hockey players.

Snacks

Snacks can include one to four food groups depending on the energy needs of the player. Snacks between main meals provide energy throughout the day. Snacks are especially important for small players who may not be able to eat much food at any one time.

Snacks should include a carbohydrate-rich food (Vegetables and Fruit and/or Grain Products). Players who have high energy needs may add some protein (Milk and Alternatives and/or Meat and Alternatives).

Snack Ideas

Lower energy	Higher energy
Banana Toast with jam Water	Sandwich Lean meat and vegetables Yogurt Orange

Timing is the key to Fluid and Food for Hockey Games and Practices

1. Before games and practices:	Fluid and carbohydrate
2. During games and practices:	Fluid
Longer than 1 hour:	Fluid and carbohydrate
3. After games and practices:	Fluid, carbohydrate and protein

1. Before games and practices:

Prior to hockey practices and games, players need to be well hydrated and eat carbohydrate-rich foods for energy. Because the human body can store very little carbohydrate (in the form of glycogen), it is important to re-fuel at regular intervals.

Frequently players go directly from school or work to hockey practice or games. Players who have not eaten within the last 4 hours may be running low on liver glycogen (the carbohydrate normally stored in the liver to keep blood glucose levels stable for the brain, red blood cells, etc.). They may have difficulty focussing. They may complain of fatigue, headache or dizziness.

Players need to top up fluid and carbohydrate levels. Allow enough time to digest the food:

- 3-4 hours to digest a large meal
- 2-3 hours for a smaller meal mainly carbohydrate, low in protein and fat
- 1-2 hours for a small snack or blender/liquid meal or what ever foods the player can tolerate

Meals before games and practices should include:

- Familiar foods liked by the player
- Easy to digest (high carbohydrate foods, lower in protein and fat)
- Include cooked vegetables with little or no added fat.
- Choose grain products like pasta, rice, bread or bagels.
- Drink water and/or juice.
- For larger meals, add lower fat milk or yogurt and a small serving of lean meat.
- Fruit or yogurt can be basic desserts.
- Protein and fat slow digestion so limit the amount when eating just before a practice or game.

Your ideas for a pre-game snack

	Before morning game or practice	Before afternoon game or practice
Vegetables and Fruit		
Grain Products		
Milk and Alternatives Meat/Alternatives		
Fluid		

Your ideas for a pre-game meal

	Before morning game or practice	Before afternoon game or practice
Vegetables and Fruit		
Grain Products		
Milk and Alternatives Meat/Alternatives		
Fluid		

2. During games and practices:

Fluid replacement is the primary concern. Water is great for exercise lasting up to one hour. Players need to practice drinking fluid.

- Target 125 -350 ml (½ -1½ cups) every 15 to 20 minutes during activity.
- The more the player sweats, the more fluid replacement that individual needs.

For games and practices longer than 1 hour, add carbohydrate to top-up energy. Beverages that contain 4-8% carbohydrate (40-80 g carbohydrate/litre of fluid) are absorbed quickly. More carbohydrate/litre of fluid slows absorption. Check the product label.

- Most sport drinks are within the recommended carbohydrate concentration. **Note**: the benefit in consumption of sport drinks comes to the higher performance athlete who is playing longer and harder – unless an athlete is sweating hard by the end of the game/practice, there is no need for a sports drink.

- Fruit juices and soft drinks, in general, have about twice the recommended amount of carbohydrate so dilute them with an equal amount of water.
- Diet drinks supply no carbohydrate for energy.

In general, players do not drink as much fluid as they lose. To increase fluid intake:

- Have personal fluid bottles easily accessible.
- Add a flavour the player likes e.g. orange, lemon, cranberry.
- Add carbohydrate to improve the flavour.
- Add a pinch of salt.

3. After games and practices

If a player will be playing or training within the next 24 hours, recovery nutrition within 15 minutes up to 2 hours after a game or practice will speed replacement of muscle glycogen (stored carbohydrate for energy) and absorption of protein to repair muscle damage.

- Fluid replacement is the first concern.
- Eat carbohydrate-rich snacks or a meal (Vegetables and Fruit and/or Grain Products).
- Include a lower fat protein food (Meat and Alternatives or Milk and Alternatives).

For example:

- Water, orange juice and yogurt
- Chocolate milk and a bagel
- Tomato juice, bread and a boiled egg
- A balanced meal - lunch or dinner

Your ideas for a recovery snack

	After morning game or practice	After morning game or practice
Vegetables and Fruit		
Grain Products		
Milk and Alternatives Meat/Alternatives		
Fluid		

Your ideas for a recovery meal

	After morning game or practice	After morning game or practice
Vegetables and Fruit		
Grain Products		
Milk and Alternatives Meat/Alternatives		
Fluid		

During Multi-day Events and Tournaments

Sometimes players finish a practice or game and need to prepare for another practice or game later the same day. Food choices and the amount of food will depend on the amount of time between exercise sessions.

Follow the 'before games and practices' guidelines to choose fluids and foods between events:

- Fluid replacement/rehydration
- Easily digested carbohydrate-rich foods (Fruit, Grain Products)
- Base the amount of food and the addition of protein-rich foods on the amount of time between exercise sessions

Watch for athletes who are frequently tired or who lack focus/concentration during practices and games. These athletes may lack:

- sleep
- carbohydrate-rich, energy foods
- fluid
- iron-rich food sources

Questions to ask players who lack energy or focus:

- When did you last eat?
- What did you eat?
- What have you had to drink in the last 4 hours?
- How much sleep did you get last night?
- Are you always tired?

If you, as the Hockey Trainer, believe that any player is not eating enough food, is eating the wrong type of food, or is not eating at an appropriate time to train safely or play effectively, it is important that you talk to the coaching staff or the player's parents about your observations and concerns. The player may need more information about appropriate food choices and timing of food intake or there may be a problem that should be referred to a professional.

Nutritional disorders are becoming more common in girls and women. Athletic females, especially those who participate in sports in which body weight is important for performance, may be at risk of developing an eating disorder. Anorexia nervosa is an intense and obsessive preoccupation with thinness. Bulimia is characterized by alternating binging with self-induced vomiting. The Hockey Trainer, should be aware of these conditions and notify the coaching staff of any players they believe may be affected. Medical attention should be sought for any affected individuals.

A registered dietitian with expertise in sport can evaluate a player's diet relative to his/her physical activity needs. A physician with knowledge of sport can test for iron deficiency and check for other possible causes of fatigue.

Nutritional & Dietary Supplements

A balanced diet can provide all of the protein, minerals and vitamins needed by a hockey player. Supplements are not necessary if the athlete is eating a balanced diet from all food groups and consuming enough energy for his/her growth and activity needs. If an athlete is restricting the amount or variety of food from the four food groups, a health professional can help plan an eating pattern to ensure that all nutrient needs are being met.

Nutritional supplements (protein supplements, creatine etc.) have been used by many athletes to increase strength and improve performance. The supplements are expensive, may have side effects and some may contain banned substances. There is no scientific evidence that shows that these products will make athletes stronger or better and the long-term effects of these substances are not well known. A well balanced diet with proper training will build strength, improve conditioning and help an athlete achieve his or her optimal level.

"FOOD – THE ULTIMATE ERGOGENIC AID"

For More Information

The Sport Nutrition Advisory Committee of the Coaching Association of Canada has developed resource materials and Nutrition Tip Sheets for coaches, athletes, parents, and support personnel. These can be downloaded from www.coach.ca/e/nutrition/resources.htm

The Coaching Association of Canada's web site also includes a list of Dietitians/Support Nutritionists at the Canadian Sport Centers across Canada who can provide nutritional advice to hockey teams or individual players.

15.2 Drugs And Substances

Hockey is a game of skill and agility. Using performance enhancing substances will not help with these aspects of the game. Any increases in strength, power and speed can be attained through natural means such as conditioning and strength training. It is also a game of fun which promotes fitness and health and teaches children and young adults the values of integrity and fairness. There is no place for the use of performance enhancing substances in the game of hockey.

The Hockey Trainers Certification Program does not condone the use of alcohol, drugs or performance enhancing substances within the game of hockey. As a Hockey Trainer, we must always be aware of our responsibility as a role model for our athletes, of our duty to maintain safe environments for our athletes, and to enhance player safety and awareness through education.

Why should performance-enhancing substances not be allowed in the game of hockey?

Ethics

- The use of drugs for enhancing performance is a form of cheating. Attempts to modify performance by the athlete, coach or Hockey Trainer with the use of drugs are indicative of a lack of respect for the sport. Drug taking for improving performance or its encouragement is prohibited by all sporting associations and carries severe penalties and sanctions. All team officials have a responsibility to discourage and condemn the use of performance enhancing substances.

Health

- Performance enhancing substances can cause side effects which are detrimental to a person's health.

It is ironic that these individuals who epitomize health and physical achievement will jeopardize these very qualities by using drugs to try to enhance performance.

- These same drugs can also impair judgement which may cause further injury to the body. For example, the use of Tylenol # 3 (Tylenol and Codeine) may dull the level of pain of an existing injury which may risk aggravation of the injury.

Legality

- Certain drugs (narcotics, marijuana, and certain stimulants) are controlled by civil and criminal statutes. Possession and use of these drugs without medical authorization may constitute a criminal offence.

Types of Supplements and Drugs

Nutritional Supplements

Contrary to what you may think, products marketed as dietary supplements and claimed to be effective as aids to weight loss, weight gain, relaxation, strength improvement, mental concentration, endurance and performance are basically unregulated by Federal Government departments like the Canadian Food Inspection Agency. What this means is that the consumer has no assurance that any particular dietary supplement works as intended, is safe, or contains what is listed on the label. These products may also contain substances which are not listed on the label as the ingredients are not required to be listed on the packaging (New packaging regulations coming into effect in the near future will resolve some of these problems). These substances could interfere with other prescribed medications that the athlete may be taking. It is true that some types of supplements-vitamins and minerals, protein powders, carbohydrate supplements, and others have been used for many years with no apparent life threatening effects when used according to the recommendations. However, in the last few years there has been a flood of new supplements offered and concerns have been raised about these and in particular their effect on children and youth.

The Canadian Center for Ethics in Sport (CCES) advises that hockey players and athletes should be very cautious before using any supplement and should never take a medication or use a supplement without professional advice. This could come from a family doctor, a pharmacist or a nutritionist. Investigate all dietary and nutritional supplements thoroughly and consult with a knowledgeable health professional before you buy.

There are potential health consequences from taking medications that are not needed or supplements that do not live up to their claims. These risks can be minimized by getting sound professional advice.

Narcotics

The following are examples of products which may mask pain or blunt fatigue as well as cause dizziness.

- Tylenol # 3
- 222
- Codeine

Stimulants

The following are examples of drugs that can make one agitated and excitable. They also raise blood pressure and can cause dizziness. Obviously, many of these preparations will be used to treat colds and give no problems. However, when taken for improving performance, they may have an adverse effect.

- cold tablets
- cough preparations
- Sudafed, Dimetapp
- caffeine (liquid or tablet form)

Anabolic Steroids

These drugs, which are testosterone derivatives, have been used in many sports to improve performance and are prohibited substances. They will increase strength and can heighten aggressiveness. They have many short-term and long-term side effects:

- Agitation
- Aggressiveness at home
- Psychotic episodes
- Acne
- Balding
- Shrinkage of testicles in males
- Changes in liver function
- Cancer
- Increase in cholesterol levels

Specific to female athletes

- Changes in voice pattern
- Hair growth
- Enlargement of genital organs
- Infertility

Many of these changes are irreversible even with discontinuation of these drugs. Furthermore, these drugs are expensive, impure (contain many different ingredients) and can increase the risk of AIDS and hepatitis if taken with shared needles.

There are other types of drugs (diuretics, Beta-blockers) which are also used in sport to enhance performance. It is safe to say that hockey is a game of skill and agility and that any increases in strength, power and speed can be attained through natural means (conditioning, strength training and proper nutrition). There is very little use for performance enhancing drugs in hockey as these drugs do not make a great difference in a player's ability and will more often hinder than help.

The Canadian Anti-Doping Program contains the detailed rules for doping-free sport that applies to hockey under the auspices of Hockey Canada and an up to date list of prohibited substances.
For more information contact the Canadian Centre for Ethics in Sport
info@cces.ca • www.cces.ca

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Hockey Trainers Certification Program Examination

ANSWER SHEET

Name: _____ Date: _____

Clinic Location: _____

1.)	T	F	19.)	T	F
2.)	T	F	20.)	T	F
3.)	T	F	21.)	T	F
4.)	T	F	22.)	T	F
5.)	T	F	23.)	T	F
6.)	T	F	24.)	T	F
7.)	T	F	25.)	T	F
8.)	T	F	26.)	T	F
9.)	T	F	27.)	T	F
10.)	T	F	28.)	T	F
11.)	T	F	29.)	T	F
12.)	T	F	30.)	T	F
13.)	T	F	31.)	T	F
14.)	T	F	32.)	T	F
15.)	T	F	33.)	T	F
16.)	T	F	34.)	T	F
17.)	T	F	35.)	T	F
18.)	T	F			

HOCKEY TRAINERS CERTIFICATION PROGRAM
CLINIC AND INSTRUCTOR EVALUATION FORM

CLINIC LOCATION: _____ DATE: _____

INSTRUCTOR (S): _____/_____

PLEASE INDICATE: LEVEL I ☐ LEVEL I/II ☐

PLEASE INDICATE WHICH DIVISION YOU ARE A HOCKEY TRAINER FOR:
INITIATION ☐ NOVICE☐ ATOM ☐ PEEWEE ☐ BANTAM ☐ MIDGET ☐ JUVENILE☐ JUNIOR ☐ SR ☐

ASSOCIATION: ALLIANCE, GTHL, NOHA, OHA, OHL, OMHA, OWHA, ODHA, ODMHA, HNO
(Circle One Only)

RATING SCALE

POOR	FAIR	GOOD	VERY GOOD	OUTSTANDING
1	2	3	4	5

	RATING SCALE – Please Circle				
CLINIC ADMINISTRATION (ROOM MATERIALS, SET-UP, ETC.)	1	2	3	4	5
CLINIC CONTENT	1	2	3	4	5
AUDIO VISUALS (IF APPLICABLE)	1	2	3	4	5
DEMONSTRATIONS	1	2	3	4	5
INSTRUCTOR PRESENTATION	1	2	3	4	5
OVERALL IMPRESSION OF INSTRUCTOR	1	2	3	4	5
OVERALL IMPRESSION OF CLINIC	1	2	3	4	5

COMMENTS

_____

_____

_____

_____

PLEASE RETURN THIS FORM TO YOUR COURSE CONDUCTOR