

A Guide For Player Safety & Health

**WHAT EVERY
PARENT/GUARDIAN,
PLAYER, COACH AND
ADMINISTRATOR
SHOULD KNOW**



Wisconsin Amateur Hockey Association, Inc.

USA Hockey and the Wisconsin Amateur Hockey Association (WAHA) want to ensure that everyone involved in our great game know and understand all safety initiatives developed to help keep our players safe while playing hockey. USA Hockey has several safety initiatives and programs and WAHA has adopted them, some with interpretations that conform to Wisconsin laws if applicable. Also, each state has laws that affect youth athletes. In Wisconsin, we have two that directly affect hockey players. Those laws will be covered in this guide.

WAHA is divided into six regions. Each region has a member of the WAHA Player Safety Committee. We also have a Player Safety Representative. This person is the Chairman of the Safety Committee. Who these individuals are, and their contact information may change each season so please refer to the WAHA website for the current members. Our website has several safety resources and can be found here: [Concussion & Safety Information](#)

We hope you find this guide useful and if you have any questions regarding any safety issues, please contact the safety committee member for your region or the WAHA Player Safety Representative.

Good Luck All Season Long!

The WAHA Board of Directors



Current Safety Topics Covered By USAH, WAHA and State Laws

Concussions

Heads Up – Don't Duck

Team Up Against Concussion

Injury Prevention

Sudden Cardiac Arrest

Stop The Bleed

Neck Laceration Protectors

Nutrition

We will cover all these topics and what the responsibilities of each association and WAHA members are in this guide.

Concussion Management Programs

Per USAH, a sports concussion management program must be incorporated within each affiliate. All USA Hockey programs should follow this protocol as a minimum standard and conform to their individual state concussion statutes.

Accepted current medical practice and the law in our state requires that any athlete with a *suspected* **Sports Related Concussion (SRC)** is ***immediately removed from play***.

WAHA And Concussion Management Requirements

In 2012, the Wisconsin State Legislature passed a law with the following provisions included:

At the beginning of a season for a youth athletic activity, the person operating the youth athletic activity shall distribute a concussion and head injury information sheet to each person who will be coaching that youth athletic activity and to each person who wishes to participate in that youth athletic activity. No person may participate in a youth athletic activity unless the person returns the information sheet signed by the person and, if he or she is under the age of 19, by his or her parent or guardian.

“An athletic coach, or official involved in a youth athletic activity, or health care provider shall remove a person from the youth athletic activity if the coach, official, or health care provider determines that the person exhibits signs, symptoms, or behavior consistent with a concussion or head injury or the coach, official, or health care provider suspects the person has sustained a concussion or head injury.

A person who has been removed from a youth athletic activity under par. (a) may not participate in a youth athletic activity until he or she is evaluated by a health care provider and receives a written clearance to participate in the activity from the health care provider.”

WAHA immediately developed the required documents and made them available to everyone and notified every Association of their responsibilities and those of each member. Those documents are on our website as previously mentioned.

In 2019, UISA Hockey passed a program titled Safety, Fair Play and Respect. While there were no new rules, the program emphasized how current rules must be interpreted and enforced. Below is the full text of the program.



USA HOCKEY DECLARATION OF PLAYER SAFETY, FAIR PLAY AND RESPECT

Effective 2019-20 Season

Board of Directors June 8, 2019

USA Hockey is committed to creating a safe and fair environment for all participants. Respect for the game, the opponents, coaches and officials is a critical part of the environment that is created and it covers several different aspects of sportsmanship and fair play. This initiative will encourage a change in culture as to what is considered to be acceptable/unacceptable body checking and competitive contact at all levels of play.

The following “points of emphasis” is not designed to replace our current rules/definitions, but instead are intended clarify and update the existing rules/definitions to emphasize the key points to more clearly outline what is deemed acceptable and unacceptable behavior. USA Hockey will also provide video examples of these actions deemed “acceptable” and “unacceptable” to further illustrate expected behavior. Please review the materials thoroughly so you can play a positive role in making our game safer.

COMPETITIVE CONTACT

Body “Competitive” Contact – Competitive contact is body contact between two or more skaters who are in the immediate vicinity of the puck and who are in the normal process of playing the puck. These skaters are reasonably allowed to lean into each other provided possession of the puck remains the sole object of the contact. Body “Competitive” Contact is encouraged at all age classifications of play within USA Hockey and provides the foundation for the skills necessary to advance to Body Checking classifications.

Acceptable examples of Body “Competitive” Contact Include:

Angling is a legal defensive skill used to direct/control the puck carrier to an area that closes the gap and creates an opening that is too small for the puck carrier.

Physical Engagement is when two players who are in pursuit of the puck are allowed to reasonably lean into each other provided that possession of the puck remains the sole objective of the two players.

Collisions occur when players are allowed to maintain their established position on the ice. A player shall not be penalized if the intention is to play the puck and in so doing causes a collision with an opponent.

No player is required to move out of the way of an oncoming player to avoid an impact.

BODY CHECKING

A body check represents intentional physical contact, from the front, diagonally from the front or straight from the side, by a skater to an opponent who is in control of the puck. The opposing player’s objective is to gain possession of the puck with a legal body check and NOT to punish or intimidate an opponent. Legitimate body checking must be done only with the trunk of the body (hips and shoulders) and must be above the opponent’s knees and at or below the opponent’s shoulders. The use of the hands, forearm, stick or elbow in delivering a body check is unacceptable and not within the guidelines of a legal body check.

The primary focus of a body check is to gain possession of the puck and proper body checking technique starts with stick on puck, therefore the stick blade of the player delivering the check must be below the knees. USA Hockey reminds coaches and players that these requirements are the responsibility of the player delivering the body check. Under no circumstance is it acceptable to deliver a body check to a vulnerable or defenseless opponent, an opponent who is not in possession and control of the puck or to use the hands, stick, forearm or elbow in delivering a check to an opponent.

Vulnerable or Defenseless – A skater is considered to be in a vulnerable or defenseless position when the player is unaware, unprepared, or unsuspecting of an impending hit.

Infractions that occur as a result of a body check delivered to a vulnerable or defenseless player must be penalized under the Boarding, Charging, Checking from Behind or Head Contact Rules. When done in a dangerous, careless or reckless (unacceptable) manner where the player delivering the check has made no effort to play the puck, the major plus game misconduct or match penalty provisions of these rules must be assessed.

When two or more players are physically engaged for control of the puck along the boards, they are considered to be vulnerable and defenseless. Any body check delivered by a skater to an opponent who is physically engaged with another skater is considered dangerous, careless or reckless (unacceptable) and must be penalized accordingly.

Late Avoidable Body Check – Any avoidable check delivered to a player who is no longer in control of the puck. An avoidable check is when the player delivering the check has an opportunity to avoid contact or minimize contact, once it is realized the opponent no longer has control of the puck.

The concept of “finishing the check” is an unacceptable action as it is one that is meant to intimidate or punish the opponent with no intent to gain possession of the puck. The responsibility is on the player delivering the check to avoid forceful contact (minimize impact) to a vulnerable or defenseless player who is no longer in control of the puck.

BODY CONTACT CATEGORY

Non-check hockey does not mean no contact and the Body Contact Category game can be very physical. USA Hockey strongly encourages legal body “competitive” contact to occur in all age classifications as part of the skill progression that teaches legal body checking.

When determining whether a body check has occurred, the official must focus on whether the player is attempting to play the puck and whether there is any overt hip, shoulder or forearm action used to initiate contact and separate the opponent from the puck.

Legal body “competitive” contact occurs when players are focused on gaining possession of the puck and are simply maintaining legally established body position. This most often occurs when two players are physically engaged in front of the goal or along the boards.

Legal body “competitive” contact also commonly occurs when a player has established an angle on the opponent and closes the gap to create an opening that is too small for the puck carrier. Additional acceptable forms of body “competitive” contact include:

- A skater is entitled to the ice they occupy so long as they maintain their skating speed and body position between an opponent and the loose puck.
- A skater is entitled to stand their ground and is not required to move if an opponent wishes to skate through that area of the ice.
- A skater may block an opponent so long as they are in front of the opponent and moving in the same direction.
- A skater can use their body position to force an opponent to take a less direct route to the puck, so long as they do not use a hand or arm to hold or block the opponent.

BODY CHECKING CATEGORY

It is USA Hockey’s intent to create a safe environment for players to be able to develop their skills – including body checking in age appropriate classifications – while also being able to physically compete within the rules.

A player delivering a check to a vulnerable or defenseless player, who is not in control of the puck, will be assessed a penalty for roughing. Officials are to pay particular attention to these examples when applying this rule. These are intended as a guide and include, but are not limited to, the following:

- A player who is dangerous, careless or reckless (unacceptable) in delivering a check.
- A player who anticipates an opponent gaining possession or control of the puck but who makes contact with the opponent before possession or control occurs.
- A player who delivers a late avoidable check to an opponent who has released a shot or pass and is no longer in control of the puck.
- The use of the hands, forearm, stick or elbow in delivering a body check OR making contact with the opponent after the whistle. If contact is made above the shoulders, this action must be penalized as Head Contact. This includes any contact that occurs as part of a scrum situation after play has been stopped.
- Two skaters who use competitive contact for position as they skate to a loose puck are within their rights to do so, unless one uses their stick, arm, or skates to obstruct their opponent’s ability to skate to the puck.

UNSPORTSMANLIKE CONDUCT

A bench minor penalty for unsportsmanlike conduct shall be assessed to any team whose players or team officials commit the following actions while on the players’ bench:

- (5) Banging the boards with a stick or other object, including skates or arms, at any time, including after a body check regardless as to whether the check is being penalized.

SUMMARY

All USA Hockey members must demonstrate awareness and support for the application, spirit and the respect of the rules in order for continued improvement in the game of hockey.

Coaches are expected to teach proper skills and hold their players accountable for illegal and dangerous actions, regardless as to whether they are properly penalized, or not.

Parents are expected to support the decisions of the officials and support the coaches in teaching the proper skills in a safe and positive environment.

Officials shall enforce a strict penalty standard according to the guidelines that have been established.

Players are expected to compete within the playing rules. Administrators are expected to hold players, coaches, officials and parents accountable for their actions

in an effort to promote a safe and positive environment for all participants.
All members of USA Hockey share an equal responsibility to ensure the integrity of the game is upheld.
The onus to incorporate change is not only on the officials, but also on administrators, coaches, parents and players, as well.

Included in the program was the forming of a new district position titled District Player Safety Coordinator. The Central District was one of the first districts to appoint someone for that position. The role of this individual is to ensure the implementation of all USA Hockey Safety initiatives in every affiliate in each district. To assist in this process for multi-state districts, the DPSC should work with each state affiliate to appoint an Affiliate Player Safety Representative. WAHA has done that and that person is the chairman of the safety committee. One of the roles of this Affiliate Safety Rep is to have every association appoint a Safety Officer. Once this position is filled by an association, the name and all contact information for the safety officer should be sent to the Affiliate Safety Rep.

The Association Safety Officer's role will be, but not limited to:

- Implement the important player safety initiatives of USAH throughout the Association to teams, (concussion protocol, safe return to play, injury reporting, etc.)
- Serve as a conduit that distributes educational and awareness player safety information from the national office, via the Affiliate Safety Representative to the teams (nutrition information, CPR, AED, facility safety plan/emergency evacuation plan, etc.)
- Ensure there is a reporting structure in place for all athlete injuries and monitoring safe return to participation.
- Promote the overall goal of increasing player safety through education, awareness, and training opportunities.
- Ensure that all required training and educational topics are completed per USAH, WAHA and State Laws by all members (administrator, coach, manager, parent, athlete, etc.).
- Proper concussion awareness, management and return to play.
- Ensure that each team's members are consistently reminded of the safety policies, procedures, programs and initiatives, and where the resources are located that support them (i.e. the USA Hockey and/or the Association's website Safety page).
- Maintain focus on the importance of reporting ice hockey concussions, as well as the importance of a complete recovery. Be a resource for all members of the Association and support and champion all opportunities to increase reporting and appropriate return to play.
- Communicate effectively and efficiently with Affiliate leadership (WAHA Player Safety Committee Regional member), and association leadership and members.

A concussion is a type of traumatic brain injury that interferes with normal function of the brain. All concussions are brain injuries.

A concussion can be caused by blow to the head or even a blow to the body alone. The force moves or twists the brain in the skull. It is important to know that loss of consciousness is not required to have a concussion. In fact, less than 10% of athletes lose consciousness. A concussion is a very complex physiologic event that causes a problem with brain function not brain structure. Therefore, CT/CAT scan and MRI are usually normal in athletes with concussion. Imaging studies may be needed to rule out brain bleeds but are not indicated in all head concussions.

Even what appears to be a mild blow to the head or body can cause the brain to suddenly shift or move. This motion can injure and damage brain cells. Research has shown that this damage may take up to 2 weeks to heal, but it can take longer.

Everyone involved with athletic activities must be alert for potential injuries during play and be able to recognize signs and symptoms of concussion. While coaches are not expected to make a diagnosis of concussion, it is expected for coaches to be aware that their athletes may have a concussion and then hold them out of all activity until they are medically cleared by a healthcare provider.

Signs are what can be seen by others, like clumsiness, while **symptoms** are what the injured player feels, like a headache. Remember, athletes should report their symptoms, but they may not unless they are asked and even then, it is important to consider that athletes may not be telling the truth. Thus, it is important for all hockey organizations to educate their athletes, coaching staff and parents in the preseason about the seriousness of concussion and the importance of athletes honestly reporting their symptoms and injuries.

These are some **SIGNS** concussion (what others can see in an injured athlete):

- Dazed or stunned appearance
- Change in the level of consciousness or awareness
- Confused about assignment
- Forgets plays
- Unsure of score, game, opponent
- Clumsy
- Answers more slowly than usual
- Shows behavior changes
- Loss of consciousness
- Asks repetitive questions or memory concerns



These are some of the more common **SYMPTOMS** of concussion (what an injured athlete feels):

- Headache
- Nausea
- Dizzy or unsteady
- Sensitive to light or noise
- Feeling mentally foggy
- Problems with concentration and memory
- Confused
- Slow

Injured athletes can exhibit many or just a few of the signs and/or symptoms of concussion. However, if a player exhibits any signs or symptoms of concussion, the responsibility is simple: remove them from participation. **“When in doubt sit them out.”**

It is important to notify a parent or guardian when an athlete is thought to have a concussion. Any athlete with a concussion must be seen by an appropriate health care provider before returning to any practice (including off-ice activities) or competition.

All Coaches and Officials who observe a player who exhibits signs or symptoms of a concussion must immediately remove that athlete from participation. The injured athlete shall be kept out of all participation until they are cleared to return by an appropriate health care provider. If the athlete has been removed because of concussion related signs or symptoms, shall never be allowed to return to activity (conditioning, practice or competition) that day. Athletes with a concussion shall never be allowed to return to activity while they still have symptoms. Whenever any individual is removed from participation for a concussion or exhibiting symptoms of a concussion, it should be reported to the association Safety Officer. It also must be reported to WAHA Player Safety Representative using the WAHA Concussion Reporting Form, found on our website, [Initial Reporting of a Concussion Form](#).

A player with a concussion must be carefully observed throughout the practice or competition to be sure they are not feeling worse. Even though the athlete is not participating, never send a concussed athlete to the locker room alone and never allow the injured athlete to drive home.

Most concussions are temporary, and they resolve without causing residual problems. However, in the adolescent population, 10-20% of athletes that have a concussion have signs or symptoms that persist beyond 2 weeks. These symptoms of headache, difficulty concentrating, poor memory and sleep disturbances can lead to academic troubles among other problems. Concussion symptoms may even last weeks to months (post-concussion syndrome).

Allowing an injured athlete to return too quickly increases the risk for repeat concussion. Repeat concussion may cause Second Impact Syndrome. Second Impact Syndrome is a rare phenomenon which happens only in young athletes that causes rapid brain swelling and death. Repeat concussions may increase the chance of long-term problems, such as decreased brain function, persistent symptoms and potentially chronic traumatic encephalopathy (a disorder that cause early degeneration of the brain similar to what is seen with Alzheimer's disease).

Return To Play

Current recommendations are for a 5-step progression return to play program. To resume activity, the athlete must be symptom free and off any pain control or headache medications. The athlete should be carrying a full academic load without any significant accommodations. Finally, the athlete must have clearance from an appropriate health care provider, **who is not related to the athlete in a familial way**.

The program described below is a guideline for returning concussed athletes when they are symptom free. Athletes with multiple concussions and athletes with prolonged symptoms often require a very different return to activity program and should be managed by a physician that has experience in treating concussion.

The following program allows for one step per 24 hours. The program allows for a gradual increase in heart rate/physical exertion, coordination, and then allows contact. If symptoms return, the athlete should stop activity and notify their healthcare provider before progressing to the next level.

Step One: About 15 minutes of light exercise: stationary biking or jogging

Step Two: More strenuous running and sprinting in the gym or field without equipment

Step Three: Begin non-contact drills in full uniform. May also resume weightlifting

Step Four: Full practice with contact

Step Five: Full game clearance

Before any individual who has been removed from participation for a concussion or exhibiting symptoms of a concussion, they must be cleared by a medical professional, **who must not be related in a familial way with the injured player**, and a USA Hockey Return to Play Form must be filled out completely and signed by all required individuals. The RTP form can be found on the WAHA website, [Return to Play Form](#). Once filled out, it should be sent to the WAHA Player Safety Representative. When filing the initial report once the submit button is selected, the Return to Play form will appear automatically. It can then be printed out for acquiring all required signatures. A copy of the form is on the next page.

USA HOCKEY CONCUSSION MANAGEMENT RETURN TO PLAY FORM

The USA Hockey Concussion Management Protocol and most state statutes require that an athlete be removed from any training, practice or game if they exhibit any signs, symptoms or behaviors consistent with a concussion or are suspected of sustaining a concussion. The player should not return to physical activity until he or she has been evaluated by a qualified medical provider who has provided written clearance to return to sports. **Every section of this form MUST be filled out completely!**

This form is to be used after an athlete has been removed from athletic activity due to a suspected concussion and must be signed by their medical provider in order to return **without restriction** to training, practice and competition.

Return this form to the WAHA Player Safety Coordinator, at safetycoordinator@wahahockey.com
(Information is used by USA Hockey for data collection only. Name and DOB will not be shared)

Player Name: _____ DOB: ____ / ____ / ____

District/Affiliate: Central/WAHA Name of person reporting: _____

Association & Team: _____ Date of injury: ____ / ____ / ____

Location of injury/Arena: _____
City, State, Name of Ice Arena

Injury signs/symptoms: _____

Age Level of Play: _____ Date of Initial Visit to Health Care Professional: ____ / ____ / ____
Y12U, G10U, Y14U, etc.

Print Health Care Professional Name: _____ License Number: _____

Role of Health Care Professional: (Medical, Orthopedic, Pediatric, etc.) _____

Address: _____ Phone Number: _____

I HEREBY AUTHORIZE THE ABOVE-NAMED ATHLETE TO RETURN TO ATHLETIC ACTIVITY FOR FULL PARTICIPATION WITHOUT RESTRICTION.

Signature: _____ Date: ____ / ____ / ____

I AM THE PARENT OR LEGAL GUARDIAN OF THE PLAYER IDENTIFIED ON THIS FORM AND I CONSENT TO THEIR RETURN TO ATHLETIC ACTIVITY WITHOUT RESTRICTION.

Parent/Legal Guardian Name: _____

Signature: _____ Date: ____ / ____ / ____

I AM THE COACH OF THE PLAYER IDENTIFIED AND I CONFIRM RECEIPT OF THIS CLEARANCE FORM ACKNOWLEDGING THE HEALTH CARE PROVIDER AND PARENT HAVE APPROVED THE ATHLETE'S RETURN TO PARTICIPATION WITHOUT RESTRICTION.

Coaches Name: _____

Coach Signature: _____ Date: ____ / ____ / ____

Team Up Against Concussions



Team Up & Speak Up All Season

By Wisconsin Amateur Hockey Association, Inc.

During a designated week in the month of October is Team Up Against Concussion week. USA Hockey announces the specific week in the early part of each season.

The Concussion Legacy Foundation was developed to support athletes, Veterans, and all affected by concussions and CTE; achieve smarter sports and safer athletes through education and innovation; and to end CTE through prevention and research.

USA Hockey and the Concussion Legacy Foundation have teamed up to raise concussion awareness and strengthen team bonds through the Team Up Speak Up initiative. The program has helped share the importance of concussion safety to over 1,500 teams and more than six million athletes. The goal of Team Up Speak Up is for as many athletes as possible to hear a simple speech. The core message: athletes have a responsibility to tell a team leader know if they notice concussions signs in a teammate. The speech is a one-minute speech that can save an athlete's season, career, or life by encouraging athletes to speak up for themselves and their teammates when it comes to concussions.

WAHA is excited to be a supporter of the Team UP Speak Up initiative and encourages all coaches and parents to partner with WAHA to give "The Speech" to all players. The Team Up Speak Up speech should come from a coach or team leader and be given at any time. Also, it can be given by team member and should be video taped.

The Speech

We're a team, and teammates look out for each other. A teammate with a concussion needs your help. I expect you to **SPEAK UP** to a coach, team leader or athletic trainer if you think a teammate has a concussion.

Get involved and help USA Hockey and WAHA change the concussion culture and improve concussion reporting.

For more information visit USA Hockey's website,

<https://www.usahockey.com/teamupspeakup>



Heads Up, Don't Duck

History

In 1995, Dr. Alan Ashare started the Heads Up, Don't Duck Program, a program to decrease the risk for paralyzing neck injuries in ice hockey. You can read more about Dr. Ashare on [Heads Up - Don't Duck dedicated website](#)

The Premise Of Head's Up, Don't Duck

Head Injuries are preventable It's a contact sport, but...

Like any other contact sport, hockey has its share of sudden jolts. Players routinely make contact with other players, with goal posts, boards, pucks, sticks... and of course with the ice itself. But injuries-especially potentially serious head injuries are not part of the game. You can raise your players awareness of spinal injuries and concussions by learning more about how injuries happen, by passing this information along to your players, and by practicing specific prevention and playing techniques detailed in this guide. Let's start by learning more about how these injuries happen...

How spinal injuries happen in hockey

The upper spinal column has a natural curve, which lends flexibility to the head and neck when the head is held in a normal "Heads Up" position (See illustration A). But when the head is flexed (chin toward the chest), this normal curve is removed, and the cervical spine becomes straight, as illustration B demonstrates. In this "head down position," when a player hits the boards or a goal post head on, the head stops suddenly, but the body's movement continues, compressing the spine. This force can produce a shock greater than the neck's discs and muscles can cushion, resulting in a fracture or break of one of more vertebrae. And if one breaks, it can cause compression of the spinal cord, resulting in paralysis below the level of the fracture. According to research done among a wide range of hockey players, almost all on-ice cervical spine injuries have been due to the head being slightly flexed (head down) while making head-on contact with the boards or goal post.

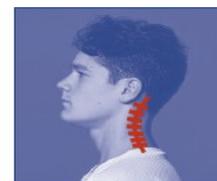


Illustration A:
The natural "Heads Up" position, which gives your neck the maximum flexibility to take a hit.

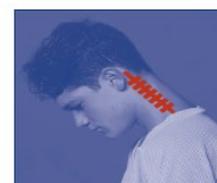


Illustration B:
When the neck is flexed (head down), an impact can result in serious spinal injury.

A player doesn't have to be going at full speed for this to happen — it can occur at walking speed. So that's the basis for Rule One of Heads-Up Hockey: Heads Up — Don't Duck!

BASIC PRINCIPLES OF HEADS UP DON'T DUCK HOCKEY

1. Rule One: Head up – Don't duck!
2. Hit the boards or goal posts with an arm, a leg or anything but your head first
3. Skate into the boards on an angle to dig out the puck.
4. Taking a check: Keep your head out of it. Skates parallel to the boards, knees bent, low center of gravity. Skate through the check and get away quickly.
5. No checking from behind. It's illegal, dangerous, and bad hockey.
6. Wear a snug fitting, HECC-certified helmet in good shape, plus a full facial protection.
7. Use a mouth guard every time you're on the ice.

[Visit the Heads UP, Don't Duck website to learn more >>](#)

Sudden Cardiac Arrest

Sudden Cardiac Arrest (SCA) is the abrupt loss of heart function, breathing, and consciousness. The condition usually results from a problem with the heart's electrical system, which disrupts your heart's pumping action and stops blood flow to your body. Sudden cardiac arrest isn't the same as a heart attack when blood flow to a part of the heart is blocked. However, a heart attack can sometimes trigger an electrical disturbance that leads to sudden cardiac arrest. If not treated immediately, sudden cardiac arrest can lead to death. Survival is possible with fast, appropriate medical care.

Cardiopulmonary resuscitation (CPR), using a defibrillator — or even just giving compressions to the chest — can improve the chances of survival until emergency workers arrive.

Sudden cardiac arrest is the leading cause of death in young athletes while training or participating in sport competition. Even athletes who appear healthy and have a normal preparticipation screening may have underlying heart abnormalities that can be life threatening. SCA is more likely to occur during exercise or physical activity, so student-athletes are at greater risk. While a heart condition may have no warning signs, studies show that many young people do have symptoms but neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their playing time, they mistakenly think they're out of shape and need to train harder, or they simply ignore the symptoms, assuming they will "just go away." Additionally, some health history factors increase the risk of SCA.

In Wisconsin, our Legislature passed 2021 Wisconsin Act 210, which took effect on July 1, 2022. The law requires at the beginning of each season organizations operating a youth athletic activity shall educate athletic coaches and pupil athletes, who are 12 years old and older, and their parents or guardians about the nature and risk of sudden cardiac arrest during youth athletic activities. The information provided shall include the following:

1. Information about the risks associated with continuing to participate in a youth athletic activity after experiencing one or more symptoms of sudden cardiac arrest, including fainting, difficulty breathing, chest pains, dizziness, and abnormal racing heart rate.
2. Information about electrocardiogram testing, including the potential risks, benefits, and evidentiary basis behind electrocardiogram testing.
3. Information about how to request, from a pupil's health care provider, the administration of an electrocardiogram, in addition to a comprehensive physical examination required to participate in a youth athletic activity, at a cost to be incurred by the pupil's parent or guardian.

WAHA has developed all required documents and they can be found on our website: [Concussion & Safety Information](#)

Neck Laceration Protectors

USA Hockey SPEC Committee was asked to draft language for a rule change in 2024 regarding the use of Neck Laceration Protectors (NLP). The USA Hockey Board of Directors passed the final version of the document SPEC produced. Below is that language:

Rule 304 Protective Equipment

(g) **All players, including goalkeepers, in all age classifications *except Adults* are required to wear a neck laceration protector *designed for that purpose* that covers as much of the neck area as possible, **and are recommended to wear cut-resistant socks, sleeves or undergarments.** *USA Hockey strongly recommends that Adult players wear a neck laceration protector designed for that purpose that covers as much of the neck area as possible and are also recommended to wear cut-resistant socks, sleeves or undergarments.***

Rule 501 Appointment of Officials

(c) Each official is required to wear a black hockey helmet, with chin strap properly fastened, and a non-altered half shield visor properly attached to their helmets. **All officials *under the age of 18-years are required to wear a neck laceration protector designed for that purpose.* All Officials who are 18 years of age or older are *strongly recommended to wear a neck laceration protector designed for that purpose.***

These rules went into effect on August 1, 2024, for the 2024-2025 season. At the time there was only one organization that certified, BNQ in Canada. HECC is the organization USA Hockey uses for certification of all other equipment requiring certification when used in USA Hockey events. This organization is working to determine a standard to use to certify Neck Laceration Protectors. Meanwhile the USA Hockey SPEC committee has submitted a rule change that will be voted in at the Winter Meeting of USA Hockey in January of 2026. This rule change will require players in all age classifications under the age of 18 to wear a HECC certified Neck Laceration Protector playing year. The rule is expected to pass and if it does, this section will be updated accordingly.

Stop The Bleed

Uncontrolled bleeding is the number one cause of death from trauma. STOP THE BLEED is a national campaign to encourage bystanders to become trained, equipped, and empowered to help in a bleeding emergency before professional help arrives. It is a public/private partnership led by the Department of Defense and many other stakeholders. Along with a puck bag and water bottles, every coach should have a Stop the Bleed kit as part of the equipment.

Average time to bleed out



Average time for 1st responders to arrive



Trauma-related deaths worldwide due to bleeding



Injury Management

USA Hockey continues to produce documents to help everyone do everything possible to keep hockey a safe sport. But as we know injuries are going to happen in a sport played at a fast pace like hockey and with as much body contact that occurs in our game. So USAH has developed a document as a resource to manage injuries. A copy of the document is on the next page.



RESOURCE GUIDE FOR INJURY MANAGEMENT

This information is to be used as a guideline only and not meant to replace any formal first aid training or care by a licensed medical professional.



1

FIRST AID KIT

The first aid kit should include the following supplies:

- Athletic Tape (1" and 1 1/2")
- Foam Under Wrap
- Band Aids (variety of sizes)
- Sterile Gauze Pads (4x4)
- Roll Gauze
- Wound Cleansing Solution or Saline Rinse (can use soap/water as well if these are not available)
- Alcohol/Antiseptic Wipes
- Non-Latex Disposable Gloves
- Elastic Wraps (ACE Bandages)
- Hand Sanitizer
- Paramedic Scissors
- Uniform Blood Cleaner (Hydrogen Peroxide)
- Extra Mouth Guards
- Parent/Guardian Contact Information
- Emergency Numbers (Local Hospital, Ambulance)

2

WOUND CARE

Follow these steps to care for wounds:

- Put on disposable gloves
- Apply direct pressure using sterile gauze
- Once bleeding stops, clean the wound with sterile wound cleanser or soap/water
- Cover with a sterile band aid or wound dressing
- If bleeding persists, continue to apply direct pressure and wrap the area with a roll gauze to hold pressure on the wound. Refer to a physician for further care or suturing

3

INJURY EVALUATION

Use the **HOPS** protocol to evaluate the athlete's injury.

- **H** **History**
 - Ask the athlete the following questions:
 - How did the injury happen?
 - Where does it hurt?
 - Do you have any tingling/numbness? (may indicate nerve damage)
 - Did you feel or hear a "pop, snap or crack" (could indicate more severe injury such as fracture, dislocation, muscle, tendon or ligament tear)
- **O** **Observation**
 - Compare the injured side to the uninjured side. Look for swelling, bruising or deformity. A large amount of swelling or bruising immediately can indicate a more severe injury.
- **P** **Palpation**
 - Feel the injured area for tenderness and pain. Feel for warmth on the injured side versus the uninjured side.
- **S** **Special Test**
 - These should be performed by a trained medical professional, but you can assess simple movement to see if there is any dysfunction. Ask the athlete if they can move the injured body part through its range of motion. You may also assist or passively move the athlete through range of motion. Note any pain or limitations.



If you suspect a neck or spine injury, DO NOT MOVE the athlete or have the athlete move themselves. Activate Emergency Medical Services (9-1-1) and have the injured athlete evaluated and transported by qualified medical personnel at a hospital or health care facility.

4

INITIAL TREATMENT

Use the **RICE** protocol to treat basic injuries.

- **R** **Rest**
 - Have the athlete rest from activity to allow healing to begin and prevent further damage. Better to have an athlete sit out when in doubt rather than risk further damage and prolonged recovery.
- **I** **Ice**
 - Apply ice pack to the injured area for 20 minutes per hour. Make sure the ice pack is removed for at least 40 minutes before reapplying. Provide a thin towel layer between the skin and the ice pack to prevent the skin from being damaged. This will help with pain control and decreased swelling in the area.
- **C** **Compression**
 - Use an elastic wrap or ace bandage to compress the injured area. Start at an area away from the heart and wrap toward the heart. Compression will help reduce swelling after an injury has occurred.
- **E** **Elevation**
 - Elevate the injured area above the level of the heart. This will also help reduce swelling in the injured area.

5

EMERGENCY ACTION PLAN

It's important to have an emergency action plan in place. Follow these steps to make sure you're ready should an emergency arise.

- Talk to your local ice rink management to see if they have an established emergency action plan in case of a serious or life-threatening injury.
- Check to see if your local ice rink has an Automated External Defibrillator (AED) and where it is located.
- If no emergency action plan is in place, we encourage your association to adopt one. Visit the following website for guidelines in emergency action planning — anyonecanavalife.org.
- Recommend that coaches become certified in First Aid, CPR and AED use.

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CONCUSSION RESOURCES

- Visit usahockey.com/safety-concussions to download the Concussion Management Protocol and Return to Play Guidelines.
- Download the CDC Heads Up Concussion App for free on Apple or Android devices. This app provides detailed helmet fitting guidelines as well as information on how to recognize concussions and treatment management guidelines.
- See reverse of this page for additional concussion information.

Player Hydration & Nutrition

Basic Nutrition & Hydration Tips

DRINK WATER.

Avoid soda pop, energy drinks, and juice that are loaded with sugar.

EAT FOR YOUR GOALS AND LIFESTYLE.

If you want to be an elite player, you must eat elite. Meals made with ingredients of the highest quality should be the goal and will involve some cooking!

AVOID QUICK FIXES.

Avoid snack foods and fast food. Plan ahead by a day or two so quality food is always available when you need it most.

NO CARTOON CHARACTERS.

They are not elite, so it's best to avoid foods with them on the packaging.

Athletes' Plates

Training volume and intensity vary from day to day and week to week along your training/competition plan. Eating your meals and fueling your workout or competition should also be cycled according to how hard or easy it is. The Athlete's Plates below are tools for you to better adjust your eating to the physical demands of your current training plan.

EASY TRAINING: An easy day may contain just an easy workout or tapering with without the need to load up for competition with energy and nutrients. Easy day meals may also apply to athletes trying to lose weight and athletes in sports requiring less energy (calories) due to the nature of their sport.

Easy Training Plate

MODERATE TRAINING: A moderate day may be one where you train twice but focus on technical skill in one workout and on endurance or strength in the other. The moderate day should be your baseline from where you adjust your plate down (easy) or up (hard/competition).

Moderate Training Plate

HARD TRAINING: A hard day contains at least two workouts that are relatively hard or competition. If your competition requires extra fuel from carbohydrates, use this plate to load up in the days before, throughout, and after the event day.

Hard Training Plate

NOTES: