



# **BGHC**

# **TRAINERS MANUAL**

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# ABOUT THE OWHA

The Ontario Women's Hockey Association is the governing body of female hockey in Ontario. The OWHA is a member of the Ontario Hockey Federation (OHF) and is affiliated with Hockey Canada. All local associations, including the Burlington Girls Hockey Club (BGHC) report up to and are governed by the rules and regulations of the OWHA. All communications to the OWHA are done through our OWHA liaison or the president of the Burlington Girls Hockey Club (BGHC). Details on specific policies and procedures can be found at: [www.owha.on.ca](http://www.owha.on.ca).

## TRAINER DUTIES

All team Trainers must be female, have their HTCP Level One, have completed Respect in Sport (RiS) - Activity Leaders and Gender Expression and Identity Course and have a satisfactory Police Check including Vulnerable Sector Screening (valid for 3 years). Police checks have to be screened by the OHF for each season. Trainers must be registered with the OWHA and have completed Rowan's Law Resource Review & Acknowledgement.

First Aid is not required but recommended. Trainers with first aid certification or approved professional designation can be upgraded to Level Two if proof of qualification is submitted to the OWHA to [clinics@owha.on.ca](mailto:clinics@owha.on.ca).

## PRIMARY RESPONSIBILITIES

A Hockey Trainer's primary responsibility and first priority in all hockey related activities, both on and off the ice, is safety. Hockey Trainers play a leadership role in implementing effective risk management programs with their teams and enhance the safety of players and all those involved in amateur hockey.

The following are key responsibilities of a Hockey Trainer:

- Implement an effective risk management program that strives to prevent injuries.
- Assume a proactive role in identifying, minimizing and eliminating risk during activities. If in doubt, always err on the side of caution.
- Promote and model values of fair play and strive to instill these values in participants. This includes recognizing and intervening where there is bullying or inappropriate language/behaviour. Trainers and den moms are often the first to see these issues. Involve coaches, parents, and BGHC where appropriate.
- Conduct regular checks of players' equipment to ensure proper fit, protective quality and maintenance. Advise players and parents regarding the selection and replacement of equipment.

- Promote proper warm up and conditioning techniques for injury prevention.
- Maintain accurate medical information files on all players 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 (EAP) with your team and review it regularly to ensure all parties understand their roles and are prepared to act if an emergency occurs.
- Recognize serious and life-threatening injuries and be prepared to deal with serious injuries. Be prepared to call an ambulance.
- Manage minor injuries that require a player to be removed from action. Players should be referred to medical professionals and coordinate return to play. A Hockey Canada Injury

Report must be submitted to the OWH in all cases where a player is removed from play due to injury.

- In the case of injury requiring medical attention, fill out page one of the Hockey Canada Injury Report and give it to parents to be completed by their doctor or dentist. Remember to fill out the health insurance information.
- Email completed forms to [headtrainer@bghc.ca](mailto:headtrainer@bghc.ca) for submission.
- Recognize concussion symptoms and always err on the side of caution.
- In suspected concussion situations parents/guardians should be given three forms: the Hockey Canada Injury Report with page one filled out, the Return to Sport Communication Tool, and the Medical Assessment/Medical Clearance Letter. In the event of a concussion follow the Return to Sport Communication Tool. All three forms need to be returned for submission to [headtrainer@bghc.ca](mailto:headtrainer@bghc.ca).
- Promote a healthy lifestyle with all participants including, modeling and educating players on good hygiene, drug and alcohol abuse, nutrition and hydration.
- If a player requires medication such as an inhaler for asthma, while participating in sanctioned events, come up with a formal plan with the player/guardian in writing that specifies where the medication is to be kept and who administers the medication.
- Also act as a Hockey Trainer for the opposing team if one isn't available.

# DRESSING ROOM PROTOCOLS

- No cameras, cell phones etc. in the dressing room.
- A Trainer must be present in the arena at all practices and games.
- All non-players must have a valid Respect in Sports Activity Leaders certification and Police Check registered with the BGHC office in order to enter the dressing room.
- Each team must have two designated females in the changeroom, or right outside of the door of the change room, at all times. A female staff member will notify male staff members when they may enter the dressing room (5 minutes before and/or after the game while players are fully dressed), and a minimum of one female will be present at all times.
- Players must provide the coaching staff with their full attention for a specified period of time before and following each game and practice. During this period, players will be expected to wear full equipment with the exception of helmets, gloves and neck protectors.
- Players must not remove any protective equipment after leaving the dressing room and until returning to the dressing room, unless required to do so by a Trainer, official, or other responsible individual.
- Head coaches, Trainers and team managers are responsible for ensuring that players and staff members represent the BGHC to other communities in a respectful and appropriate manner. A member of the coaching staff should inspect the dressing room before and after every game and practice and report issues to the arena staff. The dressing room should be left neat and tidy for the rink attendant and the next team.

## GAME DAY RESPONSIBILITIES

- The Trainer scheduled for a game should arrive at the scheduled arrival time for players and be available, following dressing room policies.
- Ensure proper warm up and cool down.
- Ensure all players have water.
- Have a fully stocked trainer bag, including first aid kit.

# EMERGENCY ACTION PLANS

- An Emergency Action Plan (EAP) outlines how to handle injuries during hockey activities and is required at games and practices. An EAP comes into effect if a player is seriously hurt and requires medical attention. Trainers are not responsible for treating injuries and should defer to medical professionals. Trainers should ensure there is always an EAP in place and that it is practiced.
- An EAP has three key roles:

**The Charge Person** is usually the Trainer on the bench who takes control of the situation, assesses the injury, and decides if further medical help is needed. The most qualified medical personnel on site can also be designated.

**The Call Person** is responsible for making emergency calls (e.g. 911) and providing necessary information such as location, injury details, and best routes for access. The Charge Person will give a pre-determined signal for the Call Person to act. See EAP Burlington Arena Guide for details on each arena.

**The Control Person** ensures a clear path for emergency personnel, manages bystanders, including relaying information to parents, and assists the Charge Person as needed including getting an Automated External Defibrillator (AED) or first aid kit. The Control Person meets emergency personnel, typically the easiest access is the Zamboni entrance.

\*NOTE: coaches and other on-ice personnel are not appropriate Call or Control persons.

# INJURIES AND FORMS

- If a concussion or serious injury occurs it is the responsibility of the Trainer to take action, including removing the player from play and initiating the EAP. If in doubt, err on the side of caution.
- See Hockey Canada Concussion Card and Concussion Recognition Tool as reference for concussion symptoms.
- The two-page Hockey Canada Injury Report form must be completed for each case where an injury is sustained by a player, or any other person at a sanctioned hockey activity, that requires medical attention. Forms are on the OWHHA and BGHC websites and should be in your Trainer bag.
- All injuries should be recorded in the Player Injury Log.

- Concussions also require players/guardians to complete a Medical Assessment / Medical Clearance Letter, signed by a doctor. It must be submitted to the BGHC Head Trainer at [headtrainer@bghc.ca](mailto:headtrainer@bghc.ca) and acknowledged before a player can return to play.
- A concussion or a serious injury requires rest, healing and a physician's authorization before participation on the ice resumes. Return to play is a gradual process and Trainers will follow the protocol required by Hockey Canada. Getting a doctor's approval is a must and is the responsibility of the individual.
- Hockey Canada insurance is a secondary coverage.
- Travelling to the U.S. for any number of games requires primary medical coverage. Please refer to Safety Requires Teamwork or the OWHA website for insurance questions.

## TRAINER BAG

A Hockey Trainer must always have a fully stocked trainer bag at all sanctioned events.

Recommended items to stock the bag include:

- First Aid kit, including bandages, gauze, tape, antiseptic
- Tensor bandage
- Scissors
- Barrier protection gloves
- Towel
- Ice packs
- Hockey tape
- Helmet tightening and skate sharpening kits
- Hair elastics
- Extra neck guard, water bottle
- Sanitary pads, where age appropriate
- Pen/ pencil
- Forms, including medical forms for each player, injury log, concussion tool, Hockey Canada Injury Report and BGHC concussion forms.
- OPTIONAL: allergy-safe snack such as a granola bar in case of low blood sugar

DO NOT administer medication.

# EQUIPMENT

Advise players/ guardians about keeping equipment clean. Immediately after every game and practice equipment should be hung to dry. Never place over a heat source. All equipment, including the hockey bag should be cleaned on a regular basis.

Equipment should be regularly inspected for rips, cracks and defects, including ineffective Velcro, and replaced when needed.

**Athletic supports:** It is important players chose a jill that is appropriately sized – not too tight to restrict movement and not too loose so that it moves around. The strap should be machine washed regularly; be sure to remove the protective cup before washing.

**Shin pads:** Ensure that the cap of the shin pad is centred on the kneecap, the calf padding should wrap around the lower leg and the protective padding above the knee should overlap approximately 2 inches with bottom of hockey pants. With the skate open the shin pad should rest 1 inch above the foot when the foot is flexed and it should not inhibit the movement of the foot. It is recommended that the skate tongue be positioned behind the shin pad for extra protection.

**Pants:** The length of the pant leg should reach the top of the kneecap and cover approximately 2 inches of the shin pad's top padding. Ensure the hips and kidney pads cover areas adequately, along with completely covering the bottom end of the tail bone. The belt should be positioned above the hip bone.

**Skates:** Typically, skates fit half a size smaller than street shoes. When fitting skates wear the same socks worn when skating. Prior to lacing the skates, kick the heel into the boot's heel by banging the skate against the floor. Lace boot with the first eyelets snug, the next three-to-four loose and the last two-to-four very snug. Once laced up, the eyelets should be 1.5 to 2 inches apart.

Regularly check skate blades for sharpness, cracks, bending, loose rivets or loose blades. If a player is on the ice more than three times a week, skates should be sharpened weekly. Skate blades should be wiped dry after use and skate guards should be used.

**Shoulder pads:** It is important that shoulder pads completely cover the shoulders, upper back, chest and upper arms to just above the elbow area. The protective caps should be positioned on the top of the shoulders, and the arm pads should meet the elbow pads. It is recommended that the back of the shoulder pads overlap slightly with the pants and the upper arm pads should fit around the biceps and triceps area.

**Elbow pads:** The top of the elbow pad should meet the bottom of the shoulder pad's arm pad and extend down the forearm to where the top of the glove starts. The elbow pad should not restrict movement.

**Gloves:** Gloves should fit like loose winter gloves over the fingers. The top of the glove should extend up the forearm to the bottom of the elbow pad.



**Helmets:** Helmets must be Canadian Standards Association (CSA) certified, including having a sticker that indicates approval. Helmets should fit snugly on head yet allow for room for adjustments. Adjust the helmet to fit so that when shaking the head, it does not move or cause discomfort. The front of the helmet should fall just above the eyebrows. The chin strap should fit snug to the chin. A helmet with any break must be replaced.

**Facial protectors:** Hockey Canada requires all minor and female players to wear CSA certified full face protectors, properly attached to a CSA certified helmet. Styles include a wire cage, a high impact polycarbonate shield or a combination of the two. The face shield or cage must be compatible with the helmet. It should fit to allow one finger to be placed snugly between the bottom of the chin and chin cup of the protector.

**Throat protectors:** Neck guards must be BNQ certified and should fit snug, but not uncomfortably tight. It should completely cover the throat, and with the bib style, also the upper chest area.

**Jerseys and socks:** A hockey jersey should be big enough to fit over equipment and not restrict movement. A jersey should go over the pants and not ride up when the player is skating. The arms should extend to the wrists. Ensure the sweater is not too baggy. Socks hold the shin pads in position and should extend from the top of the foot to the top of the leg. They are held up either by a garter belt or Velcro fasteners to the top of the jill strap.

**Sticks:** In street shoes a stick should reach between the chin and the mouth of a player, with the toe of the stick on the ground. While wearing skates the stick's butt end should reach just below the chin.

Goaltender sticks should allow them to comfortably assume the crouch (ready) position with the blade of the stick flat on the ice.

## GOALTENDER EQUIPMENT

With the exception of skates and a stick, all equipment worn by a goaltender must be solely for the purpose of protection of their head or body and not include anything that would give the goaltender undue assistance. Abdominal aprons that extend down to the thighs on the outside of pants are prohibited.

See Hockey Canada for rules on measurements for approved equipment.  
[www.hockeycanada.ca/safety](http://www.hockeycanada.ca/safety)

**Leg pads:** should be fitted while wearing skates. The goaltender should kneel down into each pad to make sure their kneecap is in the middle of the knee roll. After doing up all straps, the pad should extend from the top of the toe of the skate to approximately 4 inches above the knee. Leg pads should have padding at the back of the leg. The top of the pads should extend about 3 inches above the bottom of the pants.

**Catcher and Blocker Gloves:** follow the same steps as players' gloves for fit.

**Upper body protection:** Ensure all straps are used and fastened properly. Elbow padding must be positioned over the elbow and arm padding should extend to the wrist. The body pad should tuck into the pants about 2 inches below the naval.

**Pants and athletic supports:** Goaltenders wear a specially designed athletic support and cup with extra padding. It should be fitted with the same principles as a player's equipment. The same principle for players also applies to pants, except that goalie pants must be loose enough around the waist to allow the belly pad to tuck into the pants; and remember that goalie pants have additional protective pieces and are heavier (they may require suspenders).

## WARMUP AND COOL-DOWN

A proper warmup increases body and tissue temperature, blood-flow and the body's metabolic process. It reduces the risk of muscle/tendon pulls, allows for greater movement and enhances the psychological preparedness of players.

Off-ice warmups should last approximately 10 to 15 minutes, and include 1) total body warmup, 2) dynamic warmup and 3) speed, agility and quickness warmup.

- 1) The total body warmup includes general aerobic activity such as jogging or skipping. Its goal is to get the heart and lungs working at a higher rate, warming the body up to a light sweat.
- 2) The dynamic warmup includes a series of calisthenic movements aimed at moving the body in a controlled manner. Exercises include jumping jacks, lunge walks, high knees, bum kicks, push ups, burpees and arm circles.
- 3) The speed, agility and quickness warmup includes hopping, skipping, pattern drills done at high intensity and quick intervals. They should not fatigue a player before a game.

### Sample BGHC warmup:

- Light jog to warm up area.
- [Walking Knee Hugs](#)
- [Shin Grab](#)
- [High Kicks](#)
- [World's Greatest Stretch](#)
- Scoops
- [Inchworm Walkout](#)
- [Side Lunge](#)
- [Walking Lunge to Overhead Reach](#)
- End with a light jog back to the change room.

**Cool-down:** Following a game or practice, a five-to-10-minute cool down of light aerobic activity helps keeps the muscles working in the dissipation of waste product and keeps blood from pooling in extremities. Static stretching during the cool down is beneficial.

## NUTRITION

Hockey is a high-intensity activity, and players expend a tremendous number of calories in practice and in games. It is important that players are fueling their bodies at frequent, regular intervals with appropriate amounts of food, including protein for muscle recovery, carbohydrates to replace the energy expended and healthy fats.

See Canada's Food Guide: <https://food-guide.canada.ca/en/>

Forms and additional safety and concussion resources can be found at: [https://bghc.ca/Pages/2147/Safety\\_Concussion\\_Resources/](https://bghc.ca/Pages/2147/Safety_Concussion_Resources/)

And <https://www.owha.on.ca/content/trainers-program-and-resources>

# Appendix

1. [Medical Information Form](#)
2. [EAP Arena Diagram](#)
3. EAP Burlington Arena Guide
4. [Player Injury Log](#)
5. [Hockey Canada Injury Report](#)
6. [Concussion Recognition Tool](#)
7. [Return to Sport Communication Tool](#)
8. [Medical Assessment - Medical Clearance Letter](#)



# BURLINGTON GIRLS HOCKEY CLUB

## Medical Assessment / Medical Clearance Letter

Following an observed injury to the head on \_\_\_\_\_ (date),  
\_\_\_\_\_ (name of athlete) was noted to have at least 1 sign or symptom of  
concussion, as identified through the use of the Concussion Recognition Tool 5 (CRT5). As advised in the CRT5, the  
athlete was removed from play and now **requires a medical evaluation prior to returning to sport**. Athlete must not  
return to sport if she has any signs or symptoms of a concussion. Returning to sport is a gradual process and the athlete  
must follow physician's instructions prior to returning to practices / games. Parents please send completed form to  
[equipsafety@bghc.ca](mailto:equipsafety@bghc.ca) promptly following the medical assessment.

**A. Medical Assessment Following Suspected Concussion** - Clearance will only accepted from a **Medical Doctor** or **Nurse Practitioner**, in accordance with the Canadian Guideline on Concussion in Sport.

☐ **No concussion – Athlete may return to school and sport without restrictions**

Physician/Nurse Practitioner Name (print): \_\_\_\_\_ ☐ MD ☐ NP  
Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_  
Additional Instructions: \_\_\_\_\_

☐ **Concussion – No activity, complete rest for initial 24-48 hours, then proceed to Step 1 until symptom-free**

Physician/Nurse Practitioner Name (print): \_\_\_\_\_ ☐ MD ☐ NP  
Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_  
Additional Instructions: \_\_\_\_\_

Once athlete is **completely symptom-free**, she must follow the 6-step Return to Play Guidelines as published by the  
2017 Concussion in Sport Group (CISG) consensus statement, including obtaining **medical clearance** prior to initiating  
Step 5, as outlined below. **NOTE: Each step must take a minimum of 24 hours**; if any symptoms come back at any step,  
athlete must **STOP** the activity immediately, rest at least 24 hours, resume activity at the previous step.

Step 1: Daily activities that do not cause or worsen symptoms

**Symptom-free for 24 hours?**

**Yes:** Proceed to Step 2

**No:** Remain at Step 1

Step 2: Light aerobic exercise, such as walking or stationary cycling

**Symptom-free for 24 hours?**

**Yes:** Proceed to Step 3

**No:** Return to Step 2

Step 3: Sport-specific activities (e.g. running; skating drills with a teammate); no resistance training; NO CONTACT.

**Symptom-free for 24 hours?**

**Yes:** Proceed to Step 4

**No:** Return to Step 2

Step 4: Full on-ice practice such as passing drills, shooting drills (except for goalies) and other activities with NO  
CONTACT (i.e. no scrimmage); may start progressive resistance training.

**Symptom-free for 24 hours?**

**Yes:** Proceed to Step 5

**No:** Return to Step 3

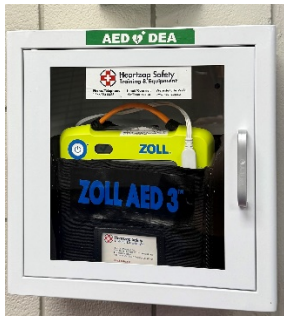
**B. Medical Clearance Following Diagnosed Concussion** - Clearance by **Medical Doctor** or **Nurse Practitioner** is required prior to Step 5 – on-ice practice with contact; no other source will be accepted, in accordance  
with the Canadian Guideline on Concussion in Sport.

☐ **Athlete is medically cleared to return to full contact play**

Physician/Nurse Practitioner Name (print): \_\_\_\_\_ ☐ MD ☐ NP  
Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_  
Additional Instructions: \_\_\_\_\_



## EAP Burlington Arena Guide



In the event of an emergency call **911**

Halton Regional Police non-emergency number: 905-825-4777

Halton Region Ambulance Services Hotline: 905-825-6000 or call 311.

Burlington Fire Department: 905-637-8207

Joseph Brant Hospital: 1245 Lakeshore Rd., Burlington

Phone: 905-632-3737

Oakville Trafalgar Memorial Hospital: 3001 Hospital Gate, Oakville

Phone: 905-845-2571

## **ARENAS**

### **Appleby Ice Centre**

1201 Appleby Line, Burlington. Phone: 905-335-7738

Closest major intersection: Appleby Line and North Service Road

Location of AED: 1) Main lobby of rink 1&2, on wall near washrooms and below display screens  
2) Main lobby of rink 3&4 on wall between community room two and rink four

### **Mainway Recreation Centre**

4015 Mainway, Burlington. Phone: 905-335-7738

Closest major intersection: Mainway and Walkers Line

Location of AED: 1) Main lobby, on wall to left of customer service desk 2) Second level viewing area 3) Auditorium beside kitchen

### **Mountainside Recreation Centre**

2205 Mt Forest Dr, Burlington. Phone: 905-335-7738

Closest major intersection: Brant Street and North Service Road

Location of AED: Main lobby, left side of entrance

### **Central Arena**

519 Drury Ln, Burlington. Phone: 905-335-7738

Closest major intersection: Drury Lane and New Street

Location of AED: 1) Main lobby on side of the stairs 2) second level main hallway

### **Nelson Recreation Centre**

4235 New Street, Burlington. Phone: 905-335-7738

Closest major intersection: New Street and Walkers Line

Location of AED: Main lobby on wall to right of washrooms

### **Aldershot Arena**

494 Townsend Ave, Burlington.

Closest major intersection: King Road and Plains Road East

Location of AED: Main lobby near arena office

### **Skyway Community Centre**

29 Kenwood Ave, Burlington. Phone: 905-335-7738

Closest major intersection: Lakeshore Road and Burloak Drive

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

## Equipment Locations

Please locate and identify area on map:

### Legend

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



## Arena Information

Arena/Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### Emergency Telephone Numbers

Emergency: \_\_\_\_\_

Ambulance: \_\_\_\_\_

Fire Dept: \_\_\_\_\_

Hospital: \_\_\_\_\_

Police: \_\_\_\_\_

General: \_\_\_\_\_

## Roles

### Hockey Trainer / Charge Person

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

### Call Person

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

### Control Person

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

## IMPORTANT REMINDERS

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

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

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

*See flow chart on reverse*





# HOCKEY CANADA INJURY REPORT

PAGE 1/2



See reverse for mailing address

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

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

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

Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Sex: ☐ M ☐ F  
Mo. Day Yr.

Address: \_\_\_\_\_

City / Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_ Email Address: \_\_\_\_\_

## DIVISION

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

## CATEGORY

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

## BODY PART INJURED

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



# HOCKEY CANADA INJURY REPORT

PAGE 2/2



## 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 ACKNOWLEDGE 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<br>DAY / MO. / YR. | PROCEDURE | INITIAL TOOTH<br>CODE | TOOTH SURFACE | DENTIST'S FEE | LAB CHARGE | TOTAL CHARGE |
|------------------------------------|-----------|-----------------------|---------------|---------------|------------|--------------|
|                                    |           |                       |               |               |            |              |
|                                    |           |                       |               |               |            |              |
|                                    |           |                       |               |               |            |              |
|                                    |           |                       |               |               |            |              |
|                                    |           |                       |               |               |            |              |
|                                    |           |                       |               |               |            |              |

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

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

TOTAL FEE SUBMITTED

Mail completed form to: **ONTARIO WOMEN'S HOCKEY ASSOCIATION**

225 Watline Avenue  
Mississauga, ON L4Z 1P3

Ph: (905) 282-9980  
Fax: (905) 282-9982

www.owha.on.ca  
insurance@owha.on.ca

# OWHA MEDICAL FORM



## MEDICAL INFORMATION SHEET

Name: \_\_\_\_\_

Date of birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_\_ ) \_\_\_\_\_

Provincial Health Number (optional): \_\_\_\_\_

Parent/Guardian #1: Name \_\_\_\_\_

Business Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Parent/Guardian #2: Name \_\_\_\_\_

Business Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

### Alternate emergency contact (if parents are not available)

Name: \_\_\_\_\_

Relationship to Player: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_\_ ) \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Date of last complete physical examination: \_\_\_\_\_

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

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

Yes ☐ No ☐ Medication

Yes ☐ No ☐ Allergies

Yes ☐ No ☐ Previous history of concussions

Yes ☐ No ☐ Fainting or seizure during or after physical activity

Yes ☐ No ☐ Near fainting or Brownouts

Yes ☐ No ☐ Seizures and/or epilepsy

Yes ☐ No ☐ Wears glasses

Yes ☐ No ☐ Are lenses shatterproof

Yes ☐ No ☐ Wears contact lenses

Yes ☐ No ☐ Wears dental appliance

Yes ☐ No ☐ Hearing problem

Yes ☐ No ☐ Asthma

Yes ☐ No ☐ Trouble breathing during exercise

Yes ☐ No ☐ Heart Condition

Yes ☐ No ☐ Palpitations or Racing Heart

Yes ☐ No ☐ Family history of heart disease

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

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

Yes ☐ No ☐ Diabetes - Type 1 \_\_\_\_\_ Type 2 \_\_\_\_\_

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

Yes ☐ No ☐ Health problem that would interfere with participation on a hockey team

Yes ☐ No ☐ Has had an illness that lasted more than a week and required medical attention in the past year

Yes ☐ No ☐ Has had injuries requiring medical attention in the past year

Yes ☐ No ☐ Been admitted to hospital in the last year

Yes ☐ No ☐ Surgery in the last year

Yes ☐ No ☐ Presently injured Injured body part: \_\_\_\_\_

Yes ☐ No ☐ Vaccinations up to date Date of last Tetanus Shot: \_\_\_\_\_

Yes ☐ No ☐ Hepatitis B vaccination

### Please give details if you answered "Yes" to any of the above. (Use separate sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_

Recent injuries: \_\_\_\_\_

Allergies: \_\_\_\_\_

Any information not covered above: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

\_\_\_\_\_

I understand that it is my responsibility to keep the team Safety Person advised of any change in the above information as soon as possible. In the event of a medical emergency and that no one can be contacted, team management will arrange to take my child to the hospital or a physician if deemed necessary. I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child. I also authorize release of information to appropriate people (coach, physician) as deemed necessary.

Date: \_\_\_\_\_

Signature of Player: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

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

## CONCUSSION RECOGNITION TOOL 5 ©

### To help identify concussion in children, adolescents and adults



#### RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

#### STEP 1: RED FLAGS – CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

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

#### Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

#### STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Blank or vacant look
- Facial injury after head trauma

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#### STEP 3: SYMPTOMS

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More Irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

#### STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:

- "What venue are we at today?"
- "Which half is it now?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last game?"

#### Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

**ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE**

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## **RETURN TO SPORT COMMUNICATION TOOL**

Based on Consensus Statement on Concussion in Sport – 5<sup>th</sup> international conference, Berlin 2016

**\*\*Step 1 is to start following an initial rest period of 24-48 hours\*\***

**Date of Concussion:** \_\_\_\_\_

**STEP 1:** – Symptom-limiting physical and cognitive activities (conserve energy)

**Symptom-free for 24 hours?**

**“RECOVERY”**

**Yes:** Begin Step 2

**No:** Continue participating in symptom-limiting activity

**Time and date completed / parent initials:** \_\_\_\_\_

**STEP 2:** – Light aerobic exercise off ice (walking, stationary cycling); <70% HR

**Symptom-free for 24 hours?**

**“INCREASE HEART RATE”**

**Yes:** Move to Step 3

**No:** Return to Step 1

**Time and date completed / parent initials:** \_\_\_\_\_

**STEP 3:** – Sport-specific exercise away from practice (cardio/skating; stick handling, shooting exercises);

**NO CONTACT**

**Symptom-free for 24 hours?**

**“ADD MOVEMENT”**

**Yes:** Move to Step 4

**No:** Return to Step 2

**Time and date completed / parent initials:** \_\_\_\_\_

**STEP 4:** – Non-contact drills; “on ice” practice such as skating, passing, shooting drills, other activities with **NO CONTACT**; may start resistance training / core strengthening

**Symptom-free for 24 hours?**

**“EXERCISE, COORDINATION, COGNITIVE LOAD”**

**Yes:** Move to Step 5

**No:** Return to Step 3

**Time and date completed / parent initials:** \_\_\_\_\_

**MEDICAL CLEARANCE REQUIRED BEFORE MOVING TO STEP 5** – Date: \_\_\_\_\_

**STEP 5:** – Following medical clearance; full-contact “on ice” practice

**Symptom-free for 24 hours?**

**“RESTORE CONFIDENCE, ASSESS FUNCTIONAL SKILLS”**

**Yes:** Move to Step 6

**No:** Return to Step 4

**Time and date completed / parent initials:** \_\_\_\_\_

**STEP 6:** – Return to play

**“NORMAL GAME PLAY”**

**NOTE:** Each step must take a **minimum** of 24 hours; if any symptoms come back at any step, **STOP** the activity immediately, rest at least 24 hrs, resume activity at the previous step.

***\*\*Do not return to sport until cleared by a medical doctor or nurse practitioner\*\*; documentation from any other source will not be accepted.***





Player/Team: \_\_\_\_\_ Hockey Trainer: \_\_\_\_\_

[illegible]

- 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.

