



Hockey Trainers Certification Program

“SAFETY REQUIRES TEAMWORK”



TheJeremyMo



LIFE
CONTINUES
SUNDAY 9P





WHAT IS A CONCUSSION ???



Definition:

- A concussion is a **BRAIN INJURY**
- May involve loss of consciousness
- Most often occurs without loss of consciousness

Mechanism:

- Blow to the head, face or jaw
- Blow elsewhere on the body
- Whiplash effect to the neck

Injuries to the brain are characterized by an **altered state of consciousness**. It is this altered state that is the key thing to look for with any head injury.



COMMON SYMPTOMS AND SIGNS

Symptoms	Signs
Headache	Poor balance or coordination
Dizziness	Slow or slurred speech
Feeling dazed	Poor concentration
Seeing stars	Delayed responses to questions
Sensitivity to light	Vacant stare
Ringing in the ears	Decreased playing ability
Tiredness	Unusual emotions, personality change and inappropriate behaviour
Nausea, vomiting	
Irritability	
Confusion, disorientation	

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



SPINAL INJURIES AND CONCUSSIONS



INITIAL RESPONSE

If there is any loss of consciousness – initiate EAP and call ambulance. Assume possible neck 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.





SPINAL INJURIES AND CONCUSSIONS



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.
- Player must be evaluated by a medical doctor.
- The player must not return to play in that game or practice and must have a physician's approval prior to return to activity.

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





SPINAL INJURIES AND CONCUSSIONS



RETURN TO PLAY – STEPS

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

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

If symptoms or signs return, the player should return to Step 1 and be re-evaluated by a physician.





SPINAL INJURIES AND CONCUSSIONS



PREVENTION TIPS

Players	Coach/Trainer/Referee
<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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.





ThinkFirst Concussion Education and Awareness Program

CONCUSSION IN SPORT

- ◆ All players who experience a concussion must be seen by a physician as soon as possible. A concussion is a brain injury.
- ◆ A concussion most often occurs without a loss of consciousness. However, a concussion may involve loss of consciousness.
- ◆ **HOW CONCUSSIONS HAPPEN:** Blow to the head, face or jaw, or even elsewhere on the body. May also result from a whiplash effect to the head and neck.

Common Symptoms and Signs of Concussion

- ◆ Symptoms and signs may have a delayed onset (may be worse later that day or even the next morning), so players should continue to be observed even after the initial symptoms and signs have returned to normal.
 - * A player may show any one or more of these symptoms or signs.

Symptoms

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

Signs

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

For a complete list of symptoms and signs, visit www.ThinkFirst.ca

Caution: All players should consult a physician when a concussion is suspected. Coaches, trainers/safety people, players and parents should not attempt to treat a concussion without a physician's involvement.

Initial Response to Loss of Consciousness

- ◆ If there is loss of consciousness – Initiate Emergency Action Plan and call an ambulance. Assume possible neck injury. Continue to monitor airway, breathing and circulation.

Concussion – Key Steps

- ◆ Remove the player from the current game or practice
- ◆ Do not leave the player alone; monitor symptoms and signs
- ◆ Do not administer medication
- ◆ Inform the coach, parent or guardian about the injury
- ◆ The player should be evaluated by a medical doctor as soon as possible
- ◆ The player must not return to play in that game or practice



Developed with the assistance of ThinkFirst Canada.
www.thinkfirst.ca





5 Step Return to Play

- ◆ The return to play process is gradual, and begins after a doctor has given the player clearance to return to activity. If any symptoms/signs return during this process, the player must be re-evaluated by a physician. No return to play if any symptoms or signs persist. Remember, symptoms may return later that day or the next, not necessarily when exercising!

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

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 to play is one week).

Note: Players should proceed through return to play steps only when they do not experience symptoms or signs and a physician has given clearance. Each step should be a minimum of one day. If symptoms or signs return, the player should return to step 1, and be re-evaluated by a physician.

Never return to play if symptoms persist!

Prevention Tips

Players

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

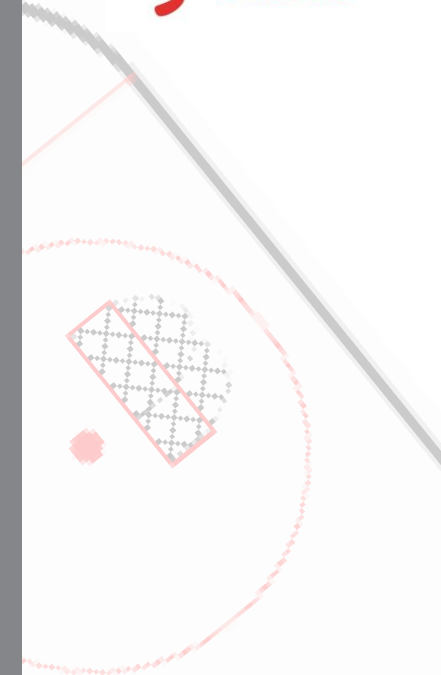
Coach/Trainer/ Safety Person/Referee

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

Education Tips

www.hockeycanada.ca
See ThinkFirst Smart Hockey Program at
ThinkFirst Canada website (www.thinkfirst.ca)
Dr. Tom Paschby Sport Safety Fund website (www.drpaschby.ca)

Developed with the assistance of ThinkFirst Canada.
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Must Do's for every minor hockey team trainer:

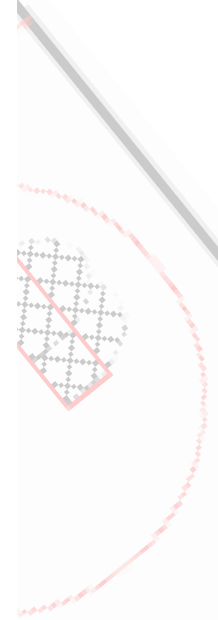


1. Hold a Parent/Player meeting before the season begins to:
 - Clarify roles of coaches, trainers, officials, parents and players in relation to safety and risk management.
 - Explain the need for and establish Emergency Action Plan (EAP) team; (call person, control person and alternates). Explain how it works, what will happen and the resulting benefits.
 - Review the importance of having completed Medical History Files for each player, and review the confidentiality and security measures that will be used to ensure privacy of personal health information.
 - Review the Return to Play policies of the OMHA and Hockey Canada for ill or injured players and explain that notes from qualified medical professionals are vitally important in determining the readiness and suitability of each player to return to play following an illness or injury and is a mandatory requirement before a player can do so.
 - Explain the Hockey Canada approved processes and procedures for conducting [an injury assessment of a player and emphasize the intention and importance of conducting such injury assessments.
 - Explain the processes and the critical safety features and benefits of conducting regular equipment checks for each player.

Must Do's for every minor hockey team trainer:



2. Practice the EAP with coaches, players and parents at least twice a season in preparation for a real emergency - "Be prepared and you will be Ready!"
3. Have an up-to-date Medical History file for each and every participant on your team (including staff) and update the files regularly.
4. Have a properly stocked First Aid Kit available at all times while in the hockey environment (to the level of your qualification) including during off-ice activities.
5. Do not risk ejection from a game due to a confrontation with Officials (maintain focus on the injury prevention, risk management and safety role of the trainer at all times).
6. Provide care to all on-ice officials if needed.
7. Be prepared to and act as trainer for both teams in the event that only one trainer is present for an OMHA event.
8. Communicate Return to Play policies to players, coaches, and parents. Require appropriate notes from health care professionals where indicated. Keep all professional correspondence for players with their Medical History Files.
9. At all times maintain a professional approach to communications and documentation relating to players' Medical History forms.
10. Conduct regular player equipment checks to ensure the best possible safety of each participant and communicate effectively and take action with coaches and parents where indicated to ensure integrity of equipment (fit, quality).
11. Take action promptly if you suspect a player or official is injured.



STOP

SAFETY TOWARDS OTHER PLAYERS

We've got
your **back**
covered.

DAVE ABEL/SUN MEDIA

ABOUT SAFETY TOWARDS OTHER PLAYERS

The Safety Towards Other Player {STOP} Program teaches participants about the dangers of checking from behind and other safety tips as well as values such as sportsmanship. The STOP Patch is the focal point of the program. It is a three inch wide patch that is applied on the back of the jersey, centered just above the numbers and below the name patch. It is a reminder for players to STOP when they see the patch to avoid a dangerous check from behind.

In 1996, Kevin Stubbington of Windsor Minor Hockey



LATEST NEWS

- **Monday, November 16, 2009**
Interview on the FAN 590 Prime Time Sports
 Dr. Charles Tator talks about the STOP Program and spinal cord injuries on The FAN 590 Prime Time Sports. Click here for a link to the interview.
- **Hockey Sees Big Reduction in Spinal Injuries**
 More hockey players are heeding their on-ice STOP signs, according to a study released on Monday.
- **Don Cherry supports STOP Program to promote safe hockey**
 Don Cherry has been the voice of Hockey Night in Canada's Coaches Corner for over twenty four years and also a long-time supporter of minor hockey. Today, Cherry is giving more than his voice towards a hockey safety initiative; he is personally funding the STOP Program helmet decal project.

ORDER PATCHES & HELMET DECALS

CONTEST

LINKS

CONTACT US

POLL

DO YOU FEEL THAT CHECKING TO
THE HEAD PENALTIES SHOULD
RECEIVE HARSHER
RAMIFICATIONS?
RESULTS:

YES

93%

NO

7%

THANK YOU FOR YOUR VOTE





Head Contact Rule



KNOWING THE RULES

RESPECT

IT ALL LEADS TO INJURY PREVENTION

PLAY SAFE, PLAY SMART

"LEARN MORE ABOUT THE HEAD CONTACT RULE"

We all have a responsibility - lets work together to keep hockey safe!

hockeycanada.ca/headcontactrule

- Resources to understand the head contact rule including great videos
- Coach tools to support pre-season parent and team meetings
- Concussion resources including responsible "return to play guidelines"

READ IT • RESPECT IT • PASS IT ON

HOCKEYCANADA.CA facebook.com/hockeycanada @HockeyCanada YouTube youtube.com/hockeycanadavideos





2011/2012 RULE CHANGE

Rule 6.5 Head Contact

- (a) In Minor and Female, a Minor Penalty shall be assessed to any player who accidentally contacts an opponent in the head, face or neck with his stick or any part of the player's body or equipment.
- (b) In Minor and Female, a Double Minor Penalty or a Major and a Game Misconduct Penalty, at the discretion of the Referee and based on the degree of violence of impact shall be assessed to any player who intentionally contacts an opponent in the head, face or neck with his stick or any part of the player's body or equipment.
- (c) In Junior and Senior, a Minor and a Misconduct penalty, or a Major and a Game Misconduct penalty, at the discretion of the Referee based on the degree of violence of impact, shall be assessed to any player who checks an opponent in the head in any manner.
- (d) A Major and a Game Misconduct penalty, or a Match penalty shall be assessed any player who injures an opponent under this Rule.
- (e) A Match penalty shall be assessed any player who deliberately attempts to injure or deliberately injures an opponent under this Rule.

Note: All contact above the shoulders (neck, face and head) is to be called Head Contact under one of the above (In minor and female).

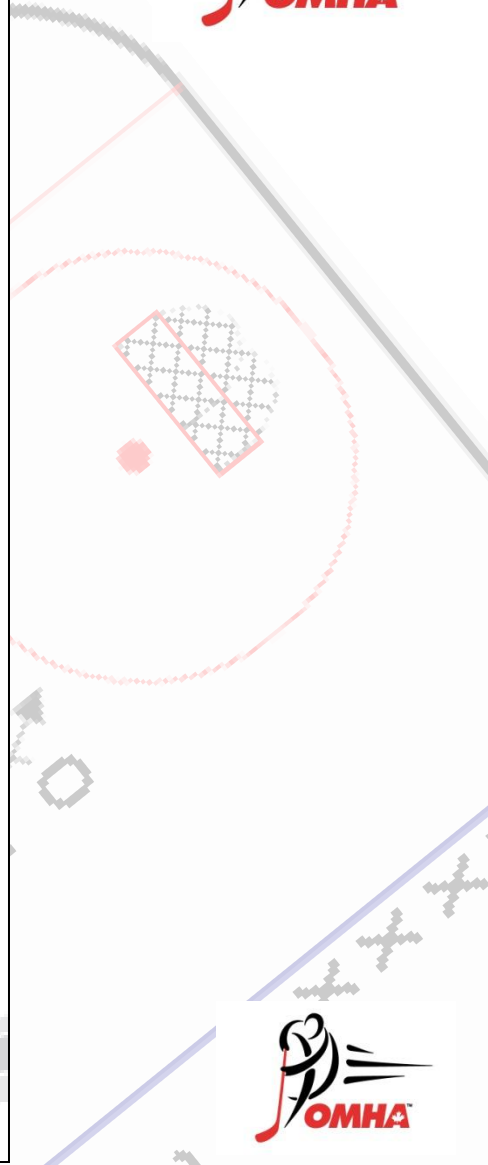
THIS RULE CHANGE WILL COME INTO EFFECT IMMEDIATELY

Clarifications On Head Contact For Junior & Senior Hockey ONLY

Referees should be aware of the tragic consequences of head injuries and concussions and strictly enforce the rule. It is the responsibility of players, team officials and Referees to make every attempt possible to reduce the incident of this frightful injury. Team officials can teach players legitimate methods of checking an opponent, while players can be educated to the degrees of checks to the head. The Referee has the responsibility to penalize players who contact an opponent in the head. If the Referees are consistent and strict in calling infractions that may lead to concussions, then along with the cooperation of players and team officials, these type of fouls and the chances of a player suffering such injuries can be significantly reduced. The Head Contact penalty is based on the 'degree of violence of impact' and can be defined in three categories: minimal, moderate and severe.

Minimal impact would be called under other appropriate rules, e.g. elbowing, lightkicking, roughing, roughing after the whistle, etc. A glancing blow or minimal impact to the head where a penalty is warranted. Moderate impact would be a more significant degree of violence without injury that warrants a Minor and Misconduct penalty under the Head Contact rule. Severe impact would be a high degree of violence, with or without injury, that warrants a Major and Game Misconduct or a Match penalty, at the discretion of the Referee under the Head Contact rule. What previously may have been considered a legal check with a shoulder check to the head shall now be penalized as Head Contact if moderate or severe impact is made. These Head Contact infractions can occur anywhere on the playing surface as a result of the initial contact to the Head. Head Contact could also be the result of an open ice hit, with or without the fouled player's head being down. Body checking has not been removed from the game, but high hits or targeting the head shall be penalized. A fight is still to be called a fight, not Head Contact. Referees are to strictly enforce penalties that call for infractions as a result of low hits as these types of infractions may increase. The penalty signal for "Head Contact" will be putting flat (open palm) of the non-whistle hand on the side of the head.

HockeyCanada.ca/HeadContactRule





REMOVING PLAYERS FROM ACTION COORDINATING RETURN TO PLAY



RETURN TO PLAY

- Players, coaches and parents rely on Trainer
- Communication is vital
- Observe player – signs, symptoms, pre-injury skill level, confidence
- Safety of the player is the first priority
- Remove player from activity if there is any doubt
- Direct to medical professionals when necessary
- Do not give into pressure
- Physician's approval for Return to Play
- Player should practice (controlled and supervised setting) before returning to play
- Step wise return to play beneficial for all injuries
- Red shirting





REMOVING PLAYERS FROM ACTION COORDINATING 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 Treating Physician

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.

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.





HOCKEY TRAINERS CERTIFICATION PROGRAM

Resource Information



FOR MORE INFORMATION & RESOURCES VISIT:

ONTARIO MINOR HOCKEY ASSOCIATION

Website: www.omha.net

HOCKEY DEVELOPMENT CENTRE FOR ONTARIO

Website: www.hdco.on.ca





FOR MORE INFORMATION AND RESOURCES

VISIT THE

HOCKEY CANADA SAFETY PROGRAM

WEB PAGE AT:

WWW.HOCKEYCANADA.CA

