



Bradford Bulldogs Trainers Resources



Memorandum

Date: 12/21/2012

To: HDCO Member Associations: Executive Directors and Development Personnel

Cc: W. Dillon, HDCO Trainers Committee and Board of Directors

From: John Mayne, HDCO/HTCP Chair

RE: Return to Play Process Change

Please be advised that Hockey Canada, in consultation with the Hockey Canada Chief Medical Officer, and the HDCO Hockey Trainers Certification Program committee, has approved the following amendment to the recommended Return to Play process as taught within the Hockey Canada Safety Program and Hockey Trainers Certification Program :

With respect to players returning to play, muscular and skeletal injuries (excluding fractures) can be signed off by physicians, chiropractors, physiotherapists, or nurse practitioners. Fractures as well as all neurological injuries including spinal injuries and concussions must be signed off by a physician. (Note this does not pertain to the Hockey Canada Injury report Form related to the insurance program. This will still need to be completed by a physician or a dentist if a dental injury).

The change is effective immediately and has been incorporated into the applicable HTCP e-Learning course module. For in-class clinics, course instructors can include as teaching point within the HTCP program.

Please ensure that all respective personnel are apprised of the above information.

If you have any questions, please contact the HDCO office at your earliest convenience.

Trainer Checklist

Pre season

- Player medical forms completed and returned
Best practice: A copy of each players sheet should be individually saved in a labelled envelope, in a plastic bag, in the trainers kit.
- First aid kit stocked correctly
- Trainer certification current/updated
- Emergency Action Plan updated and reviewed
- Player concussion baseline tests (optional per team/individual)
- Pre Season trainer meeting

In Season

- First aid kit stock review
- Online injury registration(s) complete (if/as needed)
- Hockey Canada Injury Form complete (if/as needed)
- End of season trainer summit

Highly recommended

- First aid course (CPR + AED)
- Trainer L2 registration with Hockey Canada

BWGMHA Trainers Resource Kit



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

| | | |
|-------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------|
| 1 | Sturdy kit box | Durable waterproof |
| 1 | Pre Wrap | Cover/protect skin when taping an injury |
| 2 | 1 ½" Athletic Tape | Protects exposed injuries and provides support for injured joints |
| 2-4 | Tensor Bandages (2"-6") | Use for injury support and compression over soft tissue injuries |
| 2 | 40" cotton triangular bandages | Use for injury support (slings) or to apply pressure |
| 1 bag | Sterile cotton tipped applicators | Use to clean wounds |
| 1 box | Finger tip dressings | Cover cuts to finger tips |
| 1box | Knuckle dressings | Cover cuts in unusual areas (knuckles, webbing, etc) |
| 2 boxes | Elastic stretch strips | To cover all minor skin wounds (use over non adherent dressings) |
| 10 | Sterile pads | Used to cover cuts and abrasions. |
| 10 | 4x4" gauze | To control bleeding and cover wounds |
| 1 roll | 4" stretch gauze | Cover and compress wounds |
| 1 container | Petroleum jelly | Use to reduce friction in the case of blisters |
| 4-8 | Ziploc bags | Hold ice, contaminated or bloody materials (gloves etc) |
| 10 pair | Barrier protection gloves | Medical, non latex gloves to be worn at all times when attending to an injured player |
| 1 | Hand sanitizer or wipes | Alcohol based. Ensure clean hands when dealing with injuries when immediate access to hand washing is not available. |
| 1 | Pocket mask | Use when there is mouth to mouth contact for CPR |
| 1 | Notepad/Pencil | Use to take notes, reminder, and to record injuries |

Additionally, consider these equipment items

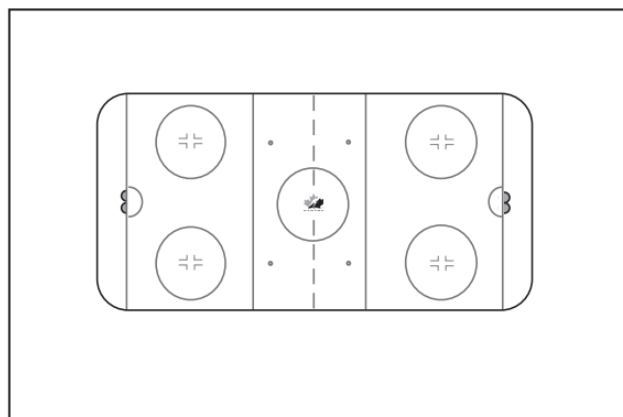
- Pro-wrap
- Hockey Tape – clear, black, white
- Skate Laces
- Extra Neck Guard
- Skate sharpening hand tool
- Helmet repair parts
- Extra scissors (for stick taping)

Local Emergency Medical Resources

| | | | |
|------------------|----------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------|
| Aurora | Orillia Soldiers' Memorial Hospital 170 Colborne St W, Orillia, ON L3V 2Z3 (705) 325-2201 | King City | Stevenson Memorial Hospital 200 Fletcher Crescent, Alliston, ON L9R 1W7 (705) 435-6281 |
| Barrie | Royal Victoria Regional Health Centre 201 Georgian Dr, Barrie, ON L4M 6M2 705-728-9090 | Nobelton | Stevenson Memorial Hospital 200 Fletcher Crescent, Alliston, ON L9R 1W7 (705) 435-6281 |
| Bradford | Southlake Regional Health Centre 596 Davis Dr, Newmarket, ON L3Y 2P9 (905) 895-4521 | Orillia | Orillia Soldiers' Memorial Hospital 170 Colborne St W, Orillia, ON L3V 2Z3 (705) 325-2201 |
| East Gwillimbury | Southlake Regional Health Centre 596 Davis Dr, Newmarket, ON L3Y 2P9 (905) 895-4521 | Richmond Hill | Mackenzie Richmond Hill Hospital 10 Trench St, Richmond Hill, ON L4C 4Z3 (905) 883-1212 |
| Georgina | Southlake Regional Health Centre 596 Davis Dr, Newmarket, ON L3Y 2P9 (905) 895-4521 | Schomberg | Stevenson Memorial Hospital 200 Fletcher Crescent, Alliston, ON L9R 1W7 (705) 435-6281 |
| Innisfil | Royal Victoria Regional Health Centre 201 Georgian Dr, Barrie, ON L4M 6M2 705-728-9090 | Stouffville | Markham Stouffville Hospital 381 Church St, Markham, ON L3P 7P3 (905) 472-7000 |
| Markham | Markham Stouffville Hospital 381 Church St, Markham, ON L3P 7P3 (905) 472-7000 | Thornton/ Alliston | Stevenson Memorial Hospital 200 Fletcher Crescent, Alliston, ON L9R 1W7 (705) 435-6281 |
| Newmarket | Southlake Regional Health Centre 596 Davis Dr, Newmarket, ON L3Y 2P9 (905) 895-4521 | Unionville | Markham Stouffville Hospital 381 Church St, Markham, ON L3P 7P3 (905) 472-7000 |

Provided as information only, BWGMHA and its volunteers do not endorse nor have any affiliation with any health services

SAFETY REQUIRES TEAMWORK AN EMERGENCY ACTION PLAN FOR HOCKEY



- Legend**
- Phone
 - Exits
 - ⊕ First Aid
 - ♥ AED

EQUIPMENT LOCATIONS

Please locate and identify areas on above map: i.e., first aid room, routes for ambulance crew, telephones, emergency exits, etc.

Arena/Facility name: _____

Address: _____

Telephone number: _____

Emergency Telephone Numbers

Emergency _____

Ambulance _____

Fire Dept _____

Hospital _____

Police _____

General _____

Other _____

1. Charge Person

- Most qualified person available with training in first aid and emergency response
- Familiarize yourself with arena emergency equipment
- Take control of an emergency situation until medical personnel arrive
- Assess injury status of player

2. Call Person

- Location of emergency telephone
- List of emergency telephone numbers
- Directions to arena
- Best route in and out of arena for ambulance crew
- Communicate with Charge Person and Control Person

3. Control Person

- Ensure proper room for Charge Person and ambulance crew
- Discuss emergency action plan with:
 - Arena staff
 - Officials
 - Opponents
- Ensure that the route for the ambulance crew is clear and available
- Seek highly trained medical personnel (i.e., MD, nurse) to assist injured player if requested by Charge Person
- Discuss player's injury and status with parents.



ARENA SAFETY CHECKLIST

Name of Facility _____
 Address _____
 Facility Manager _____
 Date of Inspection _____ By whom _____
 Position _____

FINDINGS:

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

AED in Arena Yes No Location _____

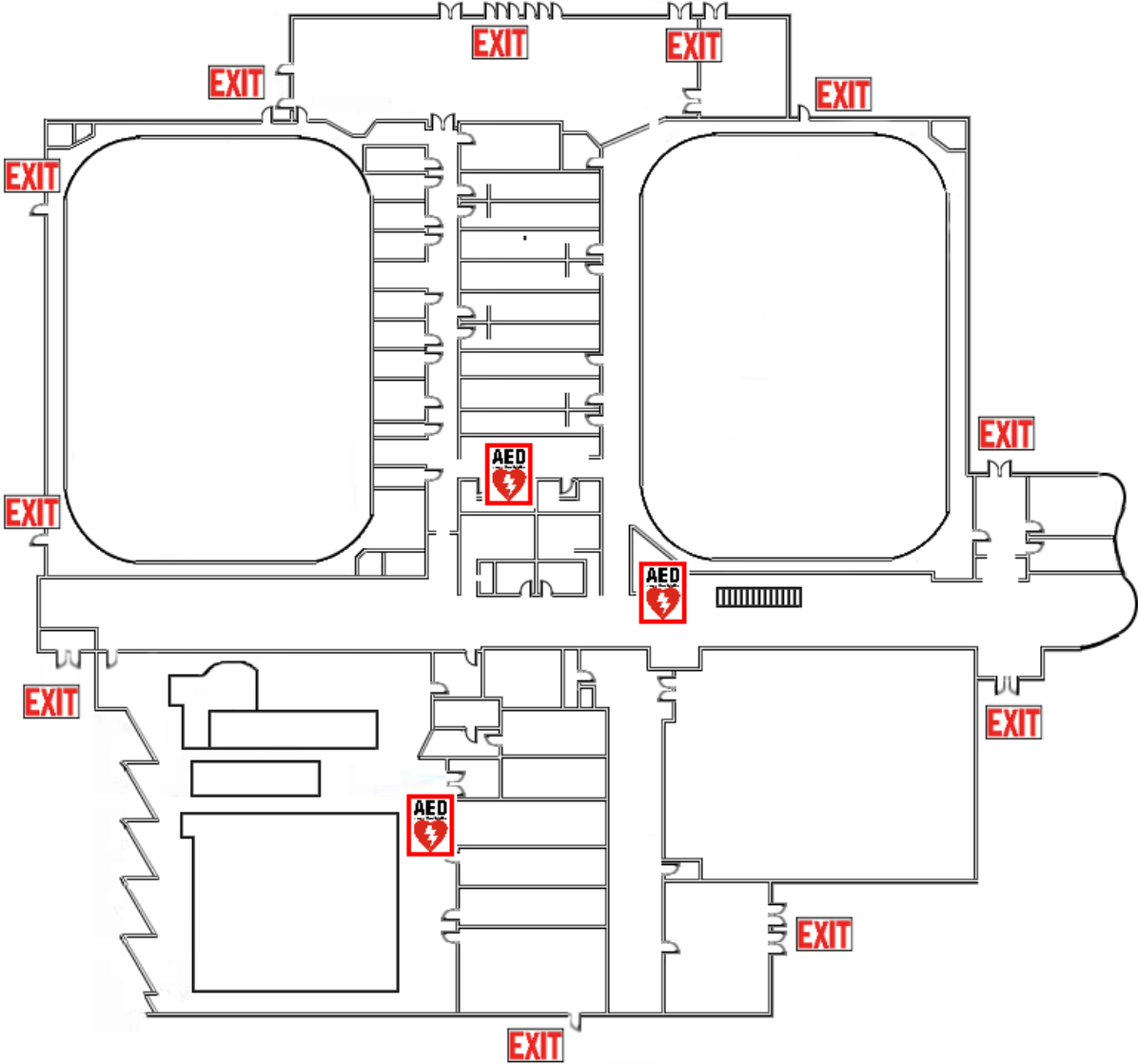
Report filed with _____ Date _____
 (e.g., Branch, Rink Manager, etc.)

Response requested Yes No

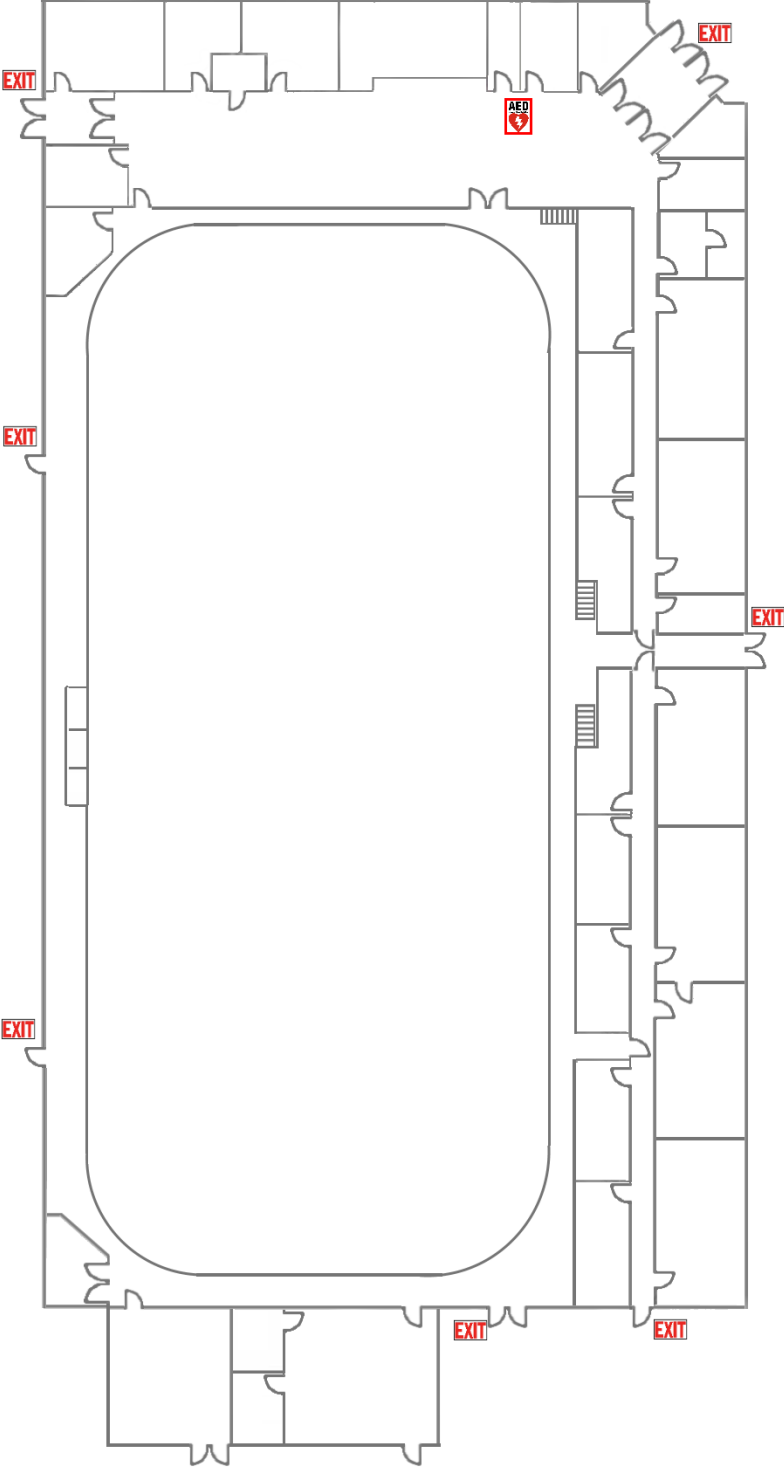
Action Taken

BWGMHA Trainers Resource Kit

Bradford Leisure Center



Bob Fallis



BWGMHA Trainers Resource Kit

CONCUSSION RECOGNITION TOOL 5[®]

To help identify concussion in children, adolescents and adults



FIFA[®]



Supported by



FEI

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
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- 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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Hockey Canada Concussion Card

CONCUSSION EDUCATION AND AWARENESS PROGRAM

Concussion in Sport

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

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

How Concussions Happen

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

Common Symptoms and Signs of a Concussion

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

Symptoms

Headache
Dizziness
Feeling dazed
Seeing stars
Sensitivity to light
Ringing in ears
Tiredness
Irritability
Confusion, disorientation
Nausea, vomiting and inappropriate behaviour

Signs

Poor balance or coordination
Slow or slurred speech
Poor concentration
Delayed responses to questions
Vacant stare
Decreased playing ability
Unusual emotions, personality change,
Sleep disturbance

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

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

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

Concussion – Key Steps

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

6-Step Return to Play

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

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

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

STEP 1 Light activities of daily living which do not aggravate symptoms or make symptoms worse. Once tolerating step 1 without symptoms and signs, proceed to step 2 as directed by your physician.

STEP 2 Light aerobic exercise, such as walking or stationary cycling. Monitor for symptoms and signs. No resistance training or weight lifting.

STEP 3 Sport specific activities and training (e.g. skating).

STEP 4 Drills without body contact. May add light resistance training and progress to heavier weights.

The time needed to progress from non-contact to contact exercise will vary with the severity of the concussion and the player. **Go to step 5 after medical clearance** (reassessment and written note).

STEP 5 Begin drills with body contact.

STEP 6 Game play. (The earliest a concussed athlete should return to play is one week.)

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

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

BWGMHA Trainers Resource Kit

Prevention Tips

Players

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

Coach/Trainer/Safety Person/Referee

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

HOCKEY CANADA CONCUSSION RESOURCES www.hockeycanada.ca/concussion

PARACHUTE CANADA www.parachutecanada.org

Revised June 2018. Item #55711



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

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

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

BWGMHA Trainers Resource Kit

Proud Branch Of



ONTARIO HOCKEY FEDERATION

400 Sheldon Drive, Unit 9, Cambridge, Ontario N1T 2H9

T: 226 533.9070 F: 519 620.7476 www.ohf.on.ca



To: OHF Members and Registered Minor Hockey Associations/Clubs/Teams

From: Phillip McKee, Ontario Hockey Federation Executive Director Date:
Thursday, June 27, 2019

Regards: Rowan's Law Implementation

The Ontario Hockey Federation has been working with Hockey Canada on the implementation of Rowan's Law since the adoption of the Rowan's Law Concussion Safety on March 7, 2018. The Ontario Hockey Federation is in full support of the intent of Rowan's Law to create awareness of concussion, change the culture on concussion and provide safe sport participation.

The Ontario Hockey Federation was informed by the Ministry of Tourism Culture and Sport on June 18, 2019 that the Rowan's Law Act and Regulations must be implemented by July 1, 2019. Therefore, after July 1, 2019 every Player, Team Official and On-Ice Official (parent as well if individual under 18) in order to register/participate must review the OHF Concussion Code of Conduct and the appropriate Concussion Awareness Resources.

Requirements

- All Registrants registering July 1, 2019 or after must have completed the review information and acknowledgement prior to registration/participation.
- All Team Officials currently registered will be required to complete the review of information and acknowledgement prior to August 30, 2019.
- All Registrants registered prior to July 1, 2019 must complete the review of information and acknowledgement prior to participation in the first game.

The Ontario Hockey Federation has met with the Ministry of Tourism, Culture and Sport and continues to exhaust all avenues to delay the implementation. The Ontario Hockey Federation will keep you informed of any progress.

The Ontario Hockey Federation have provided the following method for the Minor Hockey Association/Club/ Team to validate that the Players and Team Officials that Register with the Minor Hockey Association/Club/Team to have acknowledgement of the OHF Concussion Code of Conduct and the Ontario Governments Concussion Awareness Resources.

- Players and Team Officials will be required to review the material in person or on-line and sign the OHF Rowan's Law Acknowledgement Form prior to being eligible to Register/participate.
- It will be the responsibility of the Minor Hockey Association/Club/Team to retain a copy of the Acknowledgement Form, through one of the following methods:
Method 1:
 - Retain a hard copy of the OHF Rowan's Law Acknowledgement Form for a period of 7 years for each Registered Participant;Method 2
 - Scan and upload a copy of the OHF Rowan's Law Acknowledgement Form (PDF format naming the form "Rowan's Law Acknowledgement Form – participant name" to each participant's profile in the HCR under the Documents & Memo section.

Audit Process

The OHF will randomly select a minimum of fifteen (15) Minor Hockey Associations/Clubs/Teams within the current season to ensure compliance has been met within the legislation under Rowan's Law. The purpose of the audit is to randomly select Minor Hockey Association/Clubs/Teams to ensure compliance and to validate submissions of these forms. The Audit Process in the first year also reduces the amount of work required by all parties.

The Audit process will require the Minor Hockey Associations/Clubs/Teams to produce the OHF Rowan's Law Acknowledgement Forms that have been retained for comparison and review with the players that have are Registered/participating in programming.

Honour System

Outside of the Audit Process for this implementation for the 2019-2020 Season it will be based on an Honour System. Each Minor Hockey Association/Club/Team is verifying that when they submit a Roster for approval that the Minor Hockey Association/Club/Team have receipt of an OHF Rowan's Law Acknowledgement Form for each Registered Participant on the Roster.

On-Ice Officials

All On-Ice Officials will receive the OHF Concussion Code of Conduct and Ontario Government Concussion Awareness Resources as part of the on-line recert or their introduction clinic for the 2019-2020 season and will be managed by the OHF and its Members.

The Ontario Hockey Federation understands this is increased workload and are working on a technical solution for the 2020-2021 season, however, to comply with the Ontario Government Laws within the thirteen (13) days the OHF has been provided there will be considerable work in the short term. The OHF has lodge complaints to the Ministry of Tourism, Culture and Sport and continue to work on your behalf.

If you have concerns with the implementation timelines that were established by the Ontario Government please address those concerns by emailing:

- Dan.jacobs@ontario.ca; and copying info@ohf.on.ca

If you have questions about the logistics please contact your Member.

Sincerely,



Phillip McKee
Executive Director
Ontario Hockey Federation

ONTARIO HOCKEY FEDERATION

400 Sheldon Drive, Unit 9, Cambridge, Ontario N1T 2H9

T: 226 533.9070 F: 519
620.7476 www.ohf.on.ca



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: _____

DIVISION
 Initiation Novice Atom Pee wee
 Bantam Midget Juvenile Junior

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

BODY PART INJURED

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

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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 DAY / MO. / YR. | PROCEDURE | INITIAL TOOTH CODE | TOOTH SURFACE | DENTIST'S FEE | LAB CHARGE | TOTAL CHARGE |
|------------------------------------|-----------|-----------------------|---------------|---------------|------------|--------------|
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THIS IS AN ACCURATE STATEMENT OF SERVICES PERFORMED AND THE TOTAL FEE DUE AND PAYABLE & OE. TOTAL FEE SUBMITTED

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

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



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

Signature

Date: _____

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.