

SAFETY FIRST!



HOCKEY IS A TEAM GAME and perhaps the most important member of the team is the Hockey Trainer. For it is the Hockey Trainer's number one priority to ensure that all participants are in a safe environment on and off the ice. Hockey Trainers are proactive and are prepared to implement a preventative approach to safety while being prepared to react in the event of accidents, injuries or medical emergencies.

This card will provide you with valuable information to help create a safer environment for all participants in the game.

1

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! There should be a minimum of 24 hours between each step.

STEP 1

No activity, only complete rest. Proceed to step 2 only when symptoms are gone. Physician note must be presented to Team Trainer.

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. Physician note must be presented to Team Trainer.

STEP 5

Begin drills with body contact.

STEP 6

Game play.

NOTE: Players should proceed through return to play steps only when they do not experience symptoms or signs and a physician has given clearance. If symptoms or signs return, the player should return to the previous step, and be re-evaluated by a physician.



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CONCUSSION COMMON SYMPTOMS AND SIGNS

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.

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

SYMPTOMS

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

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



"Participant safety is our number one priority. The Impact-Alert helmet sensor could be a useful tool for participants to use to determine a significant blow to the head."

OMHA Technical Director of Trainers
Darryl Bossence

To purchase an Impact-Alert helmet sensor, visit www.impact-alert.com

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OMHA INTRA-ORAL MOUTH GUARD POLICY

Effective January 1, 2002, all OMHA players must wear a mouth guard for all OMHA sanctioned events.

The mandatory use of a mouth guard product for each player participating in an Ontario Minor Hockey Association game or practice shall at all times while engaged in play or practices, practice drills or scrimmages on the ice surface wear an intra-oral mouth guard that conforms to the specifications set out by the Association as approved as suitable for use by the team's trainer.

INTRA-ORAL MOUTHGUARD SPECIFICATIONS:

An Intra-oral Mouth guard will:

- Be of any colour;
- Not be clear or translucent in colour;
- Be of one-piece (1) construction;
- Be easily sized by the participant or the participant's parents;
- Be of an even thickness from the front to the back of the device;
- Engage the biting surface of all of the teeth of the upper jaw and the lower jaw;
- Maintain alignment of the upper and lower jaw in a neutral position;
- Be able to be attached externally to the face mask or shield, or be form fitted or custom fitted to the teeth, and
- In the case of non-contact play will provide not less than one (1) millimeter of shock absorbent thickness between the teeth of the upper and lower jaw of a player, and
- In the case of contact play will provide not less than two (2) millimeters of shock absorbent thickness between the teeth of the upper and lower jaw of a player.

For more information on the OMHA Trainers Programs and Safety Initiatives, visit omha.net.

Twitter: #OMHASafety

