



**CANADIAN
BLIND
HOCKEY**

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CANADIAN BLIND HOCKEY INJURY & EMERGENCY POLICY

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Roles and Responsibilities

At every Canadian Blind Hockey program and event there is a designated Emergency Awareness Coordinator(s) responsible for making decisions and administering first aid in the event of an injury or emergency. For most programs this will be either the Head Coach, Program Coordinator or CBH staff. The Emergency Awareness Coordinator(s) should be certified in first aid, be familiar with this guide, and have it readily available to guide the decision-making process.

Responding to Injuries

While it is recommended that you receive formal CPR and First Aid training, the following series of guides was developed for coaches and family members of hockey players that have little or no formal medical background. There are four Cardinal rules for being a first responder to an injury:

1. Be Prepared
2. Remain Calm
3. Take all injuries seriously
4. Don't be afraid to activate 911

Preparation:

Know that injuries are going to happen. Get yourself CPR and First Aid certified and review these injury guides. Know your athletes' allergies and medical conditions. Have a plan for inhaler and medication access if applicable. Have a well thought out plan so that 911 can be activated efficiently, and they can get directly to the injured athlete once they are on site.

Formal instruction in first aid, CPR and other emergency injury management techniques are recommended for all Canadian Blind Hockey Association coaches, managers and parents.

Remain Calm:

All injury situations are stressful. As the first responder you must remain calm and be able to accurately determine if 911 needs to be activated. In addition, you will be called on to comfort the athlete. They will be in pain and very scared.

Take all Injuries Seriously:

Most of what you will see will turn out just fine. Still, you are being called out on the ice because the athlete is unable to remove themselves under their own power. Never move an athlete without determining the extent of injury first. We are all tough hockey people, but we play a sport that involves violent collisions. ANY hit no matter how minor has the power to cripple or even kill. If your athlete is down, they are down for a reason. Respect that and proceed with caution.

Activating 911:

You are never wrong in calling 911. Activate them as early as possible and get them on the road to you. Many people do not realize that there is no charge to have them come out. They charge only if they transport the athlete. No one has ever been humiliated because of calling 911.

Emergency Awareness Planning

The key to efficiently handling any emergency situation is preparation. Each team should have a designee that is the emergency awareness coordinator. This person does not need to be a medical professional but should be organized and have the ability to efficiently gather information. The emergency awareness coordinator can have a team of people they rely on, as there needs to be a person in charge of the plan at every on ice event. The schedule could rotate so it does not fall on one single person. The coach will need to know before the on ice event who that person is as they will be the coaches contact person in the event of an emergency.

The emergency awareness coordinator responsibilities include:

- Organization of the emergency contact information for each team member.
- Each team should have a spiral notebook that goes everywhere the team goes.
- Each team member needs to have their own page that includes:
 - Name, age, jersey number
 - Known medical conditions
 - Parent's names
 - At least 3 different contact numbers
 - An emergency contact person and number, not family
 - Hospital of preference
 - Family Physician
 - Training of the emergency awareness team

- Scheduling the emergency awareness team for on ice events
- Notifying the coaching staff of who the emergency awareness team member is for each on ice event

Responsibilities of the emergency awareness team member at the **on ice** events include:

- Pre event rink walk around to determine best route to access the bench in the event of injury
- In times of injury make their way as close as they can to where the injured athlete is located and await direction from the coach
- If directed, call 911, let the coach know when EMS is on the way, and meet EMS at the front door of the arena to direct them to the proper area of the building
- Remain with an injured athlete if not transported by EMS
- Contact the parents of an injured athlete to explain the situation

The emergency awareness plan should be reviewed by each coach, player and parent on the team.

Motionless Athlete

Injury assessment begins the minute you identify the athlete is down and not getting up. Any athlete that remains totally motionless while down on the ice is cause for concern. Motionlessness signals the potential that a more serious injury may exist therefore the chances of calling 911 are greater. Do not attempt to move the athlete. The first step is to determine if the athlete is conscious. Start by getting down with the athlete and asking if they are ok. If they do not respond, ask again. If they do not respond, assume the athlete is unconscious and follow the guide for unconsciousness below.

Unconscious:

Call 911 immediately. Do not move the athlete. After activating EMS, determine if the athlete has a pulse and is breathing; 3 possible scenarios could be:

- Athlete is unconscious does not have a pulse and is not breathing
- Athlete is unconscious and has a pulse and is breathing
- Athlete is unconscious has a pulse and is not breathing

Action:

If athlete is unconscious does not have a pulse and is not breathing

- Start CPR

If athlete is unconscious has a pulse and is not breathing

- Monitor for breathing and pulse until EMS arrives

If athlete is unconscious and has a pulse and is breathing

- Monitor breathing and pulse to insure they remain present

If the athlete regains consciousness keep them calm and urge them not to move. Ensure them that EMS is on the way. Do not allow the athlete to move or be moved until directed by EMS. Look for signs of injury. These may include deformity, bleeding, swelling, discoloration and warmth.

Conscious:

If the athlete is able to respond to your initial question, more than likely they are conscious, have a pulse and are breathing.

Action:

- Ask the athlete where it hurts, do they feel any tingling or numbness.
- Have them move their fingers and toes. Presence of pain specific to the spine, numbness, or inability to move the fingers or toes on one or both extremities may indicate spinal cord trauma, call 911 and do not move or allow the athlete to be moved.
- Stabilize the neck the best you can in the position the athlete is in. Even if the symptoms begin to clear, wait on EMS.
- Do not move the athlete.

Head Injuries

Injury assessment begins the minute you identify the athlete is down. Any athlete that remains totally motionless while down on the ice is cause for concern. Motionlessness signals the potential that a more serious injury may exist therefore the chances of calling 911 are greater.

Action:

- Do not attempt to move the athlete. The first step is to determine if they are conscious. Start by getting down with the athlete and asking

if they are ok. If they do not respond, ask again. If they do not respond, assume the athlete is unconscious and follow the guide for unconsciousness below.

Unconscious with head injury:

Call 911 immediately. Do not move the athlete. After activating EMS, determine if the athlete has a pulse and is breathing; 3 possible scenarios could be:

- Athlete is unconscious does not have a pulse and is not breathing
- Athlete is unconscious and has a pulse and is breathing
- Athlete is unconscious has a pulse and is not breathing

If athlete is unconscious does not have a pulse and is not breathing

- Start CPR

If athlete is unconscious has a pulse and is not breathing

- Monitor for breathing and pulse until EMS arrives

If athlete is unconscious and has a pulse and is breathing

- Monitor breathing and pulse to ensure they remain present. If the athlete regains consciousness keep them calm and urge them not to move. Ensure them that EMS is on the way.
- Do not allow the athlete to move or be moved until directed by EMS. Look for signs of injury. These may include deformity, bleeding, swelling, discoloration and warmth. Determine if the athlete can move without causing further harm to themselves. If not call 911 and stay with the athlete until 911 arrives.

Conscious with potential head injury:

Do not move the athlete. Ask questions regarding any specific area of pain, numbness, tingling.

- Ask memory recall questions such as what happened do you know where you are, what is your name, jersey number, who is the current president etc.
- If the symptoms clear and emergency care is not needed assist the athlete off of the ice. The athlete is done for the day and followed per the recommended guidelines for head injury aftercare.

Post Head Injury Follow Up

Often the full extent of a head injury is not known until many hours after the incident has occurred. Once an athlete makes it off of the ice, they need to be constantly monitored.

Immediately after the athlete comes off of the ice:

The athlete should be helped off the ice and into the dressing room. The bench is not the place for an athlete with a head injury. They are done for the duration of the event. The emergency awareness team member should remain with the athlete until the parents/guardian is contacted. Observe for signs of disorientation, pain or sickness.

These are all signs that significant injury may be present. Continue to closely monitor the athlete. If the symptoms do not clear, the athlete should be transported to the emergency room for further evaluation. No pain control medication should be administered to the athlete as these may mask the symptoms of a worsening head injury. If no symptoms develop the athlete can undress and come out of the dressing room.

NEVER LEAVE AN ATHLETE WITH A SUSPECTED HEAD INJURY ALONE. Monitor them wherever they may go.

After the athlete goes home:

No pain control medication should be administered to the athlete as these may mask the symptoms of a worsening head injury. Parents should be educated with regard to symptoms. Any sickness, dizziness or disorientation should be considered dangerous and the athlete should be taken to the emergency room for observation. Parents should wake the athlete several times after they go to sleep. They should stir easily, have no pain, and easily return to sleep.

Return to Physical Activity:

Under no circumstances should an athlete suspected of a head injury return to physical activity until they are cleared by a physician. This includes but is not limited to school activities, off ice conditioning and normal neighborhood play. Physician clearance is the only way to be sure that the athlete can participate in activity without risking further injury to themselves.

PLEASE CONSULT CANADIAN BLIND HOCKEY CONCUSSION CODE OF CONDUCT AND RETURN TO PLAY POLICY.

Immediate Care for Other Injuries

Seizures:

Do not hold down the athlete in an attempt to stop the seizure. Try to keep the athlete calm and ensure breathing and pulse remain present. **DO NOT PUT YOUR FINGERS IN THE ATHLETE'S MOUTH IN AN ATTEMPT TO CLEAR THEIR AIRWAY.** Once the seizure has passed, monitor for signs of additional injury and seek further medical assistance. Do not hesitate to activate 911.

Skate Blade Cuts and other Lacerations:

Do not move the athlete. Size, depth and amount of active bleeding determine the best course of action. If the blood is dark in color or cannot be controlled, call 911. Place a towel or other object directly over the wound and apply direct pressure. If the bleeding ceases and the athlete can be moved without causing additional harm to themselves, move the athlete off of the ice surface and seek further medical assistance.

Broken Bones/Joint Dislocations:

Observe the injured area. Is the athlete reluctant to move the body part? Is there obvious deformity? Stabilize the area to the best of your ability. If the athlete can be moved without causing additional harm to themselves, move the athlete off of the ice surface and seek further medical assistance. Do not hesitate to activate 911. Never attempt to reduce or relocate a joint that is dislocated.

Shock:

Be aware that symptoms of shock can present themselves at any point during the injury process. Some of the more common signs are unusual weakness or faintness, cold, pale, clammy skin, rapid, weak pulse, shallow, irregular breathing, chills, nausea, and unconsciousness. 911 should be activated if these symptoms do not clear or worsen.

Addressing the source of injury, (i.e. bleeding, broken bones etc), may help. Constantly monitor breathing and pulse. If the athlete vomits, turn their head to the side to facilitate emptying and maintenance of an open airway. Keep the athlete warm and elevate the feet if it will not affect any associated injuries.