COALDALE MINOR HOCKEY ASSOCIATION
SAFETY MANUAL
2026 - 2027

Table of Contents

Section 1- Emergency Action Plan **2**

Arena Evacuation plan 3
Hockey Canada Emergency Action Plan 4
Emergency Action Plan Flow Chart 7
CMHA Injured Player Flow Chart 8

Section 2- Concussions **9**

Sports Related Concussion- Information Handout 9
Concussion Recognition Tool 5 11
Return to Play Policy- Concussions 12
Return to Play Protocol- Concussions 13
Concussion Process Flowchart 14
Return to play form- Concussions 15

Section 3- Significant Injury **17**

Return to play policy- Significant Injury 17
Return to Play Form- Significant Injury 18

Section 4- Diabetics **19**

Diabetic Information Sheet 19

Section 5- Insurance **21**

Hockey Canada National Insurance Program Handout 21

Coaldale Minor Hockey Association
Emergency Action Plan (EAP)

CMHA team: _____

Safety Person (Name and Cell): _____

Control Person (Name and Cell): _____

Call Person (Name and Cell): _____

Emergency phone numbers: 9 -1-1 for all emergencies

Hockey Arena Addresses in case of Emergency

Cardston Arena
339 Main Street Cardston, 403-653-1135

Chestermere Arena
201 W Chestermere Dr Chestermere, 403-272-7170

Coaldale Arena
1213 20th Ave Coaldale, 403-345-1300

Crowsnest Pass Arena
8702 22 Ave Coleman, 403-562-8877

Magrath Arena
5 Centre St N Magrath, 403-758-3732

Taber Arena
4720 50 st Taber, 403-223-550 ext 5554

Vauxhall Arena
223 5 st N Vauxhall, 403-654-2577

Picture Butte Arena
108 4st N Picture Butte, 403-732-4156

Okotoks Health and Wellness Centre:
11 Cimarron Common Okotoks, AB T1S 2E9 , (403) 995-2600

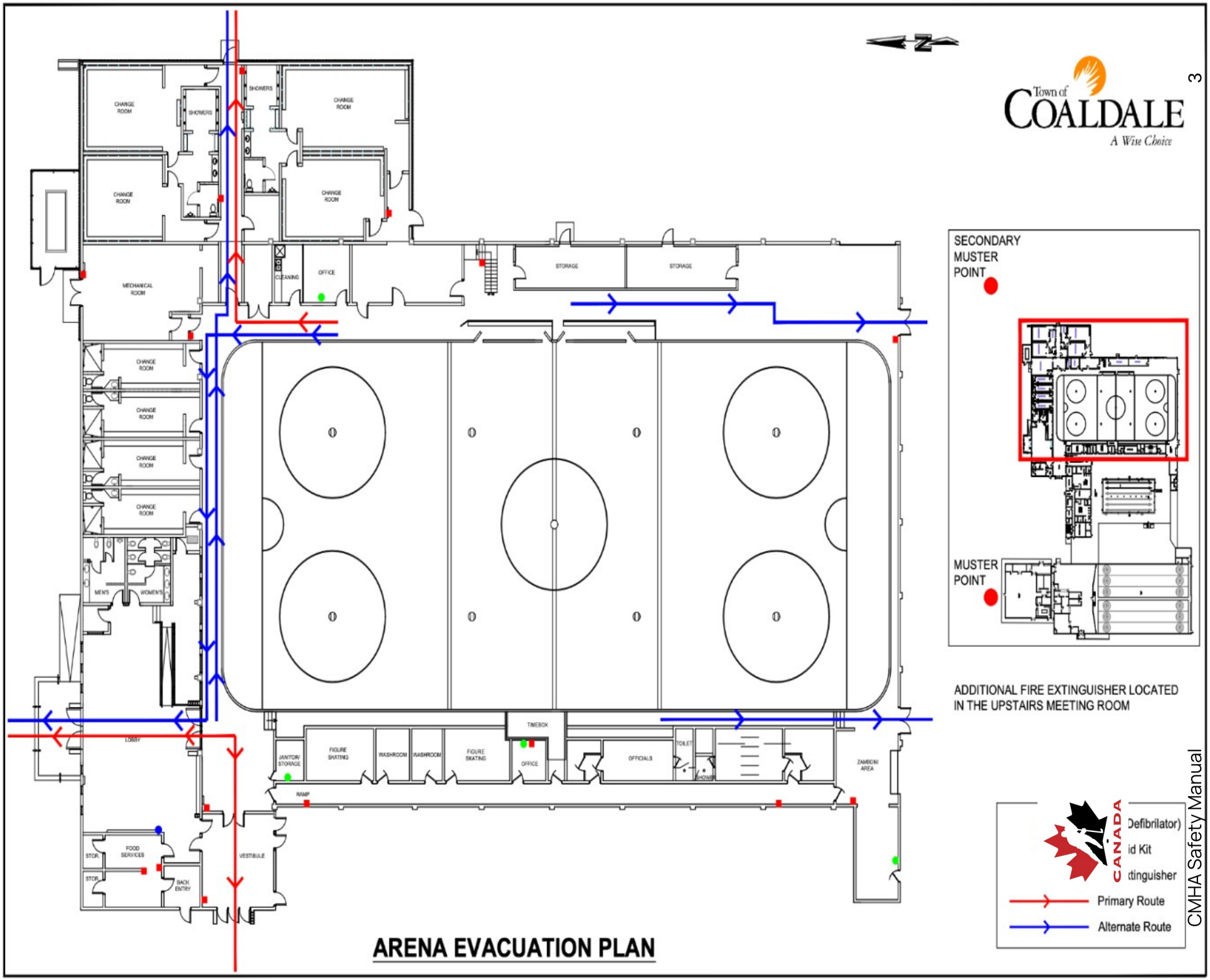
Pincher Creek Arena
867 Main Street Pincher Creek, 403-627-4322

Raymond Arena
35 100st N Raymond, 403-752-3322 Ext 1025

Strathmore Arena
160 Brent Blvd Strathmore, 403-934-4772

Vulcan Arena
703 Elizabeth St Vulcan, 403-485-261

Town of COALDALE
A Wise Choice



ARENA EVACUATION PLAN

HOCKEY CANADA EMERGENCY ACTION PLAN (EAP)

PLAYER DOWN - OFFICIALS ROLE

The official continues to assume the role of being in charge of the overall environment; however, the safety person takes over with respect to executing the Emergency Action Plan (EAP) and in making decisions around the injured player.

In a situation where a player is injured on the ice, the following are the responsibilities of the game officials:

- Once the injured player's team takes possession of the puck, the referee blows down the play. If the injury is deemed serious by the referee, he/she may blow down the play immediately.
- Once play has stopped, the referee should signal the safety person on to the ice. If possible, a linesman should help the safety person to the injured player. It is recommended that the officials pre-determine as a group who will give this assistance in the case of an injury. If the officials are otherwise occupied, the safety person can leave the bench immediately once the play is blown down if they feel the injury is serious.
- As the safety person assesses the player's condition, officials should ask both teams to go to their benches and the officials should remain on the ice and in control of both teams.
- If an official is a professional medical person or has first aid training, they should advise the safety person of this and remain close to the safety person in case they ask for assistance.
- If the safety person requests assistance from someone in the stands the officials should allow this person on to the ice surface, assisting them to the injured player and the safety person.
- Once the safety person has determined the player can be removed from the ice, the official should allow the safety person to take the lead in removing the player safely.
- If the safety person deems necessary and requests an ambulance, they will signal to the call person in the stands. The call person has been trained to come to the ice surface and out to the safety person to receive information on the injury. The official should assist the call person on and off the ice.
- Once the ambulance is called, the officials should send both teams to their dressing rooms. The officials can also work to assist the safety person as required once both teams are in their rooms.
- If the parents of the injured player come to the ice surface, the officials should use common sense. For example, if the player is very young it may be beneficial to have one parent come out to the player to comfort them until the ambulance arrives.
- Once the ambulance arrives, the paramedics take control of the situation and the official should stand by to assist in any way possible.

PLAYER DOWN - COACH/ASSISTANT COACH/MANGER (C/A/M) ROLE

In a situation where a player is injured on the ice, the following are the responsibilities of the coach/assistant coach/manager:

- The coach/assistant coach/manager should not be in a role where they are part of the Emergency Action Plan as the call person or the control person. The coach and manager should initiate a meeting at the beginning of the season to ensure they have the volunteers required for their Emergency Action Plan.
- In the case of a serious injury, the coach has the responsibility to ensure all other players on the team are kept at the bench or are taken to the dressing room if instructed to do so by the game official.
- The assistant coach will assist the coach as necessary with this process. If the coach

is acting as the safety person, they should pre-determine who on the team will take on the supervision role if he or she is attending to an injured player.

- The manager should make themselves available to the safety person to assist in any way possible. This could include accessing the medical history form, speaking with the parents and assisting the control person.

PLAYER DOWN - SAFETY PERSON/TRAINER'S ROLE

The following are responsibilities the safety person should assume to prepare for potential injury to a player:

- Maintain accurate medical information files on all players and bring to all team activities.
- Maintain a player injury log.
- Maintain a fully-stocked first aid kit and bring to all team activities.
- Conducts regular checks of players equipment.
- Implement an effective Emergency Action Plan with your team and practise it regularly to ensure all involved understand their roles and are prepared to act promptly when an incident occurs.
- Recognize life-threatening and significant injuries, and be prepared to deal with serious injuries.
- Manage minor injuries according to basic injury management principles and refer players to medical professionals when necessary.
- Recognize injuries that require a player to be removed from action. Refer players to medical professionals and coordinate return to play.
- Facilitate communication with players, coaches, parents, physicians, therapists, paramedical personnel, officials and other volunteers regarding safety, injury prevention and player's health status.

In a situation where a player is injured on the ice, the following are the responsibilities of the safety person:

- Initially take control and assess the situation when coming into contact with the injured player.
- Instruct the player to lay still.
- Instruct bystanders to leave the injured player alone.
- Do not move the athlete and leave all equipment in place.
- Evaluate the injury and situation. This may include anything from an unconscious player to a sprained finger. Once you have determined the severity of the injury, decide whether or not an ambulance or medical care is required.
- If the injury is serious and warrants immediate attention that you are not qualified to provide, seek out someone with the highest possible level of first aid/medical expertise.

NOTE: As the safety person, you should be aware of those individuals on your team with these qualifications and arrange a signal should you need their assistance.

- If an ambulance is required, notify your call person with a predetermined signal. Give a brief explanation of the injury and tell them to call for an ambulance. Let the injured player know that an ambulance is being called and why. This could reduce fear and panic on the part of the player.
- Once the call has been placed, observe the player carefully for any change in condition and try to calm and reassure the player until medical professionals arrive
- STAY CALM. Keep an even tone in your voice.
- Make a note of the time at which the injury occurred and keep track in writing of all pertinent facts regarding the accident, including time of occurrence, time of ambulance arrival, etc.

PLAYER DOWN - EMERGENCY ACTION PLAN

Coaches, managers and designated safety people have a responsibility to ensure that an Emergency Action Plan (EAP) is communicated and rehearsed within the team environment.

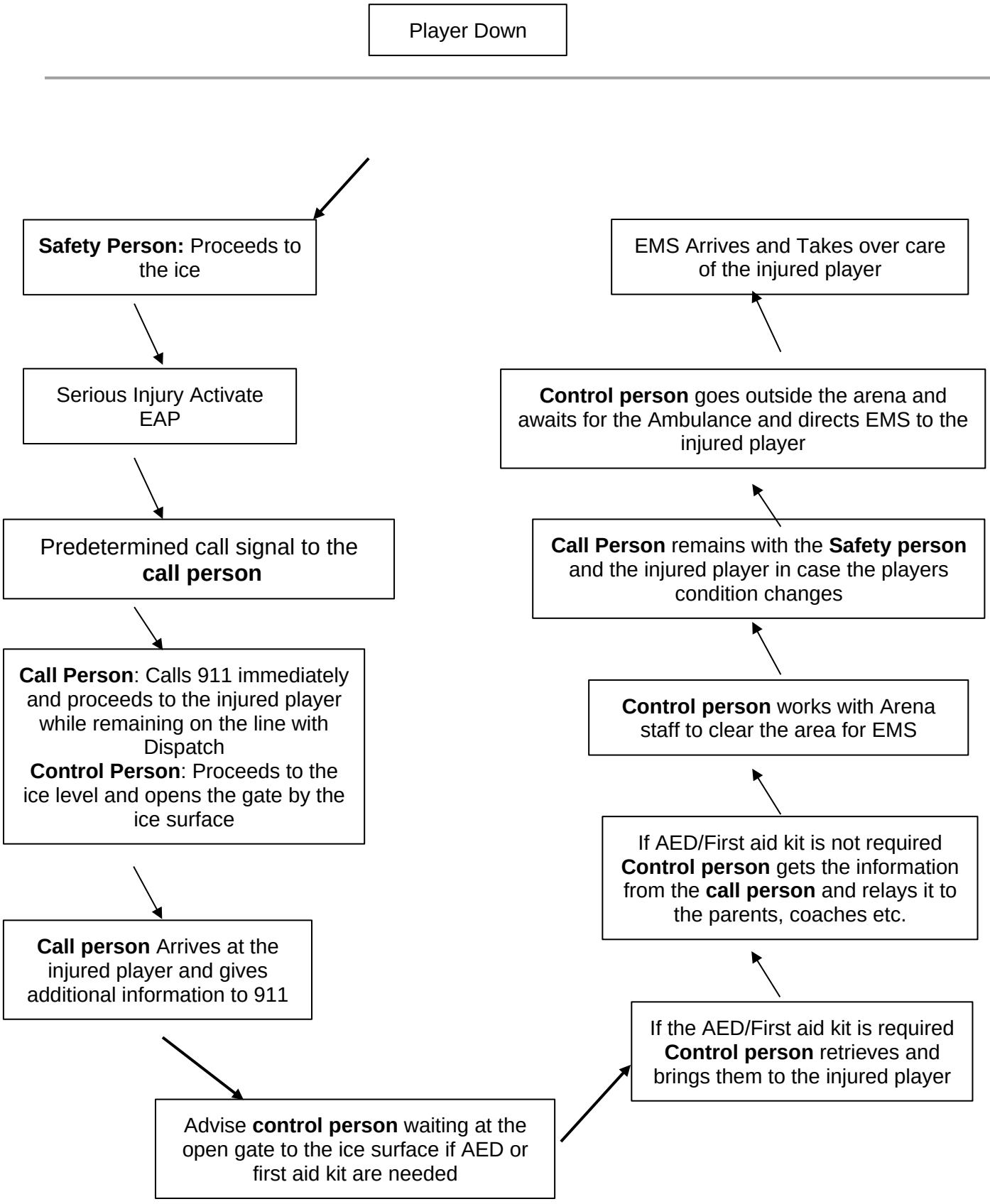
CLICK HERE to download the Emergency Action Plan.

CLICK HERE to download the Emergency Action Plan flow chart.

The above info was taken from the Hockey Canada Website. For further info please contact Todd Jackson of Hockey Canada:

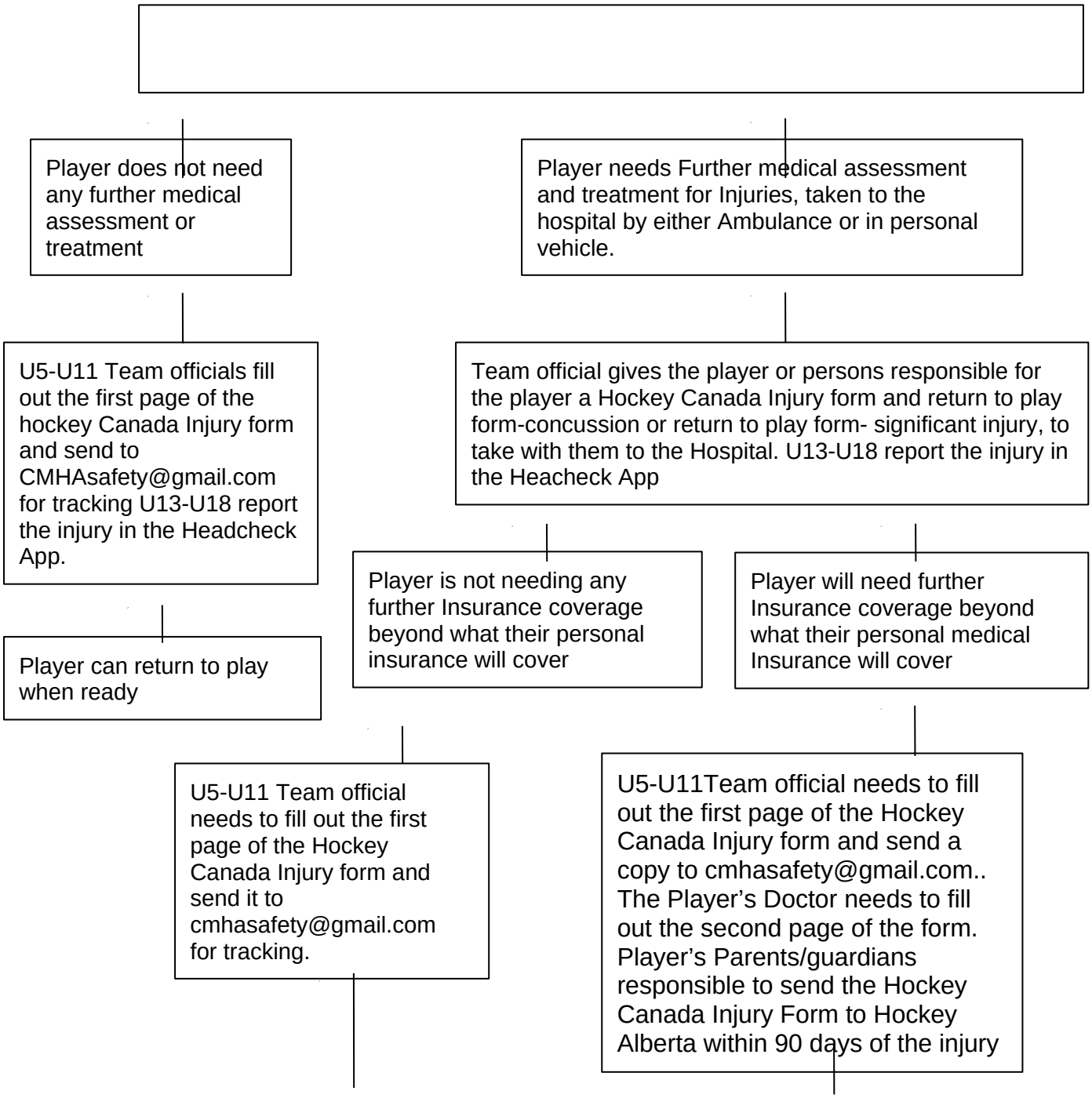
Todd Jackson Senior Manager, Safety and Insurance I Premier responsable, sécurité et assurances

Emergency Action Plan Flow Chart



CMHA Injured Player Flow Chart

If a player gets injured on the ice during a scheduled event and must leave for the rest of the game, practice, or event.



Return to play form- Concussions for concussions or return to play form- significant injury, Chiropractor, Physiotherapy or Doctor's note for all other injuries given to cmhasafety@gmail.com for return to play. Or U13-U18 Needs to upload the notes in the Headcheck App.

Sport Related Concussion – Information Handout

What is a Concussion?

A concussion is a brain injury. A concussion most often occurs without loss of consciousness. However, a concussion may involve loss of consciousness. Concussions are caused by the brain moving inside of the skull. The movement causes damage that changes how brain cells function, leading to symptoms that can be physical (headaches, dizziness), cognitive (problems remembering or concentrating), or emotional (feeling depressed).

The majority of people (80-90%) who experience concussion recover with no lingering symptoms.

How Do Concussions Happen?

Any impact (direct or indirect) 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:

Important note to parents and players:

Signs and symptoms may have a delayed onset (may be worse later that day, next morning, or even days later), 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.

Physical	Cognitive	Behavioural
Headache Nausea Vomiting Blurred or Double Vision Seeing Starrs Poor Balance Dizziness Poor Coordination	Feeling "Slowed down" Difficulty Concentrating Feeling Dazed Memory Problems Unable to multitask Not yourself Sleep Disturbance	Frustration Anger Feeling down/depressed Anxious Sleeping more than usual Difficulty Falling Asleep

The first 24-48 hrs after Concussion - REST

What should you do if concussion is suspected?

- Recognize and remove the player from the current game or practice. Continuing to play can increase their risk of more severe, longer lasting concussion symptoms. as well as increase their risk of other injuries.
- 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, within 24-72 hrs.
- 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.

If you develop any of the following symptoms, call 9-1-1 or go to the nearest Emergency Department:

- Stiff neck
- Fluid and/or blood leaking from nose or ears
- Difficulty waking up
- Difficulty remaining awake
- Fever
- Headache that gets worse, lasts a long time, or is not relieved by over-the-counter Pain relievers
- Vomiting
- Problems walking and talking
- Problems thinking
- Seizures
- Changes in behaviour or unusual behaviour
- Double or Blurred vision
- Changes in speech (slurred, difficult to understand or does not make sense)

How is a Concussion Treated ? How long does it take to get better ?

Your physician and or other health care provider trained in concussion management will recommend a player should rest physically and mentally.

- Avoiding activities that increase any of the player's symptoms, such as general physical exertion, sports, or any vigorous movements.
- This rest also includes limiting activities, which require thinking and mental concentration, such as playing video games, watching TV, schoolwork, reading, texting, or using a computer, if these activities trigger players' symptoms or worsen them.
- Symptoms and timelines may be very different from player to player, therefore ongoing concussion management and individualised rehabilitation plans are key in player Returning to Learn and Return to Sport.
- Most recent research notes that most sport related concussions are resolved in less than two weeks in adults and less than 4 weeks in children

Return to Learn

- Slowly returning to school is best. As a student, it can be hard for you to focus, remember and process information, which can affect how well a player learns and performs at school. Players and their school staff, including teachers and counsellors, can work together to adjust players' schoolwork and school environment so a player can gradually return to full school activities and performance.
- A successful return to school must come before a return to play, but a return to physical activity may take place in parallel with a return to school

CONCUSSION RECOGNITION TOOL 5©

To help identify concussion in children, adolescents and adults

Supported by

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 so do.
- 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

© Concussion in Sport Group 2017

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

© Concussion in Sport Group 2017

Echemendia R.J, et al. Br J Sports Med 2017;51:872. doi: 10.1136/bjsports-2017-097508 CRT5

© Concussion in Sport Group 2017

Return to Play Policy - Concussions

To be followed when a player leaves the ice with concussion-like symptoms or is asked to return to the bench at the discretion of the Safety Coach/Trainer following an on-ice incident that may have resulted in possible concussion.

CALL 911 if the player is unconscious, has decreased consciousness, has a suspected neck or life threatening injury.

1. Safety Coach/Trainer performs on-ice injury assessment (see Concussion Recognition tool)
2. If showing any positive signs or symptoms of concussion, according to the concussion recognition tool, the player is safely removed from ice, removed from play, and returns to the dressing room with assistance.
3. U5-U15 Safety Coach/Trainer completes the Hockey Canada Injury Report (attached). First page Of the report sent to the CMHA Safety Director. U13-U18 the Safety coach needs to report the injury in the Headcheck App.
4. Safety Coach/Trainer Should provide the player (or parent) with the following documents before the player leaves the rink, if possible:
   - Return to Play Form
   - Sport Concussion Information Handout (attached)
5. Player sees a physician and/other health care providers for treatment and concussion management.

IF CONCUSSION FREE

IF, after visiting a Physician, **no concussion is suspected**, player may return to play once the following are completed:

- Player has returned the completed Return to Play Form to the Safety Coach/Trainer/Manager
- Safety Coach/Trainer/Manager submits **Hockey Canada Injury Report** to CMHA Safety Director if in U5-U11, if inU13-U18 the injury report needs to be uploaded into the Headcheck App.

SUSPECTED CONCUSSION or CONCUSSION DIAGNOSIS

- Safety Coach/Trainer notifies CMHA Safety Director
- Player follows a treatment plan as directed by a Concussion Specialist (Physician, Chiropractor, and/or Physiotherapist); obtaining signatures on **Return to Play Form** as rehabilitation takes place.

When player has received final Physician clearance to return to play without any restrictions, player may return to play once the following are completed:

- **Return to Play Form** to CMHA Safety Director. Or uploaded into the Headcheck App.

Any questions contact CMHA Safety director at cmhasafety@gmail.com

Return to Play Protocol- Concussions

STEP 1
After the first 24 to 48 hours of rest, light activities of daily living which do not aggravate symptoms or make symptoms worse. (moving around the house, simple chores such as making their bed) When able to tolerate 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 for 10-15 minutes. Monitor for symptoms and signs. No resistance training or weight lifting. When able to tolerate step 2 without symptoms and signs, proceed to step 3 as directed by your physician.

STEP 3
Sport specific activities and training for 20-30 minutes (e.g. skating). When able to tolerate step 3 without symptoms and signs, proceed to step 4 as directed by your physician

STEP 4
Practice and 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. When able to tolerate step 4 without symptoms and signs, **medical clearance is required** and needs to be provided to the team so that you may proceed to step 5 as directed by your physician

STEP 5
Begin practice and drills with body contact. When able to tolerate step 5 without symptoms and signs, proceed to step 6 as directed by your physician.

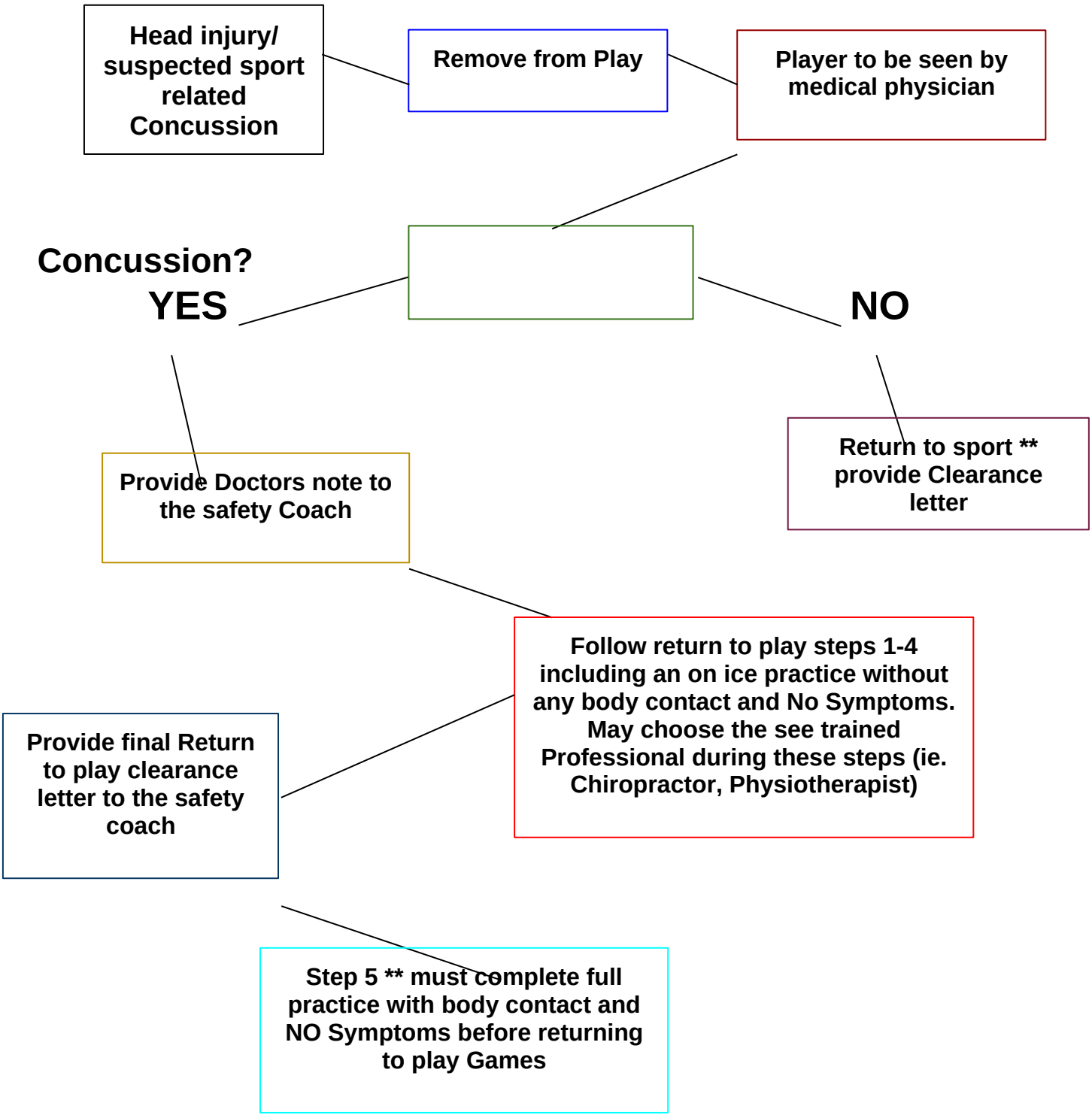
STEP 6
Return to Game play. (The earliest a concussed athlete should return to play is one week.)

Returning to play before full recovery puts the athlete at higher risk of sustaining another concussion with symptoms that may be more severe and longer lasting.

Players should proceed through the return to play steps only when they do not experience symptoms or signs and the physician has given clearance. There should be at least 24 hrs (or longer depending on the player and the situation) for each step of the progression. If any of the symptoms worsen during exercise, you should go back to the previous step and be evaluated by your physician.

Any questions contact CMHA Safety director at cmhasafety@gmail.com

Concussion Process Flowchart



Return to Play Form - Concussion

This form is to be given to any player after any injury (game, practice, off-ice) in which a concussion is suspected.

Player Name:_____ **Date:**_____

Dear Physician:
Thank you for seeing our player. Your assessment is critical to the safe recovery of our player. CMHA has a Concussion Policy in place for any player suspected of having a concussion. As per our policy, a physician is required to provide clearance for any player that is suspected or diagnosed with concussion criteria to either Return to Play or to proceed with more supervised concussion management.

➢ Please complete SECTION 1 below.

➢ Please complete SECTION 2 only if player has sustained concussion and is unable to return to play after 1 week

SECTION 1

☐ After assessment, it is my impression that the player is medically able to return to play without restrictions.

☐ After assessment, it is my impression that the player is medically not able to return to play and require further supervised management prior to returning to play.

Physician Name: (Printed)	
Signature:	
Date:	

SECTION 2 (Only to be completed if Concussion is Sustained)

1. FOLLOW-UP & Rehabilitation Plan

☐ Player has had follow-up assessment/testing with health care provider trained in concussion management. An individual rehabilitation plan has been recommended/implemented to support recovery.

Date completed:_____
Initials:_____

2. Rehabilitation Plan Completed

☐ Athlete completed all necessary clinical rehabilitation requirements and is discharged to Physician for further Return to Play recommendations *(refer to Concussion Return to Play Procedure)*

Date completed:_____
Initials:_____

3. FINAL PHYSICIAN CLEARANCE

☐ After final assessment, it is my impression that medically the player is able to return to play without any restrictions.
Signature of Physician: _____

Date Submitted to Safety Coach: _____
Initials:_____

4. Form Submission to CMHA

☐ Player has returned completed Clearance Form to Safety Coach/Trainer.

Date Submitted to Safety Director:_____
Initials:_____

Return to Play Policy – Significant Injury (NON- Concussion)

Call 911 if the player is unconscious, has decreased consciousness, has suspected neck or spine injury.

1. Safety coach performs on ice assessment and safely removes player from the ice

2. If injured, player should return to dressing room with safety coach and parent, or call 911 if cannot be removed from ice

3. Safety coach gives player/parent(s) CMHA Return to Play form and Hockey Canada Injury form when leaving the rink. U13-U18 the safety Coach needs to report the injury in the Headcheck App

4. Player sees medical specialist for assessment and treatment

5. If, after visiting a medical specialist, there is no injury, the player may return to the team with a completed Return to Play form from the medical specialist giving clearance

6. U5-U11 Safety coach fills in and submits the first page of the Hockey Canada Injury report AND the player's Return to Play form from the medical specialist giving clearance to the Health and Safety Director. U13-U18 the Safety coach needs to upload the Clearance letter into the HeadCheck App

If Player is Injured

- If a significant injury occurs, The Safety coach notifies the Safety director and U5-U11 needs to submit the first page of the Hockey Canada Injury Report to CMHAsafety@gmail.com. U13-U18 the Safety Coach needs to Report the injury in the HeadCheck App
- The player follows a treatment plan as recommended by a medical specialist. (This may include: complete rest, restrictions such as only allowed to do light activity, strength training with the team, only allowed to practise, etc.)

When player has been cleared to play by medical specialist

- Players must provide a Safety coach with CMHA Return to Play form.
- U5-U11 Safety Coach submits clearance letter to CMHA Safety director. U13-U18 the Safety Coach needs to upload the Clearance letter to the HeadCheck App.

Definitions:

Significant injuries: Any injury that requires a player to go seek out a medical specialist. Examples can be: broken bones, torn ligaments, sprains, severe lacerations.

Medical specialist: Can be any advanced medical care such as: family physician, surgeon, physiotherapist, chiropractor.

Any questions contact CMHA Safety director at cmhasafety@gmail.com

Return to Play – Significant Injury Doctor's Authorization

DATE: _____
(DD/MM/YYYY)

PATIENTS NAME: _____ MALE/FEMALE (CIRCLE)

D.O.B. _____ _____
(DD/MM/YYYY)

I DECLARE THAT THIS PATIENT IS HEREBY MEDICALLY CLEARED TO RETURN TO HOCKEY WITH:

_____ NO RESTRICTIONS
_____ RESTRICTIONS

FOLLOWING_____(INJURY) INJURIES

SUSTAINED on _____, 20__ .

DESCRIPTION OF RESTRICTIONS (AS REQUIRED)

_____

_____ _____ _____

PHYSICIANS NAME (PRINT) _____

PHYSICIANS SIGNATURE _____

LEGAL GUARDIAN NAME (PRINT) _____

LEGAL GUARDIAN SIGNATURE _____

Disclaimers Personal information used, disclosed, secured or retained by Coaldale Minor Hockey and Hockey Alberta will be held safely for the purposes for which we collect it and in accordance with the National Privacy Principles contained in the Personal information and Electronic Documents Act as well as Hockey Alberta's own Privacy Policy

Diabetic Information Sheet

What is Type 1 Diabetes?

Type 1 Diabetes (also known as Juvenile, insulin dependent, or T1D) is a non Contagious autoimmune disease that attacks specific cells in the body eliminating its ability to make new or process existing sugar (glucose) in the bloodstream. Too little sugar and the body cannot function. Too much and it is not efficient

in its function. All type 1 diabetics must give themselves insulin to live, this could be by insulin shots or insulin pumps. All type 1 Diabetics can have high and low blood sugar levels. Type 2 Diabetes is very different in its treatments and potential dangers.

Low Blood sugar levels (<4.4mmol/L or 80 mg/dl) are an immediate danger. Give Sugar immediately! If not the player could become incoherent and possibly lose consciousness.

Symptoms of Low Blood sugar (acts like a drunk person):

- Slurred speech
- Lack of coordination / Lack of mental capabilities
- Glossed over eyes
- Excessive sweating
- Rapid heart rate
- Shaking limbs

What raises Blood sugar:

- Sugar (most food that are not sugar free)
    - ❖ Simple sugars raise blood sugar levels fast. Eg. Gatorade, Glucose tabs, fruits, fruit candy, Coke Juice ect. (high sugar to carb ratio)
    - ❖ Complex Carbohydrates raise blood sugar levels at a slower rate eg. Bread, Granola bars, hamburger, pasta

What lowers Blood sugar:

- Insulin (needed to transport sugar from the blood to cells to use as energy)
- Exercise

High Blood sugar levels (above 10 mmol/L or 80 mg/dl) cause dehydration, excessive thirst, frequent urination.

- High blood sugar levels do not mean more energy, but instead dehydration symptoms occur.

**This information is provided for general use only. It is not intended as medical and / or legal advice. Always consult your doctor for medical advice.*

The Coaches Role:

- Have a basic understanding of the athlete and Type 1 diabetes. Know the player so you know when they are normal.
- Be prepared to supply sugar (glucose tabs, juice) in case of low blood sugars
- If the player feels low, TREAT THE LOW FIRST, check blood sugars later if a glucose monitor is not readily available. A false low feeling and treatment is ok, but a delayed low treatment is dangerous.

- Know what to do if the player loses consciousness from low blood sugar levels.
    1. Have a plan set with the parents in case the player loses consciousness eg. intranasal glucagon.
    2. Call 911
- Be clear to the player in a conversation that:
    1. You want them to take a break/ test/ recover if needed
    2. You are ok with them needing extra breaks, sugar and testing at times that may be different from other players
    3. You understand that low blood sugars will most likely occur with extreme physical demands and breaking for a low sugar is **not** a sign of weakness or lack of motivation.

It is really important to have a conversation with parents who have a Diabetic player, at the beginning of the season to understand their child. Things you are going to want to know from the parents or players are:

- What process do they use to check their child's blood sugar levels, and will they have the monitor with them at the rink, and where will it be in case of low blood sugar levels?
- What the plan is if the player develops low blood sugar levels, eg. glucose tabs, juice. And where will the sources of sugar be? With the player on the bench or with the parent?
- What course of action the parents want to take in case the player goes unconscious, i.e.. intranasal or other forms of glucagon.

This information is provided for general use only. It is not intended as medical and / or legal advice. Always consult your doctor for medical advice.

Hockey Canada
National Insurance Program

Purpose of the Insurance Program

Hockey Canada has constructed a National Insurance Program to provide financial resources to help deal with the costs associated with the risk of organised hockey. The Insurance Program ensures that adequate financial

resources are in place to compensate those who are injured or who have suffered a financial loss as the result of their involvement in hockey.

Who is Eligible/What is Covered?

Hockey Canada and each of the Branches of which Hockey Canada is composed is specifically named as an insured, and all sub-associations, leagues and teams which form part of Hockey Canada.

Each Hockey Alberta member for whom a premium has been paid is entitled to the following coverage under the Hockey Canada National Insurance Program:

- Directors and Officers Liability Insurance
- Comprehensive General Liability
- Accidental Death and Dismemberment
- Major Medical and Dental Coverage

When Are You Covered?

- During Hockey Canada/Hockey Alberta sanctioned events (league games, tournaments, practices, training camps, and sanctioned fundraisers) involving and/or when playing other member teams only.
- During transportation directly to and from the arena or venue for sanctioned events.
- In accommodations while billeted or at a hotel during Hockey Canada/Hockey Alberta sanctioned hockey activity.
-

NOTE: Swimming at hotels, and all other sports not related to hockey, ARE NOT COVERED.

What is Not Covered?

Expenses not submitted within 365 days of the date of accident	Injury Report Forms not submitted within 90 days of the accident
Benefits eligible for payment by an Employee's Private Medical and/or Dental Plan	Any benefits provided or paid by any Government hospital or Medical Plans
Purchase, repair or replacement of eyeglasses or contact lenses	Cost of replacement or repair of artificial teeth or dentures
Expenses of a knee brace or similar device to be used solely to participate in hockey	Injury resulting from war or any act of war, whether declared or undeclared
Air travel	Equipment replacement
Sickness or disease either as a cause or effect	

Hockey Canada
National Insurance Program

What is Covered?

➢ **Directors and Officers Liability**

- When coverage applies, the policy will provide for an insured's defence against the reported claim. If an insured is found liable for damages sustained by a claimant or plaintiff, coverage is provided for such damages to the terms and conditions of the applicable policy.
- Provides up to $30,000,000 of coverage.

➢ **Comprehensive General Liability**

- Including Personal Injury and Property Damage
- Provides up to $20,000,000 of coverage with respect to a single liability occurrence, as dictated by the terms and conditions of the policy.

➢ **Accidental Death and Dismemberment**

Table of Losses	Please refer to the "Safety Requires Teamwork" booklet or visit www.hockeyalberta.ca
Paralysis	Please refer to the "Safety Requires Teamwork" booklet or visit www.hockeyalberta.ca
Other Coverages (Directly related to AD&D policy when applicable)	Emergency travel benefit - $250 Funeral expense - $10,000 Eyeglasses and contact lens expense - $250 Rehabilitation benefit - $50,000 Home alteration and vehicle modification benefit - $75,000 Repatriation benefit - $25,000 Tutorial fee benefit - $5,000 Therapy treatments benefit - $15,000
Critical Incident Stress Counselling	Off-ice maximum per incident per insured - $2,000 For all insureds - $10,000 Off-ice maximum per incident - $25,000

➢ **Major Medical/Dental**

Accidental Dental Expense Benefit	Maximum $1,250 per tooth, up to a $3000 maximum (Effective: Sept. 1, 2018) For further information please refer to the "Safety Requires Teamwork" booklet or visit www.hockeyalberta.ca
Accidental Medical Treatment Benefits	Private duty nursing by a licensed graduate nurse Ambulance transportation – reimbursed at 100%

	Hospital services for which benefits are not provided by any Hospital Insurance Plan administered by the Province or Territory Rental of a wheelchair, iron lung and other durable equipment for therapeutic treatment – rental cost cannot exceed purchase price Fees of a licensed physiotherapist, athletic therapist, chiropractor or osteopath – Maximum $750 in any one hockey season (Effective: Sept. 1, 2018) Drugs and medicines purchased by prescription made by a physician or surgeon. Miscellaneous expenses such as hearing aids, crutches, splints, casts, trusses, and braces, but excluding replacement thereof.
Prosthetic Appliance Benefit	Maximum $1,000. Will pay all reasonable costs for the purchase of artificial legs, eyes, etc. necessitated by accidental injury.
Tuition Expense Benefit	Maximum $10/hr for a qualified teacher, up to $2,000 per claim. Within 30 days of the accident, a covered member is confined to his or her resident or hospital for a period in excess of 40 consecutive school days.
Emergency Taxi and Travel Expense Benefit	Maximum $140 per accident. All bills or receipts must be submitted. For further information please refer to the “Safety Requires Teamwork” booklet or visit www.hockeyalberta.ca
Loss of Income Benefit	Maximum $250 per week, up to $1,000 per claim 14 day waiting period, partial reimbursement for the next 30-day period. Does not reimburse missed officiating assignments. Does not act as a supplement to any other loss of income benefit. Proper documentation of the lost earnings in the form of a Statement of Earnings and Deductions will be required.
Concussion Injuries	Physiotherapy under the current maximum of $750 per year. Neuropsychology, which falls under the current physiotherapy maximum per year. Tutorial expenses as previously described. NOTE: Hockey Canada Insurance does not cover expenses for baseline testing.

Hockey Canada
National Insurance Program

How to Make a Claim

➢ **Requirements**

- **SECURE** a branch specific Hockey Canada Injury Report Form from your team, MHA or the Hockey Alberta website.

- **COMPLETE** the form in its entirety. Have your team official complete the team section and your Physician/Dentist complete the back of the form.
- **SUBMIT** the fully completed form to your Branch office within 90 days of the date of accident. You have 52 weeks from the date of injury to submit any receipts/invoices.

IMPORTANT NOTE:

- Only Injury Report Forms received in the Branch office within 90 days of the accident will be accepted.
- Forms must be completed in their entirety or they will be returned.
- Only original receipts/invoices are acceptable.
- Hockey Canada is strictly a supplemental insurer. If you have access to any other insurance, you must pursue it through them first. Hockey Canada shall cover those costs not covered by your primary insurance to their policy limits.
- Depending on the nature of the incident, Hockey Canada may choose to manage claims as they see fit.

➢ **Process**

- When an injury occurs at a Hockey Canada/Branch sanctioned event, a team official should complete all pertinent information on the branch specific Hockey Canada Injury Report form. The Injury Report form should then be given to the parent and/or player for a signature, completion of the Health Insurance Information section, and obtaining the Physician Statement.
- The parents need to Submit the Injury Report Form to the branch office within 90 days of the injury.
- If making a claim, receipts/invoices must be submitted to the Branch Office, citing the injury date, within 52 weeks from the date of injury.
- The time required to process a claim will vary due to the type of claim being made and the time of year. The process could take 6-12 weeks from the date it is received in our office. It is based on a *first come*, *first served basis.*
- All Injury Report Forms and accompanying paperwork is processed through the Branch Office before it is sent to Hockey Canada's Head Office for final processing. All reimbursement cheques are issued from Hockey Canada's head office in Ottawa.

For More Insurance Information see Safety Requires Teamwork & Safety for All on the Hockey Canada Website

Hockey Alberta
100 College Blvd | Box 5005 | Red Deer, AB | T4N 5H5
PH. 403-342-6777 | Email. info@hockeyalberta.ca