

## WVFHC Safety Policies & Procedures

### 1. Spring League Safety Guidelines

- The WVFHC values the safety of its players and volunteers above all else. We want to ensure that our organisation upholds the highest standards in providing a safe environment for our children to play field hockey.
- For Spring League, the WVFHC will:
  - gather and distribute the medical records for each player to each Coach and Manager
  - produce and make available an Emergency Action Plan for each field/location
  - ensure that a First Aid Kit is complete and available at the office at Rutledge
  - making managers and coaches aware of safety resources and training where appropriate
- The Manager and Coach for each team are responsible for:
  - ensuring that the team has a First Aid Kit (see recommended list below)
  - printing and keeping the medical records for each player in a safe, secure and easily accessible location
  - reviewing the Emergency Action Plan for each field/location
  - identifying a Call Person, Contact Person and Safety Person in the team. These may include the Assistant Coach, Manager or parents - whatever makes most sense for each individual team.
  - completing an Incident Report if the Emergency Action Plan is activated or if a head injury is involved.
- All coaches and managers are strongly encouraged to educate themselves about head injury and concussion. There are a number of good online courses that parents, coaches and managers can take that address head injury prevention, signs of concussion and return to play:
  1. “Concussion Toolkit for Parents, Players and Coaches” at <http://ppc.cattonline.com/>. This website provides up-to-date concussion education for parents and coaches. It includes video lessons and resources to effectively prevent, recognize and manage a player’s recovery.
  2. “Making Head Way” course on coach.ca website. This is a free course that is designed to help you gain the knowledge and skills required to ensure the safety of your athletes. Visit <http://coach.ca/making-head-way-concussion-elearning-series-p153487>.

#### 1.1 Recommended First Aid Kit for Teams

- Adhesive Bandages
- Ice Packs, Insta- ice, or ice cubes with plastic bags
- Gauze pads or Towel

- Player medical Information Cards in plastic bag for the coach
  - Tensor bandage
  - Athletic Tape
  - Hydrogen peroxide/antibiotic ointment
  - Safety pins for skirts
  - Extra hair elastics
  - Tampons
  - Scissors
  - Tweezers
  - Hockey tape for quick stick repairs or shirt ties
- And...Don't forget extra mouth guards!

## **2. Incident Procedure:**

- In the event of an injured player, the Safety Person will determine whether it is a serious injury or not:
  - if it is a minor injury, appropriate actions will be taken by the team to help the player (ie. taken off field, First Aid Kit, ice pack etc)
  - if it is a serious injury, the Emergency Action Plan will be activated. (See appropriate EAP)
  - if a head injury is involved, an Incident Report Form must be completed whether the EAP is activated or not.
- For all serious injuries, after the Emergency Action Plan has been completed and the player is taken care of, the Safety Person must:
  - notify the General Manager at the Club: Emma Gibbons at 604 715 4502
  - complete an Incident Report Form and email it to the General Manager at [emma@wvfhc.com](mailto:emma@wvfhc.com). See Appendix 1 for a copy of the Incident Report Form.

## **3. Return to Play Procedure:**

- “Return to Play” refers to the point in recovery from an injury when a person is able to return to playing sports or participating in an activity at a pre-injury level. Returning to play too early may result in more severe or potentially long term problems.
- The safety of a player is paramount. The severity of injuries determines the length of a rehabilitation training program. It is important that the player has successfully returned to school full-time before they return to play sports. If the player is not a student, they should have successfully returned to cognitive aspects of work before physical activities.
- WVFHC is committed to following a graduated return to play protocol as outlined by the BC Injury Research and Prevention Unit (see Appendix 2). The goal of working through the stages is to increase physical activity gradually without triggering any symptoms. The player must be symptom-free for at least 24 hours at one stage before advancing to the next one. If the symptoms re-appear, then

they must go back to the previous stage until they are symptom-free again for 24 hours. If a new symptom appears, the player should see a doctor to be cleared to continue on the return to play stages.

- The return to play stages typically take 7-10 days for adults to complete and longer for children and adolescents. Medical clearance is required before the player moves to full-contact practice (stage 5).
- WVFHC Technical Director is responsible for overseeing all return to play protocols in collaboration with relevant Coach(es). All players embarking on a return to play protocol must notify the Technical Director at [geoff@wvhc.com](mailto:geoff@wvhc.com)

## Appendix 1: WEST VANCOUVER FIELD HOCKEY CLUB INCIDENT REPORT FORM

*To be completed by the Safety Person ONLY in the event of a serious incident, after the Emergency Action Plan has been completed and the player is safely taken care of.*

NAME:			
ROLE IN TEAM:			
TEAM NAME:			
LOCATION OF INCIDENT:			
DATE AND TIME OF INCIDENT:			
NAME(S) OF PLAYER(S) INVOLVED:			
DESCRIBE HOW THE INCIDENT HAPPENED:			
DESCRIBE ANY INJURIES <i>(to the best of your knowledge):</i>			
WAS THERE A HEAD INJURY/POSSIBLE CONCUSSION? <i>(to the best of your knowledge):</i>			
DESCRIBE STEPS TAKEN:			
SIGNATURE:		DATE:	

Please complete this form and email it to [emma@wvfhc.com](mailto:emma@wvfhc.com)

## Appendix 2 Return to Play Protocol

### Return to Play Communication Tool Return to Learn should be completed before Return to Play.

<p><b>STAGE 1:</b></p> <p><b>No sporting activity</b></p> <p>Symptom-limited physical and cognitive rest</p>	<p><b>STAGE 2:</b></p> <p><b>Light aerobic exercise</b></p> <p>Walking, swimming, stationary cycling. No resistance training. Heart rate &lt;70%</p>	<p><b>STAGE 3:</b></p> <p><b>Sport-specific exercise</b></p> <p>Skating drills (ice hockey), running drills (soccer). No head-impact activities</p>	<p><b>STAGE 4:</b></p> <p><b>Non-contact drills</b></p> <p>Progress to complex training drills (e.g., passing drills). May start resistance training</p>	<p><b>STAGE 5:</b></p> <p><b>Full-contact practice</b></p> <p>Following medical clearance participate in normal training activities</p>	<p><b>STAGE 6:</b></p> <p><b>BACK IN THE GAME</b></p> <p><b>Normal game play</b></p>
<b>Recovery</b>	<b>Increase heart rate</b>	<b>Add movement</b>	<b>Exercise, coordination, cognitive load</b>	<b>Restore confidence; assess functional skills</b>	
<p><b>Symptom-free for 24 hours?</b></p> <p><b>Yes:</b> Begin Stage 2</p> <p><b>No:</b> Continue resting</p> <p>Time &amp; date completed:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Symptom-free for 24 hours?</b></p> <p><b>Yes:</b> Move to Stage 3</p> <p><b>No:</b> Return to Stage 1</p> <p>Time &amp; date completed:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Symptom-free for 24 hours?</b></p> <p><b>Yes:</b> Move to Stage 4</p> <p><b>No:</b> Return to Stage 2</p> <p>Time &amp; date completed:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Symptom-free for 24 hours?</b></p> <p><b>Yes:</b> Move to Stage 5</p> <p><b>No:</b> Return to Stage 3</p> <p>Time &amp; date completed:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Symptom-free for 24 hours?</b></p> <p><b>Yes:</b> Return to play</p> <p><b>No:</b> Return to Stage 4</p> <p>Time &amp; date completed:</p> <p>_____</p> <p>_____</p> <p>_____</p>	

If symptoms reappear at any stage, go back to the previous stage until symptom-free for 24 hours. You may need to move back a stage more than once during the recovery process.

**Medical clearance required before moving to Stage 5**