



HEALTH & SAFETY POLICY

AUCKLAND ICE HOCKEY ASSOCIATION

PO BOX 58048

Botany
Auckland 2163

Details	
Date:	20 June 2016
Prepared:	Mark Bialik
Reviewed:	Paul Taillon
Revision:	1

	Applied Codes and Rules	Year
	IIHF Official Rule Book	2014-2018
	Health and Safety at Works Act 2015	Amendments from April 2016
	AIHA Player Safety Rules	2012

Section 1

Introduction

The purpose of the document is to outline the basis of Health and Safety requirements of ice hockey game in Auckland.

The document doesn't intend to replace any of the existing regulations or to suggest alternatives to the rules, but rather to emphasize the importance of safe behavior on ice for players, coaches and game officials.

AIHA Health and Safety Policy covers on ice hazards associated with the game and on-ice trainings. It doesn't cover hazards related to the ice rink building and infrastructure outside the building, as these facilities should be covered by the building owner in accordance with Health and Safety at Work Act 2015.

All AIHA members and their parents (in case of minor members) should familiarize themselves with the Health and Safety hazards listed in the document and sign the form as a proof of their compliance with the AIHA Health and Safety Policy.

Applicable forms can be found in the Appendix.

Section 2

AIHA Register of on-ice hazards and risk management measures

Activity	Hazard/Risk	Risk Factor	Safety/Control Measure	Who
Games	Potential injuries to players and on-ice officials include bruises, cuts, broken bones, muscle/ligament strains, and concussion. Some of these injuries are of catastrophic potential.	Moderate to high	<ul style="list-style-type: none"> • All AIHA sanctioned games are conducted according to International Ice Hockey Federation (IIHF) rules. • IIHF rules mandate full protective equipment for players and specify procedures for the game designed to minimize risk of injury. • For on-ice officials, IIHF rules specify protective equipment and procedures designed to keep referees safe. • <i>Additional measures:</i> <ol style="list-style-type: none"> a. 1st-Aid kit on hand at rink (supplied by Paradise). b. Coaches to be familiar with Guidelines for Injury Management and Concussion Protocol (Section 4). c. AIHA to promote “safe play,” especially emphasizing no checking from behind and “Heads-Up, Don’t Duck”^{**} for prevention of neck and spinal cord injuries. 	Coaches, team managers and referees
Trainings	<p>Potential injuries to players and on-ice coaches and volunteers include bruises, cuts, broken bones, muscle/ligament strains, and concussion. Some of these injuries are of catastrophic potential. Specific risks include:</p> <ol style="list-style-type: none"> 1. Ice – slippery – risk of falling with potentially catastrophic injury. Risk potential: HIGH. 2. Skates – sharp – risk of cut, potentially serious. Risk potential: MODERATE. 3. Pucks – hard – risk of getting hit by puck with potentially catastrophic injury. Risk potential: MODERATE. 4. Boards/doors – hard/corners – risk of falling or tripping into open doors with potential for minor to severe injury. Risk potential: 	Moderate to high.	<ul style="list-style-type: none"> • Players to where full ice hockey equipment. Coaches to ensure that players are properly dressed. • Coaches and on-ice volunteers to wear helmets with chin strap fastened and skates (or shoes with ice-gripper soles). • Coaches and on-ice volunteers to stay out of area in which drill is taking place. • Coaches to model safe behavior. • Doors to ice to be closed during practice session. • <i>Additional measures:</i> <ol style="list-style-type: none"> a. 1st-Aid kit on hand at rink (supplied by Paradise). b. Coaches to be familiar Guidelines for Injury Management and Concussion Protocol (Section 4). c. AIHA to promote “safe 	Coaches and team managers

	MODERATE.		play,” especially emphasizing no checking from behind and “Heads-Up, Don’t Duck”* for prevention of neck and spinal cord injuries.	
Ice Cut	Potential injury to players by ice cut machine (Zamboni)	High	Coaches and players to follow Paradise resurfacing safety procedures: <ul style="list-style-type: none"> • Doors of the rink to be closed during ice cut. • Players to be outside the ice area during ice cut • No sitting on boards 	Coaches and parents of minor hockey players
Games away	All of the above	Moderate to high	<ul style="list-style-type: none"> • All the H&S rules listed above apply to Auckland players while they are playing in other cities on hosting ice rinks. • Travelling teams to have AIHA-supplied 1st Aid kit on hand. 	Coaches and team managers

*Visit USA Hockey - Heads Up, Don’t Duck: <http://www.usahockey.com/page/show/1011484-heads-up-hockey>

Section 3

Protective Gear

At all times on the ice players must wear protective equipment as specified in the IIHF Official Rule Book, 2014-2018, Section Four.

At all times on the ice everyone on the ice surface, including coaches and officials must wear a hockey helmet, correctly fastened. This includes during warm-ups, in between periods, and post-game handshakes.

Removing one's own or someone else's helmet during play is an extremely dangerous act and must never happen on ice.

Neck guards are compulsory while on ice surface for all minor hockey players (U18).

Section 4

AIHA Concussion Policy*

If the player shows any visible signs of a head injury/concussion, they are not to be allowed to continue playing for the remainder of the game. The injury to be reported immediately by any AIHA official to the AIHA administration and to the player's parent (for minor hockey players).

The player's name and details of the injury (dazed, dizziness, vomiting, unbalanced or knocked out etc.) to be recorded in the game sheet in the "Note" section at the bottom of the game sheet.

The on-ice officials must also immediately inform the player's coach and/or manager of this so that the player can be kept from taking the ice again.

Alternatively, if the symptoms go unnoticed by a match officials but are noticed by the coach or manager of the injured player, they must report the injury to the scorer (to record on the game sheet) to ensure the safety and wellbeing of their own player. Whilst officials and coaches are clearly not trained physicians they must make a judgment call on any obvious visible symptoms and need to do so to ensure player safety.

Before the concussed player can return to any AIHA League or NZIHF competition they must either:

- A. Get clearance from a doctor, and provide a certificate from him/her, or
- B. Sit a mandatory three-week stand-down from date of last symptom.

If player's name appears on the game sheet with an incident of concussion, they will then be notified of this by their league director and it is league director's responsibility to make sure the concussed player does not play or practice again until these conditions are met.

*See NZIHF Concussion Policy (<https://nzicehockey.co.nz/assets/Documents/NZIHF-Concussion-Policy.pdf>)

AIHA Concussion Protocol*

What to Look For / What to Do

Signs and Symptoms that May Indicate Concussion:

SIGNS OBSERVED BY COACHES, MANAGERS, OR ON-ICE OFFICIALS:

- Appears dazed or stunned
- Is confused about assignment or position
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

ACTION PLAN:

If coach, manager, or on-ice official suspects concussion:

1. Remove athlete from play.
 2. Reporting and recording:
 - a. On-ice officials: record incident in the game sheet in "Note" section.
 - b. Coach or manager:
 - 1) Report suspected concussion injury to scorer for recording in the game sheet.
 - 2) Report injury to league director
 - 3) Inform athlete's the parents or guardians about the concussion injury. It is the parents'/guardians' responsibility to ensure the athlete is evaluated by an appropriate health care professional (the league director will also inform the parents of the suspected concussion injury)
 3. Return to play - before the concussed player can return to any in any AIHA League or NZIHF competition or practice they must either:
 - A. Get clearance from a doctor, and provide a certificate from him/her, or
 - B. Sit a mandatory three-week stand-down from date of last symptom.
- It is league director's responsibility to make sure the concussed player doesn't play or practice again until these conditions are met

*Adapted from USA Hockey "Resource Guide for Injury Management"
(http://assets.ngin.com/attachments/document/0090/3825/Injury_Management_Resource_Guide_FINAL.pdf)

Section 5

AIHA Guidelines for Injury Management

AIHA Guidelines for Injury Management*

This information is to be used as a guideline only and not meant to replace any formal first aid training or care by a licensed medical professional.

1 1ST AID KIT	2 WOUND CARE	3 INJURY EVALUATION	STOP!	4 INITIAL TREATMENT	5 MEDICAL EVACUATION ACTION PLAN	6 CONCUSSION PROTOCOL
<p>The first aid kit should include the following supplies:</p> <ul style="list-style-type: none"> • Athletic Tape • Foam Under Wrap • Band Aids (variety of sizes) • Sterile Gauze Pads (4x4) • Roll Gauze • Wound Cleansing Solution or Saline Rinse (can use soap/water as well if these are not available) • Alcohol/Antiseptic Wipes • Non-Latex Disposable Gloves • Elastic Wraps (ACE Bandages) • Hand Sanitizer • Paramedic Scissors • Uniform Blood Cleaner (Hydrogen Peroxide) • Emergency Numbers (Local Hospital, Ambulance) <p>Note: coaches and managers should be provided with Parent/Guardian Contact Information.</p>	<p>Follow these steps to care for wounds:</p> <ul style="list-style-type: none"> • Put on disposable gloves • Apply direct pressure using sterile gauze • Once bleeding stops, clean the wound with sterile wound cleanser or soap/water • Cover with a sterile band aid or wound dressing • If bleeding persists, continue to apply direct pressure and wrap the area with a roll gauze to hold pressure on the wound. Refer to a physician for further care or suturing 	<p>Use the HOPS protocol to evaluate athlete's injury.</p> <p>History</p> <p>Ask the athlete the following questions:</p> <ul style="list-style-type: none"> • How did injury happen? • Where does it hurt? • Do you have any tingling/numbness? (may indicate nerve damage) • Did you feel or hear a "pop, snap or crack" (could indicate more severe injury such as fracture, dislocation, muscle, tendon or ligament tear) <p>Observation</p> <p>Compare the injured side to the uninjured side. Look for swelling, bruising or deformity. A large amount of swelling or bruising immediately can indicate a more severe injury.</p> <p>Palpation</p> <p>Feel the injured area for tenderness and pain. Feel for warmth on the injured side versus uninjured side.</p> <p>Special Test</p> <p>These should be performed by a trained medical professional, but you can assess simple movement to see if there is any dysfunction. Ask the athlete if they can move the injured body part through its range of motion.</p> <p>You may also assist or passively move the athlete through range of motion. Note any pain or limitations.</p>	<p><i>If you suspect a neck or spine injury, DO NOT MOVE the athlete or have the athlete move themselves.</i></p> <p><i>Activate Emergency Medical Services (111) and have the injured athlete evaluated and transported by qualified medical personnel at a hospital or health care facility.</i></p>	<p>Use the RICE protocol to treat basic injuries.</p> <p>Rest</p> <p>Have the athlete rest from activity to allow healing to begin and prevent further damage.</p> <p>Better to have an athlete sit out when in doubt rather than risk further damage and prolonged recovery.</p> <p>Ice</p> <p>Apply ice pack to the injured area for 20 minutes per hour.</p> <p>Make sure the ice pack is removed for at least 40 minutes before reapplying. Provide a thin towel layer between the skin and the ice pack to prevent the skin from being damaged. This will help with pain control and decreased swelling in the area.</p> <p>Compression</p> <p>Use an elastic wrap or ace bandage to compress the injured area. Start at an area away from the heart and wrap toward the heart. Compression will help reduce swelling after an injury has occurred.</p> <p>Elevation</p> <p>Elevate the injured area above the level of the heart. This will also help reduce swelling in the injured area.</p>	<p>Activate Emergency Medical Services (111); notify rink staff.</p>	<p>See reverse side of this page for AIHA Concussion Protocol.</p>

Section 6

Health and Safety Reports

SAFETY REPORT UPDATE RECOMMENDATION

It is a requirement under the *Health & Safety in Employment Act 2015* and its associated regulations that control measures be put in place to minimize the risks of injury to players, coaches and game officials while on ice, and further that these control measures be monitored for effectiveness on a regular basis. Health and Safety Report should be prepared and reviewed on an annual basis.

The purpose of updating this report is to assist AIHA in identifying:

- Changes to the on ice activities which may create new risks;
- Changes to the on ice activities which may modify existing risks;
- The effectiveness of control measures implemented to control previously-identified risks; and
- The regular amendments to the legislative and non-legislative requirements we have identified as being relevant, including sections of Health and Safety and Game Safety legislation and Codes of Practice, relevant rules, New Zealand Standards, Ice Hockey Guidelines, and trends which are designed to provide a "Best Practice" approach to the Risk Management process.

SCHEDULE FOR SAFETY REPORT UPDATES

The table below sets out a schedule for updating this Safety Report. It is important that the AIHA receive updated reports every 12 months, and as such reports should be ordered sufficiently far in advance to allow delivery within this timeframe. We recommend allowing at least five weeks for the delivery of reports under ordinary circumstances.

Date of Inspection	Details of Safety Officer
May 2016	Paul Taillon AIHA Vice President
May 2017	
May 2018	

DECLARATION

I have read the AIHA Health and Safety Policy and agree to comply with the guidelines as set out in the above mentioned documentation.

Name:.....

Role

Signature:.....Date:.....

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