AMHA MANUAL

HOCKEY CANADA SAFETY PERSON (HCSP)

April 2026

Version 1.0

Table of Contents

1. INTRODUCTION & OVERVIEW **3**
1.1 Team Composition & Certification 3
1.2 Training Requirements 3
Required Certifications/Checks *3*
2. ROLES & RESPONSIBILITIES **3**
2.1 Key Duties 3
3. RISK MANAGEMENT & MEDICAL INFORMATION **4**
3.1 Maltreatment Prevention 4
3.2 Player Medical Information 4
3.3 First Aid Kits *5*
3.4 Equipment & "Stop Signs" *5*
4. NUTRITION & FITNESS **5**
4.1 Nutrition *5*
Prior to Hockey *5*
During Hockey *6*
After Hockey *6*
4.2 Fitness 6
Warm Up *6*
Stretching *7*
5. EMERGENCY ACTION PLAN (EAP) **7**
6. INJURY MANAGEMENT & REPORTING **7**
6.1 On-Ice Injury Management 7
6.2 Managing Head Injuries, Spinal Injuries & Concussions 8
6.3 Removing Players from Play 9
6.4 Injured Players on the Bench 9
6.5 Reporting & Documentation 9
Player Injury Log: 9
Hockey Canada Injury Report Form: 10
7. RETURN TO PLAY (RTP) **10**
8. INSURANCE **11**
Appendix A - First Aid Kit Supply List 13
Appendix B1 - Abbotsford Recreation Centre 14
Appendix B2 - Matsqui Recreation Centre 15
Appendix B3 - M.S.A Arena 16
Appendix B4 - Centre Ice (Summit Centre) Arena 17
Appendix C - Medical Assessment Letter 18
Appendix D - Medical Clearance Letter 19

1. INTRODUCTION & OVERVIEW

The Hockey Canada Safety Person (HCSP) program emphasizes injury prevention and safety through risk management and education. HCSP certified personnel are provided with the information and resources needed to improve player safety, manage risk, and incorporate injury-prevention practices in hockey.

1.1 Team Composition & Certification

- Role Status: The HCSP is an official, rostered position. You are permitted on the bench.
- Requirement: Each team should have two (2) certified HCSPs. It is highly recommended that the Head Coach not be designated as the HCSP, as they need to focus on on-ice duties.
- Certification Deadline: Must be completed by November 30th or you will be removed from the roster by PCAHA.
- Your name will be submitted to the Board of Directors for approval.

1.2 Training Requirements

To be the certified HCSP for your team, you must complete the required training. The core course is a six-hour, 14-module course through BC Hockey, valid for three (3) years.

Required Certifications/Checks

1. HCSP - Level 1: Register at Clinics | BC HOCKEY.
2. Criminal Record Check (CRC) – refer to AMHA website for the link.
3. Respect in Sport (Activity Leaders) – refer to RIS website or AMHA website for the link.
4. Concussion Awareness & Training Tool (CATT) – refer to Spordle™ or AMHA website for the link.

2. ROLES & RESPONSIBILITIES

The HCSP is responsible for implementing effective risk management and safety protocols.

Resource: Refer to the Hockey Canada Safety Programs - downloads and resources page for the HCSP Code of Ethics and responsibilities.

2.1 Key Duties

- Medical Information: Maintain accurate medical information files on all players and ensure you are able to access them at all team activities.

- Injury Log: Maintain a log of player injuries.
- First Aid Kit: Maintain a fully stocked kit and bring it to all activities.
- Emergency Action Plan (EAP): Implement and practice an EAP.
- Assessment: Recognize life-threatening or significant injuries and manage minor injuries.
- Communication: Facilitate communication regarding safety and health status between parents, coaches, and medical professionals.

3. RISK MANAGEMENT & MEDICAL INFORMATION

3.1 Maltreatment Prevention

Part of your role as the team Hockey Canada Safety Person (HCSP) is to provide a safe environment for all participants. As a team official, you play a role in promoting environments that respect a player's "mental, physical, emotional, spiritual, or authentic self and well-being" (Hockey Canada, 2025).

Review Hockey Canada's & BC Hockey's Maltreatment, Bullying, and Harassment Protection and Prevention Policy and AMHA Policy & Procedures Manual.

When dealing with player injuries, consider the following:

- Rule of Two: treat players where you can be seen and/or heard by others. Never be alone in the dressing room with a player; ensure another coach, team manager, or parent/guardian is present. This also applies to any non-urgent transportation required.
- Prioritize the player's dignity and privacy; only exposing the area you are assessing/treating.
- Ensure the player consents to ANY physical contact (unless unable to in an emergency).
- Avoid contact with the player's genitals, buttocks, or breasts; have the player self-assess.

3.2 Player Medical Information

Every player is required to provide their medical information to the team safety person. Information should be collected prior to or at the team start-up meeting and must be completed before a player can participate in on-ice activities. Players' medical information should be updated regularly.

Medical information can be collected electronically through the team's Google form or the Hockey Canada's Medical Information Form (2015) found on the AMHA website - HCSP/Risk Management page. Both forms collect the same information. AMHA is encouraging teams to go digital.

Each HCSP will be emailed their team's link at the start of the season for distribution or they can distribute the paper forms to their team.
Access to player medical information is confidential and access must remain restricted to prevent unauthorized viewing. The Head Coach or Manager should only be notified of any medical conditions that may impact player safety and well-being.

3.3 First Aid Kits

The team's first aid kit is supplied by AMHA and signed out at the start of the season.

- It is the HCSP's or delegate's responsibility to bring the kit to practices and games.
- Each first aid kit contains all the required supplies and a resources folder with printed copies of resources for use/distribution.
- The standardized supply list can be found in Appendix A.
- Restocking: Routine checks are required. Any items you feel are missing (e.g., ice packs) should be purchased using the team budget.
- Kits will be restocked at the end of the season by AMHA, not individual teams.
- Please remove any items you added to the kit during the season (e.g., epipens, locks, skate sharpeners) prior to returning it to AMHA.

3.4 Equipment & "Stop Signs"

- Stop Signs: Required on the back of every game jersey. They must not be moved or covered. They are intended to reduce injuries from checking from behind.
- Protective Gear: All players must wear equipment as required by Hockey Canada. Equipment requirements can be found in Hockey Canada's Safety requires teamwork and safety for all (2021-2022).
- The HCSP should ensure that player equipment is in good condition and fits the player appropriately. Any concerns should be brought forward to the player/parents.

4. NUTRITION & FITNESS

4.1 Nutrition

An important part of the HCSP role is providing nutritional information to players, parents, and coaches to ensure optimal nutrition and hydration before and after hockey events.

Prior to Hockey

Carbohydrates are the best source of energy. A lack of proper nutrition can cause fatigue, dizziness, or headaches. A high carbohydrate meal 24 hours prior to a hockey game will help increase energy and decrease fatigue.

Hockey Canada (2025) recommends the following:

- Large meals should be consumed 3-4 hours prior to hockey.
- Smaller meals with primarily carbohydrates with low protein and fat should be consumed 2-3 hours prior to hockey.
- Small snacks or a liquid meal (e.g., protein shake, smoothie, etc.) should be consumed 1-2 hours prior to hockey.
- Players should drink 600-700 mL of liquid 60-90 minutes prior to hockey.

During Hockey

Players should drink 400-800 mL for each hour of hockey, aiming for at least 500 mL during 3 periods of play.
Water is the best source of hydration. Sports/electrolyte replacement drinks may be beneficial during tournaments when players are playing multiple games or with significant exertion.

Encourage dilution of fruit juices and soft drinks as they contain about twice the amount of carbohydrates than needed. Diet drinks do not contain carbohydrates.

After Hockey

Replacing fluid loss through rehydration after hockey is imperative. All players should have their own water bottle and they are not to be shared.

Hockey Canada (2025) recommends the following:
- Eat a high carbohydrate snack (e.g., fruit, vegetables, grains).
- Eat a meal with lower fat protein (e.g., milk, meat).

4.2 Fitness

Players must warm up and cool down prior to physical exertion to help prevent injury. Training and exercise should never be used as punishment and players have the right to stop participating.

Warm Up

According to Hockey Canada (2025), warm up activities should focus on:
- Raising body temperature, heart rate, and breathing.
- Affecting large muscle groups to decrease muscle stiffness and increase flexibility.
- A combination of general body and sport related activities.
- Reducing muscle stiffness.

Warm up should take about 10-15 minutes and consist of general body warm up, dynamic warm up, and speed, agility, and quickness drills.

Stretching

Stretching can be both dynamic and static. Both are an important part of warm-up and cool-down.

Dynamic stretching

- Should be done prior to activity.
- Controlled movements that stretch your range of motion.
- Uses your own strength.
- Start at ½ speed, working your way to full speed as you move through the entire range of motion.

Static stretching

- Should be done after activity.
- Gradual movement into a stretch position.
- Uses your body weight, other limbs, or an external object.
- Hold the stretch for 15-30 seconds.
- Repeat 2-4 times for each side.

5. EMERGENCY ACTION PLAN (EAP)

The HCSP must lead the team in learning the roles of a safety person/trainer during an emergency. You should practice this regularly.

Resource: See Hockey Canada's EAP Organizational Chart to create your team's emergency action plan.

Forms: Refer to the Hockey Canada Emergency Action Plan page and/or the Hockey Canada Downloads and Resources for EAP related forms.

Emergency Response Plans for the local hockey arenas can be found as Appendix B and on the AMHA website - HCSP/Risk Management page.

- B1 - Abbotsford Recreation Centre
- B2 - Matsqui Recreation Centre
- B3 - M.S.A Arena
- B4 - Centre Ice (Summit Centre) Arena

6. INJURY MANAGEMENT & REPORTING

6.1 On-Ice Injury Management

If a player is injured on the ice, the Safety Person must:

1. Take Control: Assess the situation immediately.
2. Immobilize: Instruct the player to lie still. Do not attempt to move the player. Leave equipment in place.
3. Clear Area: Instruct bystanders to leave the injured player alone.
4. Evaluate: Determine severity (from sprained finger to unconsciousness).
5. Decide: Determine if an ambulance/medical care is required. Contact the parents/guardians if they are not present. *Note:* If the injury is beyond your qualification, seek someone with higher medical expertise immediately.
6. Supervision: Never leave an injured player alone. There must be at least two (2) **screened** officials (or one official and one adult) with a player in the dressing room at all times.

6.2 Managing Head Injuries, Spinal Injuries & Concussions

Familiarize yourself with the Hockey Canada Concussion Pathway. Families may be referred to the After a concussion: Return-to-Sport Strategy (Parachute Concussion Series, 2024) for information on the process.

Any player with a suspected head injury, spinal injury, or concussion must be immediately removed from the activity (Hockey Canada, 2025).

- Suspected head or spinal injury: Activate the ERP and call an ambulance. Do not attempt to move the player or remove any equipment.
- Suspected concussion: complete an off-ice medical assessment using the Concussion Recognition Tool (CRT6™).
- In Canada (with the exception of Quebec) concussions can only be diagnosed by a physician or nurse practitioner.

A **Medical Assessment Letter** (Appendix C) should be provided to the player/family for assessment and completion by a physician or nurse practitioner. There is additional information on the back of the printed copies in the HCSP resources folder and the version on the AMHA website - HCSP/Risk Management page. This letter indicates the HCP has assessed the patient and will indicate one of the following:

- NO diagnosed concussion: The player can return to work, school, sports without restrictions.
- Diagnosed concussion: The player follows a gradual return to work, school, and sports.

Players with diagnosed concussions will follow the Hockey Canada Return-to-School Strategy and the Hockey-Specific-Return-to-Sport-Strategy.

Prior to a player progressing to Step 4 of the Return-to-Sport-Strategy, the player must provide a **Medical Clearance Letter** (Appendix D) indicating they can return to hockey

without restrictions to the Coach and HCSP. There is additional information on the back of the printed copies in the HCSP resources folder and the version on the AMHA website - HCSP/Risk Management page. Note: Medical Clearance Letters are not required for return to school (Hockey Canada, 2025).

If a player has experienced symptoms of a concussion following medical clearance (steps 4-6) in the Hockey-Specific-Return-to-Sport-Strategy (above), the player should go back to step 3 until all symptoms resolve. Medical clearance will be required again prior to proceeding to step 4 (Hockey Canada, 2025).

It is suggested to use the Hockey Canada Concussion Awareness App. It is a vital tool for prevention, recognition, and return-to-play protocols.

- For Kids: Features "Puckster" and teaches respect and rule adherence.
- For Adults: Provides instant access to symptom lists and management info.
- Download: www.hockeycanada.ca/apps.
- Additional resources: refer to the Hockey Canada Concussion Toolbox.

6.3 Removing Players from Play

- Authority: The HCSP has the responsibility to assess injuries. If an injury is serious, the player must be removed. The main priority is always player safety, and you should always err on the side of caution and request the player/parent/guardian seek medical attention and request a physician's note before permitting the player to play or practice (Hockey Canada, 2025)
- Parental Rights: Parents may also decide to remove a player for assessment even if the HCSP is unsure.
- Medication: Injured players cannot be given medication (e.g., Tylenol, Aspirin, etc.) except by their parent, guardian, or an authorized health care provider (e.g., physician, nurse practitioner).

6.4 Injured Players on the Bench

According to Hockey Canada Rule 2.2 (m), injured players may be on the team bench only if:

1. They are entered on the roster as "in attendance".
2. They are wearing minimum equipment:
    a. BNQ-certified neck guard.
    b. CSA-certified helmet *The sticker must remain on the helmet.
    c. CSA-certified face protector (cage or full visor).

6.5 Reporting & Documentation

Player Injury Log

- Keep a record of all injuries requiring attention throughout the season.
- When: Refer to the bottom of the Player Injury Log form for guidelines on when to enter a player injury.
- The Form: The “Player Injury Log” form is available on the Hockey Canada Downloads and Resources page Safety Forms or the AMHA website - HCSP/Risk Management page.
- Submission: This form should be submitted to the AMHA Risk Director at the end of the season.

Hockey Canada Injury Report Form

- When: Completed when a player is removed from a game (e.g. fracture, concussion, laceration).
- The Form: The “Injury Report Form” is available on the Hockey Canada Downloads and Resources page Safety Forms or on the AMHA website - HCSP/Risk Management page.
- Why: This form is submitted to BC Hockey for insurance purposes (see Insurance section).
- Who: Started by the HCSP, then given to the family for completion by a Physician. This could be a family physician, Emergency Room (ER) physician, or other specialist. If an ER physician is unwilling to complete the form, you can request a copy of the visit at Request a health record - Fraser Health to include with the submission.
- Costs: If you are charged a fee for form completion, Hockey Canada will reimburse the cost. Submit your receipt with the form.
- Submission: Forms should be submitted by the family or Team HCSP (if the family prefers). Forms should remain confidential and be shredded or deleted once there is confirmation the form has been received and accepted by BC Hockey.

7. RETURN TO PLAY (RTP)

Safety is the first priority. A player cannot return until medically cleared.

- Players should never be forced to play following injury or illness.
- If an injury prevents the player from participating in scheduled practices and games, a medical certificate from a health care provider (HCP) is required.
- The medical certificate form: A "Return to Play" form or equivalent must be completed by a HCP.
- The HCP that can sign off on the player's return depends on the type of injury:

    - Musculoskeletal injuries: can be signed off by the HCP treating the injury (e.g. Physiotherapist, chiropractor, physician, etc.).
    - Fractures, neurological injuries, spinal injuries, and concussions must be signed off by a physician (see Head injuries, spinal injuries & concussions section).
    - Dental injuries: The injury report form should still be completed by a physician or dentist.
- When: Any time a player is injured that requires them to leave the game
- Submission: Players and parents should be instructed to submit the form to you as the HCSP or other team official.
- Process:
    - When a HCP determines the player can return to the ice, they should complete the form listing any restrictions/limitations or indicate the player can return to hockey.
    - The player must attend a practice *before* playing in a game. If a team practice is unavailable, contact your coordinator or director to see if practicing with another team can be arranged.
    - For players attending practice as part of a gradual return to play, consider having the player wear a different colored jersey to identify them as returning from injury until full contact (Rep hockey) is permitted.
    - A player should not return to game play until they demonstrate full function and return to pre-injury skill and fitness level (HCSP Course, 2025).
    - The HCSP must observe the player to ensure the injury is not aggravated during practice.
    - If the injury is re-aggravated during practice, the player must be removed and start the RTP process again.

8. INSURANCE

Insurance coverage assists families who have exhausted their own or do not have extended health care benefits.

- Coverage: Refer to the Hockey Canada Resources and Downloads Insurance Program page for all information related to Hockey Canada's insurance program.
- When: This form must be completed for each case where an injury is sustained by a player, spectator or any other person at a sanctioned hockey activity (e.g., on-ice or off-ice officials). Claims must be submitted within ninety (90) days of the injury date.
- Who: The Team Information section should be completed by the HCSP or rostered team official (e.g., manager, coach) then given to the player/parents for them and their health care provider (e.g., specialist, physician, nurse

practitioner, etc.) to complete. Encourage families to complete the forms even if they have their own insurance in the event recovery is delayed or exhausts their own extended health care benefits.

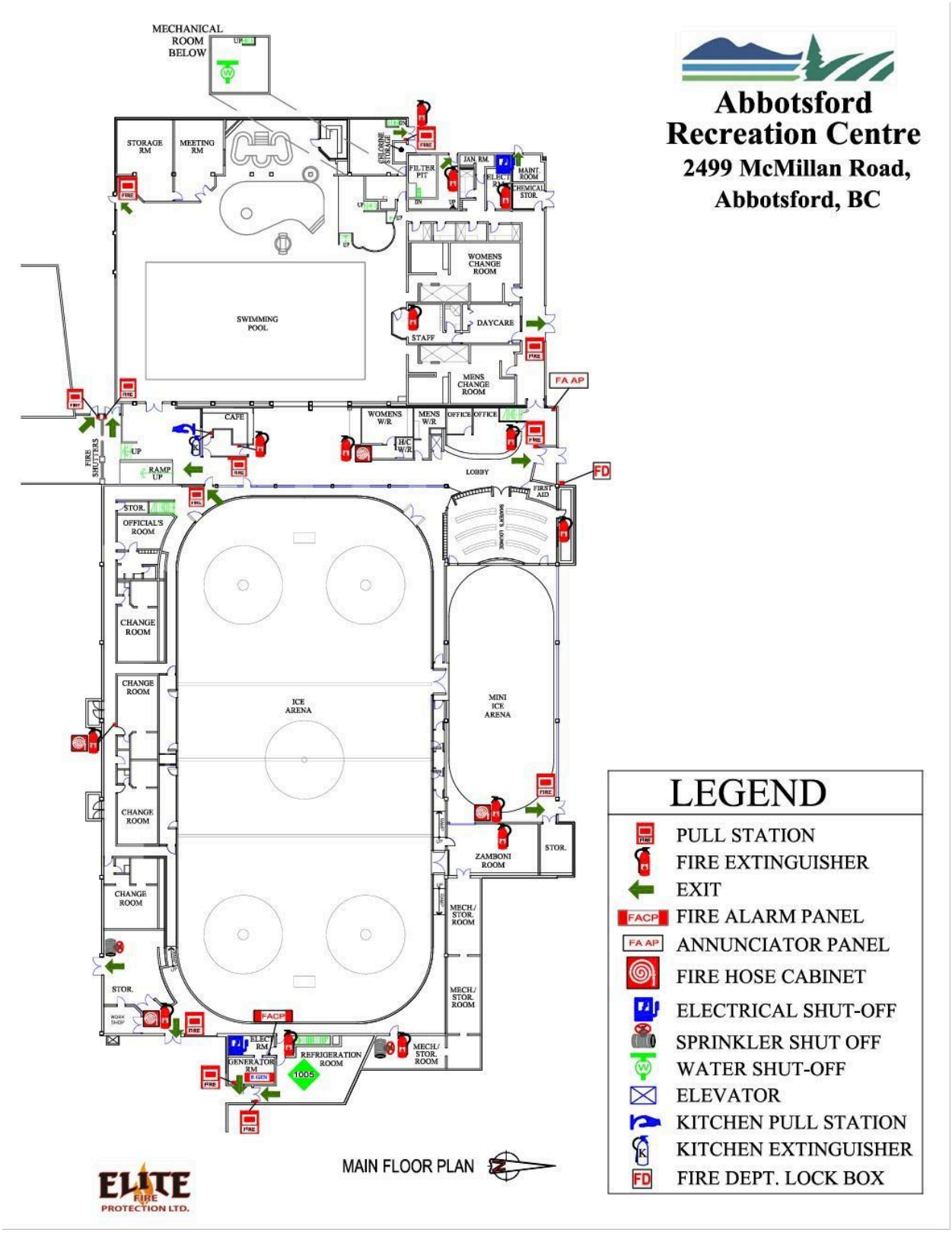
- The Form: The “Hockey Canada Injury Report” form can be found on the Hockey Canada Resources and Downloads page or on the AMHA website - HCSP/Risk Management page.
- How: The completed form can be submitted by the family (for confidentiality) or the team HCSP if that is the family’s preference. The form should be submitted to:

  BC Hockey - bchockey.net
  Email to info @bchockey.net OR fax 250-652-4536

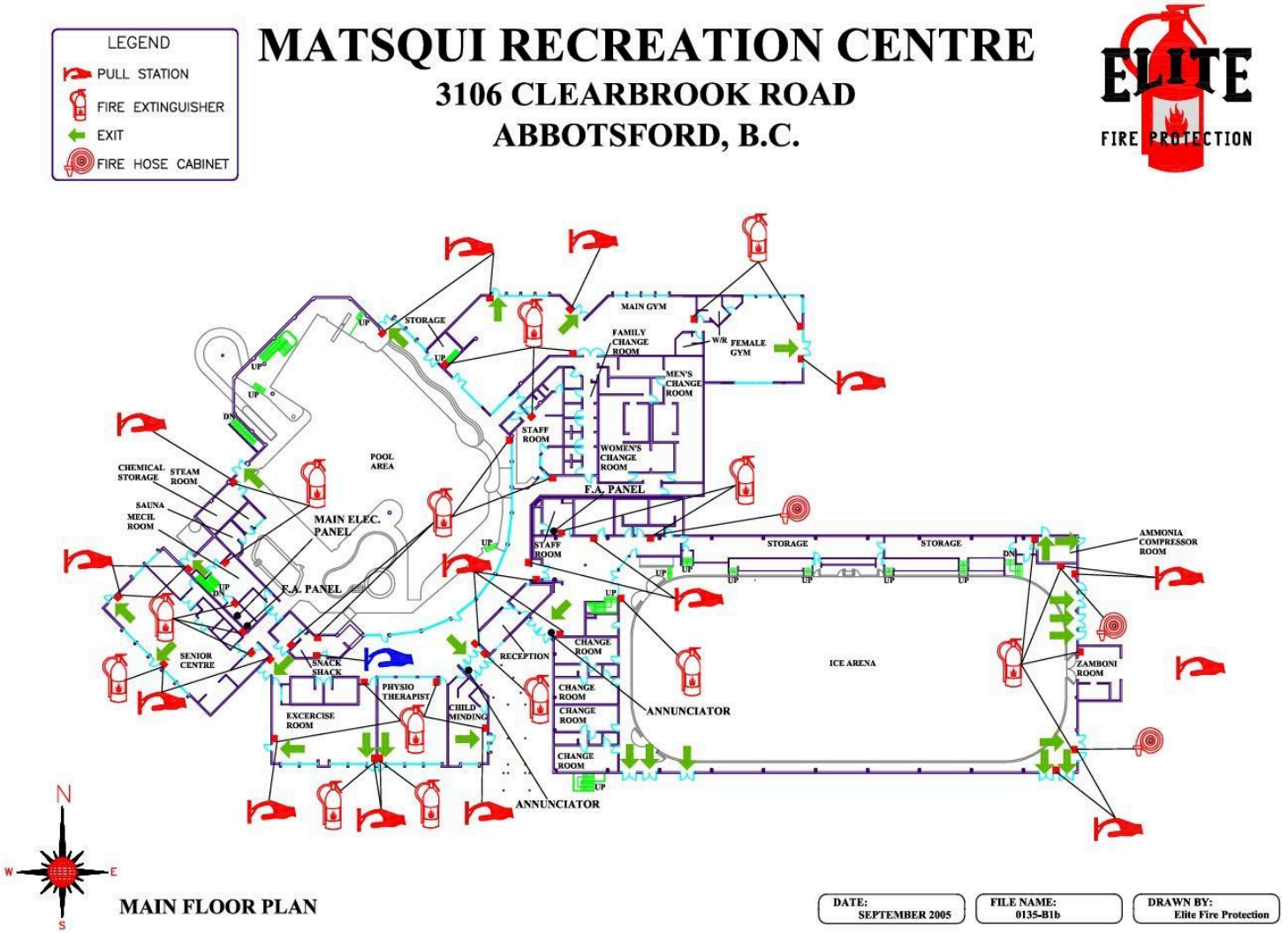
Appendix A - First Aid Kit Supply List

- Sterile gauze
- Non-adherent pads
- Abdominal pad
- Waterproof adhesive tape
- Roller/tensor bandages
- Triangular bandages
- Adhesive bandages in various sizes
- Scissors
- Forceps/tweezers
- Safety pins
- Instant cold packs
- Disposable latex-free gloves
- Wound cleanser (saline)
- Emergency blanket
- Eye patches
- Barrier device (CPR mask with one-way valve and filter)
- Petroleum jelly
- Hand sanitizing wipes
- Menstrual products (one pad and one tampon U13+)
- Resources folder

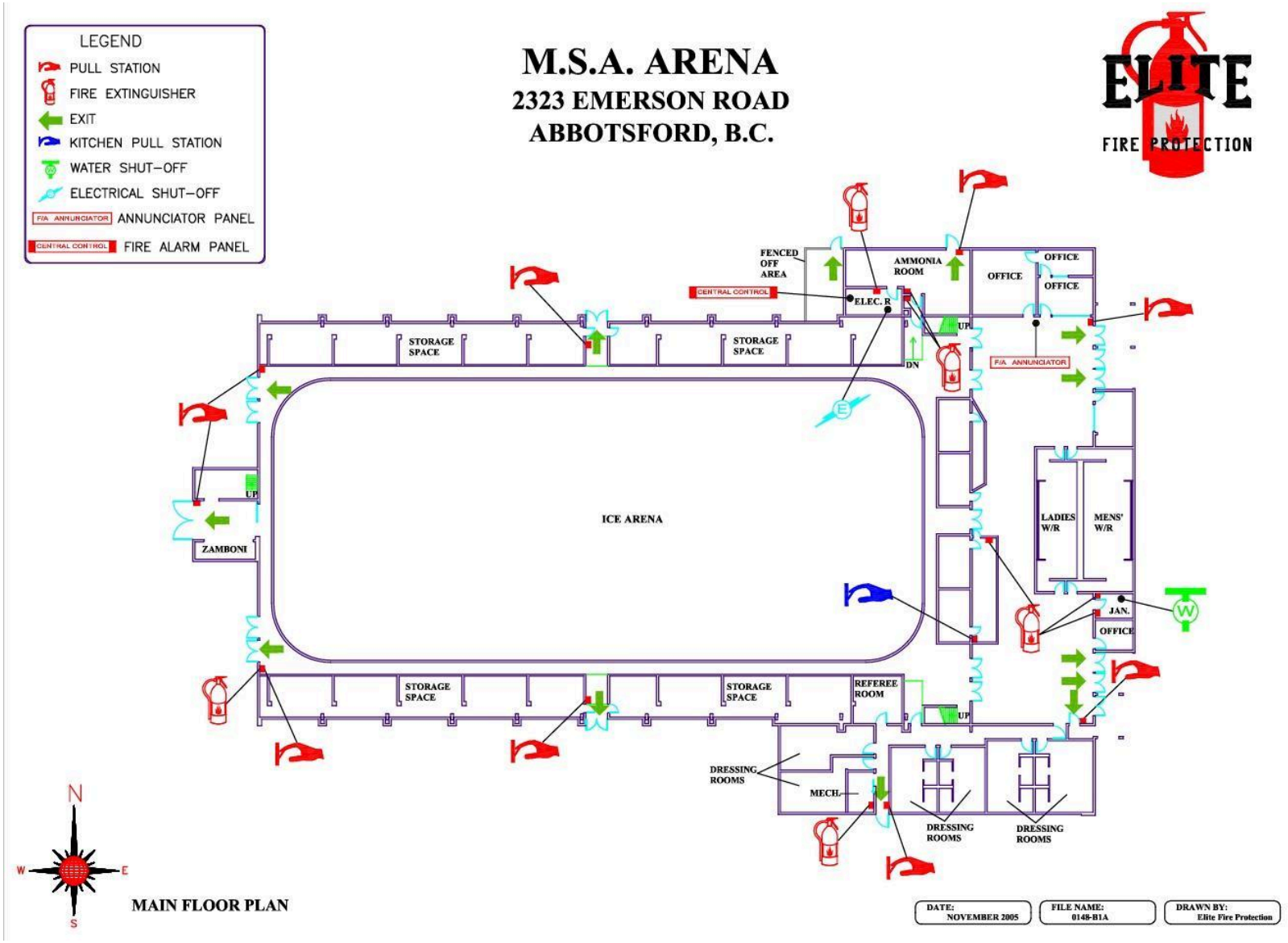
Appendix B1 - Abbotsford Recreation Centre



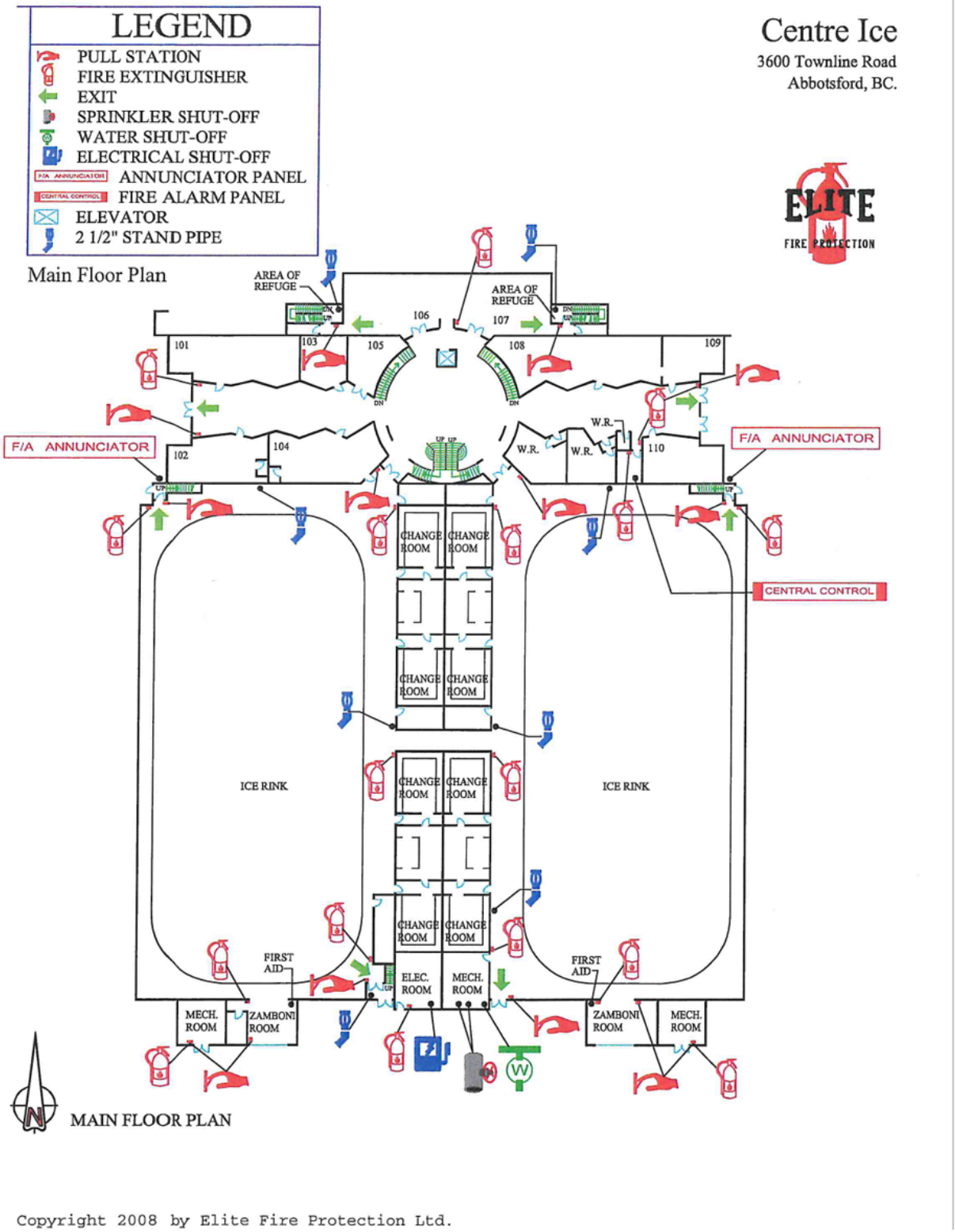
Appendix B2 - Matsqui Recreation Centre



Appendix B3 - M.S.A Arena



Appendix B4 - Centre Ice (Summit Centre) Arena



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Appendix C - Medical Assessment Letter

Date: _____ Athlete's Name: _____

To whom it may concern,

Athletes who sustain a suspected concussion should be managed according to the *Canadian Guideline on Concussion in Sport*. Accordingly, I have personally completed a Medical Assessment on this patient.

Results of Medical Assessment

- This patient has not been diagnosed with a concussion and can resume full participation in school, work, and sport activities without restriction.
- This patient has not been diagnosed with a concussion, but the assessment led to the following diagnosis and recommendations:

  _____

  _____

- This patient has been diagnosed with a concussion.

The goal of concussion management is to allow complete recovery of the patient's concussion by promoting a safe and gradual return to school, work and sport activities. The patient has been instructed to avoid activities that could potentially place them at risk of another concussion or head injury until they have been provided with a *Medical Clearance Letter* from a medical physician or nurse practitioner in accordance with the *Canadian Guideline on Concussion in Sport*.

Other comments:

_____

_____

Signature/print_____ M.D. / N.P. (circle one)

We recommend this document be provided to the athlete without charge

Canadian Guideline on Concussion in Sport, 2nd edition | Medical Assessment Letter
www.parachute.ca/guideline

Appendix D - Medical Clearance Letter

Date: _____ Athlete's name:_____

To whom it may concern,

Athletes who are diagnosed with a concussion should be managed according to the *Canadian Guideline on Concussion in Sport, 2nd edition,* including the *Return-to-School* and *Return-to-Sport Strategies* (see page 2 of this letter). Accordingly, the above athlete has been medically cleared to participate in the following activities as tolerated effective the date stated above (please check all that apply):

- **Return-to-Sport Step 4: Non-contact training drills and activities with risk of inadvertent head impact (Exercises with no body contact at high intensity)**
- **Return-to-Sport Step 5: Return to all non-competitive activities, full-contact practice and physical education activities**
- **Return-to-Sport Step 6: Unrestricted sport and physical activity**

What if symptoms recur?
Athletes who have been medically cleared must be able to participate in full-time school, if applicable, as well as high intensity resistance and endurance exercise without symptom recurrence. Any athlete who has been medically cleared and has a recurrence of symptoms, should immediately remove themself from play and inform their coach, teacher or parent/caregiver. Medical clearance is required before progressing to step 4 of the Return-to-Sport Strategy again.

Any athlete who returns to practices or games and sustains a new suspected concussion should be managed according to the *Canadian Guideline on Concussion in Sport*.

Other comments:

_____

_____

Signature/print_____ M.D. / N.P. (circle one)

We recommend this document be provided to the athlete without charge