

3.5 Safety Program Database

For information regarding the program database, contact the Hockey Canada office.

4.0 HOCKEY CANADA SAFETY PROGRAM CLINIC GUIDELINES

4.1 Clinic Fees

As different rates are charged within each of the Branches, these fees are to be set annually by the Branch Program Committee or Board of Directors. For information purposes, Branch Technical Directors should forward fee information to Hockey Canada, attention to the Manager of Safety and Risk Management.

4.2 Clinic Timelines

Due to the nature of the program content, Course Conductors are requested to adhere to the following timelines for each of the modules of the Hockey Canada Safety Program:

	MINUTES
0.0 INTRODUCTION	10
1.0 PURPOSE OF THE PROGRAM	10
2.0 FAIR PLAY	10
3.0 RISK MANAGEMENT-SAFETY REQUIRES TEAMWORK	30
4.0 MEDICAL INFORMATION FILES AND INJURY REPORTING	10
5.0 FIRST AID KIT	10
6.0 BULLYING, HARASSMENT AND ABUSE	90
7.0 PROTECTIVE EQUIPMENT AND HYGIENE	30
8.0 INJURY PREVENTION TECHNIQUES	20
9.0 EMERGENCY ACTION PLAN	20
10.0 INJURY MANAGEMENT PRINCIPLES	10
11.0 IN JURY RECOGNITION AND MANAGEMENT	35
12.0 SPINAL INJURIES AND CONCUSSIONS	30
13.0 ILLNESS AND INJURIES	30
14.0 REMOVING PLAYERS FROM ACTION/CO-ORDINATING RETURN TO PLAY	10
15.0 SPECIAL TOPICS: NUTRITION AND HYDRATION PERFORMANCE ENHANCING SUBSTANCES	50

WRAP UP AND WRITTEN TEST

NOTE 1: If a Branch chooses to mandate all Safety People to take the 3.5 hour Speak Out workshop they can reduce the Safety Program module to cover only the portion directly related to being a Safety Person/Trainer.

The topics that must be covered within the bullying, harassment and abuse module are:

- Supervisory Responsibilities
- Bullying, Harassment and Abuse Prevention Guidelines
- Managing the Injured Player
- Physical Contact Guidelines
- Review of Bullying, Harassment and Abuse Definitions

NOTE 2: When a Branch teaches the Hockey Canada Safety Program (HCSP) and Speak Out to the same participants on the same day or weekend it is recommended but optional that the 90 minute bullying, harassment and abuse section be dropped from the HCSP and replaced with the Speak Out Workshop that emphasizes supervisory responsibilities, managing injured players, and physical contact guidelines.

4.3 Clinic Size

Due to the importance of quality control within the Hockey Canada Safety Program, it is recommended by the Safety Committee that the number of clinic participants does not exceed 30. Please note that this is a recommendation only.

4.4 Inter-Branch Transfer Records

Although this is a national program, standards are set by individual Branches. Qualifications and records may be transferred from one Branch to another. It is the responsibility of the participant to obtain the proper documents from the Branch they are presently in and presenting them to their new Branch for proper processing. If a program participant moves from an Ontario branch to a branch outside Ontario, their qualification will be determined using the date of completion of the level (1) Hockey Trainer's Certification Program.

4.5 Minimum Age

The minimum age for any clinic participant is 16.

4.6 Program/Clinic Evaluation

All participants must obtain a passing grade of 28/35 on the examination. If a participant does not pass the exam, they may rewrite onsite with a different exam. Please refer to the exam marking guidelines for further information.

4.7 Complete/Incomplete Status

The Course Conductor in marking the Participants' exams shall determine complete status based on meeting minimum standards as outlined in the exam marking guide. Failure to meet these minimum standards shall determine the exam incomplete. Please also note that Course Conductors may, at their discretion, grant incomplete status to any

participant who provides answers or generally behaves in a manner which is inconsistent with the values of the Hockey Canada Safety Program.

4.8 Re-qualification

The Branch has two options with respect to program requalification:

Option 1

As a minimum standard participants must requalify by participating in a 1/2 program format every three years as outlined below and achieve a passing mark on the exam.

Program Format (1/2 day)

The agenda of the full day clinic will be arranged such that the afternoon portion of the program will be for participants re-qualifying as well as first time participants. Participants re-qualifying will have the option of only attending the afternoon portion of the program.

The 1/2 day format can also be hosted separately, however, only participants requalifying can attend these sessions.

Committee Guidelines

1. If participants re-qualifying have a participant's manual they are not required to purchase a new manual, however, they are required to have a manual with them at the clinic. The Branch will provide updates if necessary.
2. The re-qualifying participant has the option of attending the full day if they choose to do so.
3. The re-qualifying participant must complete the full exam and are therefore responsible for all the material in the manual.
4. The half-day session will be run in conjunction with a full day clinic. There will also be the option of half-day clinics run independently for participants re-qualifying. Note that only participants re-qualifying will be able to attend the clinics being run on a separate day.
5. The Branch will determine the fee for both the full clinic and the re-qualification clinic if run independently.
6. The agenda cannot be changed without approval of the Safety Program Committee.

Agenda

*New Participants Arrive	0800
0.0 INTRODUCTION	0800-0810
1.0 PURPOSE OF THE PROGRAM	0810-0820
2.0 FAIR PLAY	0820-0830
3.0 RISK MANAGEMENT-SAFETY REQUIRES TEAMWORK	0830-0900
4.0 MEDICAL INFORMATION FILES AND INJURY REPORTING	0900-0910
5.0 FIRST AID KIT	0910-0920
Break	0920-0930
6.0 BULLYING, HARASSMENT AND ABUSE	0930-1100
7.0 PROTECTIVE EQUIPMENT AND HYGIENE	1100-1130
8.0 INJURY PREVENTION TECHNIQUES	1130-1150
Lunch (Initial Participants)	1150-1250
Requalifying Participants arrive	1240-1250
9.0 EMERGENCY ACTION PLAN	1250-1310
10.0 INJURY MANAGEMENT PRINCIPLES	1310-1320
11.0 INJURY RECOGNITION AND MANAGEMENT	1320-1355
12.0 SPINAL INJURIES AND CONCUSSIONS	1355-1425
Break	1425-1440
13.0 ILLNESS AND INJURIES	1440-1510
14.0 REMOVING PLAYERS FROM ACTION	
CO-ORDINATING RETURN TO PLAY	1510-1520
15.0 SPECIAL TOPICS: NUTRITION AND HYDRATION	
PERFORMANCE ENHANCING SUBSTANCES	1520-1610
CONTENT SUMMARIZATION/WRAP UP	1610-1620
WRITTEN TEST (CLOSED BOOK FORMAT)	1620-1650
WRAP UP	1650-1700

Option 2

As a minimum standard participants must requalify by participating in the full Safety Program every 5 years and achieve a passing mark on the exam.

Both options are a minimum standard which allows Branches to strengthen these requirements to meet their individual needs.

A universal expiry date is designed to facilitate the administration of requalification within the Branch. If a clinic is completed in any month from August to April the expiration date will be August 1st on the year of expiration. If the clinic is completed in any month from May to July the expiration date will be on the date of completion of the clinic in the expiration year.



4.9 Course Evaluation

All participants must complete the evaluation forms located in the front of the Participant's Manual. These must be collected by the Course Conductor at the conclusion of all clinics and forwarded directly to the Branch Technical Director or Branch Program Coordinator. The Branch Technical Director or Branch Coordinator shall review these forms and forward a summary to Hockey Canada. This information is essential for the Safety Program Committee and its National resource personnel to make decisions regarding revisions and enhancement of the content and delivery of the program.

4.10 Attendance

Course Conductors or clinic administrators shall maintain a record of attendance of all participants at the conclusion of every module. One hundred percent attendance is mandatory for qualification in the Safety Program.

4.11 Equivalency

Due to the sport specific nature of this program and its emphasis on hockey safety and risk management, no equivalency will be provided regardless of background and credentials. This policy was approved by the Hockey Canada Board of Directors in February 1997.

The following is the rationale behind the Safety Program Equivalency Policy:

1. The introductory program of the Safety Program is fundamentally non-medical in nature and as a result there will be no recognition of medical training of any kind as an equivalent. While it is recognized that the medical or para-medical training of some participants in the clinics may be much higher than the level required by the introductory program, there are many aspects of the program that do not necessarily deal with the medical diagnosis and treatment of injuries that occur in hockey.
2. There are many individuals who may have varied medical and First Aid qualifications who are involved with hockey teams as Safety people. The program strongly recommends that the participants obtain as much first aid and CPR training as possible to ensure the safety of the players.
3. The program stresses the prevention of injuries and the management of risk as the best defense against having players lose part or all of their season playing hockey due to an injury. The program does not diminish the importance of medical or para-medical training in any way but stresses the areas of hockey injury prevention and risk management that are not necessarily covered in programs of a medical nature.
4. The non-medical components of the program are vital to ensure the safety of the players under our care and as such must be successfully completed by all participants in the clinics and all hockey Safety people. These components are not

covered in any medical or para-medical program and any individual would benefit greatly from attending a program clinic prior to acting in the capacity of a Safety person.

5. The Safety Program includes the following non-medical topics which are not covered in medical programs: Emergency Action Plan, Return to Play Policy, Responsibilities and Role of a Volunteer Safety person, Risk Management, Insurance (and other forms), Protective Equipment Fitting and Maintenance, Medical Information, Fair Play Codes, Safety person's Code of Ethics and Abuse and Harassment. All individuals would benefit greatly from attending a program clinic prior to acting as a volunteer Safety person.

4.12 Level 2

The Hockey Canada Safety Program MCC working group has defined a participant need for an extension of education to the current Hockey Canada Safety Program curriculum, specifically first aid and CPR. The committee does not feel that we should create a new program, as we are not in the business of delivering either first aid or CPR. The level of recognition in the Hockey Safety Program should be limited to recognition of approved first aid programs that program Hockey Safety Persons complete by attending CPR and First Aid under a recognised provider. The skills required to effectively managing an emergency situation that requires First Aid and cardiopulmonary resuscitation are more effectively learned by providers in the business of facilitating First Aid and CPR. The following information is provided as a guide for the level 2 option:

Requirements

There shall be only one (1) method in which individuals may obtain their Level 2 status under the Hockey Canada Safety Program.

Prerequisites

To obtain level II status the participant shall provide written proof of successful completion of the Hockey Canada Safety Program (or HTCP in Ontario). The Hockey Canada Safety Program must be valid at the time at which the Level 2 status is granted.

Recognised First Aid Program

1. In order to be recognised as holding a Level II qualification under the Hockey Canada Safety Program a participant will provide proof that they possess a current credential in Standard First Aid as provided by a First Aid Delivery Organisation (FADO) recognised by the appropriate statutory authority within each Province.
2. Completion of emergency or CPR training programs in themselves are not accepted for recognition of level 2 status.



3. It is the responsibility of the Branch to determine if photocopies of Standard first aid cards will be accepted as proof.
4. It is recommended that whenever possible a photocopy be made to demonstrate proof of standard first aid training when registration forms are turned into the Branch for data entry.
5. If documentation of Standard First Aid training is to be done at a Hockey Canada Safety Program clinic, the following steps should be noted:
 - a. The instructor/area co-ordinator will verify that they have seen the actual standard first aid card and not a photocopy.
 - b. The instructor/area co-ordinator should clearly write the expiration date of the Standard First Aid card on the clinic registration form.
 - c. The Branch will determine the Level 2 expiration date.

Expiration Dates

1. For the purposes of Level 2 qualification the Standard First Aid Card must be valid (current) for the entire hockey season.
2. The hockey season time frame shall be September 1 to April 30.
3. If a Standard First Aid Card expires during the hockey season, the Level 2 qualification shall be backdated to no later than August 31/YR (08/31/YR).

Example: Expiration date November 11, 2004
Level II Expiration date August 31, 2004

4. If the First Aid Card expires between May 1/YR and August 1/YR, the Level 2 expiration date shall be the actual date of expiration stated on the First Aid Card.

Example: Expiration date May 25, 2004
Level II Expiration date May 25, 2004

5. If no expiration date is stated on the Standard First Aid card or certificate of the participant, the member association will ensure that the first aid card in question is valid prior to recognition of the Level II credential. While most FADOs credential first aid providers are good for two years, there are some FADOs that issue Standard First Aid credentials for 3 (three) years.
6. In Branches that offer the Level 2 program, if a participant obtains level 2 status and maintains the requirements for level 2 (standard first aid certification or



proof of medical qualification) they are not required to recertify in the entry level HCSP. The Branch is responsible for sending the participant HCSP updates as required.

7. At the discretion of the Branch a fee may be charged for issuing the Level 2 status.

Equivalency

1. Once a person has obtained the Hockey Canada Safety Program, individuals providing proof of professional membership in one of the following groups may, on producing appropriate documentary evidence of professional status be recognised as being equivalent to the level 2 status:

Registered Nurse

Licensed/Registered Practical Nurse

Chiropractor

Physicians

Paramedic (or provincial equivalent) as set out under Paramedic Association of Canada, National Competency Profile.

NATA/CATA

Department of National Defence, Military Attendant, TQ III or higher (valid for two years from end of service date)

Physiotherapists

Dentists

Respiratory Therapists

Podiatrists (New)

In all cases above a participant must show proof of their current qualifications to practice in such a capacity in a province or territory in Canada.

2. Expiration dates must be no later than August 31/YR and cannot exceed three years.
3. Upon obtaining level 2 status through equivalency the participant will be required to attend and successfully complete a Level I Hockey Canada Safety Program at least once in each 6 year period following initial certification at Level II.

Transferring of Level 2 Status

If a program participant with level 2 moves to another Branch who does not have level 2 their qualification will be determined using the date of completion of the Hockey Canada Safety Program Clinic. Requalification requirements will be determined by the Branch the participant moves into.

