



Maine Coast Storm Protocols & Procedures

TITLE: Emergency or Player Injury Protocol

SCOPE: Players and Coaches

PURPOSE: To provide a clear workflow in the event an injury or medical emergency occurs during the act of play, during a game or practice, or while preparing for a game or practice.

POLICY: Players or coaches sustaining an injury or with a medical emergency will be treated appropriately and in a rapid manner. The incident will be reviewed and investigated by the Storm Board Safety Director and/or assigned Disciplinary Review Committee within 7 days and relay findings as appropriate to the necessary parties. All documentation will be maintained and saved by the Organization for a period of 10 years.

PROCEDURE: In the event of an injury or a medical emergency during practice or a game, these steps should be followed:

1. The referee should immediately stop play during a game. During a practice, the coach should stop practice or play in the immediate vicinity of the injured/distressed player.
2. The coach should go to the player who is injured and/or in distress, quickly assess their condition, and stay with them. A second coach should also come to aid and be available to call 911, get the first aid kit, and notify parents/guardians or emergency contact.
3. If the player is unconscious, call 911 immediately.
 - a. Do not try to remove the players helmet or gear and do not move the player.
 - b. If possible, locate someone certified in CPR, and/or begin CPR until the EMT's arrive.
 - c. Contact the parent/guardian or emergency contact and stay with the player until EMT's and parent/guardian arrive.
4. If the player is conscious, keep the player calm and assess whether the player is able to get off the ice on their own.
5. If the player is able to get off the ice on their own, assist them to the bench. Contact the parent/guardian or emergency contact. Stay with the player until they can be released to the parent/guardian. Apply any minor first aid that seems warranted, including ice packs, bandages, etc.
6. If the player is unable to get off the ice on their own, help them to remain calm, and call 911.
7. If the coach suspects the player may have a concussion, or has suffered a bump, blow, or jolt to the head, please refer to the Concussion Protocol and follow the Concussion Action Plan
8. Once the injured player is under the care of EMT's or has been released to their parent/guardian, it is important to record the incident on a Storm Incident Report while it is still fresh in the mind of those



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that observed the lead up to the injury and the injury itself. This may help medical professionals determine the extent or nature of the injury, as well as to help with future player safety.

- a. Please have coaches, players, parents, that were witness to the incident complete the Incident Report as soon as possible after the event.
9. The Head Coach in charge of the practice should collect all incident reports and notify the Board Safety Director of the incident, as well as the MRC Rink Director. MRC may require an incident report be filled out in addition to the Storm Incident Report.
10. The Safety Director, will serve as the sole source to conduct interviews with those involved in the incident, including coaches, players, and witnesses. She/He will convene a meeting of the Disciplinary Review Committee, including Board President, Coaching Director, Communications Director and Program Director, along with other pertinent ad hoc members per incident, to further investigate and address the incident. If it was determined that player misconduct contributed to the injury, there may be penalties assessed.
11. Findings of any investigation will be communicated to the player, the players' parents/guardians, and the players' Head Coach within 7 days of the incident, as applicable.
12. If the incident results in an injury to any player, that player may be asked to provide a doctor's note indicating permission to return to hockey activities. That note will remain on file with the incident report.

DEFINITIONS: N/A

APPENDIX: Storm Incident Report



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Storm Incident Report

Date of Incident: _____

Time of Incident: _____

Address where incident occurred (name of facility, street address, town, state and zip code):

Name of Individual(s) Involved:

Summary of Incident (Who, What, Where, When, How):

Names(s) of others who may have observed the incident:

Did the individual sustain an injury? Yes No (Circle One)

Did the injury require medical attention? Yes No (Circle One)

Was 911 called? Yes No (Circle One)

Was the individual transported to the hospital? Yes No (Circle One)

Brief Description of Injury sustained/area of the body injured:

Name/Address/Phone Number of person completing this incident report:

