



# English Ice Hockey

## Association Medical

## procedures booklet



English Ice Hockey Association Medical Department

Dear Club

The following booklet is a collection of all the medical procedures that are now in place for the English Ice Hockey Association. Every conference is now looked after by a regional medical officer that can help find first aid cover or help provide you with more experienced people for injury assessment and treatment.

A new ice hockey first aid course has been developed and new courses are going to be run at the start of 2009. Please look at the medical procedures section of the EIHA website for more information.

[http://www.eiha.co.uk/forms\\_medical.html](http://www.eiha.co.uk/forms_medical.html)

I am also in the process of organizing yearly meetings for first aiders/sports therapists/physios/nurses etc.. to attend to share ideas and provide some training.

If you require any information then please do not hesitate to contact me on [katecady@btinternet.com](mailto:katecady@btinternet.com)

Have a good season

Kate Cady

Dip ST BSc (Hons) MSc PGCHE MSST

Head of Physiotherapy for the EIHA



English Ice Hockey Association Medical Department

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Best practice statement for first aid cover for English Ice Hockey Association clubs.

Health and safety regulations require the provision of adequate and appropriate equipment, facilities and personnel to enable first aid to be given to employees at work. Whilst this may not directly relate to the many voluntary sports clubs, it is advisable for your club to understand its responsibilities for first aid for both normal club activities and any major events/competitions it may hold. It is desirable for a qualified first aider to be present at club training sessions and events. It is recommended as good practice to encourage and support club members; coaches, team managers, officials etc to attend recognised first aid training courses so that they can respond to first aid situations confidently and appropriately.

**Sport England and English Ice Hockey Association**



English Ice Hockey Association Medical Department

Structure for EIHA medical set up

**Kate Cady**  
**Head of Physiotherapy to include sport and exercise**

Head of medical set up  
**The North East**  
Heather Alderson

Head of medical set up  
**The Midlands**  
Hannah Boardman

Head of medical set up  
**South West**  
Jon Brown/Kate Cady

Head of medical set up  
**South East**  
Sam Taylor

Kingston  
Whitley Bay  
Newcastle  
Billingham  
Manchester  
Bradford  
Lancashire/Blackburn  
Grimsby

Sheffield  
Telford  
Solihull  
Coventry  
Nottingham  
Milton Keynes  
Sutton

Bracknell  
Isle of Wight  
Swindon  
Oxford  
Solent and Gosport  
Basingstoke  
Bracknell  
Cardiff  
Bristol

Peterborough  
Slough  
Romford  
Chelmsford  
Guildford  
Invicta  
Streatham  
Haringay  
Lee Valley



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The EIHA medical Department

**Kate Cady DIP ST BSc (Hons) PGCHE MSc MSST**

Kate qualified with degree in Sports Therapy in 1999 and has worked in ice hockey for the last 10 years. As a senior lecturer at The University of Gloucestershire she is involved in running the degree in Sports Therapy. Also qualified with a Masters degree in Sport and Exercise Medicine Kate works in professional football heading up the youth medical set up for a first division football club and currently works in the EPL and is sports therapist for the England under 16 ice hockey team.

Contact Kate at [Katecady@btinternet.com](mailto:Katecady@btinternet.com) or 07810440728

**Hannah Boardman BSc (Hons)**

Hannah has been working as a sports therapist since the 2001/02 season where she has worked with the Swindon Lynx (EPL) 2001-2003, Oxford Stars (ENL) 2003, Solihull Kings (EPL) 2003-04, Solihull Barons (EPL) 2004-2006, and the Milton Keynes Lightening (EPL) 2006-2008. She has also worked withing rugby and martial arts in particular Jitsu and Judo. At present she is a university lecturer at University College Birmingham.

Contact Hannah at [Fluffyangel007@yahoo.co.uk](mailto:Fluffyangel007@yahoo.co.uk)

**Jon Brown BSc (Hons) MCSP**

Jon is a Chartered Physiotherapist and currently works in a sports injuries clinic at Oxford Brookes University. Also with a degree in sports science, Jon has been working in many sports wanting to build on his experience within ice hockey. Jon will be working with Kate to look after the South West teams.

Contact Jon at [jonbrown133@hotmail.com](mailto:jonbrown133@hotmail.com)

**Heather McDermott**

Heather has been involved in hockey pretty much all of her life and actually started playing 15 years ago playing for Ladies teams at club, regional and national level. She began coaching junior hockey after achieving her level 2 in 2000 and have coached teams at U10s, U12s, U14s and U19s.



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Heather is a qualified Sports Therapist and has an Advanced Diploma in Sports Therapy . She is member of both the Sports Therapy Organisation (STO) and the Society of Sports Therapists (SoST) and am fully insured through Independent Professional Therapists International (IPTI). She is also a qualified SAQ (Speed agility and quickness) trainer.

Contact Heather on [heather\\_mcd2002@yahoo.co.uk](mailto:heather_mcd2002@yahoo.co.uk)

### **Sam Taylor**

Initially trained as a sports massage therapist, Sam has now gained qualifications in sports injuries, sports therapy, holistic massage and alternative therapies. She has been working in ice hockey for the past eight seasons having an interest in skating and ice hockey since the age of three. Sam has a vast amount of experience having worked with Romford Raiders for the last 8 seasons and also working with the England Under 14's ice hockey team and providing cover at IIHF camps and Elite ice hockey camps.

Contact Sam (temporary email): [sam.therapy9@yahoo.co.uk](mailto:sam.therapy9@yahoo.co.uk)



English Ice Hockey Association Medical Department  
Medical screening questionnaire

**Patient information**

**Name:** .....

**Date of birth:**.....

**Address:**.....

**Telephone number**.....

**Doctors name and surgery**.....

If you are not registered with a doctor – please state this on the form

**Emergency contact information**

Name:

Relationship:

Telephone number

**Sports specific information**

**Sport:**

**Position:**

**Others sports played:**

**Personal health history:** If yes please explain further in the box provided

	Condition	
1.	Illness requiring medical attention in the past year?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	Are you under observation by a doctor for a problem?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.	ECG's in the past?/History of abnormal ECG?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.	Heart murmur or irregular or extra heart beats?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5.	Have you had any chest pains, dizziness, shortness of breath, excessive fatigue during exercise?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6.	Have you ever fainted or lost consciousness during exercise?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7.	Diabetes?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8.	High or low blood pressure?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9.	Asthma/exercise induced asthma?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10.,	Loss or problem with any paired organs (e.g. eye, testicles, kidneys)	<input type="checkbox"/> YES <input type="checkbox"/> NO
11.	Has anyone in your family suffered from high blood pressure, sudden death, heart attack or any hereditary disease?	<input type="checkbox"/> YES <input type="checkbox"/> NO

.....



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**Head Injury**

	Condition	
1.	Have you ever had a concussion	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	If yes how many?	
3.	When was you last concussion?	
4.	Ever you ever lost consciousness?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5.	If yes for how long?	
6.	Have you ever been kept out of sport with a concussion?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Please explain further if answered yes to any of these questions

**Sports injuries**

Please detail any injuries that you have had in the last 2 years. Please include dates and whether you had any treatment

**Allergic reactions**

1.	Do you have any allergies? (e.g stings, bites, food)	<input type="checkbox"/> YES <input type="checkbox"/> NO
2	If yes what are you allergic to and what reaction do you develop?	
3	Do you carry an epi-pen?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**I have read and fully understand this entire form. I have answered the questions thoroughly and accurately. I understand that it is my responsibility to inform the medical team of any changes to the medical form**

Signed:..... Date:.....

Signature of parent/guardian(Under18).....Date:.....

Signed (therapist).....Date:.....



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Emergency procedure for ice hockey

This form is a legal requirement which you need to complete at the start of each season. Please could you email a copy to your regions medical officer. In an event of an injury each team should have a designated individual who will be responsible for the following emergency procedures.

**Club**.....

**Age group**.....

**Designated person in charge of games for the above club and age level**

First aider/therapist/physio in charge of games.....

Mobile phone number:.....

Qualifications:.....

**Hospital details**

Nearest hospital:.....

Postcode for the nearest hospital:.....

Location:.....

Driving directions to the hospital from the rink:.....

.....

.....

.....

**It is no longer acceptable to rely on the rink staff. You have a duty of care to provide first aid cover for your players.**

General emergency procedure:

- <Name> will take control of any injury situation occurring during matches



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- <Name> will determine the type of emergency and whether an ambulance needs to be called
- The designated helper <name> will coordinate with the rink staff about what information needs to be relayed to the ambulance and then will report to <Name of first aider> that this has happened and how long the ambulance will be
- If an ambulance is required then <Name> will remain with the injured person until the ambulance arrives. If an ambulance is required then <name> will be in charge of removal of player from the ice
- Complete the attached accident/injury report form and email it through to the regions medical officer.

#### Life threatening situations procedures

These include only a non breathing situation where CPR is needed or profuse bleeding where pressure is necessary to stop bleeding

- <Name> will assess the situation
- Immobilize the injured person – will not move the individual unless they need to (e.g. wearing a full face cage and stop breathing)
- The designated person to coordinate with the rink staff about calling an ambulance
- Remain with the individual until the ambulance arrives making sure they are calm and that they are kept warm (foil blanket, clothing).
- Administer CPR if required
- Hand over to the medical personnel when they arrive
- The designated helper to phone the players emergency contact( details should be stated on your medical screening forms)
- Fill in the attached form and email a copy to your regions medical officer



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### Information sheet

Emergency procedure forms are important in ensuring that you are prepared for the worst possible scenario. You can work with the rink staff but you will need to have something in place for your club/team (if the first aiders are different). This will cover your club in the case of emergency.

#### **Remember:**

Injuries are occurring on ice so this could be a danger to your first aider. Your first aider must be comfortable about walking on ice and it must be safe for them to do so. You can use other players to walk you across the ice which is much safer.

You need to think about what happens when you are on the ice for a while e.g. immobilizing a C spine, giving CPR- it might be useful to have a roll up matt on the bench to take out with you to kneel or lie down on. You do not want your first aider to start getting cold

- You need to have adequate blankets, foil blankets to keep your player warm. If they start going into shock then they will start to get very cold. Shock is a life threatening situation
- What happens if you need to loosen or remove ice hockey gear – have you strong enough shears to do this? It may be useful to have a good pair of scissors handy

These injury report forms are a legal requirement and need to be completed and filed away in a lockable storage.

If there are many people prepared to be first aiders for your club then organize a session twice a year for everyone to get together to practice the emergency procedures.

There is now an ice hockey specific first aid course that can be run in house for your clubs or in a more central location. This is the minimum requirement for first aid to be administered in sports teams. IF you would like to know more about this or organize a course then please contact Kate Cady (Head on physiotherapy for the EIHA) on [katecady@btinternet.com](mailto:katecady@btinternet.com).



English Ice Hockey Association Medical Department  
Accident/injury report form

**Injured players information**

Name:.....Team.....

Address.....

Tel number:..... Date of birth:.....

Location of the incident.....

Address of the incident:.....

Player  Volunteer  Spectator  Coach  Official  Other.....

Accident date:.....Time of accident:.....

What type of situation did the injury occur?

League game  Challenge game  Tournament  Off ice training ........On ice training

Area of injury (Body part).....

Description of injury.....

.....

Description of treatment/care.....

.....

Was an ambulance called? Yes  No  If yes was the player treated  Taken to hospital

Did the player continue to participate? Yes No

What advice was given to the player?.....

.....

Signature of player(signed by parent and guardian if under 18) to confirm advice given.....

**Medical staff information**

Name of first aider.....

Qualifications.....

Telephone number:.....

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

**Please could you email/send a copy of this form to your regional medical officer**



English Ice Hockey Association Medical Department  
Concussion and management within ice hockey

## **DEFINITION**

‘Sports concussion or mild traumatic brain injury (MTBI) is a pathophysiological process affecting the brain induced by traumatic biomechanical forces’ <sup>(1)</sup>

Common features of concussion:

- May be caused by a direct blow to the head, face, neck, or elsewhere on the body
- Normally results in the rapid onset of a temporary loss of neurological function that usually resolves spontaneously
- May or may not involve in a loss of consciousness

## **AIM OF THE GUIDELINES**

The aim of this statement is to provide some information to those dealing with ice hockey players sustaining concussion. It provides an overview of the issues surrounding a player sustaining concussion but should not be interpreted as a standard of care. Concussion will be treated on an individual basis and is based on the document from the 2<sup>nd</sup> International Conference on Concussion in Sport, Prague 2004 <sup>(1)</sup> This symposium was originally organized by the IIHF in partnership with the federation internationale de Football (FIFA) and the International Olympic Medical Commission (IOC) to provide recommendations for the improvement of safety and health of athletes who suffer concussion in ice hockey, football and other sports. ( a copy of these consensus paper is included on the website).

## **NEW CLASSIFICATION OF CONCUSSION IN SPORT**

In the past, concussion has been classified by a number of different grading systems. This were complicated and not supported by evidence and so a new system has been developed for concussion.

### **Simple concussion:**

- Athlete suffers from a concussion that resolves without complication over 7-10 days



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- Athlete is managed by initial rest from the sport until all asymptomatic and then a graded program of exercise before return to sport

#### **Complex concussion:**

- Where athletes suffer persistent symptoms after the injury
- May also include those athletes that have suffered multiple concussions
- Formal testing may occur with this athlete and management by an appropriate doctor.

#### **INTRODUCTION**

It is **essential** that a first aider working in ice hockey must be able to effectively perform and understand the following

- The recognition and evaluation of the athlete with concussion
- Management of the athlete to be individualized
- Return to play should follow a graded exercise plan after the player is no longer asymptomatic
- All teams to include the management of concussions within their emergency medical procedure
- To have a baseline cognitive test carried out on every player
- To ensure all players have completed a medical screening form
- To complete the EIHA injury report form and accompanying head injury form

The minimum level of statutory first aid training for those required to act in an emergency is the First aid for appointed persons (HSE recommended). The EIHA have developed an ice hockey specific course that is the 'gold standard' for anyone wanting to work as a first aider in ice hockey. This is an essential course for sports coaches, fitness trainers, club officials or anyone who could be called on to deal with injury or illness in an ice hockey situation.

#### **SIGNS AND SYMPTOMS OF ACUTE CONCUSSION**

If anyone of the following symptoms or problems is present, a head injury is suspected and appropriate management carried out.

- (i) Cognitive features:
  - Confusion
  - Amnesia
  - Loss of consciousness
- (ii) Typical symptoms to answer the Maddocks Questions
  - Headache or pressure in the head
  - Balance problems or nausea



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- Nausea
  - Feeling 'stunned' 'foggy' dazed'
  - Visual problems e.g. double vision, seeing stars
  - Hearing problems e.g. ringing in the ears
- (iii) Physical signs irritability or emotional changes
- Loss of consciousness
  - Poor coordination or balance
  - Convulsion
  - Loss of balance, unsteady gait
  - Poor concentration
  - Vomiting
  - Slurred speech
  - Personality changes
  - Decreased playing ability

## **MEDICAL SCREENING FOR ICE HOCKEY**

As part of the new procedure in place for the EIHA, all players will be required to complete a medical screening form. These forms can be found in the medical section of the EIHA website

In addition to the medical screening/pre-participation screening forms players are required to complete a baseline cognitive assessment. Teams can choose either the digital substitution test (90 second screening tool which is quick and easy to use on the sidelines) or the Prague SCAT test. Both tests can be found on the medical information section on the EIHA website.

Players are required to complete this at the beginning of the season as a baseline measurement and then used in the event of a concussion occurring.

## **CONCUSSION MANAGEMENT**

When a player displays any signs and symptoms of concussion the following must be applied

- (i) The player should not be allowed to return to play in the current game or practice. If the player chooses to return to play against the first aider wishes then this must be documented.
- (ii) The player should not be left alone and should be monitored regularly for any deterioration over the initial few hours after injury. This player should be left with another person who is first aid qualified
- (iii) All players should be checked by a medical doctor. Refer the player to A&E or phone an ambulance if the player starts to deteriorate.
- (iv) You must document the injury on the appropriate forms and provide head injury information to the player



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- (v) Ensure that the player has someone to monitor them throughout the evening – need to contact their parent/guardian/partner (details of which will be provided on the medical screening form)
- (vi) Return to play must follow a supervised stepwise process

**A player should never return to play whilst they are still symptomatic. If you are in any doubt then you must leave them out.**

### **RETURN TO PLAY PROTOCOL**

Most concussions in ice hockey will be simple concussions that will recover over a few days. For simple concussions the return to play will be quite rapid.

Return to play guidelines are as follows:

- (1) No activity and the athlete must have complete rest. Once the player is asymptomatic (SCAT/DSST baselines are achieved and no symptoms experienced) then the player can commence to step 2
- (2) Light aerobic exercise e.g. walking or stationary cycling. No resistance training  
**Symptom check**
- (3) Sports specific exercise e.g skating in ice hockey, progressive addition of resistance training  
**Symptom check**
- (4) Non contact training drills  
**Symptom check**
- (5) Full contact training after medical clearance
- (6) Game play

Each stage should be documented in the injury notes and signed by the player (parent or guardian under 18) and the first aid

If symptoms are not clearing up after a few days then **you must** refer the player back to their doctor.



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Club (including age group).....

Players name:.....

Date / time of injury:.....

Brief details of injury:.....

Aider:.....

Signature of player (signed by parent/guardian if under 18).....

#### HEAD INJURY ADVICE FORM

The person named above sustained a head injury during the match/training session. They have been treated at rinkside but should be observed closely for the next 48 hours by a responsible adult as Head Injury / Concussion problems may not become apparent for some time after the original incident.

They should eat, drink and sleep as normal but should avoid alcohol, drugs and other sedatives. They should not drive, ride bikes or operate machinery if they feel in any way unwell.

The following are often experienced after Head Injury:

- Mild headache, nausea, feeling sick
- Mood changes, irritability
- Loss of appetite
- Disturbed sleep
- Lack of concentration and forgetfulness

These should settle down in the days following the incident but medical advice should be obtained from a General Practitioner or NHS Direct (tel: 0845 46 47) if there are any concerns during this time.

If any of the following are noted the person should be taken to the nearest Accident and Emergency Department immediately:

- Unconsciousness, persistent drowsiness, difficulty waking, unusual sleep patterns
- Slurred speech, nonsense speech, difficulty speaking or understanding
- Vomiting
- Fits, convulsions, sudden collapse or fainting
- Blurred vision, double vision or any other problems of eyesight
- Deafness, persistent noise, ringing or any other problems of hearing
- Severe headache
- Problems of balance, weakness, tingling or numbness in limbs
- Bleeding or discharge of clear fluid from ears or nose (not simple nosebleed)

PLEASE NOTE: In accordance with EIHA Governing Body Guidelines, this person will only be allowed to train if symptom free and been checked by a qualified person (see EIHA medical procedures for more information)

A copy of this form must be retained in the clubs accident records. Any player issued with more than 1 Head Injury form MUST NOT return to play without specific medical dispensation.



## Maddocks questions

- (1) Which rink are we at?
- (2) Which team are we playing today?
- (3) Who is your opponent at present?
- (4) Which period is it?
- (5) How far into it is it?
- (6) Which side scored the last goal?
- (7) Which team did we play last week?
- (8) Did we win last week?



## **INTRODUCTION**

If you work in ice hockey then you are probably becoming much more concerned about the transmission of diseases through the participation of the sport.

There are a number of blood-Bourne viruses that have the potential to become transmitted during sporting contact with the viruses like HIV, Hepatitis B and Hepatitis C becoming a serious affect to your health.

**'It doesn't matter if you are an elite athlete or if it's the local footy game just down the street, you'll have to deal with the blood rule because you never know what viruses' people have'**

**Dr Ron McCoy**

**HIV and Hepatitis Specialist**

**Blood Rules, OK Video**

## **AIM OF THIS STATEMENT**

The aim of this statement is to provide the first aider/therapist/physiotherapist information in dealing with blood injuries within ice hockey. The English Ice Hockey Association recognizes that the medical information dealing with blood viruses, particularly to HIV is evolving rapidly. This statement is therefore only used a guideline for those working in ice hockey. These recommendations may change in the future.

## **INFECTIONS AND HOW THEY'RE TRANSMITTED**

### **Blood borne viruses:**

Live in, on and around us at all time and they only cause a problem when they exist in large quantities and then get spread to another person. They are transmitted from one person's blood to another person's blood stream.



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### **Hepatitis (Inflammation of the liver)**

Hepatitis A – passed through contaminated food or water or through oral contact indirectly with infected faeces. It is important to always wash your hands after going to the toilet. It can cause nausea, abdominal discomfort, fever and jaundice and dark urine. It is not a chronic infection and there is a vaccine.

### **Hepatitis B**

Highly infectious and is transmitted through the bodily fluids (blood, semen, vaginal fluid, saliva and breast milk) from one person to another. Symptoms are loss of appetite, vomiting, pain in the abdomen or joints, fever and jaundice.

### **Hepatitis C**

Blood Borne virus and is very infectious. Commonly transmitted through needle sharing. Symptoms include mild, flu like symptoms or no symptoms at all.

### **HIV**

Blood Borne virus that can lead to AIDS. Can be passed through anal or vaginal sex with no condom, sharing equipment used for injecting drugs or from an infected mother to her baby during pregnancy. The immune system weakens and the body has trouble fighting off infections.

## **THE RISK OF INFECTION THROUGH SPORT**

The risk of being infected is very low but it is important to adhere to the following recommendations and be safe.

## **RECOMMENDATIONS**

The following recommendations have been put in place by the English Ice Hockey Association Medical Department



#### English Ice Hockey Association Medical Department

1. Before games and training sessions it is important to make sure that all abrasions, cuts or oozing wounds are covered so that they can withstand any demands of the game. First aiders/ physiotherapists and sports therapists should also cover any open wounds before treating people.
2. All first aider/sports therapists/physiotherapists should be trained in the management and treatment of cuts and should have appropriate equipment for dealing with these.
3. During the sports event, early recognition of uncontrolled bleeding is the responsibility of officials, athletes, and medical personnel. Participants with active bleeding should be removed from the ice as soon as this is practical. Bleeding must be controlled and the wound cleansed with soap and water or an antiseptic. The wound must be covered with an occlusive dressing that will withstand the demands of the activity. When bleeding is controlled and any wound properly covered, the player may return to competition. Any participant whose uniform is saturated with blood, regardless of the source, must have that uniform changed before returning to competition.
4. All first aiders/sports therapists/physiotherapists must glove either one or both hands prior to dealing with blood injuries. It is much safer to double glove for protection. This will be taught on all ice hockey specific first aid courses. Appropriate gloves should be worn when direct contact with blood, body fluids, and other fluids containing blood can be anticipated. Gloves should be changed after treating each individual participant and, as soon as practical after glove removal, hands should be washed with soap and water or antiseptic.
5. Minor cuts or abrasions or both commonly occur during sports. These types of wounds do not require interruption of play or removal of the participant from competition. Minor cuts and abrasions that are not bleeding should be cleansed and covered during scheduled breaks in play.
6. Resus aids should always be carried in case of life threatening emergencies. These protect you from possible transference of viruses in the case of life threatening treatment.
7. Any area that is soiled with blood should be cleaned immediately and disinfected.
8. Wounds should always be re-evaluated after the game/training and further cleaning or dressing of the wound may be necessary. Also, blood-soiled uniforms or towels should be collected for eventual washing in hot water and detergent.
9. .Procedures for treating blood injuries in the first aid/treatment room are also dealt with in the same way as during a game. Gloves must be worn by the person dealing with the blood injury, all areas to be cleaned and disinfected and clothing cleaned.
10. Soiled bandages, plasters and gloves should be disposed of in yellow waste bins and should never just be thrown away in rubbish bins. If there is no waste bin in your rink then you need to get one in place or take to your nearest hospital for them to dispose of.



## Sudden Death in sport

### **DEFINITION**

‘Sudden death’ is death occurring within one hour of the onset of symptoms in a person without a previously recognized cardiovascular condition that would appear fatal: This does not include cerebrovascular (stroke), respiratory (breathing), traumatic and drug related causes’ (Lausanne Recommendations under International Olympic Commission, 2004)

‘Sudden death’ in sport is a devastating event that is a tragedy for the athlete involved, their family and also the sporting world. The leading cause of non traumatic sudden death in athletes is related to pre-existing cardiac abnormality (More than 99%). Sudden death in sport also raises a number of practical and ethical issues.

Although the overall risk of sudden death in the athletic population is quite low (2 out of 100,000), such an event is normally very high profile event and there is usually a lot of media coverage e.g. Marc Vivien Foe (premiership footballer and Cameroon International who died at 28 years of age whilst playing a match in 2003, Former Wales manager Terry Yorath lost his son Daniel at aged 15 years whilst playing football).

### **AIM OF THE GUIDELINES**

The aim of this statement is to provide information to those working in ice hockey with how to identify, as accurately as possible, athletes at risk in order to advise them according. It provides an overview of all the issues surrounding sudden death in sport but should not be interpreted as a standard of care.

As part of the new ice hockey procedures, all teams should have completed medical screening forms for all players involved in the sport. If anything is found untoward on the screening forms then the player and/or player’s parent/guardian (if player is under 18) should be informed and it is the player and/or parent/guardians responsibility and choice to have further screening or seek further medical advice. The medical screening forms are only for guidance for the team’s first aider/sports therapist/physictherapist/doctor in case of emergency.



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## **INTRODUCTION**

All Governing Bodies have statements regarding 'sudden death'. The Football Association make it mandatory that all players registered for a football academy to undergo comprehensive cardiological screening. This screening also occurs within the rugby academies and their international squads. This is expensive to run and football and rugby academies have large budgets to be able to screen all their athletes. Screening one athlete can cost around £200.

With ice hockey being a minority sport, anyone involved within this sport should be made aware of 'sudden death' and inexpensive measures to be carried out to protect the welfare of the players.

## **ETHICAL CONSIDERATIONS**

There is a general consensus that it is the responsibility of the National Governing body and teams/clubs to implement cost-effective strategies to minimize the risk for our athletes. It is essential for all our players to complete a medical screening questionnaire (on the EIHA website – medical information) in order to highlight any potential problems

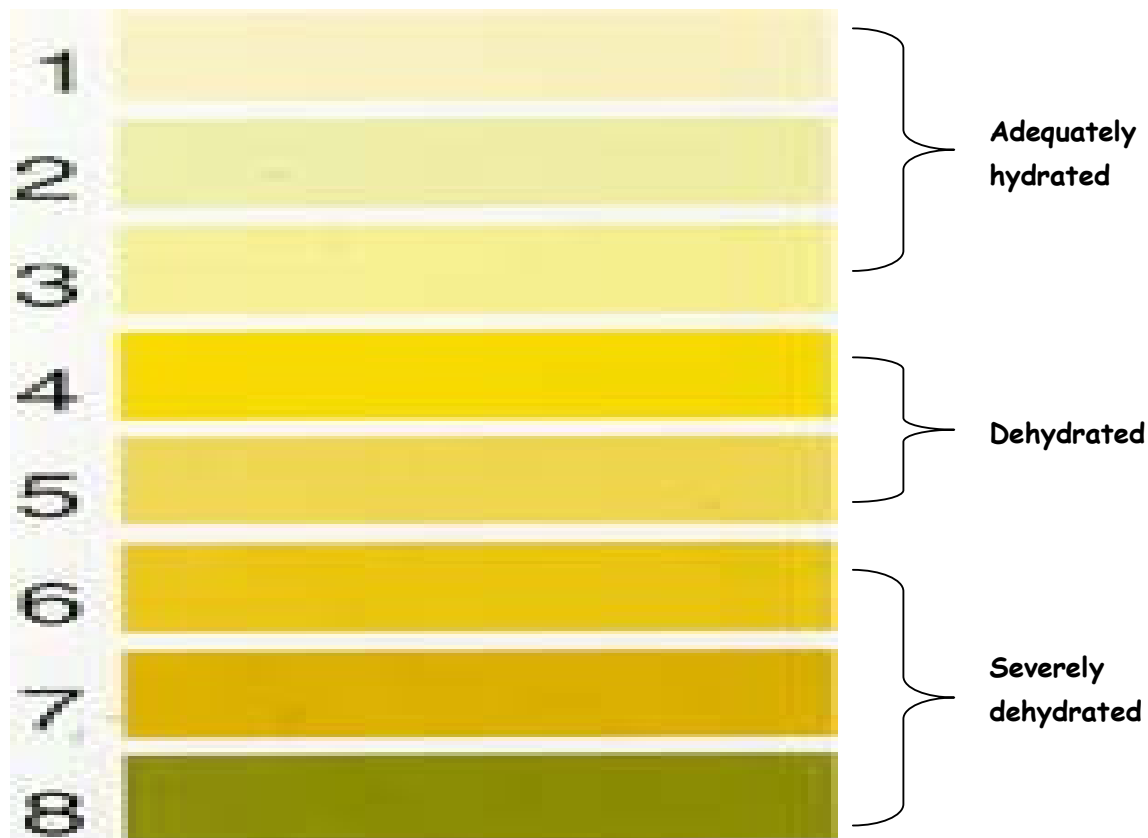
## **RECOMMENDATIONS**

It is recommended by the English Ice Hockey Association that prior to any season, a medical screening form is completed by the player and/or parent guardian. These medical screening forms should then be kept confidentially in a locked storage cabinet but the first aider/therapist/physiotherapist/doctor should have access in case of emergency.

If anything is found from the screening form then the player and/or parent guardian (if player is under 18 years of age) should be informed so that they may want to have further screening.

This statement is not intended to frighten or worry anyone working within ice hockey and the cases of sudden death in this sport has been extremely low (no cases reported in Britain). It is to inform you of the potential incidents working with athletes. If you require more information the please use the link below

## Are you hydrated?



- If you are thirsty you are already dehydrated
- If you cannot remember the last time you went to the toilet then you are dehydrated
- Weigh yourself before and after exercise. Replace with one and a half litres of fluid for every 1KG lost
- Dehydration of just one to two percent of body weight can negatively influence performance.
- Dehydration can affect an athlete's performance in less than an hour of exercise — sooner if the athlete begins the session dehydrated.



English Ice Hockey Association Medical Department

## **First Aid for Appointed Persons (Sport and Exercise) - HSE recommended**

This is the minimum level of statutory first aid training for those required to act in an emergency. An essential course for sports coaches, fitness trainers, club officials or anyone who could be called on to deal with injury or illness in the sport and exercise situation. The certificate is accepted by all sport and exercise governing bodies for insurance and CPD purposes (6 hours).

**This course will be ice hockey specific and so will take you through the possible problems with regards to management of ice hockey injuries.**

### **Course content:**

Delegates receive training in a range of first aid subjects, including:

- Legalities of First Aid: obligations, the Duty and Standard of Care expected of the first aider
- The Primary Survey in sport and exercise: ABCDE
- Basic Life Support: Resuscitation Council Guidelines 2005, Adult and Child sequence, including Defibrillation demonstration
- Sudden Death Syndrome: incidence of major cardiac illness in athletic populations
- Management of the unconscious casualty, including head injury/concussion assessment: AVPU/Maddocks/CogSport/referral forms
- Management of injury, illness and environmental scenarios: case studies and open forum - subjects discussed will include neck injury, bleeding, fracture, dislocation, soft-tissue injury, asthma, hypoglycaemia, fitting, heat and cold illness

### **Course outcome:**

On completion of the course delegates receive the nationally-recognised 'First Aid for Appointed Persons' certificate which is valid for 3 years (annual refresher training recommended).

**Cost will be £50.00 per delegate with a maximum of 24 delegates per course. Tea and coffee will be provided.**

**If you are interested then please could you email Kate Cady (Head of Physiotherapy for EIHA) on [katecady@btinternet.com](mailto:katecady@btinternet.com)**