**CHBAMHA Uxx Colour**

**Emergency Action Plan**

| Follow the Hockey Canada Emergency Action Plan template. The Managers have a template for each rink and will identify the locations of the nearest AED etc. All injuries will be logged using the Hockey Canada Injury Log. A Hockey Canada Injury Report will be completed as required. For serious injury the Hockey Canada Return to Play form will be required. **The following people are first aid qualified:** Person APerson B**The following people have the Hockey Canada Safety Course:** Person CPerson A | **Corrective Lenses ­** One player wears glasses but not while on the ice. Coaches should be aware that these players visual abilities may not be what they would be normally **Asthma** ­ Two players have asthma that is reported as under control. Those parents have been contacted and will have a rescue inhaler on hand in the event of an asthma attack **Peanut Allergy** Two players have a serious peanut allergy. Those parents have been contacted and will have an Epipen on hand. The players are aware of how to use the Epipen. The parents have asked that we remind all players and parents to not bring snacks with peanuts to practice, games or team activities**Heart Murmur (Leaky Heart Valve)** ­ One player has a leaky heart valve. A mild heart murmur usually has no symptoms. Severe (or worsening) heart murmur can mimic congestive heart failure and can include symptoms of shortness of breath, swelling of legs, lightheadedness, rapid heartbeat, heart palpitations, and fatigue.**Diabetes** One coach has diabetes and has a sugary snack with them at all times for emergencies. The coach may ask for assistance in case of emergency**Heart Condition** One coach has a heart condition that is under control. However, if the coach collapses or faints they will require the AED and call 911 as soon as possible |
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| A first aid kit is available with the Managers. It includes basic first aid supplies plus instant cold packs, disposable gloves and disposable razors in case an Automated External Defibrillator (AED) is required. Disposable razors or duck tape is recommended for hairy adult males to ensure that the AED pads make acceptable contact.**1. Charge Person** • Most qualified person available with training in first aid and emergency response • Familiarize yourself with arena emergency equipment • Take control of an emergency situation until medical personnel arrive • Assess injury status of player **2. Call Person** • Location of emergency telephone • List of emergency telephone numbers • Directions to arena • Best route in and out of arena for ambulance crew • Communicate with Charge Person and Control Person **3. Control Person** • Ensure proper room for Charge Person and ambulance crew • Discuss emergency action plan with: • Arena staff • Officials • Opponents • Ensure that the route for the ambulance crew is clear and available • Seek highly trained medical personnel (i.e., MD, nurse) to assist injured player if requested by Charge Person • Discuss player’s injury and status with parents. | **Fire or Evacuation** Arenas have risks including the equipment used to chill the ice surface (uses ammonia) or resurface the ice (uses propane). Most arenas will have alarms that require an evacuation if any leaks of ammonia, propane or exhaust levels exceed thresholds. **If the alarm sounds:** **● Stop play immediately** **● Coaches and players proceed to rink gate** **● For U7 and U9, parents proceed to rink gate** **● U7 and U9 Parents to assist their player to the nearest exit ­ take care on hard surfaces as skate blades will not have traction** **● Do not stop to remove skates and put on shoes ­ it’s easier to sharpen skates than not get out in time** **● Coaches may need assistance on hard surfaces as well ­ travel as a group and ensure that all have safely evacuated** **● Once outside Coaches to complete roll call** |
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|  | **Hazards** **Ammonia: ammonia gas can be irritating to the eyes, throat and breathing passages. Ammonia primarily affects the eyes, lungs and skin. Accordingly, the best means of providing first aid for an injury caused by ammonia contact with the eyes or skin is to flush immediately with clean water. Remove contaminated clothing, but only after flushing with water to prevent skin from sticking to clothing. Promptness in initiating treatment, using adequate quantities of water and continuing its application for at least fifteen minutes or longer if necessary, are all essential in successful first aid management of an eye or skin injury resulting from contact with ammonia. Immediate medical attention should also be obtained. In the event of inhalation, the exposed individual should be taken to a clean uncontaminated area. For severe exposure to high concentrations, the individual should receive immediate medical attention.** **Propane** **In case of contact with eyes, flush eyes with water. Get medical attention. Skin contact with liquid Flush with water. If frostbite or burn occurs, get medical attention. In case of inhalation remove victim to fresh air and provide oxygen if breathing is difficult. Seek immediate medical attention if victim is not** **breathing. Give artificial respiration.** **Signs/Symptoms: Eye or skin burns (frostbite) as noted previously. Early to moderate central nervous system depression may be evidenced by giddiness, headache, dizziness and nausea. In extreme cases,** **unconsciousness may occur.** |
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