# BURNABY FEMALE
# ICE HOCKEY ASSOCIATION

**HCSP MEETING | OCT 14, 2026**




www.burnabywildcats.com

# THANK YOU FOR VOLUNTEERING TO BE YOUR TEAM'S SAFETY PERSON!

We are committed to creating a safe, inclusive, and empowering environment where every young athlete thrives and enjoys the game of hockey.

Gigi Ng | Director of Risk Management

# THE HCSP ROLE AT A GLANCE

## BE ELIGIBLE

- HCSP certification
- Screening
- HCR rostered role
- Team requirements

## BE READY

- Medical forms
- First Aid kit
- EAP cards
- AED / EMS entrance

## RESPOND

- Take control
- Assess safely
- Activate EAP when needed
- Document

## FOLLOW THROUGH

- Refer for medical care
- Track restrictions
- Communicate
- Verify Return-to-Play clearance

**THE SAFETY PERSON’S JOB DOES NOT END WHEN THE PLAYER LEAVES THE RINK**

# TONIGHT’S AGENDA

**01**

Role & Certifications

**02**

Medical Forms & Team Readiness

**03**

Emergency Action Plan (EAP)

**04**

Injury Response & Documentation

**05**

Return to Play

**06**

Dressing Room Safety & Other Risk Management

# YOUR ROLE — AND YOUR BOUNDARIES

## YOU OWN

- Risk awareness
- EAP readiness
- Medical information access
- First Aid supplies
- Initial injury response
- Injury tracking
- Return-to-Play coordination
- Hockey Canada, BC Hockey & PCAHA policies enforcement
- Safety communication

## YOU DO NOT

- Diagnose injuries
- Provide medical assessment or clearance
- Work beyond your training
- Ignore red flags
- Let pressure from a parent / coach override safety
- Investigate maltreatment complaints yourself

# CERTIFICATION REQUIREMENTS

**A ROSTERED HCSP MUST BE PRESENT FOR ALL PRACTICES, DEVELOPMENT, AND GAMES**

- Hockey Canada Safety Program (HCSP) — Good for 3 years
- Criminal Record Check (CRC) — Good for 3 years
- The Shift Forward / Respect in Sports (RIS) — Activity Leaders — Good for 5 years
- Concussion Awareness Training Tool (CATT) — No expiry date

*** If no team HCSP is available, a coach with valid HCSP certification may cover only if dual-rostered, and must obtain the First Aid Kit from the team HCSP. Covering HCSP must also have access to the team EAP and required player medical information.*



# MEDICAL INFORMATION WORKFLOW

**01**

## Secure Access

Designated Safety Persons are granted access to review their team's medical forms directly

**02**

## Review All Forms

Review each player's form before the first activity and when families report updates

**03**

## Do Not Circulate

Do not email, text, screenshot or forward medical forms. Use the approved secure access only

**04**

## Medical Summary

Record only what is needed for quick emergency response: medical / allergy concern, medication or emergency device / location, and emergency action notes

**05**

## Full Info Available

The Medical Summary is a quick-reference tool only. Full player medical information must remain accessible

**06**

## Season-End Cleanup

Access revoked; downloaded copies deleted; paper summaries securely destroyed

# MEDICAL SUMMARY TEMPLATE

**BURNABY FEMALE ICE HOCKEY ASSOCIATION**

## TEAM PLAYER MEDICAL SUMMARY

| Team | | Season | | Safety Person | |
|---|---|---|---|---|---|

| Player Name | Jersey # | Medical / Allergy Concern | Medication / Emergency Device & Location | Emergency Action Notes |
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*Record only information needed for a quick emergency response. The complete player medical information remains the source of truth.*

# AFFILIATE PLAYERS (AP)

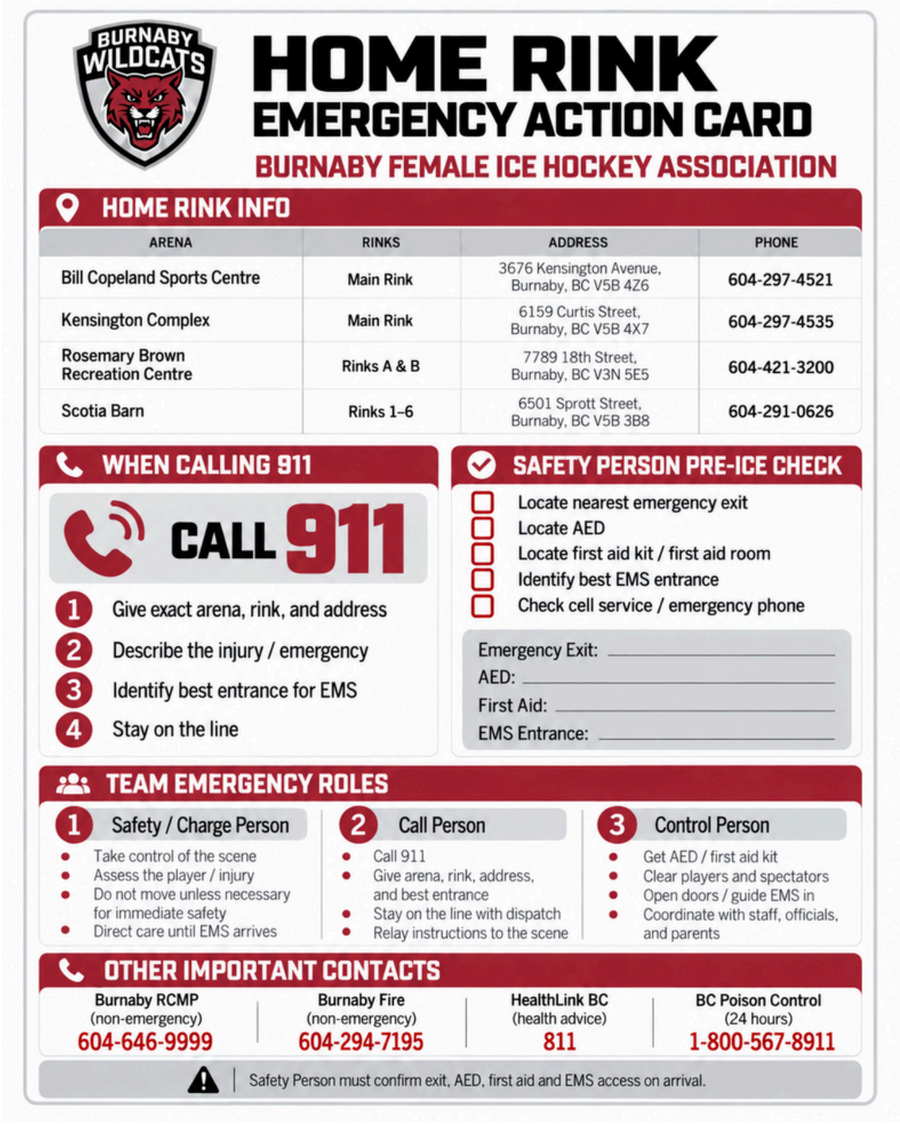
**DO NOT ASSUME MEDICAL INFORMATION FOLLOWS THE PLAYER AUTOMATICALLY**

Before they play:

- Confirm the AP is officially rostered on your team for the activity
- Team Manager obtains AP medical information from the home team where needed
- Safety Person confirms emergency information is available before participation
- Check equipment appears safe and properly fitted
- Ask whether there are current injuries or Return-to-Play restrictions



# EMERGENCY ACTION CARD



## HOME RINK EMERGENCY ACTION CARD

**BURNABY FEMALE ICE HOCKEY ASSOCIATION**

### HOME RINK INFO

| ARENA | RINKS | ADDRESS | PHONE |
|---|---|---|---|
| Bill Copeland Sports Centre | Main Rink | 3676 Kensington Avenue, Burnaby, BC V5B 4Z6 | 604-297-4521 |
| Kensington Complex | Main Rink | 6159 Curtis Street, Burnaby, BC V5B 4X7 | 604-297-4535 |
| Rosemary Brown Recreation Centre | Rinks A & B | 7789 18th Street, Burnaby, BC V3N 5E5 | 604-421-3200 |
| Scotia Barn | Rinks 1–6 | 6501 Sprott Street, Burnaby, BC V5B 3B8 | 604-291-0626 |

### WHEN CALLING 911

**CALL 911**

1. Give exact arena, rink, and address
2. Describe the injury / emergency
3. Identify best entrance for EMS
4. Stay on the line

### SAFETY PERSON PRE-ICE CHECK

- [ ] Locate nearest emergency exit
- [ ] Locate AED
- [ ] Locate first aid kit / first aid room
- [ ] Identify best EMS entrance
- [ ] Check cell service / emergency phone

Emergency Exit: _____
AED: _____
First Aid: _____
EMS Entrance: _____

### TEAM EMERGENCY ROLES

**1 Safety / Charge Person**
- Take control of the scene
- Assess the player / injury
- Do not move unless necessary for immediate safety
- Direct care until EMS arrives

**2 Call Person**
- Call 911
- Give arena, rink, address, and best entrance
- Stay on the line with dispatch
- Relay instructions to the scene

**3 Control Person**
- Get AED / first aid kit
- Clear players and spectators
- Open doors / guide EMS in
- Coordinate with staff, officials, and parents

### OTHER IMPORTANT CONTACTS

| Burnaby RCMP (non-emergency) | Burnaby Fire (non-emergency) | HealthLink BC (health advice) | BC Poison Control (24 hours) |
|---|---|---|---|
| 604-646-9999 | 604-294-7195 | 811 | 1-800-567-8911 |

⚠ Safety Person must confirm exit, AED, first aid and EMS access on arrival.

## BEFORE HOME ICE

- Save the Emergency Action Card on your phone
- Keep a printed copy with the First Aid Kit if needed
- Verify AED location
- Verify EMS entrance
- Identify nearest unlocked exits
- Update Director of Risk if anything is wrong

# EMERGENCY ACTION PLAN: ROLES

## CHARGE

Usually the Safety Person

- Take control of the scene
- Assess the player / injury
- Do not move the player unless necessary for immediate safety
- Direct care until EMS arrives

## CALL

- Calls 911
- Gives exact arena, rink and address, and best entrance
- Stay on the line with dispatch
- Relay instructions back to the scene

## CONTROL

- Retrieve AED / First Aid Kit
- Clear players and spectators
- Open doors / gates
- Keep EMS route clear
- Meet EMS at the entrance and guide them in
- Coordinate with arena staff / officials as needed

**DO NOT MAKE COACHES / MANAGERS YOUR DEFAULT CALL OR CONTROL PERSON**

# WHEN TO ACTIVATE EAP

## IF IT COULD BE LIFE-THREATENING OR TIME-CRITICAL, ACT EARLY

- Unconscious or altered level of consciousness
- Suspected head / neck / spinal injury
- Difficulty breathing or severe allergic reaction
- Sudden cardiac arrest / no normal breathing
- Severe bleeding
- Major fracture / dislocation / significant trauma
- Diabetic emergency not improving, or player becomes unconscious
- Any situation beyond your training or where you are unsure of safety



# SCENARIO 1: SERIOUS INJURY

(Leadership during an emergency)

## WHAT HAPPENS

A player crashes hard into the boards and stays down. She is awake but says her neck hurts.

## REALITY CHECK

You may not know exactly what is wrong. You do not need to diagnose. Your job is to control the scene and activate help early.

## WHAT TO AVOID

Do not move the player “just to get her off the ice.” Do not allow a crowd. Do not wait for everyone to agree before activating the EAP.

## WHAT YOU DO

- Take control and create space around the player
- Do not move the player unless necessary for immediate safety
- Assign Call Person: call 911 with exact arena entrance
- Assign Control Person: get AED, clear route, meet EMS

## KEY MESSAGE

You do not have to be the medical expert.
In a serious or uncertain situation, your leadership is: protect the player, assign roles, and get qualified help moving.

# PLAYER INJURED: 6-STEP WORKFLOW

**01**

## Control

Take charge. Keep the area clear

**02**

## Assess

Safe initial assessment. Do not move serious injuries

**03**

## Remove / Refer

Remove from play when needed. Refer to medical care

**04**

## Document

Injury Log; Injury Report if required; Factual notes

**05**

## Communicate

Parent / Guardian + Coach + Manager + BFIHA Risk as appropriate

**06**

## Follow Through

Track restrictions and clearance until the player safely returns to play

# KNOW WHICH FORM DOES WHAT

| | | | |
|---|---|---|---|
| 01 | Injury Log | Team tracking | Use whenever a player is removed for the remainder of a game, injured in practice, leaves for unknown medical reasons, or is injured at a hockey-related event. |
| 02 | Injury Report | Formal accident/ insurance | Complete and submit when medical referral and/or hospitalization is required; also supports Hockey Canada insurance claims. |
| 03 | Return to Play | Medical clearance/ restrictions | Tracks whether the player is medically cleared and any restrictions before resuming practice, development or games. |

# RETURN TO PLAY: SAFETY GATES

## BEFORE RETURN

- Check what was documented after the injury
- Confirm whether medical assessment / RTP documentation is required
- Receive clearance and understand any restrictions before participation
- Communicate restrictions to the coach / manager
- Do not allow participation beyond what is authorized

## WHO CLEARS?

Use the current PCAHA Return-to-Play form. Some injuries require specific medical sign-off. A coach, parent, manager or Safety Person CANNOT independently clear a player.

## PRACTICAL RULE

“She feels better” or “she looks fine” does not automatically mean the player is cleared to return.

**FOLLOW THROUGH UNTIL PLAYER’S STATUS, RESTRICTIONS AND CLEARANCE ARE CLEAR**

# SCENARIO 2: PLAYER RETURNS

(Follow-through after the player has gone home)

## WHAT HAPPENS

A player injured her lower back at the last game and left with her parent. At the next practice she arrives dressed and says, “It feels better. My mom says I can play.”

## REALITY CHECK

The injury happened days ago and the player may look fine. Everyone is ready to start. It is easy to assume the issue is over — but the follow-through may not be complete.

## WHAT TO AVOID

Do not assume “feels better” means cleared. Do not rely only on a verbal message when required clearance or restrictions are still unknown.

## WHAT YOU DO

- Check what was documented after the original injury
- Confirm whether medical assessment occurred, and whether RTP clearance / restrictions are required
- Follow up with the parent / manager / coach as appropriate

## KEY MESSAGE

Follow-through matters. The Safety Person’s responsibility does not end when the player leaves the rink.
If a player is removed because of injury, follow through until return requirements are met.

# CONCUSSION: 4-STEP PROCESS

| | |
|---|---|
| **RECOGNIZE** | Possible concussion after a hit / fall / collision; symptoms may include headache, dizziness, confusion, nausea, balance or vision problems. |
| **REMOVE** | Immediately remove from participation. No same-day return if concussion is suspected. |
| **REFER** | Medical assessment is required. Severe head/neck red flags → activate EAP or emergency care. |
| **RETURN** | Diagnosed concussion follows Hockey Canada’s Return-to-Sport strategy; medical clearance is required before progression to activities with risk of contact or falling. |

# SCENARIO 3: POSSIBLE CONCUSSION

(Acting on suspected concussion when others disagree)

## WHAT HAPPENS

A player takes a head hit and returns to the bench. She says, “I’m fine.” The coach wants her back out. You notice she looks off and she mentions a headache.

## REALITY CHECK

You do not need everyone else to agree. You are not diagnosing a concussion — you are responding to a suspected concussion.

## WHAT TO AVOID

Do not debate symptoms on the bench. Do not be talked into “just one more shift.” Do not allow same-day return if concussion is suspected.

## WHAT YOU DO

- Remove the player from participation immediately
- Inform parent / guardian and coach that concussion is suspected
- Refer for medical assessment and document incident
- Follow HC medical clearance requirements

## KEY MESSAGE

When in doubt, sit them out.
Your decision is not “she has a concussion.”
Your decision is “she may have a concussion, so she is removed and referred for medical assessment.”

# DRESSING ROOM POLICY

## HOCKEY CANADA / BC HOCKEY GUIDELINES: NON-NEGOTIABLES

- Rule of Two applies in dressing-room environments
- Two adults supervise in or immediately outside as permitted by policy
- Minimum-attire requirements apply when more than one participant is present
- Players are NEVER to be left unattended at any time
- No cell phones, cameras or recording devices in dressing rooms
- Interactions must be open, observable and justifiable
- No bullying, hazing or violent activity



# BFIHA PRACTICAL IMPLEMENTATION

## ROTATING SUPERVISION

- BFIHA uses a rotating adult-supervision model so coverage is shared and adaptable across practices, games, tournaments and travel.
- Team Managers should assign coverage in advance rather than assume someone will be available.

## FEMALE SUPERVISION

- Female volunteers are prioritized for inside supervision. If only one female supervisor is available, a second approved male may supervise immediately outside while privacy is maintained.
- For U11 and older, male adults may assist inside only when players are fully dressed.

## PRIVACY + MIN. ATTIRE

- Players must arrive / remain in appropriate base-layer minimum attire when more than one participant is present.
- Where a room lacks a privacy wall, use staggered changing or another workable private zone while maintaining supervision.

# ON- & OFF-ICE RISK MANAGEMENT

## ON-ICE

- Ice / boards / gates hazards
- Equipment concerns
- Unsafe drills / behaviour
- Warm-up / conditioning risks
- Bench / door safety
- Injuries during practice, development, and games

## OFF-ICE

- Dressing rooms / hallways
- Dryland training
- Team events
- Travel / weather
- Spectator areas
- Facility exits / AED / EMS access

## SPECIAL EVENTS

- If it is outside regular sanctioned practice / game, check whether a BC Hockey Special Event Sanction is required
- Submit early — BC Hockey advises 7–10 business days before the event

# MALTREATMENT: WHAT HCSP DOES

**01**

## Recognize

Notice bullying, harassment, discrimination, abuse, boundary concerns or unsafe conduct

**02**

## Protect

If anyone is at immediate risk, prioritize safety and emergency response

**03**

## Intervene

Step in when safe and appropriate. Stop conduct without escalating

**04**

## Report

Use the required BFIHA / Hockey Canada / external reporting pathway. Immediate danger → police / emergency services

**05**

## Document

Record what you directly observed — dates, times, people, facts; not conclusions

**06**

## Escalate Internally

Notify BFIHA Director of Risk only, on a need-to-know basis. Do not investigate or circulate the concern to other families

# SAVE THESE LINKS NOW

(Click the QR code to access the correct link)

**PCAHA FORMS HUB**

**PLAYER MEDICAL SUMMARY**

**CONCUSSION TOOLBOX**

**DRESSING ROOM POLICY**

**HC EAP GUIDANCE**

**EMERGENCY ACTION CARD**

# YOUR SEASON-READY REMINDER

## BEFORE THE SEASON

- Confirm certification + HCR roster status
- Review team medical information
- Know where the First Aid Kit is
- Save the Home Rink EAP card
- Know the Injury / RTP forms

## BEFORE EACH ICE

- Confirm HCSP coverage
- Have access to medical information
- First Aid Kit available
- Check AED / EMS entrance
- Identify Charge / Call / Control if needed

## IF SOMEONE IS INJURED

- Control the area
- Assess safely
- Remove / refer when needed
- Document facts + forms
- Follow through on restrictions / clearance

## IF UNSURE

- Protect immediate safety
- Stay within your training
- Err on the side of caution
- Contact BFIHA Risk
- Do not diagnose or clear Return-to-Play

**WHEN IN DOUBT: STOP, PROTECT THE PLAYER, DOCUMENT FACTS, AND CONTACT BFIHA RISK**

# QUESTIONS?




Risk inquiry: risk@burnabywildcats.ca

# APPENDIX

Policy references • Additional details

# CODE OF CONDUCT

## COACHES

- Positive role model
- Physical and emotional safety
- No public criticism
- Teach respect
- Communicate respectfully
- Never verbally or physically abuse a player or official

## PLAYERS

- Respect coaches, teammates, opponents, and officials
- Play by rules
- Control temper and emotions
- No bullying or unfair treatment
- Speak to a safe adult if something happens

## PARENTS

- Supportive environment before, during, and after events
- No abuse of officials or players
- Follow 24-hour rule and BFIHA grievance for non-safety issues

*See current BFIHA Policy Manual / Constitution & Bylaws for exact wordings of the Code of Conduct.*

# BEHAVIOUR / COMPLAINT ROUTING

## SPORTSMANSHIP

- HCSP ensures immediate safety if behaviour threatens players
- Team Manager documents and routes spectator issues through the appropriate BFIHA chain
- HCSP may provide factual observations

## COACHING GRIEVANCE

- Use BFIHA's 24-hour rule / grievance communication process
- Safety emergencies are different — do not delay an immediate safety response because of the 24-hour rule

## MALTREATMENT

- Protect immediate safety. Use BFIHA / Hockey Canada reporting channels
- If someone is in immediate danger, contact emergency services / police
- Do not conduct your own investigation

*See current BFIHA Policy Manual / Constitution & Bylaws for formal complaint and discipline procedures.*

# SPECIAL EVENT SANCTIONS

## BC HOCKEY SPECIAL EVENT SANCTION GUIDELINES

- Special events fall outside regular hockey programming — e.g., some dryland activities, fundraisers, team outings and end-of-season events
- Insurance extension depends on the activity being sanctioned where required
- BC Hockey advises submitting a Special Event Sanction Request 7–10 business days before the event
- Provide a specific activity description; generic wording such as “dryland training” may be returned for more detail
- Check instructor / provider requirements when using private instructors
- Apply here: https://www.bchockey.net/applications/special-event-sanction



# INJURY REPORT: PRACTICAL NOTES

**HOCKEY CANADA STATES CLAIMS MUST BE PRESENTED WITHIN 90 DAYS OF THE INJURY**

- HCSP completes the team / incident sections; attending physician/dentist completes the applicable medical section
- If other insurance exists, the participant may need to submit there first as primary coverage
- Keep an association copy according to BFIHA process and forward to the Director of Risk as required
- Do not wait until the end of the season — provide the form to the family promptly when medical referral is involved



# THANK YOU FOR YOUR ATTENTION!

**SEASON 2026/27**

**@BURNABYWILDCATS**

