



ARA Injury Policy

AIRDRIE RINGETTE ASSOCIATION
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REVISION SUMMARY

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1. PURPOSE

This purpose of this document is to outline the ARA injury process that **SHALL** be used by all ARA athletes, teams, and coaches. Written permission from the ARA board is required before any deviation from this policy can be implemented. This policy includes reporting to ARA when athlete injury occurs and the return to play procedure to be followed by the athlete/teams when athletes return from injury. This policy is intended for all parties involved in the injury of an athlete, including athlete, parents/guardians, teams, and coaches. This policy will provide documentation for the injury process and decisions will involve all parties affected by the injury. Ultimately athlete safety is first and foremost, and this principle guides the return to play portion of this policy.

1.1. SCOPE

This policy applies to the following ARA participants, including but not limited to:

- Athletes (skaters and goalies),
- Parents/Guardians,
- Team staff (including head coach, assistant coach, manager, treasurer, etc),
- ARA board members

The policy applies within the scope of long term athlete injury define in section 1.2 below. It is applicable to injury reporting and athlete return to play.

Note: this policy does **NOT** apply to athlete's suffering from head concussions. For athlete's suffering from concussion please refer to ARA Concussion Return to Play Policy.

1.2. Definitions

- Long term injury – any injury sustained by an athlete requiring the athlete to be absent from ringette for a period of greater than one (1) week. Examples includes, but not limited to broken bones, severe sprains or strain, major lacerations, neck or spinal cord incidents, respiratory incidents, or illness/sickness, etc.
 - Does not include head concussions, refer to ARA Concussion Return to Play Policy.
- Return to play – Refers to a point of time during an athlete's recovery from injury when they can resume ringette events involving physical movement **At A PRE-INJURY Level.**
- Regulated medical professional – Includes Physicians/Doctors, Chiropractors, physiotherapists, registered nurse practioner, dentists (if dental injury).
- Full time goalies – ARA athletes who exclusively play as a dedicated team goalie; playing goalie in at least 2/3 of their team's total games (league, play off, tournament, and exhibition). Typically does not start until at least U12.

- Physical ringette activity – Any and all activities organized by the athlete team involving rigorous physical movement (beyond just simple walking). This can include, but not limited:
 - All team ice activities; practice, power skating, games, tournaments, etc.
 - All team activities involving physical calisthenics of any kinds, also known as dryland training (all forms and all drills).

1.3. Injury Reporting

All long term athlete injuries shall be reported by ARA parents/guardians to the team coaching staff by filling out the reporting form found in the Appendix; completed from **SHALL** be signed by parent(s)/guardian(s).

Completed form is to be submitted to the team coaching staff who shall then forward a copy of the injury report to the ARA Director of Player Development.

If long term injury occurs during the evaluation period prior to formation of teams, the injury report shall be submitted to the age division lead evaluation coordinator who shall forward the injury report to the ARA Director of Player Development.

All long term injuries **SHALL** be reported regardless of injury origin either away from ringette or during an ringette event.

1.3.1. Additional Goalie Requirements

There are additional requirements for ARA athletes who are considered full time goalies suffering long term injuries.

When goalies are injured teams are to use the following goalie substitutes:

1. Use team goalie affiliate, if available, refer to ARA athlete affiliation policy for details.
2. Use a team skater to replace the injured team goalie.
3. Use the Ringette Alberta Injured Goalie Policy

One of these options must be used, otherwise teams will forfeit their ringette games.

Option one (1) is ideal, but not always possible due to scheduling conflicts. Affiliate goalies must always give priority to their dedicated team for which they are registered for. Option two (2) is possible, but not without significant impact to competitive viability of the team. Option three (3) allows teams to use a goalie beyond option 1 and 2 to maintain their competitive viability.

For teams to use option 3, it is **MANDATORY** for goalies suffering long term injuries to be medically assessed by a regulated medical professional. The team, athlete, and regulated medical professional **SHALL** fill out the goalie injury forms found in the Appendix.

Notes:

1. Option three (3) is not possible without signature by the regulated medical professional.
2. When goalies need to be assessed by a regulated medical professional, the ARA team of the injured goalie **SHALL** pay for the assessment appointment if applicable.

Goalies will need to fill out the athlete long term injury form AND the additional goalie injury form (allowing the team to access the RAB emergency goalie policy).

1.4. Return to Play

When a long term injury has occurred, the team Head Coach or designated Trainer together with the injured athlete, parents/guardians, and medical professional will determine the best course of action in determining when the athlete will return to physical ringette activities. Parents/guardians shall update team Head Coach or Trainer regarding any and all changes in the athletes physical condition. The athlete **SHALL** be considered ineligible for all physical ringette activities until the athlete has been assessed and deemed (in signed writing) as being physically fit to resume such physical ringette activities by a regulated medical professional, as defined in section 1.2.

Muscular, and skeleton injuries (excluding fractures) can be signed off by physicians/doctors, chiropractors, physiotherapists, or registered nurse practioners. Fractures, and all neurological injuries, including spinal injuries and concussions, **SHALL** be signed off by a physician/doctor. Dental injuries require sign off by a dentist.

Athletes shall **NOT** be allowed to participate in any physical ringette activities until signed written documentation granting medical clearance as being physically fit to return as described above has been submitted to the team Head Coach or Trainer **AND** ARA Director of Player Development.

1.4.1. Non-Obvious Injury Concerns

This regards situations where injury signs or behaviour are not exhibited, as the injury is **NOT** obvious, however there are concerns about the athlete safety. The concern can be come from the athlete, parents/guardians, team staff, or ARA Board member.

A meeting involving team Head Coach or Trainer, athlete parents/guardians, and one (1) ARA Board member **SHALL** be scheduled to discuss the issue before the athlete will be allowed to return to any physical ringette activities. Meeting to be scheduled by the team Head Coach and when unavailable the Head Coach may designate a delegate for the meeting.

Upon meeting conclusion:

- if any of the meeting participants still have any athlete safety concerns, the athlete **SHALL** be assessed by a regulated medical professional and be medically cleared as being fit for return to physical ringette activities in signed writing.
 - Athlete shall **NOT** be allowed to participate in any physical ringette activites until this documentation has been obtained, submitted to the team staff and ARA Director of Player Development.

- if no concerns, among the meeting participants, remain about athlete safety then then the athlete may return as soon as possible to physical ringette activities.

Meeting minutes SHALL be documented and signed by all meeting participants, to ensure mutual understanding/agreement. Documented signed meeting minutes to be supplied by the team to all meeting participants and ARA Director of Player Development within one (1) week of meeting conclusion.

1.4.2. Additional Requirements

When an athlete has been injured for four (4) weeks or more, the athlete **SHALL** participate in at least three (3) practices before they are allowed to participate in any ringette games.

- First practice is non-contact light skate.
- Second practice is non-contact full speed skate.
- Third practice is full contact and full speed skate.

This will ensure the athlete is ready and safe for competitive game speed. Practices can happen such that it does not necessarily require three (3) full weeks before athletes return to games.

NEVER RETURN TO PLAY WHILE INJURY SYMPTOMS PERSIST.

1.5. Final Documentation

Once a long term injured athlete has returned to participate in physical ringette activities, all documentation generated by this policy will be submitted to ARA Director of Player Development for record keeping. Official records will be kept for two (2) years and then destroyed by ARA.

1.6. Non-Compliance

Parents/Guardians - Failure to comply with all or any portion of this policy will **automatically** result in long term injured athletes being disallowed from returning to participate in any or all physical ringette activities. Only once full compliance has been verified will disbarment be lifted by ARA and the athlete allowed to return.

Head Coach/Team Staff – Failure to comply will automatically initiate the ARA complaint/grievance process and subject to potential sanction as therein described by ARA Complaint process.

A. Injury Report Forms

This appendix includes the following:

- Long term injury form (2 pages),
- Additional goalie long term injury forms (2 pages)





Athlete Long Term Injury Report Form

Notes:

1. To be completed for any injury whether at an ringette event or not.
2. Fully complete form or form will be returned and athlete disbarred from returning to **ANY** ringette activities.

Athlete Information

Name: _____ Age Division: _____

Parent/Guardian Name: _____ ARA Team: _____

Phone Number: _____ Head Coach: _____

Email: _____ Email: _____

Date of Injury (MM/DD/YY): _____ Phone Number: _____

Did injury occur at sanctioned ringette event: _____ (coach fill out page 2).

Describe nature of injury (clearly state injured body part)

Estimate time athlete expected to miss: _____

Athlete to be excluded from all physical ringette activities: _____

Projected return date (MM/DD/YY): _____

Is athlete being treated by regulated medical professional: _____

Regulated medical professional name: _____

Return to play protocol has been discussed: _____

Parent/Guardian Signature

Head Coach Signature

Email completed form to ARA Player Director at playerdevelopment@airdrieringette.ca



Ringette Alberta Replacement Goaltender Request Form

This form must be completed, in its entirety, by any Ringette team that wishes to request the use of a Replacement Goaltender during any **scheduled League, Playdown, Provincial or Tournament Game.** The intent of this document is to track the application and approval of replacement goaltenders and to ensure all concerned parties are informed of the application.

Please note that a Replacement Goaltender will only be permitted if all affiliates are also unavailable.

Requesting Team Information

Team Name		Team Code	
Association			
Coach Name:			
Coach Email			
Coach Phone #			
Injured Goaltender's Name			
Reason injured goaltender cannot play:			
Reason affiliated goaltender(s) cannot play:			
President's Name			
President's Email			
President's Signature			

Replacement Goaltender Information

Name of Goaltender Requested			
Parent/Guardian Name			
Parent/Guardian Signature			
Team Name		Team Code	
Association			
Coach Name:			
Signature			

Proposed Games to use the Emergency Goaltender

- Replacement Goaltender required until the end of season due to a season ending injury
 Replacement Goaltender required for an extended period (more than 30 days) due to long term injury

Type of Game(s):			
Date of Game(s):			
Game Number(s) (if applicable)			
Locations:			
Team(s) to be played:			

Physician Information

Clinic Name:	
Clinic Address	
Clinic Phone #	
Type of Injury/Illness	
Extent of Layoff, e.g., Season Ending, Long-Term (estimate how long)	
Physician's Name	
Physician's Signature	