Cloquet Amateur Hockey Association

Injury & Return-to-Play Policy

Effective Date: September 21, 2025 *(to be reviewed annually)*
Approved By: Cloquet Amateur Hockey Association (CAHA) Board of Directors

1. Purpose

The purpose of this policy is to establish consistent guidelines for the reporting, documentation, and management of injuries sustained by CAHA players. The policy ensures the safe and timely return of athletes to participation following injury and aligns with medical best practices, USA Hockey guidelines, and Minnesota Hockey safety standards.

2. Scope

This policy applies to:

- All CAHA-registered players
- Coaches and team staff
- Team managers and safety personnel
- Parents and guardians

It governs injuries that occur during:

- Games or practices
- Off-ice training or team events

- Any team-sanctioned activity under CAHA's jurisdiction

3. Injury Reporting Procedures

A. Immediate Action

- Any player who sustains a significant injury during a team activity must be **removed from participation immediately**, especially in the case of suspected head injury or concussion.
- The **coach or team manager** must notify the parent/guardian as soon as possible.

B. Incident Documentation

- A **CAHA Injury Report Form** must be completed within 24 hours of the incident causing the significant injury and must be submitted to the **Safety Committee Chair**.
- Reports should include:
    - Date, time, and location of the incident
    - Description of the injury and how it occurred
    - Immediate action taken and by whom
    - Witnesses (if applicable)

*** *See Appendix A*

4. Medical Clearance Requirements

A. Return After Significant Injury

- For non-concussion significant injuries requiring or resulting in evaluation by a licensed healthcare provider, players must be **cleared in writing by a licensed healthcare provider** before returning to play.

B. Concussion Protocol

In accordance with **USA Hockey and Minnesota's Concussion Law**:

- A player diagnosed with a concussion must comply with Minnesota Hockey Return to Play Guidelines found here: https://www.minnesotahockey.org/page/show/3700170--concussion-information

- Prior to being allowed to return to play following a suspected or diagnosed concussion, the Minnesota Hockey Concussion Reporting and Medical Clearance Form (attached as Appendix B) must be completed and submitted to the player's coach.
- The coach must receive and retain a copy of the medical clearance before allowing the player to return. Coach will provide the Safety Committee Chair with a copy of the medical clearance form for filing.

5. Return-to-Play Procedure for Significant Injury or Concussion

1. **Parent/guardian notifies coach and manager** of player readiness.
2. **Medical clearance** is submitted to the coach and the Safety Committee Chair.
3. The coach may ease the player back into activity at **reduced intensity** during early practices (based on injury type and length of absence) as provided by the player's medical provider .
4. A player may not participate in a game until full clearance is received.

CAHA reserves the right to request additional documentation or limit participation if concerns remain about a player's health or recovery.

6. Communication and Confidentiality

- Injury details will be shared only with necessary parties (e.g., coaches, trainers, CAHA Board) and maintained in confidence.
- CAHA will not publicly disclose any injury-related information without parental consent.

7. Responsibility

- **Coaches** are responsible for identifying, removing, and reporting injured players when significant injuries occur or are noticed during CAHA activities.
- **Parents/guardians** are responsible for monitoring their child's health and ensuring proper medical care and documentation. Parents are required to notify their child's coach of all significant injuries requiring medical attention, whether sustained during hockey activities or not. Failure to notify the coach of a significant injury requiring medical attention may result in sanctions from CAHA up to and including suspension.

- The **CAHA Safety Committee Chair** is responsible for maintaining injury records and ensuring clearance documents are on file.

8. Policy Review

This policy will be reviewed annually by the CAHA Board of Directors and updated in alignment with any changes from:

- Minnesota Hockey
- USA Hockey
- State of Minnesota concussion legislation
- District 11 safety protocols

This policy was presented to and approved by the CAHA Board of Directors on September 21, 2025, at its regular meeting.

By:_____ Date: 9-30-25

Jeff Leno
President, CAHA Board of Directors

Appendix A: CAHA Injury Report Form

Cloquet Amateur Hockey Association (CAHA)
Injury Report Form
To be completed within 24 hours of the incident by a coach, team manager, or designated adult.

1. Injured Player Information

- **Player Name:** _____
- **Date of Birth:** _____
- **Team/Level:** _____
- **Parent/Guardian Name:** _____
- **Phone Number:** _____
- **Email Address:** _____

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2. Incident Details

- **Date of Injury:** _____
- **Time of Injury:** _____
- **Location:** _____
- **Activity at Time of Injury (e.g., practice, game, dryland):**

- **Describe How the Injury Occurred:**

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3. Nature of the Injury

Check all that apply:

☐ Head/Concussion

☐ Neck/Back

☐ Shoulder/Arm

☐ Wrist/Hand/Finger

☐ Hip/Leg

☐ Knee

☐ Ankle/Foot

☐ Cut/Laceration

☐ Bruise/Contusion

☐ Other: _____

Was there loss of consciousness? ☐ Yes ☐ No

Was 911 called? ☐ Yes ☐ No

Was the player removed from activity? ☐ Yes ☐ No

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4. Immediate Action Taken

- **By Whom (name/role):** _____
- **First Aid Provided:** ☐ Yes ☐ No
- **If yes, describe:** _____

- **Was the player referred to a medical provider?** ☐ Yes ☐ No
    - If yes, provider name (if known): _____

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5. Witnesses (if applicable)

- Name(s) and contact info:

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6. Report Completed By

- **Name:** _____
- **Role (Coach, Manager, etc.):** _____
- **Phone/Email:** _____
- **Signature:** _____
- **Date:** _____

Submit this completed form to:

CAHA Safety Committee Chair
[Insert name/email/contact information here]

Appendix B

MINNESOTA HOCKEY CONCUSSION REPORTING AND MEDICAL CLEARANCE TO RETURN TO PLAY FORM

Minnesota statute §121A.38 requires that a youth athlete must be removed from physical participation in an athletic activity if they exhibit any signs, symptoms or behaviors consistent with a concussion or is suspected of sustaining a concussion and shall not return to physical activity until he or she no longer exhibits the signs, symptoms or behaviors consistent with a concussion and has been evaluated by a provider trained and experienced in managing concussions and has provided written clearance to participate in the athletic activity. Any onsite retained medical personnel shall have the final say on whether player can participate in a game. **This form is to be used after an athlete has been removed from an athletic activity due to a concussion or concussion symptoms.**

Player Name: _____ DOB: _____/_____/_____

District: _____ Name of person reporting: _____

Association and Team: _____ Date of Injury: _____/_____/_____

Location of injury/arena: _____

Nature, extent of injuries, and symptoms: _____

Date athlete no longer exhibited symptoms: ____/_____/_____

Print Health Professional Name: _____Title: _____

Name of Clinic of Health Professional: _____ License number: _____

Note: An "Appropriate health professional" means a health professional who is licensed, registered, certified or otherwise authorized to provide medical treatment, trained and experienced in evaluating and managing pediatric concussions, and practicing within that person's medical training and scope of practice.

Address: _____ Phone Number: _____

I HEREBY AUTHORIZE THE ABOVE-NAMED ATHLETE TO RETURN TO ATHLETIC ACTIVITY FOR PARTICIPATION AS FOLLOWS:

_____ Pursuant to the return to play protocol attached (if this option is selected the player will need to return to an Appropriate Health Professional and obtain a form with the "without any restrictions" box checked after completion of the protocol).

_____ Without any restrictions.

Signature: _____Date: ____/_____/_____

I AM THE PARENT OR LEGAL GUARDIAN OF THE PLAYER IDENTIFIED ON THIS FORM AND I CONSENT TO THEIR RETURN TO ATHLETIC ACTIVITY WITHOUT RESTRICTION.

Parent/legal guardian name: _____ Date: ____/_____/_____

Signature: _____

A COPY OF THIS FORM SHALL BE PROVIDED TO THE DISTRICT DIRECTOR WHEN INITIALLY COMPLETED AND AT THE END OF THE YEAR A COPY OF THIS FORM SHALL BE PROVIDED TO THE ASSOCIATION PRESIDENT OR DESIGNATED REPRESENTATIVE AND THE USA HOCKEY RISK MANAGER, MINNESOTA DISTRICT