2026/27 SEASON

WHAT'S NEW, WHAT'S NOT & A FEW REMINDERS

FACE MASKS,, REMOVING PC EQUIPMENT, NON-PLAYING PERSONNEL, 40 SECONDS & BASELAYER

FACE MASKS

- FACE MASKS WILL BE MANDATORY FOR DEFENDERS DURING PCS
- IF TEAMS DON'T HAVE ENOUGH MASKS (INCLUDING IF BROKEN) - THEY DEFEND THE PC WITH PLAYER WEARING HOWEVER MANY THEY HAVE
- IF DEFENDING TEAM IS PLAYING WITH NO GK THEN ALL 5 PLAYER MUST WEAR A FACE MASK
- PLEASE USE COMMON SENSE AROUND LENGTH OF TIME FOR PC SETUP
- FACE MASKS (AND OTHER PC EQUIPMENT) ARE ALLOWED TO BE WORN UP TO THE 23M LINE WITHOUT PENALTY WHILE IN CONTROL OF THE BALL. PLAYERS MAY **NOT** TAKE A SELF-PASS OR RESTART PLAY WHILE STILL WEARING PC EQUIPMENT.

REMOVAL OF PC EQUIPMENT

- IT IS CONSIDERED NEGLIGENT OR RECKLESS BEHAVIOUR WHEN REMOVING PC EQUIPMENT IF IT HITS AN UMPIRE, OPPOSITION PLAYER OR SPECTATOR
- A PC SHOULD BE AWARDED AGAINST THE DEFENDING TEAM IF THE BALL IS *INSIDE* THE CIRCLE, A FREE HIT TO THE OPPOSITION IF BALL IS *OUTSIDE* CIRCLE OR IF THE BALL IS OUT OF PLAY THEN PLAY *CONTINUES AS NORMAL* (FIH GUIDELINES ARE KNEE HEIGHT AND ABOVE IN A NORMAL STANCE)
- ALONG WITH THE RESTART OPTION THE OFFENDING PLAYER SHOULD RECEIVE A PERSONAL PENALTY - MINIMUM 5 MINUTE YELLOW CARD
- IF THE OFFENSE IS DEEMED DELIBERATE RATHER THAN NEGLIGENT THE OFFENDING PLAYER SHOULD RECEIVE A RED CARD

PC EQUIPMENT

IMAGES OF FACEMASKS AND GLOVES GENERALLY USED AND ACCEPTED FOR DEFENDING PCS

The following **knee protection** is only allowed when the part **above** the sock is of the colour of the sock or black AND when the part **under** the knee is under the socks. This part cannot be above the socks, even if that part is of the same colour of the socks.

ADDITIONAL PC ADVICE

- NO 40 SECONDS TIMING FOR PC SETUP - CARDS SHOULD NOT BE ISSUED FOR ATTACKERS OR DEFENDERS NOT BEING READY AND A PC SHOULD NOT BE REVERSED
- TEAMS CAN RE-HUDDLE AT THE RE-AWARD OF A PC. THIS HUDDLE SHOULD NOT BE ALLOWED TO LAST A LONG PERIOD OF TIME
- COMMON SENSE SHOULD BE USED WITH A PARTICULAR EMPHASIS ON SAFETY REGARDING THE USE OF FACE MASKS DURING PCS – IF TOO LONG IS BEING TAKEN, STOP THE TIME!

DISCIPLINE

NON PLAYING PERSONNEL & SUBS

- A PERSONAL PENALTY MAY BE AWARDED TO A TEAM CAPTAIN WHO IS RESPONSIBLE FOR THE CONDUCT/BEHAVIOUR OF THEIR OWN TEAM, IF THERE IS INDISCIPLINE FROM NON PLAYING STAFF ON THE BENCH
- TEAM CAPTAINS WILL RECEIVE A YELLOW CARD ON BEHALF OF NON PLAYING PERSONNEL NAMED ON THE MATCH CARD (TEAM TO PLAY TIME OF SUSPENSION WITH 1 LESS PLAYER, MUST BE THE CAPTAIN). BOTH CAPTAIN AND NON-PLAYING MEMBER MUST BE SAT BESIDE TECHNICAL TABLE/UMPIRES DUGOUT AWAY FROM TEAM BENCHES.
- IF A SUB RECEIVES A GREEN OR YELLOW CARD THAT PLAYER SERVES THE SUSPENSION AND THE TEAM MUST PLAY WITH 1 LESS PLAYER FOR THE TIME OF THE SUSPENSION (IF THE PERSON ON THE BENCH CANNOT BE IDENTIFIED THE CARD SHOULD BE ISSUED TO THE TEAM CAPTAIN).
- IF A SUB RECEIVES A RED CARD THAT PLAYER MUST LEAVE THE PLAYING AREA COMPLETELY AND THEIR TEAM MUST PLAY THE REMAINDER OF THE GAME WITH ONLY 10 PLAYERS ON THE PITCH AT ANY ONE TIME
- IF A TEAM OFFICIAL (COACH/MANAGER/PHYSIO) RECEIVES A RED CARD
  - THAT PERSON MUST LEAVE THE PLAYING AREA COMPLETELY
  - THE TEAM CAPTAIN DOES NOT HAVE TO REMOVE THEMSELVES FROM THE PITCH AND MAY CONTINUE TO TAKE PART IN THE GAME
  - THE TEAM STILL PLAYS WITH 11 PLAYERS

DISCIPLINE

MANAGEMENT OF SUSPENDED PLAYERS

This relates to matches within Ulster that do not have a Techincal Table present (seating MUST now be provided by the home team)

- Green Card (minimum 2 minutes)- suspended players should be sent to the area between to 2 team dugouts/benches and to the side their team is positioned
- Yellow Card (minimum 5 minutes) - suspended players should be sent to their own team dugout/bench
- Red Card - suspended player should be sent out of the ground and not be allowed to stand outside the fenced playing area

NOTE : players returning from Green or Yellow suspensions should be brought back on to the pitch at the next available opportunity (stoppage of play for sidelines, free hits, long corners) after the time of the suspension has been served. Players can NOT be brought back on during the playing of a Penalty Corner.

Ball hitting an Umpire or unauthorised person

- Play continues unless an **ADVANTAGE** is gained, in which case play is restarted with a bully.
- This now means that if a ball strikes an umpire or unauthorised person and goes into the net a goal ***SHOULD NOT*** be awarded as was the previous decision.

BASELAYERS

- UH HAVE ADVISED THAT UMPIRES ARE NOT EXPECTED TO ENFORCE TEAMS MATCH THEIR BASELAYERS TO PLAYING KIT
- IF THERE IS AN ISSUE WITH BASELAYERS UH ADVISE UMPIRES SPEAK TO THE TEAM CAPTAIN WHO SHOULD ATTEMPT TO RESOLVE IT THERE AND THEN
- IF ISSUE IS NOT RESOLVED IT SHOULD BE NOTED ON THE MATCH CARD. ANY REPEAT OFFENSES WILL BE MONITORED BY UH AND DEALT WITH DIRECTLY WITH THE CLUB.

Concussion

This should be used in conjunction with the Hockey Ireland Guidance document that is available for download from the Umpires Portal

Pocket CONCUSSION RECOGNITION TOOL™

To help identify concussion in children, youth and adults

RECOGNIZE & REMOVE

Concussion should be suspected if one or more of the following visible clues, signs, symptoms or errors in memory questions are present.

1. Visible clues of suspected concussion

Any one or more of the following visual clues can indicate a possible concussion:

Loss of consciousness or responsiveness
Lying motionless on ground / Slow to get up
Unsteady on feet / Balance problems or falling over / Incoordination
Grabbing / Clutching of head
Dazed, blank or vacant look
Confused / Not aware of plays or events

2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

- Loss of consciousness
- Seizure or convulsion
- Balance problems
- Nausea or vomiting
- Drowsiness
- More emotional
- Irritability
- Sadness
- Fatigue or low energy
- Nervous or anxious
- "Don't feel right"
- Difficulty remembering
- Headache
- Dizziness
- Confusion
- Feeling slowed down
- "Pressure in head"
- Blurred vision
- Sensitivity to light
- Amnesia
- Feeling like "in a fog"
- Neck pain
- Sensitivity to noise
- Difficulty concentrating

3. Memory function

Failure to answer any of these questions correctly may suggest a concussion.

"What venue are we at today?"
"Which half is it now?"
"Who scored last in this game?"
"What team did you play last week / game?"
"Did your team win the last game?"

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical profession[al] for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

RED FLAGS

If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

- Athlete complains of neck pain
- Increasing confusion or irritability
- Repeated vomiting
- Seizure or convulsion
- Weakness or tingling / burning in arms or legs
- Deteriorating conscious state
- Severe or increasing headache
- Unusual behaviour change
- Double vision

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to so do.
- Do not remove helmet (if present) unless trained to do so.

from McCrory et. al, Consensus Statement on Concussion in Sport, Br J Sports Med 47 (5), 2013