
Date of Issue	February 2020
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Subject	STUDENT CONCUSSION PROTOCOL
References	Policy 4210 – Student Injury Prevention During Curricular and/or Co-Curricular Activities PPM 158 – School Board Policies on Concussions Ontario Physical and Health Education Association (OPHEA) Safety Guidelines
Contact	School Services; Business Services

1. Purpose

- 1.1 To educate students, parents/guardians and staff about concussions, signs, symptoms and prevention.
- 1.2 To improve supports for persons suffering from concussions and to lessen the occurrence of second impact syndrome.
- 1.3 To enable recovery and reduce the risk of second impact syndrome.
- 1.4 To implement procedures for concussion management, return to learn and return to play.
- 1.5 To implement legislation and policy changes included in Ontario's government-enacted Rowan's Law.

2. Definitions

2.1 **A concussion:**

- 2.1.1 is a brain injury that causes changes in how the brain functions, leading to symptoms that can be physical (e.g. headache, dizziness), cognitive (e.g. difficulty concentrating or remembering), emotional/behavioural (e.g. depression, irritability) and/or related to sleep (e.g. drowsiness, difficulty falling asleep);
- 2.1.2 may be caused either by a direct blow to the head, face or neck, or a blow to the body that transmits a force to the head that causes the brain to move rapidly within the skull;
- 2.1.3 can occur even if there has been no loss of consciousness (in fact most concussions occur without a loss of consciousness); and,
- 2.1.4 cannot normally be seen on X-rays, standard CT scans or MRIs.

2.2 **Second Impact Syndrome:** Rare, but serious, second impact syndrome occurs when an individual experiences a second concussion before the symptoms of the initial concussion have resolved. This can result in rapid potentially fatal brain swelling.

2.3 **Sign:** Outward, objective evidence of illness, injury, or disease (i.e. loss of consciousness).

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- 2.4 **Symptom:** Subjective and unseen symptoms can only be detected or sensed by the injured party or ill party (i.e. headache)
 - 2.5 **Return to School Plan (RTSP):** A multi-step process to support/accommodate students, as needed, when returning to the classroom after a concussion.
 - 2.6 **Return to Physical Activity Plan (RTPAP):** A multi-step process to reintroduce students to activities and/or athletics after a concussion.
 - 2.7 **Concussion Diagnosis:** A concussion is a clinical diagnosis made by a medical doctor or nurse practitioner. It is critical that a student with a suspected concussion be examined by a medical doctor or nurse practitioner.

3. Concussions

- 3.1 Children and adolescents are at the greatest risk for concussions and take longer to recover than adults. Traumatic brain injuries affect up to two percent of the population each year.
- 3.2 The risk of concussion is highest during activities with the potential for collisions:
 - 3.2.1 during physical education;
 - 3.2.2 outdoor play;
 - 3.2.3 interschool sports or intramurals; and,
 - 3.2.4 activities and sports occurring in the community.
- 3.3 Concussions can; however, occur any time a person's brain impacts with their skull. For example; when the head connects with a surface or object (i.e. desk, floor), another student, or when the head moves rapidly back and forth.
- 3.4 Concussions are serious because of the impact damage (primary injury) but also due to the secondary injuries that can develop after the impact. These include hemorrhage, cerebral swelling, decreased circulation, increased fatigue, mental confusion and failed memory, among other symptoms. The brain may take days, weeks, or months to be restored to normal activity.
- 3.5 Once an individual has had a concussion, they are at increased risk for another concussion. Repeat concussions that occur before the brain recovers from the first incident can slow recovery or increase the likelihood of long term problems. Repeat concussions may result in a second impact syndrome.
- 3.6 Proper recognition and response to a concussion can prevent further injury and help with recovery.

4. Response to Suspected Concussion

- 4.1 Seek immediate emergency medical assistance (911) if student exhibits one or more of the following signs of concussion:
 - 4.1.1 neck pain or tenderness;
 - 4.1.2 double vision;
 - 4.1.3 weakness or tingling/burning in arms or legs;

- 4.1.4 severe or increasing headache;
 - 4.1.5 seizure or convulsion;
 - 4.1.6 loss of consciousness;
 - 4.1.7 deteriorating conscious state;
 - 4.1.8 vomiting; and,
 - 4.1.9 increasingly restless, agitated or combative.
- 4.2 When a head injury occurs:
- 4.2.1 administer first aid;
 - 4.2.2 do not leave the student alone;
 - 4.2.3 do not administer medication;
 - 4.2.4 be alert for signs of concussion that deteriorate or worsen over time;
 - 4.2.5 contact parent/guardian;
 - 4.2.6 advise student and parent/guardian (if student is under 18 years of age) to undergo a medical assessment by a physician or nurse practitioner; and,
 - 4.2.7 provide FORM A7216 - 1, Medical Concussion Assessment Form, to parent/guardian.

5. Signs and Symptoms of Concussion

Signs and symptoms can appear immediately after the injury or may take hours or days to emerge. Signs and symptoms may be different for everyone. A student may be reluctant to report symptoms because of a fear that they will be removed from the activity, their status on a team or in a game could be jeopardized or academics could be impacted. It may be difficult for a student to communicate how they are feeling.

6. Reducing the Risk/Prevention

- 6.1 Regardless of the steps taken to reduce injuries, some students will continue to be injured. The severity of the injury can be mitigated by the following:
- 6.1.1 Education of coaches, staff, parents/guardians and students to:
 - 6.1.1.1 recognize the signs and symptoms of concussions;
 - 6.1.1.2 remove students from activity; and,
 - 6.1.1.3 refer students to a physician/nurse practitioner.
 - 6.1.2 Wearing the proper protective equipment, appropriate to the sport. Equipment should:
 - 6.1.2.1 fit properly;
 - 6.1.2.2 be well maintained and visually inspected prior to use;
 - 6.1.2.3 be worn consistently and correctly; and,
 - 6.1.2.4 be current and not past the expiry date.
 - 6.1.3 Students should follow, and teachers should enforce, rules for safety, the rules of the sport, and fair play practices.
 - 6.1.4 Educate stakeholders about how risks can be minimized by:
 - 6.1.4.1 teaching proper sport techniques in proper progression;
 - 6.1.4.2 documenting safety lessons (date, time, brief content and list of students in attendance) so that absent students can be taught safety skills prior to the next activity session;
 - 6.1.4.3 reducing impact that could lead to concussion;

- 6.1.4.4 teaching students about the dangers/potential consequences of continuing to play with a head injury. Avoid telling injured players they are fine and discourage others from pressuring the student to continue play; and,
- 6.1.4.5 teaching that return to learn accommodations are equally important to concussion recovery.

7. Responsibilities

- 7.1 **The board** is responsible for:
 - 7.1.1 establishing procedures for dealing with head injuries and concussions;
 - 7.1.2 ensuring the establishment of Concussion Codes of Conduct that include an approved Concussion Awareness Resource for students, coaches, and parents/guardians who have a student participating in board-sponsored interschool sports, and the receipt of confirmation of annual review of the relevant Code of Conduct by those individuals prior to participation in board-sponsored interschool sports;
 - 7.1.3 ensuring the establishment of a process for the removal of students with a suspected concussion from physical activity and, for those diagnosed with a concussion, a RTSP and RTPAP to support their return to learning and to physical activity; and,
 - 7.1.4 ensuring implementation of an annual concussion awareness event for students to be held on/around Rowan's Law Day which occurs on the last Wednesday in September.
- 7.2 **Principals or vice-principals** are responsible for:
 - 7.2.1 ensuring relevant staff is aware of the signs and symptoms of concussions and have access to the Concussion Recognition Tool (APPENDIX A) and all relevant forms in this Administrative Procedures Memorandum (APM) to support students who suffer a head injury;
 - 7.2.2 enforcing the procedure that excludes concussed students from athletics and physical education until cleared by a physician/nurse practitioner; (FORM A7216 - 3, Concussion Medical Clearance Form);
 - 7.2.3 ensuring the completion of Concussion Codes of Conduct that includes an approved Concussion Awareness Resource for students, coaches, and parents/guardians who have a student participating in board-sponsored interschool sports, and the receipt of confirmation of annual review of the relevant Code of Conduct by those individuals prior to participation in board-sponsored interschool sports;
 - 7.2.4 ensuring that the annual concussion training for relevant school staff is completed by the last Wednesday in September, as well as ensuring that any new staff hired after September who will participate in board-sponsored interschool sports have completed the training;
 - 7.2.5 ensuring students and parents/guardians (if student is under 18 years of age) are provided with all relevant forms in this APM to support the student who suffers a head injury, and,
 - 7.2.5.1 ensuring a meeting occurs upon receipt of the completed Concussion Management for Return to School Plan and Return to Physical Activity Plan (FORM A7216 - 2) in order to discuss strategies to support the student's return to school;

- 7.2.6 ensuring the learning needs of the student are met by:
 - 7.2.6.1 initiating the writing of an Individualized Education Plan (IEP), if necessary, to support adjustments to the student's schedule;
 - 7.2.6.2 considering the option of home instruction, in consultation with the superintendent;
 - 7.2.6.3 updating medical information in PowerSchool; and,
 - 7.2.6.4 initiating the Simcoe County Student Transportation Consortium form, TF022 – Individual Student Transportation Plan (ISTP) if necessary, to support learning, in consultation with the superintendent; and,
- 7.2.7 ensuring implementation of an annual concussion awareness event for students to be held on/around Rowan's Law Day which occurs on the last Wednesday of September.

- 7.3 **Teachers, Coaches and other board staff** are responsible for:
 - 7.3.1 following **Response to Suspected Concussion** (section 4);
 - 7.3.2 completing annual training as outlined by the board prior to the end of September, or for staff new to a school, prior to their participation in board-sponsored interschool sports;
 - 7.3.3 completing FORM A7216 - 6, Concussion Code of Conduct for Interschool Sports (Coaches), prior to participation in board-sponsored interschool sports;
 - 7.3.4 ensuring that students and their parents/guardians (unless student is 18 years or older) have completed FORM A7216 - 4, Concussion Code of Conduct for Interschool Sports (Students) and FORM A7216 - 5, Concussion Code of Conduct for Interschool Sports (Parent/Guardian), prior to student participation in board-sponsored interschool sports;
 - 7.3.5 observing student for changes, including worsening signs and notifying parents/guardians (unless student is 18 years or older) and principal, or vice-principal, of observed changes;
 - 7.3.6 interacting with the student's parent/guardian (unless student is 18 years or older) to obtain and share information about progress and challenges, when possible; and,
 - 7.3.7 accommodating student learning needs, refer to IEP if one is developed.

- 7.4 **Physicians/Nurse Practitioners** are responsible for:
 - 7.4.1 providing an individualized RTSP to assist in managing cognitive and physical exertion following a concussion;
 - 7.4.2 guiding the gradual removal of adjustments or supports that may have been instituted as part of the recovery process; and,
 - 7.4.3 completing FORM A7216 - 1, Medical Concussion Assessment Form, for an assessment of a concussion if a student is diagnosed with a concussion and completing FORM A7216 - 3, Concussion Medical Clearance Form, for a medical clearance.

- 7.5 **Parents/guardians of students under 18 years old and students 18 years or older** are responsible for:
 - 7.5.1 informing the school administration of concussions sustained by students on and off school property;
 - 7.5.2 monitoring the student's progress through RTPAP and RTSP school processes (FORM A7216 - 2, Concussion Management for Return to School Plan and Return to Physical Activity Plan);
 - 7.5.3 interacting with school staff to obtain and share information about progress

and challenges as outlined in FORM A7216 - 2, Concussion Management for Return to School Plan and Return to Physical Activity Plan);

- 7.5.4 providing final medical clearance to school for return to school and physical activity (FORM A7216 - 3, Concussion Medical Clearance Form; and,
- 7.5.5 completing FORM A7216 - 5, Concussion Code of Conduct for Interschool Sports (Parent/Guardian) prior to the student's participation in board-sponsored interschool sports.

7.6 **Students** are responsible for:

- 7.6.1 sharing information about their progress with respect to ongoing or worsening symptoms of concussion; and,
- 7.6.2 completing FORM A7216 - 4, Concussion Code of Conduct for Interschool Sports (Student), prior to participation in board-sponsored interschool sports.

8. Return to School

- 8.1 Concussion symptoms can create a variety of challenges to learning that can affect overall school performance including the following:
 - 8.1.1 cognitive symptoms may lead to difficulty with learning, including lack of attention and distractibility;
 - 8.1.2 physical symptoms such as headache, light and/or noise sensitivity may impair the effectiveness of learning; and,
 - 8.1.3 emotional control issues may lead to irritation, agitation or feeling overwhelmed.
- 8.2 Identify the symptoms the student is experiencing. Try to identify specific factors that may worsen student's symptoms so steps can be taken to modify those factors. Talk to the student about options, offering support and encouragement.
- 8.3 In consultation with the student's health care professionals, and as a student's symptoms decrease, extra help or support can be decreased and/or removed gradually.
- 8.4 Graduated Return to School Stages – **Students should be symptom-free for 24 hours to move to the next stage.** Symptom free means NO lingering headaches, sensitivity to light/noise, fogginess, drowsiness, etc. (FORM A7216 - 2, Concussion Management for Return to School Plan and Return to Physical Activity Plan).

9. Return to Physical Activity

With each stage the student can continue to the next stage if asymptomatic at the current level. **Each stage should take approximately 24 hours.** If symptoms arise during the stages of the protocol, the student should move back to the last asymptomatic level and try to progress again after a **24-hour rest period** (FORM A7216 - 2, Concussion Management for Return to School Plan and Return to Physical Activity Plan).

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Issued under the authority of the Director of Education

CONCUSSION RECOGNITION TOOL 5[®]

To help identify concussion in children, adolescents and adults



FIFA[®]

Supported by



FEI

RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS – CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

STEP 3: SYMPTOMS

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More Irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) 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?"

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

MEDICAL CONCUSSION ASSESSMENT FORM

The Medical Concussion Assessment Form is provided to a student that demonstrates or reports concussion signs and/or symptoms. For information on the Simcoe County District School Board's Concussion Protocol please refer to Administrative Procedures Memorandum A7216 – Student Concussion Protocol.

Student Name: _____ Date: _____

The student must be assessed as soon as possible by a medical doctor or nurse practitioner. In Canada, only medical doctors and nurse practitioners are qualified to provide a concussion diagnosis. Prior to returning to school, the parent/guardian must inform the school principal of the results of the medical assessment.

Results of the Medical Assessment

- The student has been assessed and **a concussion has not been diagnosed.**
The student may resume full participation in learning and physical activity without any restrictions.
- The student has been assessed and **a concussion has been diagnosed.**
The student must begin a medically supervised, individualized, and gradual home preparation for the **Return to School Plan (RTSP)** and home preparation for **Return to Physical Activity Plan (RTPAP) (FORM A7216 - 2, Concussion Management for Return to School Plan and Return to Physical Activity Plan).**

MEDICAL DOCTOR/NURSE PRACTITIONER PROVIDING ASSESSMENT SIGNATURE:

Name	Signature	Date
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PARENT/GUARDIAN SIGNATURE:

Name	Signature	Date
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**CONCUSSION MANAGEMENT FOR RETURN TO SCHOOL
PLAN AND RETURN TO PHYSICAL ACTIVITY PLAN**

Student Name: _____ Date: _____

This form is for the parent/guardian to track a student's progress through the stages of the **Return to School Plan (RTSP)** and **Return to Physical Activity Plan (RTPAP)** following a **diagnosed concussion**.

INSTRUCTIONS FOR PARENT/GUARDIAN:

- Review the activities at each stage prior to beginning the Plan.
- **Initial** the boxes at the completion of each stage to record student's progress through the stages.
- A student may progress through the RTSP stages at a faster or slower rate than the RTPAP stages.

Return to School Plan (RTSP) Stages

Each stage should last a minimum of 24 hours being asymptomatic.

Student ready for the RTSP when:

- Student tolerates the additional cognitive activity and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms.

RTSP - Stage A

Student begins with an initial time at school of 2 hours.
The individual adheres to strategies outlined in the RTSP that was developed by the Collaborative Team following the RTSP meeting.

Activities that are not permitted at this stage:

- tests/exams, homework, music class, assemblies, field trips.

- Student has demonstrated they can tolerate up to a half day of cognitive activity as outlined in RTSP Stage A.

RTSP - Stage B

Student continues attending school half time with gradual increase in school attendance time, increased school work, and decrease in adaptation of learning strategies and/or approaches.

Activities permitted if tolerated by student:

- activities from previous stage;
- school work for 4-5 hours per day, in smaller chunks (i.e. 2-4 days of school/week);
- homework – up to 30 minutes/day;
- decrease adaptation of learning strategies and/or approaches; and,
- classroom testing with adaptations.

Activities that are not permitted at this stage:

- standardized tests/exams.

- Student has demonstrated they can tolerate up to 4-5 hours of the cognitive activities as outlined in RTSP Stage B.

RTSP - Stage C

Full day school, minimal adaptation of learning strategies and/or approaches. Nearly normal workload.

Activities permitted if tolerated by student:

- activities from previous stage;
- nearly normal cognitive activities;
- routine school work as tolerated;
- minimal adaptation of learning strategies and/or approaches;
- start to eliminate adaptation of strategies and/or approaches;
- increase homework to 60 minutes/day; and,
- limit routine testing to one test per day with accommodations (i.e. more time).

Activities that are not permitted at this stage:

- Standardized tests/exams.

Student has demonstrated they can tolerate a full day of school and a nearly normal workload with minimal adaptation of learning strategies and/or approaches as outlined in RTSP Stage C.

RTSP - Stage D

At school: full day, without adaptation of learning strategies and/or approaches.

Student has demonstrated they can tolerate a full day of school without adaptation of learning strategies and/or approaches.

PARENT/GUARDIAN ACKNOWLEDGEMENT:

My child has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms and has completed the RTSP.

Parent/Guardian Name

Parent/Guardian Signature

Date

To be filled in by Principal/Vice-principal:

Date completed _____

Return to Physical Activity Plan (RTPAP)
Each stage should last a minimum of 24 hours being asymptomatic.

Student ready for the RTPAP at school when:

- Student tolerates light aerobic activities and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms.



RTPAP - Stage 1

Simple locomotor activities/sport-specific exercise to add movement.

Activities permitted if tolerated by student:

- activities from previous stage (20-30 minutes walking/stationary cycling/elliptical/recreational dancing at a moderate pace);
- simple individual drills (i.e. running/throwing drills, skating drills in hockey, shooting drills in basketball) in predictable and controlled environments with no risk of re-injury; and,
- restricted recess activities (i.e. walking).

Activities that are not permitted at this stage:

- full participation in physical education;
- participation in intramurals;
- full participation in interschool practices;
- interschool competitions;
- resistance or weight training;
- body contact or head impact activities (i.e. heading a soccer ball); and,
- jarring motions (i.e. high speed stops, hitting a baseball with a bat).

- Student has demonstrated they can tolerate simple individual drills/sport specific drills as outlined in RTPAP Stage 1.



RTPAP - Stage 2

Progressively increase physical activity. Non-contact training drills to add coordination and increased thinking.

Activities permitted if tolerated by student:

- activities from previous stage;
- more complex training drills (i.e. passing drills in soccer and hockey);
- physical activity with no body contact (i.e. dance, badminton);
- participation in practices for noncontact interschool sports (no contact);
- progressive resistance training may be started;
- recess – physical activity running/games with no body contact; and,
- daily physical activity (elementary).

Activities that are not permitted at this stage:

- full participation in physical education;
- participation in intramurals;
- body contact or head impact activities (i.e. heading a soccer ball); and,
- participation in interschool contact sport practices, or interschool games/competitions (non-contact and contact).

- Student has completed the activities in RTPAP Stage 2 as applicable.



Before progressing to RTPAP Stage 3, the student must:

- obtain signed **MEDICAL CLEARANCE** Form, (FORM A7216 - 3, Concussion Medical Clearance Form) from a medical doctor or nurse practitioner.

PARENT/GUARDIAN ACKNOWLEDGEMENT:

- My child has not exhibited or reported a return of symptoms or new symptoms and has completed the RTPAP plan for Stages 1 and 2. A medical clearance form is required to proceed further.**

Parent/Guardian Name

Parent/Guardian Signature

Date

To be filled in by Principal/Vice-principal:

Date completed _____

CONCUSSION MEDICAL CLEARANCE FORM

The Concussion Medical Clearance Form is for students who have completed Stage D of the **Concussion Management for Return to School Plan (RTSP)** and Stage 2 of the **Concussion Management for Return to Physical Activity Plan (RTPAP)** (FORM A7216 - 2, Concussion Management for Return to School Plan and Return to Physical Activity Plan). The student must be medically cleared by a medical doctor/nurse practitioner prior to moving on to full participation in non-contact physical activities and full contact practices (RTPAP Stage 3).

Student Name: _____ Date: _____

I have examined this student and confirm they are medically cleared to participate in all of the following activities:

- full participation in physical education classes;
- full participation in intramural physical activities;
- full participation in interschool sports (practices and competition); and,
- full-contact training/practice in contact interschool sports.

MEDICAL DOCTOR/NURSE PRACTITIONER SIGNATURE:

Forms completed by other licensed healthcare professionals will not be accepted.

Name

Signature

Date

What if symptoms recur?

A student who has received medical clearance and has a recurrence of symptoms, or new symptoms appear, **must** immediately remove themselves from play, inform their parent/guardian (if under the age of 18), teacher, and coach, and return to their medical doctor or nurse practitioner for medical clearance reassessment **before** returning to physical activity.

CONCUSSION CODE OF CONDUCT FOR INTERSCHOOL SPORTS (STUDENTS)

As a student at _____ School

for the (20____-20____) school year, I am committed to:

Maintaining a safe learning environment

- I will bring any potential issues related to the safety of equipment and facilities to the attention of the coach.
- I will wear the protective equipment for my sport and wear it properly.

Fair play and respect for all

- I will show respect for my teammates, opponents, officials, spectators, and practice fair play.
- I will not pressure injured teammates to participate in practices or games/competitions.

Teaching/learning the rules of a physical activity, including the strict enforcement of consequences for prohibited play that is considered high-risk for causing concussions

- I will learn and follow the rules of the sport and follow the coach's instructions prohibiting behaviours that are considered high-risk for causing concussions.
- I will respect and accept that the coach will strictly enforce, during practice and competition, the consequences for dangerous behaviour.
- I will respect and accept the decisions of the officials and the consequences for any behaviours that are considered high-risk for causing concussion.

Implementing the skills and strategies of an activity in a proper progression

- I will follow my coach's instructions about the proper progression of skills and strategies of the sport.
- I will ask questions and seek clarity for any skills and strategies of which I am unsure.

Providing opportunities to discuss potential issues related to concussions

- I will talk to my coach or caring adult if I have questions or issues about a suspected or diagnosed concussion or about my safety in general.

Concussion recognition and reporting

- I have read and am familiar with approved [Concussion Awareness Resources \(https://www.ontario.ca/page/rowans-law-concussion-awareness-resources\)](https://www.ontario.ca/page/rowans-law-concussion-awareness-resources) provided by my coach.
- I will remove myself immediately from any sport and will tell the coach or caring adult if I think I might have a concussion.
- I will tell the coach or caring adult immediately when I think a teammate might have a concussion.

- I understand that if I receive a jarring impact to the head, face, neck, or elsewhere on my body that is observed by or reported to the coach, that I will be removed immediately from the sport, and:
 - I am aware that when I have signs or symptoms I should go to a medical doctor or nurse practitioner to be diagnosed as soon as reasonably possible that day, and will report the results to appropriate school staff.
 - I am aware that not all signs and symptoms emerge immediately and there are times when signs and symptoms emerge hours or days after the incident and I must stop physical activities and be monitored for the next 24 hours.
- If no signs or symptoms appear after 24 hours, I will inform the appropriate school staff and I can then be allowed to participate.
- If signs or symptoms begin, I will be assessed by a medical doctor or nurse practitioner as soon as reasonably possible that day, and will report the results to appropriate school staff.

Acknowledging the importance of communication between the student, parent/guardian (if student is under the age of 18), school staff, and any sport organization with which the student has registered

- I will communicate with my coaches, parent/guardian, and school staff and any sport organization with which I am registered about a suspected or diagnosed concussion or general safety issues.

Supporting the implementation of a RTSP for students with a concussion diagnosis

- I understand that I will have to follow the RTSP if diagnosed with a concussion.
- I understand I will not be able to return to full participation, including practice or competition until permitted to do so in accordance with the Simcoe County District School Board's RTSP.
- I understand that I must have medical clearance as required by the RTSP, prior to returning to full participation in "non-contact sports" or returning to a practice that includes full contact in "contact sports".

Prioritizing a student's return to learning as part of the RTSP

- I will follow the recovery stages and learning strategies proposed by the collaborative team for my RTSP.

I have read and understand all two pages of this code of conduct.

Student's Name

Student's Signature

Date

**CONCUSSION CODE OF CONDUCT FOR INTERSCHOOL SPORTS
(PARENT/GUARDIAN OF STUDENT UNDER 18 YEARS OF AGE)**

As a parent/guardian at _____ School

for the (20____-20____) school year, I am committed to:

Maintaining a safe learning environment

- I will encourage my child to bring potential issues related to the safety of equipment and the facilities to the attention of the coach.
- I will ensure the protective equipment that we provide is properly fitted as per the manufacturer's guidelines, in good working order, and suitable for personal use.

Fair play and respect for all

- I will follow the school board's fair play policy and will support it by demonstrating respect for all students, coaches, officials, and spectators.
- I will encourage my child to demonstrate respect for teammates, opponents, officials, and spectators and to follow the rules of the sport and practice fair play.
- I will not pressure my child to participate in practices or games/competitions if they are injured.

Teaching/learning the rules of a physical activity, including the strict enforcement of consequences for prohibited play that is considered high-risk for causing concussions

- I will encourage my child to learn and follow the rules of the sport and follow the coach's instructions about prohibited play.
- I will support the coach's enforcement of consequences during practices and competition regarding prohibited play.
- I will respect the decisions of officials and the consequences for my child for any prohibited play.

Implementing the skills and strategies of an activity in a proper progression

- I will encourage my child to follow their coach's instructions about the proper progression of skills and strategies of the sport.
- I will encourage my child to ask questions and seek clarity regarding skills and strategies of which they are unsure.

Providing opportunities to discuss potential issues related to concussions

- I will encourage my child to participate in discussions/conversations related to concussions, including signs and symptoms, with the coach or caring adult.
- I will encourage my child to talk to their coach/caring adult if they have any concerns about a suspected or diagnosed concussion or about their safety in general.

Concussion recognition and reporting

- I have read and am familiar with approved [Concussion Awareness Resources](https://www.ontario.ca/page/rowans-law-concussion-awareness-resources) (<https://www.ontario.ca/page/rowans-law-concussion-awareness-resources>) identified by the school board.

- I understand that if my child receives a jarring impact to the head, face, neck, or elsewhere on the body that is observed by or reported to the coach, my child will be removed immediately from the sport.
- I am aware that if my child has signs or symptoms of a suspected concussion they should be taken to a medical doctor or nurse practitioner for a diagnosis as soon as reasonably possible that day, and I will report any results to appropriate school staff.
- I am aware that not all signs and symptoms emerge immediately and there are times when signs and symptoms emerge hours or days after the incident and in these cases my child must stop all physical activities and be monitored at home and at school for the next 24 hours.
- If no signs or symptoms emerge after 24 hours, I will inform the appropriate school staff and I understand my child will be permitted to resume participation.
- If signs or symptoms emerge, I will have my child assessed by a medical doctor or nurse practitioner as soon as reasonably appropriate that day, and will report the results to appropriate school staff.
- I will inform the school principal, coach and/or other relevant school staff when my child experiences signs or symptoms of a concussion, including when the suspected concussion occurs during participation in a sport outside of the school setting.
- I will inform the school principal, coach and/or other relevant school staff any time my child is diagnosed with a concussion by a medical doctor or nurse practitioner.
- I will encourage my child to remove themselves from the sport and report to a coach or caring adult if they have signs or symptoms of a suspected concussion.
- I will encourage my child to inform the coach or caring adult when they suspect a teammate may have sustained a concussion.

Acknowledging the importance of communication between the student, parent/guardian, school staff, and any sport organization with which the student has registered

- I will share with the coach, school staff, and/or staff supervisor of all sport organizations with which my child has registered if/when my child has experienced a suspected or diagnosed concussion or general safety issues.

Supporting the implementation of a Return to School Plan (RTSP) for students with a concussion diagnosis

- I understand that if my child has a suspected or diagnosed concussion, they will not return to full participation, including practice or competition, until permitted to do so in accordance with the School Board's RTSP.
- I will ensure my child receives medical clearance as required by the RTSP, prior to returning to full participation in "non-contact sports" or returning to a practice that includes full contact in "contact sports".

Prioritizing a student's return to learning as part of the RTSP

- I will follow the recovery stages and learning strategies proposed by the collaborative team for my child as part of the RTSP.

I have read and understand all two pages of this code of conduct.

Parent/Guardian Name

Parent/Guardian Signature

Date

CONCUSSION CODE OF CONDUCT FOR INTERSCHOOL SPORTS (COACHES)

As a coach at _____ School

for the (20____-20____) school year, I am committed to:

Maintaining a safe learning environment

- I will review and adhere to the SCDSB's safety standards for physical activity and concussion protocol, as they apply to my sport prior to taking on the responsibility as coach/team trainer.
- I will check the facilities and equipment take necessary precautions and bring potential hazards to the attention of the students.
- I will provide and maintain a safe learning environment for my students and uphold a culture of safety-mindedness.
- I will inform students and their parent/guardian (for students under the age of 18) about the risks of a concussion or other potential injuries associated with the sport and ways to minimize those risks.

Fair play and respect for all

- I will demonstrate a commitment to fair play and will respect my students, opponents, officials, and spectators.
- I will not pressure a student to participate in practices or games/competitions if they are injured.

Teaching/learning the rules of a physical activity, including the strict enforcement of consequences for prohibited play that is considered high-risk for causing concussions

- I will teach students the rules of the sport and will provide instructions about prohibited play.
- I will strictly enforce, during practice and competition, the consequences for prohibited play.
- I will accept and respect the decisions of officials and the consequences for any prohibited play.

Implementing the skills and strategies of an activity in a proper progression

- I will instruct students in training and practices using the proper progression of skills and strategies of the sport.
- I will encourage students to ask questions and seek clarity regarding skills and strategies they of which they are unsure.

Providing opportunities to discuss potential issues related to concussions

- I will provide opportunities by creating an environment for student discussions/conversations related to suspected and diagnosed concussions, including signs and symptoms, questions, and safety concerns, throughout the day, including before and after practice and competition.

Concussion recognition and reporting

- I have read and am familiar with approved [Concussion Awareness Resources \(https://safety.ophea.net/concussions\)](https://safety.ophea.net/concussions) identified by the SCDSB and I have completed the training.
- I will emphasize the seriousness of a concussion to my students along with outlining the signs and symptoms of a concussion.
- I will provide instruction to students about the importance of removing themselves from the sport and reporting to a coach/team trainer or caring adult if they have signs or symptoms of a concussion.
- I will provide instruction to students about the importance of informing the coach/caring adult when they suspect a teammate may have a concussion.
- I will immediately remove from play, for assessment, any student who receives a jarring/significant impact to the head, face, neck, or elsewhere on the body and adhere to the SCDSB's concussion protocol prior to allowing return to physical activity.

Acknowledging the importance of communication between the student, parent/guardian (if student is under 18), school staff, and any sport organization with which the student has registered

- I will support and adhere to a process for communication to take place between myself and the student, parent/guardian, and relevant school staff.
- I will promote the importance of communication about a suspected or diagnosed concussion between the student, parent/guardian, and all sport organizations with which the student has registered.

Supporting the implementation of a Return to School Plan (RTSP) for students with a concussion diagnosis

- I will support the implementation of the RTSP for students with a diagnosed concussion.

Prioritizing a student's return to learning as part of the RTSP

- I understand the need to prioritize a student's return to learning as part of the RTSP.
- I will follow the RTSP and make sure a student diagnosed with a concussion does not return to training, practice, or competition until permitted to do so in accordance with the RTSP.

I have read and understand all two pages of this code of conduct.

Coach's Name**Coach's Signature****Date**