



Administrative Procedure: Concussion Protocol

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1.0 Purpose

- 1.1 The purpose of this protocol is to provide information regarding the prevention, identification and management of concussions. Everyone has a role to play in promoting the health and safety of our students. This protocol in conjunction with the Superior North Catholic District School Board's Concussion Handbook outlines the strategies for concussion awareness, prevention, identification, management and training. This protocol also details the roles and responsibilities of the teachers, administrators, parents and/or guardians, support staff and school community in regards to suspected and confirmed concussions. This protocol and handbook follows and makes reference to the minimum standard set out in the Ontario Physical Education Safety Guidelines Concussion Protocol which is in accordance with PPM158.

2.0 Definitions

2.1 Concussion:

- 2.1.1 Is a brain injury that causes changes in the way in which the brain functions and can lead to symptoms that can be physical (ie. headache, dizziness), cognitive (ie. difficulty in concentrating or remembering), emotional/behavioural (ie. depression, irritability) and/or related to sleep (ie. drowsiness, difficulty in falling asleep).
- 2.1.2 May be caused either by a direct blow to the head, face, neck or by 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).
- 2.1.4 Cannot normally be seen by means of medical imaging tests, such as x-rays, standard computed tomography (CT) scans, or magnetic resonance imaging (MRI) scans.

2.2 Second Impact Syndrome:

- 2.2.1 A rare condition that causes rapid and severe brain swelling and often catastrophic results, if an individual suffers a second concussion before he or she is free from symptoms sustained from the first concussion.
- 2.3 Signs:
 - 2.3.1 Something that will be observed by another person (i.e. parent and/or guardian, teacher, support staff, coach, supervisor, peer).
- 2.4 Symptoms:
 - 2.4.1 Something the student will feel/report.
- 2.5 Cause of a Concussion:
 - 2.5.1 A blow to the head, face or neck.
 - 2.5.2 A blow to a student's body that transmits a force to the student's head.

3.0 Awareness, Prevention & Identification

- 3.1 A significant aspect in the prevention of concussions is awareness of the serious nature of concussions. As such, the Board will adopt concussion prevention strategies that will incorporate awareness strategies in an effort to minimize the risk of concussion due to sport, play, classroom participation, excursions/field trips or any event in which a student participates for educational purposes.
- 3.2 Risks can be minimized, however they cannot be eliminated. Therefore, the Board's prevention strategy will also include methods of concussion identification, including initial response, initial assessment and follow-up steps after initial assessment. Combining awareness strategies, prevention strategies and identification strategies will assist in preventing concussions, minimizing the worsening of a concussion or minimize/prevent long-term effects of concussion.
- 3.3 The Board Will:
 - 3.3.1 Provide each school with a number of resources including information regarding concussions, posters to post in conspicuous places, initial concussion assessment tools, etc.

3.3.2 Provide staff with concussion awareness training at the beginning of the school year.

3.4 The Administrator Will:

3.4.1 Ensure parents and/or guardians receive information regarding concussions and how to manage a suspected or confirmed concussion.

3.4.2 Ensure school staff are trained in concussion awareness training at the start of each school year.

3.4.3 Ensure posters are posted around the school, including high traffic areas such as the gymnasium, classrooms, etc.

3.4.4 Recognize the signs and symptoms of a concussion and act accordingly.

3.4.5 Organize and actively participate in any Return to Learn/Return to Physical Activity Plans.

3.4.6 Share and collect the Student and Parent Concussion code of conduct yearly and no later than September 31 with students in grade 5 to 8 and their parents and/or guardians.

3.4.7 Share and collect the coach Concussion Code of Conduct when needed with the coach of a team.

3.4.8 Raise awareness and recognize Rowan's Law Day on the last Wednesday of each September.

3.5 The Teacher Will:

3.5.1 Participate in concussion awareness training at the start of each school year or another scheduled time early in the school year as directed by the Superintendent and/or Director.

3.5.2 Recognize the signs and symptoms of a concussion and act accordingly. However, teachers are not considered medical professionals nor expected to be experts.

3.5.3 Actively participate in any Return to Learn/Return to Physical Activity Plans developed with the Collaborative Team led by the Administrator.

- 3.5.4 Discuss with students the seriousness of concussions.
- 3.5.5 Explain to parents and/or guardians and students, the dangers regarding concussions as it pertains to the sport or activity the student will be involved in.
- 3.5.6 Explain rules for sport, classroom, field trips/excursions, etc.

3.6 The Parent and/or Guardian Will:

- 3.6.1 Actively participate in any Return to Learn/Return to Physical Activity Plans developed with the Collaborative Team led by the Administrator.
- 3.6.2 Provide medical documentation as required by the Return to Learn/Return to Physical Activity Plans.

4.0 Management of a Diagnosed Concussion

- 4.1 When a student is medically diagnosed with a concussion they will begin following a medically supervised, individualized and gradual Return to Learn Plan, as well as a Return to Physical Activity Plan. These plans will be developed and implemented by the Collaborative Team, which will include the Administrator as team lead, teachers, including but not limited to classroom teacher, planning and preparation time teacher(s), parent and/or guardian, medical professional, concussed student and any additional school staff, as determined by the Administrator, who work with the student. This team will develop strategies for Return to Learn for the student on a case-by-case basis as no two concussion cases are the same. Return to Play strategies are based on internationally recognized steps.
- 4.2 The Return to Learn and Return to Physical Activity Plans encompass multiple steps which the student must pass through prior to moving to the next step. Each step will be tailored to the individual student and will last a minimum of 24 hours. If signs or symptoms reappear at any step, the student will be required to undergo medical examination and return to a previous step until symptoms are no longer present.

4.3 The Administrator Will:

- 4.3.1 Maintain constant contact/communication with the parent and/or guardian and teacher, including but not limited to classroom teacher, planning and preparation time teacher, etc., as well as the other members of the collaborative team.

4.4 The Parent and/or Guardian Will:

- 4.4.1 Maintain constant contact/communication with the Administrator and teacher, including but not limited to classroom teacher, Planning and Preparation Time teacher(s), as well as the other members of the Collaborative Team.
- 4.4.2 Provide medical documentation from a medical professional which must be attached to the initial medical examination form, indicating that the student has been diagnosed with a concussion or the student has not suffered from a concussion and the duration in which the child will remain away from school. Once the child has reached the recommended days off of school, they must be reassessed for re-entry into the classroom. The medical professional must indicate that the child is ready to return to school and discussions with the collaborative team (including the medical professional) will begin in terms of the Return to Learn/Return to Physical Activity procedures.

4.5 The Collaborative Team Will:

- 4.5.1 Be led by the school administrator and the collaborative team should include:
 - a. the concussed student;
 - b. the student's parents and/or guardians;
 - c. classroom and planning and preparation time teachers;
 - d. any other staff that work with the student at the discretion of the Administrator;
 - e. the medical professional and/or appropriate licensed healthcare provider.

- 4.5.2 Monitor the concussed student.
- 4.5.3 Maintain constant contact/communication with one another.
- 4.5.4 Tailor the Return to Learn and Return to Physical Activity Plans, as needed.
- 4.6 The management of a student concussion is a shared responsibility, requiring regular communication between the home, school (Collaborative Team), with consultation from the student's medical professional and/or other licensed healthcare providers (for example, nurses, physiotherapists, chiropractors, and athletic therapists).

5.0 Training

- 5.1 At the start of the school year, each school will be provided training.
- 5.2 Each Administrator will participate in a Standard First Aid session where head and spinal injuries will be covered. When certification renewal is required scheduled training will be provided by the board.

Appendix A

Initial Concussion Assessment Form

This form is to be used if a student receives a blow to the head, face or neck, or a blow to the body resulting in a transmission of force to the head. This form will be filled out whether or not concussion symptoms appear immediately.

NOTE: School Board employees cannot diagnose a concussion. Diagnosis can only come from a medical professional. This form is intended to be a record provided to the medical professional.

Assessment #1

An incident occurred involving _____ (name) on _____ (date & time).

He/she was **observed** for signs and symptoms of a concussion and the following are the results of an initial assessment. (check off the **observable** signs below)

No signs or symptoms described below were noted at the time. _____

[Note: Continued monitoring of the student is important as signs and symptoms of a concussion may appear hours or days later.]

<p>Possible Signs Observed</p> <p>A sign is something that will be observed by another person (e.g. parent and/or guardian, teacher, coach, volunteer, supervisor, peer).</p>	<p>Possible Symptoms Reported</p> <p>A symptom is something the student will feel/report.</p>
<p>Physical</p> <ul style="list-style-type: none"> <input type="checkbox"/> Vomiting <input type="checkbox"/> Slurred Speech <input type="checkbox"/> Slowed Reaction Time <input type="checkbox"/> Poor Coordination Or Balance <input type="checkbox"/> Blank Stare/Glassy-Eyed/Dazed Or Vacant Look <input type="checkbox"/> Decreased Playing Ability <input type="checkbox"/> Loss Of Consciousness Or Lack Of Responsiveness <input type="checkbox"/> Lying Motionless On The Ground Or Slow To Get Up <input type="checkbox"/> Amnesia <input type="checkbox"/> Seizure Or Convulsion <input type="checkbox"/> Grabbing Or Clutching Of Head <p>Cognitive</p> <ul style="list-style-type: none"> <input type="checkbox"/> Difficulty Concentrating <input type="checkbox"/> Easily Distracted <input type="checkbox"/> General Confusion <input type="checkbox"/> Cannot remember things that happened before and after the injury. <input type="checkbox"/> Does not know the time, date, place, class, type of activity in which he/she was participating. <input type="checkbox"/> Slowed reaction time (eg. answering questions or following directions). 	<p>Physical</p> <ul style="list-style-type: none"> <input type="checkbox"/> Headache <input type="checkbox"/> Pressure In Head <input type="checkbox"/> Neck Pain <input type="checkbox"/> Feeling Off/Not Right <input type="checkbox"/> Ringing In The Ears <input type="checkbox"/> Seeing Double Or Blurry/Loss Of Vision <input type="checkbox"/> Seeing Stars, Flashing Lights <input type="checkbox"/> Pain At Physical Site Of Injury <input type="checkbox"/> Nausea/Stomach Ache/Pain <input type="checkbox"/> Balance Problems Or Dizziness <input type="checkbox"/> Fatigue Or Feeling Tired <input type="checkbox"/> Sensitivity To Light Or Noise <p>Cognitive</p> <ul style="list-style-type: none"> <input type="checkbox"/> Difficulty Concentrating Or Remembering <input type="checkbox"/> Slowed Down, Fatigue Or Low Energy <input type="checkbox"/> Dazed Or In A Fog

<p>Emotional/Behavioural</p> <ul style="list-style-type: none"> <input type="checkbox"/> Strange or inappropriate emotions (eg. laughing, crying, getting angry easily). <input type="checkbox"/> Sleep Disturbance <input type="checkbox"/> Drowsiness <input type="checkbox"/> Insomnia 	<p>Emotional/Behavioural</p> <ul style="list-style-type: none"> <input type="checkbox"/> Irritable, Sad, More Emotional Than Usual <input type="checkbox"/> Nervous, Anxious, Depressed <input type="checkbox"/> Sleep Disturbance <input type="checkbox"/> Drowsy <input type="checkbox"/> Sleeping More/Less Than Usual <input type="checkbox"/> Difficulty Falling Asleep
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Note:

- Signs and symptoms can appear immediately after the injury or 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 he/she will be removed from the activity, his/her status on a team or in a game could be jeopardized or academic could be impacted.
- It may be difficult for younger students (under the age of 10), students with special needs or students for whom English is not their first language to communicate how they are feeling
- Signs for younger students (under the age of 10) may not be as obvious as in older students.

Assessment #2

Quick Memory Function Assessment

Ask the student the following questions, recording answers below. Failure to answer any one of these questions correctly may indicate a concussion.

What room are we in right now? _____

- Correct
- Incorrect

What activity/sport/game are we playing now? _____

- Correct
- Incorrect

Where were you playing today? _____

- Correct
- Incorrect

What part of the day is it? _____

- Correct
- Incorrect

What is the name of your teacher/coach? _____

- Correct
- Incorrect

What school do you go to? _____

- Correct

❑ Incorrect

Action To Be Taken

If there are any signs observed or symptoms reported, or if the student fails to answer any of the above questions correctly:

- a concussion should be suspected
- the student must be immediately removed from play and must not be allowed to return to play that day even if the student states he/she is feeling better
- the Administrator must be notified immediately and he/she will contact the parent and/or guardian
- the student must not leave the premises without parent and/or guardian (or emergency contact) supervision

In all cases of a suspected concussion the student must be examined by a medical professional for diagnosis.

The following letter must be sent home to parents and/or guardians with the Initial Concussion Assessment Form and Quick Memory Function Assessment :

Dear Parent and/or Guardian,

Your child had an injury to his/her head during the _____(insert activity). Continued monitoring by parents and/or guardians is very important. Your child should be monitored for 24 to 48 hours following the incident as signs and symptoms can appear immediately after the injury or may take hours or days to emerge.

If any signs or symptoms emerge, your child needs to be examined by a medical professional as soon as possible that day (**Appendix B**).

Please include the following additional information to the letter (**ie. development of symptoms, how long the student sat out, if the student returned to play etc.**)

Please share the enclosed Initial Concussion Assessment Form and Quick Memory Function Assessment with the medical practitioner. (**A copy is attached, as the original remains at the school**).

Administrator's Name: _____

Date: _____

Administrator's Signature _____

Appendix B

Documentation of Initial Medical Examination Form

(Use this form for the initial medical examination to determine if the student has suffered a concussion or not.)

_____ (student's name) sustained a suspected concussion on
_____ (date) at _____ (location).

As a result, this student must be seen by a medical professional. Prior to returning to school the parent and/or guardian must inform the school administrator of the results of the medical examination by completing the following form.

The following letter must be completed by the parent and/or guardian and sent back to the school.

Results of Medical Examination

I have been informed of the school's concern. The student has been examined by a medical professional and no concussion has been diagnosed and therefore may resume full participation in learning activities with no restrictions (**medical documentation is attached**).

I have been informed of the school's concern. The student has been examined by a medical professional and a concussion has been diagnosed and therefore must begin a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan (**medical documentation is attached**).

Parent's and/or Guardian's Name _____

Parent's and/or Guardian's Signature _____ Date _____

Comments _____

Medical documentation from a medical professional must be attached to this form, indicating that the student has been diagnosed with a concussion or the student has not suffered from a concussion and the duration in which the child will remain away from school. Once the child has reached the recommended days off of school, they must be reassessed for re-entry into the classroom. The medical professional must indicate that the child is ready to return to school and discussions with the Collaborative Team (including the medical professional) will begin in terms of Return to Learn/Return to Physical Activity procedures.

Instructions

1. Administrator will fill out the name of the student and location of the incident.

2. Parent and/or guardian to complete the remainder of the form and return the completed form to the Administrator prior to the student returning to school.

Appendix C

Return to Learn - Step 1

Student _____

Planned Start Date _____

Each step in the Return to Learn/Return to Physical Activity Plan will last a minimum of 24 hours and the student must be symptom free to proceed to the next step. If the symptoms reappear in any step, the student must undergo an examination conducted by a medical professional.

Description

- No school - rest at home.
- Cognitive rest - limited reading, television, texting, etc.
- Physical rest – no recreational/leisure
- Competitive activities - team sports or games
- Symptoms Are Improving, Move To Step 2a
- Symptoms Are No Longer Present, Move To Step 2b

*Based on Medical Documentation

Parent and/or Guardian's Signature _____

Administrator's Signature _____

The student will return to school on _____ (date) and the Administrator will serve as main point of contact for the student, parent and/or guardian, other school staff who work with the student and the medical professional.

Instructions

- Parents and/or Guardians will check off symptom status, fill out a date of return, sign and return this form to the Administrator, prior to the student returning to school.
- Administrator will fill out who the main point of contact will be, sign and file in the student's OSR.

Return to Learn - Step 2a

Step 2a - Description

- Return to school as per parent and/or guardian decision.
- Student will receive individualized classroom strategies/approaches which will be adjusted as recovery occurs.
- Slowly increase cognitive activity.
- Will remain in this step until there are no symptoms present.
- Symptoms are no longer present, move to Step 2b

*Based on Medical Documentation

Parent and/or Guardian's Signature _____

Administrator's Signature _____

Instructions

- Administrator will work with the Collaborative Team to assist in developing strategies to meet the needs of the student.
- Parents and/or Guardians will check off symptom status, date, sign and return this form to the Administrator prior to the student returning to school.
- Administrator will sign and file in the student's OSR.

Return to Learn - Step 2b

Step 2b - Description

- Student begins regular learning activities without any individualized classroom strategies/approaches.
- Symptoms have reappeared.
- Symptoms have not reappeared.

*Based on Medical Documentation

Date Completed _____

Comments _____

Parent and/or Guardian's Signature _____

Administrator's Signature _____

Should signs and symptoms appear or work habit/performance deterioration occur at this step, the student must undergo an examination conducted by a medical professional. The parent and/or guardian must then communicate the results and appropriate steps to the Administrator by filling out and returning the Return of Symptoms form found in **Appendix E**.

The student will resume the Return to Learn/Return to Physical Activity at Step _____.

Instructions

- The Administrator and Collaborative Team will continue to closely monitor the student.
- Symptoms do not re-appear.
 - Parent and/or guardian, date, sign and return this form to the Administrator prior to the student returning to school.
- Symptoms reappear.
 - Medical documentation will accompany this form.
 - A new Return To Learn Plan will be provided to the parent and/or guardian depending on the step at which the student will start the plan.

Appendix D

Return to Physical Activity Plan – Step 1

Description

- Return to physical activity.
- Individual light aerobic physical activity.
- No resistance or weight training.
- No competition.
- No participation with equipment or with other students.
- No drills.
- No body contact sports.
- The objective is to increase the heart rate.
- Symptoms have not re-appeared.
- Symptoms have reappeared

*Based on Medical Documentation

Date Completed _____

Comments _____

Parent and/or Guardian's Signature _____

Administrator's Signature _____

Should signs and symptoms appear or work habit/performance deterioration occur at this step the student must undergo an examination conducted by a medical professional. The parent and/or guardian must then communicate the results and appropriate steps to the Administrator by filling out and returning Return of Symptoms form found in **Appendix E**.

Instructions

- Administrator and Collaborative Team will continue to closely monitor the student.

Symptoms do not re-appear

- Parent and/or guardian, date, sign and return this form to the Administrator prior to the student returning to school.

Symptoms reappear

- A medical professional's note will accompany this form.
- A new Return To Physical Activity Plan will be provided to the parent and/or guardian depending on the step at which the student will start the plan.

Step 2a - Return to Light Physical Activity Plan

Step 2a - Description

- Daily activities that do not provoke symptoms.
- Add additional movements that do not increase breathing and/or heart rate or break a sweat.
 - Activities permitted if tolerated by student:
 - Activities from previous stage
 - Light physical activity (for example, use of stairs)
 - 10-15 minutes slow walking 1-2x per day inside and outside (weather permitting)
 - Activities that are not permitted at this stage:
 - Physical exertion (increases breathing and/or heart rate and sweating)
 - Sports
- The student moves to Stage 2b when:
 - The student tolerates daily physical activities (completes activities permitted in Stage 2a) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
 - The student has completed a minimum of 24 hours at Stage 2a.
- However:
 - The student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms.

- The student must return to a medical professional when they have exhibited or reported a worsening of symptoms.

Step 2b - Return to Physical Activity Plan

Step 2b - Description

- Light aerobic activity
 - Activities permitted if tolerated by student:
 - Activities from previous stage
 - 20-30 minutes walking/stationary cycling/recreational (that is, at a pace that causes some increase in breathing/heart rate but not enough to prevent a student from carrying on a conversation comfortably)
 - Activities that are not permitted at this stage:
 - Resistance or weight training
 - Physical activities with others
 - Physical activities using equipment
- The student moves to Stage 3 when:
 - The student tolerates light aerobic activities (completes activities permitted from Stage 2b) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms
 - The student has completed a minimum of 24 hours at Stage 2b.
- However:
 - The student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms.

- The student must return to a medical professional when they have exhibited or reported a worsening of symptoms.

Step 3 - Return to Physical Activity Plan

- Return to physical activity.
- Individual sport specific activity only.
- No resistance/weight training.
- No competition.
- No body contact, no head impact activities or other jarring motions.
- Objective is to add movement.
- Symptoms have not reappeared since moving to Step 4.
- Symptoms have reappeared.

Date Completed _____

Comments _____

Parent and/or Guardian's Signature _____

Administrator's Signature _____

Step 4 -Return to Physical Activity Plan

- Non-contact practice and progression to more complex training drills allowed.
- Progressive resistance training may be started.
- No body contact, no head impact activities or other jarring motions.
- Objective is to increase exercise coordination and cognitive load.
- Symptoms have not reappeared.
- Symptoms have reappeared.

Date Completed: _____

Comments: _____

Parent and/or Guardian's Signature _____

Administrator's Signature _____

Should signs and symptoms appear or work habit/performance deterioration occur at this step, the student must undergo an examination conducted by a medical professional. The parent and/or guardian must then communicate the results and appropriate steps to the Administrator by filling out and returning Return of Symptoms form found in **Appendix F**.

Instructions

- The Collaborative Team will communicate with the parent and/or guardian that the student must undergo medical evaluation.
- Return this form to the parent and/or guardian to obtain medical professional diagnosis and signature.

Return to Physical Activity Medical Examination

[To be completed prior to moving to Step 5.]

Date of Medical Examination _____

I _____ (medical professional's name) have examined _____ (student's name) and confirm he/she continues to be symptom free and is able to return to regular physical education class/intramural activities/interschool activities in non- contact sports and full training/practices for contact sports.

Medical Professional's Signature: _____

Date: _____

-- OR --

Medical note is attached.

Step 5 -Return to Physical Activity Plan

Description

- Full participation in regular physical education /intramural/interschool activities in non- contact sports.
- No competition that involves body contact.
- Objective is to restore confidence and assess functional skills by teacher/coach.
- Symptoms have not reappeared since moving to Step 5.
- Symptoms have reappeared.

*Based on Medical Documentation

Date Completed: _____

Comments _____

Parent and/or Guardian's Signature _____

Administrator's Signature _____

Step 6 - Return to Physical Activity Plan

Description

- Full participation in contact sports.
- No restrictions.
- Symptoms have not reappeared.
- Symptoms have reappeared.

*Based on Medical Documentation

Date Completed: _____

Comments _____

Parent and/or Guardian's Signature _____

Administrator's Signature _____

Should signs and symptoms appear or work habit/performance deterioration occur at this step, the student must undergo an examination conducted by a medical professional. The parent and/or guardian must then communicate the results and appropriate steps to the Administrator by filling out and returning Return of Symptoms form found in Appendix E.

Completion of the Return to Learn and Return to Physical Activity steps.

Administrator's Signature _____

Date _____

Appendix E

Return of Symptoms (used at any Step)

My child/ward has experienced a return of concussion signs and/or symptoms and has been examined by a medical professional on _____ (date) who has advised a return to Step _____ of the Return to Learn/Return to Physical Activity Plan.

Parents and/or Guardian's Signature: _____

Date: _____

Medical professional's Signature: _____ Date: _____

-- OR --

In place of a medical professional's signature, a medical note is attached.

Appendix F

Concussion Student Code of Conduct

For the safety of your child, parents and/or guardians are asked to review the concussion code of conduct with their child on a yearly basis.

As a student at Superior North Catholic District School Board for the [20xx-20xx] 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 and/or teacher.
- 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 I am familiar with the Concussion Code of Conduct.
- 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 teacher/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 teacher/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 professional 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 professional 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 and/or guardian, school staff, and any sport organization with which the student has registered

- I will communicate with my teachers/coaches, parent and/or 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 Return to physical activities Plan for students with a concussion diagnosis

- I understand that I will have to follow the Return to physical activities Plan 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 School Board's Return to physical activities Plan.
- I understand that I will need a Medical Clearance as required by the Return to physical activities Plan 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 Return to physical activities Plan

- I will follow the recovery stages and learning strategies proposed by the collaborative team for my Return to physical activities Plan.

Together with my child (child/childrens name), _____ I
_____ [Print Name] have read and understood pages of this code of
conduct.

Date: _____

Signature: _____

Appendix G

Concussion Parent and/or Guardian Code of Conduct

As a parent and/or guardian of [Student Name] at [School] for the [20xx-20xx] 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 demonstrate respect to 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 an approved Concussion Awareness Resource identified by the school board [link to awareness resource].
- 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, and:
 - I am aware that if my child has signs or symptoms of a suspected concussion they should be taken to a medical professional 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 professional as soon as reasonably appropriate that day and will report the results to appropriate school staff.
- I will inform the school Administrator, 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 Administrator, coach and/or other relevant school staff any time my child is diagnosed with a concussion by a medical professional.
- 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 and/or guardian, school staff, and any sport organization with which the student has registered

- I will share with the teacher/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 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 Return to School Plan.
- I will ensure my child receives a Medical Clearance as required by the Return to School Plan, 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 Return to School Plan

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

I _____[Print Name] have read and understand all [# pages] pages of this code of conduct.

Date: _____

Signature: _____

Appendix H

Concussion Volunteer Coach Code of Conduct

As a volunteer coach at [School] for the [20xx-20xx] school year, I am committed to:

Maintaining a safe learning environment

- I will review and adhere to the School Board'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 and/or 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 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 an approved Concussion Awareness Resource identified by the school board [OPHEA Concussion Safety](#).
- 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 School Board's concussion protocol prior to allowing return to physical activity.

Acknowledging the importance of communication between the student, parent and/or guardian, 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 and/or guardian, and relevant school staff.
- I will promote the importance of communication about a suspected or diagnosed concussion between the student, parent and/or guardian, and all sport organizations with which the student has registered.

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

- I will support the implementation of the Return to School Plan for students with a diagnosed concussion.

Prioritizing a student's return to learning as part of the Return to School Plan

- I understand the need to prioritize a student's return to learning as part of the Return to School Plan.
- I will follow the Return to School Plan 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 Return to School Plan.

I _____ [Print Name] have read and understand this code of conduct.

Date: _____

Signature: _____