

Coaches/Supervisor/Other Team Officials Code of Conduct for Interschool Sports

Please sign and return to the school

This is a Concussion Code of Conduct for coaches/supervisor/other officials of interschool activities. Items marked with an asterisk * are mandatory by O.Reg. 161/19: General.

Name: _____

School: _____

Sports Team(s): _____

I can help prevent concussions through my:

- Efforts to ensure that my athletes wear the proper equipment and wear it correctly.
- Efforts to help my athletes develop their skills and strength so they can participate to the best of their abilities.
- Respect for the rules of my sport or activity and efforts to ensure that my athletes do, too.
- Commitment to fair play and respect for all (respecting other coaches, team trainers, officials and all participants and ensuring my athletes respect others and play fair). *

I will care for the health and safety of all participants by taking concussions seriously. I understand that:

- A concussion is a brain injury that can have both short- and long-term effects.
- A blow to the head, face, or neck, or a blow to the body may cause the brain to move around inside the skull and result in a concussion.
- A person doesn't need to lose consciousness to have a concussion.
- An athlete with a suspected concussion should stop participating in training, practice or competition **immediately**.
- I have a commitment to concussion recognition and reporting, including self-reporting of possible concussion and reporting to a designated person when an individual suspects that another individual may have sustained a concussion. *
- Continuing to participate in further training, practice or competition with a suspected concussion increases a person's risk of more severe, longer lasting symptoms, and increases their risk of other injuries or even death.

I will create an environment where participants feel safe and comfortable speaking up. I will:

- Encourage athletes not to hide their symptoms, but to tell me, an official, parent or another adult they trust if they experience **any** symptoms of concussion after an impact.
- Lead by example. I will tell a fellow coach, official, team trainer and seek medical attention by a physician or nurse practitioner if I am experiencing any concussion symptoms.
- Understand and respect that any athlete with a suspected concussion must be removed from sport and not permitted to return until they undergo a medical assessment by a physician or nurse practitioner and have been medically cleared to return to training, practice or competition.
- Commit to providing opportunities before and after each training, practice and competition to enable athletes to discuss potential issues related to concussions. *

I will support all participants to take the time they need to recover:

- I understand my commitment to supporting the return-to-sport process. *
- I understand the athletes will have to be cleared by a physician or nurse practitioner before returning to sport.
- I will respect my fellow coaches, team trainers, parents, physicians and nurse practitioners and any decisions made with regards to the health and safety of my athletes.

I acknowledge that I have fully reviewed and commit to this Concussion Code of Conduct.

Coach/Supervisor Name: _____
(Please print)

Signature: _____ Date: _____

Principal Signature: _____ Date: _____

Information Collection Authorization: The personal information contained on this form has been collected in accordance with the Municipal Freedom of Information and Protection of Privacy Act, and Policy and Program Memorandum 158, titled School Board Policies on Concussion.

USER: PRINCIPAL, TEACHERS, SPECIAL EDUCATION RESOURCE TEACHER, COACHES