



# GREATER ESSEX COUNTY DISTRICT SCHOOL BOARD CONCUSSION CODE OF CONDUCT

## **Maintaining a safe learning environment**

- I will bring 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 enforce 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 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 the approved [Concussion Awareness Resources](#) provided
- 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 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, 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.

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

- I understand that I will have to follow the Return to School 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 School Plan.
- I understand that I will need a Medical Clearance as required by the Return to School Plan prior to returning to full participation in "non-contact sports" or 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 Return to School Plan.