



NIAGARA CATHOLIC  
DISTRICT SCHOOL BOARD

## **Concussion Code of Conduct Student**

### **Maintaining a safe learning environment**

- I will bring any potential issues related to the safety of equipment and facilities to staff/coaches/trainers /supervisors/volunteers.
- 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/physical activity and follow the instructions of staff/coaches/trainers /supervisors/volunteers prohibiting behaviours that are considered high-risk for causing concussions.
- I will respect and accept that staff/coaches/trainers /supervisors/volunteers 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 the instructions provided by staff/coaches/trainers/supervisors/volunteers 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 staff/coaches/trainers /supervisors/volunteers 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 Board approved [Concussion Awareness Resource](#).
- I will remove myself immediately from any sport/physical activity and will tell staff/coaches/trainers /supervisors/volunteers or caring adult if I think I might have a concussion.
- I will tell the staff/coaches/trainers/supervisors/volunteers 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 staff/coaches/trainers/supervisors/volunteers that I will be removed immediately from the sport/physical activity, and:
  - I am aware that when I have signs or symptoms I should go to a physician/nurse practitioner to be diagnosis 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 48 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 physician/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, school staff, and any sport organization with which the student has registered**

- I will communicate with my parent/guardian, staff/coaches/trainers /supervisors/volunteers 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 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 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 Return to School Plan.