

Extra-Curricular Athletics Safety Guidelines

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**School District 73 Kamloops-
Thompson**

Acknowledgements and Intent of the Safety Guidelines

Risk Management (General)

Generic Issues

Medical and Safety Considerations (General)

Introduction to Specific Sport/Activity Procedures

Alpine Skiing/Snowboarding

Badminton

Basketball

Cross-Country Running

Curling

Field Hockey

Flag Football

Football

Golf

Gymnastics

Mountain Biking

Rugby

Soccer

Swimming

Tennis

Track and Field (Discus, High Jump, Hurdles, Javelin, Pole Vault)

Track and Field (Shot Put, Track Events, Triple/Long Jump)

Volleyball

Wrestling

Ultimate

Appendices Index

- Appendix A – Student-Athlete Code of Conduct**
- Appendix B-1 Parent Acknowledgement Form (Middle/Secondary)**
Information to Parents
- Appendix B-2 Elementary Student-Athlete/Parent Acknowledgement Form**
- Appendix C – Medical Consent Form**
- Appendix D – Concussion Management Procedures**
(Context, Definition, Signs/Symptoms
(Management Procedures for a Diagnosed Concussion)
(Return to Learn/Return to Physical Activity Steps)
- Appendix E – Tool to Identify a Suspected Concussion**
- Appendix F – Documentation of Medical Examination (Concussion)**
- Appendix G – Documentation for a Diagnosed Concussion**
(Return to Learn/Return to Physical Activity Plan)
- Appendix H – Emergency Action Plan**
- Appendix I – Lightning Protocol**
- Appendix J – Universal Precautions Blood and Bodily Fluids**
- Appendix K – Management of Asthma Protocol**
- Appendix L – Sudden Arrhythmia Death Syndrome (SADS)**
- Appendix M – Criteria for Non-District Employee Coaches**

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Walt Kirschner (Chair), Annemarie Watts, Corey Yamaoka and Steve Scott

Intent of the Safety Guidelines

The primary responsibility for the care and safety of athletes rests with the School District and its employees. An important aspect in this role is recognizing the element of risk inherent in all physical activity and take action accordingly. It is important to identify all foreseeable risks and develop procedures that help minimize preventable accidents and injuries.

Safety awareness, practiced by the coach, based on current information, common sense observation, action, and foresight is key in maximizing safety. Focusing attention on safe practices for each activity will minimize the element of risk. Safe practices, such as the use of logical coaching progressions, the inclusion of age-appropriate activities in program preparations and sound planning and coaching will guard against these risks.

These procedures set out the minimum guidelines to be used by coaches and administrators in addressing the safety component of extracurricular athletics. Extracurricular athletics is defined as a school-sponsored, competitive program which:

- Occurs outside of instructional time
- Involves a selected school team/group
- Involves a competition against another outside team/group

Risk Management The following elements of risk must be taken into consideration by the teacher/coach:

- The competition is age-appropriate for the athletes' physical/mental abilities
- The coach/supervisor has the knowledge/experience and certification (where applicable) to coach/supervise the activity safely
- Consideration must be given to environmental factors (e.g. Site conditions, weather conditions)

Generic Issues

- The Principal of each school is responsible for the extracurricular athletic program and for ensuring each coach is familiar with the school/district and B.C. School Sports coaching philosophy and expectations, as well as the safety guidelines outlined in this document.
- All new coaches must go through an approval process by the Principal to determine the individual's ability and suitability to coach the activity. The individual must have the knowledge, experience and, where appropriate, qualifications to safely coach the activity.
- Prior to the athlete's first game, completed and signed Student Athlete Code of Conduct, Parent Acknowledgement and Medical Consent forms must be submitted (See Appendices A, B and C). No athlete is permitted to participate in any game, including exhibition games, until the aforementioned signed forms have been submitted to the school.
- Prior to the start of each season of play, coaches must ensure parents are made aware of the risks inherent in sport participation, as well as the procedures in effect with regard to injury prevention, treatment and return to participation following injury/suspected injury.

Medical and Safety Considerations

- At the beginning of each season, coaches need to be aware of the medical background and physical limitations of their athletes. This includes knowledge of athletes with heart disorders, asthma, severe allergies, anaphylaxis, epilepsy, concussion history, etc. The coach must have athletes' medical information available at all practices and games.
- Coaches will provide athletes and parents with the link to the CATT website and encourage them to access the free information/resources provided to parents/caregivers and players/participants in order to raise awareness with parents and athletes regarding the warning signs and care protocols surrounding concussions.
- AED's are located in every school in our school district.
- When dealing with accidents/injuries follow the guidelines outlined in Appendix H.
- Coaches will ensure an appropriately stocked first aid kit is readily accessible at all practices and games.
- Universal precautions must be followed when dealing with situations involving blood and other bodily fluids (see Appendix J).
- Coaches must take into consideration the temperature and weather conditions, previous training and the length of time athletes will be vigorously active in outdoor activities.
- Lightning is a significant weather hazard. See Appendix I for safety procedures in the event of lightning activity.

- Coaches must have a cell phone readily accessible.
- Prior to teaching the skills of a sport/activity, coaches must identify the possible risks, demonstrate how to minimize the risks and set procedures for safe play.
- Coaches will encourage parents to have a Student Accident Insurance Policy.
- Any modifications coaches make to these procedures and guidelines must RAISE the level of safety, not LOWER it.
- Safety protocols and procedures regarding concussions must be communicated to athletes and parents to minimize and manage potential concussions. **It is critical to refer to Appendices D, E, F and G for procedures and information on concussion identification, management and return to learn/physical activity protocol.**
- **Sudden Arrhythmia Death Syndrome (SADS)** refers to a variety of cardiac disorders which are often genetic and undiagnosed that can be responsible for sudden death in young, apparently healthy people. **Because physical activity is a common trigger for SADS, it is important for coaches to recognize possible syndromes/warning signs. Refer to Appendix L for coach/parent information.**
- Extracurricular athletics have been categorized into two areas: **Higher risk sports and Lower risk sports. Higher risk sports are characterized by:**
 - ✓ Greater potential for injuries with severe consequences
 - ✓ Person-to-person and/or person-to equipment contact
 - ✓ Uniqueness of equipment used
 - ✓ Speed of action
 - ✓ Protective equipment used
 - ✓ Type of training required
 - ✓ Type of supervision required

- **For Higher risk sports, these additional requirements must be met:**

- ✓ Coaching qualifications CAC (Sport Specific) or attendance at a clinic or workshop provided by an instructor knowledgeable in the sport within the previous 5 years.
- ✓ The presence of an individual who takes responsibility for providing first aid to injured participants throughout the entirety of a practice or competition.

Introduction to Specific Sport/Activity Procedures

Guidelines for each sport/activity are outlined according to the following key components:

- Equipment
- Special Instructions
- Clothing and Footwear
- Facilities
- Supervision

Equipment

- When using equipment not listed, care must be taken to determine that it is safe for use and that it is size, mass and strength appropriate
- Prior to participation, coaches/supervisors must check that the protective equipment is being properly worn by the athlete
- Athletes and parents must be made aware that equipment brought from home must be in safe playing condition. Eyeglasses require an eyeglass strap and shatterproof lenses for some activities. Mouth guards are also required for some activities.
- Personal equipment must not be altered beyond the adjustments provided for in the original equipment.
- Athletes must be informed not to share water bottles.
- Athletes must be informed that they have a responsibility to report equipment problems and defects to the coach/supervisor.
- All equipment must be checked regularly by the coach to determine that it is in good working order
- Coaches must perform a visual check of equipment before each practice and competition and remove broken or unsafe equipment.
- Helmets must meet recognized safety standard association guidelines, for example: Canadian Standards Association (CSA), U.S. Consumer Product Safety Commission (CPSC), National Operating Committee on Standards in Athletic Equipment (NOCSAE).

Facilities

- Coaches must make a pre-activity check of the facilities and equipment to be used. Hazards must be identified and removed. Potentially dangerous and immovable objects (e.g. Goalposts, protruding stage) must be brought to the attention of the athletes.
- Equipment/furniture which poses a potential hazard must not be stored around the perimeter of the gym. A reasonable number of benches and mats are exceptions.
- Floor sockets must have covered plates.
- Playing fields must be free from hazards (e.g. Glass, needles, holes). Severely uneven surfaces must be brought to the attention of the athletes and modifications made when necessary.

Special Rules/Instructions

- The skills of a sport must be taught in proper progression prior to participation.
- **Athletes who are absent from a practice(s) may be temporarily excluded from competition until such time that the coach determines they have acquired the necessary skill sets to safely compete.**
- Fitness development appropriate to the level of competition must be addressed. Athletes may be temporarily excluded from competition until such time that the coach determines that have met a minimum fitness level required to safely compete.
- Before involving athletes in outdoor activity, coaches must take into consideration environmental conditions, accessibility to adequate liquid replacement, previous training and fitness level and the length of time and intensity of physical activity.
- Athletes must receive instruction on the importance of reporting symptoms related to a suspected concussion.

Supervision

Supervision is the vigilant overseeing of an activity. All extracurricular activities must be supervised. Three categories of supervision are designated in these procedures and are based on the principles of general and specific supervision which take into account the risk level of the activity, the participants' skill level and the participants' maturity.

- **Constant Visual** supervision means that the coach/supervisor is physically present, watching the activity.

- **On-Site** supervision means the coach is present but not necessarily constantly viewing one specific activity. Momentary presence in adjoining rooms to the gym is considered part of on- site supervision.
- **In-the-Area** supervision is applied to activities that characteristically put athletes out of sight for period of time (e.g. Cross-country running), and “constant visual” or “on-site” supervision would not be possible in these situations.

When a competition or extracurricular sport includes large numbers of participants (e.g. Elementary track meet), the ratio of coaches to participants must satisfy safety concerns.

Coach’s Role and Responsibilities

- All coaches will complete the Concussion Awareness Training Tool (CATT) online training course. This is a free, online concussion awareness training tool available at <https://cattonline.com> .
- The coach must work with athletes in a professional manner that emphasizes respect, fair play and skill development.
- The coach must adhere to the Coaches Code of Conduct as outlined in the B.C. School Sports Handbook (Section 25.0.0).
- The coach must recognize that student-athletes are students first and foremost, and adhere to school and district policies and procedures that place growth in thinking, communication and personal and social skill development as priorities.
- Coaches must provide a suitable level of competition according to the skill, size, age and conditioning of the athlete. Coaches must examine the intensity and frequency of drills, practice and games in order not to put athletes at risk (e.g. Excessive repetition of heading or hitting skills).
- Inform parents of the times and locations of practices and games.
- The coach must communicate to athletes that there is zero-tolerance of initiation/hazing activities, and will report such incidents to the Principal in order that proper investigation and, where deemed necessary, consequences can be put in place.
- Participants must be appropriately supervised during all phases of the activity, practice, warm-up and competition. If a coach cannot fulfill the specified level of supervision the activity must be stopped.

- When the coach is not the same gender as the athlete(s) and where an overnight stay may be required, a supervisory adult, as approved by the Principal, of the same gender as the athlete(s), must be present and available at the accommodation site for the duration of their stay.
- Before each practice or game, the coach must visually inspect facilities and playing surfaces to determine that they meet safety guidelines. The coach must not allow participation if it is determined the facilities/playing surface is not safe.

Player's Role and Responsibilities

- Athletes are expected to abide by the behavioral expectations set out by the Student-Athlete Code of Conduct as well as all other associated Board policies and Administrative Procedures.
- Athletes are expected to report any behavior that contravenes the codes of conduct of this procedure, Board policy or Administrative Procedure, including incidents of initiation/hazing to the coach and/or Principal.
- Athletes are expected to report all injuries or suspected injuries to the coach.
- Athletes are expected to report any unsafe equipment/facilities to the coach.

SPORT SPECIFIC SAFETY

Alpine Skiing/Snowboarding

Higher Risk Activity

Equipment

- A telephone/cell phone must be accessible
- A fully stocked first aid kit must be readily accessible
- Athletes must check all equipment prior to use and report equipment problems to coach
- Alpine Skiing: Athletes must wear a properly fitted and properly worn hard shell crash helmet which provide complete head protection and full ear protection (designed for Giant Slalom alpine ski racing). FIS approved slalom helmets with a chin guard attached to the helmet and bearing the following certification codes (ASTM F2040, CEN 1077 or Snell S98) must be worn.
- Snowboarding: Athletes must wear a properly fitted and properly worn snow sport helmet certified by a recognized safety standards association (e.g. ASTM F2040, CEN 1077, Snell S98)
- Skis, snowboards and poles must be appropriate for the size and ability of the athlete. All bindings are in working order and set to the proper tension and boots and binding are compatible
- There must be a functioning, reliable communication system covering the course
- Protective eyewear (e.g. sunglasses) must be worn
- When downhill mountain biking, appropriate safety gear for the facility must be worn

Clothing/Footwear

- Appropriate clothing and footwear for outdoor activity must be worn
- No long scarves are permitted
- Long hair must be secured. Devices used to tie back long hair must not present a safety concern.

Facilities

- Determine all facilities are safe for use. Athletes must be encouraged to report facility problems to the coach
- Only commercially operated ski facilities with suitable teaching areas must be used
- The facility provider must define skiing area to athletes so they are aware of the boundaries and hazards
- Course poles must be full-length breakaway style.
- Race course must be set by an experienced, qualified course-setter
- Safety walls, nets or barriers must be placed where required
- There must be a clear run-out at the end of the course

Special Rules/Restrictions

- Skills and techniques must be taught in proper progression.
- Proper racing techniques must be taught prior to competition
- Adequate liquid replacement must be accessible for athletes before, during and after the activity
- Athlete's fitness level must be commensurate with the level of competition
- Previous training, fitness level and the length of time and intensity of the activity must be taken into consideration
- Athletes must be made aware of ways to protect themselves from environmental conditions (e.g. Use of hats, sunscreen, insect repellent, personal water bottles)
- Be aware of athletes whose medical condition (e.g. Asthma, diabetes) may affect participation
- No athlete may participate in a competition without prior skill development and practice

Supervision

- In-the-area supervision is required
- Certified Alpine Officials must preside over all racing competitions
- The Head Coach must be qualified (CAC sport-specific certification or attendance at a clinic or workshop provided by an instructor knowledgeable in the sport within the previous 5 years), and be approved by the Principal.
- An individual who takes responsibility for providing first aid to injured athletes must be present during the entire practice/competition

Badminton

Equipment

- A fully stocked first aid kit must be readily accessible
- A telephone/cell phone must be accessible
- Determine that all equipment is safe for use. Inspect racquets for breakage/damage.
- Protective eyewear is recommended for practice and competition

Clothing/Footwear

- Appropriate clothing and footwear must be worn.
- No hanging jewelry

Facilities

- Determine all facilities are safe for use and surface provides sufficient traction
- Playing surfaces and surrounding areas must be free of obstacles (e.g. Tables/chairs)
- Court boundary lines must be clearly defined and safety procedures established for side-by-side courts.

Special Rules/Restrictions

- Code of etiquette for court play must be taught and enforced (e.g. Not entering a court being used)
- When teaching/practicing skills, adequate spacing must be provided for each athlete to be able to make an uninterrupted swing
- Players must stop play whenever a foreign object comes onto the court
- During doubles play, encourage front court player to avoid facing partner during a rally
- Be aware of athletes whose medical condition (e.g. Asthma) may affect participation

Supervision

- On-site supervision is required during initial instruction
- In-the-area supervision is required after initial instruction
- Setting up of equipment requires on-site supervision.

Basketball

Equipment

- A fully stocked first aid kit must be readily accessible
- A telephone/cell phone must be accessible
- Determine that all equipment is safe for use. Ensure balls are properly inflated
- Where athlete contact with a wall/stage is possible protective padding must be in place
- Portable basketball systems must be internally weighted to prevent tipping, and must be set up by an adult.
- The height of an adjustable basket must not present a safety concern.

Clothing/Footwear

- Appropriate clothing and footwear must be worn. No jewelry.

Facilities

- Determine all facilities are safe for use and surface provides sufficient traction
- Playing surfaces and surrounding areas must be free of obstacles (e.g. Tables/chairs)
- Protective padding must be used on lower edges/corners of rectangular backboards
- Floor sockets must have cover plates

Special Rules/Restrictions

- No hanging from rims unless for accident prevention during game play, and never from portable basketball systems.
- Following warm up activities prior to games, practice balls must be safely stored (e.g. No throwing of balls across court, storing balls loosely in corner of gym)
- Care should be taken to dry any moisture on court to prevent slipping (e.g. Sweat, spilled water from bottles)

Supervision

- On-site supervision is required during initial instruction
- In-the-area supervision is required after skills have been taught
- Only trained athletes will raise and lower baskets and must be under constant visual supervision

Cross-Country Running

Equipment

- A fully stocked first aid kit and telephone/cell phone must be readily accessible
- Determine that all equipment is safe for use.

Clothing/Footwear

- Appropriate clothing and footwear must be worn. No hanging jewelry
- No bare feet and no spikes/cleats of any kind

Facilities

- Determine all facilities are safe for use and surface provides sufficient traction
- Inspection “walk through” of route must take place prior to initial use in order to identify potential hazards.
- If weather conditions and degradations of the course occur during competition, ongoing safety assessments must be conducted by a coach/organizer, and the route changed if necessary
- Prior to initial use, athletes must be made aware of route and areas to approach with caution
- Marshals must be stationed throughout the route and all hazards marked to enhance safety

Special Rules/Restrictions

- Athlete fitness level must be commensurate with the level of competition
- Coaches must monitor weekly distance increases of athletes
- Athletes must be coached in strategies that enhance safety with “crowded” starts
- Proper warm-up and cool-down must be included
- No audio devices that impair athlete’s ability to clearly hear and be alert to surroundings may be used
- Athletes must be made aware of ways to protect themselves from environmental conditions (e.g. Use of hats, sunscreen, insect repellent, etc.)

Supervision

- In-the-area supervision
- An individual who takes responsibility for providing first aid to injured athletes must be present during competitions

Curling

Equipment

- A fully stocked first aid kit must be readily accessible
- A telephone/cell phone must be accessible
- Determine that all equipment is safe for use.
- Equipment rules mandated by the curling club must be followed

Clothing/Footwear

- Appropriate clothing and footwear must be worn.
- Curling shoes with a removable gripper on sliding shoe or shoes with a removable slider
- No hanging jewelry

Facilities

- Determine all facilities are safe for use
- Curling surface must be free of obstacles and hazardous cracks

Special Rules/Restrictions

- Athlete fitness level must be commensurate with the level of competition
- Teach etiquette and safety rules prior to going onto curling rink
- Instruct athletes not to step over curling rocks but to walk around them
- Instruct athletes never to pick up curling rocks off of the ice, unless in the act of shooting
- Establish a safe routine to clear rocks from the house

Supervision

- On-site supervision

Field Hockey

Higher Risk Activity

Equipment

- A fully stocked first aid kit must be readily accessible
- A telephone/cell phone must be accessible
- Determine that all equipment is safe for use. Sticks must be checked for cracks
- Shin guards must be worn by all players. Mouth guards must be worn by all players
- Gloves, CSA approved hockey helmet and face mask, chest protector, goalie pads, kickers and throat protector must be worn by goalkeeper.

Clothing/Footwear

- Appropriate clothing and footwear must be worn.
- Molded cleats or turf shoes may be worn
- No jewelry

Facilities

- Determine all facilities are safe for use
- Playing surface and surrounding area must be free of obstacles and provide sufficient traction
- Ensure portable goals are secure
- Playing field must be free from hazardous holes, glass, rocks, etc. Holes and severely uneven surfaces must be brought to the attention of coaches, officials and athletes

Special Rules/Restrictions

- Athlete fitness level must be commensurate with the level of competition
- All rules related to stick infractions must be implemented (see CFHA rulebook)
- Athletes must be made aware of ways to protect themselves from environmental conditions (e.g. Use of hats, sunscreen, insect repellent, personal water bottles)
- Be aware of athletes whose medical condition (e.g. Asthma) may effect participation

Supervision

- On-site supervision
- The Head Coach must be qualified (CAC sport-specific certification or attendance at a clinic or workshop provided by an instructor knowledgeable in the sport within the previous 5 years), and be approved by the Principal.
- An individual who takes responsibility for providing first aid to injured athletes must be present during the entire practice/competition

Flag Football

Equipment

- A fully stocked first aid kit must be readily accessible
- A telephone/cell phone must be accessible
- Determine that all equipment is safe for use.
- Knee and elbow guards must be flexible and contain no hard material

Clothing/Footwear

- Appropriate clothing and footwear must be worn.
- Molded cleats may be worn
- No jewelry
- Belt straps must be tied and secured (e.g. no dangling straps or belts)
- When long hair poses a safety risk it must be secured

Facilities

- Determine all facilities are safe for use
- Playing surface and surrounding area must be free of obstacles and provide sufficient traction
- Playing field must be free from hazardous holes, glass, rocks, etc. Holes and severely uneven surfaces must be brought to the attention of coaches, officials and athletes

Special Rules/Restrictions

- Athlete fitness level must be commensurate with the level of competition
- Athletes must be made aware of ways to protect themselves from environmental conditions (e.g. Use of hats, sunscreen, insect repellent, personal water bottles)
- Be aware of athletes whose medical condition (e.g. Asthma) may effect participation
- Flags must not be tucked or tied to the belt and must release easily when pulled
- Body contact (blocking, picking and screening) is not permitted
- Fair play and rules of the sport must be taught and strictly enforced

Supervision

- On-site supervision
- Head coach must demonstrate knowledge of game, skills and strategies to principal or designate

Football

Higher Risk Activity

Equipment

- A fully stocked first aid kit must be readily accessible
 - A telephone/cell phone must be accessible
 - Determine that all equipment is safe for use
 - Helmets must bear a clearly legible and legal NOCSAE warning sticker
 - Helmets and shoulder pads must be inspected annually and reconditioned as determined by an accredited equipment re-conditioner
 - Helmets are to be recertified by an accredited equipment re-conditioner every three years
 - For helmets that have air, bladder inflation devices must be available on-site
 - ALL helmets must be replaced after 10 years from date of manufacture
 - For all contact situations, the minimum protective equipment that must be worn includes: full fit interior mouth guard, properly fitted helmet, shoulder pads, hip-tailbone pads, thigh pads, knee protection
 - All visors must be clear. Colored or tinted visors must not be worn unless medical certification from an ophthalmologist is presented
 - Full padding in good condition on blocking sled must be free of exposed rips or tears
 - Goalposts must be padded if in field of play. Padding must be at least 1.8 m (6 ft.) high
- Clothing/Footwear
- Appropriate clothing and footwear must be worn.
 - Suitable footwear that satisfies football regulations and that is properly maintained
 - No jewelry

Facilities

- Determine all facilities are safe for use
- Playing surface and surrounding area must be free of obstacles and debris and provide sufficient traction.
- Boundary lines must be clearly visible and perimeter of field must be marked
- Holes and severely uneven surfaces must be brought to the attention of coaches, officials and athletes
- Spectator stands and player benches must be well removed from playing field
- Use collapsible flags or soft pylons to mark end zone corners and yard markers

Special Rules/Restrictions

- Athlete fitness level must be commensurate with the level of competition
 - Skills must be taught in proper progression, games/activities must be based on skills taught
 - Athletes must receive instruction on how to adjust and maintain equipment
-
- A member of the coaching staff must supervise the issuing and proper fitting of equipment

- Down-box personnel must be trained in safe use of equipment
- Training must include flexibility, strength and cardiovascular enhancing activities
- Athletes must receive instruction in concussion recognitions signs and protocols, including reporting suspected concussion symptoms observed for any player to the coach/supervisor
- Each athlete must have actively participated in at least 5 days of practices before playing in their first game
- Coaches need to assess heat, humidity and physical condition of athletes when planning practices
- There must be a minimum of 48 hours between athlete participation in any regulation football games
- Any exposed orthopaedic apparatus must be soft or padded.
- Safe blocking and tackling techniques (e.g. Head up tackling) must be taught and reinforced throughout season. No head blocking or spear tackling techniques must be taught
- Athletes must be made aware of ways to protect themselves from environmental conditions (e.g. Use of hats, sunscreen, insect repellent, personal water bottles)
- Be aware of athletes whose medical condition (e.g. Asthma) may effect participation

Supervision

- On-site supervision
- Constant visual supervision during initial practice of contact skills
- Coaching staff must approve any exchange of equipment among players
- The Head Coach must be qualified (CAC sport-specific certification or attendance at a clinic or workshop provided by an instructor knowledgeable in the sport within the previous 5 years), and be approved by the Principal.
- An individual who takes responsibility for providing first aid to injured athletes must be present during the entire practice/competition
- When issuing equipment to athletes all gear must be fitted properly
- Individual distributing equipment to athletes must have knowledge of fitting equipment properly

Golf

Equipment

- A telephone/cell phone must be accessible
- Determine that all equipment is safe for use. Grips must be checked regularly and repaired as needed.
- Golf bags with all equipment must be appropriate in size and weight for athletes

Clothing/Footwear

- Appropriate clothing and footwear must be worn.
- Golf shoes must be worn

Facilities

- Determine all facilities are safe for use
- Adequate space must be provided for full backswing and follow-through

Special Rules/Restrictions

- Establish a safe routine for hitting and retrieving golf balls at a driving range
- Athletes must be made aware of ways to protect themselves from environmental conditions (e.g. Use of hats, sunscreen, insect repellent, personal water bottles)
- Athletes must receive instruction on proper golf etiquette and safety, including: a safe location to stand when someone is hitting, how to enter another fairway safely, when it is safe to hit when the group ahead is on the same hole
- Athletes must receive instruction on safety procedures related to severe weather conditions (e.g. Lightning, severe winds)

Supervision

- On-site supervision for instruction and driving range practice
- In-the-area supervision is required on the golf course

Gymnastics

**Parallel Bars/High Bar/Still Rings/Pommel Horse
Balance Beam/Uneven Parallel Bars/Floor/Vaults**

Higher Risk Activity

Equipment

- A telephone/cell phone must be accessible
- A fully stocked first aid kit must be readily accessible
- Determine that all equipment is safe for use (e.g. no sharp edges, cracks, splinters)
- Equipment must be inspected on a regular basis and repaired as necessary
- Vaulting boards higher than 20cm at the take-off end are not allowed. Only vaulting boards are to be used for take-offs. Vaulting boards used to mount the apparatus must be removed immediately after use.
- Box horses must not be used for vaulting
- Coach must do a safety check for proper set-up prior to athlete use. Determine all locking mechanisms are checked prior to use
- Balance beams must be padded and stable
- General utility mats of 5cm in thickness are to be used. 30cm-60cm thick mats must not be used as a landing surface for landing on feet off any piece of equipment
- Hardside/softside landing mats (minimum 5cm thick) must be in place for each apparatus
- For handspring flatback vaulting to stacked mats and on the vaulting table, the mats must be roped together to a minimum height of 105cm and a maximum of 125cm. The top mat must be hard side up.
- Mats joined together must be of uniform thickness and composition
- For skill acquisition, equipment must be adapted to the size and ability of the athlete
- Proper hand grips and chalk must be available.

Clothing/Footwear

- Appropriate clothing and footwear must be worn. Bare feet, running shoes or gymnastic slippers permitted, no sock feet permitted.
- No hanging jewelry, and eyeglasses must be secured or removed prior to practice/competition
- When long hair poses a safety risk it must be secured. Devices used to tie back long hair must not present a safety concern.

Facilities

- Determine all facilities are safe for use. Athletes must be encouraged to report facility problems to the coach
- Activity surface and surrounding areas must be free of all obstacles and must provide safe footing and traction
- Precautions must be taken to minimize the movement of mats on impact
- Additional matting must be placed beyond the corners of the competitive floor area extending around the corner of either side

Special Rules/Restrictions

- Skills and techniques must be taught in proper progression.
- Athlete's fitness level must be commensurate with the level of competition
- Previous training, fitness level and the length of time and intensity of the activity must be taken into consideration
- Athletes must not be encouraged to perform skills beyond their physical and psychological capabilities.
- Be aware of athletes whose medical condition (e.g. Asthma, diabetes) may affect participation
- No athlete may participate in a competition without prior skill development and practice
- Athletes must be instructed on safety related to gymnastics and all associated apparatus prior to using any equipment

Supervision

- On-site supervision is required. Constant visual supervision is required for the initial learning stages of difficult moves
- The Head Coach must be qualified (CAC sport-specific certification or attendance at a clinic or workshop provided by an instructor knowledgeable in the sport within the previous 5 years), and be approved by the Principal.
- An individual who takes responsibility for providing first aid to injured athletes must be present during the entire practice/competition.
- Athletes must be trained to spot each other appropriately. Only coaches shall spot inverted vault and aerial moves
- Coach must supervise the set up and take down of equipment

Mountain Biking

Higher Risk Activity

Equipment

- A telephone/cell phone must be accessible
- A fully stocked first aid kit must be readily accessible
- Athletes must do a safety inspection of bicycle before each use
- A properly fitted and properly worn helmet that is certified by a recognized safety standards association (e.g. CSA CSPC, ASTM, Snell, BSI, AS) must be worn.
- One rider must carry a bicycle tool kit and pump during practice
- Coach must carry a first aid kit and signaling device (e.g. whistle)
- Protective eyewear (e.g. sunglasses) must be worn
- When downhill mountain biking, appropriate safety gear for the facility must be worn

Clothing/Footwear

- Appropriate clothing and footwear must be worn
- No hanging jewelry
- When long hair poses a safety risk it must be secured. Devices used to tie back long hair must not present a safety concern.

Facilities

- Determine all facilities are safe for use. Athletes must be encouraged to report facility problems to the coach
- Choose routes carefully in terms of length, surface, terrain challenges and ensure route is commensurate with skill sets of riders
- Prior to initial use of route, coach/official must do a safety ride through to verify safety and suitability
- Athletes must be provided with a route map or clear route directions prior to competition

Special Rules/Restrictions

- Skills and techniques must be taught in proper progression.
- Athlete's fitness level must be commensurate with the level of competition
- Previous training, fitness level and the length of time and intensity of the activity must be taken into consideration
- Athletes must be made aware of ways to protect themselves from environmental conditions (e.g. Use of hats, sunscreen, insect repellent, personal water bottles)
- Be aware of athletes whose medical condition (e.g. Asthma, diabetes) may affect participation
- No athlete may participate in a competition without prior skill development and practice
- Instruction must be given on the proper position of the bicycle helmet.
- Use the buddy system during practice, and practice/competition must take place in daylight hours
- No audio devices (e.g. MP3 players) must be used
- Adequate liquid replacement must be accessible before, during and after activity to prevent dehydration

Supervision

- In-the-area supervision is required
- The Head Coach must be qualified (CAC sport-specific certification or attendance at a clinic or workshop provided by an instructor knowledgeable in the sport within the previous 5 years), and be approved by the Principal.
- An individual who takes responsibility for providing first aid to injured athletes must be present during the entire practice/competition.

Rugby

Higher Risk Activity

Equipment

- A fully stocked first aid kit must be readily accessible
- A telephone/cell phone must be accessible
- Determine that all equipment is safe for use
- All equipment must comply with IRB Regulation 12
- Full fit interior mouth guard is required

Clothing/Footwear

- Appropriate clothing and footwear must be worn.
- Metal-bladed cleats are not permitted
- No jewelry or any items that are sharp or abrasive are permitted
- IRB approved chest pads and headscarves that do not cause a danger to the wearer or other players are permitted for women only
- Braces that feature metal or plastic are not permitted. Soft brace or a neoprene sleeve is permitted
- Only shoulder braces with soft fabric are permitted (no plastic, buckles, hinges or metal)
- Forearm protectors are allowed but must be rugby specific
- Head protection is allowed when it features the IRB tag of approval
- Only fabric or rubber hair bands or hair ties are permitted. No metal such as bobby pins are permitted, even under a scrum cap

Facilities

- Determine all facilities are safe for use
- Playing surface and surrounding area must be free of obstacles and debris and provide sufficient traction.
- Goalposts must be padded if in field of play
- Holes and severely uneven surfaces must be brought to the attention of coaches, officials and athletes
- Use collapsible flags or soft pylons to mark corners, mid-line and 22m line

Special Rules/Restrictions

- Athlete fitness level must be commensurate with the level of competition
- Skills must be taught in proper progression, games/activities must be based on skills taught
- Tackling skill progressions must be taught and practiced prior to competition
- Scrum skill progressions must be taught and practiced prior to competition
- Line-out lifting skill progressions must be taught and practiced prior to competition
- Training must include flexibility, strength and cardiovascular enhancing activities
- Players must be physically prepared for contact

- Coaches need to assess heat, humidity and physical condition of athletes when planning practices
- Prior to the first league game, 5 practice days/sessions must have occurred
- Athletes must receive instruction in concussion recognitions signs and protocols, including reporting suspected concussion symptoms observed for any player to the coach/supervisor
- Athletes must be made aware of ways to protect themselves from environmental conditions (e.g. Use of hats, sunscreen, insect repellent, personal water bottles)
- Be aware of athletes whose medical condition (e.g. Asthma) may effect participation

Supervision

- Constant visual supervision during initial instruction and practice of contact skills
- Subsequently, on-site supervision is required
- The Head Coach must be qualified (CAC sport-specific certification or attendance at a clinic or workshop provided by an instructor knowledgeable in the sport within the previous 5 years), and be approved by the Principal.
- An individual who takes responsibility for providing first aid to injured athletes must be present during the entire practice/competition

Soccer

Equipment

- A telephone/cell phone must be accessible
- A fully stocked first aid kit must be readily accessible
- Shin pads must be worn
- Size and weight of soccer ball must be appropriate to the age and skill level of athletes

Clothing/Footwear

- Appropriate clothing and footwear must be worn.
- Molded cleats only. No metal or compound cleats are permitted
- No jewelry

Facilities

- Determine all facilities are safe for use
- Playing area must be free from debris and obstructions and provide suitable footing
- Holes and severely uneven surfaces must be reported to the coaches, athletes and officials
- Both portable and permanent goal posts must be anchored to the playing area in a secure and approved fashion to prevent posts from falling forward
- The coach must do a pre-activity check of the field prior to use

Special Rules/Restrictions

- Skills must be taught in proper progression
- Athletes must be made aware of ways to protect themselves from environmental conditions (e.g. Use of hats, sunscreen, insect repellent, personal water bottles)
- Limit time spent on heading drills
- Emphasize no tackling from behind
- Athletes must receive instruction on safety procedures related to severe weather conditions (e.g. Lightning, severe winds)
- An exposed orthopaedic apparatus that represents a safety concern to other players must be soft or padded and be approved by the referee prior to the game

Supervision

- On-site supervision is required

Swimming

Higher Risk Activity

Equipment

- A telephone/cell phone must be accessible
- A fully stocked first aid kit must be readily accessible
- Determine that all equipment is safe for use
- Accessibility to standard safety equipment such as ring buoys, reaching poles and spinal boards is required Clothing/Footwear
- Suitable swimwear
- Device to keep hair from obstructing vision
- No jewelry except for medical alert jewelry
- Swim goggles may be worn

Facilities

- Determine all facilities are safe for use

Special Rules/Restrictions

- Coach must inform in-charge person on deck of any athlete with a medical history or any medical problems that may affect the athlete's safety in water (e.g. Asthma, diabetes)
- Athletes must adhere to standard pool deck rules: no running or pushing, no gum chewing, no food in pool area, no diving into water less than 2.8m (9 ft.) in depth, no street shoes on deck
- Emergency procedures must be outlined to athletes prior to entering the water
- Showers must be taken before entering the pool
- Athletes with infections, cuts or sores are not permitted in the pool
- Skills must be taught in proper progression

Supervision

- On-site supervision is required by the coach
- Athletes must ask permission to leave the pool area
- The Head Coach must be qualified (CAC sport-specific certification or attendance at a clinic or workshop provided by an instructor knowledgeable in the sport within the previous 5 years), and be approved by the Principal.
- An individual who takes responsibility for providing first aid to injured athletes must be present during the entire practice/competition. This individual may be a qualified lifeguard employed by the facility

Tennis

Equipment

- A telephone/cell phone must be accessible
- A fully stocked first aid kit must be readily accessible
- Determine that all equipment is safe for use
- Racquets must be regularly inspected for damage and to determine proper grip
- Where ball machines are being used they must be inspected prior to use and be under the direct supervision of a coach
- Clothing/Footwear
- Appropriate clothing and footwear must be worn
- No hanging jewelry
- When long hair poses a safety risk it must be secured. Devices used to tie back long hair must not present a safety concern.

Facilities

- Determine all facilities are safe for use. Athletes must be encouraged to report facility problems to the coach
- Playing surface and surrounding area must be free of obstacles and provide safe footing and traction

Special Rules/Restrictions

- Skills and techniques must be taught in proper progression.
- Athlete's fitness level must be commensurate with the level of competition
- Previous training, fitness level and the length of time and intensity of the activity must be taken into consideration
- Athletes must be made aware of ways to protect themselves from environmental conditions (e.g. Use of hats, sunscreen, insect repellent, personal water bottles)
- Be aware of athletes whose medical condition (e.g. Asthma, diabetes) may affect participation
- When teaching skills, there must be adequate spacing for each athlete to make a free and uninterrupted swing
- Adequate liquid replacement must be accessible before, during and after activity to prevent dehydration
- Supervision
- On-site supervision during initial instruction of skills. In-the-area supervision after skills have been taught
- An individual who takes responsibility for providing first aid to injured athletes must be present during the entire practice/competition.

Track and Field – Discus

Higher Risk Activity

Equipment

- A telephone/cell phone must be accessible
- A fully stocked first aid kit must be readily accessible
- Determine that all equipment is safe for use
- Discus must be appropriate for the age and physical abilities of the athlete
- Discus must not be cracked, chipped or otherwise damaged

Clothing/Footwear

- Appropriate clothing and footwear must be worn
- No hanging jewelry permitted

Facilities

- Determine all facilities are safe for use
- Throwing area must be free of obstacles and completely closed to traffic
- The landing area must be well marked and void of people during the activity
- The discus circle/area must provide safe footing

Special Rules/Restrictions

- No athlete may participate in a competition without prior skill development and practice
- Athlete's fitness level must be commensurate with the level of competition
- Establish and provide safe throwing and retrieving procedures
- During practices thrower or monitor must determine that everyone within landing distance is watching the throw
- During practice and competition there must be a protective screen
- Athletes must be made aware of ways to protect themselves from environmental conditions (e.g. Use of hats, sunscreen, insect repellent, personal water bottles)
- Be aware of athletes whose medical condition (e.g. Asthma, diabetes) may affect participation

Supervision

- Constant visual supervision required for initial skill instruction
- Following initial skill instruction and after all safety concerns have been emphasized, on-site supervision is appropriate
- The Head Coach must be qualified (CAC sport-specific certification or attendance at a clinic or workshop provided by an instructor knowledgeable in the sport within the previous 5 years), and be approved by the Principal.
- An individual who takes responsibility for providing first aid to injured athletes must be present during the entire practice/competition.

Track and Field - High Jump

Higher Risk Activity

Equipment

- A telephone/cell phone must be accessible
- A fully stocked first aid kit must be readily accessible
- Determine that all equipment is safe for use
- The landing area must be a minimum mat surface of 3m x 5m x 5m
- Check mats regularly for damage and repair or replace as necessary
- Fiberglass crossbars must be used in competition
- Weighted rope or elastic may be used for warm up or practice

Clothing/Footwear

- Appropriate clothing and footwear must be worn
- No jewelry.
- Athletes may wear 5mm spikes on rubberized or asphalt jumping surfaces. Track shoes with spikes removed are not permitted. Elementary athletes are not permitted to wear spikes of any kind.

Facilities

- Determine all facilities are safe for use
- Indoor and outdoor approach area must be smooth, traffic free and provide good traction

Special Rules/Restrictions

- No athlete may participate in a competition without prior skill development and practice
- Athlete's fitness level must be commensurate with the level of competition
- Bar monitors must stay in front and off to the side of standards prior to and during each jump
- Determine that landing mats are firmly secured and do not slide upon impact
- Athletes must be made aware of ways to protect themselves from environmental conditions (e.g. Use of hats, sunscreen, insect repellent, personal water bottles)
- Be aware of athletes whose medical condition (e.g. Asthma, diabetes) may affect participation

Supervision

- Constant visual supervision required for initial skill instruction
- Following initial skill instruction and after all safety concerns have been emphasized, on-site supervision is appropriate
- The Head Coach must be qualified (CAC sport-specific certification or attendance at a clinic or workshop provided by an instructor knowledgeable in the sport within the previous 5 years), and be approved by the Principal.
- An individual who takes responsibility for providing first aid to injured athletes must be present during the entire practice/competition.

Track and Field - Hurdles

Higher Risk Activity

Equipment

- A telephone/cell phone must be accessible
- A fully stocked first aid kit must be readily accessible
- Determine that all equipment is safe for use
- Check for safety of hurdles (e.g. Stable, no splinters) and starting blocks

Clothing/Footwear

- Appropriate clothing and footwear must be worn
- No hanging jewelry permitted
- No bare feet or socks without shoes
- Track spikes as allowed by competition facility

Facilities

- Determine all facilities are safe for use
- Indoor/outdoor surface and surrounding area must be free of all obstacles and must provide sufficient traction
- Run-out areas must be in place

Special Rules/Restrictions

- No athlete may participate in a competition without prior skill development and practice
- Athlete's fitness level must be commensurate with the level of competition
- Instruct athletes how to set up hurdles properly so that knocked hurdles will not resist hurdlers fall
- Modify heights and distances to accommodate different ability levels
- Athletes must be made aware of ways to protect themselves from environmental conditions (e.g. Use of hats, sunscreen, insect repellent, personal water bottles)
- Be aware of athletes whose medical condition (e.g. Asthma, diabetes) may affect participation

Supervision

- Constant visual supervision required for initial skill instruction
- Following initial skill instruction and after all safety concerns have been emphasized, on-site supervision is appropriate

Track and Field - Javelin

Higher Risk Activity

Equipment

- A telephone/cell phone must be accessible
- A fully stocked first aid kit must be readily accessible
- Determine that all equipment is safe for use
- Javelin size/weight must be appropriate for the age and physical abilities of the athlete
- Javelin must not be cracked, bent or otherwise damaged
- Turbo javelins/turbojavs and other equivalent commercially made equipment may be used for practice. No homemade or altered equipment may be used
- Ensure equipment joints and noses are tight before throwing

Clothing/Footwear

- Appropriate clothing and footwear must be worn
- No hanging jewelry permitted

Facilities

- Determine all facilities are safe for use
- Throwing area must be free of obstacles and completely closed to traffic
- The landing area must be well marked and void of people during the activity

Special Rules/Restrictions

- No athlete may participate in a competition without prior skill development and practice
- Athlete's fitness level must be commensurate with the level of competition
- Establish and provide safe throwing and retrieving procedures
- All participants must receive instruction on the importance of safety precautions when throwing, retrieving the equipment after a throw and return to the safety zone or area prior to anyone throwing
- Javelins must be carried safely to and from practice/competition area
- Athletes must be made aware of ways to protect themselves from environmental conditions (e.g. Use of hats, sunscreen, insect repellent, personal water bottles)
- Be aware of athletes whose medical condition (e.g. Asthma, diabetes) may affect participation

Supervision

- Constant visual supervision required
- The Head Coach must be qualified (CAC sport-specific certification or attendance at a clinic or workshop provided by an instructor knowledgeable in the sport within the previous 5 years), and be approved by the Principal.
- An individual who takes responsibility for providing first aid to injured athletes must be present during the entire practice/competition.

Track and Field - Pole Vault

Higher Risk Activity

Equipment

- A telephone/cell phone must be accessible
- A fully stocked first aid kit must be readily accessible
- Determine that all equipment is safe for use (e.g. no sharp edges, cracks, splinters)
- Weighted rope or elastic may be used rather than a crossbar, for practice
- Check crossbars and fiberglass poles for cracks regularly
- Landing pits must be specific to pole vaulting and must be a minimum (excluding the front pieces) of 5m x 5m x 0.8m. Front pieces must be at least 2m long
- Landing mats must not slide on impact
- Poles must be approved as specified by the IAAF, and appropriate to the weight of the athlete. Bamboo poles must be totally wrapped with tape before using.
- Standards must be secure and vertical and checked regularly for damage.

Clothing/Footwear

- Appropriate clothing and footwear must be worn
- No hanging jewelry
- When long hair poses a safety risk it must be secured. Devices used to tie back long hair must not present a safety concern.

Facilities

- Determine all facilities are safe for use. Athletes must be encouraged to report facility problems to the coach
- Holes, hazards and severely uneven surfaces must be identified. The conditions must be made safe or the activity must be modified or moved to a safe location.
- Approach must be clear of obstacles, clean and free of puddles and provide safe footing and traction
- Vaulting trough must be solid and free from cracks or splinters, and front edge must be flush with runway
- Run-up area markings must prevent other participants from interfering with competitor in progress

Special Rules/Restrictions

- Skills and techniques must be taught in proper progression.
- Athlete's fitness level must be commensurate with the level of competition
- Previous training, fitness level and the length of time and intensity of the activity must be taken into consideration
- Athletes must be made aware of ways to protect themselves from environmental conditions (e.g. Use of hats, sunscreen, insect repellent, personal water bottles)

- Be aware of athletes whose medical condition (e.g. Asthma, diabetes) may affect participation
- No athlete may participate in a competition without prior skill development and practice

Supervision

- Constant visual supervision required. Instructor must be near take off area during practice
- The Head Coach must be qualified (CAC sport-specific certification or attendance at a clinic or workshop provided by an instructor knowledgeable in the sport within the previous 5 years), and be approved by the Principal.
- An individual who takes responsibility for providing first aid to injured athletes must be present during the entire practice/competition.

Track and Field - Shot Put

Higher Risk Activity

Equipment

- A telephone/cell phone must be accessible
- A fully stocked first aid kit must be readily accessible
- Determine that all equipment is safe for use
- Shot put must be appropriate for the age and physical abilities of the athlete
- Towel/rag to dry shot put

Clothing/Footwear

- Appropriate clothing and footwear must be worn
- No jewelry permitted
- Track spikes must not be worn

Facilities

- Determine all facilities are safe for use
- Throwing area must be free of obstacles and completely closed to traffic
- The landing area must be well marked and void of people during the activity
- The putting circle/area must provide safe footing

Special Rules/Restrictions

- No athlete may participate in a competition without prior skill development and practice
- Athlete's fitness level must be commensurate with the level of competition
- Establish and provide safe routines for putting and retrieving of shots
- Establish a safe routine for transporting shots to and from the throwing area
- Skills and techniques associated with shot put must be taught in proper progression
- Athletes must be made aware of ways to protect themselves from environmental conditions (e.g. Use of hats, sunscreen, insect repellent, personal water bottles)
- Be aware of athletes whose medical condition (e.g. Asthma, diabetes) may affect participation

Supervision

- Constant visual supervision required for initial skill instruction
- Following initial skill instruction and after all safety concerns have been emphasized, on-site supervision is appropriate
- The Head Coach must be qualified (CAC sport-specific certification or attendance at a clinic or workshop provided by an instructor knowledgeable in the sport within the previous 5 years), and be approved by the Principal.
- An individual who takes responsibility for providing first aid to injured athletes must be present during the entire practice/competition.

Track and Field - Track Events

Sprints/Middle and Long Distance/Relays/Steeple Chase

Equipment

- A telephone/cell phone must be accessible
- A fully stocked first aid kit must be readily accessible
- Determine that all equipment is safe for use
- Check for safety of starting blocks
- Check batons for cracks or splinters

Clothing/Footwear

- Appropriate clothing and footwear must be worn
- No hanging jewelry permitted
- No bare feet or socks only
- Track spikes as allowed by competition facility. Turf shoes/track shoes without spikes are not permitted
- Elementary athletes are not permitted to wear spikes of any kind

Facilities

- Determine all facilities are safe for use
- Indoor/outdoor surface and surrounding area must be free of all obstacles and must provide sufficient traction. Run-out areas must be in place

Special Rules/Restrictions

- No athlete may participate in a competition without prior skill development and practice
- Athlete's fitness level must be commensurate with the level of competition
- For distance running, the length of run must be modified to be appropriate to the age and ability level of the athlete
- Coaches must take into account temperature of the day, previous training and length of preparation and length of time and intensity of the physical activity
- Athletes must be made aware of ways to protect themselves from environmental conditions (e.g. Use of hats, sunscreen, insect repellent, personal water bottles)
- Be aware of athletes whose medical condition (e.g. Asthma, diabetes) may affect participation

Supervision

- On-site supervision for sprints and relays
- In-the-area supervision is required for middle distances

Track and Field - Triple/Long Jump

Equipment

- A telephone/cell phone must be accessible
- A fully stocked first aid kit must be readily accessible
- Determine that all equipment is safe for use
- Rake, shovel or spade (must be kept away from pit and run-up area when not in use)

Clothing/Footwear

- Appropriate clothing and footwear must be worn
- No hanging jewelry permitted
- No bare feet or socks without shoes
- Track spikes as allowed by competition facility. Turf shoes/track shoes without spikes are not permitted
- Elementary athletes may not wear spikes of any kind

Facilities

- Determine all facilities are safe for use
- Indoor/outdoor surface and surrounding area must be free of all obstacles and must provide sufficient traction.
- Pits must be filled with sand and landing area must be well raked and free of foreign objects
- Dig landing pit at least once a season and after heavy rainfall

Special Rules/Restrictions

- No athlete may participate in a competition without prior skill development and practice
- Athlete's fitness level must be commensurate with the level of competition
- Skills must be taught in proper progression (e.g. Short 5 step approach and build up)
- Establish a routine to initiate jumping (e.g. Remove a cone from take-off area when ready)
- Raking procedures must be taught: remove rake before next competitor, hold rake prongs downward, being raking after competitor exits pit, rake sand into the middle as opposed to out to the sides
- Coaches must take into account temperature of the day, previous training and length of preparation and length of time and intensity of the physical activity
- Athletes must be made aware of ways to protect themselves from environmental conditions (e.g. Use of hats, sunscreen, insect repellent, personal water bottles)
- Be aware of athletes whose medical condition (e.g. Asthma, diabetes) may affect participation

Supervision

- Constant visual supervision during initial skill instruction,
- On-site supervision after skills have been taught

Volleyball

Equipment

- A telephone/cell phone must be accessible
- A fully stocked first aid kit must be readily accessible
- Determine that all equipment is safe for use
- Nets must have no frayed wires. Poles must be safely stored when not in use
- Protective padding must be placed around the poles, including cranks, from the floor up to the bottom of the net is mandatory for secondary competition, and recommended for elementary competition
- Antennae must be flush with the bottom of the net

Clothing/Footwear

- Appropriate clothing and footwear must be worn
- No hanging jewelry permitted

Facilities

- Determine all facilities are safe for use
- Playing surface and surrounding area must be free of all obstacles and provide sufficient traction
- When volleyball poles are removed floor plugs must be replaced

Special Rules/Restrictions

- Athlete's fitness level must be commensurate with the level of competition
- Skills must be taught in proper progression
- Drills must be organized so as to minimize the risk of being hit with an errant ball
- Athletes must be instructed in the safe and correct method of setting up and taking down of nets
- Be aware of athletes whose medical condition (e.g. Asthma, diabetes) may affect participation

Supervision

- On-site supervision during initial instruction of skills,
- In-the-area supervision after skills have been taught
- On-site supervision during equipment set up and take down

Wrestling

Higher Risk Activity

Equipment

- A telephone/cell phone must be accessible
- A fully stocked first aid kit must be readily accessible
- Determine that all equipment is safe for use
- Wrestling mats must be in good repair and utility or add-a-mat systems must have joining systems in good condition
- Mats must not be damaged to the point where the mat is compromised (e.g. Large pieces of foam/padding missing)
- Mats must be cleaned regularly
- Wrestlers with orthodontic devices must wear appropriate mouth protection

Clothing/Footwear

- Appropriate clothing and footwear must be worn
- No jewelry or glasses permitted
- Wrestling shoes or appropriate footwear (no sharp edges, lace tips on shoes)
- No bare feet

Facilities

- Determine all facilities are safe for use
- Mat surface and surrounding area must be free of all obstacles and must provide sufficient traction
- Mat surfaces must be checked regularly for irregularities and be clean
- Surrounding walls must be padded if clearance from mat surface is less than 2m (6'6")

Special Rules/Restrictions

- Skills must be taught in proper progression
- Athlete's fitness level must be commensurate with the level of competition
- Competitions must be based on skills that are taught
- Athletes must wrestle with partners of similar weight, strength and ability
- Rules and illegal moves must be outlined
- Throwing permitted only when break fall/roll techniques have been well established
- Be aware of athletes whose medical condition (e.g. Asthma, diabetes) may affect participation
- Fingernails must be closely trimmed
- All infections, burns and open cuts must be covered
- Athletes with communicable skin conditions must not participate in contact wrestling (e.g. Impetigo)
- The benefits of headgear must be outlined to the athletes

Supervision

- On-site supervision is required
- Constant visual supervision is required during initial instruction of techniques for holds and releases
- The Head Coach must be qualified (CAC sport-specific certification or attendance at a clinic or workshop provided by an instructor knowledgeable in the sport within the previous 5 years), and be approved by the Principal.
- An individual who takes responsibility for providing first aid to injured athletes must be present during the entire practice/competition.

Ultimate

Equipment

- A telephone/cell phone must be accessible
- A fully stocked first aid kit must be readily accessible
- Determine that all equipment is safe for use
- Disc must be inspected for cracks or spurs

Clothing/Footwear

- Appropriate clothing and footwear must be worn. No metal cleats permitted
- No hanging jewelry
- When long hair poses a safety risk it must be secured. Devices used to tie back long hair must not present a safety concern.

Facilities

- Determine all facilities are safe for use. Athletes must be encouraged to report facility problems to the coach
- Outdoor playing surface and surrounding area must be free of obstacles and provide safe footing and traction
- Holes, hazards and severely uneven surfaces must be identified and conditions made safe or the activity must be modified or moved to a safe location
- Goal posts must be padded if in the field of play

Special Rules/Restrictions

- Skills and techniques must be taught in proper progression.
- Athlete's fitness level must be commensurate with the level of competition
- Previous training, fitness level and the length of time and intensity of the activity must be taken into consideration
- No intentional body contact is permitted
- Athletes must be made aware of ways to protect themselves from environmental conditions (e.g. Use of hats, sunscreen, insect repellent, personal water bottles)
- Be aware of athletes whose medical condition (e.g. Asthma, diabetes) may affect participation
- Any exposed orthopedic apparatus which presents a safety concern to other players must be soft or padded
- Adequate liquid replacement must be accessible before, during and after activity to prevent dehydration

Supervision

- On-site supervision is required
- An individual who takes responsibility for providing first aid to injured athletes must be present during the entire practice/competition.

APPENDICES

Appendix A – Student-Athlete Code of Conduct

**Appendix B-1 Parent Acknowledgement Form (Middle/Secondary)
Information to Parents**

Appendix B-2 Elementary Student-Athlete/Parent Acknowledgement Form

Appendix C – Medical Consent Form

**Appendix D – Concussion Management Procedures
(Context, Definition, Signs/Symptoms
(Management Procedures for a Diagnosed Concussion)
(Return to Learn/Return to Physical Activity Steps)**

Appendix E – Tool to Identify a Suspected Concussion

Appendix F – Documentation of Medical Examination (Concussion)

**Appendix G – Documentation for a Diagnosed Concussion
(Return to Learn/Return to Physical Activity Plan)**

Appendix H – Emergency Action Plan

Appendix I – Lightning Protocol

Appendix J – Universal Precautions Blood and Bodily Fluids

Appendix K – Management of Asthma Protocol

Appendix L – Sudden Arrhythmia Death Syndrome (SADS)

Appendix M – Criteria for Non-District Employee Coaches

APPENDIX A
School District No. 73 (Kamloops-Thompson)
Student-Athlete Code of Conduct

The actions of a student-athlete are a reflection of themselves, their team, their school and their community. A student's involvement in school sport provides opportunities and experiences that are important to the development of a well-rounded student. Student-athletes must remember that their participation in school sport is a privilege, not a right.

SCHOOL NAME: _____

SCHOOL YEAR: _____

Student-Athletes shall:

1. Treat everyone with respect
 - Treat teammates, coaches, opponents, event organizers and spectators with respect
 - Respect and accept with dignity the decisions of officials
 - Be generous in winning and graceful in losing, exercising self-control at all times

2. Exercise self-control at all times
 - Refrain from the use of foul, profane or objectionable language
 - Refrain from the use of physical force outside of the rules of the game
 - Play within the rules and the spirit of the game at all times

3. Abide by School District No. 73 (Kamloops-Thompson) Policies and Procedures (including but not limited to):
 - Administrative Procedure 350 – Student Code of Conduct
 - Administrative Procedure 350 – Appendix C – School Codes of Conduct
 - Administrative Procedure 356 – Alcohol and Other Drugs
 - Administrative Procedure 356- Appendix – Alcohol and Other Drugs – Student-Athletes
 - School District No. 73 (Kamloops-Thompson) Extra Curricular Safety Guidelines Handbook
 - School-specific procedures addressing extra-curricular fees, uniform deposits, academic eligibility, athletic travel

I have read the School District No. 73 (Kamloops-Thompson) Administrative Procedures, the Extra Curricular Safety Guidelines Handbook and school-specific procedures pertaining to extra-curricular athletics as listed in section 3 above, as well as my school's Code of Conduct, and understand the expectations outlined in each.

(Student Name) (Student Signature) (Date)

(Parent/Guardian Name) (Parent/Guardian Signature) (Date)

NOTE: THIS FORM NEEDS TO COMPLETED ONCE PER SCHOOL YEAR, PRIOR TO PARTICIPATION IN THE STUDENT-ATHLETES FIRST SEASON OF PLAY IN THE SCHOOL YEAR.

APPENDIX B - 1
PARENT ACKNOWLEDGEMENT FORM
(Middle/Secondary Schools)

It is important that parents familiarize themselves with all district and school procedures that pertain to student- athlete and parent participation in all areas of extra-curricular athletics. This signed form acknowledges that, as a parent of a student-athlete, you have read all of the procedures listed below. District level procedures can be easily accessed on our school district website (www.sd73.bc.ca), and school-specific procedures can be found on each school's website. If you experience any difficulty accessing this information, please contact your son's/daughter's school for assistance. As a parent/guardian, I have read, understand and will support the following procedures (district and school):

- Administrative Procedure 350 – Student Code of Conduct
- Administrative Procedure 350 – Appendix C – School Codes of Conduct
- Administrative Procedure 356 – Alcohol and Other Drugs
- Administrative Procedure 356- Appendix – Alcohol and Other Drugs – Student-Athletes
- School District No. 73 (Kamloops-Thompson) Extra Curricular Safety Guidelines Handbook
- School-specific procedures addressing extra-curricular fees, uniform deposits, academic eligibility, athletic travel
- Attend meetings as required by the school and/or coach
- Adhere to the expectations outlined in the “Information to Parents” document (attached)
- Submit the “Medical Consent Form” (see Appendix C), and inform the coach, athletic director and/or the principal of any medical conditions that would limit or prevent my son/daughter from safely participating in any extra-curricular sport. For detailed information regarding concussion protocol and other medical considerations or concerns refer to the “School District No. 73 (Kamloops-Thompson) Extra Curricular Safety Guidelines Handbook”.
- Should I wish to volunteer as a parent driver I will complete the “School District No.73 Volunteer Driver form (available from the Athletic Director or

school office), and submit the completed form to the coach or athletic director.

School: _____

School Year: _____

(Student-Athlete Name)

(Parent/Guardian Name)

(Parent/Guardian Signature)

NOTE: THIS FORM NEEDS TO COMPLETED ONCE PER SCHOOL YEAR, AND MUST BE SUBMITTED PRIOR TO MY SON/DAUGHTER PARTICIPATING IN THEIR FIRST SEASON OF PLAY FOR THE SCHOOL YEAR.

INFORMATION TO PARENTS

The information below is intended to highlight the importance of appropriate communication between coaches and parents in order to best support student-athletes.

Communication you should expect from the coach:

- The coach's and program's philosophy
- Individual and team expectations, including special equipment, conditioning, practices, etc.
- Location and times of practices and games
- Academic, behavioral and medical factors that may affect student-athlete participation

Communication coaches expect from parents:

- Express any concerns directly to the coach. Avoid approaching the coach with concerns immediately before, during or after a practice or game. Employ the "24 hour" rule prior to discussing concerns in order to allow initial emotions to subside.
- Notification of schedule conflicts and non-medical factors that will prevent your son/daughter from participating
- Specific concerns regarding a coach's philosophy and/or expectations to discuss with coach directly
- Support the key attributes of sport participation: dedication, commitment, responsibility, respect for and an appreciation of the benefits of being a student-athlete

Concerns and issues that are appropriate/not appropriate to discuss with coaches:

- **DO** discuss ways to help your child improve and develop, concerns about your child's behavior and concerns you may have regarding the treatment (mental, physical) of your child
- **DO NOT** discuss other student-athletes, coaching strategy and/or your child's playing time

If you have a concern you wish to discuss with a coach:

- Contact the coach to arrange a meeting. At times, community coaches may be more difficult to reach on short notice, and you may wish to contact the Athletic Director to help in setting up a meeting.
- Do not attempt to confront a coach before, during or after a game/practice. Give time for emotions to subside and an opportunity for reflection prior to a meeting that will create a more positive climate for resolution.

What if my meeting with the coach does not provide a satisfactory resolution?

- Contact the Athletic Director who can discuss the concern with you, facilitate a meeting with the coach and parent and/or seek the involvement of the school principal to address the concern and facilitate a resolution

Parent/Spectator Code of Conduct

- The most important individual in extra-curricular sports competition is the student-athlete. Their primary motivation to participate should be a genuine love of the game and for the positive skills they will acquire (both life and sport-specific) through their participation. Research tells us that only .03% of high school athletes eventually play at the professional level. For student-athletes, their enjoyment of participation is greatly diminished when their parents become the focus of attention in negative ways.
- Model positive behavior through the encouragement and respect for all players, officials, spectators and parents.
- **DO NOT** coach from the sidelines, harass officials, make negative public comments about the coach, other student-athletes, other parents/spectators or opposing team players.
- **DO NOT** be tempted to analyze the game/practice with your son/daughter after it is over, especially in the context of offering advice/criticism about your child's performance. If they express frustration about their own performance encourage them to talk to their coach.
- When in doubt about the appropriateness of a contemplated behavior or course of action, refer to Administrative Procedure 350 – Student Code of Conduct. The standards of conduct we expect from our students should be modelled by the adults that support them.

APPENDIX B -2 ELEMENTARY

STUDENT-ATHLETE EXPECTATIONS AND PARENT ACKNOWLEDGEMENT FORM

Student-athletes and parents are expected to follow the guidelines outlined in this form to ensure that all participants have a positive experience while playing extra-curricular sports, as these form the foundation of the extra-curricular athletic program in their school.

Student-athletes are expected to:

- ✓ Be willing and eager to learn and improve their skills
- ✓ Demonstrate commitment to their teams by attending practices, meetings and games
- ✓ Participate with effort and enthusiasm
- ✓ Respect the decisions made by their coaches and the officials
- ✓ Demonstrate sportsmanship, appreciation and respect for their opponents and teammates
- ✓ Demonstrate responsible behaviour at all team functions at their school and when visiting other schools
- ✓ Play by the rules of the competition
- ✓ Play for the enjoyment of the game. Be gracious in both winning and losing.

Parents are expected to:

- ✓ Ensure that their child is playing for **their** enjoyment
- ✓ Value the time and effort that volunteer coaches commit to providing a positive experience for children
- ✓ Demonstrate sportsmanship, appreciation and respect towards all student-athletes, coaches and officials
- ✓ Model positive and encouraging behaviours for students-athletes and other spectators
- ✓ Discuss any concerns they may have directly with the coach, and in a private and respectful way. Do not attempt to discuss concerns with the coach immediately before, during or after practices/games. Employ the “24 hour rule” before contacting the coach to discuss a concern. This allows time for reflection and for emotions to subside, which increases the likelihood of a positive interaction.
- ✓ **Fill out and submit, along with this form, Appendix C (Medical Consent Form), to ensure that coaches are aware of any medical/safety considerations and accommodations that need to be made. Safe participation is a primary goal for parents and coaches alike.**

School Name: _____

Date: _____

I, _____ (student name) have read and understand the expectations of me as a student-athlete.

Student signature: _____

I have read and understand the parental expectations, and have reviewed the student-athlete expectations with my child to ensure they understand their expectations. I have also completed the Medical Consent Form for my child.

Parent Name: _____

Parent Signature: _____

APPENDIX C

MEDICAL CONSENT FORM

The safety of your child in their participation in extra-curricular sports is of the utmost importance to you as a parent, and this attention to safety is shared by all school/district staff and coaches (both community and district employee coaches). The following Medical Screening Checklist provides the school and coach the necessary information to ensure awareness and, where appropriate, accommodations are made by the coach in order that your child can participate safely. Appendices D, E, F and G of “School District No. 73 (Kamloops-Thompson) Extra Curricular Safety Guidelines Handbook”, specifically addresses protocols and procedures regarding concussions and suspected concussions.

Please be aware that some medical conditions will prevent a student-athlete from being eligible to compete in extra- curricular athletics. The ineligibility may be temporary, permanent or sport specific.

The intent of the Medical Screening Checklist is to provide important medical information to the school and coach. Any medical symptoms and/or conditions identified that could impact your child’s ability to participate in extra-curricular athletics will result in a confidential follow-up meeting with the school principal, athletic director and/or coach to collaboratively plan the next steps prior to participation.

Please circle all symptoms/conditions that apply to your child. Should you require clarification or have questions about any of the following prior to completing this checklist, please contact the coach or athletic director.

<u>AREA</u>	<u>CONDITIONS/SYMPTOMS</u>	
Blood	Bleeding/clotting problems	Chest pain
Head	Frequent headaches Concussion history	Skull defect Uncontrolled Epilepsy
Eye/Ear/Nose	Severe myopia Blindness (both eyes) Perforated eardrum	Blindness (one eye) Detached retina Deafness
Heart	High blood pressure Abnormal heart sounds/rhythm	Previous heart failure

Lungs	Severe asthma Asthma/other breathing problems (specify)	Acute/chronic infection
	Respiratory insufficiency Endocrine Uncontrolled diabetes	
Abdomen	Disease of liver/kidney/spleen Ileitis/Colitis Hydrocephrosis	Cirrhosis Ascites Crohn's disease
Muscular/Skeletal	Muscle disease Recurrent joint dislocation Incomplete healing of any fracture Atlanto-axial abnormality Recurrent sprains, muscle tears Joint effusion or bleeding	Active hip disease Bone deformity Back/joint pain
Chronic Infection	Herpes (while active)	AIDS (disease only)
Other	Chronic shortness of breath	Fainting episodes
Severe allergies (specify): _____		

Other medical conditions not mentioned above that the school/coach needs to be aware of are:

My child uses the following medications/medical technology:

Hearing aids	insulin pump	insulin/needles for injection
Epipen	Asthma inhaler	

Other (specify):

I have completed the Medical Screening Checklist for my child and have circled all symptoms/conditions that apply, as well as adding all symptoms/conditions not specifically listed on the checklist. I am aware of the risks and dangers inherent in participation in sports.

I grant permission for my child to participate in extra-curricular sports subject to the limitations and restrictions of the medical conditions/symptoms identified above. I affirm that my child is medically fit to participate in extra-curricular sports with the following restrictions. I acknowledge that, depending upon the conditions/symptoms identified, a follow- up meeting with the coach, athletic director and/or school principal may be required to determine next steps to ensure the safe participation of my child.

I hereby give permission for emergency medical treatment to be administered to my child as may be determined in the reasonable discretion of their coach. It is understood that whenever reasonably possible, I (or emergency contact provided in the event I am not able to be contacted) will be contacted and informed of the medical concern, diagnosis, treatment required and anticipated medical results.

Should there be any change in my child's medical status during the course of this school year, I will promptly inform the coach and/or athletic director.

School: _____

School Year: _____

Date: _____

Student-Athlete name: _____

Care Card Number: _____

Parent Name: _____

Parent Signature: _____

Parent Phone Number(s):

Emergency Contact Name and Phone Number:

APPENDIX D

CONCUSSION MANAGEMENT PROCEDURES: RETURN TO LEARN AND RETURN TO PHYSICAL ACTIVITY

CONTEXT

Recent research has made it clear that a concussion can have a significant impact on an athlete's cognitive and physical abilities. Activities that require concentration can cause an athlete's concussion symptoms to reappear or worsen. It is equally important to help athletes as they "return to learn" in the classroom as it is to help them "return to physical activity".

Coaches and school staff play a crucial role in the identification of a suspected concussion as well as the ongoing monitoring and management of an athlete with a concussion. Awareness of the signs and symptoms of concussion and knowledge of how to properly manage a diagnosed concussion is critical in an athlete's recovery and is essential in helping to prevent the athlete from returning to learning or physical activities too soon and risking further complications.

THE INFORMATION PROVIDED IN APPENDIX D IS GENERAL BASED UPON STANDARDS GENERALLY ACCEPTED IN THE MEDICAL PROFESSION. PARENTS WITH SPECIFIC CONCERNS ARE ADVISED TO SEEK ADVICE FROM THEIR OWN MEDICAL PROFESSIONALS.

CONCUSSION DEFINITION

A concussion

- 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/behavioral (e.g. depression, irritability) and/or related to sleep (e.g. drowsiness, difficulty falling asleep),
- 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,
- Can occur even if there has been no loss of consciousness (in fact most concussions occur without a loss of consciousness), and,
- Cannot normally be seen on x-rays, standard CT scans or MRIs

CONCUSSION DIAGNOSIS

A concussion is a clinical diagnosis made by a medical doctor or nurse practitioner. It is critical that an athlete with a suspected concussion be examined by a medical doctor or nurse practitioner.

CONCUSSION COMMON SIGNS AND SYMPTOMS

Following a blow to the head, face or neck, or a blow to the body that transmits a force to the head, a concussion should be suspected in the presence of any one or more of the following signs or symptoms.

Possible Observed Signs

Physical: Vomiting, slurred speech, slowed reaction time, poor coordination or balance, amnesia, blank stare/glassy-eyes/dazed or vacant look, decreased playing ability, seizure or convulsion grabbing or clutching head, lying motionless on the ground or slow to get up, loss of consciousness

Cognitive: Difficulty concentrating, easily distracted, general confusion, slowed reaction time, cannot remember things that happened before and after the injury, does not know time/date/place/class and/or type of activity in which they were participating

Emotional/Behavioral: Strange or inappropriate emotions (e.g. laughing, crying, getting angry easily)

Sleep Disturbance: Drowsiness, insomnia

Possible Symptoms Reported

Physical: Headache, pressure in head, neck pain, feeling off/not right, ringing in the ears, double vision, blurry/loss of vision, seeing stars/flashing lights, pain at physical site of injury, balance problems, nausea/stomach ache, fatigue or feeling tired, sensitivity to light or noise.

Cognitive: Difficulty concentrating or remembering, dazed or in a fog, slowed down, fatigue or low energy

Emotional/Behavioral: Irritable, sad, more emotional than usual, nervous, anxious, depressed

Sleep Disturbance: Drowsy, sleeping more/less than usual, difficulty falling asleep

NOTE:

- 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
- An athlete may be reluctant to report symptoms because of a fear that they will be removed from the activity, or their status on a team or in a game could be jeopardized.
- It may be difficult for younger athletes, athletes with special needs or athletes for whom English is not their first language to communicate how they are feeling
- Signs for younger athletes (under the age of 10), may not be as obvious as in older athletes.

INITIAL RESPONSE IDENTIFICATION

If an athlete receives a 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, and as a result may have suffered a concussion, the individual responsible (e.g. coach) for that athlete must take immediate action as follows.

Unconscious Athlete (or where there was any loss of consciousness)

- Stop the activity immediately – assume there is a concussion
- Initiate Emergency Action Plan (see Appendix I) and call 911. Do not move the athlete.
- Assume there is a possible neck injury and, only if trained, immobilize the athlete before emergency medical services arrive. Do not remove athletic equipment unless there is difficulty breathing.
- Stay with the athlete until emergency medical services arrive
- Contact the athlete's parent/guardian (or emergency contact) to inform them of the incident and that emergency medical services have been contacted.
- Monitor and document any changes (e.g. physical, cognitive, emotional/behavioral), in the athlete
- If the athlete regains consciousness, encourage them to remain calm and lie still. Do not administer medication (unless the athlete requires medication for other conditions – e.g. insulin for an athlete with diabetes).

Conscious Athlete

- Stop the activity immediately
- Initiate Emergency Action Plan (see Appendix H).
- When the athlete can be safely moved, remove them from the current activity or game
- Conduct an initial concussion assessment of the athlete (e.g. see Appendix E – Tool to Identify a Suspected Concussion)

If signs are observed and/or symptoms are reported and/or the athlete fails the Quick Memory Function Assessment (see Appendix E), the Coaches response is as follows:

- A concussion should be suspected – do not allow the athlete to return to play in the activity even if the athlete states that they are feeling better
- Contact the athlete's parent/guardian (or emergency contact) to inform them of the incident, that they need to come and pick up the athlete and that the athlete needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.
- Monitor and document any changes (e.g. physical, cognitive, emotional/behavioral) in the athlete. If any signs worsen call 911.
- Do not administer medication unless the athlete requires medication for other conditions (e.g. insulin for diabetes)

- Stay with the athlete until their parent/guardian (or emergency contact) arrives. The athlete must not leave the premises without the parent/guardian/emergency contact supervision.

Information to be provided to the parent/guardian. The parent/guardian must be:

- Provided with a copy of Appendix E – Tool to Identify a Suspected Concussion, signed by the coach.
- Informed that the athlete needs to be examined by a medical doctor or nurse practitioner as soon as possible that day, and
- Informed that they need to communicate to the school principal the results of the medical examination prior to the athlete returning to school (refer to Appendices F and G)
- If no concussion is diagnosed the athlete may resume regular learning and physical activities
- If a concussion is diagnosed the athlete follows a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan.

If signs are NOT observed, symptoms are NOT reported AND the athlete passes the Quick Memory Function Assessment the following actions are to be taken:

- A concussion is not suspected and the coach may let the athlete return to physical activity
- The coach must contact the athlete's parent/guardian and inform them of the incident
- The parent/guardian must be provided with a copy of Appendix E – Tool to Identify a Suspected Concussion, signed by the coach and informed that the signs and symptoms may not appear immediately and may take hours or days to emerge, and that the athlete should be monitored for 24-48 hours following the incident. If any signs or symptoms emerge, the athlete needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.

Responsibilities of the School Principal

- Once the parent/guardian has informed the principal of the results of the medical examination, the principal must inform all appropriate school staff and file written documentation of the results of the medical examination in the athlete's file.

MANAGEMENT PROCEDURES FOR A DIAGNOSED CONCUSSION

Plan to Learn/Return to Physical Activity Plan

An athlete with a diagnosed concussion needs to follow a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan. The athlete must be symptom free prior to returning to regular learning activities.

In developing the Plan, the return to learn process is individualized to meet the particular needs of the athlete. There is no preset formula for developing strategies to assist an athlete with a concussion to return to their learning activities.

Collaborative Team Approach

The Plan, led by the school principal, needs to be collaborative in nature and include:

- The concussed athlete and his/her parents/guardian
- School staff and volunteers who work with the athlete and, where possible
- The medical doctor or nurse practitioner

Ongoing communication and monitoring by all members of the team is essential for the successful recovery of the athlete.

Completion of the Steps within the Plan

- The steps of the Plan may occur at home or at school
- The Team must factor in special circumstances which may affect the setting in which the steps may occur (e.g. if the athlete has a diagnosed concussion just prior to winter, spring or summer break or if the athlete is neither enrolled in a physical education class nor participating on a school team)
- The Team must ensure that steps 1-4 of the Return to Learn/Return to Physical Activity Plan are completed. Written documentation from a medical doctor or nurse practitioner that indicates the athlete is symptom free and able to return to full participation in physical activity must be provided by the athlete's parent/guardian to the school principal and kept on file.
- **It is important to note that cognitive or physical activities can cause symptoms to reappear**
- **Steps are not days – each step must take a minimum of 24 hours and the length of time needed to complete each step will vary based on the severity of the concussion and the athlete. The signs and symptoms often last for 7-10 days, but may last longer in children and adolescents.**

RETURN TO LEARN/RETURN TO PHYSICAL ACTIVITY

STEP 1 – RETURN TO LEARN/RETURN TO PHYSICAL ACTIVITY

- **The athlete does not attend school during Step 1**
- The most important treatment is cognitive and physical rest. Activities that require concentration and attention (e.g. reading, texting, television, etc.) and physical activity (leisure and competitive) should be eliminated or severely restricted.
- Step 1 continues for a minimum of 24 hours and until the athlete's symptoms begin to improve OR the athlete is symptom free as determined by the parent/guardian and the concussed athlete.
- **Before the athlete can return to school, the parent/guardian must communicate to the principal (see Appendix G) either that the athlete's symptoms are improving (and the athlete will proceed to Step 2a) OR the athlete is symptom free (and will proceed directly to Step 2b)**

Return to Learn – Designated School Staff Lead:

Once the athlete has completed Step 1 and is therefore able to return to school (and begins either Step 2a or Step 2b), one school staff (e.g. a member of the collaborative team), needs to serve as the main point of contact for the athlete, the parent/guardian, other school staff and volunteers who work with the athlete and the medical doctor or nurse practitioner.

The school staff lead will monitor the athlete's progress through the Plan. This may include monitoring how the athlete responds to various activities in order to develop and/or modify appropriate strategies and approaches that meet the changing needs of the athlete.

STEP 2a – RETURN TO LEARN

An athlete with symptoms that are improving, but who is not yet symptom free, may return to school and begin Step 2a. During this step, the athlete requires individualized classroom strategies and/or approaches to return to learning activities. These will need to be adjusted as recovery occurs. At this step, the athlete's cognitive activity should be increased slowly as cognitive activities can cause an athlete's symptoms to reappear or worsen.

It is important for the school staff lead, in consultation with other members of the collaborative team, put in place strategies and approaches that meet the needs of the athlete. The following identifies examples of post-concussion symptoms, the impact these symptoms have on learning and potential strategies and approaches that can help support an athlete in recovery.

COGNITIVE DIFFICULTIES:

- Headache/Fatigue. Athlete has difficulty concentrating, paying attention or multitasking. Strategies:
 - ✓ Simplify instructions. Have the athlete repeat directions back orally.
 - ✓ Allow the athlete frequent breaks, or return to school gradually (e.g. 1-2 hours, half-days....)
 - ✓ Keep distractions to a minimum (e.g. move away from bright lights or noisy areas)
 - ✓ Limit materials on the desk or work space to avoid distractions
 - ✓ Provide alternative assessment opportunities (e.g. give tests orally, allow a scribe to write answers)

- Difficulty remembering or processing speed. Athlete has difficulty retaining new information, remembering instructions, accessing learned information. Strategies:
 - ✓ Provide a daily organizer and prioritize tasks
 - ✓ Provide visual aids and advance organizers
 - ✓ Divide larger assignments into smaller tasks
 - ✓ Provide copies of class notes/instructions
 - ✓ Provide access to assistive technology
 - ✓ Repeat instructions
 - ✓ Provide alternative methods for athlete to demonstrate mastery

- Difficulty paying attention/concentrating. Limited/short-term focus on schoolwork and/or difficulty maintaining a regular academic workload. Strategies:
 - ✓ Coordinate assignments among all teachers
 - ✓ Use a planner/organizer to manage/record assignments
 - ✓ Reduce/prioritize assignments ✓ Extend deadlines
 - ✓ Break down tasks and/or provide alternate assignments/tests
 - ✓ Check frequently for comprehension
 - ✓ Provide athlete with a quiet environment

EMOTIONAL/BEHAVIORAL DIFFICULTIES

- Anxiety, decreased attention/concentration and/or overexertion to avoid falling behind. Strategies:
 - ✓ Give athlete notice of change in the daily schedule
 - ✓ Adjust schedule as needed to avoid fatigue
 - ✓ Build in more frequent breaks during the school day
 - ✓ Provide preparation time to respond to questions

- Irritable or frustrated. Inappropriate or impulsive behavior during class. Strategies:
 - ✓ Acknowledge and empathize with the athlete's frustration or emotional outburst as they occur
 - ✓ Reinforce positive behavior
 - ✓ Provide structure and consistency, and prepare the athlete for changes and transitions
 - ✓ Set reasonable expectations
 - ✓ Anticipate and remove the athlete from problem situations in a non-punitive way

- Light and/or noise sensitivity. Difficulty working in a classroom environment due to light, noise, etc. Strategies:
 - ✓ Arrange strategic seating (e.g. away from window or talkative peers)
 - ✓ Where possible provide special lighting (e.g. task lighting, darker room)
 - ✓ Minimize background noise ✓ Provide alternative settings
 - ✓ Avoid noisy crowded environments such as assemblies and hallways during high traffic times
 - ✓ Allow the athlete to eat lunch in a quiet area with a few friends ✓ Allow athlete to use ear plugs/headphones and sunglasses

PARENT/GUARDIAN MUST COMMUNICATE TO PRINCIPAL (SEE APPENDIX G), THAT THE ATHLETE IS SYMPTOM FREE BEFORE THE ATHLETE CAN PROCEED TO STEP 2b.

STEP 2b – RETURN TO LEARN (OCCURS CONCURRENTLY WITH STEP 2c – RETURN TO PHYSICAL ACTIVITY)

An athlete who has progressed through Step 2a and is now symptom free may proceed to Step 2b. At this step, the athlete begins regular learning activities without any individualized classroom strategies or approaches as per Step 2a. This Step occurs concurrently with Step 2c – Return to Physical Activity. Since concussion symptoms can reoccur the athlete must continue to be closely monitored by the designated school staff lead and collaborative team for the return of concussion symptoms and/or a deterioration of work habits and performance.

If at any time, concussion signs return, the athlete must be examined by a medical doctor or nurse practitioner. The parent/guardian must communicate the results and the appropriate step to resume the Plan to the school principal (see Appendix H), before the athlete can return to school.

STEP 2c – RETURN TO PHYSICAL ACTIVITY

- Individual light aerobic physical activity (e.g. walking, stationary cycling, swimming)
- No resistance or weight training. No competition, including practices. No drills. No body contact.
- No participation with equipment or with other athletes
- **Parent/guardian must report back to principal (see Appendix H), that the athlete continues to be symptom free in order for the athlete to proceed to Step 3.**

STEP 3 – RETURN TO PHYSICAL ACTIVITY

- Individual sport-specific physical activity only (e.g. running drills in soccer, shooting drills in basketball)
- No resistance/weight training. No competition, practices or scrimmages. No body contact.
- No head impact activities or other jarring motions (e.g. high speed stops, hitting a baseball with a bat)

STEP 4 – RETURN TO PHYSICAL ACTIVITY

- Activities where there is no body contact. Progressive resistance training may be started.
- Non-contact practice and progression to more complex drills (e.g. passing drills)
- No activities that involve head impact or other jarring motions
- Coach/School staff lead communicates with parent/guardian that the athlete has successfully completed Steps 3 and 4.
- **Parent/guardian must provide the principal with written documentation from a medical doctor or nurse practitioner that indicates the athlete is symptom free and able to return to full participation in order for athlete to proceed to Step 5.**
- Principal will keep written documentation in student file.

STEP 5 – RETURN TO PHYSICAL ACTIVITY

- Full participation in regular physical activity in non-contact sports. Full training/practice for contact sports
- No competition that involves body contact

STEP 6 – RETURN TO PHYSICAL ACTIVITY (CONTACT SPORTS)

- Full participation in contact sports

THE INFORMATION PROVIDED IN APPENDIX D IS GENERAL BASED UPON STANDARDS GENERALLY ACCEPTED IN THE MEDICAL PROFESSION. PARENTS WITH SPECIFIC CONCERNS ARE ADVISED TO SEEK ADVICE FROM THEIR OWN MEDICAL PROFESSIONALS.

APPENDIX E

TOOL TO IDENTIFY A SUSPECTED CONCUSSION

This tool is a quick reference, to be completed by teachers/coaches, to help identify a suspected concussion and to communicate this information to parent/guardian.

IDENTIFICATION OF SUSPECTED CONCUSSION

Following a blow to the head, face or neck, or blow to the body that transmits a force to the head, a concussion must be suspected in the presence of any one or more of the signs or symptoms outlined in the checklist below and/or the failure of the Quick Memory Function Assessment.

1. An incident occurred involving _____
(athlete name) on _____(date). They were observed for signs
and symptoms of a concussion.

___ No signs or symptoms described below were noted at the time.
Continued monitoring is important as signs and symptoms of a
concussion may appear hours or days later.

___ The following signs were observed or symptoms reported.
Circle all that apply

Possible Signs Observed (something observed by another person):

Vomiting	Slurred Speech
Slowed reaction time	Poor coordination/balance
Blank stare/dazed/vacant look	Decreased playing ability
Loss of consciousness	Lack of responsiveness
Seizure or convulsion	Lying motionless/slow to get up
Amnesia	Grabbing or clutching of head
Difficulty concentrating	Easily distracted
General confusion	Strange or inappropriate emotions
Slow reaction time answering questions or following directions	
Cannot remember things that happened before and after the injury	
Does not know time, date, place, class, type of activity in which they were participating	

Possible Symptoms Reported (something the athlete will feel/report):

Headache	Pressure in head
Neck pain	Feeling off/not right
Ringing in the ears	Seeing double Blurry/loss of vision
Seeing stars/flashing lights	Pain at physical site of injury
Nausea/stomach ache	Balance problems/dizziness
Fatigue or feeling tired	Sensitive to light/noise
Difficulty concentrating	Difficulty remembering Dazed or in a fog
More emotional than usual	Nervous/Anxious/Depressed

IF ANY OBSERVED SIGNS WORSEN, CALL 911

Perform Quick Memory Function Assessment

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

- What room/location are we in right now? _____
- What sport/game are we playing now? _____
- What part of the day is it? _____
- What is the name of your coach? _____
- What school do you go to? _____

Action to be Taken

If there are any signs observed or symptoms reported, or if the athlete fails to answer any of the above questions correctly, a concussion should be suspected.

The athlete must be removed from play and must not be allowed to return to play that day even if the athlete states that they are feeling better. The athlete must not leave the premises without parent/guardian (or emergency contact) supervision. In all cases of a suspected concussion, the athlete must be examined by a medical doctor or nurse practitioner for diagnosis and must follow Appendix E.

Continued Monitoring by Parent/Guardian

Athletes should be monitored for 24-48 hours following the incident as signs and symptoms can appear immediately or may take hours or days to emerge. If any signs or symptoms emerge, the athlete needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.

Coach/Teacher name: _____

Coach/Teacher signature: _____

Date: _____

THE INFORMATION PROVIDED IN APPENDIX D IS GENERAL BASED UPON STANDARDS GENERALLY ACCEPTED IN THE MEDICAL PROFESSION. PARENTS WITH SPECIFIC CONCERNS ARE ADVISED TO SEEK ADVICE FROM THEIR OWN MEDICAL PROFESSIONALS.

APPENDIX F

DOCUMENTATION OF MEDICAL EXAMINATION

This form is to be provided to all athletes suspected of having a concussion. For more information see Appendix D – Concussion Management Procedures: Return to Learn and Return to Physical Activity

_____ (athlete name) sustained a suspected
concussion on _____ (date)

As a result, this athlete must be seen by a medical doctor or nurse practitioner. Prior to returning to school the parent/guardian must inform the school principal of the results of the medical examination by completing the following:
Results of Medical Examination

_____ My child has been examined and no concussion has been diagnosed and therefore may resume full participation in learning and physical activity with no restrictions.

_____ My child has been examined and a concussion has been diagnosed and therefore must begin a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan

Parent/Guardian name: _____

Date: _____

Parent/Guardian signature: _____

Comments:

THE INFORMATION PROVIDED IN APPENDIX D IS GENERAL BASED UPON STANDARDS GENERALLY ACCEPTED IN THE MEDICAL PROFESSION. PARENTS WITH SPECIFIC CONCERNS ARE ADVISED TO SEEK ADVICE FROM THEIR OWN MEDICAL PROFESSIONALS.

APPENDIX G

DOCUMENTATION FOR A DIAGNOSED CONCUSSION RETURN TO LEARN/RETURN TO PHYSICAL ACTIVITY PLAN

This form is to be used by parent/guardian to communicate their child's progress through the plan and is to be used with Appendix E – Concussion Management Procedures: Return to Learn and Return to Physical Activity.

The Return to Learn/Return to Physical Activity Plan is a combined approach. Step 2a – Return to Learn must be completed prior to the athlete returning to physical activity. Each step must take a minimum of 24 hours. Step 2b and Step 2 occur concurrently.

Step 1 – Return to Learn/Return to Physical Activity

- Completed at home
- Cognitive Rest – includes limiting activities that require concentration and attention (e.g. reading, texting, television, video games)
- Physical Rest – includes restricting recreational/leisure and competitive physical activities.

_____ My child has completed Step 1 and their symptoms have shown improvement and will proceed to Step 2a

_____ My child has completed Step 1 and is symptom free and will proceed directly to Step 2b and Step 2.

Parent/Guardian name: _____

Date: _____

Parent/Guardian signature: _____

Comments:

If at any time during the following steps symptoms return, please refer to the “Return of Symptoms” section at the end of this Appendix.

Step 2a – Return to Learn

- Athlete returns to school and requires individualized classroom strategies/approaches which gradually increase cognitive activity.
- Athlete requires physical rest, including restricting recreational/leisure and competitive activities.

_____ My child has been receiving individualized classroom strategies/approaches and is symptom free. My child will proceed to Step 2b and Step 2c.

Parent/Guardian signature: _____

Date: _____

Comments:

Step 2b – Return to Learn

- Athlete returns to regular learning activities at school

Step 2c – Return to Physical Activity

- Athlete can participate in individual light aerobic physical activity only
- Athlete continues with regular learning activities.

_____ My child is symptom free after participating in light aerobic physical activity and will proceed to Steps 3 and 4.

Parent/Guardian signature: _____

Date: _____

Comments:

Step 3 – Return to Physical Activity

- Athlete may begin individual sport-specific physical activity only

Step 4 – Return to Physical Activity

- Athlete may begin activities where there is no body contact

_____ My child is symptom free after participating in individual sport-specific physical activity only and activities where there is no body contact

Parent/Guardian signature: _____

Date: _____

The parent/guardian will be provided with the following section to obtain medical doctor/nurse practitioner diagnosis and signature.

Medical Examination

I, _____ (medical doctor/nurse practitioner name)
have examined _____ (athlete name) and confirm
they continue to be symptom free and are able to return to physical activities in
non-contact sports and full training/practices for contact sports.

Medical Doctor/Nurse Practitioner signature:

Step 5 – Return to Physical Activity

- Athlete may resume regular physical activities in non-contact sports and full training/practices for contact sports.

Step 6 – Return to Physical Activity

- Athlete may resume full participation in contact sports with no restrictions

Return of Symptoms:

_____ My child has experienced a return of concussion signs and/or symptoms and has been examined by a medical doctor/nurse practitioner, who has advised a return to Step _____ of the Return to Learn/Return to Physical Activity Plan.

Parent/Guardian signature: _____

Date: _____

Comments:

THE INFORMATION PROVIDED IN APPENDIX D IS GENERAL BASED UPON STANDARDS GENERALLY ACCEPTED IN THE MEDICAL PROFESSION. PARENTS WITH SPECIFIC CONCERNS ARE ADVISED TO SEEK ADVICE FROM THEIR OWN MEDICAL PROFESSIONALS.

APPENDIX H

EMERGENCY ACTION PLAN

Given that there is an element of risk in all physical activity, an encounter with an injury or medical condition is highly possible. The key to the Emergency Action Plan is getting professional care to the injured athlete as quickly as possible.

A. Preparation: You should know the following information:

- Location and access to the first aid kit
- Location and access to a telephone
- Emergency telephone number of ambulance and hospital (911)
- The whereabouts of a suitable and available means of transportation
- Identity of athletes with medical conditions (e.g. asthma, diabetes, life-threatening allergies)
- Location of medication (e.g. Epipen, asthma reliever)
- Emergency communication procedures for off-site activities.

B. When an injury/medical condition occurs:

- Take control and assess the situation. Exercise universal precautions related to blood/bodily fluids (see Appendix K)
- Keep in mind the cardinal rules of injury care: **DO NOT MOVE THE INJURED ATHLETE. IF AN ATHLETE CANNOT START A MOVEMENT BY THEMSELVES, DO NOT MOVE THE BODY PART FOR THEM.**
- Instruct any bystanders to leave the injured athlete alone
- Do not remove the athlete's equipment if there is a risk of further injury
- Evaluate the injury/condition. After assessing the severity, decide whether or not further assistance is required
- For an athlete with an identified medical condition, administer medication (e.g. asthma inhaler)
- If an ambulance is not needed, decide what action to take to remove the injured athlete from the area

Because physical activity is a common trigger for many sudden cardiac deaths, it is important for coaches to recognize possible symptoms/warning signs. They include fainting or seizure during physical activity or from emotional excitement, emotional distress or being startled.

School Response: Immediately call 911. Inform parent/guardian and provide information about SADS – www.sads.ca. Athlete is not to participate in physical activity until cleared by a medical assessment and documentation is provided to the school principal. Refer to Appendix M – Sudden Arrhythmia Death Syndrome, for school and parent information and responsibility and a form to be completed for return to activity after a fainting episode.

C. In any of the following situations call 911:

- Loss of consciousness (including fainting), or altered level of consciousness or lack of awareness
- Uncontrolled bleeding
- Anaphylactic reaction, asthma or any other symptom that compromises the airway or ability to breathe.
- Other life-threatening injuries
- If the athlete cannot be transported legally in a passenger vehicle

D. If an ambulance is required:

- Request assistance from the other person (e.g. coach, supervisor, volunteer)
- Have the person call an ambulance with the following information: Nature of the emergency, the location and the telephone number from where you are placing the call
- Have the other person report back to the in-charge person to confirm the call was made and go to the access entrance and wait for the ambulance
- Observe the athlete carefully for any change in condition and reassure them help is on the way
- Do not be forced into moving the athlete unnecessarily
- In the case of dehydration, move athlete to a cooler environment and provide small amounts of water every 5 minutes until symptoms resolve. **DO NOT** provide food or drink if the athlete shows signs of decreased level of consciousness, has sustained a significant head injury or you anticipate an operation may be necessary (e.g. broken leg).
- When ambulance arrives, inform them of what happened, how it happened and what you have done as well as any medical-related problems or past injuries you are aware of.
- The in-charge person or a designated adult should accompany the injured athlete to the hospital and give relevant information to the physician.
- The parents/guardians of the injured athlete must be contacted as soon as possible
- Contact the principal or designate to inform them of the incident

APPENDIX I

LIGHTNING PROTOCOL

Lightning and warning signs of lightning require prompt preventative action by coaches/supervisors to ensure the safety of athletes, coaches and spectators during outdoor activities. The following provides strategies to minimize risk in the event of lightning activity.

PLANNING EVACUATION AND SAFETY MEASURES:

- Monitor weather conditions prior to the outdoor event or activity. Be aware of potential thunderstorms that may form during an outdoor event or activity by accessing weather information through local forecasts or from Environment Canada
- Know where the closest safe structure or location is to the field or playing area.
- A safe structure is:
 - ✓ Any building normally occupied by people (e.g. a building with plumbing and/or electrical wiring that acts to electrically ground the structure)
 - ✓ Any vehicle with a hard metal roof and rolled up windows can provide a measure of safety (it is not the rubber tires that make a vehicle a safe shelter, but the hard metal roof which dissipates the lightning strike around the vehicle)
 - ✓ DO NOT TOUCH THE SIDES OF THE VEHICLE
 - ✓ If there is no safe structure or location, find the low ground and seek cover in clumps of bushes or a dry ditch. Remove all metal objects and minimize your body's surface area in contact with the ground.
 - ✓ Do not lie flat on the ground. **PLACE YOUR FEET TOGETHER, LOWER YOUR HEAD, CROUCH DOWN WITH ONLY THE BALLS OF YOUR FEET TOUCHING THE GROUND, AND WRAP YOUR ARMS AROUND YOUR KNEES**
 - ✓ If you are in a group in the open, spread out, keeping several meters apart
- Unsafe shelter includes:
 - × All outdoor metal objects (e.g. football standards)
 - × Near flag poles and light poles
 - × Fences and gates
 - × Metal bleachers
 - × Machinery
 - × Trees, open fields, high ground and water (ponds, creeks)
- When you first see lightning or hear thunder, suspend activities and seek shelter immediately. Apply the following safety slogan: **IF YOU SEE IT, FLEE IT; IF YOU HEAR IT, CLEAR IT**
- Wait a minimum of 30 minutes from the last visual observation of lightning or sound of thunder before resuming activities
- Injured persons do not carry an electrical charge and can be handled safely.

APPENDIX J

UNIVERSAL PRECAUTIONS BLOOD AND BODILY FLUIDS

- Use impermeable gloves if blood, or bodily fluids containing visible blood, are anticipated
- Stop the bleeding, cover the wound and change the athlete's clothing if contaminated with excessive amounts of blood
- Follow accepted guidelines for control of bleeding and for any bodily fluids containing blood
- Wash hands and other affected skin areas after contact with blood
- Clean any surfaces or equipment with appropriate disinfectant
- Clean clothes or skin with soap and water or an appropriate antiseptic
- Use proper disposal procedures for contaminated clothing and equipment
- Use a ventilation device for emergency resuscitation
- Avoid direct contact with athlete if you have an open skin condition
- Encourage all participants to use individual water bottles

APPENDIX K

MANAGEMENT OF ASTHMA PROTOCOL

Asthma: Definition, Symptoms

Asthma is a chronic inflammatory disease of the airways in the lungs. Inflammation in the airways makes the lungs more sensitive to substances in the environment (asthma triggers). When people with asthma are exposed to their triggers, they may experience a narrowing of the airways, increased airway inflammation and extra mucus production, making breathing more difficult.

Asthma symptoms include:

- Difficulty breathing
- Coughing
- Wheezing
- Chest lightness
- Shortness of breath

Not all people with asthma have the same triggers. Triggers can bring on an asthma attack, which can be life-threatening if left untreated. Physical activity is a common trigger in children. Exposure to common asthma triggers can occur during physical activity and steps should be taken to reduce exposure to:

- Extremes in weather (hot and cold)
- Poor air quality
- Excessive dust
- Pollen
- Mold (found in decaying leaves, water damaged areas)
- Cleaning products

Exercise-Induced Asthma (EIA)

Vigorous activity is a common trigger, resulting from cooling and drying of the airways caused by breathing through the mouth (versus the nose) at a rapid rate. EIA symptoms can start several minutes into the activity and up to 30 minutes after completion of the activity. Asthma symptoms from exercise are often due to poorly managed asthma, and an athlete should be encouraged to visit their medical doctor. EIA is more commonly experienced when physical activity is performed in cold environments, in conjunction with an upper respiratory infection (e.g. cold), with sustained running, during high pollen count days or during poor air quality days.

Preventive Strategies for EIA

- Ensure a slow warm up has occurred before activities requiring sustained exertion
- Be aware of potential triggers in the area and remove athlete from the triggers
- Encourage the athlete to wear a scarf or facemask in cold weather to warm and humidify the air
- Check pollen and air quality forecasts and move planned outdoor activities indoor where possible
- Have parents/guardians inform the coach if any modifications/considerations are required for participation in physical activity
- Notify parents/guardians if the athlete is not able to fully participate in physical activity because of asthma symptoms as this can be a sign of poorly controlled asthma

Strategies for Managing EIA

- The athlete should NOT participate in physical activity if they are already experiencing asthma symptoms
- If the athlete starts having asthma symptoms after starting physical activity, have them stop and take the reliever inhaler. When the athlete is fully recovered they may resume the activity
- If the symptoms are not relieved within 10-15 minutes after using the reliever inhaler, monitor the athlete's status and do not allow them to return to the activity
- If the athlete's asthma symptoms **do not improve, or worsen, this is an emergency situation and 911 should be called and the following steps must be followed:**
 - ✓ Wait for an ambulance – do not drive the person to hospital
 - ✓ Immediately use fast-acting inhaler, and continue to use reliever inhaler every 5-15 minutes until medical help arrives
 - ✓ Have the athlete sit up with arms resting on a table (do not have the person lie down unless it is a life- threatening allergic event)
 - ✓ Stay calm, reassure and stay with the athlete
 - ✓ Notify the parent/guardian or emergency contact

APPENDIX L

SUDDEN ARRHYTHMIA DEATH SYNDROME – SADS

SADS refers to a variety of cardiac disorders which are often genetic and undiagnosed that can be responsible for sudden death in young, apparently healthy people.

Prevention of SADS:

Recognition of the warning signs and early medical intervention are the keys to preventing sudden cardiac death in children and young adults.

Warning Signs (athlete with no previously diagnosed heart condition)

- Fainting or seizure during physical activity
- Fainting or seizures resulting from emotional excitement, emotional distress or being startled
- All situations where there is fainting even when the athlete wakes up quickly and seems fine

These symptoms are not conclusive in and by themselves, however, the presentation of any one symptom requires an immediate cardiac evaluation.

School Response to a Fainting Episode

- Call 911 immediately: it is important to provide EMS with information of what led up to the individual fainting
- Contact parent/guardian as soon as reasonably possible
- Provide parent/guardian with information on SADS

Return to Physical Activity

- No participation in physical activity until a medical assessment is completed and information from the parent/guardian is provided to the school principal/designate

Parent/Guardian Response to a Fainting Episode

- Parent/guardian is to seek immediate medical attention for their child, requesting a cardiac assessment to be completed

APPENDIX M

CRITERIA FOR NON-DISTRICT EMPLOYEE COACHES

Principals are encouraged to consider the following prior to engaging the services of a non-teacher coach

- Applicant supplies 2 references
- Applicant demonstrates coaching expertise. For higher risk sports this may be from one of:
 - ✓ CAC sport specific coaching certification
 - ✓ Attendance at a relevant training or workshop within the past 5 years
- Applicant presents a Criminal Record check
- Applicant agrees to a process for monitoring their coaching activities (e.g. seasonal review)
- Applicant agrees to a process for resolving issues that arise from athlete's, parents and/or staff
- Applicant agrees to abide by all relevant policies and procedures
- Applicant undergoes an orientation session with the school principal or designate, to
 - ✓ Review coaching philosophy of the school
 - ✓ Review relevant sections of the Extra-Curricular Athletics Safety Guidelines
 - ✓ Outline school policies with respect to athletic and academic eligibility
 - ✓ Highlight the BCSS Coaches Code of Conduct
 - ✓ Highlight the BCSS Coaches Responsibilities with regard to Recruiting
 - ✓ Review school/district policies and procedures with respect to supervision and travel
- Applicant agrees to attend a pre-season coaches' meeting of school coaches, if requested
- Applicant agrees to communicate regularly with designated supervisor (e.g. Athletic Director)