Appendix

Codes of Conduct Templates for Clubs and Academies

These are samples of Concussion Code of Conduct for athletes, parents/guardians and coaches and team trainers that can be used by any soccer organization in Ontario.

**Note: Items marked with an asterisk \* are mandatory by O.Reg. 161/19: General.**

**Concussion Code of Conduct for Athletes and Parents/Guardians (for athletes under 18 year of age)**

**I will help prevent concussions by:**

* Wearing the proper equipment for my sport and wearing it correctly.
* Developing my skills and strength so that I can participate to the best of my ability.
* Respecting the rules of my sport or activity.
* My commitment to fair play and respect for all\* (respecting other athletes, coaches, team trainers and officials).

**I will care for my health and safety by taking concussions seriously, and I understand that:**

* A concussion is a brain injury that can have both short- and long-term effects.
* A blow to my head, face or neck, or a blow to the body that causes the brain to move around inside the skull may cause a concussion.
* I don’t need to lose consciousness to have had a concussion.
* I have a commitment to concussion recognition and reporting, including self-reporting of possible concussion and reporting to a designated person when and individual suspects that another individual may have sustained a concussion.\* (Meaning: If I think I might have a concussion I should stop participating in further training, practice or competition **immediately,** or tell an adult if I think another athlete has a concussion).
* Continuing to participate in further training, practice or competition with a possible concussion increases my risk of more severe, longer lasting symptoms, and increases my risk of other injuries.

**I will not hide concussion symptoms. I will speak up for myself and others.**

* I will not hide my symptoms. I will tell a coach, official, team trainer, parent or another adult I trust if I experience **any** symptoms of concussion.
* If someone else tells me about concussion symptoms, or I see signs they might have a concussion, I will tell a coach, official, team trainer, parent or another adult I trust so they can help.
* I understand that if I have a suspected concussion, I will be removed from sport and that I will not be able to return to training, practice or competition until I undergo a medical assessment by a medical doctor or nurse practitioner and have been medically cleared to return to training, practice or competition.
* I have a commitment to sharing any pertinent information regarding incidents of removal from sport with the athlete’s school and any other sport organization with which the athlete has registered\* (Meaning: If I am diagnosed with a concussion, I understand that letting all of my other coaches and teachers know about my injury will help them support me while I recover.)

**I will take the time I need to recover, because it is important for my health.**

* I understand my commitment to supporting the return-to-sport process\* (I will have to follow my sport organization’s Return-to-Sport Protocol).
* I understand I will have to be medically cleared by a medical doctor or nurse practitioner before returning to training, practice or competition.
* I will respect my coaches, team trainers, parents, health-care professionals, and medical doctors and nurse practitioners, regarding my health and safety.

**By signing here, I acknowledge that I have fully reviewed and commit to this Concussion Code of Conduct.**

**Athlete Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signaure (of athletes who are under 18 years of age): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_**

**If your sport organization has adopted policies regarding (a) zero-tolerance (b) mandatory disqualification for illegal play that is considered high risk for causing concussions and (c) escalating consequences for violation of the Concussion Code of Conduct, please read and commit to the following section. If the following section does not apply to your sport organization, please disregard.**

**I will help prevent concussions, through my:**

* Commitment to zero-tolerance for prohibited play that is considered high risk for causing concussions\*
* Acknowledgement of mandatory expulsion from competition for violating zero-tolerance for prohibited play that is considered high risk for causing concussions (Meaning: I will be disqualified/expelled from play if I violate the zero-tolerance policy). \*
* Acknowledgement of the escalating consequences for those who repeatedly violate the Concussion Code of Conduct. \*

**Concussion Code of Conduct for Coaches and Team Trainers**

**I can help prevent concussions through my:**

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

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

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

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

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

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

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

**By signing here, I acknowledge that I have fully reviewed and commit to this Concussion Code of Conduct.**

**Coach/Team Trainer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If your sport organization has adopted policies regarding (a) zero-tolerance (b) mandatory disqualification for illegal play that is considered high risk for causing concussions and (c) escalating consequences for violation of the Concussion Code of Conduct, please read and commit to the following section. If the following section does not apply to your sport organization, please disregard.**

**I will help prevent concussions, through my:**

* Commitment to zero-tolerance for prohibited play that is considered high risk for causing concussions. \*
* Acknowledgement of mandatory expulsion from competition for violating zero-tolerance for prohibited play that is considered high risk for causing concussions. \*
* Acknowledgement of the escalating consequences for those who repeatedly violate the Concussion Code of Conduct. \*