

Safety Guidelines for Physical Education in New Brunswick

Secondary Interschool Athletics

Module 6 2014

Concussion Update 2019 Terminology Update 2021



Acknowledgments

This document is an adaptation of the guidelines produced by the Ontario Physical and Health Education Association (OPHEA), a not-for-profit incorporated organization, in partnership with the Ontario School Boards' Insurance Exchange (OSBIE), the Ontario Association for the Supervision of Physical and Health Education (OASPHE), the Canadian Intramural Recreation Association - Ontario (CIRA), and the Ontario Federation of School Athletic Associations (OFSAA). The Guidelines are, to the best of the Ontario Ministry of Education's knowledge, based upon the most current knowledge and experience available in Canada. However, implementation of safety guidelines should in all cases be preceded by a close review of these guidelines. Appropriate modification on the part of each school should be conducted in order to meet the specific requirements and circumstances of their respective facilities and programs. Neither the Department of Education and Early Childhood Development, nor the Ontario Ministry of Education, nor OPHEA accept any responsibility for the implementation or customization of these guidelines.

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Disclaimer

These guidelines have been developed to assist School Districts in their formulation of site-specific safety guidelines for physical education, intramural sports programs and interschool athletics. These guidelines are, to the best of Ophea's knowledge, based upon the most current knowledge and experience available in Canada. Implementation of safety guidelines should in all cases be preceded by a close review of these guidelines and appropriate modification on the part of each School District in order to meet the specific requirements and circumstances of their respective schools and programs. Ophea accepts no responsibility for the implementation and customization of these guidelines.



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Generic Section

Background:

This document is a revision of the 2002 version of the Physical Education Curricular Safety Guidelines. These revised Physical Education Safety Guidelines were developed with the support and encouragement of the Ontario Physical and Health Education Association (Ophea), the Ontario School Districts' Insurance Exchange (OSBIE), the Ontario Association for the Supervision of Physical and Health Education (OASPHE), the Ontario Federation of School Athletic Associations (OFSAA), and the Canadian Intramural Recreation Association – Ontario (CIRA). The Department of Education and Early Childhood Development have acquired the copyright for these safety guidelines. These guidelines have been modified to better respond to the needs and realities of New Brunswick.

This particular document is Module 6: Physical Education Secondary School Interschool Athletics Safety Guidelines and is based on Module 1: Secondary School Physical Education Curricular Safety Guidelines.

Intent of the Physical Education Safety Guidelines:

The primary responsibility for the care and safety of athletes rests with the School District and its employees. An important aspect in fulfilling this role is to recognize that there is an element of risk in all physical activity and to take action accordingly. To this end, reasonable foreseeable risks have been identified and analyzed and these guidelines were developed to include procedures that help minimize, to the greatest extent possible, the risk of a preventable accident of injury. A guideline alone does not eliminate risk regardless of how well it is written or how effectively it is implemented. Safety awareness, practiced by the coach, based on up-to-date information, common sense observation, action, and foresight, is the key to safe programming. The intent of the Curricular Safety Guidelines is to focus the coach's attention on safe instructional practices for each activity in order to minimize the inherent element of risk. By implementing safe instructional practices, such as use of logical coaching progressions, as well as inclusion of age-appropriate activities in program preparations, planning and coaching, the coach will guard against foreseeable risks. It is hoped that through this implementation process, this document will assist coaches in fulfilling their obligation to provide the safest possible environment in which all athletes, regardless of physical, mental, emotional abilities/challenges or cultural background, can be physically active.

Impact and Scope of this document:

The Safety Guidelines statements represent the minimum standards for risk management practice for School Districts. An activity shouldt not occur unless these statements have been addressed.

The document sets out minimum guidelines to be used by coaches and administrators in addressing the safety component of interschool athletics. Interschool athletics is defined as the school-sponsored, competitive program which:

- occurs outside the student's instructional time;
- involves a selected school team/group;
- involves a competition against another outside team/group.

Curricular and Intramural Guidelines can be found in their respective module.



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 and behavioural patterns;
- the coach/supervisor has the knowledge/experience and certification (where applicable) in accordance with the safety guideline pages to coach/supervise the activity safely;
- in addition to the supervision ratios outlined in the safety guidelines, the activity must meet District standards for physical activity supervision ratios:
- consideration must be given to environmental factors (e.g., extreme weather causing change to site being used [e.g., extreme change in wind conditions at cross country running practice requires change in practice location]).

A. Generic Issues

Please Note:

- all statements in the Safety Guidelines are minimum standards;
- the following guideline statements are not listed in any order of priority;
- lists of examples in these guidelines are not exclusive;
- interschool guidelines must be applied to all athlete activities in practice and in competition.

There are many common guidelines for safety which apply to all class activities. Some commonalities are:

1. Each school must appoint a teacher or administrator who is responsible for the interschool athletic program, to determine that each coach is familiar with the school/district's coaching philosophy and relevant documents.

2. Coaching Qualifications and Expectations

All new coaches must go through an approval process by school administrator/designate to determine the individual's ability to coach the activity. Check that the individual has the knowledge, experience and, where appropriate, qualifications (e.g. higher risk sports) to safely coach the activity.

Volunteer Coaches must go through a formalized application process and approval system by school administrator/designate – Sample Volunteer Coaching Application Form – Appendix Q.

All coaches must be knowledgeable and implement the expectations for coaches as outlined in B. Introduction to Sport - Activity Page Components - #8. Coach's Role and Responsibilities.

All coaches must be familiar with and implement where applicable the criteria outlined in Coaching Expectations – Appendix O.

3. Prior to the athlete's first practice, parents need to be made aware of the risks inherent in sport participation and must sign and return an Interschool Athletic Participation Form (see Appendix A).



4. **Medical Conditions:** At the beginning of the school year, coaches need to be aware of the medical background and physical limitations of their athletes. This includes knowledge of athletes with heart disorders, asthma, diabetes, severe allergies, anaphylaxis, etc. Each school needs to develop a process by which medical information is shared with the coach. The coach must have athletes' medical information available at all practices and all games (see Appendix A).

To address a athlete's medical condition (e.g., asthma, life threatening allergies, diabetes, epilepsy, heart disorders) coaches are to refer to their School District's/school's medical condition protocols and/or individualized athlete medical information form.

To assist coaches with the management of an athlete with asthma when participating in physical activity see the Sample Management of Asthma Protocol (Appendix L).

- 5. 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. For more information visit www.sads.ca.
 Because physical activity is a common trigger for many sudden cardiac deaths, it is important for coaches to recognize possible syndromes/warning signs:
 - fainting or seizure during physical activity;
 - fainting or seizure resulting from emotional excitement, emotional distress or being startled (e.g. a sudden loud noise such as a fire alarm system).

School response:

- immediately call 911;
- inform parents and provide information about SADS www.sads.ca;
- the athlete is not to participate in physical activity until cleared by a medical assessment and documentation is provided to the school administrator/designate.

Refer to Appendix M – Sudden Arrhythmia Death Syndrome – SADS for school and parent information and responsibility and a sample form to be completed for return to activity after a fainting episode.

- 6. Apply your school's Emergency Action Plan to deal with accidents in interschool athletics. For details on an emergency action plan, see Appendix E.
- 7. An appropriately stocked first aid kit must be readily accessible. When activities are offered off campus, an appropriate portable first aid kit must be readily accessible. For a sample listing of first aid items, see Appendix D.
- 8. Universal precautions (e.g., using impermeable gloves), must be followed when dealing with situations involving blood and other bodily fluids (see Appendix K). Coaches must refer to School District protocols that address bodily fluids procedures.
- 9. Athletes must be made aware of the locations of fire alarms/exits and alternative exit routes.



10. Concussion Definition

A concussion:

- is a traumatic brain injury that causes changes in how the brain functions, leading to signs and symptoms that can emerge immediately or in the hours or days after the injury;
- signs and symptoms can be physical (e.g. headache, dizziness), cognitive (e.g. difficulty concentrating or remembering), emotional/behavioural (e.g. depression, irritability) and/or related to sleep (e.g. drowsiness, difficulty falling asleep);
- may be caused by a jarring impact to the head, face, neck or body, with an impulsive force transmitted to the head, that causes the brain
 to move rapidly and hit the walls of the skull (for a visual description of how a concussion occurs, see cdn.hockey-canada.ca/hockey-canada.ca/hockey-canada.ca/hockey-canada.ca/hockey-canada.ca/hockey-canada/ho
- 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 Protocol and Procedures Information: Safety protocols and procedures must be developed and communicated to athletes to minimize and manage potential concussions. To assist in the development of concussion safety protocols and procedures, administrators, teachers and coaches are to reference the appropriate concussion information located in the Appendices section of this module. At all times the New Brunswick Physical Education Safety Guidelines are the minimum standards. In situations where a higher standard of care is presented (e.g., a School District's protocols or procedures) the higher standard of care is to be followed.

Teachers, coaches and volunteers supervising physical activities, where an athlete sustains a possible concussion, must be able to identify and properly manage a suspected concussion.

It is critical to refer to the following Appendices for important information on concussion identification, management and return to school/return to sport/physical activity protocol:

- Appendix C-1 Concussion Management Procedures: Return to School and Return to Sport/Physical Activity
- Appendix C-2 Concussion Education Sheets
- Appendix C-3 Tool to Identify a Suspected Concussion
- Appendix C-4 Documentation of Medical Examination
- Appendix C-5 Return to School Strategy
- Appendix C-6 Individualized Return to School Following Concussion
- Appendix C-7 Return to Sport/Physical Activity Strategy
- Appendix C-8 Decision-Making Pathway for Concussions

Minimizing the Risk of Concussions

Education is a prime factor in supporting the prevention of concussion.

Any time an athlete is involved in a physical activity; there is a chance of sustaining a concussion.

Therefore, it is important to take a preventative approach when dealing with concussions. Prior to activity the coach meets with athletes to go over the following information on concussion:



- The definition and causes of a concussion, signs and symptoms, and dangers of participating in an activity while experiencing the signs and symptoms of a concussion.
- The risks associated with the activity/sport for a concussion and how to minimize those risks.
- The importance of immediately informing the coach/coach of any signs or symptoms of a concussion, and removing themselves from the activity.
- The importance of respecting the rules of the game and practising fair play.
- The importance of wearing protective equipment that is properly fitted (e.g., with chin straps done up according to the one-finger rule [only one finger should fit between the strap and chin]).
- Where helmets are worn, inform athletes that there is no such thing as a concussion-proof helmet. Helmets are designed to prevent major brain injuries such as bruises to the brain, blood clots, facial injury and skull fractures. However, helmets do not prevent all concussions.

Coach responsibility in minimizing the risk of concussion:

- Skills and techniques must be taught in the proper progressions.
- Athletes must be instructed and trained in the appropriate body contact skills and techniques of the activity/sport prior to contact practice/game situations.
- o Athletes who are absent for concussion safety lessons must be provided with the information prior to the next activity session;
- The rules of the sport must be enforced. Emphasize the principles of head-injury prevention (e.g., keeping the head up and avoiding collision):
 - > eliminate all hits to the head:
 - > eliminate all hits from behind.
- Check protective equipment is approved by a recognized Equipment Standards Association (e.g., CSA, NOCSAE) and is visually inspected prior to activity and well maintained.
- o Check (where applicable) that protective equipment is inspected by a certified re-conditioner as required by manufacturer (e.g., football helmet). If athletes are permitted to bring their own protective equipment (e.g., helmets), athletes and parent/guardians must be informed of the importance of determining that the equipment is in good working order and suitable for personal use.
- o Document safety lessons (e.g., date, time, brief content, athlete attendance).
- Many resources are available at http://www.parachutecanada.org/injury-topics/item/concussion. Excellent videos such as "Concussions and a long a long and a long a long and a long a long and a long a long and a long a long and a long and a long and a long a long and a long a long a long and a long and a long a lon
- 11. If an athlete misses a practice/game due to an injury or illness requiring professional medical attention (e.g., medical doctor, chiropractor, physiotherapist), the coach must receive communication from the athlete's parent/guardian, giving him/her permission to return to practice and/or competition. For a sample form, see Appendix B Return to Physical Activity Plan Non-Concussion Medical Illnesses/Injuries.
 - Parents/guardians must provide a return to physical activity plan for athletes returning to activities with injuries/illnesses such as spinal injuries, fractures, torn ligaments or mononucleosis etc. The best plans will involve a medical professional who is involved in the athlete's treatment/recovery and who will communicate to the parents/guardians that their child is ready to move to the next level, and ultimately return to activity.
- 12. Coaches must ensure parents/guardians are aware of safety precautions related to environmental factors (e.g., temperature, weather, air quality, humidity, UV rays, insects, frost bite, and dehydration) (see Appendix A).



- 13. Before involving athletes in outdoor athletics, coaches must take into consideration the temperature of the day, previous training and the length of time the athletes will be vigorously active.
- 14. Lightning is a significant weather hazard that may affect outdoor activities. Safety precautions and protocols must be developed and communicated to participants in response to potential lightning risk factors. At all times the School District's lightning procedures are the mandatory minimum standards. In situations where a higher standard of care is presented (e.g., trip guides, facility/program coordinators) the higher standard of care is to be followed. For lightning procedures, (see Appendix F).
- 15. A working communication device (e.g., cell phone) must be readily accessible.
- 16. Coaches must be aware of and adhere to the School District's transportation policy and the Department of Education and Early Childhood Development Policy 513 regarding interschool team travel (district-sponsored and private vehicles). Parents/guardians must be informed of the mode of transportation and the athletes expectations required.
- 17. When traveling out of district (e.g., to a tournament in another city/country), share appropriate safety guidelines with host convener prior to arrival.
- 18. Prior to teaching the skills of the sport/activity, the coach must outline the possible risks of the activity (warnings of possible dangers); demonstrate how to minimize the risks, and set procedures and rules for safe play.
- 19. The coach must document athlete attendance and all practice plans, with reference to progressive development of skills and attention paid to identifying inherent risks of the sport (see Appendix R).
- 20. Coaches must teach proper techniques related to offensive and defensive skills.
- 21. Encourage athletes to have Student Accident Insurance Policy.
- 22. Where an incident occurs that increases or could increase the risk of injury, corrective actions must take place to help prevent its reoccurrence.
- 23. At the start of the sport season, coaches must instruct athletes in expected conduct (e.g., in change rooms, when visiting schools, etc.).
- 24. The presence and location of spectators must not present a safety concern.
- 25. Any modifications teachers/coaches make to guideline statements must RAISE the level of safety, not LOWER it.
- 26. Game officials must be knowledgeable about the rules of sport.
- 27. Interschool competitions must follow the regulations and rules of the local governing body (e.g. athletic association, NBIAA) and/or Provincial Sport Organization for the activity (whichever is applicable).
- 28. Interschool athletics have been categorized into two areas: higher risk sports and lower risk sports. Higher risk sports are those sports which are characterized by:



- a greater potential for injuries with severe consequences;
- contact: person-to-person and person-to-equipment;
- uniqueness of equipment used;
- speed of action;
- protective equipment used;
- type of supervision required;
- type of training required.
- 29. For higher risk sports, these additional requirements must be met:
 - a) Game/match official(s) must be certified and/or experienced in officiating the sport.
 - b) Unless sport-specific coaching qualifications are listed on the activity page (e.g. swimming) the coaching qualifications for any **higher risk** sport should be derived from at least one of the following:
 - NCCP Competition Introduction Trained or certified;
 This includes:
 - sport specific NCCP multi-sport Part A B;
 - coaches that have completed level 1 or 2 certification in the past.
 - attendance at a clinic or workshop, provided by an instructor who is knowledgeable of the activity and where safety is addressed, within the last three years;
 - past experience as a player or coach in that sport.



	Higher Risk Sport	S	Lower Risk	Sports
FieldFootbHockeRugbSwimTrack	•	 Track and Field – Javelin Track and Field – Shot-put Wrestling 	 Badminton Baseball - Hardball Basketball Cheerleading - Spirit/Dance Cross-Country Running Curling Golf Soccer Softball 	 Track and Field - Track Events: Sprints/400m/800m/1500m/ 3000m/Relays Track and Field - Long Jump Track and Field - Triple Jump Track and Field - Hurdles Volleyball

30. First Aid Coverage for Lower and Higher Risk Activities:

The minimum requirement for first aid coverage is the presence of an individual who takes responsibility for providing first aid to injured participants throughout the entirety of a practice and competition.

- i. For the purposes of providing first aid at practices and competitions, on or off school site, the team coach or designate is responsible for their own athletes:
 - identifying athletes with medical condition(s) (e.g. asthma, type one diabetes), managing those medical conditions and providing for emergency first aid as needed;
 - having access to students' Interschool Athletic Participation Form medical information section;
 - being knowledgeable of the practice site's Emergency Action Plan;
 - identifying and managing a suspected concussion and following up with parents/EMS;
 - checking that first aid kits are available and accessible;
 - checking there is a suitable means of communication on site (e.g. phone);
 - checking there are procedures in place for calling 911;
 - implementing Universal precautions when dealing with blood or bodily fluids (e.g. first aid gloves);
 - completing district/school required athlete injury/accident reports.
- ii. For the purposes of providing first aid when hosting a competition, the coach or designate/convenor of a tournament is to:
 - have knowledge of the site's Emergency Action Plan;
 - check that first aid kits are available and accessible;
 - check there is a suitable means of communication on site (e.g. phone);
 - check there are procedures in place for calling 911;
 - provide for first aid coverage.



B. Introduction to Sport / Activity Page Components

Please note:

- All statements found on the sport/activity pages and supporting Appendices A-R are the minimum standards. An activity should not occur unless these guidelines have been addressed.
- The statements in the sport/activity pages of the Safety Guidelines are not listed in any order of priority.
- Lists of examples in the Safety Guidelines are not exclusive.

1. Sport/Activity Pages:

Guidelines for each class activity are outlined according to the following critical components:

Equipment
Special Rules/Instructions
Clothing and Footwear
Facilities
Supervision

b) With some exceptions, appropriate age divisions are not described on activity pages. It is the responsibility of each School District to determine the age appropriateness of these activities.

2. Equipment:

- a) When using equipment that is not described in the document, care must be taken to determine that it is safe for use, (e.g., no sharp edges, cracks, or splinters) and that it is size, mass and strength appropriate.
- b) All balls must be properly inflated.
- c) Protective equipment. Prior to participation coaches and supervisors are to check that the protective equipment, mandated under the Equipment Criteria section on the activity page, is being properly worn by the athletes (e.g., properly fitting football helmet).

Where appropriate, coaches and supervisors, when participating in the activity with the athletes are encouraged to wear the protective equipment not only for personal protection, but to act as a role model for athletes (e.g., CSA approved ice hockey helmets when ice skating).

- d) Personal Equipment
 - Athletes and parents must be made aware that equipment brought from home for use in interschool sporting activities must be in safe playing condition (e.g., hockey helmets, racquets, golf clubs, hockey sticks).
 - Parents and athletes must be made aware of safety precautions with mouth guards and eyeglasses, including the need for an eyeglass strap and shatterproof lenses for some activities. See Appendix A.
 - Where sport-governing bodies, and/or local/regional/provincial athletic associations require specific personal equipment (e.g., throat protectors in hockey), parents/guardians and students must provide equipment that conforms to recognized standards.



- Where School Districts, schools or parents/guardians provide protective equipment, all equipment must conform to recognized standards (e.g., CSA-approved hockey helmets, NOCSAE-approved football helmets) and must fit properly.
- Personal equipment must not be altered beyond the adjustments provided for in the original equipment. Any alteration that compromises the protection that the equipment provides (e.g., cutting a portion off the back of mouth guards) destroys the safety certification.
- Athletes must be informed that they are not to share water bottles.
- Athlete must be informed that they have a responsibility to report personal equipment problems and defects to the supervising coach.

e) Non-Personal Equipment

- All equipment must be checked regularly by the coach to determine that it is in good working order. Athletes also must be encouraged to report equipment problems to coaches. For more information, see Appendix I-2.
- Equipment needs to be inspected and maintained on a regular basis by capable and knowledgeable personnel (e.g., inspection company, District Health and Safety Committee) and documentation maintained.
- Coaches must perform a visual check of equipment before each practice and competition and remove or have broken equipment repaired.
- When borrowing, renting, or lending equipment for practice or competition (e.g., wrestling mats, lane ropes, gymnastic equipment), the coach must determine that equipment conforms to recognized safety standards and has been inspected for safety.
- f) Helmets New Brunswick Physical Education Safety Guidelines:

Helmet requirements, Safety Standards Associations and/or certification standards, can be found in the New Brunswick Physical Education Safety Guidelines (Curricular and Interschool modules) on the specific activity/sport pages under the safety criteria – Equipment.

Recognized Safety Standard Associations for Helmets:

The New Brunswick Physical Education Safety Guidelines recognizes the following safety standard associations in its guidelines:

- Canadian Standards Association CSA;
- U.S. Consumer Product Safety Commission CPSC;
- American Society of Testing and Materials ASTM;
- National Operating Committee on Standards in Athletic Equipment NOCSAE;
- Snell Memorial Foundation Snell Standard;
- British Standards Institute BS;
- Standards Association of Australia AS;
- Common European Norm CEN;
- Safety Equipment Institute SEI.

Selection of helmets for activities where specific helmets have been developed:

Helmets designed for the type of hazards encountered in the activity will provide the optimal required protection for the activity. Select a helmet that meets the protection standards (certification) for the specific activity/sport as determined by a recognized safety standards association.



Selection of helmets for activities where specific helmets have not been developed (e.g. hockey, football)

The New Brunswick Physical Education Safety Guidelines lists on its activity pages the types of helmets that offer the best protection against ice skating injuries as recommended by the following safety organizations: Thinkfirst Canada, (Sport Smart programs, head injury prevention and concussion awareness), Canada Safety Council and Safe Kids Canada.

Selection of Multi-Purpose Helmets:

Some helmets are marketed as 'multi-sport' meaning they meet the safety standard for more than one activity (e.g. cycling, skateboarding and in-line skating).

For a multi-purpose helmet to be used for an activity/sport, the helmet must have an identification of a safety standard certification (e.g. sticker/identification on the package or on the helmet) from a recognized safety standards association indicating that it meets the required safety standards for those activities the helmet will be used for.

Select a suitable helmet for the activity:

- i. Reference the specific activity page in the New Brunswick Physical Education Safety Guidelines.
- ii. Consult the sport governing body of the activity.
- iii. Consult a reputable provider (retailer) of the equipment for information on the most suitable helmet.
- iv. Consult ThinkFirst's information document, "Which Helmet For Which Activity?" http://www.thinkfirst.ca/documents/ThinkFirst_WHWA_English_2011.pdf

Certification sticker's location:

To be sure that the helmet meets the safety standard (certification) for your particular activity/sport:

 most helmets that meet a particular standard will contain a special label that indicates compliance usually found on the liner inside of the helmet.

CSA Standards: Where a Canadian Standard Association standard becomes available for an activity helmet, the CSA approved helmet is to be the choice for use.

g) When equipment (e.g. fitness equipment) is purchased second hand or donated to your school/School District, follow the guidelines for new/donated equipment in Appendix H.

3. Clothing and Footwear:

- Appropriate athletic footwear and clothing must be worn for interschool athletics. Prescribed team uniforms for competition will be designated by the local sport-governing association.
- b) Long hair must be secured so as not to block vision. Devices (e.g., barrettes, bobby pins, etc.) used to tie back long hair must not present a safety concern.



c) Hanging jewellery must not be worn. Jewellery which cannot be removed and which presents a safety concern (e.g., medical alert identification, religious requirement jewellery) must be taped or securely covered. Deviations from this minimum are listed on activity pages.

4. Facilities:

- a) To provide a safe environment for interschool activities, the coach must make a pre-activity check of the facilities and equipment to be used. This could be done visually or recorded on a check list (see Appendices I1-I3). The minimum requirement is a pre-use visual check. Hazards must be identified and removed as a factor in the activity. Potentially dangerous and immovable objects (e.g., goalposts, protruding stage) must be brought to the attention of athletes and administration. Hazards must be identified and removed as a factor in the activity. Potentially dangerous and immovable objects (e.g., goalposts, protruding stage, bleachers, and benches) must be brought to the attention of athletes, coaches, officials, etc. Athletes also must be encouraged to report facility problems to the coach. For more information on the role of the athlete in safety, see Appendix J.
- b) In an emergency situation (e.g., lightning, severe weather, medical emergency) the supervisor in charge of the excursion must follow School District protocol. If the excursion takes place at an outdoor education facility whose emergency protocol has a higher standard of care than the School District protocol, then the outdoor education facility protocol must be followed.
- c) All interschool facilities and major equipment must be inspected and a written report completed by a reputable third party on a regular basis. In certain cases, a qualified person or manufacturing agent must inspect the equipment (eg. Football helmets).
- d) Any use of a facility must be supervised.
- e) Equipment/furniture which is hazardous to the activity must not be stored around the perimeter of the gymnasium or any other large indoor room used for physical education. A reasonable number of benches as well as mats secured to the wall are exceptions to this statement.
- f) Floor sockets must have cover plates.
- g) For all indoor activities, walls and stages must not be used as turning points or finish lines. A line or pylon could be designated in advance of the wall or stage.
- h) Foreseeable risks must be identified and precautions taken to minimize risks. For safety precautions when using non-gymnasium areas, see Appendices G, I-3 and N.
- i) The presence and location of spectators must not present a safety concern.
- j) A telephone or other suitable means of communication must be available for all activities/locations.
- k) Playing fields must be free from hazards, e.g., holes, glass, and rocks. Severely uneven surfaces must be brought to the attention of the principal, athletes must be made aware of them, and modifications made when necessary. Field/outdoor playing areas must allow for sufficient traction. Other facilities that are used (e.g., pools, arenas) must conform to local safety standards and be free from hazards. Concerns about potentially dangerous situations must be reported to appropriate authorities.



- I) Where running takes place off school site for a warm up or conditioning run and/or is an integral part of the activity:
 - Prior to initial use of route or course, coaches must do a safety check 'walk through' in order to identify potential problems.
 - Before initial attempt, coaches must outline to athletes the route or course (e.g., notice of areas to approach with caution).
- m) Regarding the opening or closing of gym divider door/curtains:
 - Coaches must inform athletes of procedures for opening and closing doors/curtains and review periodically (e.g. posted signage if applicable).
 - Constant visual supervision is required.
 - Coaches/staff members only in charge of opening/closing. If assisting the coach in the opening/closing of the door/curtain, athletes
 must be properly trained.
 - Designate an area a safe distance from the path of the door/curtain in which athletes must remain during the opening/closing of the door/curtain. Check that path is clear (no obstructions and /or athletes in the way).
 - Remove key after door/curtain closes.
 - Inspect door/curtain on a regular basis for anything that would hinder effective operation.
 - Should the door/curtain manufacturer require a higher standard of care/supervision than the New Brunswick Physical Education Safety Guidelines for the opening/closing of gym dividers and doors, the manufacturer's standard must be followed (e.g., only adults (including trained athletes 18 and over) can operate doors/curtains).

A coach/supervisor who is not familiar with the operations related to divider doors/curtains must seek assistance from appropriate support staff and/or refrain from opening/closing divider doors/curtains until instructional support is received.

5. Special Rules/Instructions:

- a) The skills of an interschool sport must be taught in proper progression prior to participation.
- b) Coaches must be encouraged to stay current with respect to safe exercise techniques.
- c) Prior to teaching skills of the sport, the coach has a duty to:
 - outline the inherent risks involved in the activity;
 - demonstrate how to minimize the risks;
 - set procedures and rules for safe participation.
- d) Fitness development appropriate to the level of competition must be addressed.
- e) Before involving athletes in outdoor activity, coaches must take into consideration:
 - environmental conditions (temperature, weather, air quality, humidity, UV rays, insects, frost bite);
 - accessibility to adequate liquid replacement (personal water bottles, water fountains) and athlete hydration before, during and after physical activity;
 - · previous training and fitness level;
 - · length of time and intensity of physical activity.



- f) Athletes must be made aware of ways to protect themselves from environmental conditions (e.g., use of hats, sunscreen, sunglasses, personal water bottles, insect repellent, appropriate clothing).
- g) Athletes must receive instruction on safety procedures related to severe weather conditions (e.g., lightning, funnel clouds, severe winds, tornadoes) (see Appendix F Lightning Protocol).
- h) Athletes must receive instruction on the importance of reporting symptoms related to a suspected concussion.
- i) Adequate liquid replacement must be accessible for athletes during practices and competition.
- j) Some activities refer to an "in charge person". While the coach is "in charge" and responsible for the overall safety and well-being of persons under his/her care, sometimes there are other personnel who must be identified as "in charge" related to specific situations (e.g., a pool lifeguard). In activities where an "in charge" person is designated, that person must make final decisions regarding the safety of the participants.
- k) When involved in practiced drills, coaches must not be required to close their eyes or to be blindfolded.
- Casts/orthopedic devices must not present a safety concern to athletes or other participants. To determine whether an athlete can compete, contact:
 - NBIAA;
 - the sport governing body;
 - a relevant referees' association;
 - · see activity page.

6. Supervision:

Supervision is the vigilant overseeing of an activity for regulation or direction. All facilities, equipment and activities have inherent risks, but the more effectively they are supervised, the safer they become.

- a) **Coach**: can be any individual approved by the principal or designate (see Appendix O). Any coach who is not a teacher or administrator employed by the district or an individual with teaching certification approved by the principal (e.g., retired teacher, teacher not under contract) must:
 - conform to the criteria identified in Policy 701;
 - complete the application form for outside coaches (see Appendix Q);
 - be interviewed and approved by the principal or designate (see Appendix P);
 - become familiar with relevant school and district policies and procedures provided by the principal or designate;
 - be assigned a coach liaison.
- b) **Coach Liaison:** The Principal or designate is to appoint a coach liaison who is a teacher or administrator employed by the district for every coach who is not a teacher or administrator employed by that district. The level of support will be commensurate with the expertise and qualifications of the coach and will be determined by the Principal or designate.



The coach liaison will be:

- clearly identified and available to the athletes as the primary contact with the school;
- available to be a first point of contact regarding all issues arising from the coach, the athletes and others;
- responsible for attending practices and games from time to time and/or being on-site and available to athletes, for example, in the staff room or classroom (see above paragraph concerning level of support) on a regular basis;
- responsible to attend games and practices without prior announcement on an occasional or "as needed" basis;
- if a coach is a high school student and under the age of 18, the coach liaison must be visible at all times.
- c) **Supervision by the Coach:** All activities must be supervised. Three categories of supervision are designated in the document: "Constant visual", "On-site", and "In-the-area". The categories are based on the principles of general and specific supervision which take into consideration the risk level of the activity, the participants' skill level and the participants' maturity.
 - "Constant visual" supervision means that the coach is physically present, watching the activity in question. Only one activity requiring "Constant visual" supervision may take place while other activities are going on;
 - "On-site" supervision entails coach presence 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 periods of time e.g. cross-country running. "Constant visual" and "On site" supervision would not be possible in these situations.

Example: During a track and field practice, some athletes are involved in high jump, some in relay and others in distance running.

- "constant visual" supervision High Jump Coach is at the event and is observing activity;
- "on-site" supervision Relay Athletes are participating on the track/field and can be seen by the coach;
- "in-the-area" supervision Distance Running Athletes are running around the school and at times may be out of sight.
- d) Athletes must be aware that the use of equipment and the gymnasium are prohibited without the appropriate type of supervision. In addition to written or verbal communication, at least one of the following deterrents must be in place:
 - locked doors:
 - signs on doors indicating that athletes are not to use the gym unless supervised;
 - staff scheduled and present in the area of the gym (e.g. an adjoining physical education office) in order to see students who might enter the gym unauthorized;
 - the level of supervision must be commensurate with the inherent risk of the sport and the maturity of the athletes.
- e) Establish routines, rules of acceptable behaviour and appropriate duties of athletes at the beginning of the sport season and reinforce throughout the season. Coaches must sanction athletes for unsafe play or unacceptable behaviour, and must exercise that responsibility at all times. Refer to Appendix O for more information on athlete behaviour.
- f) Rules of the sport must be taught and strictly enforced.
- g) In situations where an occasional teacher or other teacher is asked to coach a practice or game, the following must occur:
 - administrators must address an occasional teacher's competence level with the sport/activity;
 - absent coach or administrator or designate must provide the Safety Guidelines page(s) for any interschool sport/activity;
 - absent coach must specify restrictions/modifications for athletes with health or behavioural problems.



- h) When an interschool sport includes a large number of participants (e.g. a school cross-country running team), the ratio of coaches to participants must satisfy safety concerns.
- i) A school is responsible for supervising its own spectators. The ratio of supervisor to spectators must address safety concerns.
- j) Sport convenor (event organizer) must address the issue of event security.
- k) When an interschool sport includes several higher-risk activities (e.g. track and field), the ratio of coaches to participants must satisfy safety concerns.

7. Coaching Qualifications:

Coach in charge must:

- review local guidelines for the sport and attend appropriate clinics and coaches' meetings;
- adhere to coaching qualifications for higher-risk sports (see individual sport pages);
- complete the NBIAA coaching certification.

Coaches must be encouraged to:

- complete NCCP Competition Introduction Part A or NCCP Level One Technical in that sport or equivalent in the sport which he/she is coaching;
- be encouraged to attend a basic first aid course.

8. Coach's Role and Responsibilities:

- a) The coach must work with athletes in a professional manner that emphasizes respect, fair play and skill improvement.
- b) It is the coach's responsibility to be knowledgeable of the rules and the skills necessary for the athletes to play the game safely.
- c) The coach is to be familiar with the contents of:
 - the District's Risk Management Policy and Administrative Procedures for Interschool Sports;
 - the District's Transportation Policy/Department of Education and Early Childhood Development's Transportation Policy 513;
 - NBIAA Rules and By-Laws;
 - the internal regulations of the sport association, if applicable.
- d) The Interschool Athletic Participation Form (see Appendix A) must be completed by the parent/guardian and returned prior to the athlete's participation in the first practice. Coaches must have access to the forms at ALL practices, games and competitions.



- e) Coaches must provide a suitable level of competition according to skill, size, age and conditioning of the athlete. Coaches must examine the intensity and frequency of drills, practices, and games in order not to put the athlete at risk (e.g., excessive repetition of heading or hitting skills).
- f) Inform parents, through written and/or verbal communication, of the times and locations of practices and games.
- g) When there has been an interruption to a competitive season of more than two weeks, coaches must provide appropriate practice time before competition may resume.
- h) Early in the season, clearly establish expectations and general conduct for practices and games. Involve athletes in formulating behavioural guidelines, fostering athlete discipline and self-control to minimize risks and promote fair and safe play (see Appendix J).
- i) The coach must communicate to athletes that there is zero-tolerance towards initiation/hazing activities.
- i) Game Protocol:
 - officials must be treated with respect. Officials' decisions are final (e.g., officials' decisions can only be questioned through proper procedures);
 - it is the responsibility of the coaches to control their teams and instruct their players to participate in a safe and fair manner according
 to the rules of the game;
 - visiting coaches are responsible for their teams' behaviour and the behaviour of volunteer drivers who represent their school;
 - coaches must be aware of the school's coaching handbook and coaching code of behaviour where applicable.
- k) Participants must be appropriately supervised during all phases of the activity: practices, warm-up, competition and breaks. If a coach cannot fulfill the specified level of supervision, the activity must be stopped.
- I) For all sports, where the coach is not of the same sex as the athlete(s) and where the athlete(s) might be required to stay overnight, a supervisory adult, as approved by the principal of the school, of the same sex as the athlete(s), must be present and available at the accommodation site for the duration of their stay.
- m) For higher-risk sports, the coach must document athlete attendance and all practice plans, with reference to progressive development of skills, with attention paid to identified inherent risks of the sport, (see Appendix R).
- n) 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 he/she is not satisfied that the facilities, including the playing surface, are safe.

9. Player's Role and Responsibilities

- All participants are expected to abide by the established behavioural guidelines.
- All participants are expected to report any behaviour that contravenes the established behavioural guidelines.
- All participants are expected to report all injuries to the coach.
- All participants are expected to report any unsafe equipment/facilities to the coach.



Introduction to the Appendices

Information in the appendices addresses the required elements previously described in the Generic Section.

School Districts are to address all of the safety elements in the Appendices (e.g., parental permission, medical information).

Each appendix was developed as a *sample* for School Districts to localize as needed.



See NBIA for specific rules.				Badminton
Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision
A fully stocked first aid kit must be readily accessible. A working communication device (e.g., cell phone) must be accessible. Determine that all equipment is safe for use. Racquets must be inspected regularly for breakage and to determine proper grip. Protective eye gear meeting ASTM F803 standards or equivalent is recommended for all practices and competitions.	Appropriate clothing and footwear must be worn. No hanging jewellery.	Determine that all facilities are safe for use. Playing surface and surrounding areas must be free of obstacles (e.g., tables, chairs) and provide sufficient traction. Court boundary lines must be clearly defined. A safety procedure must be established for side-by-side courts. Where facility does not allow for safe play (boundary lines too close to walls), modify rules appropriately.	Skills must be taught in proper progression. Games must be based on skills that are taught. Activities/skills must be modified to the age and ability level of the participants. The code of etiquette for court play must be taught and enforced, (e.g., not entering a court being used). When teaching/practising skills, adequate spacing must be allowed for each athlete to be able to make an uninterrupted swing. Players must stop play whenever a foreign object comes onto the court. Encourage front court player to avoid facing partner during a rally. Be aware of athletes whose medical condition (e.g., asthma, anaphylaxis, casts, and orthopaedic device) may affect participation (see Generic Section).	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.



See NBIA for specific rules.				Baseball
Equipment	Clothing/ Footwear	Facilities	Special Rules/Instructions	Supervision
A fully stocked first aid kit must be readily accessible. A working communication device (e.g., cell phone) must be accessible. Determine that all equipment is safe for use. Wooden bats must not be cracked. All bats must have proper grip. Bats/gloves must comply with the current Baseball Canada rules. The batter, on-deck batter, batboy/batgirl, base runners and athlete base coaches must wear a properly fitting batting helmet with flaps, covering both ears certified by a recognize safety standards association. Catcher must wear all equipment specified under Baseball Canada rules, i.e. all catchers are required to wear a mask with throat protector, helmet, chest protector, shin guards, cup and a cup-type supporter. Warm-up catchers must wear a mask with throat protection.	Appropriate clothing and footwear must be worn. Baseball Canada approved footwear (e.g. metal cleats, molded cleats) may be worn. No jewellery.	Determine that all facilities are safe for use. Diamond must be level and groomed. Practice fields must be level, and away from traffic and other activities. Entrance gates to the playing field must be closed at all times. Dugouts and/or players' benches must be screened to protect players. Holes and severely uneven surfaces must be reported to the coaches, convenor, athletes and officials. Coach must notify appropriate school coach/supervisor. If, in the opinion of the umpire, after consultation with both coaches, the field is deemed to be unsafe for play, the game must be rescheduled.	Parents/guardians must be made aware of any off-campus activity and the means of transportation used. Skills must be taught in proper progression. Games must be based on skills that are taught. An athlete's fitness level must be commensurate with the level of competition. Before sliding is permitted, appropriate sliding techniques must be taught to minimize the risk of injury. Warm ups and drills (e.g., hitting, throwing, stretching) must each be in a dedicated area so that one activity does not present a hazard to another. Players must be taught to drop or lay the bat down after hitting, not release it during the follow-through of the swing. Pitchers are limited to the Baseball New Brunswick/NBIAA limits.	On-site supervision.
Suitable pelvic area protection must be worn by all players. All equipment not in use must be		There must be sufficient turf for proper traction. Prior to use, backstops,	Players not involved in the game must be in dugout or behind players' benches.	
kept out of the playing/practice area. Bases must be properly secured.		fences and fields must be checked for hazards. Any hazards found must be	The location of spectators must not present a safety concern.	
All equipment must be checked regularly by the coach/coach to		reported to athletes and appropriate officials. Modify the activity to avoid hazards	When practicing indoors with a regulation bat:	



See NBIA for specific rules.				Baseball
Equipment	Clothing/ Footwear	Facilities	Special Rules/Instructions	Supervision
determine that it is in good working order.		(e.g., mark hazards with cones, cover hole in fence	use a batting cage;	
Where pitching machines are being used, they must be inspected prior to use and be under the direct supervision of a coach.		with mat).	use a pitching machine in a confined area free from athlete traffic or use a pitcher behind a protective cage or batters hit off a tee (in each case batters hit into a cage); use a pitching machine in a confined a free from athlete traffic and a protective cage or batters hit into a cage);	
			All non-active players must be behind cage, no fielders allowed.	
			Before involving athletes in outdoor activity, coaches must take into consideration:	
			 environmental conditions (temperature, weather, air quality, humidity, UV rays, insects); 	
			 accessibility to adequate liquid replacement (personal water bottles, water fountains) and athlete hydration before, during and after physical activity; 	
			 previous training and fitness level; 	
			 length of time and intensity of physical activity. 	
			Athletes must be made aware of ways to protect themselves from environmental conditions (e.g. use of hats, sunscreen, sunglasses, personal water bottles, insect repellent, appropriate clothing)	
			Athletes must receive instruction on safety procedures related to severe weather conditions (e.g., lightning,	



See NBIA for specific rules.				Baseball
Equipment	Clothing/ Footwear	Facilities	Special Rules/Instructions	Supervision
			funnel clouds, severe winds, tornadoes [see Appendix F - Lightning Protocol]).	
			Be aware of athletes whose medical condition (e.g., asthma, anaphylaxis, casts, orthopaedic device) may affect participation (see Generic Section).	
			Interschool competitions must follow the regulations and rules of the local governing body (e.g. athletic association, NBIAA) and/or Provincial Sport Organization for the activity.	



See NBIA for specific rules.				Basketball
Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision
Equipment A fully stocked first aid kit must be readily accessible. A working communication device (e.g., cell phone) must be accessible. Determine that all equipment is safe for use. In situations where athlete's follow-through could result in contact with a wall and/or stage, protective gym mats or padding must be placed beyond the "key" area. Protective wall mats must extend a minimum of 1.8m (6') up the wall from the top of the baseboard (maximum 10 cm (4") from the floor) and be a minimum width of 4.8m (16').	Clothing/Footwear Appropriate clothing and footwear must be worn. No jewellery.	Determine that all facilities are safe for use. Playing surfaces and surrounding areas must be free of all obstacles. Protective padding must be used on rectangular backboard lower edges and corners. Playing surface must provide good traction. Winch for moving backboard up and down must not be located directly under the supporting wall-mounted structure. When raising or lowering baskets, the trained adult operating the hand or motorized winch must be able to see that the area under the basket is	Parents/guardians must be made aware of any off-campus activity and the means of transportation used. Skills must be taught in proper progression. Games and activities must be based on skills that are taught. If facility does not allow for safe cross-court play (e.g., doors and radiators under baskets, wall close to the baseline, or side baskets attached to walls), modify rules appropriately (e.g., no lay-ups). Activity/rules must be modified to the skills of the participants. No hanging from rims on portable basketball systems.	
Where a stage is close to the baseline, gym mats must be placed over edge of stage and extend close to the floor. Portable basketball systems must be internally weighted to prevent tipping or movement.		clear. Floor sockets must have cover plates. If, in the opinion of the referee, after consultation with both coaches, is that the facility is deemed to be unsafe for play,	systems must not be on the court. Be aware of athletes whose medical condition (e.g., asthma, anaphylaxis, casts, orthopaedic device) may affect their participation (see Generic Section). Interschool competitions must	
Set up and movement of portable basketball systems must be done by a trained adult. The height of an adjustable basket must not present a safety concern.		the game must not be played or must be rescheduled.	follow the regulations and rules of the local governing body (e.g. athletic association, NBIAA) and/or Provincial Sport Organization for the activity.	



Cheerleading – Acrobatic

See NBIA for specific rules.

High Risk Activity

A fully stocked first aid kit must be readily accessible.

Equipment

A working communication device (e.g., cell phone) must be accessible.

Determine that all equipment is safe for use.

Carpeted gymnastics mat strips, wrestling mats or Velcro® fold out style mats to be used.

Where mats are used, mats must:

- offer proper foot control and a safe surface;
- not move:
- be aligned so separation does not occur.

Velcro connections on Velcro mats must be kept clean to provide maximum adhesion.

Megaphone handles must be screwed in tightly, and burred edges must be trimmed or filed. Appropriate clothing must be worn (e.g.,

Clothing/Footwear

standard cheerleading uniforms - tops, bottoms, socks and shoes).

No hats or sunglasses.

Soft-soled shoes must be worn (e.g., aerobictype running shoe with proper ankle and arch support and a simple tread).

Jazz shoes and/or boots are not allowed.

Length and style of hair must not hinder vision or the progress of stunts.

No jewellery.

When cheering outdoors:

- heavier sweatshirts and/or wind suits must be fitted;
- gloves or mitts must not be worn during lifts and pyramids unless they are fitted style hand wear.

Determine that all facilities are safe for use.

Facilities

Activity surface and surrounding area must be free of all obstacles (e.g., tables, chairs), and must provide sufficient traction.

For cheering performances:

Cheering surfaces (e.g., hardwood gym floor, rubberized gym floor, carpeted studio, grass, track surfaces – all-weather) must be dry, flat, and free of loose objects and obstacles, clothing, towels, and water bottles.

Cheerleading surfaces must not be concrete, terrazzo or ice, or a school stage.

In competitions and practices:

- the floor must be marked so that perimeter and centre are highly visible;
- a safe, matted practice area must be provided for warm-ups;
- the ceiling height and above head

Parents/guardians must be made aware of any off-campus activity and the means of transportation used.

Special Rules/Instructions

Safety and spotting skills must be addressed first.

Skills must be taught in proper progression.

An athlete's fitness level must be commensurate with the level of competition.

Warm-up and cool-down must take place prior to:

- practice;
- cheering performances;
- competition.

Mats are to be used during practice and warmups for competition.

Athletes must not perform skills beyond their ability level until the requisite precursor skills are mastered.

Drops, including but not limited to knee, seat, thigh, front, back and split drops from a jump, stunt, or inverted position onto the performing surface, are prohibited unless the majority of the weight is first borne on the hands/feet, which break the impact of the drop.

Strength and conditioning must be an integral part of the training of acrobatic cheerleaders.

Tops and bases of the pyramid must learn the responsibilities of other members in spotting/catching.

Casts that are hard and unyielding or have rough edges must be appropriately covered with

Constant visual supervision is required for the initial skill learning stages. After initial instruction, on-

Supervision

site supervision is required.

Coaches must employ

hands-on spotting at all times, until skills are mastered.

All team members must be trained to employ hands-on spotting at all times for all skills, until they are mastered.

Coaches must secure a safe cheering environment (e.g., keep fans away from team space at games).

Coaches must learn and use essential gymnastics skill progressions and spotting techniques for elements typically being used in cheerleading (e.g., handspring, tuck, round-off handspring, cartwheel).

Head coach must demonstrate



Cheerleading – Acrobatic

See NBIA for specific rules.

High Risk Activity

Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision
Only the following props are allowed:		obstructions in performance area must not present a safety	padded material. Supportive braces must be padded and covered.	knowledge of acrobatic cheerleading skills and strategies to principal
• flags;		concern;	Mascots may be incorporated into the routine safely but must not be included in stunts and	or designate.
• banners;		a floor manager must be present to control	pyramids or as spotters or catchers.	Coaching qualifications for any
• signs;		warm-ups.	In adverse weather conditions:	higher risk sport
pom-poms;megaphones.			 stunting and pyramid building must be reduced; 	must be derived from at least one of the following:
Props with poles or similar support apparatus may not be			 tossed skills (except chair sit) must stop, and all lifts be secured with additional hands-on spotters; 	NCCP Competition Introduction – Trained/Certified;
used in conjunction with any stunt or tumbling.			extended lifts must not be performed;	This includes:
All props must be safely			no tumbling.	 sport specific
cleared from the competition floor when			Before involving athletes in outdoor activity, coaches must take into consideration:	NCCP multi sport Part A – B;
not in use. Height increasing apparatus used to propel a competitor is			 environmental conditions (temperature, weather, air quality, humidity, UV rays, insects); 	o coaches that have completed
prohibited (exception: spring floor).			accessibility to adequate liquid replacement (personal water bottles, water fountains) and athlete hydration before, during and after	level 1 or 2 certification in the past.
Any electrical equipment used must be in good			physical activity;previous training and fitness level;	attendance at a clinic or workshop,
working order and have wires taped to the floor or contained within walls.			 length of time and intensity of physical activity. 	provided by an instructor who is knowledgeable of
Trans.			Athletes must be made aware of ways to protect themselves from environmental conditions (e.g. use of hats, sunscreen, sunglasses, personal water bottles, insect repellent, appropriate	the activity and where safety is addressed, within the last three years;
			clothing).	past experience as



Cheerleading – Acrobatic

See NBIA for specific rules.

High Risk Activity

Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision
			Athletes must receive instruction on safety procedures related to severe weather conditions (e.g., lightning, funnel clouds, severe winds, tornadoes [see Appendix F - Lightning]). Be aware of athletes whose medical condition (e.g., asthma, anaphylaxis, casts, orthopaedic device) may affect participation (see Generic Section). Interschool competitions must follow the regulations and rules of the local governing body (e.g. athletic association, NBIAA) and/or Provincial Sport Organization for the activity.	a player or coach in that sport. Teams incorporating any and all gymnastics elements in a routine (for practice and competitions) be fully trained and supervised by a certified gymnastics coach (provincial regulatory body e.g., N.B. Gymnastics) at a level determined by the skill being incorporated. An individual who takes responsibility for providing first aid to injured student athletes must be present during the entire practice and competition.



Cheerleading – Spirit/Dance See NBIA for specific rules. **Equipment** Clothing/Footwear **Facilities Special Rules/Instructions Supervision** A fully stocked first aid Appropriate clothing Determine that all facilities Parents/guardians must be made aware of any On-site supervision is kit must be readily must be worn. are safe for use. off-campus activity and the means of required. accessible. transportation used. No hanging jewellery. Activity surface and A working surrounding area must be Safety and spotting skills must be addressed communication device free of all obstacles (e.g., (e.g., cell phone) must tables, chairs), and must Skills must be taught in proper progression. provide sufficient traction. be accessible. Performances must be based on skills that are Determine that all There must be adequate taught. room for all movement. equipment is safe for use. Routines must be designed to not interfere with other activities. Pom-poms must be in good repair (not Pom-pom plastic must be cleaned up as it is shedding) if used. shed, to prevent risk to athletes. Any electrical equipment Stress correct body alignment for injury used must be in good prevention. working order and have An athlete's fitness level must be commensurate wires taped to the floor with the level of competition. or contained within walls. Stunting (e.g., lifting of another person or building of bodies) is not permitted. Tumbling lines (e.g., sequential tumbling moves) are not permitted. Be aware of athletes whose medical condition (e.g., asthma, anaphylaxis, casts, orthopaedic device) may affect participation (see Generic Section).

Also see Generic Section to view complete safety requirements.

Interschool competitions must follow the

(e.g. athletic association, NBIAA) and/or Provincial Sport Organization for the activity.

regulations and rules of the local governing body



See NBIA for specific rules.

Cross-Country Running

Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision
Equipment A fully stocked first aid kit must be readily accessible. A working communication device (e.g., cell phone) must be accessible. Determine that all equipment is safe for use.	Appropriate clothing and footwear must be worn. No bare feet. No spikes/cleats of any kind. No hanging jewellery.	Prior to initial use of the route, coach or convenor must do a safety check "walk through" in order to identify potential hazards. If the cross-country route is on grass and/or in a wooded area, coaches or convenor must do a safety check "walk through" after a substantial rainfall and/or windstorm, in order to identify potential bazards	Parents/guardians must be made aware of any off-campus activity and the means of transportation used. An athlete's fitness level must be commensurate with the level of competition. Length and difficulty of route must be appropriate to the age and ability level of the participants. Coaches must monitor weekly distance increases of athletes. Athletes must be instructed in basic road safety. The number of participants in any one event must not present a safety concern.	Supervision In-the-area supervision. Off-site orienteering ratios: Senior 1:30 An individual who takes responsibility for providing first aid to injured athletes must be present during competitions.
		identify potential hazards. If the route has been affected by weather conditions and degradations of the course occur during competition, ongoing safety assessments must be conducted by coach or convener, and the route changed if necessary. Before initial attempt, coaches or convenor must outline to athletes the route or course (e.g., notice of areas to approach with caution). Obtain permission of property owner before using private land/areas. The competition route	Athletes must be coached in strategies that enhance safety with "crowded" starts. A proper warm-up and cool-down must be included. Coaches must be aware of athlete's allergies (e.g., bees). No audio devices (e.g., MP3 players) may be used. Before involving athletes in outdoor activity, coaches must take into consideration: • environmental conditions (temperature, weather, air quality, humidity, UV rays, insects); • accessibility to adequate liquid replacement (personal water bottles, water fountains) and athlete hydration before, during and after physical activity; • previous training and fitness level • length of time and intensity of physical	



See NBIA for specific ru	les.		Cross-Country Running		
Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision	
Equipment	Ciotillig/i Gotweal	must have marshals stationed throughout, all hazards well marked, and gate and funnel markers set to enhance safety. Start and finish area must provide a wide, flat surface.	activity. Athletes must be made aware of ways to protect themselves from environmental conditions (e.g. use of hats, sunscreen, sunglasses, personal water bottles, insect repellent, appropriate clothing). Athletes must receive instruction on safety procedures related to severe weather conditions (e.g., lightning, funnel clouds, severe winds, tornadoes [see Appendix F - Lightning]). Be aware of athletes whose medical condition (e.g., asthma, anaphylaxis, casts, orthopaedic device) may affect participation (see Generic Section).	Super vision	
			Interschool competitions must follow the regulations and rules of the local governing body (e.g. athletic association, NBIAA) and/or Provincial Sport Organization for the activity.		



See NBIA for specific rules.				
Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision
A fully stocked first aid kit must be readily accessible. A working communication device (e.g., cell phone) must be accessible. Determine that all equipment is safe for use. Equipment rules mandated by the curling club must be followed.	Appropriate clothing and footwear must be worn. Clothing and footwear must be appropriate for cold temperature activity. Curling shoes with a removable gripper on sliding shoe, or shoes with a removable slider, or the sliding shoe taped. No hanging jewellery.	Determine that all facilities are safe for use. Curling surface must be free of obstacles and hazardous cracks.	Parents/guardians must be made aware of any off-campus activity and the means of transportation used. Teach etiquette and safety rules before going to the curling rink. Off- ice instruction, including safety rules, must precede on-ice instruction. Skills must be taught in proper progression. Games must be based on skills that are taught. An athlete's fitness level must be commensurate with the level of competition. All curlers must be instructed not to step over the curling rocks, but to walk around them. Athletes must be instructed that unless in the action of shooting, curling rocks should never be picked up off the ice. Establish a safe routine to clear rocks from the house. Be aware of athletes whose medical condition (e.g., asthma, anaphylaxis, casts, orthopaedic device) may affect participation (see Generic section). Interschool competitions must follow the regulations and rules	On-site supervision.
			of the local governing body (e.g. athletic association, NBIAA) and/or Provincial Sport Organization for the activity.	



Field Hockey

See NBIA for specific rules.			Higher Risk Activity
Equipment Clothing	g/Footwear Facilities	Special Rules/Instructions	Supervision
	Determine that all facilities are safe for	Parents/guardians must be made aware of any off-campus activity and the means of	On-site supervision is required.
must be readily accessible. A working communication device (e.g., cell phone) must be accessible. Determine that all equipment is safe for use. Regulation field hockey sticks. Sticks must be checked regularly for cracks. Use regulation field hockey ball. Shin guards must be made available to all players. A mouth guard must be worn by all players during all games and practices. Goalkeeper's Equipment: Gloves, properly fitting CSA approved hockey helmet and face mask, chest protector, lower abdominal protector, goalie pads, kickers and throat protector must be worn by goalkeeper or designated kicking back.	ats or turf be worn. use. Playing surface and	transportation used. Skills must be taught in proper progression. Games must be based on skills that are taught. An athlete's fitness level must be composurate with the level of composition.	required. Head coach must demonstrate knowledge of game, skills and strategies to principal or designate. Coaching qualifications for any higher risk sport must be derived from at least one of the following: NCCP Competition Introduction — Trained/Certified; This includes: sport specific NCCP multi sport Part A — B; coaches that have completed level 1 or 2 certification in the past. attendance at a clinic or workshop, provided by an instructor who is knowledgeable of the activity and where safety is addressed, within the last three years; past experience as a player or coach in that sport. An individual who takes



Field Hockey
Higher Risk Activity
Supervision
first aid to injured athletes
first aid to injured athletes must be present during the

See NBIA for specific rules.				Higher RISK Activity
Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision
			Appendix]). Be aware of athletes whose medical condition (e.g., asthma, anaphylaxis, casts, orthopedic device) may affect participation (see Generic Section). Interschool competitions must follow the regulations and rules of the local governing body (e.g. athletic association, NBIAA) and/or Provincial Sport Organization for the activity.	first aid to injured athletes must be present during the entire practice/ competition.



Football

See NBIA for specific rules.

High Risk Activity

Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision
A fully stocked first aid kit must be readily	Appropriate clothing and footwear must be worn.	Determine that all facilities are safe	Parents/guardians must be made aware of any off-campus activity and the means of	On-site supervision is required.
accessible. A working communication device (e.g., cell phone) must be accessible. Determine that all equipment is safe for use. Helmets must bear a clearly legible and legal NOCSAE warning sticker, in order to prove	Suitable footwear that satisfies football regulations and that is properly maintained. Clothing in practices and games must be suitable for weather conditions. No jewellery.	for use. Playing area must be inspected regularly and free from debris and obstructions and well removed from traffic areas. Holes and uneven surfaces must be reported to the principal and athletes must be made aware	transportation used. Skills must be taught in proper progression. Games and activities must be based on skills that are taught. An athlete's fitness level must be commensurate with the level of competition. Athletes must receive instruction on how to adjust and maintain equipment properly, prior to wearing football gear. A member of the coaching staff must supervise the issuing and proper fitting of equipment.	Constant visual supervision during initial practice of contact skills. Subsequently, on-site supervision is required. Coaching staff must approve any exchange of equipment among players. Head coach must demonstrate knowledge of game, skills and strategies
that the helmet meets the NOCSAE safety standard.		of them. The playing surface and surrounding area	Down-box personnel must be trained in safe use of equipment.	to principal or designate. Coaching qualifications for any higher risk sport must
Football helmets and shoulder pads must be inspected annually and reconditioned as		must be free of obstacles and must provide sufficient traction.	Practice equipment, such as blocking sleds and bags, must be kept at a safe distance from practising players when not in use. Training must include flexibility, strength and	be derived from at least one of the following: • NCCP Competition Introduction –
determined by an accredited equipment re-conditioner.		Boundary lines must be clearly visible. Perimeter of field	cardiovascular enhancing activities. Each athlete must have actively participated in at least eight days of practices before playing in	Trained/Certified; This includes:
Football helmets are to be recertified by an accredited equipment re-conditioner after three		must be marked (e.g., collapsible flags or soft pylons). Spectator stands and	first game. Coaches need to assess heat, humidity and physical condition of athletes when planning	 sport specific NCCP multi sport Part A – B; coaches that have
years of use. For helmets that have air, bladder inflation		player benches must be well removed from playing field.	There must be a minimum of 72 hours between athlete participation in any regulation football games (e.g., between club competition and	completed level 1 or 2 certification in the past.
devices must be accessible on-site. ALL football helmets			interschool competition, or between interschool competitions).	 attendance at a clinic or workshop, provided by an instructor who is



Football

See NBIA for specific rules.

High Risk Activity

Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision
must be replaced after 10 years from date of manufacture.			Any player with a playing cast must provide a doctor's note or parent's signed permission, indicating it is safe for him/her to play.	knowledgeable of the activity and where safety is addressed, within the last three years;
For athletes who request to supply their own football helmet, coach is to check that			Any knee braces or casts must be approved by the official prior to the commencement of the game.	 past experience as a player or coach in that sport.
the helmet meets the following NOCSAE reconditioning and			Any exposed orthopaedic apparatus must be soft or padded.	An individual who takes responsibility for providing
recertification standards:			Safe blocking and tackling techniques (e.g., head-up tackling) must be taught and reinforced	first aid to injured players must be present during the
 a recertification statement and label 			throughout the season. No head blocking or spear tackling techniques must be taught.	entire practice/competition. When issuing equipment,
on the inside of the helmet with the;			Before involving athletes in outdoor activity, coaches must take into consideration:	all gear must be fitted properly.
 name of the recertifying company; 			environmental conditions (temperature, weather, air quality, humidity, UV rays,	Individual distributing equipment to athletes must
 date of recertification within the last three 			insects);	have knowledge of fitting equipment properly.
years.			 accessibility to adequate liquid replacement (personal water bottles, water fountains) and 	
Parents must be informed of the			athlete hydration before, during and after physical activity;	
importance of an annual equipment inspection by			previous training and fitness level;	
an accredited equipment reconditioner.			 length of time and intensity of physical activity. 	
For all contact situations, the minimum protective equipment that must be worn includes:			Athletes must be made aware of ways to protect themselves from environmental conditions (e.g. use of hats, sunscreen, sunglasses, personal water bottles, insect repellent, appropriate clothing).	
full fit interior mouth guard;			Athletes must receive instruction on safety procedures related to severe weather conditions (e.g., lightning, funnel clouds, severe winds,	
 properly fitted helmet; 			(5.5.,5	



Football

See NBIA for specific rules.

High Risk Activity

Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision
shoulder pads;			tornadoes [see Lightning Appendix]).	
 hip-tailbone pads; 			Be aware of athletes whose medical condition (e.g., asthma, anaphylaxis, casts, orthopedic	
• thigh pads;			device) may affect participation (see Generic Section).	
 knee protection. 			Interschool competitions must follow the	
All shields (visors) must be clear. Coloured or tinted visors must not be worn unless medical certification by an ophthalmologist is presented.			regulations and rules of the local governing body (e.g. athletic association, NBIAA) and/or Provincial Sport Organization for the activity.	
Full padding in good condition on blocking sled must be free of exposed rips or tears.				
Use footballs appropriate to the size and ability of group (e.g., smaller football or foam ball).				
Goalposts must be padded if in field of play. Padding must be 1.8 m (6 ft) high.				



See NBIA for specific rules.				Golf
Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision
A fully stocked first aid kit must be readily accessible. A working communication device (e.g., cell phone) must be accessible. Determine that all equipment is safe for use (e.g., grips must be checked regularly and repaired as needed). Plastic whiffle or foam golf balls must be used on school property (except for putting). Regulation golf balls must not be used on school property except for putting. Fully equipped golf bags must be appropriate in size and weight for athletes. Golf cages must be in good repair and securely attached to surface.	Appropriate clothing and footwear must be worn. No hanging jewellery.	Determine that all facilities are safe for use (i.e. school property, golf domes, putting course, driving range, par 3 golf course). In gyms, putting only. Adequate space must be provided for full backswing and follow-through. Regardless of facility, the hitting area must be well marked and controlled.	Parents/guardians must be made aware of any off-campus activity and the means of transportation used. Athletes must receive instruction on proper golf etiquette and safety. This must include: • 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. Skills must be taught in proper progression. Establish a safe routine for hitting and retrieving golf balls at a driving range and on school property. All rules of play pertaining to the driving range and/or mini-putt must be followed. During instruction, or while waiting to practice hitting or swinging, non-active players' clubs must remain on the ground or in their bag. No chipping out of sand on school property — golf facilities only. Athletes must have an opportunity to develop skills before playing on a golf course. Before involving athletes in outdoor activity, coaches must take into consideration: • environmental conditions (temperature, weather, air quality, humidity, UV rays, insects); • accessibility to adequate liquid replacement (personal water bottles, water fountains) and athlete hydration before, during and after physical activity;	On-site supervision for instruction and practice inside a facility. In-the-area supervision is required on a golf course.



See NBIA for specific rules.				Golf
Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision
			previous training and fitness level;	
			 length of time and intensity of physical activity. 	
			Athletes must be made aware of ways to protect themselves from environmental conditions (e.g. use of hats, sunscreen, sunglasses, personal water bottles, insect repellent, appropriate clothing).	
			Athletes must receive instruction on safety procedures related to severe weather conditions (e.g., lightning, funnel clouds, severe winds, tornadoes [see Lightning Appendix]).	
			Be aware of athletes whose medical condition (e.g., asthma, anaphylaxis, casts, orthopaedic device) may affect participation (see Generic Section).	
			Interschool competitions must follow the regulations and rules of the local governing body (e.g. athletic association, NBIAA) and/or Provincial Sport Organization for the activity.	



Hockey – Ice

See NBIA for specific rules.

Higher Risk Activity

Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision
A fully stocked first aid kit must be readily accessible. A working communication device	Appropriate clothing and footwear must be worn.	Determine that all facilities are safe for use.	Parents/guardians must be aware of any off site activity and the mode of transportation. Skills must be taught in proper progression.	Constant visual supervision during initial practice of
(e.g., cell phone) must be accessible.	Properly-fitting ice hockey skates.	Ice surface must be free from debris and deep ruts.	Games must be based on skills that are taught.	contact skills. On-site supervision thereafter.
Determine that all equipment is safe for use. Sticks:	No jewellery.	Break away net mandatory.	All rules must be clearly outlined and enforced. A student athlete's fitness level must be	Head coach must demonstrate knowledge of game,
regulation hockey sticks;			commensurate with the level of competition.	skills, and strategies to
butt end must be covered with tape or a commercially-made			Penalties for rule infractions must be strictly enforced.	principal or designate. Coaching
butt end;checked for cracks and splinters.			Teams can only play up to 3 games per day as set out in the NBIAA regulations.	qualifications for any higher risk sport must be derived from at
Goalies must wear:			The number of games and skill competitions (e.g., agility, racing) in any one day must not	least one of the following:
 CSA approved hockey helmet with full face mask; 			present a safety concern.	NCCP Competition
throat protector;			Prior to the first game, multiple on-ice practices must have occurred.	Introduction – Trained/Certified;
catcher, blocker, leg pads;			Adequate liquid replacement must be accessible.	This includes:
chest and arm protector;			Be aware of athletes whose medical	 sport specific NCCP multi
cup and pelvic protector.			conditions (e.g., asthma, anaphylaxis, cast,	sport Part A –
Players must wear:			orthopaedic device) may affect participation (see Generic Section).	B;
 properly fitting CSA approved hockey helmet with full face mask; 			Interschool competitions must follow the regulations and rules of the local governing body (e.g. athletic association, NBIAA) and/or	 coaches that have completed level 1 or 2
throat protector;shin pads – cracked shin pads			Provincial Sport Organization for the activity.	certification in the past.
must be replaced immediately;				attendance at a
• pants;				clinic or workshop,



Hockey – Ice

See NBIA for specific rules.

Higher Risk Activity

Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision
 shoulder pads and elbow pads; 				provided by an instructor who is
• gloves;				knowledgeable of
cup or pelvic protector.				the activity and where safety is addressed, within the last three years;
				 past experience as a player or coach in that sport.
				An individual who takes responsibility for providing first aid to injured athletes must be present during the
				entire
				practice/competition.



Rugby

See NBIA for specific rules.

Higher Risk Activity

Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision
A fully stocked first aid kit must be readily accessible.	Appropriate clothing and footwear must be worn.	Determine that all facilities are safe for use.	Parents/guardians must be made aware of any off-campus activity and the means of transportation used.	Constant visual supervision during initial instruction and
A working communication device (e.g., cell phone) must be accessible.	Cleats must be worn	Goalposts must be padded if in field of play.	Skills must be taught in proper progression.	practice of contact skills.
Determine that all equipment	and must be consistent with laws	Playing area must be free from debris and	Games must be based on skills that are taught.	Subsequently, on-site supervision is
is safe for use. All equipment must comply	of rugby.	obstructions, provide suitable footing and be well removed from traffic areas.	An athlete's fitness level must be commensurate with the level of competition.	required. Head coach must
with IRB Regulation 12. Regulation rugby balls.	No jewellery.	Holes and severely uneven surfaces must be brought	Tackling skill progressions must be taught and practiced prior to competition.	demonstrate knowledge of game,
Full fit interior mouth guard is required.		to the attention of the coaches, convenor,	Scrum skill progressions must be experienced prior to competition.	skills and strategies to principal or designate.
·		athletes and officials. Notify appropriate school officials.	Line-out lifting skill progressions must be taught and practiced prior to competition.	Coaching qualifications for any higher risk sport must
		Use collapsible flags or soft pylons to mark corners, mid- line and 22m (72')	Training must include flexibility, strength and cardiovascular-enhancing activities.	be derived from at least one of the
		line.	Players must be physically prepared for contact.	following: • NCCP Competition
			Prior to the first league game, 8 days of practices must have occurred.	Introduction – Trained/Certified;
			Maximum 80 minutes of playing time per day.	This includes:
			No eye or sport glasses are permitted.	sport specific NCCP multi
			Before involving athletes in outdoor activity, coaches must take into consideration:	sport Part A – B;
			 environmental conditions (temperature, weather, air quality, humidity, UV rays, insects); 	coaches that have completed level 1 or 2
			 accessibility to adequate liquid replacement (personal water bottles, water fountains) and athlete hydration before, 	certification in the past.



Rugby

See NBIA for specific rules.

Higher Risk Activity

Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision
Equipment			during and after physical activity; • previous training and fitness level; • length of time and intensity of physical activity. Athletes must be made aware of ways to protect themselves from environmental conditions (e.g. use of hats, sunscreen, sunglasses, personal water bottles, insect repellent, appropriate clothing) Athletes must receive instruction on safety procedures related to severe weather conditions (lightning, funnel clouds, severe winds, tornadoes [see Appendix F - Lightning Protocol]). Be aware of athletes whose medical condition (e.g., asthma, anaphylaxis, casts, orthopaedic device) may affect participation (see Generic Section). Interschool competitions must follow the regulations and rules of the local governing body (e.g. athletic association, NBIAA) and/or Provincial Sport Organization for the activity.	 attendance at a clinic or workshop, provided by an instructor who is knowledgeable of the activity and where safety is addressed, within the last three years; past experience as a player or coach in that sport. An individual who takes responsibility for providing first aid to injured athletes must be present during the entire practice/competition.



See NBIA for specific rule	es.	Soccer					
Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision			
A fully stocked first aid kit must be readily accessible. A working	Appropriate clothing and footwear must be worn. Molded cleats only. No metal or compound cleats.	Determine that all facilities are safe for use. Playing area must be	Parents/guardians must be made aware of any off-campus activity and the means of transportation used. Skills must be taught in proper progression.	On-site supervision is required.			
communication device (e.g., cell phone) must be accessible.	No jewellery.	free from debris and obstructions provide suitable footing and be	Game activities must be based on skills that are taught.				
Determine that all		well- removed from traffic areas.	Limit time spent on heading drills.				
equipment is safe for use.		Holes and severely	No tackling from behind.				
Shin pads must be		uneven surfaces must be reported to the	Before involving athletes in outdoor activity, coaches must take into consideration:				
worn. Size and weight of soccer ball must be		principal, and athletes must be made aware of them.	 environmental conditions (temperature, weather, air quality, humidity, UV rays, insects); 				
appropriate to the age and skill level of participants.		Both portable and permanent goal posts need to be anchored to the playing area in a secure and approved	 accessibility to adequate liquid replacement (personal water bottles, water fountains) and athlete hydration before, during and after physical activity; 				
		fashion to prevent	previous training and fitness level;				
		posts from falling forward.	 length of time and intensity of physical activity. 				
		The coach must be a pre-activity check of the facilities prior to use.	Athletes must be made aware of ways to protect themselves from environmental conditions (e.g. use of hats, sunscreen, sunglasses, personal water bottles, insect repellent, appropriate clothing)				
			Athletes must receive instruction on safety procedures related to severe weather conditions (e.g., lightning, funnel clouds, severe winds, tornadoes [see Appendix F - Lightning Protocol]).				
			An exposed orthopaedic apparatus that represents a safety concern to other players must be soft or padded. Such devices must be				



See NBIA for specific rule	es.			Soccer
Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision
			approved by the referee prior to the commencement of the game.	
			Any player with a playing cast must provide a doctor's note or parent/guardian signed permission indicating it is safe for him/her to play.	
			Be aware of athletes whose medical condition (e.g., asthma, anaphylaxis, casts, orthopaedic device) may affect participation (see Generic Section).	
			Interschool competitions must follow the regulations and rules of the local governing body (e.g. athletic association, NBIAA) and/or Provincial Sport Organization for the activity.	



See NBIA for specific rules.	Softball
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Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision
A fully stocked first aid kit must be readily accessible.	Appropriate clothing and footwear must be worn.	Determine that all facilities are safe for use.	Parents/guardians must be made aware of any off-campus activity and the means of transportation used.	On-site supervision.
	No jewellery.		Skills must be taught in proper progression.	
A working communication device	No metal cleats.	For indoor practices, playing surface and	Games must be based on skills taught.	
(e.g., cell phone) must be accessible.		surrounding area must be free of all obstacles	An athlete's fitness level must be commensurate with the level of competition.	
Determine that all equipment is safe for use.		(e.g., tables, chairs), and must provide sufficient traction.	Training must include flexibility, strength and cardiovascular enhancing activities.	
Wooden bats must not be cracked. All bats		Diamond must be level and groomed.	Before sliding is permitted, appropriate sliding techniques must be taught to minimize the risk of injury.	
must have proper grip. Bats/gloves must comply with the current		Practice fields must be level and away from traffic and other activities.	Warm-ups and drills (e.g., hitting, throwing, stretching) must each be in a designated area so that one activity does not present a hazard to another.	
Softball Canada Association rules (e.g., Amateur Softball Association bat policy		Backstops must be checked for broken wire prior to use.	Players must be taught to drop or lay the bat down after hitting, not release it during the follow through of the swing.	
(ASA2004)). The batter, on-deck		Entrance gates to the playing field must be	Pitchers are limited to the Softball Canada Association limits.	
batter, batboy/girl, base runners and athlete		closed at all times. Dugouts and/or	Players not involved in the game must be in dugouts or players' benches.	
base coaches must wear a properly fitting batting helmet with		players benches must be screened to protect	The location of spectators must not present a safety concern.	
flaps, covering both ears		players.	When practicing indoors with a regulation bat:	
certified by a recognized safety standards		Holes and severely uneven surfaces must	use a batting cage;	
association.		be reported to the	use a pitching machine in a confined area free from	
Helmet chinstraps are mandatory and must be worn as designed by manufacturer.		coaches, convenor, athletes and officials. Coach must notify appropriate school	student traffic or use a pitcher behind a protective cage or batters hit off a tee (in each case batters hit into a cage). All non-active players must be behind cage, no fielders	
Catcher must wear all equipment specified		teacher/supervisor. If in the opinion of the	allowed.	



See NBIA for specific rules				Softball
Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision
under Softball Canada Association rules, i.e. all catchers are required to wear a mask with throat protector, helmet, chest protector, shin guards, cup and a cup-type supporter. Warm-up catchers must wear a mask with throat protection. Suitable pelvic area protection must be worn by all players. All equipment must be checked regularly by the coach to determine that it is in good working order. Where pitching machines are being used they must be inspected prior to use and be under the direct supervision of a coach.		umpire, after consultation with both coaches, the field is deemed to be unsafe for play, the game must be rescheduled. There must be sufficient turf for proper traction. Prior to using backstops, fences and fields must be checked for hazards. Any hazards found must be reported to athletes and appropriate officials. Modify the activity to avoid hazards (e.g., mark hazards with cones, cover hole in fence with mat).	Before involving athletes in outdoor activity, coaches must take into consideration: • environmental conditions (temperature, weather, air quality, humidity, UV rays, insects); • accessibility to adequate liquid replacement (personal water bottles, water fountains) and athlete hydration before, during and after physical activity; • previous training and fitness level; • length of time and intensity of physical activity. Athletes must be made aware of ways to protect themselves from environmental conditions (e.g. use of hats, sunscreen, sunglasses, personal water bottles, insect repellent, appropriate clothing). Athletes must receive instruction on safety procedures related to severe weather conditions (e.g., lightning, funnel clouds, severe winds, tornadoes [see Appendix F - Lightning Protocol]). Any exposed orthopaedic apparatus (e.g., knee brace, cast) which presents a safety concern to other players, must be soft or padded. Such devices must be approved by the official prior to the commencement of the game. Be aware of athletes whose medical condition (e.g., asthma, anaphylaxis, casts, orthopaedic device) may affect participation (see Generic Section). Interschool competitions must follow the regulations and rules of the local governing body (e.g. athletic association, NBIAA) and/or Provincial Sport Organization for the activity.	



Swimming

See NBIA for specific rules.

Higher Risk Activity

Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision
A fully stocked first aid kit must be readily	No jewellery to be worn other than medical alert	Determine that all facilities are safe for	Parent/guardian permission forms are required for aquatic activities that occur	On-site supervision is required by the coach.
accessible. A working	jewellery. Suitable swimwear.	use. Use of school or	off school property. Inform in-charge person on deck of any	Athletes must ask permission to leave pool area.
communication device (e.g., cell phone) must be accessible.	Device to keep hair from obstructing vision (e.g.,	community swimming pools.	athlete with a medical history or any medical problems that may affect the athlete's safety in water (e.g., diabetes,	Close and frequent monitoring of change rooms must take place,
Determine that all	elastic).	BACKYARD POOLS MUST NOT BE USED.	asthma, heart condition, convulsions,	but not be lifeguards. Head coach must demonstrate
equipment is safe for use.		Pool deck must be kept clear of obstacles	epilepsy, frequent ear infections). Swim Test:	knowledge of sport, skill and strategies to principal or
Accessibility to		and excess water.	An initial screening/testing of swimming	designate.
standard safety equipment as recommended in the			ability must be done in shallow end. The common facility test to determine swimming ability is to swim two widths	At least one swimming coach should possess one of the following coaching qualifications:
Pool and Waterfront Guidelines for the Province of New Brunswick			continuously without touching the bottom. This applies to both instructional and recreational swims.	NCCP Community Sport Coach – Fundamentals Coach (Swimming 101) course;
Of particular note: • ring buoys;			In lieu of completing the swim test, athletes may provide proof of Bronze Medallion certification or higher.	NCCP Competition Coach – Age Group Coach (Swimming
reaching poles;			Athletes who do not pass the above	201) Course;
spinal board.			swim test or who do not have the aforementioned certification must not	 accreditation as a NCCP Swimming Learning Facilitator;
Electrical equipment			compete.	 completion of swimming's NCCP level 1 and/or level 2
(e.g., MP3 players, must be properly grounded).			The results of the swim test must be logged and available to the	certification in the past;
grounded).			instructor/lifeguard.	 attendance at a clinic or workshop within the last three
			Athletes must adhere to the following rules:	years provided by an instructor
			no running or pushing on deck;	who is knowledgeable of the activity;
			no gum chewing;	past experience (within the last
			 no food in pool area; 	10 years) as a player or coach



Swimming

See NBIA for specific rules.

Higher Risk Activity

Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision
			no diving off deck into water less than 2.8m (9') in depth;	in swimming.
			no street shoes on deck.	Lifeguard Qualifications:
			Emergency procedures must be outlined to athletes prior to entering the water.	Lifeguard must hold a current National Lifeguard Service
			Showers must be taken before entering the pool.	Certificate. Refer to local municipal pool
			Athletes with infections, cuts or sores must not be in the pool.	regulations for additional standards.
			Skills must be taught in proper progression.	An individual who takes responsibility for providing first aid to injured athletes must be
			Skill instruction can be followed by skill application (e.g., relay activities, tag games which incorporate skills).	present during the entire practice/competition.
			Be aware of athletes whose medical condition (e.g., asthma, anaphylaxis, casts, orthopaedic device) may affect participation (see Generic Section).	
			Interschool competitions must follow the regulations and rules of the local governing body (e.g. athletic association, NBIAA) and/or Provincial Sport Organization for the activity.	



Track and Field – Discus

See NBIA for specific rules.

High Risk Activity

Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision
A fully stocked first aid kit must be readily accessible.	Appropriate clothing and footwear must be worn. No hanging jewellery.	Determine that all facilities are safe for use.	Parents/guardians must be made aware of any off-campus activity and the means of transportation used.	Constant visual supervision is required for initial skill instruction.
A working communication device (e.g., cell phone) must be accessible.		Where running takes place off school site for a warm up or conditioning run and/or	Skills must be taught in proper progression. No athlete may participate in a competition without prior skill development and practice.	Following initial skill instruction and after all safety concerns have been emphasized, on-site
Determine that all equipment is safe for		is an integral part of the activity:	An athlete's fitness level must be commensurate with the level of competition.	supervision is appropriate. Head coach must
use. Discus (e.g., wood/metal		 prior to initial use of route or course, 	Establish and provide safe throwing and retrieving procedures.	demonstrate knowledge of event to principal or
and rubber) must be appropriate for the age		coaches must do a safety check 'walk through' in order to	Instruction must be given in safety prior to practice.	designate. Coaching qualifications
and gender of the athlete. Discus must not be		identify potential problems;	In practices, where a protective screen is not in place, athletes and spectators must be in a designated area a minimum of 15m (49')	for any higher risk sport must be derived from at least one of the following:
cracked, chipped or otherwise damaged and		before initial attempt, coaches	directly behind thrower.	NCCP Competition Introduction –
must be checked regularly.		must outline to athletes the route or course (e.g., notice	During practices thrower or monitor must determine that everyone within landing distance is watching the throw.	Trained/Certified; This includes:
		of areas to approach with caution).	During competitions there must be a protective screen.	 sport specific NCCP multi sport Part A – B;
		The throwing area must be free of	Before involving athletes in outdoor activity, coaches must take into consideration:	 Coaches that
		obstacles and completely closed to traffic (e.g., throwing	 environmental conditions (temperature, weather, air quality, humidity, UV rays, insects); 	have completed level 1 or 2 certification in the past;
		area initiated in front of baseball backstop, no other activity located in area where discus is taking place).	 accessibility to adequate liquid replacement (personal water bottles, water fountains) and athlete hydration before, during and after physical activity; 	 attendance at a clinic or workshop, provided by an instructor who is knowledgeable of the
		The landing area must	previous training and fitness level;	activity and where



Track and Field – Discus

See NBIA for specific rules.

High Risk Activity

Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision
		be well marked and void of people during the activity.	length of time and intensity of physical activity.	safety is addressed, within the last three years;
		The discus circle/area must provide safe footing.	Athletes must be made aware of ways to protect themselves from environmental conditions (e.g. use of hats, sunscreen, sunglasses, personal water bottles, insect repellent, appropriate clothing) Athletes must receive instruction on safety procedures related to severe weather conditions (e.g., lightning, funnel clouds, severe winds, tornadoes [see Appendix F - Lightning Protocol]).	 past experience as a player or coach in that sport. An individual who takes responsibility for providing first aid to injured athletes must be present during the entire practice/competition.
			Be aware of athletes whose medical conditions (e.g., asthma, anaphylaxis, cast, orthopaedic device) may affect participation (see Generic Section).	
			Interschool competitions must follow the regulations and rules of the local governing body (e.g. athletic association, NBIAA) and/or Provincial Sport Organization for the activity.	



Track and Field – High Jump

See NBIA for specific rules.				High Risk Activity
Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision
A fully stocked first aid kit must be readily accessible. A working communication	Appropriate clothing and footwear must be worn. No bare feet or socks	Determine that all facilities are safe for use.	Parents/guardians must be made aware of any off-campus activity and the means of transportation used.	Constant visual supervision is required for initial skill instruction.
device (e.g., cell phone) must be accessible. Determine that all equipment is safe for use. Landing Mats: The landing area must be a minimum mat surface of 3m x 5m x .5m (10'X16.5'X20") as per IAAF Standards. Checks mats regularly for damage and repair or	without shoes. Athletes may wear 5mm spikes on rubberized or asphalt jumping surfaces. Track shoes with spikes removed must not be worn. No jewellery.	Where running takes place off school site for a warm up or conditioning run and/or is an integral part of the activity: • prior to initial use of route or course, coaches must do a safety check 'walk through' in order to identify potential	An athlete's fitness level must be commensurate with the level of competition. No athlete may participate in a competition without prior skill development and practice. Bar monitors must stay in front and off to the side of standards prior to and during each jump. High-jump landing surface must not butt up against a wall and must be a minimum	Following initial skill instruction and after all safety concerns have been emphasized, on-site supervision is appropriate. Head coach must demonstrate knowledge of event to principal or designate. Coaching qualifications for any higher risk sport must be derived from at
damage and repair or replace as necessary. Jumping pits used adjacent to one another must be of the same thickness and compaction rating and be covered to prevent an athlete from slipping between pits upon landing. Cross Bars:		problems; • before initial attempt, coaches must outline to athletes the route or course (e.g., notice of areas to approach with caution). Indoor and outdoor	of 1m (3'3") from any wall and any other permanent structures. Determine that landing mats are firmly secured and do not slide upon impact. Before involving athletes in outdoor activity, coaches must take into consideration: • environmental conditions (temperature, weather, air quality, humidity, UV rays,	least one of the following: NCCP Competition Introduction – Trained/Certified; This includes: sport specific NCCP multi sport Part A – B;
Fibreglass crossbars must be used in competition. Regularly check crossbars for cracks Weighted rope or elastic may be used for warm-up or		approach area must be smooth, traffic-free and provide good traction.	 insects); accessibility to adequate liquid replacement (personal water bottles, water fountains) and athlete hydration before, during and after physical activity; 	 coaches that have completed level 1 or 2 certification in the past; attendance at a clinic or workshop, provided
practice. High Jump Standards: Check standards regularly for			 previous training and fitness level; length of time and intensity of physical activity. 	by an instructor who is knowledgeable of the activity and where safety is addressed,



See NBIA for specific rules.

Track and Field – High Ju	mp
High Risk Act	i vity

				ringir reloce / tourity
Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision
damage. Repair or replace as needed.			Athletes must be made aware of ways to protect themselves from environmental	within the last three years;
			conditions (e.g. use of hats, sunscreen, sunglasses, personal water bottles, insect repellent, appropriate clothing).	 past experience as a player or coach in that sport.
			Athletes must receive instruction on safety procedures related to severe weather conditions (e.g., lightning, funnel clouds, severe winds, tornadoes [see Appendix F - Lightning Protocol]).	An individual who takes responsibility for providing first aid to injured athletes must be present during the entire
			Be aware of athletes whose medical conditions (e.g., asthma, anaphylaxis, cast, orthopaedic device) may affect participation (see Generic Section).	practice/competition. When landing surfaces are set up but not being used, deterrents for use
			Interschool competitions must follow the regulations and rules of the local governing body (e.g. athletic association, NBIAA) and/or Provincial Sport Organization for the activity.	must be in place (e.g., mark perimeter with cones, provide supervision, put mats in storage area, place sign on mats – "Use of mats requires supervision").



See NBIA for specific rules.

Track and Field – Hurdles

Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision	
A fully stocked first aid kit must be readily accessible.	Appropriate clothing and footwear must be worn. No bare feet or socks	Determine that all facilities are safe for use. Where running takes	Parents/guardians must be made aware of any off-campus activity and the means of transportation used.	Constant visual supervision is required for initial skill instruction.	
A working	without shoes.	place off school site for a	Skills must be taught in proper progression.	Following initial skill	
communication device (e.g., cell phone) must be	No hanging jewellery. Track spikes as allowed	warm up or conditioning run and/or is an integral part of the activity:	No athlete may participate in a competition without prior skill development and practice.	instruction on-site supervision is appropriate.	
accessible. Determine that all	by competition facility or IAAF rules.	prior to initial use of route or course,	An athlete's fitness level must be commensurate with the level of competition.		
equipment is safe for use.		coaches must do a safety check 'walk through' in order to	Instruct athletes how to set up hurdles properly, so that knocked hurdles will not resist hurdlers fall.		
Check for safety of hurdles (e.g., stable, no splinters, cracks		identify potential problems;	Modify heights and distances to accommodate different ability levels.		
or other hazards). Check safety of starting blocks if they		 before initial attempt, coaches must outline to athletes the route or 	Before involving athletes in outdoor activity, coaches must take into consideration:		
are used.		course (e.g., notice of areas to approach with caution).	 environmental conditions (temperature, weather, air quality, humidity, UV rays, insects); 		
		Indoor surface and surrounding area must be free of all obstacles (e.g., tables, chairs), and must	 accessibility to adequate liquid replacement (personal water bottles, water fountains) and athlete hydration before, during and after physical activity; 		
		provide sufficient traction.	previous training and fitness level;		
		Activity in appropriate area, which provides a clear, flat surface.	length of time and intensity of physical activity.		
		All tracks must be inspected annually and maintained as necessary.	Athletes must be made aware of ways to protect themselves from environmental conditions (e.g. use of hats, sunscreen, sunglasses, personal water bottles, insect repellent, appropriate		
		Run-out areas must be in	clothing).		
		place.	Athletes must receive instruction on safety procedures related to severe weather conditions (e.g., lightning, funnel clouds, severe winds,		



See NBIA for specific	c rules.		Track and Field – Hurdle		
Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision	
			tornadoes [see Appendix F - Lightning Protocol]).		
			Be aware of athletes whose medical conditions (e.g., asthma, anaphylaxis, cast, orthopaedic device) may affect participation (see Generic Section).		
			Interschool competitions must follow the regulations and rules of the local governing body (e.g. athletic association, NBIAA) and/or Provincial Sport Organization for the activity.		



Track and Field - Javelin

See NBIA for specific rules.

High Risk Activity

See NBIA for specific rule	2S.			High Risk Activity
Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision
A fully stocked first aid kit must be readily	Appropriate clothing and footwear must be worn.	Determine that all facilities are safe for	Parents/guardians must be made aware of any off-campus activity and the means of	Constant visual supervision is required.
accessible. A working communication device (e.g., cell phone) must be accessible. Determine that all equipment is safe for use. Javelin must be appropriate in size for the age, sex and strength of the athlete	No hanging jewellery.	use. Where running takes place off school site for a warm up or conditioning run and/or is an integral part of the activity: • prior to initial use of route or course, coaches must do a safety check 'walk through' in order to	transportation used. Skills and techniques associated with the javelin throw must be taught in proper progression. The importance of throwing techniques must be emphasized. An athlete's fitness level must be commensurate with the level of competition. Instruction in safety must be given prior to practice. Establish safe routines for throwing and retrieving.	Head coach must demonstrate knowledge of event to principal or designate. Coaching qualifications for any higher risk sport must be derived from at least one of the following: NCCP Competition Introduction — Trained/Certified;
during practices. For competitions, NBIAA rules are: Girls, 600g; Boys junior, 600g; Boys senior, 800g. Javelin must not be cracked, bent or otherwise damaged and must be checked regularly.		ions, NBIAA e: Girls, 600g; ior, 600g; Boys ioog. nust not be bent or e damaged and checked bent or e damaged and checked checked checked problems; before initial attempt, coaches must outline to athletes the route or course (e.g., notice of areas to approach with caution).	Javelins must be carried safely to and from practice/competition area (e.g., the javelin must point downwards and not be carried on or over the shoulder). Javelin must never be thrown back to the throwing area. All participants must receive instruction on the importance of safety procedures when throwing, retrieving the equipment after a throw and return to the safety zone or area	This includes: o sport specific NCCP multi sport Part A – B; o coaches that have completed level 1 or 2 certification in the past; attendance at a clinic or workshop, provided by
Turbo javelins/turbojavs and other equivalent commercially made equipment may be used for practice. No homemade equipment. Ensure equipment joints and noses are tight before throwing.		The throwing area must be free of obstacles and completely closed to traffic (e.g., no other activity can be located in the area where javelin is taking place). The landing area must be well marked and void of people during	prior to anyone throwing. No student may participate in a competition without prior skill development and practice. Before involving athletes in outdoor activity, coaches must take into consideration: • environmental conditions (temperature, weather, air quality, humidity, UV rays, insects); • accessibility to adequate liquid	an instructor who is knowledgeable of the activity and where safety is addressed, within the last three years; • past experience as a player or coach in that sport. An individual who takes responsibility for providing



Track and Field – Javelin

See NBIA for specific rules.

High Risk Activity

Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision
		the activity. The run up area must provide safe footing.	replacement (personal water bottles, water fountains) and athlete hydration before, during and after physical activity;	first aid to injured athletes must be present during the entire practice/competition.
		provide sale rooting.	previous training and fitness level;	
			length of time and intensity of physical activity.	
			Athletes must be made aware of ways to protect themselves from environmental conditions (e.g. use of hats, sunscreen, sunglasses, personal water bottles, insect repellent, appropriate clothing).	
			Athletes must receive instruction on safety procedures related to severe weather conditions (e.g., lightning, funnel clouds, severe winds, tornadoes [see Appendix F – Lightning Protocol]).	
			Be aware of athletes whose medical conditions (e.g. asthma, anaphylaxis, cast, orthopaedic device) may affect participation (see Generic Section).	
			Interschool competitions must follow the regulations and rules of the local governing body (e.g. athletic association, NBIAA) and/or Provincial Sport Organization for the activity.	



Track and Field – Pole Vault

Track and Field Pole Vault is not appropriate at the Interschool Activity Level.



Track and Field – Shot Put

See NBIA for specific rules.

High Risk Activity

Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision
A fully stocked first aid kit must be readily accessible.	Appropriate clothing and footwear must be worn. Track spikes must not be	Determine that all facilities are safe for use.	Parents/guardians must be made aware of any off-campus activity and the means of transportation used.	Constant visual supervision is required for initial skill instruction.
A working communication device (e.g., cell phone) must be accessible. Determine that all equipment is safe for use. Only shots designed for indoor use can be used in the gym. Shot must be of appropriate size and weight for age and strength of athlete. Towel/rag to dry shot.	Track spikes must not be worn. No jewellery.	Where running takes place off school site for a warm up or conditioning run and/or is an integral part of the activity: • prior to initial use of route or course, coaches must do a safety check 'walk through' in order to identify potential problems; • before initial attempt, coaches must outline to athletes the route or course (e.g., notice of areas to approach with caution). Landing area must be well marked and void of people during activity. Indoor surface and surrounding area must be free of all obstacles (e.g., tables, chairs), and must provide sufficient traction.	No athlete may participate in a competition without prior skill development and practice. An athlete's fitness level must be commensurate with the level of competition. Skills and techniques associated with shot put must be taught in proper progression. Establish a safe routine for transporting shots to and from the throwing area. Shots must never be thrown or rolled back to throwing area. Where a protective screen is not in place, athletes and spectators must be in a designated area at least 4m (13') behind the toe line. Establish safe routines for putting and retrieving of shots. Before involving athletes in outdoor activity, coaches must take into consideration: • environmental conditions (temperature, weather, air quality, humidity, UV rays, insects); • accessibility to adequate liquid replacement (personal water bottles, water fountains) and athlete hydration before, during and after physical activity; • previous training and fitness level; • length of time and intensity of physical activity.	Following initial skill instruction and after all safety concerns have been emphasized, on site supervision is appropriate. Head coach must demonstrate knowledge of event to principal or designate. Coaching qualifications for any higher risk sport must be derived from at least one of the following: NCCP Competition Introduction — Trained/Certified; This includes: Sport specific NCCP multi sport Part A — B; coaches that have completed level 1 or 2 certification in the past; attendance at a clinic or workshop,



Track and Field – Shot Put

See NBIA for specific rules.

High Risk Activity

Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision
		Putting circle must provide safe footing.	Athletes must be made aware of ways to protect themselves from environmental conditions (e.g. use of hats, sunscreen, sunglasses, personal water bottles, insect repellent, appropriate clothing).	provided by an instructor who is knowledgeable of the activity and where safety is addressed, within the last three
			Athletes must receive instruction on safety procedures related to severe weather conditions (e.g., lightning, funnel clouds, severe winds, tornadoes [see Appendix F – Lightning Protocol]).	years; • past experience as a player or coach in that sport.
			Be aware of athletes whose medical conditions (e.g. asthma, anaphylaxis, cast, orthopaedic device) may affect participation (see Generic Section).	An individual who takes responsibility for providing first aid to injured athletes must be present during the entire
			Interschool competitions must follow the regulations and rules of the local governing body (e.g. athletic association, NBIAA) and/or Provincial Sport Organization for the activity.	practice/competition.



Track and Field – Track Events

See NBIA for specific rules.

Sprints/400m/800m/1500m/3000m/Relays

Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision
A fully stocked first aid kit must be readily accessible. A working communication device (e.g., cell phone) must be accessible. Determine that all equipment is safe for use. Check batons for cracks or splinters. Check safety of starting blocks if they are used. Starter pistol must be locked away safely when not in use.	Appropriate clothing and footwear must be worn. No bare feet or socks without shoes. No turf shoes. 5mm spikes on rubberized or asphalt tracks or 9mm spikes on cinder tracks may be worn. Track shoes without spikes may not be worn. No hanging jewellery.	Determine that all facilities are safe for use. Where running takes place off school site for a warm up or conditioning run and/or is an integral part of the activity: • prior to initial use of route or course, coaches must do a safety check 'walk through' in order to identify potential problems; • before initial attempt, coaches must outline to athletes the route or course (e.g., notice of areas to approach with caution). Practice surface and surrounding area must be free of all obstacles (e.g., tables, chairs), and must provide sufficient traction. All tracks must be inspected annually and maintained as necessary. "Blacktop" strips and open fields may be used	Parents/guardians must be made aware of any off-campus activity and the means of transportation used. The skills and techniques associated with running must be taught in a logical progression. No student may participate in a competition without prior skill development and practice. An athlete's fitness level must be commensurate with the level of competition. Indoor Running - use of hallways: No running to take place where there are glass doors or showcases. Position a safety barrier in front of doors. Put pylons at stop points and designate a slow down zone 10m (33') or more. All classroom doors that open out have to be secured open, flush with hall wall. Where school hallways or stairways are used for training purposes, appropriate safety measures must be in place: • doors must not be opened into running area; • hallway protrusions must be clearly marked; • inform school community of times and locations of indoor practices; • hall double doors have to be secured open; • monitors must be positioned at corners; • floor surface must be dry and provide good footing. Distance running — length of run must be modified to be appropriate to the age and ability level of the athlete. Also take into account: • temperature of the day; • previous training and length of preparation.	On-site supervision for sprints and relays. In the area supervision is required for middle distances (400m, 800m, 1500m and 3000m) and hallway/stair running. Constant visual supervision of starter pistol when in use.



Track and Field – Track Events

See NBIA for specific rules.

Sprints/400m/800m/1500m/3000m/Relays

			•	
Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision
		if areas are suitable, smooth, clean, level and provide safe footing.	When running above distances in practice, athletes may be temporarily out of sight and must run in pairs or groups.	
		Run-out areas must be in place for all running events.	Before involving athletes in outdoor activity, coaches must take into consideration:	
			 environmental conditions (temperature, weather, air quality, humidity, UV rays, insects); 	
			 accessibility to adequate liquid replacement (personal water bottles, water fountains) and athlete hydration before, during and after physical activity; 	
			previous training and fitness level;	
			length of time and intensity of physical activity.	
			Athletes must be made aware of ways to protect themselves from environmental conditions (e.g. use of hats, sunscreen, sunglasses, personal water bottles, insect repellent, appropriate clothing).	
			Athletes must receive instruction on safety procedures related to severe weather conditions (e.g., lightning, funnel clouds, severe winds, tornadoes [see Appendix F – Lightning Protocol]).	
			Be aware of athletes whose medical conditions (e.g. asthma, anaphylaxis, cast, orthopaedic device) may affect participation (see Generic Section).	
		Comparie Spection to view	Interschool competitions must follow the regulations and rules of the local governing body (e.g. athletic association, NBIAA) and/or Provincial Sport Organization for the activity.	



See NBIA for specific rules.

Track and Field – Triple Jump/Long Jump

Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision
A fully stocked first aid kit must be readily accessible.	Appropriate clothing and footwear must be worn.	Determine that all facilities are safe for use. Where running takes place	Parents/guardians must be made aware of any off-campus activity and the means of transportation used.	Constant visual supervision during initial skill instruction.
,		Where running takes place off school site for a warm up or conditioning run and/or is an integral part of the activity: • prior to initial use of route or course, coaches must do a safety check 'walk through' in order to identify potential problems; • before initial attempt, coaches must outline to athletes the route or course (e.g., notice of areas to approach with caution). Surface and surrounding area must be free of all obstacles and must provide sufficient traction. Runway must be free from water puddles. Pits must be filled with sand in accordance with International Federation (IAAF) rules (30 cm/12"). Determine landing area is well raked and free of foreign objects. Determine take off area is firm and flat and swept if 'blacktop'. Districts must be	transportation used. No athlete may participate in a competition without prior skill development and practice. An athlete's fitness level must be commensurate with the level of competition. Skills must be taught in proper progression (e.g., short five step approach and build up to 15-17 step approach). Refrain from jumping if there are slippery conditions. Establish a procedure to initiate jumping (e.g., remove a cone from the take-off district when ready). If athletes are rakers, they must be trained. As part of training, include rules such as: • remove rake before next competitor begins approach and hold rake prongs downward; • begin raking after competitor is out of pit; • rake sand into the middle, as opposed to out to the sides. Determine that spectators and participants stay back from pit and runway. Before involving athletes in outdoor activity, coaches must take into consideration: • environmental conditions (temperature, weather, air quality, humidity, UV rays, insects); • accessibility to adequate liquid replacement	
		level and firmly attached.	(personal water bottles, water fountains) and athlete hydration before, during and after	



See NBIA for specific rule	es.	Track	and Field – Triple Jump/	Long Jump
Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision
		For the long jump, there must be a distance of 1m (3'4") to 3m (10') between take-off district and front edge of pit. In triple jump determine that the take-off areas are at an appropriate distance from the pit to allow for a safe landing on the second phase (step). Dig pit at least once a season and after heavy rain. Pits must not be located in high traffic areas or near other activity sites, (e.g., ball diamonds). Pits must have a minimum width of 2.75m (9').	 physical activity; previous training and fitness level; length of time and intensity of physical activity. Athletes must be made aware of ways to protect themselves from environmental conditions (e.g. use of hats, sunscreen, sunglasses, personal water bottles, insect repellent, appropriate clothing). Athletes must receive instruction on safety procedures related to severe weather conditions (e.g., lightning, funnel clouds, severe winds, tornadoes [see Appendix F – Lightning Protocol]). Be aware of athletes whose medical conditions (e.g. asthma, anaphylaxis, cast, orthopaedic device) may affect participation (see Generic Section). Interschool competitions must follow the regulations and rules of the local governing body (e.g. athletic association, NBIAA) and/or Provincial Sport Organization for the activity. 	



See NBIA for specific rules.				
Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision
A fully stocked first aid kit must be readily accessible.	Appropriate clothing and footwear must be worn. No jewellery.	Determine that all facilities are safe for use.	Parents/guardians must be made aware of any off-campus activity and the means of transportation used.	On-site supervision during initial instruction of skills.
A working communication device (e.g., cell phone) must be accessible. Determine that all equipment is safe for use. Poles must be safely stored when not in use. Nets must have no frayed wires. Protective padding must be places around the poles including cranks and support from the floor up to the bottom of the net. Antennae must be flush with the bottom of the net.	ino jewellery.	Playing surface and surrounding area must be free of all obstacles (e.g., tables, chairs) and must provide sufficient traction. When volleyball poles are removed, floor plugs must be replaced.	Skills must be taught in proper progression. An athlete's fitness level must be commensurate with the level of competition. 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 (e.g., standing on chair). Be aware of athletes whose medical condition (e.g., asthma, anaphylaxis, casts, orthopaedic device) may affect participation (see Generic Section). Interschool competitions must follow the regulations and rules of the local governing body (e.g. athletic association, NBIAA) and/or Provincial Sport Organization for the activity.	In-the-area supervision after skills have been taught. On-site supervision during equipment set up and take down.
			naloto cofoty roquiromente	



Wrestling

See NBIA for specific rules.

High Risk Activity

Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision
A fully stocked first aid kit must be readily	Appropriate clothing must be worn.	Determine that all facilities are safe for	Parents/guardians must be made aware of any off-campus activity and the means of	On-site supervision is required.
accessible. A working communication device (e.g., cell phone) must be accessible. Determine that all	Wrestling uniforms consistent with current rules must be worn. Wrestling shoes or appropriate footwear (no sharp edges, lace tips on	use. Mat surface and surrounding area must be free of all obstacles (e.g., tables chairs) and must provide sufficient traction.	transportation used. Skills must be taught in proper progression. Competitions must be based on skills that are taught. An athlete's fitness level must be commensurate with the level of competition.	Constant visual supervision is required during initial instruction of techniques for holds and releases. Head coach must
equipment is safe for use. Wrestling mats being	shoes). No bare feet.	Mat surfaces must be checked regularly for	Athletes must wrestle with partners of similar weight, strength and ability.	demonstrate knowledge of event to principal or designate.
used need to be mats manufactured and	Glasses not to be worn. No jewellery.	irregularities and be clean.	Warm-up activities must emphasize conditioning and flexibility.	Coaching qualifications for any higher risk sport
approved by the manufacturer for wrestling, and be in		Allow suitable clearance from the edge of wrestling area	Rules and illegal moves must be outlined. Maximum total time limit of 3 minutes per	must be derived from at least one of the following:
good repair. Determine that mats are		to surrounding walls. Surrounding walls	round. Match length/format may be shortened if	NCCP Competition Introduction –
not damaged to the point where the mat is compromised e.g. large		must be padded if clearance from mat surface is less than 2m	desired. There must be a minimum of 15 minutes between matches.	Trained/Certified; This includes:
pieces of foam missing. Utility or add-a-mat systems may be used.		(6'6").	Ground or 'par terre' and standing wrestling permitted.	 Sport specific NCCP multi sport Part A –
Determine that mats and joining systems are in			Throwing permitted only when break fall/roll techniques have been well established.	B; o Coaches that
good condition. Mats must be attached together or aligned so			Athletes may referee under the supervision of the coach in practice.	have completed level 1 or 2 certification in
separation does not occur.			Only trained and certified officials for competition.	the past. • Attendance at a clinic
Wrestlers with orthodontic devices			Fingernails must be closely trimmed. All infections, burns and open cuts must be	or workshop, provided by an
must wear appropriate			covered.	instructor who is



Wrestling

See NBIA for specific rules.

High Risk Activity

Equipment	Clothing/Footwear	Facilities	Special Rules/Instructions	Supervision
Equipment mouth protection.	Clothing/Footwear	Facilities	Athletes with communicable skin conditions must not participate in contact wrestling (e.g., impetigo). Benefits of headgear must be outlined to the athletes. The hazards of improper eating practices and severe weight loss techniques must be outlined to athletes. Universal precautions (e.g., using impermeable gloves, see Appendix P) must be	Supervision knowledgeable of the activity and where safety is addressed, within the last three years; Past experience as a player or coach in that sport. An individual who takes responsibility for providing first aid to
			followed when dealing with situations involving blood and other bodily fluids. Be aware of athletes whose medical condition (e.g., asthma, anaphylaxis, casts, orthopaedic device) may affect participation (see Generic Section). Interschool competitions must follow the regulations and rules of the local governing body (e.g. athletic association, NBIAA) and/or Provincial Sport Organization for the activity.	injured athletes must be present during the entire practice/competition.





Safety Guidelines for Physical Education in New Brunswick

Secondary Interschool Athletics

Module 6 - Appendices 2014



Appendix A Interschool Athletic Participation Form

This form is to be completed on behalf of a student who wishes to participate in interschool sport and must be returned to the coach prior to the athlete's first team tryout.

PART A: Sample Information Letter to Parents/Guardians

Dear Parent/Guardian

Please retain this page for your information.

Your son/daughter/ward has indicated a desire to participate on the interschool team: _______. The content of this page is to provide you with information on the interschool program.

Elements of risk of notice

The risk of injury exists in every athletic activity. Falls, collisions and other incidents may occur and cause injury. Due to the nature of some activities, injuries may range from minor sprains and strains to more serious injuries affecting the head, neck or back. Some injuries can lead to paralysis or prove to be lifethreatening. Injuries as a result of participation in an activity can occur without fault on either the part of the student, or the School District and its employees or agents, or the facility where the activity is taking place. A student choosing to participate in the activity assumes the risk of an injury occurring. The chances of an injury can be reduced by carefully following instructions at all times while engaged in the activity. The School district attempts to manage, as effectively as possible the risk involved for students while participating in school athletics.

Student Accident Insurance Notice:

The (name of School District) does not provide any accidental death, disability, dismemberment/medical/dental expense insurance for student participation in school sponsored activities (e.g., curricular, intramural and interschool). For insurance coverage of injuries, parents/guardians are encouraged to consider a Student Accident Insurance Plan from an insurance company of their choice.

[School/District athlete procedure/expectations may be included here.]

Transportation Insurance Notice:

Parents or guardians who decide to transport or organize the transportation for their children are exempt from *Policy 513: Transportation to and from Off-Site School-Related Extra Curricular Activities*.



Should your son/daughter/ward sustain an injury or contract an illness requiring medical attention during the competitive season, notify the coach. You are to complete **Appendix B – Return to Physical Activity – Non-Concussion Medical Illnesses/Injuries**. Request this form from your son/daughter's coach.

Sudden Arrhythmia Death Syndrome (SADS)

Refers to a variety of cardiac disorders which are often genetic and undiagnosed that can be responsible for sudden cardiac death in young apparently healthy people. Fainting or seizure during/after physical activity or resulting from emotional excitement, emotional distress or being startled can be a warning sign of sudden arrhythmia death syndrome. The school response is to call emergency medical services (911) and inform the parents/guardians. Parents/guardians are to be provided with **Appendix M – Sudden Arrhythmia Death Syndrome (SADS)**, which contains information about SADS as well as a Documentation of a Fainting Episode Form. The student is not to participate in physical activity until cleared by a medical assessment and the Documentation of a Fainting Episode

Form is completed by parent/guardian and returned to the school administrator/designate. Further information – www.sads.ca

In the interest of safety, we strongly recommend that:

- 1. Students have an annual medical examination.
- 2. Students bring emergency medications (e.g., asthma inhalers, epinephrine auto injectors) to all curricular and co-curricular physical activities.
- 3. Students remove eyeglasses during practices or games. If eyeglasses cannot be removed, the student must wear an eyeglass strap or shatterproof lenses.
- 4. Students must be made aware of ways to protect themselves from environmental conditions (e.g., use of hats, sunscreen, sunglasses, access to liquid replacement, insect repellent, appropriate clothing).
- 5. A safety inspection is carried out at home of any equipment brought to school for personal use in class, or in intramural/club activities (e.g., skis, skates, helmets).

PLEASE NOTE: Right to Information and Protection of Privacy Act - The information provided on this form is collected pursuant to the District's education responsibilities as set out in the Education Act and its regulations. This information is protected under the Right to Information and Protection of Privacy Act and will be utilized only for the purposes related to the District's Policy on Risk Management. Any questions with respect to this information should be directed to your school principal.

Please be advised that for students who are participating on school sports team, team rosters (with student names, player statistics such as height and weight depending on the activity) will be distributed or forwarded to the NBIAA, schools and sport organizations for games and tournament purposes. This information (names, height/weight, position) may be used for game sheets, schedules, tournament programs and posting of results in the media.



PART B: Medical Information Form

Parent/Guardians are requested to complete the following form and return to the appropriate school personnel.

Note: the student is ineligible to participate in practices or competitions without first providing teacher/coach with the completed form.

Athlete Name:	Medicare Card # (optional):	
Home Address:	Physician Name:	
Home Phone #:	Physician Phone #:	
Parent/Guardian Name:		
Work Phone #:	Emergency Contact Phone #:	
Cell Phone #:		
Acknowledgement of Risks/Request to Participate/Informed	l Consent Agreement	
I have read and understand the notices of Elements of Risk	(initials of Parent/Guardian)	
I have read and understand the notices Accident Insurance	(initials of Parent/Guardian)	
I request our son/daughter/ward to try out/participate on the	team during the	school year.
I hereby acknowledge and accept the risk inherent in the request dental and accident insurance coverage.	sted activity and assume responsibility for my son/daugh	ter/ward for personal health, medical,
I hereby consent to the release of my son/daughter/ward's name sheets, schedules, tournament programs and posting of the resu		for the purpose of game
Signature of Parent/Guardian:	Date:	
Medical Services Authorization (optional)		
In a situation when emergency medical or hospital services are will be made by the school/ hospital to contact me, my signature surgical services, including anaesthesia and drugs. I understand	on this form authorizes medical personnel and/or hospi	
Signature of Parent/Guardian:	Date:	
Medical Information Form		
(Where your son's daughter's/ward's condition is confidential or	requires further explanation, you are requested to conta	ct your son's/daughter's coach.)
Date of last completed medical examination:		



Date of last tetanus immunization:
ls your son/daughter/ward allergic to any drugs, food or medication/other? YesNo If yes, provide details:
1. Medic Alert Information:
Does your son/daughter/ward wear a medical alert bracelet? Yes No
A neck chain? Yes No Carry a medical alert card? Yes No
If yes, please specify what is written on it:
2. Medications:
Does your son/daughter/ward take any prescription drugs? Yes No
If yes, provide details:
What medication(s) should be accessible during physical activity?
Who should administer the medication?
3. Oral and Visual Appliance:
Does your son/daughter/ward wear eyeglasses? YesNo
Contact lenses? YesNo
Orthodontic appliance? Yes NoCrowns? Yes No Bridges? Yes No
4. Medical Conditions:
Please indicate if your son/daughter/ward has been diagnosed as having any of the following medical conditions and provide pertinent details:
Has your son/daughter/ward been identified as anaphylactic? Yes No If yes, does he/she carry an epinephrine auto injector (e.g. EpiPen/Allerject)? Y N



Circle any that apply and provid	le relevant details:		
Asthma Heart disorders	Epilepsy Allergies	Type 1 Diabetes Deafness	Type II Diabetes Other
Physical Ailments:			
Circle any that apply and provid	de relevant details:		
Arthritis or rheumatism Chronic nosebleeds Dizziness	Spinal conditions Fainting Headaches	Orthopaedic conditions Trick or lock knee Hernia	
Swollen, hyper-mobile or painfu	ıl joints		
Head or back conditions or inju	ries, including any diagnosed concus	sions (in the past two years):	
Please indicate any other medi	cal condition that will limit participation	n:	

If your son/daughter/ward is presently diagnosed with a concussion by a medical doctor/nurse practitioner, that was sustained outside of school physical activity, the Appendix C-3 - Documentation of Medical Examination must be completed before the student returns to physical education classes, intramural activities and interschool practices and competitions. Request the form from the school administrator.



Appendix B Return to Physical Activity – Non-Concussion Medical Illnesses/Injuries

This form is to be completed by parent/guardians and returned to the principal/designate for any athlete who has missed a practice or game due to an injury or illness requiring professional medical attention (e.g. medical doctor, nurse practitioner, chiropractor, physiotherapist).

Name of	Athlete:
Coach: _	
As a resi	ult of my child's/ward's injury/illness (), medical attention by a (check one):
	medical doctor
	nurse practitioner
	other medical specialist:
has beer	n accessed with the following results (check appropriate box(es)):
Results	of Medical Examination
	No limiting features of the injury/illness have been observed and therefore he/she may resume full participation in physical activity with no restrictions.
	Some features of the injury/illness remain which limit the ability to participate without restrictions. My child/ward may participate in physical activity following the accommodations to his/her physical activities listed below. (Accommodations must be provided prior to any physical activity taking place.)
	A diagnosis that the injury/illness will prevent my son/daughter from participating in physical activity until further notice was received.
	Refer to comments below and/or attached information.
Parent/G	Suardian signature: Date:
Comme	nts:



Appendix C-1

Concussion Management Procedures: Return to School and Return to Sport/Physical Activity

Revised 2019

Introduction

Concussion is a serious injury and the prevention, identification and management are a priority. Evidence based best practices in identifying and managing concussion is reviewed roughly every 4 years by the Scientific Committee and Expert Panel of the International Consensus Conference on Concussion in Sport¹. This has led to some changes in how concussions are identified and managed. The concussion protocol, contained within this appendix comes from various sources including the Canadian Guideline on Concussion in Sport², Ophea³, Parachute Canada Organization, District Scolaire Francophone – Sud⁴ and NB Trauma Program⁵. These procedures were also revised following consultation and collaboration with the NB Trauma Program, Vitalité Health Network, Horizon Heath Network, the Office of Chief Medical Officer of Health, the Sport and Recreation Branch from the Department of Tourism, Heritage and Culture, the Francophone and Anglophone School Districts, as well as, the New Brunswick Interscholastic Athletic Association.

Context

Recent research indicates that a concussion can have a significant impact on a student's cognitive and physical abilities. In fact, research shows that activities that require concentration can actually cause a student's concussion symptoms to reappear or worsen. It is equally important to develop strategies to assist students as they "return to school" as it is to develop strategies to assist them as they "return to sport/physical activity". Without addressing identification and proper management, a concussion can result in permanent brain damage and in rare occasions, even death.

Research also suggests that students who suffer a second concussion before they are symptom free from the first concussion are susceptible to a prolonged period of recovery, and possibly Second Impact Syndrome – a rare condition that causes rapid and severe brain swelling and often catastrophic results.

Due to the seriousness of a concussion, school administrators, educators (including supply teachers), school staff, students, parents/guardians, and identified school volunteers all have important roles to play in implementing the school district's concussion strategy, i.e. prevention, identification, and ongoing monitoring and management of a student with a concussion.

Key Terms



¹McCrory et al. (2017). Consensus statement on concussion in sport – the 5th international conference on concussion in sport held in Berlin, October 2016. British Journal of Sports Medicine, 51 (11), 838-847.

²Parachute Canada. (2017). Canadian Guideline on Concussion in Sport. Toronto: Parachute http://www.parachutecanada.org/injury-topics/item/canadian-guideline-on-concussion-in-sport Parachute Canada Organization (2017). http://www.parachutecanada.org

³Ophea (2018) Revised Concussion Protocols and Implementation Tools. http://safety.ophea.net/concussions

⁴District Scolaire Francophone -Sud http://francophonesud.nbed.nb.ca

⁵New Brunswick Trauma Program. https://nbtrauma.ca

Collaborative Team: The collaborative team consists of the student, the student's parents/guardian, school personnel who work with the student, the licensed healthcare provider and in some cases, outside coaches or community group leaders who have the shared responsibility for the student's recovery. In consultation with the parent/guardian, the collaborative team identifies the student's needs and provides strategies and approaches or adaptations for the prescribed stages.

Concussion Management Lead: This individual will serve as the main point of contact for the student, the parents/guardians, and other school staff and volunteers who work with the student, as well as monitor the student's progress through the Return to School and Return to Sport/Physical Activity Strategies.

Licensed Healthcare Professional: A healthcare provider who is licensed by a national professional regulatory body to provide concussion-related healthcare services that fall within their licensed scope of practice. Examples include medical doctors, nurses, physiotherapists, and athletic therapists. Among licensed healthcare professionals, only medical doctors and nurse practitioners are qualified to conduct a comprehensive medical assessment and provide a concussion diagnosis in New Brunswick.

Multidisciplinary Concussion Clinic: A facility or network of licensed healthcare professionals that provide assessment and treatment of concussion patients and are supervised by a physician with training and experience in concussion.

Persistent Symptoms: Concussion symptoms that last longer than 2 weeks after injury in adults and longer than 4 weeks after injury in youth.

Return-to-School Strategy: A graduated stepwise strategy for the process of recovery and return to academic activities after a concussion. This was commonly referred to as "return to learn".

Responsible Adult: The adult in charge of the student at the time of the incident (teacher, principal, coach, volunteer, educational assistant, etc.)

Return-to-Sport/Physical Activity Strategy: A graduated stepwise strategy for the process of recovery and then return to sport participation after a concussion. This was commonly referred to as "return to play". For the purpose of the public school system, this will be referred to as "Return to Sport/Physical Activity".

COMPONENTS OF THE CONCUSSION MANAGEMENT PROCEDURES

Concussion Definition

A concussion is:

- is a traumatic brain injury that causes changes in how the brain functions, leading to signs and symptoms that can emerge immediately or in the hours or days after the injury;
- signs and symptoms can be physical (e.g. headache, dizziness), cognitive (e.g. difficulty concentrating or remembering), emotional/behavioural (e.g. depression, irritability) and/or related to sleep (e.g. drowsiness, difficulty falling asleep);
- may be caused by a jarring impact to the head, face, neck or body, with an impulsive force transmitted to the head, that causes the brain to move rapidly
 and hit the walls of the skull (for a visual description of how a concussion occurs, see cdn.hockeycanada.ca/hockey-canada/H
- 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.



There are three components to the concussion management procedures: **Prevention**, **Identification** and **Management**.

1. PREVENTION COMPONENT

It is important to encourage a culture of safety awareness and to take a preventative approach when students are physically active. Evidence indicates that concussion education and awareness leads to a reduction in the incidence and improved outcomes Thus, it is essential to educate individuals including students, parents, school administration, teachers, coaches, referees, and health care professionals to achieve improvement in the prevention, identification and management of concussion (Refer to Appendix C-2: Concussion Education Sheet).

Concussion education to stakeholders responsible for student safety should include information on:

- Prevention
- Identification and Procedures
- Management

The concussion injury prevention approach includes primary, secondary, and tertiary strategies.

Primary prevention refers to all actions or measures taken to reduce the incidence of any disease or injury, including head injuries that may lead to brain-related concussion in school-aged children.

To decrease risk of injury, it is necessary to ensure the environment is as safe as reasonably possible (school, playgrounds, gymnasium, etc.) to minimize situations that can cause concussions including:

- 1. Promoting a culture of fair play, sportsmanship and respect for all activities;
- 2. Providing a safe environment and adequate facilities (see specific guidelines for each sport/activity in the NB Physical Education Guidelines);
- 3. Setting up and enforcing safe rules of the game;
- 4. Wearing appropriate protective equipment, and where appropriate, limiting participation in contact sports and limiting contact during practices;
- 5. Teaching skills and techniques in the proper progressions and students must be instructed and trained in the appropriate body contact skills and techniques of the activity/sport prior to contact practice/game situations.

Secondary prevention includes all actions taken to reduce the occurrence or number of cases of illness or injury, thus reducing the duration of such disease or injury. In the context of these guidelines, it refers to early identification and expert management of a concussion, which help to reduce the aggravation of concussions in students who have received head injuries.

Tertiary prevention are strategies determined in collaboration with health care providers to help prevent long-term complications of a concussion (post-concussion syndromes and second impact syndromes).

Primary and secondary prevention strategies are the focus of the concussion injury prevention information located in the following Appendices (**Appendix C-1**, **C-2**, **C-3**, **C-4**, **C-5**, **C-6**, **C-7** and **C-8**).



2. IDENTIFICATION COMPONENT

Identification of a Suspected Concussion

Responsible adults (e.g. school administrators, teachers, coaches, school first aiders) are accountable for identifying and reporting students who demonstrate signs and/ or symptoms of a concussion. In some instances, the responsible adult may not observe any signs, or have any symptoms reported, but because of the nature of the impact, will suspect a concussion.

The identification component is comprised of the following interventions:

- a) initial response:
- b) identification of a suspected concussion (e.g. Appendix C-3: Tool to Identify a Suspected Concussion);
- c) steps required following the identification of a possible concussion; and
- d) steps required when sign(s) and/or symptom(s) are not identified but a possible concussion event was recognized.

The following section provides further detail of each interventions.

a) INITIAL RESPONSE (Teachers, Coaches, Trainers, Officials, Students)

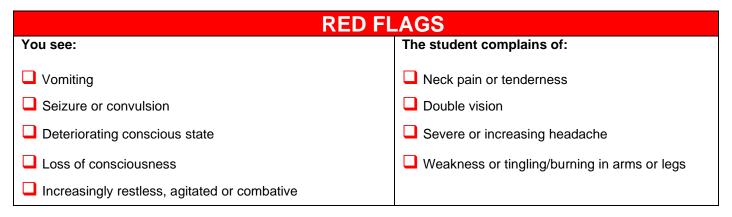
If a student receives a blow to the head, face, neck or a blow to the body that transmits a force to the head, the responsible adult must take immediate action:

- Determine if this a medical emergency and follow basic first aid.
- If there is a medical emergency, Call 911 and initiate Emergency Action Plan (Appendix E)

b) IDENTIFICATION OF A SUSPECTED CONCUSSION - Use Appendix C-3: Tool to Identify a Suspected Concussion

Step 1. Check for **Red Flag** sign(s) and/or symptom(s).

If any Red Flag sign(s) and or symptom(s) are present, call 911 immediately and do not attempt to move the student unless trained do so.





If there are No Red Flag sign(s) and/or symptom(s) follow steps 2 - 4 as outlined in Appendix C-3: Tool to Identify a Suspected Concussion.

c) STEPS REQUIRED FOLLOWING THE IDENTIFICATION OF A SUSPECTED CONCUSSION (signs observed and/or symptoms reported)

If sign(s) are observed and/or symptom(s) are reported and/or the student fails the Quick Memory Function Check (see Appendix C-3):

Responsible Adult Response

If a concussion is suspected – do not allow the student to return to the classroom or return to play in the activity, game or practice that day, even if the student states that they are feeling better.

- Contact the student's parent/quardian (or emergency contact) to inform them:
 - of the incident:
 - that they need to come and pick up the student; and,
 - that the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.
- Monitor and document any changes (i.e., physical, cognitive, emotional/behavioural) in the student. If the parent/guardian of the student cannot be reached, the responsible adult must remain with the student. If symptoms worsen or red flags appear, contact 911. A designated responsible adult must accompany the student in the ambulance to the hospital.
 - Refer to <u>Policy 129 Procedure for Reporting Accidents on Public School Premises Appendix A Accident Report Form</u> or your School District's injury report form for documentation procedures.
- Do not administer medication (unless the student requires medication for other conditions e.g. insulin for a student with diabetes).
- Stay with the student until the parent/guardian (or emergency contact) arrives.
- The student must not operate a motor vehicle.

Information Provided to Parent/Guardian

Parent/Guardian must be:

- provided with a copy of Appendix C-3: Tool to Identify a Suspected Concussion, Appendix C-4: Documentation of Medical Examination, Appendix 5: Return to School Strategy and Appendix C-7 Return to Sport/Physical Activity Strategy;
- informed that the student needs an urgent Medical Assessment (as soon as possible that day) by a medical doctor or nurse practitioner; and,
- informed that they need to communicate to the school principal the results of the medical assessment (i.e. the student does not have a diagnosed concussion or the student has a diagnosed concussion) prior to the student returning to school (refer to the sample reporting form "Appendix C-4: Documentation of Medical Examination").

If no concussion is diagnosed: the student may resume regular learning and physical activities.

If a concussion is diagnosed: the student follows a medically supervised, individualized and gradual Return to School/Return to Sport/Physical Activity Strategies. (refer to Appendix C-5: Return to School Strategy and Appendix C-7: Return to Sport/Physical Activity Strategy)

d) STEPS REQUIRED WHEN SIGNS AND/OR SYMPTOMS ARE NOT IDENTIFIED BUT A POSSIBLE CONCUSSION EVENT WAS RECOGNIZED

If signs and/symptoms are not observed or reported and the student correctly answers all the Quick Memory Function questions, however, the responsible adult recognized that a possible concussion event occurred and since signs and symptoms can occur hours do days later, the procedures to be followed are: **Responsible Adult Response**



- Students must not return to physical activity for a minimum of 24 hours as signs and/or symptoms can take hours or days to emerge.
- The student's parent/guardian (or emergency contact) must be contacted and informed of the incident.
- A record of all information given to the parent/guardian must be kept;
- The student must be monitored by school staff for delayed sign(s) and/or symptom(s).
- If any sign(s) and/or symptom(s) emerge (observed or reported) during the school day, a parent/guardian must be informed immediately that the student needs an urgent Medical Examination (as soon as possible that day).
- After a minimum of 24 hours under observation, if the student has not shown/reported any signs and/or symptoms, they may resume physical activity without Medical Clearance.

Information to be Provided to Parent/Guardian

Parent/Guardian must be:

- provided with a copy of "Appendix C-3: Tool to Identify a Suspected Concussion". If possible, provide parents with the signed copy of Appendix C-3 and provide the principal with the original copy to be added to the student's cumulative record folder;
- informed that the student can attend school but cannot participate in any physical activity for a minimum of a minimum of 24 hours;
- informed that signs and symptoms may not appear immediately and may take hours or days to emerge;
- informed that the student should be monitored following the incident for a minimum of 24 hours (at school and home) for the emergence of sign(s) and/or symptom(s);
- continued observation by parent/guardian (minimum 24 hours) may be necessary as signs and/or symptoms may take hours or days to emerge;
- informed that if any signs or symptoms emerge, the student needs an urgent Medical Examination (as soon as possible that day) by a medical doctor or nurse practitioner; and
- informed that if after 24 hours of observation sign(s) and symptom(s) do not emerge, the student may return to physical activity. Medical clearance is not required.

3. MANAGEMENT COMPONENT: PROCEDURES FOR A DIAGNOSED CONCUSSION – RETURN TO SCHOOL AND RETURN TO SPORT/PHYSICAL ACTIVITY

If a concussion is diagnosed by a medical doctor or nurse practitioner, the student follows a medically supervised, individualized, and gradual Return to School and Return to Sport/Physical Activity Strategies.

There are two parts to a student's Return to School and Return to Sport/Physical Activity Strategies. The first part occurs at home and prepares the student for the second part which occurs at school.

The home stages of Return to School and Return to Sport/Physical Activity Strategies occur under the supervision of the parent/guardian in consultation with the medical doctor or nurse practitioner or other licensed healthcare provider.

The management of a student's concussion is a shared responsibility, requiring regular communication between the home, school (Collaborative Team), and outside sports team (where appropriate), with consultation from the student's medical doctor or nurse practitioner. Other licensed healthcare providers (a healthcare provider who is licensed by a national professional regulatory body to provide concussion-related healthcare services that fall within their licensed scope of practice) may play a role in the management of a diagnosed concussion. Examples include nurses, physiotherapists, chiropractors, and athletic therapists.



The Collaborative Team Approach

The school collaborative team provides an important role in a student's recovery. In consultation with the parent/guardian, the team identifies the student's needs and provides learning strategies and approaches or adaptations for the prescribed stages in Table 1: Learning Strategies for Students Following a Concussion.

The collaborative team should consist of:

- school principal/designate (leads the team)
- the student:
- the student's parents/guardians;
- teachers and volunteers who work with the student; and
- the medical doctor or nurse practitioner and/or appropriate licensed healthcare providers (e.g. nurses, physiotherapists, chiropractors, and athletic therapists).

It is important for the school principal/designate lead, in consultation with other members of the collaborative team, to understand the student's symptoms and how they respond to various learning activities to develop appropriate strategies and/or approaches that meet the needs of the student. School staff and volunteers who work with the student need to be aware of the possible difficulties (i.e., cognitive, emotional/behavioural) a student may encounter when returning to learning activities following a concussion. These difficulties may be subtle and temporary but may significantly impact a student's performance.

Responsibility of Parent/Guardian

Parents and guardians need to understand what a concussion is and the potential effects on school learning and performance. Medical attention will be required and following professional guidance will ensure the most rapid and complete recovery possible.

Once a student has been diagnosed with a concussion, the parent/guardian must communicate to the school the results of the Medical Examination (see reporting form, **Appendix C-4: Documentation of Medical Examination**) who will then follow a medically supervised, individualized, and gradual Return to School and Return to Sport/Physical Activity Strategies. (**Appendix C-5, Appendix C-6** and **Appendix C-7**)

Responsibility of the School Principal/Designate

Once the parent/guardian has informed the school principal/designate of the results of the Medical Examination, the school principal/designate must:

- inform all school staff (e.g. classroom teachers, physical education teachers, intramural supervisors, coaches) and volunteers who work with the student of the results of the Medical Examination;
- establish the collaborative team along with the concussion management lead;
- ensure that the student follows the stages of Return to School and Return to Sport/Physical Activity Strategy;
- inform the student that they will not be participating in any learning activity or physical activity until the parent/guardian submits the results of the medical examination to the school principal/designate by completing **Appendix C-4: Documentation for Medical Examination**;
- record the written statement (**Appendix C-4: Documentation of Medical Examination**) or written document from a parent/guardian regarding the results of the Medical Examination in the student's cumulative record folder; and,
- meet with parent/guardian, and where appropriate the student (record all steps taken with parents, including date, time and documents provided);
 - o to receive from the parents a completed copy of the Appendix C-4: Documentation of Medical Examination;



- to explain the stages of Return to School and Return to Sport/Physical Activity Strategy that occur at home;
- o to explain the importance of completing home preparations before returning to school;
- to provide a copy of the Return-to-School Strategy and the Return to Sport/Physical Activity Strategy; and
- o to provide information about concussion recovery:
 - Most students who sustain a concussion while participating in sport/physical activities will make a complete recovery and be able to return to full school and sport/physical activities within 1-4 weeks of injury.
 - Approximately 15-30% of individuals will experience symptoms that persist beyond this time frame.
 - Individuals who experience persistent post-concussion symptoms (more than 4 weeks) may benefit from referral to a medically supervised multidisciplinary concussion clinic that has access to professionals with licensed training in traumatic brain injury that may include experts in sport medicine, neuropsychology, physiotherapy, occupational therapy, neurology, neurosurgery, and rehabilitation medicine.
- Ensure all documentation is filed as per school district policy (e.g. **Appendix C3: Tool to Identify a Suspected Concussion**, **Appendix C-4: Documentation of Medical Examination**, as well as, the Collaborative Team's Learning Strategies and Adaptations for Student Recovery).

Responsibility of the Teachers

Teachers can often help observe changes in a student, including symptoms that may be worsening. Teachers are also in a position to interact regularly with the student's parents, thereby providing a channel to obtain and share information with them about the student's progress and challenges. Teachers must also provide student feedback that is appropriate to their age, level of understanding, and emotional status.

Responsibility of the Student

The affected student should be "in the loop," and encouraged to share their thoughts about how things are going, and symptoms they are experiencing. The student should receive feedback from the rest of the team that is appropriate to their age, level of understanding, and emotional status.

Responsibility of the Health Care Professionals

Health care professionals involved in the student's diagnosis and recovery should provide an individualized plan for a student returning to school to help manage cognitive and physical exertion following a concussion. As a student recovers, health care professionals can help guide the gradual removal of academic adjustments or supports that may be instituted as part of the recovery process. Health care professionals must also provide student feedback that is appropriate to their age, level of understanding, and emotional status. Health Care Professionals are encouraged to use Appendix C-3 – Tool to Identify a Suspected Concussion or complete a Medical Assessment using the Sport Concussion Assessment Tool 5 (SCAT5 or the Child-SCAT5).

The home stages of the Return to School and Return to Sport/Physical Activity Strategies occur under the supervision of the parent/guarding in consultation with the medical doctor or nurse practitioner. Initially the student needs cognitive and physical rest followed by stages of cognitive and physical activity which are best accommodated in the home environment.

Each stage should last a minimum of 24 hours. If symptoms reappear or if the student is unable to tolerate the suggested activities at any specific stage, they should return to the previous stage. The student may need to move back a stage more than once during the recovery process. If signs, symptoms appear, persist or worsen, consult a medical doctor or nurse practitioner as soon as possible to discuss the next steps to follow.



While the Return to School Strategy and the Return to Sport/Physical Activity Strategy are inter-related, they are not interdependent. Both Return to School and Return to Sport/Physical Activity Strategies can be done in parallel. However, Return to School Strategy should be completed before starting Stage 5 of the Return to Sport/Physical Activity Strategy. A student's progress through the stages of Return to School is independent from their progression through the Return to Sport/Physical Activity stages. Different students will progress at different rates.

A student that has no symptoms when they return to school must progress through all of the Return to School and Return to Sport/Physical activity stages and remain symptom free for a minimum of 24 hours in each stage prior to moving to the next stage.



Appendix C-2 Concussion Education Sheet

New 2019

WHAT IS A CONCUSSION?

A concussion is a traumatic brain injury that causes changes in how the brain functions, leading to signs and symptoms that can emerge immediately or in the hours or days after the injury;

WHAT CAUSES A CONCUSSION?

Any blow to the head, face or neck, or somewhere else on the body that causes a sudden jarring of the head may cause a concussion. Examples include getting body-checked in hockey or hitting one's head on the floor in physical education class.

WHEN SHOULD I SUSPECT A CONCUSSION?

A concussion should be suspected in any student who sustains a significant impact to the head, face, neck, or body and reports *ANY* symptoms or demonstrates *ANY* visual signs of a concussion. A concussion should also be suspected if a student reports ANY concussion symptoms to one of their peers, parents, teachers, or coaches or if anyone witnesses a student exhibiting ANY of the visual signs of concussion. Some students will develop symptoms immediately while others will develop delayed symptoms (beginning 24-48 hours after the injury).

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

A student does not need to be knocked out (lose consciousness) to have had a concussion. Common symptoms include:

- · Headaches or head pressure
- Dizziness
- Nausea and vomiting
- Blurred or fuzzy vision
- Sensitivity to light or sound
- Balance problems
- Feeling tired or having no energy
- Not thinking clearly
- Feeling slowed down

- Easily upset or angered
- Sadness
- Nervousness or anxiety
- Feeling more emotional
- Sleeping more or sleeping less
- Having a hard time falling asleep
- · Difficulty working on a computer
- Difficulty reading
- Difficulty learning new information

WHAT ARE THE VISUAL SIGNS OF A CONCUSSION?

Visual signs of a concussion may include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion or inability to respond appropriately to questions
- Blank or vacant stare

- Balance, gait difficulties, motor incoordination, stumbling, slow labored movements
- Facial injury after head trauma
- Clutching head



WHAT SHOULD I DO IF I SUSPECT A CONCUSSION?

You should stop playing right away. Continuing to play increases your risk of more severe, longer-lasting concussion symptoms, as well as, increases your risk of other injury.

Tell a responsible adult (coach, parent, official, teacher) that you think you may have a concussion.

Note:

If any child is suspected of sustaining a concussion during sports they should be immediately removed from play. Any student who is suspected of having sustained a concussion during sports or physical activity must not be allowed to return to physical activity.

It is important that ALL students with a suspected concussion undergo medical assessment by a medical doctor or nurse practitioner, as soon as possible. It is also important that ALL students with a suspected concussion receive written medical clearance from a medical doctor or nurse practitioner before returning to certain sport/physical activities.

WHEN CAN I RETURN TO SCHOOL AND SPORTS?

It is important that all students diagnosed with a concussion follow a step wise approach for Return to School and Return to Sport/Physical Activity Strategies. Every concussion case is different. Students are encouraged to work with a medical practitioner and their school throughout the recovery process.

HOW LONG WILL IT TAKE ME TO RECOVER?

Most students who sustain a concussion will recover within 1-4 weeks. Approximately 15-30% of patients will experience persistent symptoms (minimum or more than 4 weeks) that may require additional medical assessment and management.

HOW CAN I HELP PREVENT CONCUSSIONS AND THEIR CONSEQUENCES?

Concussion prevention, recognition and management require students to follow the rules and regulations of their sport, respect their opponents, avoid head contact, and report suspected concussions.

SIGNATURES (Highly Recommended): The following signatures certify that the student and his/her parent or legal guardian have reviewed the above information related to concussion.

Printed name of student:	Signature of student:	_ Date:
Printed name of parent:	Signature of parent:	Date:



Appendix C-3 Tool to Identify a Suspected Concussion

Revised 2019

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

An incident occurred involving The stud	ent was observed for the presence	(student's name) at the following location: e of any one or more of the signs and symptoms
of a concussion.		
Date of incident:	Time:	
Name of responsible adult monitoring student a		
Description of incident: \square Blow to the head	☐ Hit to the body	☐ Uncertain
What happened?		



Stop the activity immediately to determine if this is a medical emergency

- A) Initiate the first steps of the Emergency Action Plan such as:
 - Wear gloves if blood present.
 - If a student cannot start a movement by themselves, do not move the body part for them
 - Stay calm. Keep an even tone in your voice.
 - Instruct any bystanders not to approach the injured student.
- B) Identify if the student shows any of these **Red Flag** signs and symptoms at any time (check off any that appear).

RED FLAGS		
You see:	The student complains of:	
Vomiting	☐ Neck pain or tenderness	
☐ Seizure or convulsion	☐ Double vision	
☐ Deteriorating conscious state	☐ Severe or increasing headache	
Loss of consciousness	☐ Weakness or tingling/burning in arms or legs	
☐ Increasingly restless, agitated or combative		

- c) If there is serious injury OR any of the Red Flags
 - Call 911
 - Inform the parent of the situation and the steps that are being taken.
 - Stay with the injured student and monitor them until Emergency Medical Services arrives.
 - If the student is not lucid or fully conscious, a cervical spine injury should be assumed until proven otherwise.
 - If applicable, do not remove the student's helmet let Emergency Medical Services or other trained individuals
 do it.



Remove the student from the activity

If the injury is **NOT** an emergency, **remove the student from participating in the activity** and do not let them return to any activities that day. Follow instructions in Step 3 to identify the signs and symptoms of a concussion. The student needs to be examined by a medical doctor or a nurse practitioner as soon as possible if a concussion is suspected (if at least **ONE** sign is observed or **ONE** symptom is reported).





Identify the signs and symptoms

A) Do not leave the student alone and ensure they are with a responsible adult at all times. In addition to the Red Flagtheen the following signs and symptoms of concussion and check off any that appear.

	A SUSPECTED C	CONCUS	SION
ossible Signs Observed sign is something that is observed by another person (e.g. teacher, coach, supervisor, pe	er). Possible Symptoms Rep	orted e student reports	
Physical Slurred Speech Poor coordination or balance Dazed, or vacant look Motionless on the ground or slow to get up Grabbing or clutching of the head Cognitive Difficulty concentrating Easily distracted General confusion Slowed reaction time (e.g. answering questions) Emotional/Behavioural Strange or inappropriate emotions (e.g. laughing, crying, easily angered Other:	Physical Headache Ringing in the ears Sensitivity to light or not seeing stars, flashing liters and problems or diz Difficulty seeing or bleficulty seeing of bleficulty seeing of bleficulty concentrating Slowed down, fatigue Dazed or "in a fog" Emotional/Behavioural Irritable, sad, more er Nervous, anxious, degothers	ghts d ziness urry/loss of visio or remembering or low energy	
IF ANY OBSERVED SIGNS OR REPORTED S	SYMPTOMS WORSEN, SEE	K MEDICAL	ATTENTION
B) Ask these questions to test memory and check of	ff if the response is correct of		
Sample Quick Memory Test Questions What is the date today?		Correct	Incorrect
•			
What time is it? (within 1 hour)			
Where are we right now? What school do you go to?			
What school do you go to?			
What school do you go to? What is your teacher's (or coach's) name?	ent fails to answer ONE of the a	above question	s correctly, a concuss
What school do you go to? What is your teacher's (or coach's) name? ONE sign is observed or ONE symptom is reported, or if the students.	ent fails to answer ONE of the a	above question	s correctly, a concuss
What school do you go to? What is your teacher's (or coach's) name? ONE sign is observed or ONE symptom is reported, or if the stude should be		above question	s correctly, a concuss
What school do you go to? What is your teacher's (or coach's) name? ONE sign is observed or ONE symptom is reported, or if the students.		above question	s correctly, a concuss
What school do you go to? What is your teacher's (or coach's) name? DNE sign is observed or ONE symptom is reported, or if the stude should be	e suspected ent/guardian must be contacted		

Continued surveillance undertaken by the parent/guardian: The student should be monitored during the first 24 to 48 hours after the injury since the signs and symptoms of a concussion can appear right after the incident or might arise many hours or days later. If signs or symptoms appear, the student should be examined by a medical doctor or nurse practitioner as soon as possible

Name of the responsible adult:	Date:
Signature of the responsible adult: _	



Appendix C-4 Documentation of Medical Examination

Revised 2019

This form to be provided to the parent/guardia	n of all students suspected of having a concussion for the assessment by a medical docto or a nurse practitioner.
Student Name:	
Date:	
Prior to returning to school, the parent/guardian	should inform the school administration of the results of the medical examination.
Results of Medical Examination	า
☐ The student has been examined and no cond and physical activity with no restrictions.	cussion has been diagnosed and therefore may resume full participation in learning
	ussion has been diagnosed and therefore must begin a medically supervised, nool and Return to Sport/Physical Activity Strategies.
Notice to parents/guardians:	
	be able to fully participate in regular physical education class, intramural olve non-contact sports as well as team practice.
Parent/quardian signature:	Date:



Appendix C-5Return to School Strategy

Revised 2019

This form is to be used by parents/guardians to communicate the recovery progress of the student with a diagnosed concussion.

Each stage of the return to school strategy should last at least 24 hours. If symptom to tolerate the suggested activities at any specific stage, they should return to the properties of move back a stage more than once during the recovery process. If signs or worsen, consult a medical doctor or nurse practitioner as soon as possible to discuss	revious stage. The student may symptoms appear, persist or
Date of the incident: Date of the diagnosis:	
Rest	
 This step is to be completed at home. Cognitive Rest – includes avoiding all activities that require concentratio texting, television, computer, video/electronic games). Physical Rest – includes avoiding participation in activities that require physports, recreational activities). Social Rest - includes limiting social interactions that may elicit or worse. Reminder: The parent/guardian must inform the school administration of the stage A - Daily activities at home. Student has been resting at home for a maximum of two days and we 	nysical effort (e.g. training, n anxiety, nervousness, irritability, etc. of the results of the medical examination.
Activities at Home	Date:
STAGE A - Daily Activities at Home	
 This step is to be completed at home. Student may gradually be reintroduced to cognitive activities during a 1st crossword puzzles, crafts, drawing, basic board games, etc.). Student can tolerate 30 minutes of cognitive activity without a break. 	
Student will proceed to Stage B - School Activities at Home.	Date:
STAGE B – School Activities at Home	
 This step is to be completed at home. Gradually increase the duration and/or the number of the cognitive active sessions or four 15-minute sessions). Parent/guardian should communicate with school administration to prepatudent's return to school. 	
☐ Student can tolerate 1 hour of cognitive activities in 30-minute increme advice of a healthcare professional, they may proceed to Stage C – Baas an observer.	ack to School Part-time
☐ Student can tolerate 1 hour of cognitive activities in 30-minute increme Stage D – Return to School Part-time.	ents and will proceed directly to Date:
Provide a copy of this complementary document to school	administration.
Parent/guardian signature:	Date:



STAGE C - Back to School Part-time as an Observer

- The student may return to school part-time as an observer.
- In the classroom, the student requires maximum usage of personalized accommodations which will allow for a gradual increase in cognitive activity (e.g. avoiding noisy locations, modifying the lighting, repeating instructions, etc.).
- No homework or classroom evaluations.

☐ Student can tolerate a half-day of cognitive activity at school as	an observer during 30–45-minute
sessions.	
☐ Student will proceed to Stage D – Return to School Part-time.	Date:

STAGE D - Return to School Part-time

- Half a day at school with a gradual reintroduction of learning activities.
- Requires a moderate usage of personalized accommodations for a return to learn as tolerated. (Start with 45-minute sessions, reduce the student's workload, extend deadlines to complete assignments, divide assignments into smaller parts).
- Build to 30 minutes of homework per day as tolerated.

Student can tolerate a half-day of cognitive activity during 30–45-minute sessions and
following the advice of a healthcare professional, they may proceed to Stage E -
Gradual Increase to Time in School.
Student can talarate a half day of cognitive activity during 20. 45 minute accessors and y

■ Student can tolerate a half-day of cognitive activity of the student can tolerate a half-day of cognitive activity of the student can tolerate a half-day of cognitive activity of the student can tolerate a half-day of cognitive activity of the student can tolerate a half-day of cognitive activity of the student can tolerate a half-day of cognitive activity of the student can tolerate a half-day of cognitive activity of the student can tolerate a half-day of cognitive activity of the student can tolerate a half-day of cognitive activity of the student can tolerate a half-day of cognitive activity of the student can tolerate a half-day of cognitive activity of the student can be student. - The student can be st	during 30–45-minute sessions and will proceed
directly to Stage F - Return to School full-time.	Date:

STAGE E – Gradual Increase in Time at School

- Full day at school with minimal usage of learning accommodations.
- Gradual return to habitual functioning at school. Adapted classroom evaluations are permitted. Build to 1 hour of homework per day as tolerated.

☐ Student can tolerate school full-time with no learning accommodations.		
Student will proceed to Stage F – Return to School Full-time.	Date:	

STAGE F – Return to School Full-time

- Student returns to regular learning activities at school without any accommodations.
- Student should not return to non-contact sport competition and/or team practice with contact (Stage 5 of the Return to Sport /Physical Activity Strategy) until they can tolerate their full academic workload.

Student can tolerate their full academic workloa	d at school and at home. Student may proceed with efforts to
complete any remaining stages of their progress	sive and personalized Return to Sport /Physical Activity
Strategy.	Date:

CONFIRMATION OF MEDICAL SUPERVISION

As a parent/guardian, I confirm that my child/ward is under the medical supervision of a medical doctor or a nurse practitioner to follow a progressive and personalized Return to Sport/Physical Activity Strategy. I also recognize that my child/ward will not be able to fully participate in regular physical education class, intramural activities and/or interschool activities which involve non-contact sports as well as team practice with contact (Stage 5) without having informed the school of the results from the medical examination from this medical professional.

Parent/Guardian signature:	Date:	
rareni/Guarulan Signature	 Date.	



Both Return to School and Return to Sport/Physical Activity Strategies can be done in parallel. However, the Return to School Strategy should be completed before starting stage 5 of the Return of Sport/Physical Activity.

Return to School Each stage must take a minimum of 24 hours, but could last longer depending on the student and their specific situation. If the student experiences new or worsening symptoms at any stage, they should go back to the previous stage for at least 24 hours. The student may need to move back a stage more than once during their recovery process.

	AT HOME				AT SCHOOL AT SCHOOL			
	REST	STAGE A	STAGE B	STAGE C	STAGE D	STAGE E	STAGE F	
ve of	Cognitive, physical and social rest for at least 24 hours	nd social Daily Activities at Home	School Activities at Home Increase tolerance to	Back to School Part-time as an Observer	Return to School Part- time	Gradual Elimination of Accommodations	Return to School Full-time	
Goal & Objective of each stage		Gradual return to typical activities for at least 24 hours	cognitive work for at least 24 hours	Return to school with maximum usage of learning accommodations for at least 24 hours	Gradual increase of academic activities with moderate usage of learning accommodations for at least 24 hours	Work towards a full day at school with minimal usage of learnin++++- g accommodations for at least 24 hours	Gradually resume full academic activities and catch up on missed school work for at least 24 hours	
Acceptable activities	Stay home in a quiet and calm environment and keep any social visits brief. Activities: • Short phone calls • Short and basic board and/or card games • Crafts Inform the school administration of the results of the medical examination.	Add activities during the day that do not provoke symptoms • Start at 5 to 15 minutes at a time and gradually build to a 15 to 30-minute session Activities from previous stage plus: • Limited TV • Drawing or building blocks • Board and/or card games • Easy reading	Build to the equivalent of 1 hour of school-type work in 30-minute increments Activities from previous stage plus: • Limited computer, laptop or tablet use • Limited texting or games with cell phone Contact school to prepare for the student's return to school part-time	Note: The student may proceed directly to Stage D, unless advised otherwise Attend school part-time as an observer with maximum usage of accommodations • Build to a half day of cognitive activity • Start with 30-45 min. intervals	Gradual decrease of learning accommodation usage as tolerated • Build towards 45-60 min. intervals of school work • Allow for classroom evaluations with adaptations Homework Build to 30 min. of homework per day	Note: The student may proceed directly to Stage F, unless advised otherwise • Gradually eliminate the use of learning accommodations as tolerated Homework Build to 1 hour per day as tolerated	Return to full days at school with no learning accommodations • Attend all classes • Resume routine schoolwork / homework • Resume all standardized evaluations • Resume full extracurricular involvement for non-sport activities (e.g. debating club, drama club, chest club)	
Activities to be avoided	No school work or reading No physical exertion/sports No TV or video games No computer, laptop, tablet or cell phone use (texting) No alcohol, tobacco, caffeine and no other stimulant use No driving until consulted by a healthcare professional	No school or homework No computer, laptop or tablet use No texting or games with cell phone No alcohol, tobacco, caffeine and no other stimulant use	No school attendance No alcohol, tobacco and other stimulant use Limit caffeine use	No music classes No homework No adapted tests No standardized tests No carrying heavy physical loads (e.g. backpacks)	No standardized tests	No more than one adapted test per day No standardized tests	No usage of any learning accommodations No participation in any competitive sports	
Timeline	When symptoms start to improve or after resting for 2 days max: No: Yes Begin STAGE A	When able to tolerate 30 min. of cognitive activity without a break: Begin STAGE B	When able to tolerate 1 hour of cognitive tasks in 2-3 increments: Begin STAGE C	When able to tolerate half a day at school as an observer: Begin STAGE D	When able to tolerate half day without or with minimal usage of learning accommodations: Begin STAGE E	When able to tolerate a full day with minimal usage of learning accommodations: Begin STAGE F	When able to tolerate a full academic workload, the Return-to-School Strategy is complete	



Appendix C-6 Individualized Return to School Following Concussion

New 2019

Cognitive activities can cause a student's concussion symptoms to reappear or worsen. Awareness of the signs and symptoms of concussion and knowledge of how to properly manage a diagnosed concussion is critical in a student's recovery and is essential in helping to prevent the student from returning to learning or physical activities too soon and risking further complications. Ultimately, this awareness and knowledge could help contribute to the student's long-term health and academic success.

Educators and school staff also play a crucial role in the identification of a suspected concussion as well as the ongoing monitoring and management of a student with a concussion. Once a student is ready and able to return to school, one school staff (i.e. the school principal or designated lead) will serve as the main point of contact for the student, the parents/guardians, other school staff and volunteers who work with the student, and the medical doctor or nurse practitioner.

The **designated lead**, in consultation with other members of the collaborative team (student, parents/ guardian, healthcare provider, school principal, teachers and coaches), will attempt to identify the student's symptoms and how they respond to various learning activities to develop appropriate strategies and/or approaches that meet the needs of the student.

We encourage parents/guardians (with the help of the student) to use the **Learning Accommodations for Students Following a Concussion Table** to help identify and communicate, with the designated lead, which accommodations should be used to help with the student's Return-to-School Strategy.

Name of Designated Lead: _	
Contact Information:	

It is important to note:

- Cognitive or physical activities can cause a student's 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 student.
- The signs and symptoms of a concussion often last for 7 10 days, but may last longer in children and adolescents.



Learning Accommodations for Students Following a Concussion Table

Post-Concussion	Impact on Student's	Potential Strategies and/or Approaches		
Symptoms	Learning			
Headache and Fatigue	Difficulty concentrating, paying attention or multitasking	 ensure instructions are clear (e.g. simplify directions, have the student repeat directions back to the teacher) allow the student to have frequent supervised breaks, or return to school gradually (e.g. 1-2 hours, half-days, late starts) keep distractions to a minimum (e.g. move the student away from bright lights or noisy areas) limit materials on the student's desk or in their work area to avoid distractions provide alternative assessment opportunities (e.g. give tests orally, allow the student to dictate responses to tests or assignments, provide access to technology) 		
Difficulty remembering or processing speed	Difficulty retaining new information, remembering instructions, accessing learned information	 provide a daily organizer and prioritize tasks provide visual aids/cues and/or advance organizers (e.g. visual cueing, non-verbal signs) divide larger assignments/assessments into smaller tasks provide the student with a copy of class notes provide access to technology repeat instructions provide alternative methods for the student to demonstrate mastery 		
Difficulty paying attention/concentrating	Limited/short-term focus on schoolwork Difficulty maintaining a regular academic workload or keeping pace with work demands	 coordinate assignments and projects among all teachers use a planner/organizer to manage and record daily/weekly homework and assignments reduce and/or prioritize homework, assignments and projects extend deadlines or break down tasks facilitate the use of a peer note taker provide alternate assignments and/or tests check frequently for comprehension consider limiting tests to one per day and student may need extra time or a quiet environment 		
Anxiety	Decreased attention/concentration Overexertion to avoid falling behind	 inform the student of any changes in the daily timetable/schedule adjust the student's timetable/schedule as needed to avoid fatigue (e.g. 1-2 hours/periods, half-days, full-days) build in more frequent supervised breaks during the school day provide the student with preparation time to respond to questions develop an exit strategy 		
Irritable or Frustrated	Inappropriate or impulsive behaviour during class	 encourage teachers to use consistent strategies and approaches acknowledge and empathize with the student's frustration, anger or emotional outburst if and as they occur reinforce positive behaviour provide structure and consistency on a daily basis prepare the student for change and transitions set reasonable expectations anticipate and remove the student from a problem situation (without characterizing it as punishment) 		
Light/Noise Sensitivity	Difficulties working in classroom environment (e.g. lights, noise, etc.)	 arrange strategic seating (e.g. move the student away from window or talkative peers, proximity to the teacher or peer support, quiet setting) where possible provide access to special lighting (e.g. task lighting, darker room) minimize background noise provide alternative settings (e.g. alternative work space, study carrel) avoid noisy crowded environments such as assemblies and hallways during high traffic times allow the student to eat lunch in a quiet area with a few friends where possible provide ear plugs/headphones, sunglasses 		
Depression/Withdrawal	Withdrawal from participation in school activities or friends			



Appendix C-7 Return to Sport/Physical Activity Strategy

Revised 2019

This form is to be used by parents/guardians to communicate the recovery progress of the student with a diagnosed concussion.

Each stage of the Return to Sport/Physical Activity Strategy should last at least 24 hours. If symptoms reappear or if the student is unable to tolerate the suggested activities at any specific stage, they should return to the previous stage. The student may need to move back a stage more than once during the recovery process. If signs or symptoms appear, persist or worsen, consult a medical doctor or nurse practitioner as soon as possible to discuss the next steps to follow.

Rest

- This step is to be completed at home.
- Cognitive Rest includes avoiding all activities that require concentration and attention. (e.g., reading, texting, television, computer, video/electronic games).
- Physical Rest includes avoiding participation in activities that require physical effort (e.g. training, sports, recreational activities).
- Social Rest includes limiting social interactions that may elicit or worsen anxiety, nervousness, irritability, etc.

 Reminder: The parent/guardian must inform the school administ 	
☐ Student symptoms have been sufficiently improving within a 24-h proceed to Stage 1 – Symptom Limited Activities	
☐ Student has been resting at home for a maximum of two days at Limited Activities	nd will proceed to Stage 1 – Symptom Date:
STAGE 1 – Symptom-limited Activity	
Student may participate in daily activities (daily household task)Students should avoid any intense physical activities.	that do not provoke symptoms.
 Student can tolerate symptom-limited activities without any new or wo Student will proceed to Stage 2 – Light Aerobic Activity. 	prsening symptoms for 24 hours. Date:
STAGE 2 – Light Aerobic Activity	
 The student may start light aerobic activities and/or exercises incheart rate (e.g. stair climbing, stationary cycling or walking for 15 Student can tolerate light aerobic activities without any new or worsening Student will proceed to Stage 3 – Sport-specific Physical Activity and Exercises 	5-30 minutes). ing symptoms for 24 hours.
STAGE 3 – Sport-specific Physical Activity and Exercise	
 The student may begin sport-specific physical activities individual running drills in soccer, agility ladders, or shooting hoops, target 	,
 Restricted recess activities (walking allowed, no tag games, no company) 	
The student may progressively increase the duration of their work	
 Reintroduction to sporting equipment use (e.g. skates, basketba 	
 Avoid activities that involve sudden jarring movements and head soccer ball, hitting a baseball). 	d impacts (e.g. serves in volleyball, heading a
 No full participation in physical education class or intramural acti 	
Student can tolerate light physical activity or sport-specific exercises w hours. Student will proceed to Stage 4 – Non-contact Training Drills.	ithout any new or worsening symptoms for 24
	Date:



STAGE 4 – Non-contact Physical Activity

- The student may begin activities where there is no body contact (e.g. dance, badminton, tennis); light resistance/weight training; training exercises and/or team practice.
- The student may progress to more complex training drills (e.g. passing drills) and activities which involve high speed stops and sprinting to increase exercises, coordination and cognitive load.
- Recess activities can include running, games with no body contact or activities with risks of falling.

■ No full participation in physical education	n class or intramural activities. without any new or worsening symptoms for 24 hours. The
student will proceed to Stage 5 - Full Contact F	Practice and/or Return to Non-Contact Sports after receiving a
medical clearance from a medical doctor or nu	rse practitioner. Date:
	240.
MEDICAL EXAMINATION	
☐ Student must receive medical clearance from	•
	Date:
What if symptoms recur?	
remove himself or herself from the activity and inform the teach should return to the previous stage of the Return to Sport/Phy progress to the next stage. The student may need to move back	full game play and has a recurrence of symptoms, should immediately her or coach. The student who experiences new or worsening symptoms ysical Activity Strategy for at least 24 hours before attempting to ck a stage more than once during the recovery process. The student doctor or nurse practitioner before being allowed to return to full contact
☐ The school has been notified of the results of the	medical examination (authorization to pass to Stage 5)
Parent/guardian signature:	Date:
Sports ■ The student may resume regular physica which involves non-contact sports as we □ Student has successfully completed Stage 5 at	al education class, intramural activities and/or interschool activities ell as full training/practices for contact sports. Ind is symptom free after participating in regular physical activities acontact practice. The student will proceed to Stage 6 - Return to Date:
STAGE 6 – Return to Sport Competitio	n
	n in any physical activity and/or sport competition with no restrictions. and is symptom free after their full participation in contact sports.
☐ Not applicable	Date:



Both Return to School and Return to Sport/Physical Activity Strategies can be done in Parallel. However, the Return to School Strategy should be completed before starting stage 5 of the Return of Sport/Physical Activity.

Return to Sport/
Physical Activity

Each stage must take a minimum of 24 hours, but could last longer depending on the student and their specific situation. If the student experiences new or worsening symptoms at any specific stage, they should go back to the previous stage for at least 24 hours. The student may need to move back a stage more than one during their recovery process.

	REST	STAGE 1	STAGE 2	STAGE 3	STAGE 4		STAGE 5	STAGE 6
ctive of	Cognitive, physical and social rest for at least 24 hours	Symptom-limited Activity	Light Aerobic Activity	Sport-specific Physical Activity/Exercise	Non-contact Physical Activity	ALL Students	Full Physical Education Class, Full Contact Practice and Return to Non-contact Sports	Return to Competitive Sport
Goal & Objective of each stage		Gradual reintroduction of daily activities after a period of rest of at least 24 hours	Increase heart rate	Addition of movement	Exercise, coordination, and increased cognitive load	are required to obtain a medical clearance before	Restore confidence and assess functional skills by coaching staff	Continued assessment of athletic performance
Acceptable activities	Stay home in a quiet and calm environment and keep any social visits brief. Activities: Short phone calls Short and basic board and/or card games Crafts Inform the school administration of the results of the medical examination.	Daily activities that do not provoke symptoms Add activities that do not increase heart rate or break a sweat • Walking at a slow/medium pace • Daily household tasks: - meal preparation - doing dishes, - doing the laundry	Progressively increase duration of workout to 15-30 minutes • Walking/jogging • Stationary cycling at slow to medium pace	Progressively increase duration of workout to 60 minutes Practice sport-specific drills individually • Skating drills in hockey • Running drills in soccer • Shooting drills in basketball Individual activities in physical education • Shooting hoops • Agility ladders Restricted recess activities	May start progressive resistance training Progression to more complex training drills (e.g. passing drills) May include activities which involves high speed stops, sprinting May participate in activities without any body contact: - Zumba/aerobics - Badminton/tennis May participate in recess activities with no contact or risk of falling	moving to STAGE 5	Full participation in physical education classes Full participation in intramural activities Full participation in any non-contact activity and non-contact sport competition Full participation in team practices which involves contact	Full participation in any physical activity or sport competition
Activities to be avoided	No school work or reading No physical exertion/sports No TV or video games No computer, laptop, tablet or cell phone use (texting) No alcohol, tobacco, caffeine and no other stimulant use No driving until consulted by a healthcare professional	No intense physical exertion of sports	No resistance or weight training No training drills or team/group practice No physical activities which involves using sports equipment	No full participation in physical education class and intramural activities No activities involving head impacts No heading soccer balls No activities involving jarring motions No hitting a baseball	No full participation in physical education class and intramural activities No participating in any competitive activity No activities involving body contact No hockey, football or rugby No judo/wrestling		No competition involving body contact	Avoid bad sportsmanship Avoid disrespecting the rules of the sport
Timeline	When symptoms start to improve or after resting for 2 days max: No: Continue Physical Rest Yes: Begin Stage 1	Able to tolerate symptom- limited activity without any new or worsening symptoms for 24 hours? No: Continue Physical Rest Yes: Begin Stage 2	Able to tolerate light aerobic activity without any new or worsening symptoms for 24 hours? No: Return to Stage 1 Yes: Begin Stage 3	Able to tolerate sport- specific exercise without any new or worsening symptoms for 24 hours? No: Return to Stage 2 Yes: Begin Stage 4	Able to tolerate non- contact training drills without any new or worsening symptoms for 24 hours? No: Return to Stage 3 Yes: Begin Stage 5		Symptom-free for 24 hours? No: Return to Stage 4 Yes: Begin Stage 6	Symptom-free for 24 hours? No: Return to Stage 5 Yes: The Return- to-Sport Strategy is complete

Appendix C-8Decision-Making Pathway for Concussions

New 2019

Student:

- · Receives a blow to the head, face, neck or a blow to the body that transmits a force to the head.
- As a result, the responsible adult (e.g., teacher/coach/supervisor) suspects a concussion.

Teacher/Coach/Supervisor:

- Stops student participation
- Initiates Emergency Action Plan (Use the school's Emergency Action Plan).

Teacher/Coach/Supervisor:

• Check for RED FLAG sign(s) and/or symptom(s) (Use the Tool to Identify a Suspected Concussion or the Concussion Recognition Tool 5).

Yes Is this a medical emergency?

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Teacher/Coach/Supervisor:

• Remove the student from the current activity or game if the student can be safely removed.

Is there a licensed healthcare professional present?

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No

Medical doctor/Nurse Practitioner:

 Complete a sideline medical assessment. (Use the Sport Concussion Assessment Tool 5 (SCAT5) or the Child-SCAT5),

Teacher/Coach/Supervisor:

 Check for other concussion sign(s) and/or symptom(s).
 (Use the Tool to Identify a Suspected Concussion or the Concussion Recognition Tool 5).

Is a concussion suspected?

No ___

Student

- A concussion is NOT suspected (No concussion sign(s) and/or symptom(s) are observed or reported).
- May not resume physical activity that day even if the student states that they are feeling better.

Student:

 A concussion is suspected (Concussion sign(s) and/or symptom(s) are observed and/or reported).

Yes 🚽

 Require urgent medical assessment from a medical doctor or nurse practitioner.

Teacher/Coach/Supervisor:

- Call 911 for emergency medical assessment an immediate ambulance transport to the nearest emergency department for further medical assessment.
- The student must not be left alone until emergency medical services arrive.
- Provide a copy of the completed Tool to Identify Suspected Concussion to emergency medical services to the parent/guardian.
- Follow the other RED FLAG Procedures.

Teacher/Coach/Supervisor:

- Contact the parent/guardian to provide information about the incident and the incident and the importance of continued monitoring.
- Student can attend school but most not return to physical activity for 24 hours as signs and/or symptoms can take hours to days to emerge.
- Inform principal of suspected concussion.

Teacher/Coach/Supervisor:

- Contact the parent/guardian to provide information about the incident
- Provide information to parent/guardian about the need to come and pick up the student for a medical assessment as soon as possible.
- Monitor and document any changes in the student's presenting sign(s) and/or symptom(s) until their parent/guardian arrive.
- Provide a completed copy of the Tool to identify a possible concussion along with a copy of the Documentation of medical examination form.
- Inform principal of suspected concussion.

Teacher/Coach/Supervisor

- Contact parent/guardian and provide information about the incident and name of hospital.
- Inform principal of suspected concussion.

Parent/Guardian:

 Continue monitoring the student for at least 24 hours for the emergence of delayed sign(s) and/or symptom(s).

Parent/Guardian:

- Student is permitted to resume physical activity if no signs or symptoms emerge after 24 hours.
- Medical Clearance is not required.

Parent/Guardian:

If sign(s) and/or symptom(s) emerge, the student needs a medical assessment as soon as possible on that

Principal/Designated School Staff Lead:

• Inform school staff of suspected concussion.

Student:

- A concussion is NOT suspected (No concussion sign(s) and/or symptom(s) are observed or reported).
- May not resume physical activity for at least 24 hours.
- Require urgent medical assessment from a medical doctor or nurse practitioner.

Parent/Guardian:

- · Complete the Documentation of medical examination form,
- Report to the principal the outcome of the Medical Assessment
- Schedule an appointment with the student's primary care provider (family physician or nurse practitioner) to ensure a continuous medical follow-up during their progressive Return to School and Return to Sport/Physical Activity Strategy.

Student:

• A concussion has been diagnosed by a medical doctor or nurse pratrctioner.

Student:

Begins the medically supervised gradual Return to School and Return to Sport/Physical Activity Strategies.

Principal/Designated School Staff Lead: • Inform all school staff of the diagnosis.

- Establish the collaborative team along with a designated school staff lead.
- Meet with the parent/guardian to:
 - Receive a completed copy of the Documentation of Medical Examination form.

 - Explain the importance of completing home preparations before returning to school.

 Provide a copy of the Return to School Strategy, Return to Sport/Physical Activity Strategy and Return of Symptoms forms.
 - Provide a copy of the Request for a modification to a procedure form, if needed

 Begins the medically supervised gradual Return to School and Return to Sport/Physical Activity Strategies.

Parent/Guardian

- Contact the principal/designate once the student has:
 - Completed Stage A and Stage B of the Return to School Strategy,
 - Completed at least Stage 1 of the Return to Sport Strategy.

Principal/Designated School Staff Lead:

- Meet with the parent/guardian to:
 - Explain the school's role in supporting the student's progression through each step of the Return to School and Return to Sport/Physical Activity Strategies.
 - Provide a copy of the Individualized Learning Accommodations form.
 - Inform them of the Collaborative Team participants and the parent/guardian role on the team.
 - Encourage open communication to help complete the remaining steps with a Collaborative Team approach.

Student:

- · Returns to school
- · Conference with school staff lead to identify which learning accommodations are required based on post-concussion symptoms.

Return to School – Stage C

- The student attends school part-time as an observer with maximum usage of learning accommodations.
- The student may proceed directly to Stage D, unless advised otherwise.

Return to School – Stage D

- The student attends school part-time with moderate usage of learning accommodations.
- The student may gradually increase their academic activities

Return to School - Stage E

- The student may work towards a full day at school with minimal usage of learning accommodations.
- · The student may proceed directly to Stage F, unless advised otherwise.

Return to School - Stage F

- The student attends school full-time with no learning accommodations
- The student may gradually resume their regular academic activities and catch up on missed school
- The Return-to-School Strategy is complete.

If the student exhibits or reports any new or worsening symptoms, the student must obtain a Medical Clearance reassessment.

Student:

Continues to progress gradually through the remaining stages of the Return to Sport/Physical Activity Strategy

Return to Sport/Physical Activity - Stage 2

 The student may complete individual light aerobic physical activity to increase their heart rate

Return to Sport/Physical Activity – Stage 3

 The student may complete individual sport-specific physical activity to add movement.

Return to Sport/Physical Activity - Stage 4

The student may complete non-contact training drills to add coordination and increased cognitive load.

Principal/Designated School Staff Lead

Report to a parent/guardian the student's completion of Return to School - Stage F and Return to Sport/Physical Activity - Stage 4.

Parent/Guardian:

Provide the principal with a signed Medical Clearance Letter or a Return to Sport/Physical Strategy form with the Medical Examination section signed by a physician or a nurse practitioner.

Return to Sport/Physical Activity - Stage 5

The student may engage in full participation in physical activity (physical education, intramurals or interschool) during contact practice and/or non-contact sport competition.

Return to Sport/Physical Activity - Stage 6

- practice or sport competition with or without contact
- The Return to Sport/Physical Activity Strategy is complete.

- The student is monitored for any new or worsening signs and/or symptoms by both school and parent/guardian.
- The student is monitored for any deterioration of work habits or academic performance by both school and parent/guardian.
- If the student is unable to tolerate recommended activities at any specific stage, they should go back to the previous stage for at least 24
- The student may need to move back a stage more than once during their recovery process.
- The student's progress is documented with results shared between school and home at the completion of each stage.

The student may fully participate in any physical activity,

Student Parent/Guardian

Parent/Guardian/School Teacher//Coach/Supervisor

Principal/Designated School Staff Lead

Medical Doctor/Nurse Practitioner

Appendix D Sample First Aid Kits

First Aid Kit Contents

For in-school first aid kit contents, see also Schedule C of the New Brunswick Occupational Health and Safety Act.

The following are first aid kit contents that are to be included in a first aid station accessible to the gymnasium:

Sample Portable Off-Site Kit Contents First Aid Kits Contents Scissors Scissors • 1 pair of universal scissors • 1 pair universal scissors or 1 pair tweezers • 1 pair of splinter tweezers Bandages/dressings/tape Bandages/Dressings/Tape • 12 adhesive bandages • Adhesive bandages, individually wrapped (variety of sizes) 1 roll adhesive tape • 2 rolls of adhesive tape 1 roll gauze bandage • 12 rolls of 4cm (1.5") -wide gauze bandage • 2 triangular bandages • 48 sterile gauze pads • 1 sterile surgical pad suitable for pressure dressing, individually wrapped • 8 rolls of 8cm x 8cm (3"x3") gauze bandage • 3 sterile strips (butterfly-wound closures) • 8 rolls of 10cm (4") gauze bandage individually wrapped • 6 sterile surgical pads suitable for pressure dressings, individually wrapped Access to ice and 1 plastic self-sealing bag or 4 cold packs • 12 triangular bandages Other splints of assorted sizes • 5 antiseptic towelettes 2 rolls of splint padding • 1 pocket first aid manual • 6 sterile strips (butterfly-wound closures) • 1 5cm (2") tensor bandage Ice • 1 10cm (4") tensor bandage • 1 rubber ice bag or plastic bags and access to ice or frozen gel pack • 2 pairs disposable gloves • Emergency phone numbers Other • 1 St. John ambulance emergency first aid book • 15 antiseptic towelettes • 24 safety pins (small and large) • 1 basin, preferably stainless steel • 6 pair disposable gloves (latex free) • 2 5cm (2") tensors • 2 10cm (4") tensors • 1 blanket



Appendix E 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. Recognizing this fact, it is necessary to establish a plan of action. The key to the Emergency Action Plan is getting professional care to the injured/ill athlete as quickly as possible. For that to happen efficiently and effectively, you must be prepared with an Emergency Action Plan.

SAMPLE EMERGENCY ACTION PLAN

A. Preparation

You should know the following information:

- 1. Location and access to the first aid kit.
- 2. Location and access to a telephone.
- 3. Emergency telephone number of ambulance and hospital (911).
- 4. Directions and best access routes to the nearest hospital.
- 5. The whereabouts of a suitable and available means of transportation.
- 6. Identity of athletes with medical conditions (e.g., asthma, life-threatening allergies, diabetes).
- 7. Location of medication (e.g., epinephrine auto injector, asthma reliever, etc.)
- 8. Emergency communication procedures (e.g., cellular phone) for off-site activities.

B. When an injury/medical condition occurs:

- 1. Initially, when coming in contact with the injured/ill athlete, take control and assess the situation. Exercise universal precautions related to blood/bodily fluids (see Appendix J).
- 2. Keep in mind the cardinal rules of injury care:
 - DO NOT MOVE THE INJURED ATHLETE;
 - IF AN ATHLETE CANNOT START A MOVEMENT BY HIMSELF/HERSELF, DO NOT MOVE THE BODY PART FOR HIM/HER.
- 3. Stay calm. Keep an even tone in your voice.



- 4. Instruct any bystanders to leave the injured/ill athlete alone.
- 5. Do not remove the athlete's equipment if there is a risk of further injury.
- 6. Evaluate the injury/condition. Once you have assessed the severity, decide whether or not further assistance is required or medication is needed.
- 7. For athlete with an identified medical condition, administer medication as per School District Policy (e.g. asthma inhaler).
- 8. If an ambulance is not needed, then decide what action is to be taken to remove the injured/ill athlete from the playing surface.
- Because physical activity is a common trigger for many sudden cardiac deaths, it is important for coaches to recognize possible symptoms/warning signs:
 - fainting or seizure during physical activity;
 - fainting or seizure resulting from emotional excitement, emotional distress or being startled (e.g. a sudden loud noise such as a school fire alarm system).

School response:

- immediately call 911;
- inform parents 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 administrator/designate.

Refer to Appendix M – Sudden Arrhythmia Death Syndrome – SADS for school and parent information and responsibility and a sample form to be completed for return to activity after a fainting episode.

- 10. In any of the following emergency situations, call 911:
 - · loss of consciousness (including fainting) altered level of consciousness or lack of awareness of surroundings;
 - uncontrolled bleeding;
 - anaphylactic reaction, asthma or any other phenomenon that compromises the airway and/or ability to breathe;
 - other life-threatening injuries;
 - if the patient cannot be transported legally in a passenger vehicle.
- 11. If an ambulance is required:
 - request assistance from the other person (e.g., coach/administrator/parent);
 - have this person call an ambulance with the following information:
 - o the nature of the emergency;
 - o the location and closest cross-streets; and,
 - o the telephone number from where you are placing the call;
 - have the other person report back to the in-charge person to confirm that the call was made and give the estimated time of ambulance arrival; and.
 - go to the access entrance and wait for the ambulance.



- 12. Once the call has been placed, observe the athlete carefully for any change in condition and try to reassure him/her until professional help arrives.
- 13. Do not be forced into moving the athlete unnecessarily.
- 14. In the case of dehydration, move the athlete to a cooler environment and provide small amounts of water (100ml) every 5 minutes until symptoms resolve. However, do not provide an injured athlete with food or drink if:
 - the athlete is showing signs of decreased level of consciousness;
 - the athlete has sustained a significant head injury;
 - you anticipate an operation will be necessary e.g., broken leg.
- 15. When ambulance attendants arrive, inform them of what happened, how it happened and what you have done. If aware, you can inform them about any medical-related problems or past injuries of the participant.
- 16. The in-charge person or a designated adult should accompany the injured athlete to the hospital to help reassure the athlete and give the relevant medical history and injury circumstances to the physician.
- 17. The parents/guardians of the injured/ill athlete must be contacted as soon as possible.
- 18. Complete an accident report and file with the appropriate School District official and school administrator.



Appendix F Lightning Protocol

The following safety protocol is a sample of what can be developed for individuals and groups participating in outdoor activities.

Chain of Command:

The persons filling the roles listed below are responsible for making the decision to remove a group or individuals from the playing field, stopping the activity, and determining when/if it is safe to resume the activity:

- curricular activities coach;
- intramurals coach, intramural supervisors;
- interschool Practices: teacher/coach; Games: teacher/coach in consultation with official;
- Outdoor Education Trips teacher in consultation with trip Leader:
- Off-Site Activity Providers teacher/coach in consultation with facility Monitor;
- camps teacher in consultation with camp director.

Plan Your Evacuation and Safety Measures in Advance

A lightning response plan must be planned in advance of the outdoor activity. The following must be taken into consideration:

Weather Conditions:

Monitor weather conditions prior to outdoor activity or event. Be aware of potential thunderstorms that may form during scheduled outdoor physical education activities, e.g., local weather forecasts (from The Weather Channel, local radio/ TV stations); or from Environment Canada. (www.weatheroffice.gc.ca)

Shelter:

Know where the closest 'safe structure or location' is to the field or playing area, and know how long it takes to get to that safe structure or location.

Safe structure or location is defined as:

- any building normally occupied or frequently used by people (e.g., a building with plumbing and/or electrical wiring that acts to electrically ground the structure);
- in the absence of a safe structure, any vehicle with a hard metal roof (not a convertible or golf cart) 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.

Alternate location: If there is no safe structure or location:

- find the low ground. Seek cover in clumps of bushes or a dry ditch;
- remove all metal objects;
- minimize your body's surface area in contact with the ground;



- do not lie flat on the ground (Lightning current often enters a victim through the ground rather than by a direct overhead strike);
- 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 metres apart.

Unsafe shelter includes:

- all outdoor metal objects (e.g., football standards);
- near flag poles;
- fences and gates;
- near light poles;
- metal bleachers;
- golf carts;
- machinery, etc.

AVOID trees, water (ponds, creeks), open fields, and high ground.

Detection and Response:

When you first see lightning or hear thunder, activate your emergency plan and seek shelter immediately (go to a building or a vehicle). Lightning often precedes rain, so don't wait for the rain to begin before suspending activities.

Apply the following lightning safety slogan: 'IF YOU SEE IT, FLEE IT; IF YOU HEAR IT, CLEAR IT'.

Resumption of the Activity:

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. Call 911 or send for help immediately. Apply first aid procedures if you are qualified to do so.



Appendix GSafety in Activity Rooms

Includes areas other than gymnasiums that are used for physical activities, (e.g., concourse, church hall, empty classroom, school basement, cafeteria, stage).

The following is recommended to optimize safety when using an activity room for physical education instruction:

- 1. An activity room is best suited for activities which have a controlled amount of activity (e.g., aerobics, mat work, fitness stations, skipping, wrestling, dance, beanbag activities, and chair activities). Avoid ball-throwing for distance, dodge ball-type games and games which are "action-packed" and go end-to-end (e.g., tag, soccer, floor hockey).
- 2. In game activities, implement "no body contact" rule.
- 3. Plan activities that engage a large number of participants in small spaces that will not jeopardize safety standards.
- 4. If the activity "room" is an open area, athlete traffic should go around, not through, the class.
- 5. Structure drills to provide as much organization as possible.
- 6. Caution athletes not to throw objects (e.g., beanbags) against the ceiling, thereby knocking down tiles, dust, lights, etc.
- 7. Keep activity away from drinking fountains, stage steps, trophy cases, etc. Centre all activities to allow for a "safety zone" of at least one metre around the perimeter. Create visual boundaries, if possible, with cones/pylons.
- 8. Precautions are needed to guard against doors opening into the activity area.
- 9. Do not allow athletes to be involved in an activity that requires constant visual or on-site supervision while the coach goes to the gym or to a storage area in another part of the school to get equipment.
- 10. Check to determine if the floor surface provides safe traction and is conducive to activity (e.g., not slippery from water or dirt).
- 11. Check to determine that the equipment/furniture does not present a hazard.



Appendix H Fitness Equipment – Existing, Newly Purchased or Donated

Refer to School District Policies and Procedures related to the purchase of new, or the acceptance of donated equipment, as well as the installation and repair of both.

- 1. All newly purchased (new or used) or donated fitness equipment must comply with Canadian Standards Association (CSA) and/or Underwriters Laboratories Ltd. (UL) or Underwriters' Laboratories of Canada (ULC) standards.
- 2. Equipment installation must be done by qualified personnel (e.g., manufacturer/vendor) in accordance with the CSA and/or UL or ULC standards. Volunteer installations must not be permitted unless supervised by qualified personnel.
- 3. All used equipment must be inspected by qualified personnel prior to use.
- 4. Retain inspector's checklist for future reference.
- 5. An audit of all existing fitness equipment needs to be conducted to determine the general age, condition and compliance level with the CSA and/or UL or ULC standards. A plan needs to be in place to systematically replace the oldest equipment (or that which is in disrepair) with equipment that complies with the CSA and/or UL or ULC standards. Unsafe equipment must be removed from service immediately.
 - The audit should be conducted by a reputable fitness equipment/repair company (e.g., the equipment manufacturer, a local fitness distributor/installation company).
 - The audit should refer to the manufacturer's manual for each piece of fitness equipment regarding maintenance, criteria for inspection, proper use of equipment and expected lifespan of the equipment.
 - Any equipment which is in disrepair must be replaced with equipment which complies with a regulated standards association (e.g., CSA, ASTM, and/or UL or ULC standards).
 - Unsafe equipment must be removed from service immediately.



Appendix I-1 Sample Safety Checklist Gymnasium Facilities

ach school is to develop a procedure for regular inspection with appropriate follow-up.			
Site Name:			
Inspection Date:	Time:	Inspected By:	

Ham.	Meets Safet	y Guidelines	Commental Fallow on Astion
Item:	Yes	No	Comments/ Follow-up Action
Adjustable Stage			
• rollers run smoothly			
locking mechanism secure			
Archery Net Assembly			
cable, bracket are in good condition			
Basketball Backstop			
backboards in good condition			
cable and attachment from backboards to wall secure			
• rims attached and straight			
 velcro strips on walls behind backboards in good condition to hold mats 			
winch condition not located directly below a wall-mounted backboards			
• foam at base of backboards is attached			
wall padding securely attached			
condition of pulleys and cables			
Benches			
top and supports free from cracks and splinters			
• benches stable, not loose			
Bleachers			
• secured to wall			
• seats and risers free from cracks and splinters			
Ceiling			
• tiles and panels in place			
• lights, diffusers, fans, speakers and their guards attached			
Change Rooms			
• free of objects that create a hazard (e.g., tables, chairs, pianos)			
floor provides safe traction			



Item:	Meets Safety	Guidelines	Comments/ Follow-up Action
benches free from cracks and splinters			-
Chinning Bars and Pegboards			
attachment is secure to wall			
adjustable parts in good condition			
peg holes and pegs in good condition			
Climbing Walls – Permanent			
• guide wires secure			
wall anchors secure			
platforms properly secured			
Entrances/Exits			
• free of obstructions			
no doorknobs, protruding handles on gym side of door			
doors open away from gym area			
exit signs in working order			
Floors			
clean and dry			
provide good traction			
clear of objects which may cause tripping/slipping			
sockets covered and flush with floor			
plates flush with floor and in good condition			
Folding Doors, Suspended Curtain			
switches or controls working as designed			
• runs smoothly			
fabric in good condition (check for rips and tears)			
storage pocket clear of equipment			
Fitness Centre/Weight Room			
chin-up/dip bars are secure			
pulleys not frayed on weight machines			
weights secure on machines			
padding on benches not torn			
• tops/seats on benches secure			
floor padding in good repair			
• free-weights welds secure			
cycles, step machines, treadmills in proper working order			
Gymnasium Space			
• free of "stored" furniture, boxes, equipment along perimeter walls and corners			
Ropes			
not frayed			



Item:	Meets Safety	Guidelines	Comments/ Follow-up Action
Stairs			
clear of obstacles			
treads in good condition			
• railings secure			
• free of protruding nails, cracks and splinters			
Storage Room			
floor clean and walking area clear of equipment			
equipment stored on designated shelves			
volleyball/badminton poles secured to prevent injuries from tripping and from			
falling poles			
Walls			
• all outlets, switches, registers, etc., which pose a hazard must be padded or			
flush with wall surface			
free of protruding hooks, nails, etc.			
protective wall mat covers free of tears/wearing			
mat strips secured to wall, Velcro in good condition			
covers on fire alarm stations			
Other			
•			
•			



Appendix I-2 Sample Safety Checklist Gymnasium Equipment

ach school is to develop a procedure for regular inspection with appropriate follow-up.				
Site Name:				
nspection Date:	Time:	Inspected By:		

Item:	Meets Safety	y Guidelines	Comments/Follow up Action
item:	Yes	No	Comments/ Follow-up Action
Badminton			
rackets useable (no splinters or broken strings)			
Badminton Net			
• free of exposed wires along top and frayed wires along poles			
free of tears and holes			
• no sharp edges			
Badminton Posts			
hooks, pulleys and ratchet in good condition			
Ball Hockey/Floor Hockey			
goals have welds and frames in good condition			
wooden floor hockey sticks free of splinters			
 plastic ball hockey sticks free of cracks and broken edges/ends 			
stick blades secure to shaft			
Emergency Equipment			
first aid kit fully stocked and accessible			
emergency phone numbers posted			
access to phone/office via P.A. System			
Gymnastics Equipment:			
Balance Beam			
• no tears in covering (rips may be glued down)			
height-adjustment mechanism functional and in good condition			
balance beam is stable, level			
Floor Exercise Tumbling Mats			
• no holes (rips may be taped)			
uniform thickness and compaction throughout			
Velcro in good condition			



Item:	Meets Safety	Guidelines	Comments/ Follow-up Action
Pommel Horse			•
horse is stable and level			
no tears in covering (rips may be taped or glued down)			
height-adjustment mechanism in good condition			
pommels smooth, no chalk build-up			
Rings			
• ring stand (if used) secure and vertical (see Uneven Bars)			
no kinks or knots in steel cables			
no exposed frayed wire			
leather/webbing straps checked for wear			
no splinters, cracks or chalk build-up			
Take-off district (not a springboards)			
free of splinters and broken tops/legs			
floor protection pads in good condition			
carpeted non-slip take-off surface in good condition			
all bolts tightened and rubber non-slip pads in good condition			
Uneven Parallel Bars/High Bar/Parallel Bars			
floor hooks in good condition			
• no "S" hooks			
if quick-links are used, must be fully threaded			
turnbuckle hooks functional and fully threaded			
no kinks or knots in steel cables			
no exposed frayed cables			
loops on cables checked for wear			
height-adjustment mechanism in good condition			
wood/fibreglass rails have no cracks, splinters or caked-on chalk			
steel rail is straight			
Vault and Box Horse			
pad and cover free from tears and wearing			
sufficient padding to absorb impact			
• inner posts solid (box horse)			
height-adjustment mechanism in good condition			
free of cracks and splinters			
nuts, bolts and screws tight			
Mats (e.g., gymnastics, wrestling)			
covers free of tears and wearing			
foam in good condition			
velcro fasteners functional			



Item:	Meets Safety	Guidelines	Comments/ Follow-up Action
High Jump			·
standards, base, attachments and uprights in good condition			
portable pit cover free of tears			
portable pit foam in good condition			
fibreglass crossbars free of cracks and splinters			
Hoops			
• free of cracks and bends			
Permanent Climbing Walls			
 inspect all climbing elements, (e.g., ropes, zip lines, harnesses, carabiners, helmets and ladders) 			
Pool Equipment			
reaching assists in working order			
lane ropes in working order			
life jackets in good condition			
• spinal District in good condition			
• ring buoy in good condition			
• starting blocks are secure when in place			
 bench tops and supports free from cracks and splinters 			
• bolts and screws secure			
Scooter Boards			
• wheels secure			
Districts free of cracks and broken edges			
Softball			
wooden and metal bats not cracked			
good grip end to prevent slippage			
Volleyball Net			
 free of exposed wires along top and frayed wires along poles 			
free of tears and holes			
Volleyball Posts			
hooks, pulleys and ratchet in good condition			
Other			
•			
•			



Appendix I-3 Sample Safety Checklist Outside Facilities

ach school is to develop a procedure for regular inspection with appropriate follow-up.			
Site Name:			
Inspection Date:	Time:	Inspected By:	

Item:	Meets Safety	y Guidelines	Comments/Follow up Action
item:	Yes	No	Comments/ Follow-up Action
Basketball Backstops			
backboards in good condition			
rims secure and straight			
 pole anchors stable, in good condition and covered 			
• poles corrosion-free			
Basketball Playing Surface			
asphalt level and free of holes and broken asphalt			
level playing surface, good drainage			
• free of ruts, trash and animal feces			
Benches/ Bleachers			
• free of protruding nails, splinters, cracked or rotted wood			
anchors to ground safely covered			
Goalposts (soccer, football)			
wooden posts free of rot, cracks and splinters			
posts free of corrosion			
• posts secure			
Jumping Pits and Runways			
 runway level/free of holes, ruts, trash and animal feces 			
• sand at appropriate level and free of rocks, glass, etc.			
districts free of rot and splinters			
provides safe traction			
Metal Fencing			
clips and attachments safely secure			
fencing tight and secure to frame			
no holes in fence or at ground level			
anchors to ground stable, in good condition and safely covered			



 posts corrosion-free Potential Hazards on School Yard (e.g., trees, exposed roots, posts, streams, bees nests and other environmental hazards) 		
streams, bees nests and other environmental hazards)		
hazards identified to all staff and athletes		
warning signs and barriers are displayed		
Softball Backstop		
fencing, clips and attachments safely secure		
fencing tight and secure to frame		
no holes in fence or at ground level		
 anchors to ground stable and safely covered 		
• posts corrosion-free		
Softball Playing Surface		
level ground with good drainage		
• free of holes, ruts, trash and animal feces		
Stairs		
clear of obstacles		
treads in good condition		
• railings secure		
 wooden sections free of protruding nails, cracks or splinters 		
Track		
provides safe footing		
Walking and Playing Surfaces		
 asphalt areas level and free of holes and broken asphalt 		
grass and dirt areas free of holes and ruts		
 clear of broken glass, cans, rocks, animals feces, etc. 		
free of drainage problems		
 clear of trip hazards (e.g., exposed footings, roots or other environmental obstacles) 		
Other		
•		
•		



Appendix J Athletes' Responsibilities

Athletes are to conduct themselves in ways that show respect for the safety and well-being of both themselves and others.

NBIAA Fair Play Code for Athletes

- I will train and compete because I want to and not just because my parents or coaches want me to.
- 2. I will play by the rules and in the spirit of the game.
- 3. I will control my temper fighting and "mouthing off" and inappropriate language or gestures can spoil the activity for everyone.
- 4. I will respect my opponents.
- 5. I will do my best to be a true team player.
- 6. I will remember that winning isn't everything that having fun, improving skills, making friends and doing my best are also important.
- 7. I will remember that coaches and officials are there to help. I will accept their decisions and show them respect.
- 8. I will never criticize or use social networking to criticize in an unprofessional manner another school team, coach, player, game official or the NBIAA.

Foolhardy behaviour, the use of alcohol, and the non-medical use of drugs, including performance enhancing drugs, must be viewed as safety hazards and must be strictly forbidden at all times.

Athletes must understand how to follow safety procedures and why they should do so.

Athletes must be informed of the importance of contributing to their own safety.

The standards of safety are affected by the athlete's skill and understanding.

See Policy 703- Positive Learning Environment and the School's Code of Conduct



Appendix K 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.



^{*} Please refer to NBIAA Handbook - Section 5, Operating Regulation 10

Appendix L Sample Management of Asthma Protocol

Coaches should be familiar with their School District's and school's asthma policy/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 called "asthma triggers." When people with asthma are exposed to their triggers, they may experience a narrowing of the airways (resulting from the contraction [squeezing] of the airway muscles), increased airway inflammation, and extra mucus production, making breathing more difficult. Narrowing of the airways causes people to experience asthma symptoms.

Asthma symptoms include:

- difficulty breathing;
- coughing;
- wheezing (whistle sound);
- chest tightness; and
- 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 asthma trigger in children and youth. Exposure to other common asthma triggers can occur during physical activity and steps should be taken to reduce exposure to:

- extremes in weather (cold and hot);
- poor air quality;
- dusty gym mats;
- pollen (trees, grasses, flowers, weeds);
- mould (found in decaying leaves, water-damaged areas, areas around swimming pools and skating rinks); and
- cleaning products.

Exercise-Induced Asthma (EIA)

Vigorous activity is a common asthma trigger, resulting from the cooling and drying of the airways caused by breathing through the mouth (versus the nose) at a rapid rate. For athletes with asthma, this fast-paced breathing triggers airway narrowing and the experience of asthma symptoms. Exercise-induced asthma symptoms (coughing, wheezing, trouble breathing) 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 a visit to a health care provider may be required. Exercise-induced asthma is more commonly experienced when physical activity is performed:

- in cold environments;
- in conjunction with an upper respiratory infection (cold);
- with sustained running;



- · during high pollen count days; or
- during poor air quality days.

Preventive Strategies for Exercise-Induced Asthma

Physical activity is part of a healthy lifestyle, and asthma should generally not be used as an excuse to avoid participating in physical activity if the asthma is well-controlled. With rare exceptions, athletes with asthma can participate in physical activity similar to athletes without asthma. The following strategies can be used to help athletes with asthma participate in physical activity.

- Ensure a slow warm-up has occurred before activities requiring sustained exertion.
- Be aware of potential asthma triggers in the area and remove the athlete from triggers.
- Encourage the athlete to wear a scarf or facemask in cold weather to help warm and humidify the air.
- Move planned outdoor activities to well-ventilated indoor sites if there are extreme weather conditions (cold, hot, humidity, wind), high pollen counts, or poor air quality.
- Check pollen levels in your community at www.theweathernetwork.ca and air quality forecasts and smog alerts at http://weather.gc.ca/airquality/pages/provincial_summary/nb_e.html
- Have parents/guardians inform staff if any modifications or 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; this can be a sign of poorly controlled asthma.

Strategies for Managing Exercise-Induced Asthma

- The athlete should NOT participate in physical activity if s/he is already experiencing asthma symptoms.
- If the athlete starts having asthma symptoms after starting physical activity, have him/her stop the activity and take the reliever inhaler (two puffs given one puff at a time, with 30 seconds between puffs). When the athlete is fully recovered, s/he may resume the activity.
- If the symptoms are not relieved within 10 to 15 minutes after using the reliever inhaler, repeat the two puffs of the reliever medication, monitor the athlete's status, and do not allow him/her 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. Follow the steps outlined below in the Asthma Attacks poster on the following pages to help identify and treat an asthma emergency.

Resources

For more information on asthma, go to www.lung.ca (http://www.lung.ca/diseases-maladies/asthma-asthme_e.php)

See also Policy 704 - Health Support Services, Department of Education and Early Childhood Development.



Managing Action Asthma Attacks





Appendix MSudden Arrhythmia Death Syndrome -SADS

Information:

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.

• e.g., Long QT Syndrome (LQTS) - a genetic condition that predisposes individuals to arrhythmias, fainting spells and sudden death. It is often symptomless and can therefore remain undiagnosed.

Research suggests that over 700 Canadians under the age of 35 die each year from an undiagnosed cardiac rhythm disorder.

Resources:

Sudden Arrhythmia Death Syndrome Educational Video - www.sads.ca

Prevention of Sudden Cardiac Death:

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 (e.g., a sudden noise such as a school fire alarm system);
- all situations where there is fainting even when the individual wakes up quickly and seems fine.

Note: 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 parents/guardians as soon as reasonably possible;
- provide parents/guardians with:
 - o information on Sudden Arrhythmia Death Syndrome;
 - documentation of a Fainting Episode Form to be returned to the school principal/designate (see page 4 of this Appendix).



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 administrator/designate;
- school administrator/designate informs staff who provide athlete with physical activity that the athlete is not to participate in physical activity until parents have returned the completed Documentation of a Fainting Episode form (see page 4 of this appendix);
- once the completed form has been returned, the school administrator/designate informs relevant staff (physical education coach, coach, intramural supervisor) whether the athlete can participate in physical activity based on the information provided;
- school administrator/designate files Documentation of a Fainting Episode form in the athlete's file.

Parent/Guardian Response to a Fainting Episode:

- parent/guardian is to seek immediate medical attention for the child/ward, requesting a cardiac assessment to be completed (e.g., analysis of the heart rhythm by a cardiologist or an electrophysiologist);
- parent/guardian returns the completed Documentation of a Fainting Episode Form to the school administrator/designate.



Parent/Guardian Sample Information Form - Sudden Arrhythmia Death Syndrome

Dear Parent(s)/Guardian(s):

Your son/daughter/ward has experienced a fainting episode at school. Fainting can be caused by a number of varying conditions. Our school protocol is to inform you of a medical condition called Sudden Arrhythmia Death Syndrome (SADS) along with our school response and required parental/guardian follow-up for your child/ward to return to physical activity.

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:

 e.g., Long QT Syndrome (LQTS) - a genetic condition that predisposes individuals to arrhythmias, fainting spells and sudden death. It is often symptomless and can therefore remain undiagnosed.

For more information on SADS access: www.sads.ca

Prevention of Sudden Cardiac Death:

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

WARNING SIGNS:

- fainting or seizure during physical activity;
- fainting or seizures resulting from emotional excitement, emotional distress or being startled (e.g., a sudden noise such as a school fire alarm system);
- all situations where there is fainting even when the individual wakes up quickly and seems fine.

Note: 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: provide EMS with information of what led up to the individual fainting;
- contact parents/guardians as soon as reasonably possible;
- provide parents with information on SADS and a documentation form to be returned to the school administrator/designate;
- no participation in physical activity until a medical assessment is completed and information from the parent/guardian is provided to the school administrator/designate.

Parent Response to a Fainting Episode:

- parent/guardian is to seek immediate medical attention for the child/ward, requesting a cardiac assessment to be completed (e.g., analysis of the heart rhythm by a cardiologist or an electrophysiologist);
- return the completed Documentation of a Fainting Episode Form to the school administrator/designate.



Documentation of a Fainting Episode Form

This form is to be completed by the athlete's parent/guardian and returned to your school administrator/designate.

Name of athlete:
Coach:
As a result of a fainting episode, my child was seen by a medical doctor.
Results of Medical Examination
☐ My child/ward has been examined by a doctor who determined that a cardiac assessment was not necessary or required.
☐ My child/ward has been examined by a doctor. A cardiac assessment was completed and no rhythm disorders were diagnosed. My child/ward may resume full participation in physical activity with no restrictions.
☐ My child/ward has been examined by a doctor. A cardiac assessment was completed and a rhythm disorder was diagnosed. My child/ward therefore must begin a medically supervised return to physical activity plan. Refer to comments below and/or attached physician's information.
Parent/Guardian signature:
Date:
Comments:
Physician's input attached: Yes No
r nysiolan s inpat attachos. I co i 140



Appendix N Safety in Fitness Centre and Weight Training Rooms

Please see Fitness Activities activity page in the Secondary Curricular Module.

- 1. To qualify to use the fitness/weight room:
 - Athletes must be instructed in proper fitness and weight training techniques/uses and safety procedures, either in physical education class or a training session developed by staff/coach with expertise. This should be reviewed as needed.
 - Athletes must be made aware of inherent risks specific to weight training and/or use of weight room/fitness centre activities.
 - Athletes and parents need to sign a consent form prior to the athletes participation in a training session and/or fitness centres (see Appendix A).
 - Athletes must have an identifiable pass/tag to enter fitness/weight training area and sign in and out of the area.
 - Only athletes training are allowed in the room. No spectators.

Supervision:

- Supervising coach must be in the area.
- Duties of coach:
 - o check pass/tag of each athlete who enters fitness room;
 - o open and lock fitness room using procedure established by the school;
 - o determine that athletes are following posted rules and procedures;
 - o establish a procedure to regularly disinfect equipment;
 - o make sure room is left in proper order.

Rules of Use:

- Minimum number of athletes using fitness room at any given time is two.
- Suitable clothing and footwear must be worn.
- No jewellery is allowed.
- Procedures need to be established so that facility and equipment are inspected by a teacher/coach on a daily basis.
- Equipment needing repair must be identified, removed from use and repaired.
- Any violation of rules may result in some form of sanction being applied (e.g., suspension or loss of pass/tag, closure of fitness room).
- A process must be in place where fitness equipment is disinfected on a regular basis.



Appendix O Coaching Expectations

Coaches are required to do the following:

- Distribute, collect, file and maintain Interschool Athletic Participation Form for each athlete who is trying out for the team (see Appendix A).
- Be aware of the school/NBIAA's coaching philosophy, playing regulations and by-laws.
- Be aware of and implement the District and the Department of Education and Early Childhood Development transportation policy, risk management policy, the school's academic policy, code of conduct and emergency action plan.
- Distribute, collect and file the appropriate forms from any athlete who has required medical attention (see Appendices B, C-3 and C-4).
- Determine that a first aid kit is fully stocked and accessible; order any first aid supplies that are needed.
- Follow policies and procedures related to universal precautions with bodily fluids (see Appendix K).
- Follow proper training procedures for strenuous outdoor sports.
- Determine that the number and location of spectators do not present a safety concern.
- Encourage all athletes to have accident insurance.
- Inform parents of game schedules and means of transportation.
- Implement corrective measure to help prevent the reoccurrence of an injury.
- Inspect equipment and facility to determine it is safe for use.
- Determine that all equipment whether school provided or not, meets safety regulations (e.g., football helmets, hockey throat protectors).
- Inform athletes they are not to share water bottles.
- Implement guidelines related to wearing jewellery.
- Determine that a means of communication is available at all competitions (e.g., phone).
- Inform appropriate authorities when playing field conditions present a risk to safety.
- Teach skills in proper progression.
- Outline the inherent risks in the activity to athletes; demonstrate how to minimize the risks; set procedures and rules for safe participation.
- Teach and enforce the rules of the sport.
- Make athletes aware that they are not to use the facility without proper supervision in place.
- Sanction athletes for unsafe play.
- Address the supervision of spectators.
- Review sport guidelines and attend coaches meetings.

In addition, an outside coach must comply with the criteria set out by Policy 701 – Department of Education and Early Childhood Development.



Appendix PCriteria for Non-Teacher Coaches

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

- Applicant completes an application form (see Appendix Q).
- Applicant supplies two references.
- Applicant demonstrates coaching expertise. For higher risk sports, this may be derived from one of the following:
 - o NCCP Competition Introduction Part A or NCCP Level 1 Technical in the sport;
 - o Attendance at a relevant clinic or workshop within the past three years;
 - o Past experience as a competitor or coach in that sport.
- Applicant presents a criminal record check.
- Applicant agrees to a process for monitoring of his/her coaching activities, e.g., seasonal review.
- Applicant agrees to a process for resolving issues accompanied by appropriate disciplinary action by the school.
- Applicant agrees to abide by all relevant policies and procedures.
- Applicant undergoes an orientation session, with the school principal or designate, to:
 - o review coaching philosophy of school;
 - o review relevant sections of Physical Education Safety Guidelines;
 - o outline school policies with respect to academic eligibility;
 - highlight NBIAA Coaching Conduct and Athlete Code of Behaviour;
 - o detail NBIAA Transfer and Eligibility Policies;
 - o review school disciplinary policies;
 - o clarify school policies with respect to supervision and travel;
- Applicant agrees to attend a pre-season coaches' meeting of school and/or association coaches, if requested.
- Applicant agrees to communicate regularly with designated supervisor (e.g., coach liaison).



Appendix QSample Volunteer Coaching Application Form

The following form can be used when interviewing a potential coach in any one of the following situations:

- The applicant is not an administrator or someone with teaching certification.
- The person's philosophy and/or expertise is unknown.
- The position to be filled is one of head coach or the person would be asked to coach by himself/herself.
- The person would be coaching a higher-risk sport.
- The principal or designate decides to formally interview for other reasons.

Please record pertinent information on this form and keep on file. Interviewers are encouraged to include additional questions which would be relevant to their schools.

Candidate:	
Name:	
Address:	_
Phone: (home):	
Phone: (work):	
Email:	
Medicare Card Number (optional):	
School:	
Principal/Designate:	
Team in Question:	
Higher-Risk Sport: Y N	
Please describe your previous coaching experience in (species you have coached, age range of players competitive nature of league and a general players.	ecific sport), as well as experience in any other sport. Include number of any other details you think are pertinent
2. Describe current certification(s) and/or qualification(s) you hold which would be re	elevant to coaching.



3. Describe other coaching development sessions/clinics which have helped you learn more about coaching the sport.									
4. What are three primary goals that you are trying to achieve as a coach?									
5. Do you understand/support the pr	inciples of the "fair p	olay" philosophy in atl	nletics? YN						
6. Explain how you would apply these principles to your coaching role.									
7. How would you set standards of b									
Please list two references associated with previous coaching Name (not a relative)		paching experience:	Position	Phone Number					
Signature of Applicant: Signature of Principal/Designate:		Date: Date:							
Office Use Only									
References received:	eferences received: Yes No by signature of Principal/Designate:								
Criminal record check received:	Yes	No by signature of Principal/Designate:							
Application Accepted :	Yes	No Orientation session completed: Yes No							
Signature of Principal/Designate: Date:/ Date:/									



			Appendix F Coach's Planne		
Date of Practice:					
Practice Plans:					
Safety Notes:					
Athlete Attendance:					
Name	V	1	Name		
		-			
		1			

