

Safety Guidelines for Physical Education in New Brunswick

Secondary School Intramural

Module 5
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.

We would like to thank the following people who contributed to the adaptation of this manual to reflect the needs of New Brunswick's Education system.

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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.

Table of Content

Generic Section.....	1
Background:.....	1
Intent of the Physical Education Safety Guidelines:	1
Risk Management	2
A. Generic Issues	3
B. Introduction to Sport / Activity Page Components.....	9
C. Supervision of Intramurals	16
Building with Bodies	20
Food/Water Activities	21
Martial Arts	22
Relay and Tag Games	23
School Made Equipment	24
Targets – Human	25
Targets – Other Target Games/Activities.....	26
Transporting People/Things	27
Tug of War.....	28
SPECIAL SECTION FOR PHYSICAL ACTIVITY PROGRAMS	31
Appendix A	
Sample Information Letter to Parents/Guardians and Medical Information Form	42
Appendix B	
Return to Physical Activity – Non-Concussion Medical Illnesses/Injuries	48
Appendix C-1	
Concussion Management Procedures: Return to School and Return to Physical Activity	49
Appendix C-2	
Concussion Education Sheet	58
Appendix C-3	
Tool to Identify a Suspected Concussion	60
Appendix C-4	
Documentation of Medical Examination	62
Appendix C-5	
Return to School Strategy.....	63
Appendix C-6	
Individualized Return to School Following Concussion.....	66
Appendix C-7	
Return to Sport/Physical Activity Strategy	68

Appendix C-8	
Decision-Making Pathway for Concussions	71
Appendix D	
Sample First Aid Kits	73
Appendix E	
Emergency Action Plan.....	75
Appendix F	
Lightning Protocol	78
Appendix G	
Safety in Activity Rooms.....	80
Appendix H	
Fitness Equipment – Existing, Newly Purchased or Donated.....	81
Appendix I-1	
Sample Safety Checklist Gymnasium Facilities	82
Appendix I-2	
Sample Safety Checklist Gymnasium Equipment	85
Appendix I-3	
Sample Safety Checklist Outside Facilities	88
Appendix J	
Students' Responsibilities	90
Appendix K	
Universal Precautions Blood and Bodily Fluids	91
Appendix L	
Sample Management of Asthma Protocol.....	92
Appendix M	
Sudden Arrhythmia Death Syndrome -SADS	95
Appendix N	
Safety in Fitness Centres and Weight Training Rooms.....	99
Appendix O	
Spotting, Lifting, Lowering, Transporting and Supporting Techniques.....	100

Generic Section

Background:

This document is a revision of the 1999 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 2: Physical Education Secondary School Intramural 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 students 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 Intramural Safety Guidelines is to provide a reference document that will assist the teacher/intramural supervisor to focus on safe instructional practices for each intramural activity in order to minimize the inherent element of risk. By implementing safe instructional practices, such as use of logical game progressions, as well as inclusion of age-appropriate activities in program preparations and planning, the teacher/intramural supervisor will guard against foreseeable risks. It is hoped that through this implementation process, this document will assist educators in fulfilling their obligation to provide the safest possible environment in which all students, 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 should not occur unless these statements have been addressed.

The document sets out minimum guidelines to be used by teachers/intramural supervisors in addressing the safety component of intramural activities. Intramurals are defined as the school-sponsored, physical/recreation activities which are:

- outside the student's instructional time;
- not a selected school team/group;
- not a competition against another outside team/group.

Intramurals encourage school-wide involvement with an emphasis on participation, as opposed to competition. Curricular and Interschool Guidelines can be found in their respective modules.

Intramurals can be categorized into four types: Sport Imitations, Low Organization Activities, Special Events and Clubs. When an intramural activity is played according to official rules and equipment (e.g., a common sport imitation or low organization game), refer to the Curricular module.

When an intramural activity is distinguished by one of the common elements listed in the chart below (e.g., dodge ball type games), reference the Curricular module.

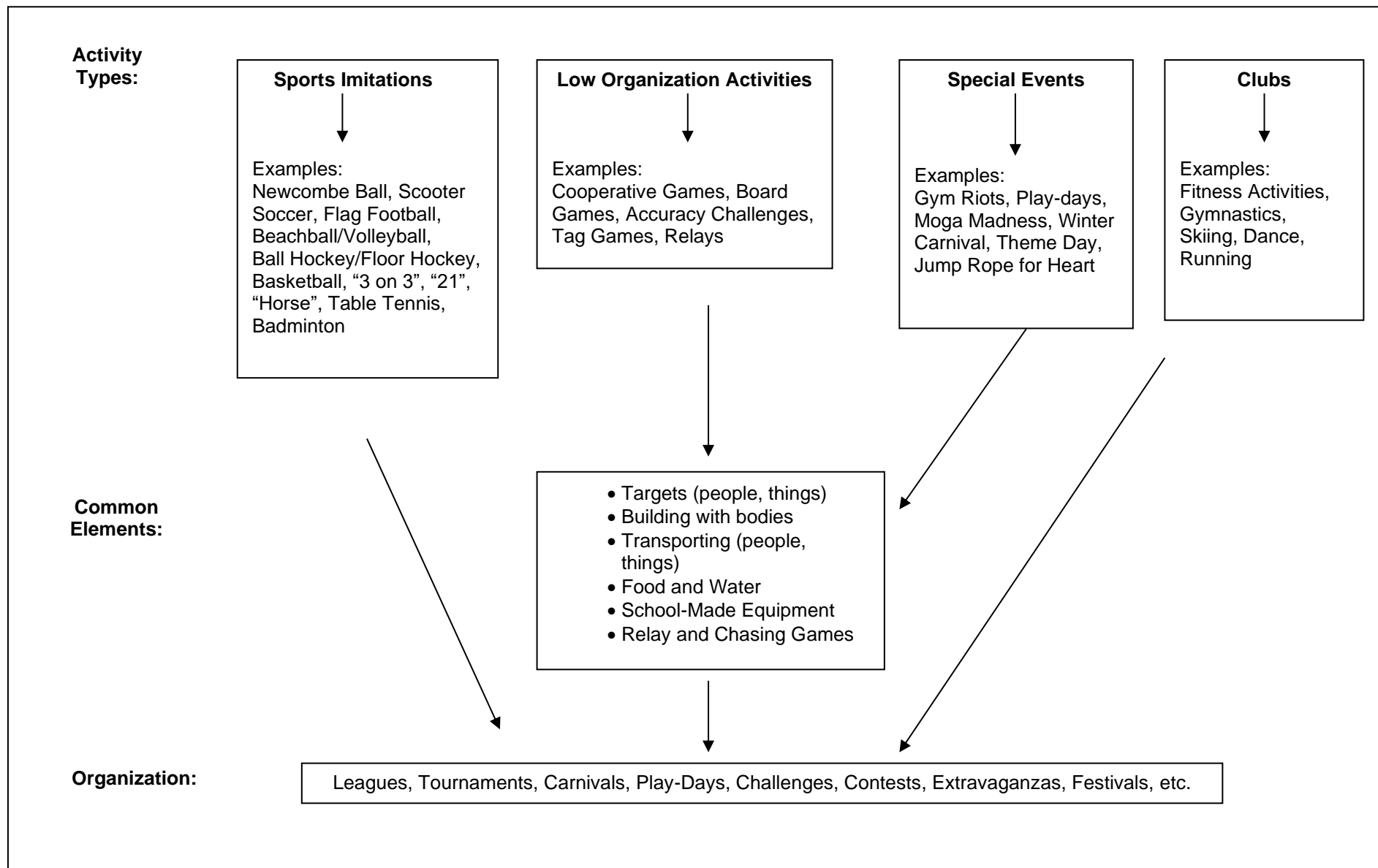
When introducing an imitation sport or low organization game which is not described in the Curricular or Intramural guidelines, refer to the guidelines of the activity it most resembles.

Risk Management

The following elements of risk must be taken into consideration by the teacher/intramural supervisor:

- The activity is age-appropriate for the students' physical/mental abilities and behavioural patterns.
- The teacher/intramural supervisor has the knowledge and ability in accordance with the safety guideline pages to teach/supervise the activity safely.
- The educational value vs. the entertainment value of the activity must be determined (e.g. is a dunk tank at a "Play-day" educational or entertainment?). Once the activity has been approved by a school district official as having educational value, the inherent risks must be identified and minimized.

Types of intramural activities:



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.

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

1. Parents need to be made aware of intramural/club activities in which their child is to participate and the risks inherent in activities that mandate constant visual supervision.
2. Parental acknowledgment/permission must be received from each participant. For sample letter, see Appendix A.
3. **Medical Conditions:** Prior to participation in the intramural activity, teachers/intramural supervisors need to be aware of the medical background and physical limitations of their students. This includes knowledge of students with heart disorders, asthma, diabetes, severe allergies, anaphylaxis, etc. Each school needs to develop a process by which medical information is made available to teachers at the beginning of the school year and throughout

To address a student's medical condition (e.g., asthma, life threatening allergies, diabetes, epilepsy, heart disorders) teachers/intramural supervisors are to refer to their school district's/school's medical condition protocols and/or individualized student medical information form.

To assist teachers/intramural supervisors with the management of a student with asthma when participating in physical activity refer to the Sample Management of Asthma Protocol (Appendix L).

4. **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 teachers/intramural supervisors 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 student 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.

5. An emergency action plan to deal with accidents in intramural/club activities must be developed and applied in all schools. For details on an emergency action plan, see Appendix E.
6. A fully-stocked first aid kit must be readily accessible to the gymnasium. For a sample listing of first-aid items, see Appendix D.
7. Universal precautions (e.g., using impermeable gloves), must be followed when dealing with situations involving blood and other bodily fluids (see Appendix K). Teachers must refer to School District protocols that address bodily fluids procedures.

8. 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.hockeycanada.ca/hockey-canada/Hockey-Programs/Safety/Concussion/Infographic/english.html);
- 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 students 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 a student 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 a student 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 teacher/coach meets with student 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 teacher/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 students 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.

Teacher/coach responsibility in minimizing the risk of concussion:

- Skills and techniques must be taught in the proper progressions.
- Students must be instructed and trained in the appropriate body contact skills and techniques of the activity/sport prior to contact practice/game situations.
- Students 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.
- Check (where applicable) that protective equipment is inspected by a certified re-conditioner as required by manufacturer (e.g., football helmet). If students are permitted to bring their own protective equipment (e.g., helmets), students and parent/guardians must be informed of the importance of determining that the equipment is in good working order and suitable for personal use.
- Document safety lessons (e.g., date, time, brief content, student attendance).

- Many resources are available at <http://www.parachutecanada.org/injury-topics/item/concussion>. Excellent videos such as “[Concussions 101, a Primer for Kids and Parents](#)” and [Concussion Recovery and 'Return to Learn' for Parents & Kids](#) by Dr. Mike Evans are also available.

9. If a student misses an intramural activity due to an injury or illness requiring professional medical attention (e.g., medical doctor, chiropractor, physiotherapist), the principal must receive communication from the student's parent/guardian, giving him/her permission to return to physical activity. 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 students 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 student'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.

10. Teachers/intramural supervisors 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).
11. 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).
12. If students are transported away from the school for the intramural/club activities, it is important that parents are made aware of the mode of transportation and the student expectations required. Refer to individual School District's field trip procedures related to the need for obtaining parent/guardian permission.
13. Consideration must be given to informing parents/guardians when students are involved in intramural/club activities which require students to go off the school property, into the immediate community, e.g., to adjacent parks, nearby ice surfaces (see Appendix A). Refer to individual school district's field trip procedures related to the need for obtaining parent/guardian permission.
14. When taking students off-site for an intramural/club activity (e.g., ski resort) organized by an outside provider, share appropriate safety guidelines with activity provider prior to arrival.
15. Students must be made aware of the locations of the fire alarms, the fire exits and alternate routes from the playing area.
16. Prior to offering an intramural sport imitation activity, appropriate skills must be taught.
17. Prior to the activity, the teacher/intramural supervisor 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 (e.g., whistle to stop all activity).
18. Where an incident occurs that increases or could increase the risk of injury, corrective actions must take place to help prevent its recurrence (e.g., volleyball poles in equipment room are not secured to floor/walls and crash to floor and no one is injured - corrective action is to secure poles).

19. At the beginning of the activity, teachers/intramural supervisors must inform students if changing into gym wear is necessary, identify change room location and conduct expected.
20. Teacher/intramural supervisors must limit the number of active participants in any activity area at one time, based on the size of the area, risk level of the activity and maturity level of the participants.
21. Spectators at intramural activities must not present a safety concern.
22. Intramural activity officials must be knowledgeable and trained to carry out their duties.
23. Any modifications teachers/intramural supervisors make to guideline statements must RAISE the level of safety, NOT lower it.
24. Approval from the appropriate School District official must be received if a teacher intramural supervisor wishes to include activities that are not in the guidelines and do not resemble guideline activities. As part of this process, the teacher intramural supervisor must demonstrate that all appropriate precautions will be taken in the interest of student safety.
25. **Individuals wishing to make additions and/or modifications to the Intramural Safety Guidelines need to contact the Department of Education and Early Childhood Development to initiate the process.**

B. Introduction to Sport / Activity Page Components

Please note:

- All statements found on the sport/activity pages and supporting Appendices A-N 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:

- a) 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) To provide a safe environment for intramural/club activities, the teacher/intramural supervisor must make a pre-activity check of the equipment to be used. This could be done visually or recorded on a check list (see Appendix I-2, Gymnasium Equipment Checklist). Hazards must be identified and removed or isolated as a factor in the activity.
- b) 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.
- c) Equipment listed in the document applies only to safety.
- d) All balls must be properly inflated.
- e) There are many examples of equipment that can be made at school by district employees, adult volunteers and students who are under direct supervision. See Intramural safety guideline activity page for School-Made Equipment in this document. Home-made equipment is defined as equipment that is made and/or modified at home and then brought to school. This type of home-made equipment is not to be used in intramural programs (e.g., personal ball hockey sticks, floor hockey shafts).
- f) If students are permitted to bring their own equipment (e.g., badminton racquets, skis, in-line skates), students and parents/guardians must be informed of the importance of determining that the equipment is in good working order and suitable for personal use.

g) 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. ice skating, tobogganing/sledding):

The New Brunswick Physical Education Safety Guidelines lists on its activity pages the types of helmets that offer the best protection against ice skating/tobogganing injuries as recommended by the Ontario Physical Education Safety Guidelines which are based on the recommendations from 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.

- h) Students must be encouraged to report equipment problems to the teacher/intramural supervisor.
- i) 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:

- a) Appropriate athletic footwear must be a minimum uniform requirement. Appropriate athletic footwear is defined as a running shoe with a flat rubber treaded sole that is secured to the foot. Running shoes with higher heels, wheels, rubber, plastic or metal cleats, open toes, open heels are not appropriate. Students must also wear appropriate clothing for intramural activities. Students must wear appropriate clothing for intramural activities. Deviations from this minimum are listed on intramural common elements guidelines and curricular activity pages. Where religious requirement present a safety concern, modifications to the activity must be made.
- b) 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.
- c) Parents/guardians must be made aware of safety precautions with eyeglasses for some activities, including an eyeglass strap and/or shatterproof lenses or removal of glasses if vision is adequate (see Appendix A).
- d) 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.

4. Facilities:

- a) To provide a safe environment for intramural/club activities the teacher/intramural supervisor 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 students and administration.
- 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) 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 (e.g. football helmets).
- d) 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 intramurals/clubs. A reasonable number of benches as well as mats secured to the wall are exceptions to this statement. Devices projecting from the wall (e.g., chin-up bars, pegs on a peg board) must be set at a height that will minimize the chance of injury or be removed when not in use.
- e) 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.
- f) Foreseeable risks must be identified and precautions taken to minimize risks. For safety precautions when using non-gym areas (e.g., concourses, hallways, classrooms, stages) for intramurals, see Appendices G, I-3.
- g) 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, students must be made aware of them, and modifications made when necessary. Field/outdoor playing areas must allow for sufficient traction.
- h) Regarding the opening or closing of gym divider door/curtains:
 - teachers must inform students of procedures for opening and closing doors/curtains and review periodically (e.g. posted signage if applicable);
 - constant visual supervision is required;
 - teachers/staff members only in charge of opening/closing and students must be properly trained if assisting the teacher in the opening/closing of the door/curtain;
 - designate an area a safe distance from the path of the door/curtain in which students must remain during the opening/closing of the door/curtain and check that path is clear (no obstructions and /or students 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 students 18 and over) can operate doors/curtains).

Noise can be a problem in gymnasiums where curtains divide playing areas. Determine that students are able to hear and follow instructions/signals. Use strategies to enhance communication to students.

A teacher/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 Intramural Safety Guidelines do not support contact. In this document, contact is defined as intentional physical contact with the purpose of gaining an advantage in the specific activity (e.g., body contact, stick-on-body, stick-on-stick).
- b) Intramural activities must be modified to the age and ability level, language and experience of the students and the facility available. It is important to balance teams on the basis of physical ability and skill level.
- c) Teachers/intramural supervisors must be encouraged to stay current with respect to safe exercise techniques.
- d) Intramural games must be based on skills that are taught. Any games/activities that are not part of the curricular program must be preceded by skill instruction (e.g., cross-country skiing).
- e) Before involving students in outdoor activity, teachers 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 student hydration before, during and after physical activity;
 - previous training and fitness level;
 - length of time and intensity of physical activity.
- f) Students 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) Students 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) Students must receive instruction on the importance of reporting symptoms related to a suspected concussion.
- i) If students are using body paint, allergy and floor traction concerns must be addressed.

- j) For the safe lifting, supporting and transporting of students, see Appendix O.
- k) Modify activities which involve students with special needs to address safety issues for all students. Teachers/intramural supervisor need to refer to resources designed to maximize safe opportunities for students with physical, intellectual, and behavioural exceptionalities (e.g., FMS: Active Start and FUNdamentals – For Children with Physical Disabilities and FMS: Active Start and FUNdamentals Stages For Children with Developmental and/or Behavioural Disabilities from Physical Health and Education Canada).
- l) Activities that do not promote a healthy, active lifestyle (e.g., starve-a-thons, eating contests) are not appropriate.
- m) Some activities refer to an “in charge person”. While the teacher/intramural supervisor 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.
- n) While moving, students must not be required to close their eyes or be blind-folded, except for leadership or trust games where the student is guided by another, in this case it would be important to emphasize safety.
- o) Emphasize controlled movement when requiring students to walk or run backwards. Avoid backward-running races.
- p) Any student with a cast must provide a doctor’s note or parent/guardian signed permission indicating it is safe for him/her to participate.
- q) Casts/orthopedic devices must not present a safety concern to students or other participants. Modifications to the program might have to be made.

6. Supervision:

Definition of 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 intramural supervisor, as referred to below, is defined as a teacher, principal, or vice-principal employed by the School District. A volunteer (not necessarily a teacher) could assist in the supervision of intramurals. Examples of volunteers are: educational assistants, retired teachers, co-op students, parents/guardians and teacher candidates. Refer to your School District policy regarding volunteers.

- a) Students 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, for example:
 - locked doors;
 - signs in/on physical education doors, gymnasium and other areas indicating that students 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 entering the gym without authorization.

- b) All activities must be supervised. The Safety Guidelines designate three categories of supervision: “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 teacher/intramural supervisor 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 teacher/intramural supervisor 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** means the teacher/intramural supervisor must be readily accessible and at least one of the following criteria is in place:
 - Teacher/intramural supervisor is circulating;
 - exact location of teacher/intramural supervisor is known and location is nearby; or
 - teacher/intramural supervisor is visible.

Example: During a school outdoor special events day, some students are involved in parachute games, some in relay games, and others in a team scavenger hunt around the school:

- **“constant visual” supervision** - High Obstacle Course (outdoors) – The teacher/intramural supervisor is at the event and is observing activity;
 - **“on-site” supervision** - Sport Imitation Activity – Students participating in volleyball on an outdoor court can be seen by the teacher/intramural supervisor;
 - **“in-the-area” supervision** - Scavenger Hunt – Students are running around the school grounds and at times may be out of sight.
- c) If there is an increase in risk factors (e.g., large number of students with special needs) then the number of supervisors and the level of supervision must be increased (e.g., from in-the-area to on-site).
- d) The level of supervision must be commensurate with the inherent risk of the activity. The level of risk increases with the number of participants, the skill level of the participants, and the type of equipment used. The list on pages 17-19 outlines appropriate supervision for each type of activity. The list is not exhaustive. For an unlisted activity, refer to the activity it most resembles. For outdoor education activities, reference the Curricular module in order to be aware of ratios, qualifications and supervision requirements.
- e) Establish routines, rules of acceptable behaviour and appropriate duties of students at the beginning of the year and reinforce throughout the year. Teachers/intramural supervisor must sanction students for unsafe play or unacceptable behaviour, and must exercise that responsibility at all times. Refer to Appendix J for more information on student behaviour.
- f) Students must be made aware of the rules of activities or games. Rules must be strictly enforced and modified to suit the age, physical, emotional, social, and intellectual abilities of the participants.
- g) The teacher/intramural supervisor must be vigilant to prevent one student from pressuring another into trying skills or activities for which he or she is not ready.

- h) When an intramural activity involves a large number of participants, as is the case at a special school day, the ratio of teachers/activity supervisors/volunteers to participants must be safe.
- i) When an intramural activity includes activities that require constant visual supervision (e.g., winter carnival snow and ice activities) or more than one higher-risk activity, the ratio of intramural supervisors/volunteers to participants must satisfy safety concerns.
- j) In situations where a supply teacher is responsible for supervising intramurals: Administrators are to address supply teacher comfort level with the intramural activity.

Administrator or absent intramural supervisor must:

- include the Safety Guidelines pages for intramural activity;
- inform supply teacher of the whereabouts of a contact teacher or administrator in case of an emergency;
- specify restrictions/modifications for students with health or behavioural problems.

Introduction to the Appendices:

- Information in the appendices addresses the required elements previously described in the generic section.
- It is mandatory that School Districts address all these safety elements (e.g., parental permission, medical information).
- Each appendix was developed as a sample for School Districts to localize as needed.

C. Supervision of Intramurals

The following tables provide an overview of the supervision required for the three types of intramural activities: sport imitation, low organization activities/special events, and clubs. Supervision types may be classified as “constant visual”, “on-site” or “in-the-area” (see B. 6. b) above). In some cases, the supervision type required is different for initial instruction/set-up of the activity and playing of the activity itself.

Supervision of Intramurals – Sport Imitation

All guidelines described in the Secondary School Curricular Physical Education Safety Guidelines Module should be implemented.

Constant Visual Supervision

- swimming
-

On-Site Supervision

Initial Instruction/Set-up:

- basketball-type games (Bordenball, Endball, Benchball, 3 on 3, 2 on 2)
- football
- racquet-type games (racquetball, paddleball, handball, tennis, badminton, pickleball, paddle tennis)
- soccer
- table tennis
- ultimate
- volleyball (newcombe ball, beach volleyball)

Activity:

- | | |
|--|--|
| <ul style="list-style-type: none"> • ball hockey, floor hockey, gym ringette, field hockey • bowling • broomball • cricket • curling • ice hockey • lacrosse (box, field) | <ul style="list-style-type: none"> • rugby (non-contact) • soccer • softball-type games • team handball • scooter games (scooter basketball, scooter soccer) • wrestling, combatives |
|--|--|

In-the-area Supervision

Activity:

- | | |
|--|--|
| <ul style="list-style-type: none"> • basketball-type games (bordenball, endball, benchball, 3 on 3, 2 on 2) • cross-country running, orienteering • football-type games (e.g., touch, flag) • racquet type games (racquetball, paddleball, handball, tennis, badminton, pickleball, paddle tennis) | <ul style="list-style-type: none"> • soccer • table tennis • ultimate • volleyball (newcombe ball, beach volleyball) |
|--|--|

Supervision of Intramurals – Low Organization Activities/Special Events

All guidelines described in the Secondary School Curricular Physical Education Safety Guidelines Module should be implemented.

Constant Visual Supervision

- aquatic games (as per pool regulations)
- transporting people relays
- human target games (e.g., dodgeball)
- building with bodies – initial instruction
- water activities (e.g., water-balloon relays)
- obstacle courses with climbing or inverted activities

On-site Supervision

- cooperative games
- accuracy challenges
- skill-related relays (e.g., basketball dribbling)
- building with bodies – practice, kneeling and lying
- transporting things
- obstacle courses without climbing apparatus (no inversions)
- scooterboard relays
- disc throwing
- skating and skating activities
- indoor running relays/indoor chasing games
- theme days
- face painting

In-the-area Supervision

- board games
- outdoor running relays/outdoor chasing games
- Jump Rope for Heart
- mass participation events (e.g., walkathons, dance-a-thons)

Supervision of Intramurals - Clubs

All guidelines described in the Secondary School Curricular Physical Education Safety Guidelines Module should be implemented.

Constant Visual Supervision

- gymnastics – higher-risk moves and skills
- archery
- fencing

On-Site Supervision

Initial Instruction/Set-up:

- fitness club activities
- cycling
- golf
- horseback riding
- in-line skating

Activity:

- cricket
- dragon boat
- gymnastics – lower-risk skills
- martial arts (self defense)
- bowling

In-the-area Supervision

Activity:

*refer to the Curricular Module for supervision ratios

- cross-country running
- cross-country skiing
- cycling
- dance/rhythmic
- fitness club activities
- golf
- horseback riding
- in-line skating
- running
- skiing (alpine)
- snowboarding
- snow skating

Building with Bodies

(e.g., Pyramid Building, Human Fence)

Equipment	Clothing/Footwear	Facilities	Special Rules/Instruction	Supervision
<p>For minimum thickness of mats, see Secondary Curricular - Gymnastics.</p> <p>Mats must be under pyramid and extend a minimum of 2m (6.56 ft) in all directions.</p>	<p>Bare feet or dance/gymnastics slippers.</p> <p>No sock feet.</p> <p>No jewellery.</p> <p>Tie back long hair and remove hair clips.</p> <p>Secure or remove eyeglasses.</p> <p>Suitable unrestricted clothing.</p>	<p>Locate lying and kneeling pyramids away from walls.</p> <p>Do not build pyramids near entrances or exits.</p> <p>Do not build pyramids on or near stages.</p>	<p>Set maximum number of participants allowed, depending on size, age, skill and experience of participants.</p> <p>Maximum height of pyramids must be no more than 3 levels.</p> <p>Weight and sizes of participants must determine placement in pyramid, e.g., larger students must be part of the base.</p> <p>Instruction must include how to assemble and disassemble, intentionally and unintentionally.</p> <p>Pyramid building must be the only activity in the space.</p>	<p>Constant visual supervision during instruction and first attempt of all types of pyramids.</p> <p>Constant visual supervision for standing pyramids.</p> <p>On-site supervision for kneeling and lying pyramids and stunts after initial instruction and first attempt.</p>

Also see Generic Section to view complete safety requirements.

Food/Water Activities

(e.g., Jello Pie Eating, Spray Activities, Water Balloons, Sponge Toss, Dunk Tanks)

Equipment	Clothing/Footwear	Facilities	Special Rules/Instruction	Supervision
<p>Equipment used with water must be:</p> <ul style="list-style-type: none"> • resistant to deterioration when wet, or be waterproof e.g., tables, chairs, floors; • protected from water where necessary; • thoroughly cleaned and rinsed before use. <p>Electrical equipment, e.g., timer, must have CSA- approved ground-fault system and be located at a safe distance away from water.</p> <p>Sliding surfaces must be smooth and clean (e.g., mats, plastic slides).</p> <p>Use water-spray bottles.</p> <p>No pressurized water guns (e.g., super soakers).</p>	<p>Clothing must be able to get wet and not increase risk of injury, e.g., no wet sweatpants that can cause participant to trip.</p> <p>Use footwear that will enhance traction.</p>	<p>Food must be served from sanitary surfaces.</p> <p>Activities that have the potential for excessive water spillage, e.g., spray activities, water balloons, must occur outside.</p> <p>Provide support, e.g., standby personnel to clean/mop any spills indoors, e.g., from water on a spoon activity.</p> <p>Facility must be able to be cleaned before and after event.</p>	<p>Set procedures and rules for safe play.</p> <p>Eating activities must be stationary.</p> <p>Ingredients of all food/materials must be clearly identified in order to address allergy concerns (e.g., peanuts, latex).</p> <p>Over-eating or under-eating activities must be avoided (e.g., Starv-a-thons).</p> <p>Avoid food in eating contests that may cause choking, (e.g., hot dogs, marshmallows). Use foods that are easily swallowed.</p> <p>Water on floor/ground surfaces decreases traction. Enhance traction where appropriate, e.g., rubberized mats on potentially wet surfaces.</p> <p>If footing is supposed to be slippery, an adequate landing surface must be padded or soft.</p> <p>Avoid extreme water temperatures.</p> <p>Do not allow glass containers.</p> <p>If activities promote wet bodies, any collision contact must be avoided.</p> <p>If there is to be throwing of wet sponges at people, the target area must be restricted appropriately, e.g., below the waist. With no target designation, eye protection must be worn.</p> <p>Students must not be used as targets for dunk tanks.</p>	<p>Constant visual supervision.</p>

Also see Generic Section to view complete safety requirements.

Martial Arts				
(e.g., Judo, Aikido, Karate, TaeKwon-Do)				
Equipment	Clothing/Footwear	Facilities	Special Rules/Instruction	Supervision
<p>Activity Surface:</p> <p>5 cm (2") mats, wrestling mats, or mats of equivalent compaction rating are required when the activity involves throws or falls (see Elementary Curricular Gymnastics – General Procedures for general utility mats specifications).</p> <p>Mat surface must be clean and checked frequently for irregularities (e.g., no gaps, overlaps or difference in height when joined).</p>	<p>Bare feet.</p> <p>Loose, comfortable clothing.</p> <p>No jewellery</p>	<p>Clear, smooth level and dry floor surface.</p> <p>Surrounding area must be free of all obstacles (e.g., tables, chairs, pianos, etc.).</p> <p>Surrounding walls must be padded if mat floor surface is less than 2m (3.28 ft) from wall.</p>	<p>Stress importance of anticipation, avoidance of risky situations, self-defence tactics and appropriate aggression.</p> <p>Skills must be taught in proper progression e.g., in Judo standing up sparring (Techiwaza rondori) can be practised only after break falls/rolls (Ukemi) techniques have been well established.</p> <p>Warm-up activities must emphasize conditioning and flexibility.</p> <p>In Judo, beginner level programs, arm lock or strangulation techniques must not be done.</p> <p>Students must be matched with students of similar weight, height and skill level.</p> <p>During individual or group practice time, no horseplay is allowed.</p>	<p>On-site supervision by teacher.</p> <p>On-site supervision by qualified instructor.</p> <p>Qualified instructors must deliver the program. For qualifications, contact specific provincial sport governing body (e.g., Judo: first degree black belt and have attended; Karate: minimum qualifications are: Instructor-Beginner NCCP certified, recognized first degree black belt, member in good standing of Karate NB).</p>

Also see Generic Section to view complete safety requirements.

Relay and Tag Games

(e.g., Capture the Flag, Survival Tag, Rock-Paper-Scissors)

Equipment	Clothing/Footwear	Facilities	Special Rules/Instruction	Supervision
<p>Equipment must not have sharp or ragged edges.</p> <p>Use soft objects, (e.g., foam balls, sponges, beach balls, elephant skin balls, utility balls).</p> <p>No under-inflated regulation balls.</p> <p>No beanbags or hard flying discs, (e.g., Frisbees).</p>	<p>Suitable footwear for each activity.</p> <p>No jewellery.</p>	<p>Adequate space for all participants.</p> <p>Turning points and finish lines must be a safe distance away from walls and equipment, trees, posts, natural hazards and holes.</p> <p>Games that take place over large areas (e.g., Survival) require instructor to set and communicate definite boundary lines.</p> <p>Supervisor must do a safety check walk through in order to identify potential hazards. Students must be made aware of hazards and approach with caution.</p> <p>All running tracks must be inspected annually and maintained as necessary.</p> <p>Playing area must provide safe footing</p> <p>Immovable hazards, (e.g., goal posts) must be identified to students and marked with pylons.</p> <p>Indoor playing area must be free from obstructions, (e.g., desks, chairs, pianos around the perimeter).</p> <p>All doors into, and out of, the indoor playing area must be closed.</p>	<p>For shuttle relays, all participants must have their own lane.</p> <p>Be aware of increased risk with oversized apparel or tying legs together.</p> <p>Students must not be blindfolded.</p> <p>When competing in these activities, no running backwards (students must be taught to turn and run forward when fleeing).</p> <p>Walls, stages and fences must not be used as finish lines or safe zones.</p> <p>Safe zones must be clearly delineated (e.g. use pylons, floor lines).</p> <p>There must be a procedure established to stop games, (e.g., whistle blowing).</p> <p>Activities/rules must be modified based on the skill level, age and facilities/equipment available.</p> <p>Tag Games</p> <p>Clearly define areas of the body that can be tagged (e.g., arms, legs, back).</p> <p>Inform students that a tag is a touch; not a push, grab or punch.</p>	<p>On-site supervision for relays.</p> <p>In-the-area supervision for chasing games.</p>

Also see Generic Section to view complete safety requirements.

School Made Equipment

School made equipment (e.g., Land Skis, Beanbags, Plastic Bottle Weights, Rhythm Sticks) can be made at school by district employees, adult volunteers and students who are under direct supervision.

Equipment	Clothing/Footwear	Facilities	Special Rules/Instruction	Supervision
<p>Use materials that are in good condition, (e.g., un-frayed ropes, smooth boards free of splinters, nothing with sharp edges).</p> <p>Use materials that resemble, as closely as possible, the manufactured item.</p> <p>Use materials that will not endanger students with severe allergies (e.g., latex).</p> <p>Home made equipment is not to be used.</p>	<p>Equipment that is designed to be worn (e.g., hats, capes, costumes) must not constrict neck or chest areas or put the student at risk.</p> <p>Masks must not impair vision.</p>	<p>School made equipment attached to facility (e.g., a wall) needs to be inspected by a knowledgeable third party to determine it is safe and secure.</p> <p>School made equipment that is a self-supported structure (e.g., outdoor volleyball posts, long jump pit with timber surround) needs to be inspected by a knowledgeable third party to determine it is safe and secure.</p> <p>See school district policy and procedures related to specifications, installation and inspection of school made equipment.</p>	<p>Follow instructions on how to build/assemble if available.</p> <p>If no instructions are available for a school made structure, describe the procedure in writing and record how, when and by whom it was made.</p> <p>Equipment made by students or volunteers must be inspected by a knowledgeable third party to determine safety.</p> <p>Test equipment before initial use.</p> <p>Inspect equipment every time it is used.</p> <p>Repair as necessary. If the piece of equipment changes significantly due to additional repairs that interfere with the function and safety, then discard and replace.</p>	<p>On-site supervision is required for students making equipment at school.</p> <p>Constant visual supervision is required if students are using machinery, (e.g., band saws) to make equipment.</p>

Also see Generic Section to view complete safety requirements.

Targets – Human				
(e.g., Dodgeball and Variations, Human Bowling, Heart-Attack Tag Games)				
Equipment	Clothing/Footwear	Facilities	Special Rules/Instruction	Supervision
Use soft objects, (e.g., foam balls, sponges, beach balls, elephant skin balls, crumpled newspaper balls, utility balls). No under-inflated regulation balls, e.g., volleyballs. No beanbags or hard flying discs (e.g., Frisbees).	No jewellery. Suitable footwear and clothing.	Playing area must be free from obstruction, (e.g., desks, chairs and other furniture/equipment around the perimeter).	Target area must be restricted appropriately (e.g., below the waist). Students who are targets must remain upright. Students must not be targets in dunk tanks.	Constant visual supervision.

Also see Generic Section to view complete safety requirements.

Targets – Other Target Games/Activities

(e.g., Throwing for Accuracy, Disc Golf)

Equipment	Clothing/Footwear	Facilities	Special Rules/Instruction	Supervision
Target size must be appropriate for age and ability of students.	Suitable clothing and footwear must be worn.	Targets must be situated away from spectators and other participants. Participants must have room to propel object towards target without hitting a bystander.	Establish procedures to reduce risk to other participants/spectators (e.g., restrict access to target area). Establish a process for safe retrieval of propelled objects.	On-site supervision.

Also see Generic Section to view complete safety requirements.

Transporting People/Things

(e.g., Human Amoeba, Chariot, Chuckwagon, Bed and/or Stretcher Races, Cookie Machine, Wheelbarrow)

Equipment	Clothing/Footwear	Facilities	Special Rules/Instruction	Supervision
<p>Equipment used:</p> <ul style="list-style-type: none"> • must be suitable to support size and weight of object/person being transported; • can be raised and lowered without jeopardizing hand/feet/body of carrier or object/person carried; • must have safety straps/rail or means to prevent person/thing from falling from anything higher than waist height; • must not constrict person at chest or neck. 	<p>No loose clothing.</p> <p>No clothing attachment that cannot be easily released in case of collapse (e.g., belt, shoelaces).</p> <p>Appropriate footwear must be worn.</p> <p>No jewellery.</p>	<p>Space adequate for activity and movement of students.</p> <p>Spectators in designated area away from activity.</p> <p>Must be a level surface, no obstructions or blind spots and provide good traction.</p> <p>Protective wall padding in place where needed.</p>	<p>Weight, size of object and distance carried must be appropriate to age and strength of participants.</p> <p>When students are carrying/supporting other students, they must be matched with those of similar weight/height/strength.</p> <p>Appropriate limitation on speed of movement.</p> <p>Establish a procedure to stop activity in the case of potential injury, e.g., whistle blowing.</p> <p>All participants must know rules and procedure (e.g., safe lifting, spotting, supporting and lowering techniques) prior to participation (see Appendix J).</p> <p>Prior practice must take place for all participants when lifting people or objects of sizable mass.</p> <p>Establish traffic flows to reduce congestion.</p>	<p>Constant visual supervision for initial instruction and initial practice, followed by on-site supervision.</p>

Also see Generic Section to view complete safety requirements.

Tug of War				
Equipment	Clothing/Footwear	Facilities	Special Rules/Instruction	Supervision
<p>A fully stocked first aid kit must be readily accessible.</p> <p>A working communication device (e.g., cell phone) must be accessible.</p> <p>Determine that all equipment is safe for use.</p> <p>Manila Hemp Tug of War rope or equivalent must be used:</p> <ul style="list-style-type: none"> • minimum 32mm (1 1/4") in diameter; • minimum 33m (108') length. <p>Ropes must be regularly checked for splinters and severe wear.</p> <p>Stopwatch.</p> <p>Whistle.</p>	<p>Suitable footwear (e.g., flat-soled athletic shoes) and appropriate clothing.</p> <p>No cleats.</p> <p>No spikes.</p> <p>No jewellery including watches.</p> <p>No gloves allowed.</p>	<p>Determine that all facilities are safe for use.</p> <p>Outdoor grass area minimum 8m x 40m (26' x 131').</p> <p>The pulling area must be a flat, level surface free of debris and water.</p> <p>The playing area must be outlined with tug of war markings.</p> <p>No indoor facilities can be used for tug of war. The exception is a commercial tug of war indoor facility.</p>	<p>Parents/guardians must be made aware of any off-campus activity and the means of transportation used.</p> <p>Skills must be taught in proper progression.</p> <p>Tugging competitions must be based on skills that are taught.</p> <p>Maximum number of participants on each team: 8.</p> <p>Follow and enforce the rules in the official Tug of War rule book (www.tugofwar.ca).</p> <p>When selecting teams, consideration must be given to students' age, weight, height, sex, fitness level and experience.</p> <p>Students must participate in appropriate warm-up that includes aerobic warm-up and stretches.</p> <p>Students must be informed to never wrap the rope around waist or wrist or pull it under/through clothing.</p> <p>No knots or loops are to be made in the rope, nor must it be locked across any part of the body of any team member.</p> <p>At the start of a pull, the rope must be taut with the centre rope marking over the centre line marking on the ground.</p> <p>Every pulling member must hold the rope with the palms of both bare hands facing up. The rope will pass between the body and the upper part of the arm.</p> <p>For the end puller/anchor, the rope passes alongside the body, diagonally across the back and over the opposite shoulder from</p>	<p>Constant visual supervision for team tug of war activities.</p> <p>On-site supervision for initial instruction involving pairs.</p> <p>Ratios:</p> <ul style="list-style-type: none"> • 1 referee: each pull; • 1:16 teacher to student. <p>One teacher/supervisor for each pull.</p> <p>The teacher/supervisor acts as:</p> <ul style="list-style-type: none"> • referee; • timer; • overseer of activity to determine participants in distress and acts accordingly. <p>A teacher who is providing instruction and is unfamiliar with tug of war techniques (e.g. no recent experience) must refrain from teaching the activity until:</p> <ul style="list-style-type: none"> • assistance is provided by an appropriately trained staff; or • training is received.

Tug of War				
Equipment	Clothing/Footwear	Facilities	Special Rules/Instruction	Supervision
			<p>rear to front. The remaining rope passes under the armpit in a backward and outward direction and the slack runs free. The anchor then grips the standing part of the rope by the ordinary grip (e.g., the palms of both hands facing up, with both arms extended forward).</p> <p>Inform students that there is the potential for rope burns.</p> <p>To reduce the risk of rope burns:</p> <ul style="list-style-type: none"> • grip the rope only hard enough to stop it from slipping; • momentarily wiggle fingers without letting go of the rope; • if arms tire, momentarily squeeze rope under armpit. <p>Participants must be instructed in proper foot positioning and foot work.</p> <p>Instruction must be given in the likelihood of a fall and in recovery techniques.</p> <p>Maximum time for each pull is one minute.</p> <p>Teachers must be aware of the weather forecast. Pulling must be cancelled in adverse conditions.</p> <p>Students must receive instruction on safety procedures related to severe weather conditions (e.g., lightning, funnel clouds, severe winds, tornadoes [see Appendix F - Lighting Protocol]).</p> <p>Before involving students in outdoor activity, teachers must take into consideration:</p>	

Tug of War				
Equipment	Clothing/Footwear	Facilities	Special Rules/Instruction	Supervision
			<ul style="list-style-type: none"> • environmental conditions (temperature, weather, air quality, humidity, UV rays, insects); • accessibility to adequate liquid replacement (personal water bottles, water fountains) and student hydration before, during and after physical activity; • previous training and fitness level; • length of time and intensity of physical activity. <p>Students 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).</p> <p>Insect repellent and sunscreen must not be applied to palms of hands.</p> <p>Students must receive instruction on safety procedures related to severe weather conditions (e.g., lightning, funnel clouds, severe winds, tornadoes [see Appendix F - Lightning]).</p> <p>Allow teams sufficient time to physically recover after each pull (minimum of one to two minutes is required).</p> <p>Be aware of students whose medical condition (e.g., asthma, anaphylaxis, casts, orthopaedic device) may affect participation (see Generic Section).</p>	

Also see Generic Section to view complete safety requirements.

SPECIAL SECTION FOR PHYSICAL ACTIVITY PROGRAMS

The responsibility for addressing a safe learning/activity environment rests with the School District and its staff. This responsibility applies to all aspects of the school day, including physical activity programs. Physical activities may take place in a variety of locations, such as gymnasiums, the outdoors, classrooms, hallways, concourses, large stages and multipurpose areas. There are many common or generic guidelines for safety that apply to all of these locations, and they are outlined on the following pages.

Safety Guidelines for physical activity programs:

Medical Information

- A process must be in place by which staff is made aware of any limitations (e.g., physical, intellectual, emotional) that students may have that would prevent full participation in physical activities.
- Be well prepared to respond to emergency situations that might arise from such conditions as asthma, diabetes, and life-threatening allergies.
- Follow district policies regarding the collection and storage of student medical data.

First Aid

- Be aware of the school's emergency action plan, the identity of the first-aid providers, and the location of the first-aid kit(s).
- When conducting off-site activities, plan how to access emergency medical aid.
- Follow district policies prescribed for Universal Precautions for Blood and Bodily Fluids.
- A first-aid kit must be accessible to all areas used for physical activity.

Activity Risks

Before engaging in physical activities, inform students of the following:

- possible risks associated with the activity;
- ways of minimizing the risks;
- procedures and guidelines for safe participation.

Emergency Situations

Inform students of the locations of fire alarms, fire exits, assembly areas, and protocols for emergency situations for every location where daily physical activity takes place.

Off-site Activities

When activities are taking place off the school site, refer to school district policies, protocols and forms.

Change Rooms and Traveling to Physical Activity Area

At the beginning of the school year, and throughout the year, inform and remind students of appropriate change-room behaviour and safe procedures for going to and from the physical activity area.

Equipment

- Equipment must be appropriate for the facility or location used (e.g., classroom, outdoors).
- Equipment must be checked regularly to determine that it is in good working order.
- Balls must be properly inflated.
- Mats must be placed on all designated landing areas (e.g., under chin-up bar, peg board, climber rungs).
- Encourage students to report equipment problems to the teacher.

Clothing and Footwear (Ways to implement and communicate the following are included at the end of the physical activity section)

- Running shoes are a minimum requirement, regardless of where physical activity takes place (see Outdoors activity page for exceptions when physical activity is outdoors). Running shoes must have flat rubber soles with a tread and be secured to the feet. Running shoes with higher heels, wheels, open toes, open heels, cleats and sandals are not appropriate. Remind students to tie shoelaces securely.
- When physical activity takes place as part of a Physical Education class, shorts, sweat pants, T-shirts, and sweatshirts are examples of appropriate clothing.
- When physical activity takes place in any setting other than as part of a physical education class, students must wear clothing that does not inhibit movement (e.g., not tight clothing) and is appropriate for bending, stretching, etc.
- When religious requirements present a safety concern, modifications must be made to the activity.
- When physical activity takes place, no hanging jewellery can be worn. Refer to Physical Education Safety Guidelines individual activity pages related to the topic you are teaching in order to determine the appropriateness of other types of jewellery. Hanging jewellery that cannot be removed and that presents a safety concern (e.g., medical alert identification) must be taped / covered.

Facilities

- Visually check the activity area prior to the activity to determine that hazards are identified and removed.
- Classrooms must provide enough space that is unobstructed by furniture and other equipment that will allow for free movement by students (i.e., enough space to move freely without touching others or furniture).
- Remove excess equipment and furniture from the perimeter of the gymnasium, hall, concourse, stage (e.g., tables, chairs).
- Bring potentially dangerous and immovable objects (e.g., goalposts, protruding stage) to the attention of students. Where there are immovable objects (e.g., trophy cases), create a “safety zone” of at least one metre around the perimeter of the activity area. Mark out these types of areas (e.g., with pylons, mats etc.).
- The activity surface, whether indoors or outdoors, must provide good traction.
- Make students aware of the boundaries of the activity area.
- Encourage students to report safety concerns regarding the facility to the teacher.

Physical Activity: Special Rules and Instructions

- Activities must be appropriate for the age and ability levels of the students and the facility where the activity is taking place;
- The number of students participating in physical activity programs in any location must not present a safety concern;
- Establish routines, rules of acceptable behaviour, and appropriate duties for students at the beginning of the year, reinforce these throughout the year, and determine that students adhere to them;
- Games and activities must be based on skills that have been taught previously;
- Instruct students regarding the proper use of equipment before allowing them to use it;
- Students must be instructed to keep a safe distance from one another, from furniture/equipment and structures (e.g., walls, doors, windows);
- Clearly outline all rules to students. Rules must be strictly enforced. Modify rules to suit the age and ability of the participants;
- Make students aware that body-on-body contact and equipment-on-body contact are prohibited;
- Physical activities must include an appropriate warm-up, moderate to vigorous physical activity, and cool-down;
- Encourage each student to work at a level of intensity that is appropriate for him or her;
- Determine that the temperature and weather conditions are appropriate for participation in moderate to vigorous physical activity outdoors.

Supervision

- Determine that supervision of physical activity programs is in accordance with all district policies and protocols;
- While students are physically active, be present at, in control of, and fully attentive to the activity area at all times;
- Inform and periodically remind students that use of equipment and of the gymnasium and multipurpose rooms is prohibited without teacher supervision. Deterrents must be in place (e.g., announcements, signs on doors, locked doors);
- Be vigilant to prevent one student from pressuring another into trying activities for which he or she is not ready;
- When a student displays hesitation, verbally or non-verbally, during an activity, discuss the reason(s) for the hesitancy and, if appropriate, provide the student with a different activity;
- Share physical activity safety standards with supply teachers.

In the following charts, safety guidelines are provided for activities conducted in specified areas. In cases where sport-specific activities are being done (e.g., soccer), refer to the ***New Brunswick Physical Education Safety Guidelines: Secondary Curricular Module***. In this document there are activity-specific safety standards for a full range of activities.

Physical Activity Locations	Equipment	Clothing & Footwear	Facilities	Special Rules & Instructions	Supervision
Classroom	<p>Equipment must be appropriate for age and ability of students and size of classroom.</p> <p>All equipment used in physical activity programs must be in good repair.</p> <p>Location of nearest first-aid kit must be known and accessible.</p> <p>Physical activity equipment must be safely stored.</p>	<p>Running shoes must be worn.</p> <p>No hanging jewellery.</p> <p>Clothing appropriate for freedom of movement.</p>	<p>Visually inspect and check for hazards specific to classrooms (e.g., floor surface must not be slippery and is free from all obstacles, such as books, backpacks, and extension cords).</p> <p>Carpets must be flat and secured to the floor and not present a tripping hazard.</p> <p>There must be enough room between students and furniture and walls to allow for freedom of movement.</p>	<p>Include activities that have a controlled amount of movement (e.g., running on the spot, chair exercises).</p> <p>Students must be instructed in the proper use of equipment before using it.</p>	On-site supervision.
Multi-Purpose Area Concourse Hallways Stage Library Stairs	<p>Equipment must be appropriate for age and ability of students and size of facility.</p> <p>All equipment used in physical activity programs must be in good repair.</p> <p>First-aid kit must be accessible.</p> <p>Physical activity equipment must be safely stored.</p>	<p>Running shoes must be worn.</p> <p>No hanging jewellery.</p> <p>Clothing appropriate for freedom of movement.</p>	<p>Visually inspect and check for hazards specific to the location (e.g., proximity of drinking fountains, glass doors and trophy cases to the activity).</p> <p>Mark off areas where there are immovable objects (e.g., sinks, water fountains).</p> <p>Floor surfaces must provide good traction.</p> <p>Walls and doors must not be used for turning points or finish lines. A line or pylon must be used instead.</p> <p>Where a hall or stair activity involves passing through a doorway, the door(s) must be secured open.</p>	<p>Include activities that have a controlled amount of movement, based on the size of the area (e.g., aerobics, mat work, fitness stations, skipping, dance).</p> <p>Students must be instructed in the proper use of equipment before using it.</p> <p>If the activity area is a common open area (e.g., an atrium, a forum, a library, hallway), students who are not involved in the physical activity must walk around the outside of the area or must be redirected to take another route.</p> <p>Take precautions to guard against doors opening into the activity area (e.g., keep</p>	On-site supervision.

Physical Activity Locations	Equipment	Clothing & Footwear	Facilities	Special Rules & Instructions	Supervision
			<p>There must be enough room between students and equipment and walls to allow for freedom of movement.</p> <p>Large stages can be used, but the edge must be marked off and students kept back from the markers.</p> <p>Locker doors must be closed when physical activity occurs in hallways.</p>	<p>participating students far enough away from a door that could swing open into the physical activity area).</p> <p>No racing or end-to-end activities.</p> <p>When students are ascending or descending stairs, they must be in control and must have access to a hand rail.</p>	
Gymnasium	<p>Equipment must be checked regularly and repaired as needed.</p> <p>First-aid kit accessible.</p> <p>Equipment must be appropriate for age and ability of students.</p> <p>Physical activity equipment must be stored safely.</p>	<p>Running shoes must be worn.</p> <p>No hanging jewellery.</p> <p>Clothing appropriate for freedom of movement.</p> <p>Scarves, drawstrings, and belts must not present a safety concern.</p>	<p>Visually inspect for hazards.</p> <p>Walls and stages must not be used for turning points or finish lines. A line or pylon must be used instead.</p> <p>Floor plugs must be used to cover the holes in which poles for nets are usually placed.</p>	<p>Students must be instructed in the proper use of equipment before using it.</p> <p>When involving students in circuits, there must be enough room between stations and between the station activity and the wall for safe movement.</p>	On-site supervision.
Outdoors	<p>Equipment must be appropriate for age and ability of students.</p> <p>Equipment must be safely transported to the outdoor location.</p> <p>First-aid kit must be accessible.</p>	<p>Footwear must be appropriate for the requirements of the activity (e.g., running shoes, snowshoes, and boots).</p> <p>Clothing must be appropriate for the activity and weather conditions (e.g., hats, mitts).</p> <p>No hanging jewellery.</p>	<p>Visually inspect outdoor area for potential hazards (e.g., holes, glass, rocks).</p> <p>Immovable obstacles, such as trees and goalposts, must be identified to students.</p> <p>Severely uneven surfaces must not be used. There must be sufficient turf for proper traction.</p> <p>Warn students to be careful on wet grass.</p>	<p>Take weather conditions into consideration (e.g., heat, cold, smog, rain, lightning) when planning activities.</p> <p>Attention must be given to temperature, length of time students have been outside, and intensity of activity.</p> <p>Inform parents and students of the importance of sun protection (e.g., sunscreen, hats) and insect repellent.</p>	<p>On-site supervision.</p> <p>In-the-Area supervision for power walks, neighbour- hood run/walks.</p>

Physical Activity Locations	Equipment	Clothing & Footwear	Facilities	Special Rules & Instructions	Supervision
			<p>When engaging students in an activity in the school neighbourhood (e.g., a power walk), teachers must familiarize students with the route before the initial attempt (e.g., note areas to approach with caution). Students must not cross intersections unless directly supervised.</p>	<p>Remind students of the importance of hydration.</p> <p>Inform school office whenever a class will be held outdoors and determine that an appropriate means of is available (e.g., student runner, walkie-talkies).</p> <p>Determine that there is easy access into the school building from the location.</p> <p>Students must stay in pairs or groups (the buddy system) if they are going to be out of the teacher's sight for any reason.</p> <p>For winter activities, discuss with students how to prevent, recognize, and treat frostbite and hypothermia.</p>	
<p>Facilities (e.g., arenas, parks)</p>	<p>Use equipment appropriate to the size and condition of the facility.</p> <p>Equipment must be safely transported to the community facility.</p> <p>First-aid kit must be accessible.</p> <p>When using off-site facilities, follow district policies.</p>	<p>Clothing and footwear must be appropriate for the activity (e.g., running shoes, skates).</p> <p>No hanging jewellery.</p>	<p>Visually inspect community facility for hazardous conditions.</p> <p>For outdoor community facilities, see Outdoors section above.</p>	<p>Follow rules and etiquette as outlined by the facility.</p> <p>Be familiar with the emergency safety procedures of the facility.</p> <p>Determine that there is a suitable means of communication with the school in case of an emergency.</p>	<ul style="list-style-type: none"> • On-site supervision.

Sample Physical Activity Communication Strategies

A. The minimum student safety requirements for physical activity are as follows:

- running shoes;
- when physical activity takes place in any setting other than as part of a physical education class, students must wear loose fitting clothing that does not inhibit movement (e.g., not tight clothing) and is appropriate for bending, stretching etc.;
- no hanging jewellery;
- jewellery that cannot be removed must be taped/covered.

There are a variety of ways that this information can be communicated to parents:

- in the school newsletter;
- on the school's web site;
- in the student handbook;
- as an attachment to the June report card to prepare students and parents for the next school year (sample attached on previous page);
- as part of the Physical Education Safety Guideline Appendix A which goes home to all parents/guardians in September (attached);
- letter to parents.

These requirements could be included in the school's dress code and shared as part of any of the above strategies. The following is a sample dress code description:

B. Sample Dress Code

School policy requires that students meet acceptable standards of dress and grooming. Student dress should promote a safe, respectful, learning environment.

Please assist your child in making the appropriate dress choices each day. Students need to be prepared every day to be active, to sit on the floor and to move around the classroom

The following guidelines should help define "appropriate" and "respectful":

- no profanity on clothing including shirts and hats;
- no hats worn inside the school;
- no suggestive cartoons or drawings on clothing;
- no slogans promoting the use of drugs, alcohol or violence on clothing;
- no derogatory, gender-based or racial comments on clothing;
- no revealing clothing such as short shorts/skirts, tube tops, halter tops, muscle shirts, spaghetti straps on tops, clothes that expose the midriff and chest;
- no shorts under short skirts;
- no underwear showing.

C. Participation in daily physical activity programs requires that every day students:

- wear running shoes;
 - Running shoes must have flat rubber soles with a tread and be secured to the feet;
 - No:
 - running shoes with wheels;
 - running shoes with a higher heel;
 - open toes or open heels;
 - cleats;
 - sandals.
 - Shoelaces must be tied;
- no hanging jewellery;
- hanging jewellery which cannot be removed must be taped/covered;
- wear loose fitting clothing that does not inhibit movement (e.g., not tight clothing) and is appropriate for bending, stretching, etc..

Safety Guidelines for Physical Education in New Brunswick

**Secondary School
Intramural**

**Module 5 - Appendices
2014**



Appendix A

Sample Information Letter to Parents/Guardians and Medical Information Form

PART A: Sample Information Letter to Parents/Guardians

Dear Parent/Guardian

Please retain this page for your information.

Physical activity is essential for normal, healthy growth and development. Growing bones and muscles require not only good nutrition, but also the stimulation of vigorous physical activity to increase the strength and endurance necessary for a physically active lifestyle. Active participation in intramural activities provides opportunities for students to develop the skills and confidence necessary to play and work co-operatively and competitively with their peers.

Elements of risk of notice

The risk of injury exists in every athletic activity. However, due to the very nature of some activities, the risk of injury may increase. Injuries may range from minor sprains and strains to more serious injuries. These injuries result from the nature of the activity and can occur without fault on either the part of the student, the School District or its employees/agents or the facility where the activity is taking place. The safety and well-being of students is a prime concern and attempts are made to manage, as effectively as possible, the foreseeable risks inherent in physical activity. Please call the school to discuss safety concerns related to any physical activity in which your child/ward is participating.

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.

[In this section, schools should identify examples of intramural activities which may be offered to students during the school year.]

Physical Activity at School

Throughout the week, students at our school will be participating in moderate-to-vigorous physical activity. Research has shown that daily, sustained physical activity has a positive impact on students' academic achievement, readiness to learn, behaviour, self-esteem, and level of physical fitness. This physical activity will take place in other areas of the school outside of physical education classes. Aerobic routines, fitness circuits, and power walks are some examples of physical activity sessions. Students will also have opportunities to participate in co-curricular intramural and club activities that may include, but are not limited to, ball hockey, volleyball, basketball and badminton.

[In this section, schools should identify examples of physical activity programs which may be offered to students during the school year.]

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, students must:

1. For physical education classes and intramural activities: wear appropriate attire for safe participation (e.g., t-shirt, shorts or track pants). Running shoes that provide good support and traction are a minimum requirement.
2. For physical education classes: not wear hanging jewellery (e.g., necklaces, hoop earrings). In some activities (e.g., tag games), no jewellery can be worn. Jewellery which cannot be removed must be taped or covered.
3. For physical activities outside of physical education, wear appropriate running shoes and loose-fitting clothing that will not inhibit movement.

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 physical education classes, physical activities and intramurals. 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, physical activity programs 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 School 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.*

PART B: Medical Information Form

Parents/guardians are requested to complete the following medical information form, acknowledgement of Elements of Risk Notice and request to participate in intramural activities or physical activity programs and return to their child/ward's teacher.

Name of student: _____ Grade: _____

Name of teacher: _____

(Where your son's daughter's/ward's condition is confidential or requires further explanation, you are requested to contact your son's/daughter's teacher.)

Date of last completed medical examination: _____

Date of last tetanus immunization: _____

Is your son/daughter/ward allergic to any drugs, food or medication/other? Yes ___ No ___

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? Yes ___ No ___

Contact lenses? Yes ___ No ___

Orthodontic appliance? Yes ___ No ___ Crowns? 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 provide relevant details:

- | | | | |
|-----------------|-----------|-----------------|------------------|
| Asthma | Epilepsy | Type 1 Diabetes | Type II Diabetes |
| Heart Disorders | Allergies | Deafness | Other |

5. Physical Ailments:

Circle any that apply and provide relevant details:

- | | | |
|---|-------------------|------------------------|
| Arthritis or rheumatism | Spinal conditions | Orthopaedic conditions |
| Chronic nosebleeds | Fainting | Trick of lock knee |
| Dizziness | Headaches | Hernia |
| Swollen, hyper-mobile or painful joints | | |

Head or back conditions or injuries, including any diagnosed concussions (in the past two years):

Please indicate any other medical condition that will limit participation:

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, physical activity programs and interschool practices and competitions. Request the form from the school administrator.

Elements of Risk Notice

I acknowledge and have read the Elements of Risk notice.

Parent/guardian Signature: _____ Date: _____

Intramural Activities/Clubs Permission:

Optional: This signature space may be used in lieu of collecting a separate Intramural permission form.

I give permission for my child/ward to participate in intramural activities/clubs and physical activity programs.

Parent/guardian Signature: _____ Date: _____

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 student who has missed an intramural activity due to an injury or illness requiring professional medical attention (e.g. medical doctor, nurse practitioner, chiropractor, and physiotherapist).

Name of Student: _____

Intramural Supervisor: _____

As a result of my child's/ward's injury/illness (_____), medical attention by a (*check one*):

- medical doctor
- nurse practitioner
- other medical specialist: _____

has been assessed 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/Guardian signature: _____ Date: _____

Comments:

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 Health 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.

¹McCroly 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>

Key Terms

Baseline Testing: Is the practice of having athlete complete certain concussion assessment tools before sport participation – usually before the start of a season – to get baseline or “pre-injury” measurements. Baseline Testing is not required. See [Parachute](#) for further information.

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/Hockey-Programs/Safety/Concussion/Infographic/english.html](http://cdn.hockeycanada.ca/hockey-canada/Hockey-Programs/Safety/Concussion/Infographic/english.html))
- 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 to achieve improvement in the prevention identification and management of concussion which includes students, parents, school administration, teachers, coaches, referees, and health care professionals (**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 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, C-8**).

2. IDENTIFICATION COMPONENT

Identification of a Suspected Concussion

Responsible adults 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.

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** to do so.

RED FLAGS	
<p>You see:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Vomiting <input type="checkbox"/> Seizure or convulsion <input type="checkbox"/> Deteriorating conscious state <input type="checkbox"/> Loss of consciousness <input type="checkbox"/> Increasingly restless, agitated or combative 	<p>The student complains of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Neck pain or tenderness <input type="checkbox"/> Double vision <input type="checkbox"/> Severe or increasing headache <input type="checkbox"/> Weakness or tingling/burning in arms or legs

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/guardian (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 [Policy 129 – Procedure for Reporting Accidents on Public School Premises Appendix A - Accident Report Form](#) 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**, **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);
 - 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;
 - 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
 - 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 (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 actively involved and encouraged to share their thoughts about how things are going, and share the symptoms they are experiencing.

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/guardian 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/PHYSICAL ACTIVITY?

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 FOR 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: _____

This form must be completed by the responsible adult at the scene of the incident.

Student Name: _____

Date of Incident _____ Time _____

Location of Incident: _____

Name of the responsible adult monitoring the student at the scene: _____

Cause of Injury: Blow to the head Hit to the body Uncertain

Describe the Incident: _____

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

- A)** Initiate the first steps of the Emergency Action Plan
- Wear gloves if blood is 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 the **Red Flag** signs and symptoms below. (Check all that apply).

RED FLAGS		
You see:		
<input type="checkbox"/> Seizure, 'fits', or convulsion	<input type="checkbox"/> Increased confusion or deteriorating conscious state (becoming less responsive, drowsy)	The student complains of:
<input type="checkbox"/> Loss of consciousness		
<input type="checkbox"/> Visible deformity of the skull		
<input type="checkbox"/> Increasingly restless, agitated, or combative		
		<input type="checkbox"/> Neck pain or tenderness
		<input type="checkbox"/> Loss of vision or double vision
		<input type="checkbox"/> Severe or increasing headache
		<input type="checkbox"/> Weakness or numbness/tingling in more than one arm or leg

- C)** If there is any **Red Flags** or other serious injury present:
- **Call 911**
 - Stay with the injured student and monitor them until Emergency Medical Services arrives.
 - Inform the parent of the situation and the steps that are being taken.
 - If the student is not fully conscious, suspect a cervical spine injury and do not move the student.
 - If applicable, do not remove the student's helmet - wait for Emergency Medical Services to arrive.

2 Remove the student from the activity

If the injury does **NOT** require Emergency Medical Services, **remove the student from participating in the activity** and do not let them return to any activities that day.

- Proceed to Step 3 and 4 to complete this form.

3

Identify the signs and symptoms

A) Look for the following signs and symptoms of a suspected concussion and **check off any that apply**.

SIGNS AND SYMPTOMS OF A SUSPECTED CONCUSSION	
<p>Possible Signs Observed A sign is something that is observed by another person (e.g., teacher, coach, supervisor, peer).</p>	<p>Possible Symptoms Reported A symptom is something that the student reports.</p>
<p>Physical</p> <ul style="list-style-type: none"> <input type="checkbox"/> Facial injury <input type="checkbox"/> Dazed, blank, or vacant look <input type="checkbox"/> Falling unprotected to the playing surface <input type="checkbox"/> Lying motionless on the playing surface <input type="checkbox"/> Slow to get up after a direct or indirect hit to the head <input type="checkbox"/> Unsteady on feet / balance problems or falling over / poor coordination / wobbly 	<p>Physical</p> <ul style="list-style-type: none"> <input type="checkbox"/> Headache or “Pressure in head” <input type="checkbox"/> Sensitivity to light or noise <input type="checkbox"/> Fatigue or low energy <input type="checkbox"/> Balance problems or dizziness <input type="checkbox"/> Nausea or vomiting <input type="checkbox"/> Feeling off / not right <p>Cognitive</p> <ul style="list-style-type: none"> <input type="checkbox"/> Difficulty concentrating or remembering <input type="checkbox"/> Feeling slowed down <input type="checkbox"/> Feeling like “in a fog” <p>Emotional</p> <ul style="list-style-type: none"> <input type="checkbox"/> More emotional <input type="checkbox"/> More Irritable <input type="checkbox"/> Sadness <input type="checkbox"/> Nervous or anxious

B) Ask these questions to test memory and check off if the response is correct or incorrect.

Sample Quick Memory Test Questions	Correct	Incorrect
What room are we in right now?		
What field are we playing on today?		
Is it before or after lunch?		
What is the name of your teacher/coach?		
Which school do you go to?		

4

Next steps

Suspect a concussion if **ONE** sign is observed or **ONE** symptom is reported or **ONE** Quick Memory Test Question is answered incorrectly.

- Contact the parent or emergency contact to come and pick up the student. Continue to observe the student for signs and symptoms of a concussion. Ensure they are with a responsible adult **at all times**.

The parent/emergency contact should have the student examined by a medical doctor or nurse practitioner as soon as possible if a concussion is suspected.

Continued surveillance undertaken by the parent/guardian

The student should be monitored during the first 24 to 48 hours after the injury as signs and symptoms may appear hours or days later. If signs and/or symptoms appear, the student should be examined by a medical doctor or nurse practitioner as soon as possible.

Signature of the responsible adult: _____

Provide this completed form to the school principal. A copy should also be provided to the parent/emergency contact.

Adapted from the Concussion Recognition Tool 6 (CRT6) developed by the Concussion in Sport Group (CISG)

Appendix C-4

Documentation of Medical Examination

Revised 2019

This form to be provided to the parent/guardian of all students suspected of having a concussion for the assessment by a medical doctor 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

- The student has been examined and no concussion has been diagnosed and therefore may resume full participation in learning and physical activity with no restrictions.
- The student has been examined and a concussion has been diagnosed and therefore must begin a medically supervised, progressive and personalized **Return to School and Return to Sport/Physical Activity Strategies**.

Notice to parents/guardians:

Students diagnosed with a concussion 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.

Parent/guardian signature: _____ Date: _____



Documentation for a Diagnosed Concussion

Return-to-School Strategy

This form is to be used by parents/guardians and schools to communicate the recovery progress of a student with a diagnosed concussion. This completed form must be copied, with the original filed and the copy provided to the parent/guardian.

Each step of the **Return-to-School Strategy** must take a minimum of 24 hours but could last longer depending on the severity and type of symptoms present. It's acceptable for symptoms to worsen slightly with activity, so long as the exacerbation is mild and brief. **If the student's symptoms worsen more than this, they should stop the activity and reattempt the same step the next day.**

Date of the incident _____ Date of the diagnosis _____

Step A - Activities of daily living and relative rest

- This step is to be completed at home.
- The student may engage in activities that do not result in more than mild and brief worsening of symptoms (e.g., social interactions, light walking, housework, simple board and/or card games)
- Relative rest is for 48 hours maximum.
- Reminder: The parent/guardian must inform the school administration/designate of the results of the medical examination.

- Student's symptoms have been sufficiently improving within a 24-hour period and will proceed to Step B – School work as tolerated.
- Student has been resting at home for a maximum of two days and will proceed to Step B – School work as tolerated.

Date _____

Step B – School activities as tolerated

- The student may gradually increase cognitive activity, increase tolerance to cognitive work and connect socially with peers (e.g., reading, crossword puzzles, completing homework).
- The student may need to take breaks and adapt activities to avoid more than mild and brief worsening of symptoms.
- Parent/guardian should contact the school principal/designate to discuss a plan to return to school.

- Student can return to school part-time with accommodations based on symptoms. Following the advice of a healthcare professional, the student must proceed to Step C – Back to School Part-time as an Observer.
- Student can return to school part-time with accommodations based on symptoms. Unless advised otherwise, the student will proceed directly to Step D – Part-time or full days at school with accommodations.

Date _____

Please provide a copy of this form to the school administration/designate once the student returns to school.

Parent/Guardian signature _____ Date _____

Step 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 learning accommodations which will allow for a gradual increase in cognitive activity (e.g., avoiding noisy locations, modifying the lighting, repeating instructions, etc.).
- No music class, classroom evaluations or homework.

Student can tolerate a half-day of cognitive activity at school as an observer during 30–45-minute intervals and will proceed to Stage D - Part-time or full days at school with accommodations.

Date _____

Step D - Part-time or full days at school with accommodations

- The student may begin with half a day at school with gradual reintroduction of learning activities.
- Adapted classroom evaluations are permitted.
- The student may require the usage of personalized accommodations for a return to learn as tolerated (e.g., reduce the student's workload, extend deadlines to complete assignments, divide assignments into smaller parts).

Student can tolerate a full day of cognitive activities at school without concussion-related accommodations and will proceed to Step E - Return to school full-time.

Date _____

Step E - Return to school full-time

- Student returns to regular learning activities at school without any accommodations.

Student can tolerate their full academic workload at school and at home. Student may proceed with efforts to complete any remaining stages of their Return-to-Sport/Physical Activity Strategy.

Date _____

CONFIRMATION OF MEDICAL SUPERVISION

As a parent/guardian, I recognize that my child will not be able to fully participate in regular physical education class, intramural activities and/or interschool activities which involve full contact practice or non-contact game play without having informed the school of the results from the medical examination.

Parent/Guardian 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 Step 4 of the Return-to-Sport / Physical Activity Strategy.

This tool is a guideline for managing a student's return to school following a concussion and does not replace medical advice. Every concussion is unique, and recovery is different for each student. Timelines and activities may vary based on direction from a doctor, nurse practitioner, or licenced health care professional with relevant training.

RETURN TO-SCHOOL		STEP A	STEP B	STEP C	STEP D	STEP E
NAME & GOAL OF EACH STEP	Activities of daily living and relative rest Gradual reintroduction of typical activities as tolerated	School activities as tolerated Increase tolerance to cognitive work and connect socially with peers	Back to school part-time as an observer Reintroduction to the school environment with accommodations	Part-time or full days at school with accommodations (as needed) Gradual increase in academic activities	Return to school full-time Return to full academic activities without restrictions	
ACCEPTABLE ACTIVITIES	Doing activities at home that do not result in more than mild* and brief** worsening of symptoms such as: <ul style="list-style-type: none"> • Social interactions • Light walking • Preparing meals • Housework • Simple board and/or card games <p>Inform the school administration of the results of the medical examination.</p>	<ul style="list-style-type: none"> • Reading, completing homework, or other light cognitive activities at home) • Taking breaks and adapting activities if they result in more than mild* and brief** worsening of symptoms • Screen time may be gradually resumed, as tolerated • Returning to school as soon as possible (as tolerated) is encouraged <p>Contact school to prepare for the student's return to classroom environment.</p>	<p>Note: The student may proceed directly to STEP D, unless advised otherwise</p> <p>Attending school part-time as an observer with maximum usage of concussion-related accommodations.</p> <ul style="list-style-type: none"> • Building to a half day of cognitive activities • Starting with 30-45min intervals 	<ul style="list-style-type: none"> • Gradually reintroducing schoolwork • Building tolerance to the classroom and school environment over time • Allowing for classroom tests with adaptations • Gradually reducing the use of accommodations as tolerated <p>Communicate with the school on student's progression.</p>	<ul style="list-style-type: none"> • Attending all classes. • Resuming routine schoolwork/homework • Resuming all standardized tests • Resuming full extracurricular involvement for non-sport activities (e.g., debating club, drama club, chess club) 	
ACTIVITIES TO BE AVOIDED	<ul style="list-style-type: none"> • Minimize screen time • No schoolwork • No alcohol, tobacco, caffeine, and no other stimulant use <p>Avoid driving during the first 24-48 hours after a concussion.</p>	<ul style="list-style-type: none"> • A complete absence from the school environment for more than one week is not generally recommended • Limit caffeine use 	<ul style="list-style-type: none"> • No music class • No homework • No adapted tests 	<ul style="list-style-type: none"> • No standardized tests 	<ul style="list-style-type: none"> • No usage of any learning accommodations 	
TIMELINE	After a maximum of 24-48 hours after the injury, Begin STEP B	Able to tolerate school activities for 24 hours? No: Reattempt STEP B Yes: Begin STEP D (or Begin Step C if advised)	Able to tolerate a half day at school as an observer for 24 hours? No: Reattempt STEP C Yes: Begin STEP D	Able to tolerate full days without concussion-related accommodations for 24 hours? No: Reattempt STEP D Yes: Begin STEP E	Able to tolerate full academic workload without accommodations for 24 hours? No: Reattempt STEP E Yes: The Return-to-School Strategy is completed	

Each step must take a minimum of 24 hours but could last longer depending on the severity and type of symptoms present. It's acceptable for symptoms to worsen slightly with activity, so long as the exacerbation is mild* and brief**. If the student's symptoms worsen more than this, they should stop the activity and reattempt the same step the next day. *Mild exacerbation (worsening) of symptoms: No more than a 2-point increase when compared with the pre-activity value on a 0-10-point symptom severity scale. **Brief exacerbation of symptoms: Worsening of symptoms for up to 1 hour.

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 Symptoms	Impact on Student's Learning	Potential Strategies and/or Approaches
Headache and Fatigue	Difficulty concentrating, paying attention or multitasking	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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.)	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> build time into class/school day for socialization with peers partner student with a "buddy" for assignments or activities



Documentation for a Diagnosed Concussion

Return-to-Sport / Physical Activity Strategy

This form is to be used by parents/guardians and schools to communicate the recovery progress of a student with a diagnosed concussion. This completed form must be copied, with the original filed and the copy provided to the parent/guardian.

Each step of the **Return to Sport/Physical Activity Strategy** must take a minimum of 24 hours but could last longer depending on the severity and type of symptoms present. It's acceptable for symptoms to worsen slightly with activity during Steps 1-3, so long as the exacerbation is mild and brief. **If the student's symptoms worsen more than this, they should stop the activity and reattempt the same step the next day.**

Date of the incident _____ Date of the diagnosis _____

Step 1 - Activities of daily living and relative rest

- This step is to be completed at home.
- The student may engage in activities that do not result in more than mild and brief worsening of symptoms (e.g., social interactions, light walking, housework, simple board and/or card games)
- Relative rest is for 48 hours maximum.
- Reminder: The parent/guardian must inform the school administration/designate of the results of the medical examination.

Student's symptoms have been sufficiently improving within a 24-hour period and will proceed to Step 2 – Light to moderate effort aerobic activity.

Student has been resting at home for a maximum of two days and will proceed to Step 2 – Light to moderate effort aerobic activity.

Date _____

Step 2 – Light to moderate effort aerobic activity

- The student may start light aerobic activities and/or exercises individually with the aim of gently increasing their heart rate (e.g., stair climbing, stationary cycling or walking)
- The student may gradually increase tolerance and intensity of aerobic activity by exercising up to approx. 70% of max heart rate.

Student can tolerate moderate aerobic activities for 24 hours. The student will proceed to Step 3 – Individual sport-specific activities.

Date _____

Step 3 – Individual sport-specific activities

- The student may practice sport-specific drills individually and supervised by a teacher, coach, or parent (e.g., skating drills in hockey, running drills in soccer, shooting hoops, change of direction drills).
- Avoid high-risk recess activities (e.g., dodgeball or other similar activities).
- Avoid activities involving head impacts (e.g., heading soccer balls).

Student can complete their Return-to-School Strategy and tolerate sport specific activities without any symptoms for 24 hours. The student will proceed to Stage 4 – Non-contact training drills and activities after receiving a medical clearance from a medical doctor or nurse practitioner.

Date _____

MEDICAL EXAMINATION

- Student must receive medical clearance for sport from a medical doctor or nurse practitioner.*

What if symptoms recur after Step 3?

Any person who has been medically cleared and has a recurrence of symptom during steps 4 to 6 of the Return-to-Sport/Physical Activity Strategy, should immediately remove themselves from the activity and inform their coach, teacher, or parent/caregiver. The next day, the person should return to Step 3 to establish full resolution of symptoms with exertion. Once that is achieved, a medical clearance by a medical doctor or nurse practitioner will be required again before being allowed to return to Step 4 of the Return-to-Sport/Physical Activity Strategy.

- My child has been assessed by a medical doctor or nurse practitioner and has been cleared to participate in Stage 4 of the Return to Sport/Physical Activity Strategy.*

Parent/Guardian signature _____

Date _____

Step 4 – Non-contact training drills and activities

- The student may begin non-contact training activities with or without teammates (e.g., dance, badminton, tennis).
 - The student may participate in recess activities and physical education class with no body contact.
 - The student may progress to more challenging drills and activities (e.g., passing drills, multi-player training)
- Student can tolerate usual intensity of non-contact training drills and activities for 24 hours with no return of symptoms. The student will proceed to Step 5 – Return to all non-competitive activities.*

Date _____

Step 5 – Return to all non-competitive activities

- The student may return to training including activities involving risks of collision, fall or contact.
 - The student may resume full participation in team practices which involves contact.
- Student can tolerate non-competitive, high-risk activities for 24 hours with no return of symptoms. The student will proceed to Step 6 – Return to game play and/or competition.*

Date _____

Step 6 – Return to game play and/or competition

- The student may resume regular physical education class, intramural activities and/or inter-school activities.
 - The student may resume full participation in any physical activity, practice, game and/or sport competition with no restrictions.
- Student can tolerate competitive activities for 24 hours with no return of symptoms. The student is permitted to return to full participation in all sport/physical activities.*

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 Step 4 of the Return-to-Sport / Physical Activity Strategy.

This tool is a guideline for managing a student's return to sport or other physical activity following a concussion and does not replace medical advice. Every concussion is unique, and recovery is different for each student. Timelines and activities may vary based on direction from a doctor, nurse practitioner, or licenced health care professional with relevant training.

RETURN-TO-SPORT / PHYSICAL ACTIVITY

	STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6	
NAME & GOAL OF EACH STEP	Activities of daily living and relative rest Gradual reintroduction of typical activities as tolerated	2A: Light effort aerobic activity Increase heart rate	2B: Moderate effort aerobic activity Increase heart rate	Individual sport-specific activities Increase the intensity of aerobic activities and introduce low-risk sport specific movements	Non-contact training drills and activities Resume usual intensity of exercise, coordination, and activity-related cognitive skills	Return to all non-competitive activities Restore confidence and assess functional skills by coaching staff	Return to game play and/or competition Continued assessment of athletic performance
ACCEPTABLE ACTIVITIES	Doing activities at home that do not result in more than mild* and brief** worsening of symptoms such as: • Social interactions • Light walking • Preparing meals • Housework • Simple board and/or card games	• Exercising up to approx. 55% of max heart rate • Resuming light resistance training • Engaging in light aerobic exercise such as: o Walking/jogging o Stationary cycling	• Gradually increasing tolerance and intensity of aerobic activities • Exercising up to approx. 70% of max heart rate • Taking breaks and modifying activities as needed	Practicing sport-specific drills individually and supervised by a teacher/coach/parent • Skating drills (hockey) • Running drills (soccer) • Shooting drills (basketball) • Change of direction drills • Individual activities in physical education class	• Participating in recess activities and physical education class with no body contact • Progressing to higher intensity activities • Progressing to more challenging drills and activities such as: o Passing drills o Multi-player training	Progressing to higher risk activities such as: • Typical training activities • Full-contact sport practices • Full participation in physical education class activities	Full participation in any physical activity, practice, game, or sport competition.
ACTIVITIES TO BE AVOIDED	• Minimize screen time • No alcohol, tobacco, caffeine, and no other stimulant use Avoid driving during the first 24-48 hours after a concussion	• No heavy resistance training that may result in more than mild* and brief** worsening of symptoms • No training drills or team/group practice • No physical activities which involve using sporting equipment	• No high-risk recess activities such as: o Dodgeball • No activities involving head impacts such as: o Heading soccer balls	• No full participation in physical education class and intramural activities • No activities involving body contact. o Hockey, football, or rugby o Judo/wrestling	• No participation in any competitive activity		
TIMELINE	After a maximum of 24-48 hours after the injury, Begin STEP 2	Able to tolerate moderate aerobic activities for 24 hours? No: Reattempt STEP 2 Yes: Begin STEP 3	Able to complete the Return-to-school Strategy and tolerate individual sport specific activities without any symptoms for 24 hours? No: Reattempt Step 3 Yes: Obtain a medical clearance	ALL STUDENTS ARE REQUIRED TO OBTAIN A MEDICAL CLEARANCE BEFORE MOVING TO STEP 4 Able to tolerate usual intensity of non-contact training drills and activities for 24 hours with no return of symptoms? No: Return to Step 3 Yes: Begin Step 5	Able to tolerate non-competitive, high-risk activities for 24 hours with no return of symptoms? No: Return to Step 3 Yes: Begin Step 6	Able to tolerate competitive activities for 24 hours with no return of symptoms? No: Return to Step 3 Yes: The Return-to-Sport / Physical Activity Strategy is completed	

Each step must take a minimum of 24 hours but could last longer depending on the severity and type of symptoms present. It's acceptable for symptoms to worsen slightly with activity during Steps 1-3, so long as the exacerbation is mild* and brief**. If the student's symptoms worsen more than this, they should stop the activity and reattempt the same step the next day. *Mild exacerbation (worsening) of symptoms: No more than a 2-point increase when compared with the pre-activity value on a 1-10-point symptom severity scale. **Brief exacerbation of symptoms: Worsening of symptoms for up to 1 hour. Students experiencing concussion symptoms after their medical clearance (e.g., during Steps 4 to 6) should return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities.

Medical Clearance Letter

for a Return-to-Sport/Physical Activity



DATE: _____ PERSON'S NAME: _____

To whom it may concern,

A person who is diagnosed with a concussion should be managed according to best practices to follow a personalized strategy for a gradual return to regular daily activities. Any person, who needs a medical clearance to complete their **Return-to-Sport/Physical Activity Strategy**, must be able to complete certain physical and mental activities without symptom recurrence.

Verification of recovery progression:

	Yes	No	N/A
1. Successful completion of all the steps of the Return-to-School Strategy (if applicable):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Complete return to regular mental activity (at work and/or at home) without restrictions:	<input type="checkbox"/>	<input type="checkbox"/>	
3. Successful return to individual sport-specific activities : (see Step 3 of the Return to Sport/Physical Activity Strategy on the back)	<input type="checkbox"/>	<input type="checkbox"/>	

Accordingly, I _____ (print medical doctor/nurse practitioner name)
have examined the above person and confirm they have been medically cleared to participate in the following activities as tolerated effective on the date stated above. (Please check all that apply)

The person may resume:

- STEP 4:** Non-contact training drills and activities (Exercises with no body contact at high intensity).
- STEP 5:** Return to all non-competitive activities, full-contact practice, and full participation in physical education class activities.
- STEP 6:** Return to unrestricted game play and competition.

SIGNATURE _____ M.D. / N.P. (circle appropriate designation)

THE RETURN TO SPORT/PHYSICAL ACTIVITY STRATEGY ALONG WITH ADDITIONAL
CONCUSSION INFORMATION CAN BE FOUND ON THE REVERSE SIDE



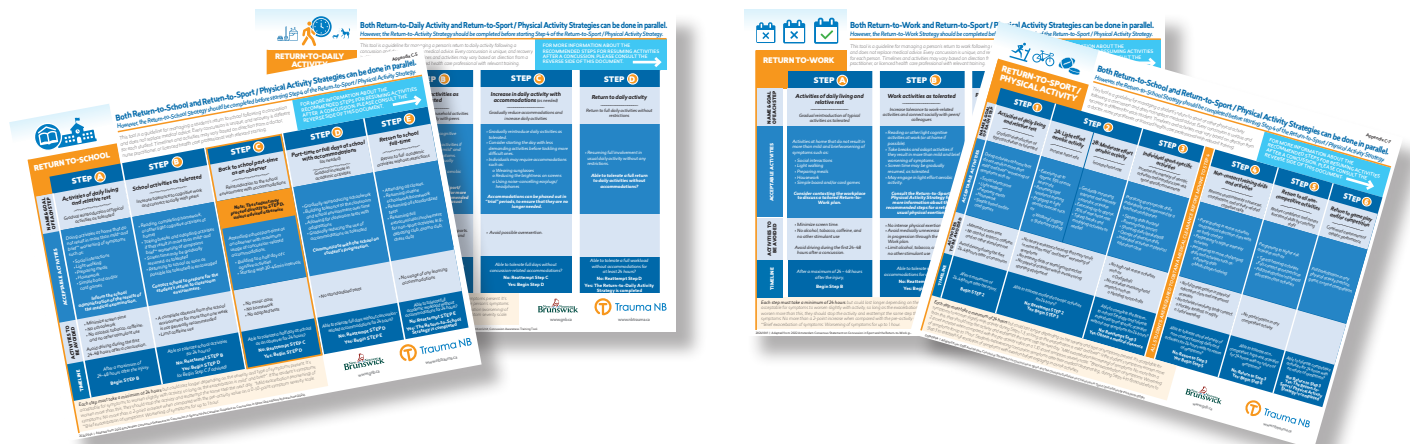
Return-to-Sport / Physical Activity Strategy

STEP	ACTIVITY	GOAL	DESCRIPTION
1	Activities of daily living and relative rest	Gradual reintroduction of typical activities as tolerated	Typical activities at home (e.g., preparing meals, social interactions, light walking). Minimize screen time.
2	Light to moderate effort aerobic activity	Increase heart rate	Gradually increase intensity of aerobic activities, such as stationary cycling and walking. May begin light resistance training.
3	Individual sport-specific activities	Introduction of activities with a low risk of inadvertent head impact	Perform activities individually and under supervision. Add sport-specific drills (e.g., running, changing direction, individual drills).
Medical Clearance			
4	Non-contact training drills and activities	Resume usual intensity, coordination, and activity-related cognitive skills	Exercises with no body contact at high intensity. Progress to more challenging drills and activities (e.g., passing drills, multi-athlete training and practices).
5	Return to all non-competitive activities	Restore confidence and assess functional skills by coaching staff	Progress to higher-risk activities including typical training activities, full-contact sport practices and physical education class activities. Do not participate in competitive gameplay.
6	Return to game play and/or competition	Continued assessment of athletic performance	Full participation in any physical activity, practice, game, or sport competition

- Each step must take a minimum of 24 hours before progressing to the next but could last longer depending on the severity and type of symptoms present.
- Steps 4-6 should begin after the resolution of any symptoms, abnormalities in cognitive function and any other clinical findings related to the current concussion, including with and after physical exertion.

What if symptoms recur after Step 3?

Any person who has been medically cleared and has a recurrence of symptom during steps 4 to 6 of the Return-to-Sport/Physical Activity Strategy, should immediately remove themselves from the activity and inform their coach, teacher, or parent/caregiver. The next day, the person should return to Step 3 to establish full resolution of symptoms with exertion. Once that is achieved, a medical clearance will be required again before progressing to Step 4 of the Return-to-Sport/Physical Activity Strategy.

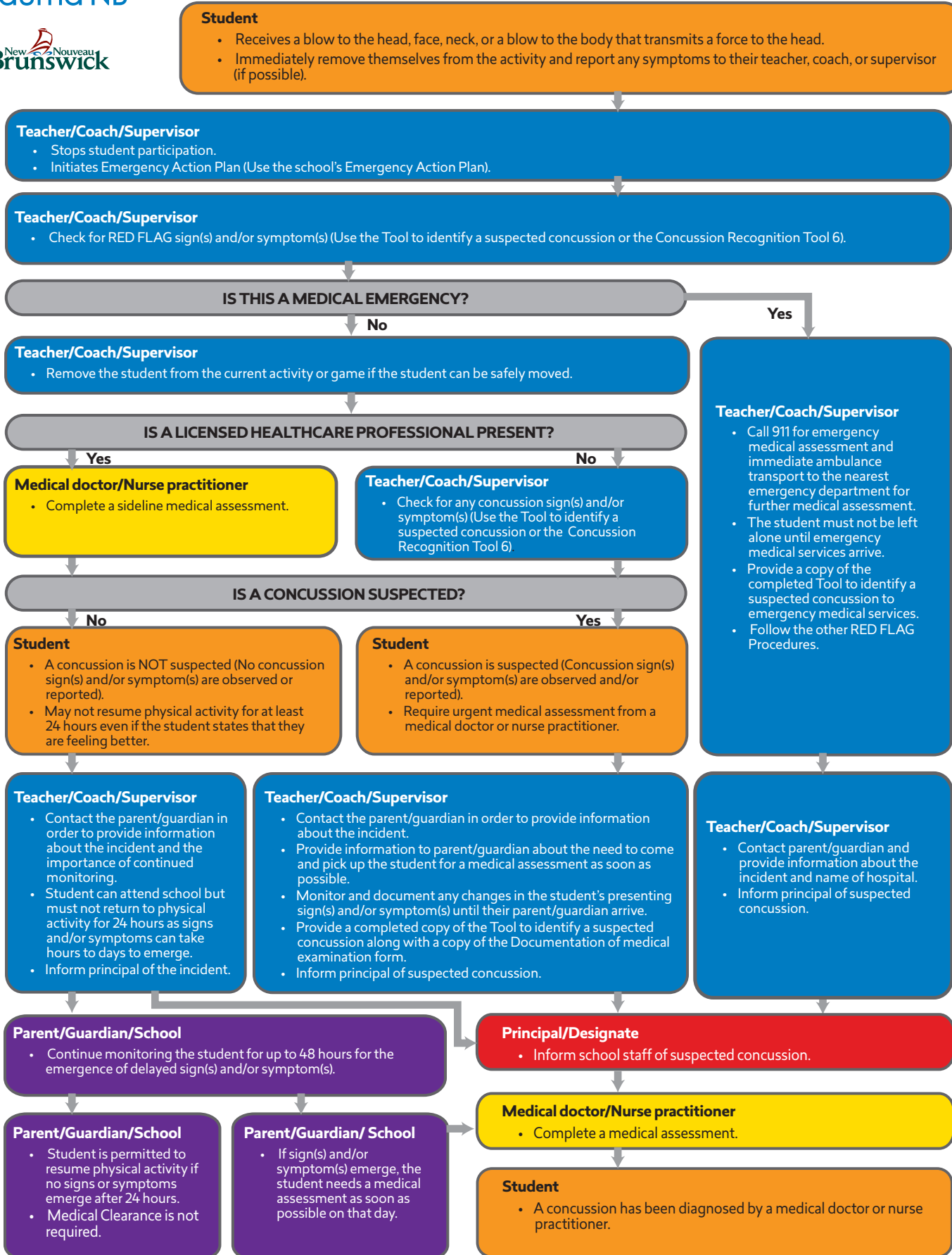


For more information about the **Return-to-Sport/Physical Activity, Return-to-School, Return-to-Work and Return-to-Activity Strategies**, consult our available concussion resources by visiting us at www.NBTrauma.ca.



Decision-Making Pathway for Concussions

Steps and Responsibilities: Identifying a Suspected Concussion



- Student
- Teacher/Coach/Supervisor
- Medical Doctor/Nurse Practitioner
- Parent/Guardian/School
- Principal/Designated School Staff Lead
- Parent/Guardian

CONTINUED ON OTHER SIDE

Decision-Making Pathway for Concussions

Steps and Responsibilities: Identifying a Suspected Concussion

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.

Principal/Designate

- Inform all school staff who works with the concussed student of the diagnosis.
- Establish the collaborative team along with a designated 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 and Return-to-Sport/Physical Activity documentation forms.

Student

- Begins the medically supervised gradual Return-to-School and Return-to-Sport/Physical Activity Strategy

Parent/Guardian

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

Principal/Designate

- 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 Strategy.
 - Provide a copy of the Individualized Learning Accommodations Following a Concussion 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 the designate to identify which learning accommodations are required based on post-concussion symptoms.
- Continues to progress gradually through the remaining steps of the Return-to-School and Return-to-Sport/Physical Activity Strategies.

Return-to-School - Step 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-Sport/Physical Activity - Step 2

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

Return-to-School - Step D

- The student attends school with learning accommodations.
- The student may gradually increase their academic activities.
- The student may work towards a full day at school without the usage of learning accommodations.

Return-to-Sport/Physical Activity - Step 3

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

Principal/Designate

- Report to a parent/guardian the student's completion of the Return-to-School - Step E and the Return-to-Sport/Physical Activity - Step 3.

Return-to-School - Step E

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

Parent/Guardian

- Provide the principal/designate with their copy of the Return-to-Sport/Physical Activity documentation form with the Medical Examination section signed by a parent/guardian

If the student exhibits or reports a recurrence of symptoms during Steps 4 to 6, the student must return to Step 3 to establish full resolution of symptoms with exertion.

Once that is achieved, a Medical Clearance will be required again before progressing to Step 4.

Return-to-Sport/Physical Activity - Step 4

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

Return-to-Sport/Physical Activity - Step 5

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

Return-to-Sport/Physical Activity - Step 6

- The student may fully participate in any physical activity, or sport competition with or without contact.
- The Return-to-Sport Strategy is complete.

- The student is monitored for any new or worsening signs and/or symptoms by both school and parent/guardian.
- The student monitored for any deterioration of work habits or academic performance by both school and parent/guardian.
- Each step must take a minimum of 24 hours before progressing to the next but could last longer depending on the severity and type of symptoms present.
- The student's progress is documented with results shared between school and home at the completion of each step.

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:

First Aid Kits Contents	Sample Portable Off-Site Kit Contents	Outdoor Education Sample Kits Contents
<p><u>Scissors</u></p> <ul style="list-style-type: none"> • 1 pair of universal scissors • 1 pair of splinter tweezers <p><u>Bandages/Dressings/Tape</u></p> <ul style="list-style-type: none"> • Adhesive bandages, individually wrapped (variety of sizes) • 2 rolls of adhesive tape • 12 rolls of 4cm (1.5") -wide gauze bandage • 48 sterile gauze pads • 8 rolls of 8cm x 8cm (3"x3") gauze bandage • 8 rolls of 10cm (4") gauze bandage individually wrapped • 6 sterile surgical pads suitable for pressure dressings, individually wrapped • 12 triangular bandages • splints of assorted sizes • 2 rolls of splint padding • 6 sterile strips (butterfly-wound closures) <p><u>Ice</u></p> <ul style="list-style-type: none"> • 1 rubber ice bag or plastic bags and access to ice or frozen gel pack <p><u>Other</u></p> <ul style="list-style-type: none"> • 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 	<p><u>Scissors</u></p> <ul style="list-style-type: none"> • 1 pair universal scissors or 1 pair tweezers <p><u>Bandages/dressings/tape</u></p> <ul style="list-style-type: none"> • 12 adhesive bandages • 1 roll adhesive tape • 1 roll gauze bandage • 2 triangular bandages • 1 sterile surgical pad suitable for pressure dressing, individually wrapped • 3 sterile strips (butterfly-wound closures) <p><u>Ice</u></p> <ul style="list-style-type: none"> • Access to ice and 1 plastic self-sealing bag or 4 cold packs <p><u>Other</u></p> <ul style="list-style-type: none"> • 5 antiseptic towelettes • 1 pocket first aid manual • 1 5cm (2") tensor bandage • 1 10cm (4") tensor bandage • 2 pairs disposable gloves • Emergency phone numbers 	<p>Quantity is determined by destination and length of trip</p> <p><u>Bandages/dressings/tape</u></p> <ul style="list-style-type: none"> • Adhesive Bandages – variety of sizes • Butterfly Closure Bandages • Knuckle Bandages • Wound Closure Strips • Adhesive Tape Roll • Elastic Wrap • Non-Adherent Gauze Pads • Sterile Sponge Dressings • Trauma Pads • Gauze Rolls • Triangular Bandage w/safety pins • Tensor Bandages (variety of sizes) <p><u>Medications</u></p> <ul style="list-style-type: none"> • Antacid Tablets • Epinephrine Auto-Injector (e.g., Epi-Pen©) • Fast-Acting Liquid Antihistamine (e.g., Benedryl©) • Burn Cream Packets • Lip Ointment Packets • Antibacterial Ointment Packets • Antiseptic Towelettes • Alcohol Prep Pads • Sting Relief Pads (for insect bites) • Sterile Water Packets <p><u>Other</u></p> <ul style="list-style-type: none"> • First Aid Instruction Guide

First Aid Kits Contents	Sample Portable Off-Site Kit Contents	Outdoor Education Sample Kits Contents
<ul style="list-style-type: none"> • 1 blanket 		<ul style="list-style-type: none"> • Arm Splint • Finger Splints • Round Eye Pad • Thermal Blanket • Instant Cold Packs • Cotton Tip Applicators (e.g., Q-tips ©) • Examination Gloves (latex-free) • Pair of Tweezers • Scissors • Plastic Whistle • Penlight and extra batteries • Fluorescent tarp (in any bright colour)

Outdoor Education Trip:

When going on an outdoor education trip with students, a properly-stocked first aid kit is essential. The type of trip affects the size and extent of your first aid kit. Will you be taking your vehicle, pulling up next to your tent site with electric availability, or are you going to be trekking in a remote area, with a backpack and tent on your back for several days? First aid kits should be tailored to the type and length of trip you are taking, as well as to the number of people who are going. Clearly, when camping close to your vehicle, first aid can remain very basic, as there is transportation to get to a clinic or hospital within a reasonable amount of time. However, if the group is going to be kilometres away in the forest or other rustic-type atmosphere, more pre-planning is required.

Organization of your kit is important. The kit itself should be waterproof. Very large Ziploc© type bags are inexpensive and function well for this purpose. They can also be used to carry water.

Always remember to replenish over-the-counter medications, as well as sterile bandages, that may have been torn open every year.

Some additional items that could be included in an outdoor education first aid kit:

- Matches in a waterproof container;
- A backup magnesium fire starter;
- A knife;
- A reflective mirror for signaling;
- Some parachute cord, which has a tensile strength of about 230 kg, and can be used for a variety of emergencies.

Cotton balls that are saturated in Vaseline© can also be used as a fire starter.

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 student 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 students 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 student, 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:
 - o DO NOT MOVE THE INJURED STUDENT;
 - o IF A STUDENT 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 student alone.
5. Do not remove the student'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 student 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 student from the playing surface.
9. **Because physical activity is a common trigger for many sudden cardiac deaths, it is important for teachers 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;
 - student 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., teacher/administrator/parent);
 - have this person call an ambulance with the following information:
 - the nature of the emergency;
 - the location and closest cross-streets; and
 - 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 student carefully for any change in condition and try to reassure him/her until professional help arrives.
 13. Do not be forced into moving the student unnecessarily.
 14. In the case of dehydration, move the student to a cooler environment and provide small amounts of water (100ml) every 5 minutes until symptoms resolve. However, do not provide an injured student with food or drink if:
 - the student is showing signs of decreased level of consciousness;
 - the student 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 student to the hospital to help reassure the student and give the relevant medical history and injury circumstances to the physician.
 17. The parents/guardians of the injured/ill student 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 – teacher;
- intramurals – teacher, 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 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:

1. 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)

2. 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 G

Safety 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, student traffic should go around, not through, the class.
5. Structure drills to provide as much organization as possible.
6. Caution students 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 students to be involved in an activity that requires constant visual or on-site supervision while the teacher 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.

Appendix I-1

Sample Safety Checklist Gymnasium Facilities

Each school is to develop a procedure for regular inspection with appropriate follow-up.

Site Name: _____

Inspection Date: _____ Time: _____ Inspected By: _____

Item:	Meets Safety Guidelines		Comments/ Follow-up Action
	Yes	No	
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 backboard 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 backboard			
• foam at base of backboard 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
	Yes	No	
• 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			

Item:	Meets Safety Guidelines		Comments/ Follow-up Action
	Yes	No	
• not frayed			
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

Each school is to develop a procedure for regular inspection with appropriate follow-up.

Site Name: _____

Inspection Date: _____ Time: _____ Inspected By: _____

Item:	Meets Safety Guidelines		Comments/ Follow-up Action
	Yes	No	
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
	Yes	No	
<i>Pommel Horse</i>			
• 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			
<i>Rings</i>			
• 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			
<i>Take-off board (not a springboard)</i>			
• 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			
<i>Uneven Parallel Bars/High Bar/Parallel Bars</i>			
• 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			
<i>Vault and Box Horse</i>			
• 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			
<i>Mats (e.g., gymnastics, wrestling)</i>			
• covers free of tears and wearing			
• foam in good condition			

Item:	Meets Safety Guidelines		Comments/ Follow-up Action
	Yes	No	
• velcro fasteners functional			
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

Each school is to develop a procedure for regular inspection with appropriate follow-up.

Site Name: _____

Inspection Date: _____ Time: _____ Inspected By: _____

Item:	Meets Safety Guidelines		Comments/ Follow-up Action
	Yes	No	
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.			
• boards 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			

Item:	Meets Safety Guidelines		Comments/ Follow-up Action
	Yes	No	
• posts corrosion-free			
Potential Hazards on School Yard (e.g., trees, exposed roots, posts, streams, bees nests and other environmental hazards)			
• hazards identified to all staff and students			
• 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, animal feces, etc.			
• free of drainage problems			
• clear of trip hazards (e.g., exposed footings, roots or other environmental obstacles)			
Other			
•			
•			

Appendix J

Students' Responsibilities

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

Provincial Student Code of Conduct Guidelines (Policy 703 – Appendix D)

“As a student, I am responsible for my own behaviour to the best of my abilities:

- I will be responsible for my own personal choices.
- I will respect others' differences, ideas and opinions and treat everyone fairly.
- I will not tolerate bullying of any kind and I will report bullying when I have knowledge of it.
- I will do whatever I can to help those around me who may be struggling.
- I will respect the school's rules.
- I will attend my classes, do my homework, and be prepared and on time.
- I will behave in a way that is empathetic, responsible and civil to those around me.
- I will resolve my conflicts in a constructive manner.
- I will treat school property and the property of others with respect.”

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.

This prohibition extends to all curricular activities, whether they take place inside school or off school property (e.g., cross-country skiing field trip, in-the-gym basketball activity).

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

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

Responsibility for safety in physical education activities in grades 7 and 8 should begin to shift from the teacher to the student in keeping with the age and maturity level of the student.

The standards of safety are affected by the student'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 student'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 student if you have an open skin condition.

Appendix L

Sample Management of Asthma Protocol

Teachers 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 students 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, students with asthma can participate in physical activity similar to students without asthma. The following strategies can be used to help students 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 student from triggers.
- Encourage the student 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 student 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 student should NOT participate in physical activity if s/he is already experiencing asthma symptoms.
- If the student 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 student 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 student's status, and do not allow him/her to return to the activity.

If the student'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)

Managing Asthma Attacks

ASTHMA PLAN OF ACTION

MILDER SYMPTOMS ASTHMA EMERGENCY

If **any** of the following symptoms occur:

- Constant coughing
- Trouble breathing
- Chest tightness (like a tight band around chest)
- Wheezing (whistling sound in chest)



Step 1:

Immediately use fast-acting reliever inhaler (usually **blue**).

Check symptoms. Only return to normal activity when all symptoms are gone.

Step 2:

If symptoms get worse or do not improve within 10 minutes, this is **an emergency** - **immediately follow these steps.**



If **any** of the following symptoms occur:

- Breathing is difficult and fast
- Difficulty speaking
- Lips or nail beds are blue or gray
- Skin on neck or chest sucked in with each breath

Person may also be **anxious, confused or tired.**



Step 1:

Call 911 for an ambulance

Wait for ambulance - Do not drive person to hospital

Step 2:

Immediately use fast-acting reliever inhaler (usually **blue**).
Continue to use reliever inhaler every 5-15 minutes until medical help arrives.



While waiting for medical help to arrive:

- ✓ Have person sit up with arms resting on a table (do not have person lie down unless it is a life threatening allergic event)
- ✓ Stay calm, reassure and stay with the person
- ✓ Notify parent/guardian or emergency contact

To learn about asthma call The Lung Association's Lung Health Information Line at **1-888-344-LUNG (5864)** or visit **www.on.lung.ca**



Public Health School Asthma Program

Dec 2012

THE LUNG ASSOCIATION™



Appendix M

Sudden 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 (*student 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:
 - 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 student with physical activity that the student 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 teacher, coach, intramural supervisor) whether the student can participate in physical activity based on the information provided;
- school administrator/designate files Documentation of a Fainting Episode form in the student'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 student's parent/guardian and returned to your school administrator/designate.

Name of student: _____

Teacher: _____

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

Appendix N

Safety in Fitness Centres and Weight Training Rooms

1. To qualify to use the fitness/weight room

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

2. Supervision

- Supervising teacher must be in the area.
- Fitness centres/weight rooms require an on-site monitor. Monitors may be educational assistants, retired teachers, parents, co-op students, teacher candidates or trained senior students. Monitors of the fitness centres/weight rooms have these duties:
 - Check passes/tags of all students who enter fitness room.
 - Open and lock fitness room using procedure established by the school.
 - Determine that students are following posted rules and procedures.
 - Establish a procedure to regularly disinfect equipment.
 - Make sure the room is left in proper order.

3. Rules of Use

- Minimum number of students using fitness room at any given time is two.
- Suitable clothing and footwear must be worn.
- No jewellery allowed in the weight/fitness room.
- Procedures need to be established so that facility and equipment are inspected by a teacher on a daily basis.
- A process must be in place where equipment needing repair is 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

Spotting, Lifting, Lowering, Transporting and Supporting Techniques

Prior to introducing an intramural activity involving spotting, lifting, lowering, transporting or supporting techniques, intramural supervisors need to determine that students have instruction in proper lifting, supporting, transporting, lowering and spotting techniques. If the intramural supervisor is not comfortable with students using these skills, then these activities are not to be done. All student participants must also be comfortable with their roles.

Spotting

Responsibilities vary with the age, strength, maturity level and experience of the student. High school students can do:

- non-contact spotting (e.g., keeping activity area clear, providing verbal cues);
- checking placement and stability of equipment;
- contact spotting (e.g., helping peers maintain balance on the floor and on all types of equipment; spotting of free weights).

Lifting/Lowering

The following are proper lifting/lowering techniques:

- back is straight;
- knees are bent;
- hands are close to the body;
- lift straight up;
- no twisting of the trunk;
- keep object centered with the body;
- lift only weight-appropriate objects/people.

Where more than one person lifts/lowers another person or object, the base of support must be secure, e.g., hand securely grips another's forearm when lifting a peer. The person being lifted/lowered must be moved using appropriate body parts (e.g., upper limbs).

Transporting

- When transporting with hands and arms, weight of object/person needs to be centrally distributed and in front of the carrier.
- When transporting someone on your back, refer to the proper lifting techniques mentioned above.
- Knees must never be in the locked position.
- Do not carry students by the neck.
- The person being transported must not hold onto the neck (e.g., piggyback with legs wrapped around the transporter's back).
- No transporting students with use of shoulders only (with the exception of a pool).
- No transporting a person in the inverted position (exception: wheelbarrow race). In wheelbarrow type activities, the person being supported is held by the thighs and must initiate all forward motion.

Supporting

- Never support an object or person using the neck, head, or lower back. Use hips and shoulders for supporting others.
- Determine that the base of support is securely established.