Concussion Code of Conduct

1) How This Code Works

a) Purpose

i) This Concussion Code of Conduct sets out the commitments that Golf Ontario (GO) requires from athletes, parents and guardians, coaches, trainers, officials, and designated persons.

ii) It is required by Ontario's *Rowan's Law (Concussion Safety), 2018* and O. Reg. 161/19: General under that statute, and it is referred to in the GO Concussion Policy.

b) Who Signs

Athletes under 26 years of age	Part A	Before registering in a GO activity
Parent or guardian of an athlete under 18	Part A	Before the athlete registers
Coaches and trainers	Part B	Before serving

c) If This Code Is Not Followed

i) Failure to comply with this Code may result in disciplinary action under the GO Complaints and Discipline Policy and Procedure. Sanctions available to GO include a concussion hold or eligibility hold, a reprimand, required additional training, suspension, removal of coaching, officiating or trainer status, refusal or withdrawal of event sanctioning, and refusal of registration.

Part A – Athletes Under 26, and Parents or Guardians

1. **I will help prevent concussions by:**
    - respecting the rules of my sport or activity; and
    - committing to fair play and respect for all, respecting other athletes, coaches, trainers, and officials.
2. **I will care for my health and safety by taking concussions seriously, and I understand that:**
    - a concussion is a brain injury that can have both short-term and long-term effects;
    - a blow to my head, face or neck, or a blow to the body that causes the brain to move around inside the skull, may cause a concussion;
    - I do not need to lose consciousness to have had a concussion;
    - symptoms may not appear straight away – they can develop over hours, or first appear the next day;
    - I have a commitment to concussion recognition and reporting, including self-reporting of a possible concussion and reporting to a designated person when I suspect that another individual may have sustained a concussion; and
    - continuing to participate in further training or competition with a possible concussion increases my risk of more severe and longer-lasting symptoms, and increases my risk of other injuries.
3. **I will not hide concussion symptoms. I will speak up for myself and others.**
    - I will not hide my symptoms. I will tell a coach, official, trainer, parent or another adult I trust if I experience any symptoms of concussion.
    - If someone else tells me about concussion symptoms, or I see signs that they might have a concussion, I will tell a coach, official, trainer, parent or another adult I trust so that they can help.
    - I understand that if I have a suspected concussion, I will be removed from sport, and that I will not be able to return to training or competition until I have undergone a medical assessment by a physician or nurse practitioner and have been medically cleared.
    - I understand that the decision to remove me is based on suspicion, not diagnosis, and that my own assurance that I am fine is not a reason to overturn it.
    - I will tell Golf Ontario about any concussion or suspected concussion I sustain outside Golf Ontario activity.
    - If Golf Ontario asks me whether I have sustained a head injury, I will respond within five business days. I understand that if I do not respond, my eligibility will be placed on hold until I do.
    - I have a commitment to sharing any pertinent information regarding incidents of removal from sport with my school and any other sport organization with which I am registered.

4. **I will take the time I need to recover, because it is important for my health.**
    - I have a commitment to supporting the return-to-sport process, and I will follow Golf Ontario's Return-to-Sport Protocol as set out in the GO Concussion Policy.
    - I understand that for the first 24 to 48 hours I should follow relative rest, normal daily activities that do not make my symptoms worse by more than a little, and only briefly, and that I should keep screen time down. I understand that shutting myself in a dark room is not what is recommended.
    - I understand that I must be medically cleared by a physician or nurse practitioner before I go past Step 3 of the return-to-sport steps, and that no one can waive that.
    - I understand that only a physician or a nurse practitioner can clear me, not a physiotherapist, athletic therapist, chiropractor, paramedic, coach or trainer, and that the practitioner who clears me must not be a member of my own family or household.
    - If I am at elementary or secondary school, I understand that returning to learning comes first, and that I must be back at school full-time before I return to unrestricted training or competition.
    - I understand that it is my responsibility, or my parent's or guardian's, to provide written confirmation of my medical clearance to Golf Ontario, and that until that confirmation is received, I am not eligible to participate, for as long as it takes.
    - I will respect my coaches, trainers, parents, health-care professionals, physicians and nurse practitioners regarding my health and safety.
    - I understand that failing to follow this Code may result in sanctions under the GO Complaints and Discipline Policy and Procedure.

5. **Acknowledgement**

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

Name of athlete (print)		Date of birth	
Signature of athlete		Date	

Where the athlete is under 18 years of age, the parent or guardian must also sign, confirming that they have reviewed this Code.

Name of parent or guardian (print)		Signature	
Date		Contact telephone / email	

Part B – Coaches and Trainers

To be signed by every coach and trainer who interacts with participants under 26 years of age.

1. **I can help prevent concussions through my:**
    - efforts to help my athletes develop their skills and strength so that they can participate to the best of their abilities;
    - respect for the rules of my sport or activity, and my efforts to ensure that my athletes respect them too; and
    - commitment to fair play and respect for all, respecting other coaches, trainers, , officials and all participants, and ensuring my athletes respect others and play fair.
2. **I will care for the health and safety of all participants by taking concussions seriously. I understand that:**
    - a concussion is a brain injury that can have both short-term and long-term effects;
    - a blow to the head, face or neck, or a blow to the body, may cause the brain to move around inside the skull and result in a concussion;
    - a person does not need to lose consciousness to have had a concussion;
    - an athlete with a suspected concussion must stop participating in training or competition immediately;
    - I have a commitment to concussion recognition and reporting, including self-reporting of a possible concussion and reporting to a designated person when I suspect that another individual may have sustained a concussion; and
    - continuing to participate in further training or competition with a suspected concussion increases a person's risk of more severe and longer-lasting symptoms, and increases their risk of other injuries.
3. **I will create an environment where participants feel safe and comfortable speaking up. I will:**
    - encourage athletes not to hide their symptoms, but to tell me, an official, a parent or another adult they trust if they experience any symptoms of concussion after an impact;
    - lead by example, I will tell a fellow coach, official or trainer and seek medical attention from a physician or nurse practitioner if I am experiencing any concussion symptoms myself;
    - understand and respect that any athlete with a suspected concussion must be removed from sport and is not permitted to return until they undergo a medical assessment by a physician or nurse practitioner and have been medically cleared;
    - not seek, encourage or accept an exception to the removal or clearance requirements, and not permit an athlete subject to a concussion hold to train or compete;
    - refer any request for an exception, and any dispute about a removal, to Golf Ontario rather than deciding it myself;

- for coaches only: provide opportunities before and after each training session and competition to enable athletes to discuss potential issues related to concussions.

4. **I will support all participants to take the time they need to recover.**
    - I have a commitment to supporting the Return-to-Sport process as set out in the GO Concussion Policy.
    - I understand that athletes must be cleared by a physician or nurse practitioner before progressing beyond Step 3 of the return-to-sport steps.
    - I understand that a school-age athlete must be back at school full-time before returning to unrestricted training or competition.
    - I will respect my fellow coaches, trainers, parents, physicians and nurse practitioners, and any decisions made regarding the health and safety of my athletes.
5. **Where I am a designated person, I understand my additional responsibilities. I will:**
    - remove an athlete immediately where removal is required, regardless of where or how the concussion was sustained;
    - call 9-1-1 where any red flag sign or symptom appears;
    - inform the parent or guardian of an athlete under 18 of the removal, the same day and before the athlete leaves the venue where reasonably possible;
    - advise the athlete, or the parent or guardian, that a medical assessment by a physician or nurse practitioner is required before the athlete may return;
    - provide the athlete, or the parent or guardian, with the GO Concussion Policy and its protocols as soon as possible after the removal;
    - complete the GO Concussion Removal Record within 24 hours, and submit the GO Sport Injury Form within five days;
    - record the athlete's progression through the graduated return-to-sport steps until confirmation of medical clearance is provided; and
    - inform the athlete, or the parent or guardian, of the importance of disclosing a diagnosis to the athlete's school and to any other sport organization with which the athlete is registered.
6. **Acknowledgement**

    By signing here, I acknowledge that I have fully reviewed and commit to this Concussion Code of Conduct, and that I have reviewed an Ontario Concussion Awareness Resource within the past 12 months.

Name and role (print)		Signature	
		Date	
Am I a designated person? (Y/N)			