

Regular Board Meeting Agenda - 10:30am
Monday, February 22nd, 2021

A – Action Items

<p>A.1 Agenda A.2 Minutes of Regular Board Meeting held Monday, January 25, 2021 A.3 February 2021 Payment of Account A.4 First Reading Policy HICA – On-site and Off-side Activities A.5 First Reading Policy AD – Educational Philosophy A.6 Second and Final Reading Policy IHCD – Concussion A.7 Second and Final Reading Policy GB – Occupational Health and Safety A.8 Milk River Schools 4-Day Week A.9 Returning Officer and Substitute Returning Officer</p>	<p>ENCLOSURE 1 ENCLOSURE 2 ENCLOSURE 3 ENCLOSURE 4 ENCLOSURE 5 ENCLOSURE 6 ENCLOSURE 7</p>
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D – Discussion Items

<p>D.1 2022 – 2023 Jurisdiction Calendar D.2 Cold weather practice</p>	<p>ENCLOSURE 8 ENCLOSURE 9</p>
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I - Information Items

<p>I.1 Superintendent’s Report – Wilco Tymensen I.2 Trustee/Committee Report I.2.1 ASBA Zone 6 Report – Marie Logan I.2.2 Facilities Meeting Report – Bruce Francis I.2.3 Administrator’s Meetings – Wilco Tymensen I.3 Associate Superintendent of Finance and Operations – Phil Johansen I.4 Associate Superintendent of Learner Services Report – Amber Darroch</p>	<p>ENCLOSURE 10 ENCLOSURE 11</p>
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C-Correspondence

<p>C.1 Lethbridge Herald Article</p>	<p>ENCLOSURE 12</p>
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Dates to Remember

<ul style="list-style-type: none"> February 24 – Pink Shirt Day
<ul style="list-style-type: none"> February 25 – Budget 2021
<ul style="list-style-type: none"> March 5 – School Based Professional Development Day – all schools
<ul style="list-style-type: none"> March 8 – 12 – Substitute Teacher Appreciation Week
<ul style="list-style-type: none"> March 8 – Division Wide Professional Development Day
<ul style="list-style-type: none"> March 9 – Administrator’s Meeting
<ul style="list-style-type: none"> March 22 – Board Meeting
<ul style="list-style-type: none"> April 2 – Good Friday (no school)
<ul style="list-style-type: none"> April 5 – Easter Monday
<ul style="list-style-type: none"> April 5 – 8 – Easter Holidays (no school)

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| • April 15 – Administrator’s Meeting |
| • April 26 – Board Meeting |
| • April 28 – Council of School Council’s Meeting |
| • April 28 – APEX Youth Awards – Virtual Event |
| • May 3 – 7 – Education Week |
| • May 4- Administrator’s Meeting |
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Horizon School Division

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The Board of Trustees of Horizon School Division held its Regular Board meeting on Monday, January 25th, 2021 beginning at 10:00 a.m. via Zoom.

TRUSTEES IN ATTENDANCE: Marie Logan, Board Chair
Bruce Francis, Board Vice-Chair
Derek Baron, Jennifer Crowson, Blair Lowry, Rick Anderson, Christa Runka

ALSO IN ATTENDANCE: Dr. Wilco Tymensen, Superintendent of Schools
Phil Johansen, Associate Superintendent of Finance & Operations
Amber Darroch, Associate Superintendent of Learner Services
Sheila Laqua, Recording Secretary
Cole Parkinson, Taber Times

ACTION ITEMS

A.1	Moved Derek Baron by that the Board approve the agenda. Carried Unanimously	AGENDA APPROVED 153/21
A.2	Moved by Blair Lowry that the Board approve the Minutes of the Regular Board Meeting held Monday, December 14th, 2020 as provided by Enclosure #1 of the agenda. Carried Unanimously	BOARD MEETING MINUTES APPROVED 154/21
A.3	Moved by Derek Baron that the Board approve the January 2021 Payment of Accounts in the amount of \$ 5,076,102.08 as provided in Enclosure #2 of the agenda. Carried Unanimously	PAYMENT OF ACCOUNT APPROVED 155/21
A.4	Moved by Rick Anderson that the Board approve ratification of the C.U.P.E. Memorandum of Agreement. Carried Unanimously	C.U.P.E. RATIFICATION APPROVED 156/21
A.5	Moved by Bruce Francis that the Board approve the first reading of Policy GB – Occupational Health and Safety as provided in Enclosure #3 of the agenda. Carried Unanimously	FIRST READING POLICY GB APPROVED 157/21
A.6	Moved by Jennifer Crowson that the Board approve the first reading of Policy IHCD - Concussions as provided by Enclosure #4 of the	FIRST READING POLICY IHCD

	agenda. Carried Unanimously	APPROVED 158/21
A.7	Moved by Derek Baron that the Board approve the second reading of Policy EEACAA – Private Vehicles and Volunteer Drivers as provided by Enclosure #5 of the agenda. Carried Unanimously	SECOND READING POLICY EEACAA APPROVED 159/21
	Moved by Bruce Francis that the Board approve the final reading of Policy EEACAA – Private Vehicles and Volunteer Drivers as provided by Enclosure #5 of the agenda with an implementation date of June 30, 2021. Carried Unanimously	FINAL READING POLICY EEACAA APPROVED 160/21
A.8	Moved by Rick Anderson that the Board approve the second reading of Policy HKA – Student Placement and Retention as provided by Enclosure #6 of the agenda. Carried Unanimously	SECOND READING POLICY HKA APPROVED 161/21
	Moved by Blair Lowry that the Board approve the final reading of Policy HKA – Student Placement and Retention as provided by Enclosure #6 of the agenda. Carried Unanimously	FINAL READING POLICY HKA APPROVED 162/21

INFORMATION ITEMS

I.1 SUPERINTENDENT'S REPORT

Wilco Tymensen, Superintendent shared the December 2020 report with the Board:

- The complete report can be found [here](#).
 - APEX Youth Awards – April 28th, 2021 VIRTUALLY
 - Assurance Framework presentation
 - Milk River 4 Day School Week update
 - February 3, 2021 Zoom Meeting for parents to ask questions
 - Survey/questionnaire to follow meeting

I.2 TRUSTEE/COMMITTEE REPORT

I.2.1 ASBA Zone 6 Report

Marie Logan, Zone Director, Provided the following summary of the January 2021 Zone 6 ASBA Meeting:

- The January 20, 2021 meeting was by Zoom. Katy Campbell did a presentation on Social Media that included information on Twitter, Facebook and LinkedIn. A question was asked which Boards had a policy on Social Media.
- ASBA will offer a virtual professional learning academy for all trustees on February 8, 2021.
- Long Service Awards have to be submitted to ASBA by September 17, 2021.

- The new Deputy Minister is Andre Tremblay who used to be with Agriculture and Forestry.
- Zone 6 has been directed to plan an Edwin Parr evening with a backup plan if there are still restrictions. The Edwin Parr application has been sent to all the Boards.

I.2.2 Facilities Report

Bruce Francis, Facilities Committee Chair, provided the following summary points to the Board, on the work undertaken by the Maintenance Department for the month of January 2021:

- Alert Lab – watering systems that will alert Facilities Manager is any deficiencies
- Camera Installations – 90% complete
- IMR/CMR
 - WRM Gym Floor repairs complete
 - WRM Washroom have been updated
- Hazards material assessment to be completed within the next year
- Biox – enhanced cleaning product
 - caretakers will be trained over the next couple of weeks

I.2.3 Administrator’s Meeting Report

Wilco Tymensen, Superintendent, provided the following January 2021 Administrator’s meeting summary points to the Board:

- Meaningful feedback
- COVID updates for schools:
 - Alert (5 or less)
 - Outbreak (more than 5)
- Administrator Symposium – cancelled due to COVID restrictions
- Diploma Exams not being administered
 - Most rural Boards will be having School based exams
- Concept Based Curriculum – afternoon Professional Development

I.3 ASSOCIATE SUPERINTENDENT OF OPERATIONS AND FINANCE REPORT

Phil Johansen, Associate Superintendent of Operations shared the following January 2021 summary with the Board:

- Official Budget cycle for 2021-22 school year has begun
- CUPE Collective Agreement
 - Retroactive payments to be completed in March
- Policy changes are due to the new Insurance Provider requests
 - Actively managing risks will help lower insurance costs

I.4 ASSOCIATE SUPERINTENDENT OF LEARNER SERVICES REPORT

Amber Darroch, Associate Superintendent of Learner Services, shared the following January 2021 report with the Board:

- The complete report can be found [here](#).
 - International student from Germany at W.R. Myers High School for this semester

No Discussion Items came forward from the Correspondence.

Moved by Derek Baron that the meeting adjourn.

Carried Unanimously

MEETING ADJOURNED

163/20

COMMITTEE ITEMS

Moved by Christa Runka that the Board meet in Committee.

Carried Unanimously

COMMITTEE

164/20

Moved by Jennifer Crowson that the meeting adjourn.

Carried Unanimously

MEETING ADJOURNED

165/20

Marie Logan, Chair

Sheila Laqua, Executive Secretary

PAYMENT OF ACCOUNTS REPORT
Board Meeting - February 22, 2021

U.S.	January 18/2021		1430.00
General	January 22/2021		1409.10
General	January 25/2021		1364800.58
U.S.	January 26/2021		237.85
General	January 26/2021		43462.00
General	February 2/2021		73880.43
General	February 9/2021		110,436.79
General	February 16/2021		94,323.08
"A" Payroll	January 2021	Teachers	1,660,798.04
		Support	549,861.61
"B" Payroll	December 2020	Casual	7,054.59
		Subs	35,504.21
Total Accounts			3,943,198.28
Board Chair _____			
PJ:dd			
February 17, 2021			

HORIZON SCHOOL DIVISION

Policy Code:	HICA
Policy Title:	On-site and Off-site Activities
Cross Reference:	EEACAA, EEACAB, GBD, GFA, IHCD, IHCE, JHF
Legal Reference:	
Adoption Date:	Nov. 27, 1996
Amendment or Re-	May 29/00, May 30/02
Affirmation Date	June 8/06, May 19/09, Jan. 19/16

POLICY HANDBOOK

POLICY

THE BOARD OF TRUSTEES OF HORIZON SCHOOL DIVISION SUPPORTS MODERATE RISK ON-SITE AND OFF-SITE ACTIVITIES FOR THE PURPOSE OF EDUCATING, COMPETING AND/OR PERFORMING PROVIDED SUCH ACTIVITIES HAVE EDUCATIONAL AND/OR ATHLETIC VALUE AND STUDENT WELFARE IS REASONABLY ASSURED.

DEFINITIONS

For proper planning and approval of any moderate (AMBER) risk activities whether on-site or off-site (see attachment A) field trip, or student travel, the activity organizers must first determine both the risk level and the destination classification (see **attachment B**).

Off-site: is defined as activities that take place off school property (e.g. other third party locations, or at another school)

On-site: is defined as activities that take place in the school or on school grounds

Risk Levels:

Risk levels (color coded as Green, Amber or Red) are based on the potential for injury or harm.

- Green = Low risk
- Amber = Moderate risk, may be approved with a proper risk management plan; and
- Red = High risk, prohibited.

Refer to “*Risk levels for school based activities, and student travel*”, (see **attachment A**), to determine the risk level of an activity.

If your activity is not listed, contact the principal. Note that “*Risk levels for school based activities, and student travel*” (**attachment A**) was developed to address risk factors. Many activities (both on-site and off-site) would have little to no risk. Field trips, off-campus activities or student travel that does not include physical activities or recreational pursuits will generally be considered low risk, and thus be labeled as green activities.

Destination Classifications:

Destination classifications are determined by the length of absence and distance travelled from the school (**attachment B**).

- Low Risk Activities
- Day trip in province
- Day trip out of province
- One overnight (not school competition) or two overnight (school competition) in province

- One overnight (not school competition) or two overnight (school competition) out of province

Policy HICA – *Off-Site Activities, Cont’d.*

- More than one overnight (not school competition) or more than two overnight (school competition) in province
- More than one overnight (not school competition) or more than two overnight (school competition) out of province
- Physical education class activities/Recess, intramural school activities
- Extra-curricular sports (Horizon Jr High Athletics/ASAA)
- International trips

GUIDELINES

1. Amber activities and School sponsored off-site activities must be authorized by the principal, or as the case may be, the superintendent or designate.
2. Level of documentation, and authorization required shall be determined by the combination of both risk level (Green or Amber) and destination classification (see “*Risk level and destination classification: Planning guide*” **attachment B**).
 - 2.1. All High Risk (Red) activities are strictly prohibited regardless of destination
3. The division shall not sign waivers for services provided by the third-party contractors
4. Staff organizers off-campus trips to third party service providers shall acquire a certificate of insurance from the provider and request the addition of the Horizon School Division to their insurance when possible.

REGULATIONS

1. Approval

The Board reserves the right to cancel any Amber and/or off-site activity if it deems that it is in the best interest and safety of the students to do so. Therefore, it is incumbent on the teacher-in-charge and the principal to consider all inherent risks, and in the case of high cost activities, to recommend to parents/guardians that they obtain travel cancellation insurance.

- 1.1. Horizon personnel as approved by the principal must:
 - 1.1.1. consult with and obtain the approval of the principal or superintendent in principle before discussing the intention of undertaking moderate risk (on-site and/or off-site) activities with students and parents
 - 1.1.2. submit for approval a “*field trip proposal form*” (see principal approval – **attachment C1**, “*Physical Education Class Activities, and Staff Initiated Recess/Lunch/Intramural School Ground Activities Principal Approval Form (attachment C2)*”, *Extra-Curricular Sports (Horizon Jr. High Athletics/ASAA sports) Principal Approval Form (attachment C3)*) or superintendent approval – **attachment D**) that includes:
 - 1.1.2.1. a statement of purpose that explicitly defines instructional objectives or outcomes associated with the purpose.
 - 1.1.2.2. outlines intended lead-up and follow-up activities; and
 - 1.1.2.3. specifies any inherent risks and what actions will be taken to reduce those risks.

Policy HICA – *Off-Site Activities, Cont’d.*

- 1.1.2.4. No “Field trip proposal form” is required for low risk day trips within the province. Teachers still require verbal approval from the principal.
- 1.2. Horizon personnel as approved by the principal must:
 - 1.2.1. meet the Safety Guidelines for Physical Activity in Alberta Schools (https://education.alberta.ca/media/160206/sg_pa_final_2014.pdf) to minimize inherent risk, and assist teachers in focusing on safe instructional practices;
 - 1.2.2. where practically possible and if it would enhance the welfare of students, have visited the location of the off-site activity prior to the trip and be familiar with the seasonal conditions at the time of the trip;
 - 1.2.3. consult and meet **Policy EEACAA** “Private Vehicles and Volunteer Drivers” and **Policy EEACAB** “Division-Owned Co-Curricular/Extra-Curricular Activity Vehicles”;
 - 1.2.4. ensure that, at minimum, one of the supervising adults or resource persons has the training and/or knowledge appropriate for conducting the trip;
 - 1.2.5. select appropriate volunteers for the activity, and provide volunteers with direction as to the requirements of the trip and their responsibilities, before the departure of the off-site activity;
 - 1.2.6. ensure that the appropriate trip documentation, such as trip itinerary, supervisor and student responsibilities, emergency contacts, etc., accompanies the teacher-in-charge, and that a copy has been filed with the principal;
 - 1.2.7. advise students regarding trip hazards and appropriate safety procedures; and
 - 1.2.8. ensure that a precise attendance count is taken at all points of departure on the trip
 - 1.2.9. file a student list with the school prior to departure.
 - 1.2.10. in addition to the safety guidelines above, schools wishing to go on alpine skiing activities must review with, students, staff, and parents, and comply with the guidelines of **attachment K**.
- 1.3. No moderate risk activity or off-site activity may proceed unless it has received the appropriate approval. Before approving a moderate risk or off-site activity, the principal or superintendent must be satisfied that:
 - 1.3.1. all inherent risks have been considered and there are procedures in place for managing the key inherent risks of the activities and environment. If there is any doubt, the principal shall contact the superintendent for a second opinion;
 - 1.3.2. the teacher understands policies and procedures defining the teacher’s responsibilities and duty of care;
 - 1.3.2.1. The following policies should be reviewed:
 - 1.3.2.1.1. EEACAA – Private vehicles volunteer
 - 1.3.2.1.2. EEACAB – Division owned co-curricular activity vehicles
 - 1.3.2.1.3. GBD – First aid training
 - 1.3.2.1.4. GFA - Volunteers
 - 1.3.2.1.5. HICA – Off-site activities
 - 1.3.2.1.6. IHCD – Concussion
 - 1.3.2.1.7. IHCE – Student illness/injury
 - 1.3.3. the current Safety Guidelines (See 1.2 (a) above) have been met or exceeded;
 - 1.3.4. the students, teachers, staff, volunteers and parents/guardians will receive the appropriate information about the trip; and
 - 1.3.5. arrangements are in place for covering all the financial matters, including a refund procedure, and an accounting for all expenditures.

Policy HICA – *Off-Site Activities*, Cont'd.

- 1.4. The principal has the authority to approve any low-risk/green, off-site activity, (see “*Risk levels for school based activities, and student travel*”, **attachment A**, and “*Risk level and destination classification: Planning guide*” **attachment B**) within Alberta that is a day trip, or that involves one overnight accommodation, or that involves two overnight accommodations and is in conjunction with a school competition. Approval for these trips should be obtained as early as possible prior to departure (see “*Risk level and destination classification: Planning guide*” **attachment B**).
 - 1.4.1. The principal must forward a copy of the “*field trip proposal form*” (see **attachment C1**) to the superintendent when such trips have students departing beyond jurisdictional boundaries.
 - 1.4.1.1. Exception: Trips into Lethbridge do not need to be forwarded to the superintendent
- 1.5 Approval for all moderate/amber risk activities (this includes alpine skiing and/or snowboarding) or other overnight trips (e.g. those involving more than 1-night accommodation, or in the case of school competitions, those involving more than 2-night accommodation) shall be obtained from the superintendent at least two months prior to departure (see “*Risk level and destination classification: Planning guide*” **attachment B**).
 - 1.4.2. “*Teacher/Leader Qualifications Assessment Form*” (see **attachment E**) must accompany the “*field trip approval form*” when seeking superintendent approval for moderate risk/Amber activities)
 - 1.4.3. . Some K-12 Physical Education class AMBER activities can be approved annually by the principal. See *Principal Approval: Physical Education Class Activities, and Staff Initiated Recess/Lunch/Intramural School Ground Activities Approval Form (attachment C2)*.
 - 1.4.4. Some K-12 recess/lunch/intramural on-site AMBER activities that take place on the school grounds can be approved annually by the principal. See *Principal Approval: Physical Education Class Activities, and Staff Initiated Recess/Lunch/Intramural School Ground Activities Approval Form (attachment C2)*
 - 1.4.5. Some extra-curricular AMBER sports (Horizon Jr High Athletics/ASAA sports) to be approved annually by the principal. See *Principal Approval: Extra-Curricular Sports Approval Form (Horizon Jr. High Athletics/ASAA sports) Approval Form (attachment C3)*

2. Supervision

- 2.1. The number of supervisors will vary according to the age and maturity of the students and the nature of the activity. **As a guide**, the acceptable standard of supervision for all off-site activities:
 - 2.1.1. for students in kindergarten, is one adult to 5 students;
 - 2.1.2. for students in grades 1 to 3, is one adult to 8 students;
 - 2.1.3. for students in grades 4 to 9, is one adult to 10 students; and
 - 2.1.4. for students in grades 10 to 12, is one adult to 15 students.
- 2.2. Where off-site activities include overnight stays, additional supervision should be provided and consideration should be given to include both female and male supervisors.
- 2.3. Additional supervision must be considered for off-site activities involving:
 - 2.3.1. increased risks;

Policy HICA – *Off-Site Activities, Cont’d.*

- 2.3.2. large numbers of students;
- 2.3.3. participation of students with special needs;
- 2.3.4. crowded venues;
- 2.3.5. trips that are new to the sponsoring school community; or
- 2.3.6. for overnight trips, if members of the same family group are supervising students.

2.4. Teachers and responsible parents are preferred as supervisors.

2.5. Depending on the nature of the activity, consideration should be given to having a supervisor who is trained in first aid and proper first aid equipment should be available.

- 2.5.1. A certified first aider must be present on all moderate risk activities

3. Safety Guidelines

3.1. The standards set out in the appropriate Safety Guidelines (See 1.2(a) above) must be met or exceeded for all off-site activities.

4. Distance Limits for Elementary Students

4.1. Off-site activities for elementary students are limited to trips in Alberta.

4.2. Off-site activities for elementary students outside the limits established in sections 4.1 will be considered on an individual basis if:

- 4.2.1. the principal supports the request;
- 4.2.2. the request is submitted to the superintendent four months before any commitment is made; and
- 4.2.3. the superintendent gives approval to proceed with planning.

5. Distance Limits for Junior High Students

5.1. Off-site activities for Junior High students are limited to trips in Canada.

6. International Travel

6.1. Only senior high students or grade nine (9) students participating in senior high trips may be authorized to attend trips outside of Canada.

6.2. International travel will not be approved for countries where the Canadian Government has determined official travel advisories (avoid non-essential travel, and avoid all travel).

6.2.1. International travel will only be approved for countries where the Canadian Government travel risk level states, “Exercise normal security precautions; there are no significant security concerns”.

6.2.2. Countries where the risk level states, Exercise a high degree of caution; there are identifiable security concerns; travelers should be alert and vigilant to their surroundings) may receive approval depending on the unique circumstances of the identifiable security concerns.

Policy HICA – Off-Site Activities, Cont’d.

- 6.3. The “*International Field Trip Planning Guide*” (see **attachment I**) MUST be attached with the “*field trip proposal form*” (see superintendent approval – **attachment D**) when seeking permission for International Trips outside of Canada
- 6.4. A parent meeting that provides detailed information and opportunities for questions is a mandatory component early in the planning phase.
- 6.5. The supervisor for any off-site activities outside of North America is responsible for contacting the appropriate recommended health authority in Alberta to determine immunization for supervisors and students for travel to the area.
- 6.6. All students participating in international trips must have their vaccinations up to date as recommended by the health authority. Students are to submit copies of these records to the teacher in charge. Upon return, the copies will be returned to the student.
- 6.7. Adequate travel and health insurance must be obtained for each participant, including supervisors.
 - 6.7.1. Cancellation insurance is strongly encouraged.

7. Activity Duration and Substitute Costs

- 7.1. Student absence is NOT to exceed three school days unless written permission has been provided by the Superintendent of Schools.

8. Activity Duration and Substitute Costs

- 8.1. The cost of providing substitutes for staff is the responsibility of the individual school involved.

9. Parent Permission

- 9.1. Parents/Guardians must be informed in writing of the following information about off-site activities (see “*Parent/Guardian Consent/Risk Acknowledgement Form*” **attachment F**)
 - 9.1.1. the purpose and educational objectives of the off-site activity;
 - 9.1.2. the name of the teacher-in-charge and a contact telephone number;
 - 9.1.3. the date(s) of the trip;
 - 9.1.4. the destination and, where possible, a map of the area;
 - 9.1.5. a detailed itinerary, setting out the general nature and number of activities;
 - 9.1.6. departure and return times;
 - 9.1.7. mode of transportation;
 - 9.1.8. financial arrangements;
 - 9.1.9. safety precautions;
 - 9.1.10. level of supervision;
 - 9.1.11. the date of the parent meeting, if one is being held;
 - 9.1.12. any risks associated with the activity, including official government travel advisories (official information and advice from the Government of Canada on situations that may affect their safety and well-being abroad);
 - 9.1.13. a reminder that parents or guardians must inform the teacher-in-charge about any relevant medical conditions of the student including proof of immunization, if required (individuals

Policy HICA – *Off-Site Activities, Cont’d.*

in charge should be aware of students with Policy IHCD: Medication to Students/Medical Conditions including attachment A: Medical Management Plan);

- 9.1.14. emergency procedures to be followed in the event of injury, illness or unusual circumstances;
 - 9.1.15. the need for additional medical coverage for out-of-province or out-of-country trips;
 - 9.1.16. any other relevant information about the trip which may influence the parent’s or guardian’s decision to withhold permission, such as a controversial museum exhibit; and
 - 9.1.17. the standard of conduct expected of students and that a student may be sent home from activities at parent’s expense if the behavior of the student is unacceptable.
 - 9.1.18. Parents must be informed that
 - 9.1.18.1. the superintendent reserves the right to cancel, and end trips early if the superintendent feels the risks are too great.
 - 9.1.18.2. the jurisdiction does not accept responsibility for any lost travel deposits or costs due to cancelled trips by either the jurisdiction or third party travel company for events beyond its control, including but not limited to instability in a destination country, acts of God, war (whether declared or undeclared), terrorist activities, incidents of violence, public health issues or quarantine, strikes, government restrictions, fire or severe weather conditions that make it impossible or unreasonable to conduct the trip.
- 9.2. One permission form is acceptable for a series of off-site activities or a number of distinct activities within the community, as long as all activities meet the requirements of 8.1 above and parents are notified of the activity within a reasonable time prior to the activity taking place.
- 9.3. When an off-site activity includes students from two or more schools:
 - 9.3.1. the principal of each school involved must approve the participation of their students; and
 - 9.3.2. students from all the schools are accountable to the teacher-in-charge.

10. Student’s Responsibility

- 10.1. Each student participating in an off-site activity must:
- 10.1.1. comply with the rules of the school and the requirements of the school’s student code of conduct;
 - 10.1.2. fulfill all the preparatory requirements at an appropriate level of performance;
 - 10.1.3. dress appropriately according to the type of off-site activity;
 - 10.1.4. cooperate fully with everyone authorized by the Board to provide education programs and other services;
 - 10.1.5. participate in a responsible and cooperative manner during the trip;
 - 10.1.6. account to the teacher in charge for their conduct;
 - 10.1.7. respect the rights of others; and
 - 10.1.8. carry out all follow-up procedures in an appropriate manner.

11. Volunteers

- 11.1. Volunteers are expected to know the details of the off-site activity and their specific duties and authority prior to departure (see **Policy GFA**).
- 11.2. Volunteers must:

Policy HICA – Off-Site Activities, Cont’d.

- 11.2.1. consent/acknowledge risk (see “*Volunteer Consent/Risk Acknowledgement Form*” **attachment G**)
 - 11.2.2. provide medical information (see “*Volunteer Medical Information Form*” **attachment H**)
 - 11.2.3. support and follow the school code of conduct;
 - 11.2.4. report any inappropriate conduct to the teacher-in-charge;
 - 11.2.5. adhere to the schedule or itinerary;
 - 11.2.6. dress appropriately according to the type of off-site activity; and
 - 11.2.7. fulfill their duties during assigned time
- 11.3. A criminal record check may be required of any volunteer (see **Policy GFA**).

Volunteer Automobile and/or Driver Authorization Form (attachment B policy EEACAA)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
Parent/Guardian Responsibility of Student Transportation (attachment A policy EEACAA)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
International Field Planning Guide (attachment I and I2)													✓
Application Lead Time	One week	One month				annually		annually	Two months				Three months

**Principal Approval: Physical Education Class Activities, and Staff Initiated
Recess/Lunch/Intramural School Ground Activities Approval Form**

Individual(s) requesting approval:	For school year: _____																														
<p>This form is being completed for on-site activities (check only one, submit separate approval form for each)</p> <p><input type="checkbox"/> Physical education class</p> <p><input type="checkbox"/> Recess/lunch/intramural staff organized activities</p>																															
<p>Grade level of physical education class (please circle)</p> <p>ECS 1 2 3 4 5 6 7 8 9 10 11 12</p>																															
<p>Proposed AMBER activities (check all that apply)</p> <table border="0"> <tr> <td><input type="checkbox"/> Broom ball</td> <td><input type="checkbox"/> Balance beam</td> <td><input type="checkbox"/> Track and Field (specify activities)</td> </tr> <tr> <td><input type="checkbox"/> European handball (team)</td> <td><input type="checkbox"/> Bar</td> <td><input type="checkbox"/> Discus</td> </tr> <tr> <td><input type="checkbox"/> Hockey (ball)</td> <td><input type="checkbox"/> Pommel horse</td> <td><input type="checkbox"/> High Jump</td> </tr> <tr> <td><input type="checkbox"/> Hockey (field)</td> <td><input type="checkbox"/> Lacrosse</td> <td><input type="checkbox"/> Hurdles</td> </tr> <tr> <td><input type="checkbox"/> Hockey (floor)</td> <td><input type="checkbox"/> Ringette</td> <td><input type="checkbox"/> Javelin</td> </tr> <tr> <td><input type="checkbox"/> Hockey (ice)</td> <td><input type="checkbox"/> Rugby</td> <td><input type="checkbox"/> Shot put</td> </tr> <tr> <td><input type="checkbox"/> Football</td> <td><input type="checkbox"/> Skating (ice)</td> <td><input type="checkbox"/> Triple Jump,</td> </tr> <tr> <td><input type="checkbox"/> Gymnastics (specify activities)</td> <td><input type="checkbox"/> Softball</td> <td><input type="checkbox"/> Long Jump</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Swimming (in pool with lifeguard)</td> <td><input type="checkbox"/> Weightlifting</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Tobogganing</td> <td><input type="checkbox"/> Wrestling</td> </tr> </table>		<input type="checkbox"/> Broom ball	<input type="checkbox"/> Balance beam	<input type="checkbox"/> Track and Field (specify activities)	<input type="checkbox"/> European handball (team)	<input type="checkbox"/> Bar	<input type="checkbox"/> Discus	<input type="checkbox"/> Hockey (ball)	<input type="checkbox"/> Pommel horse	<input type="checkbox"/> High Jump	<input type="checkbox"/> Hockey (field)	<input type="checkbox"/> Lacrosse	<input type="checkbox"/> Hurdles	<input type="checkbox"/> Hockey (floor)	<input type="checkbox"/> Ringette	<input type="checkbox"/> Javelin	<input type="checkbox"/> Hockey (ice)	<input type="checkbox"/> Rugby	<input type="checkbox"/> Shot put	<input type="checkbox"/> Football	<input type="checkbox"/> Skating (ice)	<input type="checkbox"/> Triple Jump,	<input type="checkbox"/> Gymnastics (specify activities)	<input type="checkbox"/> Softball	<input type="checkbox"/> Long Jump		<input type="checkbox"/> Swimming (in pool with lifeguard)	<input type="checkbox"/> Weightlifting		<input type="checkbox"/> Tobogganing	<input type="checkbox"/> Wrestling
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	<input type="checkbox"/> Tobogganing	<input type="checkbox"/> Wrestling																													
<p>I have reviewed and considered Horizon policies (check all that have been reviewed and considered)</p> <p><input type="checkbox"/> EEACAA – Private vehicles volunteer</p> <p><input type="checkbox"/> EEACAB – Division owned co-curricular activity vehicles</p> <p><input type="checkbox"/> GBD – First aid training</p> <p><input type="checkbox"/> GFA - Volunteers</p> <p><input type="checkbox"/> HICA – Off-site activities</p> <p><input type="checkbox"/> IHCD – Concussion</p> <p><input type="checkbox"/> IHCE – Student illness/injury</p>																															

I have reviewed and considered all Need-to-know information relevant for all activities checked off (pg. 11-17 in "Safety Guidelines for Physical Activity in Alberta Schools 2013")

- Yes
- No (If No, explain)

I have reviewed and considered Need-to-Know information for all applicable activity categories. (check activities categories that have been reviewed and considered).

- Indoor Activities (pg. 19-20)
- Gymnastics Activities (pg. 21-22)
- Outdoor Activities (pg. 23-24)
- Winter Outdoor Activities (pg. 25)
- Outdoor Education Activities (pg. 27-30)
- Pool or Open Water Activities (pg. 31-32)
- Off-site Activities (pg. 33-35).

I have reviewed and considered guidelines for all specific activities checked off. (pg. 37-143 in "Safety Guidelines for Physical Activity in Alberta Schools 2013")

- Yes
- No (If No, explain)

I have reviewed, considered, and will be implementing all safe instructional practices and guidelines that I have been reviewed in the above policies and resource

- Yes
- No (If no, explain)

All activities are implemented at an age-appropriate level.

- Yes
- No (If no, explain)

List the activities you have not taught in the last two years

I have current certified First Aid/C.P.R. certificate (Note someone with first aid needs to be present when doing amber activities. (this could be: another staff member in the school when the activity is on-site / the supervising teacher or another adult (e.g. lifeguard) when off-site)

Yes

Expiration date: _____

No, (explain who/how first aid will be addressed): _____

Teacher/Adult Signature: _____ Date: _____

Principal Comments (e.g. additional safety precautions or directions): _____

Principal Name: _____

Principal Signature: _____ Date: _____
(indicating approval)

Principals should keep a copy of this approval form at the school for

- One (1) year beyond the end of the school year approved.
- Five (5) years if an accident report was filed during one of the activities.



**Horizon School Division
Policy HICA Attachment C3**

**Principal Approval: Extra-Curricular Sports
(Horizon Jr. High Athletics/ASAA sports) Approval Form**

- This form is being completed for on-site and off-site activities
 - On-site is defined as activities that take place in the school or on school grounds
 - Off-site is defined as activities that take place off school property (e.g. other third party locations, or other schools)

Individual(s) requesting approval:	For school year: _____
Grade level of physical education class (please circle) 6 7 8 9 10 11 12	
Proposed AMBER activities (check all that apply)	
<input type="checkbox"/> Football	<input type="checkbox"/> Discus
<input type="checkbox"/> Rugby	<input type="checkbox"/> High Jump
<input type="checkbox"/> Softball	<input type="checkbox"/> Hurdles
<input type="checkbox"/> Track and Field (specify activities)	<input type="checkbox"/> Javelin
	<input type="checkbox"/> Shot put
	<input type="checkbox"/> Triple Jump,
	<input type="checkbox"/> Long Jump
	<input type="checkbox"/> Weightlifting
	<input type="checkbox"/> Wrestling
I have reviewed and considered Horizon policies (check all that have been reviewed and considered)	
<input type="checkbox"/> EEACAA – Private vehicles volunteer	<input type="checkbox"/> GFA – Volunteers
<input type="checkbox"/> EEACAB – Division owned co-curricular activity vehicles	<input type="checkbox"/> HICA – Off-site activities
<input type="checkbox"/> GBD – First aid training	<input type="checkbox"/> IHCD – Concussion
	<input type="checkbox"/> IHCE – Student illness/injury
I have reviewed and considered all Need-to-know information relevant for all activities checked off (pg. 11-17 in "Safety Guidelines for Physical Activity in Alberta Schools 2013")	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No (If No, explain)	

I have reviewed and considered Need-to-Know information for all applicable activity categories. (check activities categories that have been reviewed and considered).	
<input type="checkbox"/> Indoor Activities (pg. 19-20)	<input type="checkbox"/> Outdoor Activities (pg. 23-24)
<input type="checkbox"/> Gymnastics Activities (pg. 21-22)	<input type="checkbox"/> Off-site Activities (pg. 33-35).
	<input type="checkbox"/>

I have reviewed and considered guidelines for all specific activities checked off. (pg. 37-143 in "Safety Guidelines for Physical Activity in Alberta Schools 2013")

- Yes
- No (If No, explain)

I have reviewed, considered, and will be implementing all safe instructional practices and guidelines that I have been reviewed in the above policies and resource

- Yes
- No (If no, explain)

All activities are implemented at an age-appropriate level.

- Yes
- No (If no, explain)

List the activities you have not taught in the last two years

I am familiar with, have reviewed, and will be implementing all ASAA requirements (for gr. 10-12 extra-curricular activities only)

- Yes: _____
- No/NA (If no/NA, explain)

I have current certified First Aid/C.P.R. certificate I have current certified First Aid/C.P.R. certificate (Note someone with first aid needs to be present when doing amber activities. (this could be: another staff member in the school when the activity is on-site / the supervising teacher or another adult (e.g. lifeguard) when off-site)

- Yes

Expiration date: _____

- No, (explain who/how first aid will be addressed): _____

Teacher/Adult Signature: _____ Date: _____

Principal Comments (e.g. additional safety precautions or directions): _____

Principal Name: _____

Principal Signature: _____ Date: _____
(indicating approval)

Principals should keep a copy of this approval form at the school for

- One (1) year beyond the end of the school year approved.
- Five (5) years if an accident report was filed during one of the activities.

HORIZON SCHOOL DIVISION
POLICY HANDBOOK

Policy Code: AD
Policy Title: Educational Philosophy
Cross Reference: AE
Legal Reference: Education Act 33
Adoption Date: April 27/95
Amendment or Re-affirmation Date: August 26, 2019

POLICY

THE BOARD OF TRUSTEES OF HORIZON SCHOOL DIVISION IS COMMITTED TO ENSURING STUDENTS GAIN THE KNOWLEDGE AND SKILLS TO BE CONTRIBUTING CITIZENS AND THE DESIRE TO DEVELOP AS LIFE-LONG LEARNERS~~THE DEVELOPMENT OF PASSIONATELY ENGAGED LEARNERS WHO CONFIDENTLY PURSUE CONTINUAL IMPROVEMENT NOW AND IN THE FUTURE AS CONTRIBUTING GLOBAL CITIZENS.~~ TO THIS END, AN INCLUSIVE~~A~~ LEARNING COMMUNITY THAT ENGAGES AND EMPLOWS ALL LEARNERS FOR SUCCESS WITHIN A WELCOMING, CARING, RESPECTFUL, AND SAFE LEARNING ENVIRONMENT ~~WILL BE NURTURED WITHIN A~~ CONTEXT THAT PROVIDES QUALITY TEACHING AND OPTIMAL LEARNING EXPERIENCES.

GUIDELINES

1. The Vision of Horizon School Division is as follows;

Students will gain the knowledge and skills to be contributing citizens and the desire to develop as life-long learners. ~~Passionately engaged learners who confidently pursue continual improvement now and in the future as contributing global citizens.~~

2. The Mission Statement of Horizon School Division is as follows;

Horizon School Division is an inclusive learning community that engages engaging and empowers empowering all Learners for Success

3. The Board recognizes the following values as those that are essential for a quality learning environment and the development of the individual:

~~3.1. Safe, caring and inclusive learning environments;~~

~~3.2. Student centered decision making;~~

~~3.3. Purposeful collaboration and partnerships;~~

~~3.4. Quality staff and programs throughout our rural schools;~~

~~3.5. Commitment;~~

~~3.6. Accountability, sustainability and fiscal responsibility;~~

Ethical, transparent practices.

3.1. continual improvement;

3.2. inclusion and respecting diversity;

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3.3. fostering effective relationships

3.4. welcoming, caring, respectful, and safe learning environments;

3.5. collaboration; and

3.7.3.6. accountability

4. The Board bases its educational programs in their belief and support for:

4.1. Foundations of learning;

4.1.1. Parent and community engagement

Policy AD – Educational Philosophy, Cont'd

~~4.1.2. Governance~~

~~4.1.3. Leadership~~

~~4.1.4. Professional learning~~

~~4.1.5. Research and best practice~~

~~4.1.6. Evidence based decision making~~

~~4.2. Essential learning conditions;~~

~~4.2.1. Effective teaching~~

~~4.2.2. Effective learning environments~~

~~4.2.3. Effective supports and services~~

~~4.3. Inclusive Learning;~~

~~4.4. Passionately engaged learners.~~

POLICY

THE BOARD OF TRUSTEES OF HORIZON SCHOOL DIVISION. RECOGNIZES THE IMPORTANT OF THE HEALTH, SAFETY, AND OVERALL WELL-BEING OF ITS STUDENTS AND THAT THE SAFETY OF STUDENTS ARE ESSENTIAL PRECONDITIONS FOR EFFECTIVE LEARNING AND AS SUCH IS COMMITTED TO TAKING STEPS TO MINIMIZE THE RISK OF CONCUSSION.

DEFINITIONS

Concussion is the term for a clinical diagnosis that is made by a medical doctor or a nurse practitioner.

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. It is possible for symptoms to take up to 7 days to appear.
- 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 within the skull (for a visual description of how a concussion occurs, see <https://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);
- cannot normally be seen on X-rays, standard CT scans or MRIs; and
- is typically expected to result in symptoms lasting 1-4 weeks in children and youth (under 18 years), but in some cases symptoms may be prolonged.

GUIDELINES

1. It is very important to students' long-term health and academic success that individuals in schools have information on appropriate strategies to minimize risk of concussion, steps to follow if they suspect that a student may have a concussion and effective management procedures to guide students' return to learning and physical activity after a diagnosed concussion.
2. The following regulations are intended for use by all individuals who interact with students inside and outside the school as it relates to school based activities, including students, parents/guardians, teachers, administrators, coaches, officials, and trainers.

Policy IHCD – Concussion – Cont'd

REGULATIONS

1. Concussion Awareness Education

- 1.1. All Horizon staff, and students engaged in sport activities and their parents/guardians are encouraged to review the Concussion Recognition Tool and Concussion Guides (Appendix A) prior to the first day of school.
- 1.2. All stakeholders should have a clear understanding of Horizon's Concussion Protocol.
- 1.3. Coaches and Physical Education teachers are required to have taken the concussion training course via <https://cattonline.com/school-professional/>

2. Head Injury Recognition

- 2.1. Although the formal diagnosis of concussion should be made following a medical assessment, all school and sport stakeholders including students, parents/guardians, teachers, administrators, coaches, officials, trainers, and licensed healthcare professionals are responsible for the recognition and reporting of students who may demonstrate visual signs of a head injury or who report concussion related symptoms.
- 2.2. A concussion should be suspected:
 - 2.2.1. in any student who sustains a significant impact to the head, face, neck, or body and demonstrates ANY of the visual signs of a suspected concussion or reports ANY symptoms of a suspected concussion as detailed in the Concussion Recognition Tool 5 (Appendix A).
 - 2.2.2. if any student reports ANY concussion symptoms to one of their peers parents/guardians, teachers, or coaches or if anyone witnesses a student exhibiting any of the visual signs of concussion.
- 2.3. In some cases, a student may demonstrate signs or symptoms of a more severe head or spine injury including convulsions, worsening headaches, vomiting or neck pain. If a student demonstrates any of the 'Red Flags' indicated by the Concussion Recognition Tool 5 (Appendix A), a more severe head or spine injury should be suspected.

3. Initial Response

- 3.1. Emergency Response (Red Flag Procedure as per Concussion Recognition Tool 5, see Appendix A)
 - 3.1.1. If a student is suspected of sustaining a more severe head or spine injury during a game, practice, or other school activity, an ambulance should be called immediately. Coaches, teachers, administrators, parents/guardians, officials, and trainers should not make any effort to remove equipment or move the student until an ambulance has arrived. The student's parents/guardians (or emergency contact) should be contacted immediately to inform them of the student's injury and that emergency medical services have been contacted.

Policy IHCD – Concussion – Cont'd

3.2. If No Red Flags (as per Concussion Recognition Tool 5, see Appendix A) are Present

- 3.2.1. If a student is suspected of sustaining a concussion and there is no concern for a more serious head or spine injury, the student should be immediately removed from the field of play or setting in which the injury occurred.
- 3.2.2. Any student who is suspected of having sustained a concussion must not return to the activity (game, practice, physical education class, etc.) and must be referred to a medical doctor or nurse practitioner for medical assessment. The student must not be left alone until a parent/guardian arrives.
- 3.2.3. If a student is removed from an activity following a significant impact but there are NO visual signs of a concussion and the student reports NO concussion symptoms, the student can remain at school but should not participate in physical activity and should be monitored for delayed symptoms. The student's parents/guardians should be informed of the incident and that the student should be monitored for emerging symptoms.

3.3. Refer to Policy IHCD: Student Illness/Injury

4. Medical Assessment

- 4.1. The medical assessment is responsible for determining whether the student has been diagnosed with a concussion or not. Students assessed for a concussion should request a Medical Assessment Letter indicating whether or not a concussion has been diagnosed to aid the school with determining whether the student can return to school and sports activities without restriction.
- 4.2. Because the Medical Assessment Letter contains personal health information, it is the responsibility of the student or their parent/guardian to provide this documentation to the school.

5. Concussion Management

- 5.1. When a student is diagnosed with a concussion, the student and their parents/guardians should be provided with Concussion Recognition Tool, Concussion Guide for Athletes and Concussion Guide for Parents (Appendix A).
- 5.2. Students diagnosed with a concussion are to be managed according to their Return-to-School and Return-to-Sport Strategy under the supervision of a medical doctor or nurse practitioner (see sample Strategy for return to school after a concussion, and After a concussion: Return to sport strategy (Appendix B)
 - 5.2.1. The sample strategy should be provided to the student and their parents/guardians following a concussion diagnosis.

6. Medical Clearance for Return to Sport

- 6.1. Students who have been diagnosed with a concussion and have successfully completed their Return-to-School and Return-to-Sport Strategies can be considered for return to full sports and physical activities. The final decision to medically clear a student to return to unrestricted activities should be based on the clinical judgment of the medical doctor or nurse practitioner.

Policy IHCD – Concussion – Cont'd

- 6.2. Prior to returning to full contact practice and games/competition, the student or parent/guardian must provide the school with a Medical Clearance Letter specifying that a medical doctor or nurse practitioner has personally evaluated the student and has cleared them for return to sports.
 - 6.3. Students who have been provided with a Medical Clearance Letter may return to full sport and physical activities as tolerated. If the student experiences any new concussion-like symptoms while returning to play, they should be instructed to stop playing immediately, notify their parents/guardians, teachers, administrators, or coaches, and undergo follow up medical assessment.
 - 6.4. In the event that the student sustains a new suspected concussion, the Horizon Concussion Protocol should be followed.
7. Additional Resources
- 7.1. For more information on concussion, please visit
 - 7.1.1. www.parachutecanada.org/concussion.
 - 7.1.2. Volleyball Alberta Concussion Pathway
 - 7.1.3. Concussion & You: A handbook for parents and kids (Appendix C)

Policy IHCD – Concussion – Cont’d

APPENDIX A

Concussion Recognition Tool 5
Concussion Guide for Teachers
Concussion Guide for Coaches and Trainers
Concussion Guide for Athletes
Concussion Guide for Parents

CONCUSSION RECOGNITION TOOL 5 ©

To help identify concussion in children, adolescents and adults



RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS — CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Blank or vacant look
- Facial injury after head trauma

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STEP 3: SYMPTOMS

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More Irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:

- "What venue are we at today?"
- "Which half is it now?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last game?"

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

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What is a concussion?

A concussion is a brain injury that cannot be seen on routine X-rays, CT scans, or MRIs. It affects the way a student may think and remember things, and can cause a variety of symptoms.

What are the signs and symptoms of a concussion?

A student does not need to be knocked out (lose consciousness) to have had a concussion. The student might experience one or more of the following:

Thinking Problems	Student's Complaints	Other Problems
<ul style="list-style-type: none"> • Does not know time, date, place, details about a recent activity • General confusion • Cannot remember things that happened before and after the injury • Knocked out 	<ul style="list-style-type: none"> • Headache • Dizziness • Feels dazed • Feels “dinged” or stunned; “having my bell rung” • Sees stars, flashing lights • Ringing in the ears • Sleepiness • Loss of vision • Sees double or blurry • Stomachache, stomach pain, nausea 	<ul style="list-style-type: none"> • Poor co-ordination or balance • Blank stare/glassy-eyed • Vomiting • Slurred speech • Slow to answer questions or follow directions • Easily distracted • Poor concentration • Strange or inappropriate emotions (i.e., laughing, crying, getting mad easily) • Not participating well

Get medical help immediately if a student has any “red flag” symptoms such as neck pain, repeated vomiting, growing confusion, seizures, and weakness or tingling in their arms or legs. These may be signs of a more serious injury.



What causes a concussion?

Any blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion (e.g., a ball to the head, colliding with another person).

What should I do if I suspect a student has a concussion?

In all suspected cases of concussion, the student should stop the activity right away.

Continuing increases their risk of more severe, longer-lasting concussion symptoms, as well as increases their risk of other injury.

The Concussion Recognition Tool 5 (CRT5) can be used by anyone to help recognize the signs and symptoms of a possible concussion.

The student should not be left alone and should be seen by a doctor as soon as possible that day. They should not drive.

If the student loses consciousness, call an ambulance to take them to the hospital right away. Do not move them or remove any equipment such as a helmet.

The student should not return to play the same day.

How long will it take for the student to get better?

The signs and symptoms of a concussion often last for one to four weeks but may last longer. In some cases, students may take many weeks or months to heal. If the student has had a concussion before, they may take longer to heal.

If the student's symptoms are persistent (i.e., last longer than four weeks in youth under 18 years old or last longer than two weeks in students aged 18

or older), they should be referred to a healthcare professional who is an expert in the management of concussion.

How is concussion treated?

After an initial short period of rest (24 to 48 hours), light cognitive and physical activity can begin, as long as these don't worsen symptoms.

As the student is recovering from concussion, they should not do any activities that may make their symptoms worse. This might mean limiting activities such as exercising, driving, and screen time on their phone or other devices. If mental activities (e.g., reading, using the computer) worsen the student's symptoms, they might have to stay home from school.

Recovering from concussion is a process that takes patience. If the student goes back to activities before they are ready, it is likely to make their symptoms worse, and their recovery might take longer.

When should the student go to the doctor?

Anyone with a possible head injury should be seen by a doctor as soon as possible.

The student should go back to the doctor immediately if, after being told they have a concussion, they have worsening symptoms, such as:

- being more confused
- headache that is getting worse
- vomiting more than twice
- not waking up
- having any trouble walking
- having a seizure
- strange behaviour

When can the student return to school?

The student may find it hard to concentrate in class, may get a worse headache, or feel sick to their stomach. They should stay home from school if being in class makes their symptoms worse. Once they feel better, they can try going back to school part time to start (i.e., for half days) and if they are OK with that, then they can go back full time.

On average, students with concussion miss one to four days of school. Each concussion is unique, so the student may progress at a different rate than others.

The Return-to-School Strategy provides information on the stages of returning to the classroom. Return to school must come before full return to sport.

When can the student return to sport and physical activity?

It is very important that the student does not go back to full participation in sport if they have any concussion signs or symptoms. Return to sport and physical activity must follow a step-wise approach.

In this approach:

- Each stage is at least 24 hours.
- The student moves on to the next stage when they can tolerate activities without new or worsening symptoms.
- If any of the student's symptoms worsen, they should stop and go back to the previous stage for at least 24 hours.

Stage 1: After an initial 24 to 48 hours of rest, light cognitive and physical activity can begin, as long as these don't worsen symptoms. The student can start with daily activities like moving around the home and simple chores, such as making their bed.

Stage 2: Light aerobic activity such as walking or stationary cycling, for 10 to 15 minutes. The student

shouldn't do any heavy lifting or resistance training (e.g., bodyweight exercises, weight training).

Stage 3: Individual physical activity with no risk of contact for 20 to 30 minutes. The student can participate in simple, individual activities, such as going for a walk at recess or shooting a basketball. The student shouldn't do any resistance training.

Stage 4: Begin practising with no contact (no checking, no heading the ball, etc.). Add in longer and more challenging physical activity. Start to add in resistance training (if appropriate for the student).

Get clearance from a doctor before moving on to Stages 5 and 6.

Stage 5: Participate in practice with contact, if the student plays a contact sport.

Stage 6: Full game play or competition.

The Return-to-Sport Strategy provides more information on the stages of returning to sport.

The student should never return to sport until cleared by a doctor!

Returning before full recovery from concussion puts the student at higher risk of sustaining another concussion, with symptoms that may be more severe and last longer.

Additional Resources

Available at parachute.ca/concussion:

- Return-to-School Strategy
- Return-to-Sport Strategy
- Canadian Guideline on Concussion in Sport



What is a concussion?

A concussion is a brain injury that cannot be seen on routine X-rays, CT scans, or MRIs. It affects the way an athlete may think and remember things, and can cause a variety of symptoms.

What are the signs and symptoms of a concussion?

An athlete does not need to be knocked out (lose consciousness) to have had a concussion. The athlete might experience one or more of the following:

Thinking Problems	Athlete's Complaints	Other Problems
<ul style="list-style-type: none"> • Does not know time, date, place, period of game, opposing team, score of game • General confusion • Cannot remember things that happened before and after the injury • Knocked out 	<ul style="list-style-type: none"> • Headache • Dizziness • Feeling dazed • Feeling “dinged” or stunned; “having my bell rung” • Seeing stars, flashing lights • Ringing in the ears • Sleepiness • Loss of vision • Seeing double or blurry vision • Stomachache, stomach pain, nausea 	<ul style="list-style-type: none"> • Poor co-ordination or balance • Blank stare/glassy-eyed • Vomiting • Slurred speech • Slow to answer questions or follow directions • Easily distracted • Poor concentration • Strange or inappropriate emotions (i.e., laughing, crying, getting mad easily) • Not playing as well

Get medical help immediately if an athlete has any “red flag” symptoms such as neck pain, repeated vomiting, growing confusion, seizures, and weakness or tingling in their arms or legs. These may be signs of a more serious injury.



What causes a concussion?

Any blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion (e.g., a ball to the head, being checked into the boards).

What should I do if I think an athlete might have a concussion?

In all suspected cases of concussion, the athlete should stop playing right away. Continuing to play increases their risk of more severe, longer-lasting concussion symptoms, as well as increases their risk of other injury.

The Concussion Recognition Tool 5 (CRT5) can be used by anyone to help recognize the signs and symptoms of a possible concussion.

The athlete should not be left alone and should be seen by a doctor as soon as possible that day. They should not drive.

If the athlete loses consciousness, call an ambulance to take them to the hospital right away. Do not move them or remove any equipment such as a helmet.

The athlete should not return to play the same day.

How long will it take for the athlete to get better?

The signs and symptoms of a concussion usually last for one to four weeks, but may last longer. In some cases, it may take many weeks or months to heal. If the athlete has had a previous concussion, they may take longer to heal.

If the athlete's symptoms are persistent (i.e., last longer than two weeks in adults or longer than four

weeks in youth under 18 years old) they should be referred to a healthcare professional who is an expert in the management of concussion.

How is concussion treated?

After an initial short period of rest (24 to 48 hours), light cognitive and physical activity can begin, as long as these don't worsen symptoms.

As the athlete is recovering from concussion, they should not do any activities that may make their symptoms worse. This might mean limiting activities such as exercising, driving, and screen time on their phone or other devices.

Recovering from concussion is a process that takes patience. Going back to activities before the athlete is ready is likely to make their symptoms worse, and their recovery may take longer.

When should the athlete go to the doctor?

Anyone with a possible head injury should be seen by a doctor as soon as possible.

The athlete should go back to the doctor immediately if, after being told they have a concussion, they have worsening symptoms, such as:

- being more confused
- headache that is getting worse
- vomiting more than twice
- not waking up
- having any trouble walking
- having a seizure
- strange behaviour

When can the athlete return to school?

On average, students with concussion miss one to four days of school. Each concussion is unique, so the athlete may progress at a different rate than others.

The Return-to-School Strategy provides information on the stages of returning to the classroom. **Return to school must come before full return to sport.**

When can the athlete return to sport?

It is very important that an athlete not go back to full participation in sport if they have any concussion signs or symptoms. Return to sport and physical activity must follow a step-wise approach.

In this approach:

- Each stage is at least 24 hours.
- The athlete moves on to the next stage when they can tolerate activities without new or worsening symptoms.
- If any symptoms worsen, the athlete should stop and go back to the previous stage for at least 24 hours.

Stage 1: After an initial 24 to 48 hours of rest, light cognitive and physical activity can begin, as long as these don't worsen symptoms. The athlete can start with daily activities such as moving around the home and simple chores, such as making their bed.

Stage 2: Light aerobic activity such as walking or stationary cycling, for 10 to 15 minutes. The athlete shouldn't do any resistance training or other heavy lifting.

Stage 3: Individual sport-specific exercise with no contact for 20 to 30 minutes (e.g., running, throwing). The athlete shouldn't do any resistance training.

Stage 4: Begin practising with no contact (no checking, no heading the ball, etc.). Add in more challenging drills. Start to add in resistance training.

Stage 5: Participate in practice with contact, once cleared by a doctor.

Stage 6: Full game play or competition.

The Return-to-Sport Strategy provides more information on the stages of returning to sport.

An athlete should never return to sport until cleared by a doctor!

Returning before full recovery from concussion puts athletes at higher risk of sustaining another concussion, with symptoms that may be more severe and last longer.

Additional Resources

Available at parachute.ca/concussion:

- Return-to-School Strategy
- Return-to-Sport Strategy
- Canadian Guideline on Concussion in Sport
- Concussion: Baseline Testing
- Making Headway eLearning (Coaching Association of Canada)



What is a concussion?

A concussion is a brain injury that cannot be seen on routine X-rays, CT scans, or MRIs. It affects the way you may think and remember things, and can cause a variety of symptoms.

What are the signs and symptoms of a concussion?

You do not need to be knocked out (lose consciousness) to have had a concussion. You might experience one or more of the following:

Thinking Problems	How You Might Feel	Other Problems
<ul style="list-style-type: none"> • Do not know time, date, place, period of game, opposing team, score of game • General confusion • Cannot remember things that happened before and after the injury • Knocked out 	<ul style="list-style-type: none"> • Headache • Dizziness • Feeling dazed • Feeling “dinged” or stunned; “having my bell rung” • Seeing stars, flashing lights • Ringing in the ears • Sleepiness • Loss of vision • Seeing double or blurry vision • Stomachache, stomach pain, nausea 	<ul style="list-style-type: none"> • Poor co-ordination or balance • Blank stare/glassy-eyed • Vomiting • Slurred speech • Slow to answer questions or follow directions • Easily distracted • Poor concentration • Strange or inappropriate emotions (i.e., laughing, crying, getting mad easily) • Not playing as well

Get medical help immediately if you have any “red flag” symptoms such as neck pain, repeated vomiting, growing confusion, seizures, and weakness or tingling in your arms or legs. These may be signs of a more serious injury.



What causes a concussion?

Any blow to your head, face or neck, or a blow to your body which causes a sudden jarring of your head may cause a concussion (e.g., a ball to the head, being checked into the boards).

What should I do if I think I might have 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 coach, parent, official, or other responsible person that you are concerned you might have a concussion. You should not be left alone and should be seen by a doctor as soon as possible that day. You should not drive.

If you lose consciousness, an ambulance should be called to take you to a hospital immediately.

Do not return to play the same day.

What should I do if I think my teammate might have a concussion?

If another athlete tells you about symptoms or if you notice signs they might have a concussion, tell a coach, parent, official or other responsible person. They should not be left alone and should be seen by a doctor as soon as possible that day.

If another athlete is knocked out, an ambulance should be called to take them to a hospital immediately.

How long will it take to get better?

The signs and symptoms of a concussion usually last for one to four weeks, but may last longer. In some cases, it may take many weeks or months to heal. If you have had a previous concussion, you may take longer to heal.

If your symptoms are persistent (i.e., last longer than four weeks if you're under 18 or last longer than two weeks if you're 18 or older) you should be referred to a healthcare professional who is an expert in the management of concussion.

How is concussion treated?

After an initial short period of rest (24 to 48 hours), light cognitive and physical activity can begin, as long as these don't worsen your symptoms.

As you're recovering from concussion, you should not do any activities that may make your symptoms worse. This might mean limiting activities such as exercising, driving, and screen time on your phone or other devices. If mental activities (e.g., reading, using the computer) worsen your symptoms, you might have to stay home from school or work.

Recovering from concussion is a process that takes patience. Going back to activities before you are ready is likely to make your symptoms worse, and your recovery may take longer.

When should I go to the doctor?

Anyone with a possible head injury should be seen by a doctor as soon as possible. If you are diagnosed with a concussion, your doctor should schedule a follow-up visit with you within the next one to two weeks.

You should go back to the doctor immediately if, after being told you have a concussion, you have worsening symptoms, such as:

- being more confused
- headache that is getting worse
- vomiting more than twice
- not waking up
- having any trouble walking
- having a seizure
- strange behaviour

When can I return to school?

You may find it hard to concentrate in class, may get a worse headache, or feel sick to your stomach. You should stay home from school if being in class makes your symptoms worse. Once you feel better, you can try going back to school part-time to start (i.e., for half days) and if you are OK with that, then you can go back full time.

On average, students with concussion miss one to four days of school. Each concussion is unique, so you may progress at a different rate than other people you know.

The Return-to-School Strategy provides information on the stages of returning to the classroom. Remember, return to school must come before full return to sport.

When can I return to sport?

It is very important that you do not go back to full participation in sport if you have any concussion signs or symptoms. Return to sport and physical activity must follow a step-wise approach.

In this approach:

- Each stage is at least 24 hours.
- Move on to the next stage when you can tolerate activities without new or worsening symptoms.
- If any symptoms worsen, stop and go back to the previous stage for at least 24 hours.

Stage 1: After an initial 24 to 48 hours of rest, light cognitive and physical activity can begin, as long as these don't worsen your symptoms. Start with daily activities like moving around your home and simple chores, such as making your bed.

Stage 2: Light aerobic activity such as walking or stationary cycling, for 10 to 15 minutes. Don't do any resistance training or other heavy lifting.

Stage 3: Individual sport-specific exercise with no contact for 20 to 30 minutes (e.g., running, throwing). Don't do any resistance training.

Stage 4: Begin practising with no contact (no checking, no heading the ball, etc.). Add in more challenging drills. Start to add in resistance training.

Stage 5: Participate in practice with contact, once cleared by a doctor.

Stage 6: Full game play or competition.

The Return-to-Sport Strategy provides more information on the stages of returning to sport.

Never return to sport until cleared by a doctor!

Returning to active play before full recovery from concussion puts you at higher risk of sustaining another concussion, with symptoms that may be more severe and last longer.

Additional Resources

Available at parachute.ca/concussion:

- Return-to-School Strategy
- Return-to-Sport Strategy
- Canadian Guideline on Concussion in Sport



What is a concussion?

A concussion is a brain injury that cannot be seen on routine X-rays, CT scans, or MRIs. It affects the way a child may think and remember things, and can cause a variety of symptoms.

What are the signs and symptoms of a concussion?

Your child does not need to be knocked out (lose consciousness) to have had a concussion. Your child might experience one or more of the following:

Thinking Problems	Child's Complaints	Other Problems
<ul style="list-style-type: none">• Does not know time, date, place, details about a recent activity• General confusion• Cannot remember things that happened before and after the injury• Knocked out	<ul style="list-style-type: none">• Headache• Dizziness• Feels dazed• Feels “dinged” or stunned; “having my bell rung”• Sees stars, flashing lights• Ringing in the ears• Sleepiness• Loss of vision• Sees double or blurry• Stomachache, stomach pain, nausea	<ul style="list-style-type: none">• Poor co-ordination or balance• Blank stare/glassy-eyed• Vomiting• Slurred speech• Slow to answer questions or follow directions• Easily distracted• Poor concentration• Strange or inappropriate emotions (i.e., laughing, crying, getting mad easily)• Not participating well

It is harder for infants, toddlers, and preschoolers to communicate how they are feeling. If you have a young child, you might notice any of the following: crying more than usual; unsteady walking; lack of interest in favourite toys; changes in nursing, eating or sleeping patterns; or loss of new skills, such as toilet training.

Get medical help immediately if your child has any “red flag” symptoms such as neck pain, repeated vomiting, growing confusion, seizures, and weakness or tingling in their arms or legs. These may be signs of a more serious injury.



What causes a concussion?

Any blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion (e.g., a ball to the head, colliding with another person).

What should I do if I suspect my child has a concussion?

In all suspected cases of concussion, your child should stop the activity right away. Continuing increases their risk of more severe, longer-lasting concussion symptoms, as well as increases their risk of other injury.

The Concussion Recognition Tool 5 (CRT5) can be used by anyone to help recognize the signs and symptoms of a possible concussion.

Your child should not be left alone and should be seen by a doctor as soon as possible that day.

If your child loses consciousness, call an ambulance to take them to the hospital right away. Do not move your child or remove any equipment such as a helmet.

Your child should not return to play the same day.

How long before my child gets better?

The signs and symptoms of a concussion often last for one to four weeks but may last longer. In some cases, children may take many weeks or months to heal. If your child has had a concussion before, they may take longer to heal.

If your child's symptoms are persistent (i.e., last longer than four weeks in youth under 18 years old), they should be referred to a healthcare professional who is an expert in the management of concussion.

How is concussion treated?

After an initial short period of rest (24 to 48 hours), light cognitive and physical activity can begin, as long as these don't worsen symptoms. A medical doctor, preferably one with experience managing concussions, should be consulted before beginning step-wise Return-to-School and Return-to-Sport Strategies.

As your child is recovering from concussion, they should not do any activities that may make their symptoms worse. This might mean limiting activities such as riding their bike, play wrestling, reading, working on the computer or playing video games.

Recovering from concussion is a process that takes patience. If your child goes back to activities before they are ready, it is likely to make their symptoms worse, and their recovery might take longer.

When should my child go to the doctor?

Anyone with a possible head injury should be seen by a doctor as soon as possible. If your child is diagnosed with a concussion, the doctor should schedule a follow-up visit within the next one to two weeks.

Take your child back to the doctor immediately if, after being told they have a concussion, they have worsening symptoms, such as:

- being more confused
- headache that is getting worse
- vomiting more than twice
- not waking up
- having any trouble walking
- having a seizure
- strange behaviour

When can my child return to school?

Your child may find it hard to concentrate in class, may get a worse headache, or feel sick to their stomach. Your child should stay home from school if being in class makes their symptoms worse. Once they feel better, they can try going back to school

part time to start (i.e., for half days) and if they are OK with that, then they can go back full time.

On average, children with concussion miss one to four days of school. Each concussion is unique, so your child may progress at a different rate than others.

The Return-to-School Strategy provides information on the stages of returning to the classroom. Return to school must come before full return to sport.

When can my child return to sport and physical activity?

It is very important that your child does not go back to full participation in sport if they have any concussion signs or symptoms. Return to sport and physical activity must follow a step-wise approach.

In this approach:

- Each stage is at least 24 hours.
- Your child moves on to the next stage when they can tolerate activities without new or worsening symptoms.
- If any of your child's symptoms worsen, they should stop and go back to the previous stage for at least 24 hours.

Stage 1: After an initial 24 to 48 hours of rest, light cognitive and physical activity can begin, as long as these don't worsen symptoms. Your child can start with daily activities such as moving around the home and simple chores, such as making their bed.

Stage 2: Light aerobic activity such as walking or stationary cycling, for 10 to 15 minutes. Your child shouldn't do any heavy lifting or resistance training (e.g., bodyweight exercises, weight training).

Stage 3: Individual physical activity with no risk of contact for 20 to 30 minutes. Your child can participate in simple, individual activities, such as

going for a walk at recess or shooting a basketball. Your child shouldn't do any resistance training.

Stage 4: Begin practising with no contact (no checking, no heading the ball, etc.). Add in longer and more challenging physical activity. Start to add in resistance training (if appropriate for your child).

Get clearance from a doctor before moving on to Stages 5 and 6.

Stage 5: Participate in practice with contact, if your child plays a contact sport.

Stage 6: Full game play or competition.

The Return-to-Sport Strategy provides more information on the stages of returning to sport.

Your child should not return to sport until cleared by a doctor!

Returning too soon before full recovery from concussion puts your child at higher risk of sustaining another concussion, with symptoms that may be more severe and last longer.

Additional Resources

Available at parachute.ca/concussion:

- **Return-to-School Strategy**
- **Return-to-Sport Strategy**
- **Canadian Guideline on Concussion in Sport**
- **Concussion: Baseline Testing**

Policy IHCD – Concussion – Cont’d

APPENDIX B

Strategy for return to school after a concussion

After a concussion: Return to sport strategy

Volleyball Concussion Pathway



Parachute
Concussion Series

Strategy for RETURN TO SCHOOL after a Concussion

1. Each stage is at least 24 hours. Move to the next stage only when activities are tolerated without new or worsening symptoms.
2. If symptoms re-appear, return to the previous stage for at least 24 hours.
3. If symptoms don't improve, but continue to get worse, contact your doctor or get medical help immediately.

AT HOME

Cognitive & physical rest (24-48 hours)



- | OK if tolerated | Not OK |
|--|---|
| <ul style="list-style-type: none"> ✓ Short board games ✓ Short phone calls ✓ Camera photography ✓ Crafts | <ul style="list-style-type: none"> ✗ School ✗ Physical exertion/ stair climbing ✗ Organized sports |

If tolerated, limited amounts of

- TV
- Computer/cell phone use
- Reading

READY FOR NEXT STAGE?

Symptoms start to improve OR after resting for 48 hours max.

Stage 1 Light cognitive activity



- | OK if tolerated | Not OK |
|--|---|
| <ul style="list-style-type: none"> ✓ Easy reading ✓ Limited TV ✓ Drawing/LEGO/ board games ✓ Some peer contact | <ul style="list-style-type: none"> ✗ School ✗ Work ✗ Physical exertion/ stair climbing ✗ Organized sports |

If tolerated, limited amounts of

- Computer/cell phone use

READY FOR NEXT STAGE?

Tolerate 30 mins. of cognitive activity at home

Stage 2 School-type work/ Light physical activity



- | OK if tolerated | Not OK |
|--|--|
| <ul style="list-style-type: none"> ✓ School-type work in 30 min. chunks ✓ Light physical activity ✓ Some peer contact | <ul style="list-style-type: none"> ✗ School attendance ✗ Work ✗ Physical exertion/ stair climbing ✗ Organized sports |

READY FOR NEXT STAGE?

Tolerate up to 60 mins. of cognitive activity in 2-3 chunks

AT SCHOOL

Stage 3a Part-time school Light load



- | OK if tolerated | Not OK |
|--|---|
| <ul style="list-style-type: none"> ✓ Up to 120 mins. of cognitive activity in chunks ✓ Half-days at school, 1-2 times a week ✓ Some light physical activity | <ul style="list-style-type: none"> ✗ Music/Phys. Ed class ✗ Tests/exams ✗ Homework ✗ Heavy physical loads (e.g. backpack) ✗ Organized sports |

READY FOR NEXT STAGE?

Tolerate school work up to 120 mins. a day for 1-2 days/week

Stage 3b Part-time school Moderate load



- | OK if tolerated | Not OK |
|--|---|
| <ul style="list-style-type: none"> ✓ Limited testing ✓ School work for 4-5 hours/day in chunks ✓ Homework up to 30 mins./day ✓ 3-5 days of school/week ✓ Decrease learning accommodations | <ul style="list-style-type: none"> ✗ Phys. Ed class/ physical exertion ✗ Standardized tests/exams ✗ Organized sports |

READY FOR NEXT STAGE?

Tolerate school work 4-5 hours/day in chunks for 2-4 days/week

Stage 4a Nearly normal workload



- | OK if tolerated | Not OK |
|--|--|
| <ul style="list-style-type: none"> ✓ Nearly normal cognitive activities ✓ Routine school work as tolerated ✓ Homework up to 60 mins./day ✓ Minimal learning accommodations | <ul style="list-style-type: none"> ✗ Phys. Ed class ✗ Standardized tests/exams ✗ Full participation in organized sports |

READY FOR NEXT STAGE?

Tolerate full-time academic load without worsening symptoms

Stage 4b Full time



- | OK if tolerated | Not OK |
|--|--|
| <ul style="list-style-type: none"> ✓ Normal cognitive activities ✓ Routine school work ✓ Full curriculum load ✓ No learning accommodations | <ul style="list-style-type: none"> ✗ Full participation in sports until medically cleared. (See Return-to-Sport Strategy) |

READY FOR NEXT STAGE?

Stages 5-6 of the Return-to-Sport Strategy

After a Concussion:

RETURN-TO-SPORT STRATEGY



Parachute
Concussion Series

A concussion is a serious injury, but you can recover fully if your brain is given enough time to rest and recuperate.

Returning to normal activities, including sport participation, is a step-wise process that requires patience, attention, and caution.

In the Return-to-Sport Strategy:

- ▶ Each stage is at least 24 hours.
- ▶ Move on to the next stage when activities are tolerated without new or worsening symptoms.
- ▶ If any symptoms worsen, stop and go back to the previous stage for at least 24 hours.
- ▶ If symptoms return after medical clearance, follow up with a doctor for re-assessment.

Stage 1: Symptom-limiting activities

After an initial short period of rest of 24 to 48 hours, light cognitive and physical activity can begin, as long as these don't worsen symptoms. You can start with daily activities like moving around the house, simple chores, and gradually introducing school and work activities at home.

Stage 2: Light aerobic activity

Light exercise such as walking or stationary cycling, for 10 to 15 minutes. The duration and intensity of the aerobic exercise can be gradually increased over time if symptoms don't worsen and no new symptoms appear during the exercise or in the hours that follow. No resistance training or other heavy lifting.

Stage 3: Individual sport-specific exercise with no contact

Activities such as skating, running, or throwing can begin for 20 to 30 minutes. There should be no body contact or other jarring motions, such as high-speed stops or hitting a ball with a bat. No resistance training.

Stage 4: Begin training drills with no contact

Add in more challenging drills like passing drills. There should be no impact activities (no checking, no heading the ball, etc.). Start to add in progressive resistance training.

Stage 5: Full contact practice following clearance by a doctor.

Stage 6: Return to Sport

Full game play or competition.



How long does this process take?

Each stage is a minimum of 24 hours, but could take longer, depending on how activities affect the way you feel. Since each concussion is unique, people will progress at different rates. For most people, symptoms improve within 1 to 4 weeks. If you have had a concussion before, you may take longer to heal the next time.

If symptoms are persistent (i.e., last longer than two weeks in adults or longer than four weeks in youth), your doctor should consider referring you to a healthcare professional who is an expert in the management of concussion.

How do I find the right doctor?

When dealing with concussions, it is important to see a doctor who is knowledgeable in concussion management. This might include your family doctor or a specialist like a sports medicine physician. Your family doctor may be required to submit a referral for you to see a specialist.

Contact the Canadian Academy of Sport and Exercise Medicine (CASEM) to find a sports medicine physician in your area. Visit www.casem-acmse.org for more information. You can also refer your doctor to parachute.ca/concussion for more information.

What if my symptoms return or get worse during this process?

If symptoms return or get worse, or new symptoms appear, return to the previous stage for at least 24 hours. Continue with activities that you can tolerate.

If symptoms return after medical clearance (Stages 5 and 6) you should be re-assessed by your doctor before resuming activities. Remember, symptoms may return later that day or the next, not necessarily during the activity!

Never return to sport until cleared by a doctor!

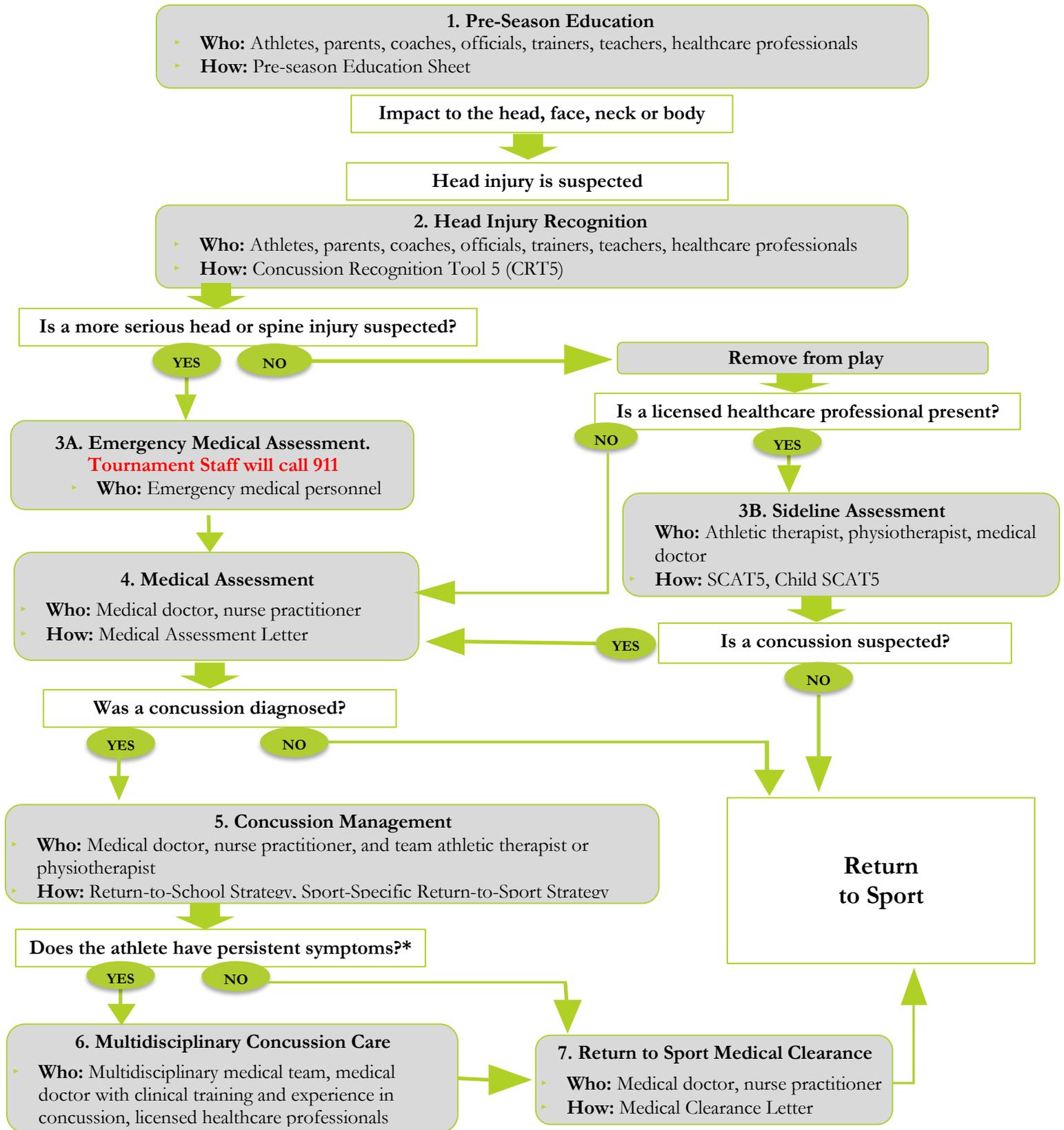
Returning to active play before full recovery from concussion puts you at higher risk of sustaining another concussion, with symptoms that may be more severe and last longer.

Additional Resources

Available at parachute.ca/concussion:

- **Return-to-School Strategy**
- **Canadian Guideline on Concussion in Sport**
- **Concussion: Baseline Testing**

Volleyball Alberta Concussion Pathway



*Persistent symptoms: lasting > 4 weeks in children & youth or > 2 weeks in adults

Policy IHCD – Concussion – Cont’d

APPENDIX C

Concussion & You: A handbook for parents and kids

Concussion & You

A Handbook for Parents and Kids

DEVELOPED BY CONCUSSION EXPERTS AT
HOLLAND BLOORVIEW KIDS REHABILITATION HOSPITAL

INTRODUCTION

This Concussion Handbook is designed to help with your concussion management and recovery. Whether you're a kid or teenager who recently suffered a concussion or a parent, teacher or coach of someone dealing with concussion, the management techniques laid out in this concussion handbook can help to speed up the path to recovery.

The information in this Concussion Handbook is informed by experts in youth concussion from the Holland Bloorview Kids Rehabilitation Hospital Concussion Centre. The team includes healthcare professionals, from neuropsychologists and pediatricians to occupational therapists, who are sharing their concussion management methods.

A timeline for returning to your regular life

This handbook will provide information on returning to the various aspects of your daily life. The concussion researchers and clinicians at Holland Bloorview know that concussion recovery is a process, not a quick fix.

It's important to remember that recovery times are different for each individual and can vary from days to weeks to months, and while some of that is based on the injury itself, you can also help improve your recovery time by resting your brain and body. You can also accidentally prolong your recovery by doing too much too soon, suffering repeated concussions, or if you have other complicating factors such as: ADHD, learning disabilities, headaches, sleep disorders or mental illness.



ENERGY
CONSERVATION



SLEEP

WHAT IS IN THE CONCUSSION HANDBOOK?

In this handbook you will find:

- Information about concussion and its potential effect on your mind and body.
- Strategies to help with recovery, including:
 - * Energy conservation
 - * Sleep
 - * Nutrition
 - * Relaxation
 - * Return to school
 - * Return to physical activity and sport
- Self-management tools to ensure you are doing everything you can to recover quickly and get back to the activities you need, want and love to do.
- We have incorporated these strategies and tools into a Recovery Timeline with visuals to help you see how phases of recovery fit together.

Please note: The information in this handbook is for education only. If you have questions about your concussion, call your doctor or contact us at Holland Bloorview (concussion@hollandbloorview.ca).



NUTRITION



RELAXATION



RETURN TO
SCHOOL



RETURN TO PHYSICAL
ACTIVITY AND SPORT

CONCUSSION: WHAT IS IT EXACTLY?

A concussion is a brain injury that can affect how your brain works. Concussions may happen because of a hit to the head, face, neck or somewhere else on the body. When a hit takes place, the brain moves back and forth inside the skull. If it moves hard enough, the brain can become injured. This can make your brain and body work and feel different.

6 things you should know about concussions

1 Concussion is a brain injury.

2 A child's brain is still developing and requires a unique approach to care.

3 You can have a concussion without losing consciousness.



4 Concussion symptoms are more than just physical. They can be mental, emotional or behavioural.

5 Most concussions resolve quickly, however 30% of people have symptoms that last longer than 4 weeks.

6 It's essential for optimal recovery to rest your mind and body.

Holland Bloorview
Kids Rehabilitation Hospital

Concussion
Centre

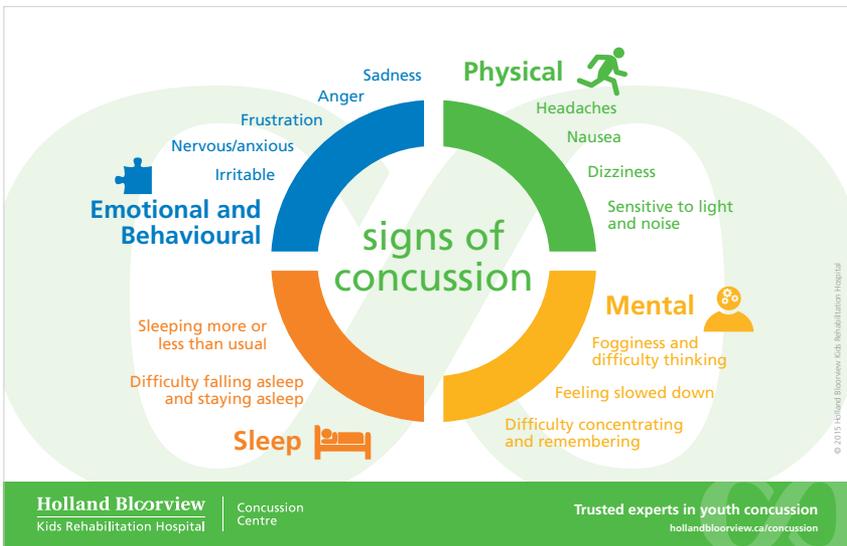
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HOW CAN I TELL IF I HAD A CONCUSSION?

Everyone's concussion experience is different and not everyone reacts the same way. For some people, recovery from a concussion is quick, and for others, the road to recovery is longer. It's hard to predict how long a concussion will last. Using the strategies in this handbook can help promote recovery and get you back to the things you need, want and love to do.

You can experience different signs and symptoms after having a concussion.
Take a look at the chart below for details.



SO I HAD A CONCUSSION: WHAT DO I DO?

When you've had a concussion, it's important for you to immediately:

- 1. Stop studying, working or playing**
- 2. See your doctor for help**
- 3. Rest your brain and body**

You and your doctor or healthcare team member need to work together to help you get better from your concussion. They will help you slowly go back to studying, working or playing.

Keep in mind - to get better you need **PHYSICAL & MENTAL rest!**

Taking steps to conserve energy will help you manage your concussion: get enough sleep, relax, eat the right food and plan return to school or return to activities.

The rest of the Concussion Handbook will show you how to conserve energy, sleep well, relax, eat right and return to school or activities.

The concussion recovery timeline

Everyone's timeline for concussion recovery is a bit different, but there are some general rules that will help you return to regular life safely.

- Using the sleep, energy conservation, relaxation and nutrition strategies from the beginning of your recovery process will provide you with the tools and skills necessary to let your brain recover, and make it easier to begin reintegration into school and then sport.
- At Holland Bloorview we recommend that you successfully return to school without post-concussion symptoms before you move on to returning to sport. This will reduce your chances of re-injury by moving you through the stages of lower risk to higher risk activities in the right order.



I had a concussion, I need to ...

- STOP studying, working, playing
- Get HELP from my doctor
- REST my mind & body
- SLOWLY get back to studying, working, playing

I think I have a concussion, how can I get better?

Stop: studying, using electronic devices and playing

Get help: get immediate medical attention, ask your doctor for advice

Rest: take time to rest your mind and your body

Take it slow: slowly get back to studying, working and playing

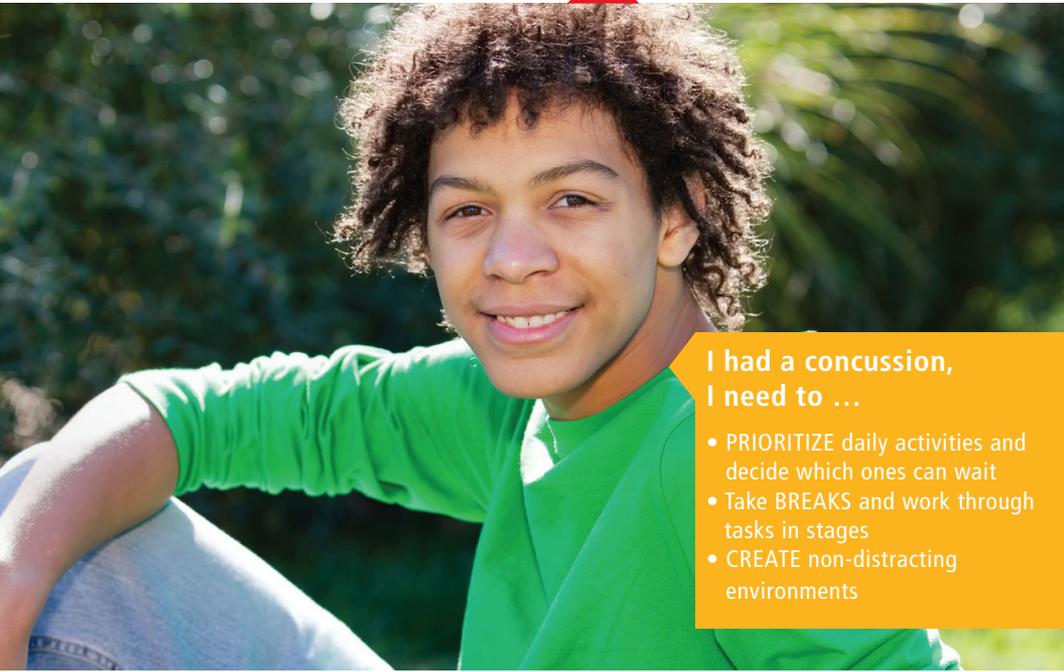
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ENERGY CONSERVATION



**I had a concussion,
I need to ...**

- PRIORITIZE daily activities and decide which ones can wait
- Take BREAKS and work through tasks in stages
- CREATE non-distracting environments

After you've had a concussion, you need to rest your body (physical rest) and your brain (mental rest). Rest helps your brain recover so you can return to the activities you want or need to participate in. One way to help with resting is through energy conservation.

What is energy conservation?

Everything you do from the time you wake up to the time you go to bed uses energy. Through energy conservation you can save mental and physical energy allowing you to feel better throughout the day. Your brain will also have the proper fuel to promote recovery from your concussion.

How do I conserve energy?

You can conserve energy by using the “Four P’s” – Prioritize, Plan, Pace and Position.

The Four P’s concept is used frequently by occupational therapists. The multi-disciplinary team at the Concussion Centre, which includes occupational therapy expertise, has adapted the Four P’s principle for use in concussion recovery.

The diagram below explains the Four P’s:

PRIORITIZE

(#1 What is important?)

Decide: What is important? What are you able to do based on how you currently feel?

Break daily activities into:

- Urgent: must be done today.
- Important: must be done in next few days.
- For later: must be done this week/month.
- Don’t need to/can’t do: can it wait until you are feeling better?
- Help needed: can someone do it for you?

PACE

(#3 How are you going to do it?)

- Take breaks if you don’t feel well.
- After a concussion, your brain is less able to do tasks that were once automatic (e.g. tasks you have a lot of practice doing). It may take more time to complete tasks as you recover.
- Complete the task over stages (you may not be able to finish everything all at once).
- Plan tasks throughout the day so you aren’t doing too much at one time.

PLAN

(#2 What are you going to do?)

- Organize what you need to do.
- Do tasks that use more energy at times in the day when you feel best.
- Make rest breaks part of your routine.
- Planning saves mental energy and helps you avoid trying to remember what to do and when to do it during the day.

POSITION

(#4 Where are you going to do it?)

- Noisy, busy and distracting environments make it hard to concentrate and will use up more energy.
- Think about your environment and how you stand/sit in it.
- Your environment can make a difference in how you feel.

SLEEP



After you've had a concussion, getting enough and good quality sleep is one way to help your brain recover so you can return to your daily life and go back to the activities you want or need to participate in.

Helpful sleep tips

To get a good night's sleep, remember to:

- Wake up and go to bed at the same time each day, even on weekends.
- Get up at the same time every day no matter what time you fall asleep.
- Create a relaxing, regular bedtime routine for yourself. You can do this by taking a warm bath or shower, using aroma therapy or listen to soothing music. Things you can also try are:
 - Deep breathing exercises: concentrate on your breathing
 - Mental imagery: close your eyes and think about doing something you enjoy or being in a relaxing place
- Sleep in a quiet, dark and cool room. Make sure your mattress and pillow(s) are comfortable.
- Use your bedroom for sleep only. Work/school materials, computers, cell phones, tablets and TVs should be in another room.



I had a concussion, I need to ...

- AVOID naps so I am not awake at night (If I need to nap, it shouldn't be longer than 1 hour)
- KEEP your bedroom as a sleep only zone
- AVOID caffeine and screen time before bed
- WRITE down why I can't sleep so I can avoid what is keeping me awake (I shouldn't do this right before bed)

Sleep tips to recover from concussion

1 Try to wake up and go to bed at the same time every day.

2 Create a relaxing routine to help you fall asleep, try listening to soothing music or taking a warm bath before bedtime.

3 Choose a quiet, dark and cool room where you are comfortable.

4 Make your bedroom a restful sleep only zone.

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NUTRITION



The food we put into our body gives us the energy we need to promote recovery in our brain and body, and help us recover from concussion.

Remember to:

- Eat a balanced diet.
- Have regular meals and snacks.
- Include healthy carbohydrates in your diet. A protein only diet may affect how your body recovers from concussion. You need to eat healthy carbohydrates to give your brain fuel (e.g. whole grains, sugar from fruit and vegetables).
- Drink water regularly throughout the day. It is important to stay hydrated. Also, the more water you drink, the more you need to go to the bathroom, and so this forces you to take more rest breaks and pace yourself.

“There is a common misconception that people eat so their bodies have energy, but the reality is that your brain needs fuel too – you are not just feeding your body. Athletes eat protein for their muscles, but often forget they need carbohydrates for their brain. Your brain runs off glucose.”

– DR. NICK REED



**I had a concussion,
I need to ...**

- EAT a balanced diet
- Have REGULAR meals and snacks
- Include healthy CARBOHYDRATES in my diet
- DRINK water regularly

RELAXATION



Taking time to relax and using relaxation strategies can help calm your brain. Relaxation can be done at any time during your concussion recovery.

Why is relaxation training important?

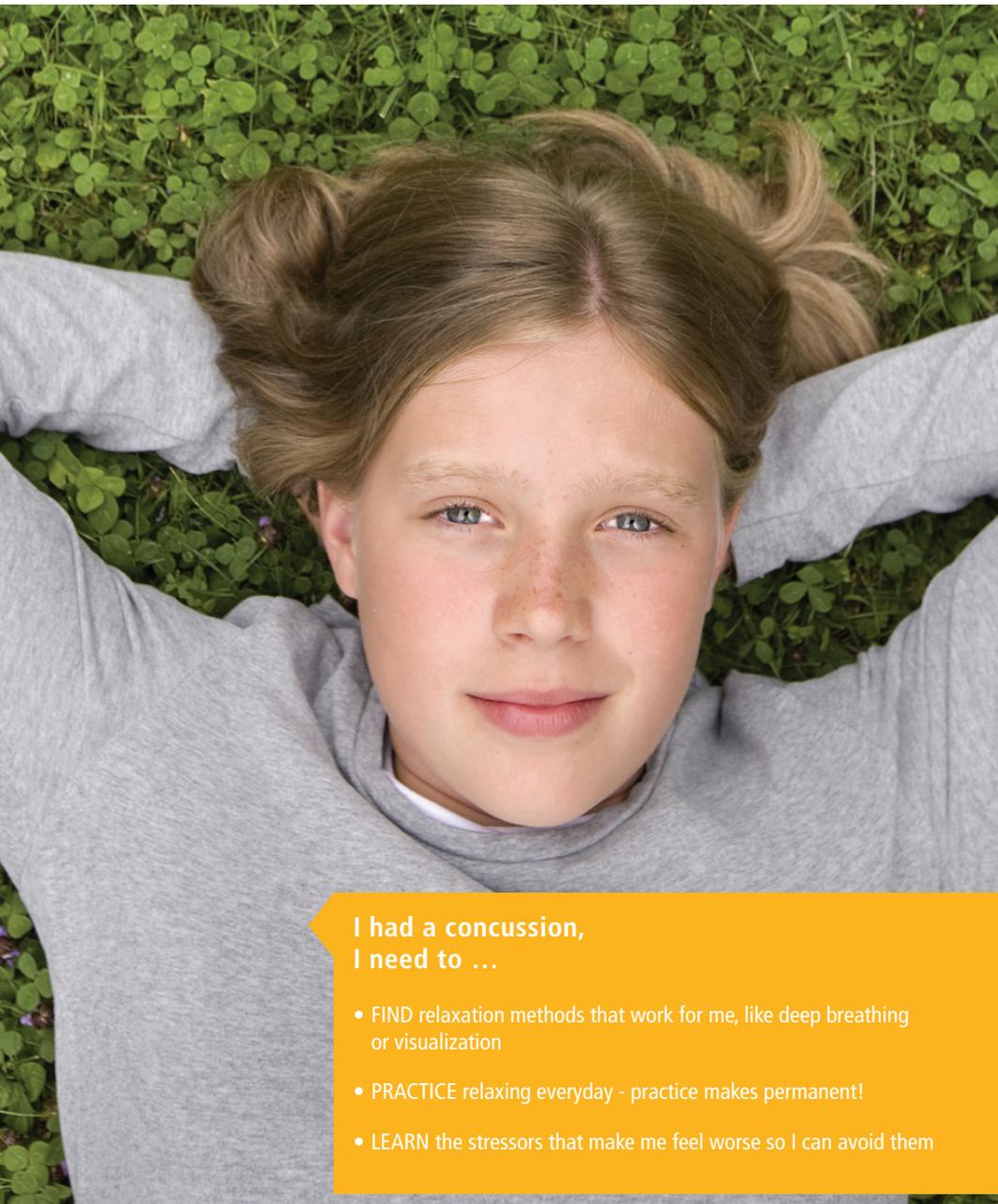
Relaxation:

- Is a way to give yourself a break to focus on you.
- Can help prevent anxiety and nervousness (caused by things like school exams, assignments, missed sleep, loud school hallways or cafeterias) from affecting how you feel.
- Can allow you to rest your brain and body so they can recover.

How does relaxation training work?

Relaxation training can help:

- You control how fast your heart beats, your blood pressure, the amount you sweat, how well you sleep and how alert you feel. During stress, your heart rate and blood pressure increase, your body produces more sweat, your breathing becomes shallow and your muscles can contract.
- Reverse some of the ways your body responds to stress and give you more control over your body, as well as help reduce anxiety, depression, irritability, insomnia and blood pressure.
- You recognize signs of stress in your body and reduce those stressors before they affect how you feel.



**I had a concussion,
I need to ...**

- FIND relaxation methods that work for me, like deep breathing or visualization
- PRACTICE relaxing everyday - practice makes permanent!
- LEARN the stressors that make me feel worse so I can avoid them

RETURNING TO SCHOOL



This is a time when your brain needs all of its energy to recover, so it's very important to rest your brain and limit how hard your brain works until all of your symptoms have gone away.

Slowly returning to school is best. As a student, it can be hard for you to focus, remember and process information, which can affect how well you learn and perform at school. You and your school staff, including your teachers and guidance counselor, can work together to adjust your school work and school environment so you can gradually return to full school activities and performance.

Please share this information with your teacher!

Preparing to return to school

Return to school when your symptoms are gone or when you can go for longer periods of thinking without making your symptoms much worse.

Limit the following activities until symptoms have cleared:

- Reading.
- Using a computer, tablet or cell phone.
- Video gaming.
- Physical activity (e.g. gym class, sports, exercise).
- Walking or taking the bus (avoid noisy environments; a drive to school is a better option).
- Begin brief periods of reading or studying when your symptoms are better or go away (stop activity and rest if symptoms return).



I had a concussion, I need to ...

- SHARE my return to school plan with my teachers
- AVOID gym until I am symptom free

When you're back at school

- Have a contact person at school (e.g. guidance counselor, nurse) who can share information on your behalf about the injury (e.g. severity, necessary needs) with other teachers, the principal, etc.
- Talk to this person daily to discuss making changes at school as you need them.
- Know what you can handle, and attend core classes over non-core classes.
- If your symptoms come back while in the classroom, get help. REST is important and you might need to go to a quiet area at school to manage your symptoms, or go home.
- Try to avoid missing the same classes all the time.
- Avoid gym/physical activity until symptom free or you're approved by your doctor to participate.

RETURN TO PHYSICAL ACTIVITIES



Having a concussion and symptoms can make it difficult for you to go back to being physically active. It is critical that you are able to successfully return to school and social activities **before** returning to physical activity or sport.

Going back to activity or sport too soon before your brain recovers can:

- Slow down your recovery from your concussion.
- Affect how you perform during the activity.
- Put you at risk for another concussion and for a more serious injury.

This is why it is important for you to rest your brain and your body. Return to physical activity and sport gradually, slowly and as you feel ready.

Work with your doctor to return to activity or sport. Your return to activity or sport must be approved by your doctor.

- Share any symptoms you are experiencing as you return to physical activity with your doctor.
- Your doctor will help you decide on next steps, and help you modify your return to sport to ensure you are safe and comfortable at each level of activity before progressing to the next.
- Most importantly, listen to your body as you go through this process. If your symptoms worsen while being physically active, it is your body's way of telling you that you are not ready.

"If you are having new problems at school and your normal day to day life (i.e. your symptoms get worse) then you are not ready to return to sports. Your body and brain have to be ready to take on the added demand or risk."

– DR. PETER RUMNEY



**I had a concussion,
I need to ...**

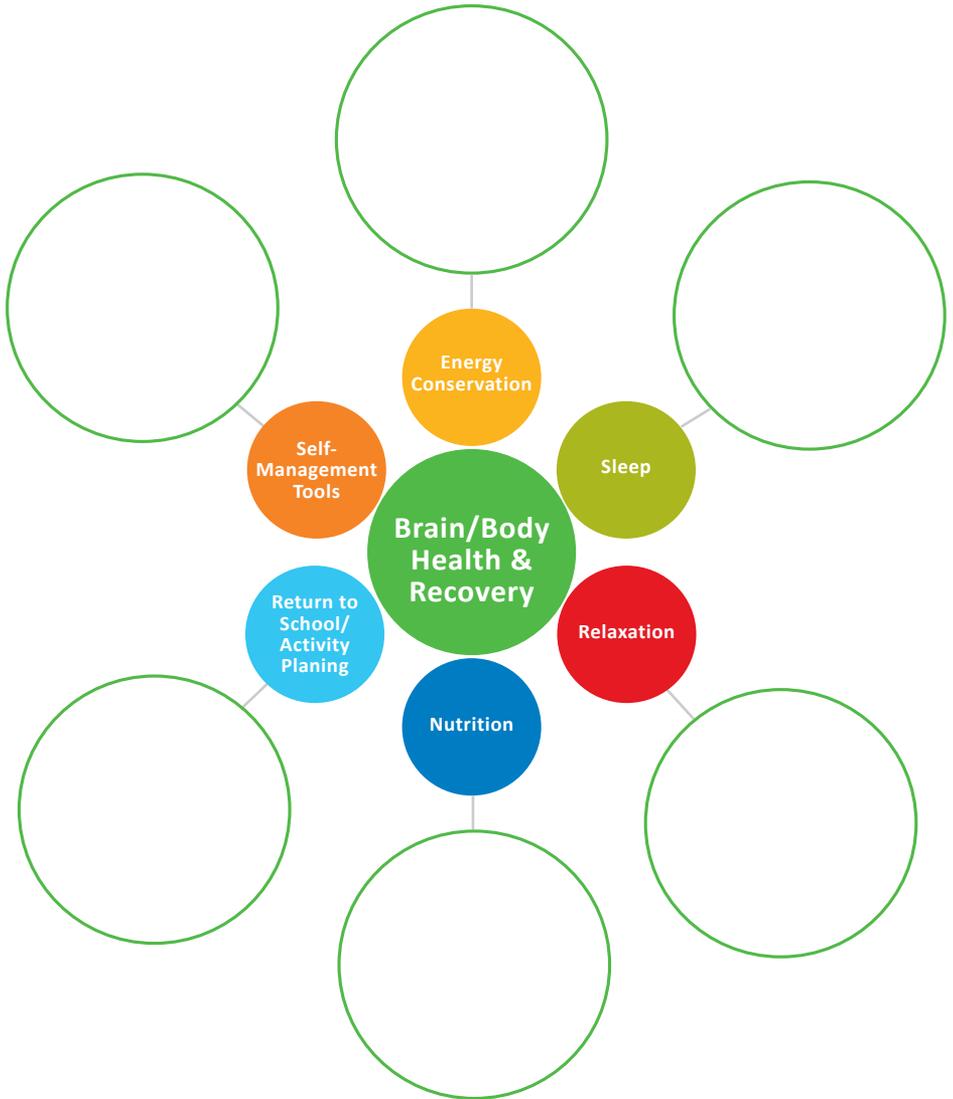
- WORK with my doctor on a return to sports plan
- MODIFY my activities to make sure I am safe
- SHARE my symptoms as I gradually return



SELF-MANAGEMENT
TOOLKIT

MAKE A PLAN. WHAT STRATEGIES WILL YOU USE?

Each of the six topics covered in this handbook are important for your brain, body health and recovery. Think of some strategies you could use for each topic and write them down in the circles. Setting goals, making a plan and regularly updating that plan to meet your needs will help you work towards a successful concussion recovery.



ENERGY CONSERVATION

Here is a list of questions that you should ask yourself when planning your daily activities and before performing a particular activity. Asking these questions will help to make sure you have enough energy to do the activities you need to throughout the day and to help your brain recover from the concussion.

Step 1

What is the activity?

Step 2

Apply the 4 P's

1. PRIORITIZE

Is the activity:

- Urgent (must be done today)
- Important (must be done in next few days)
- For later (must be done this week or month)
- Don't need to/can't do (think big picture - can it wait until you are feeling better)
- Can someone do it for you

2. PLANNING

When am I going to do the activity?

*Consider: energy levels, when feeling best, other activities during the day, etc.

3. PACING

How am I going to do the activity?

- *Consider:
- how your body feels (headaches, etc. = stop and rest)
 - can I do the activity over different stages?
 - can I break the activity down into easier steps

4. POSITIONING

Where am I going to do the activity?

What position will my body be in while I am doing the activity?

- *Consider:
- is the environment going to make me use more energy (distractions, stairs vs. escalator, etc.)
 - is my body position going to make me use more energy (standing vs. sitting, taking breaks to change body position, etc.)

Step 3

Evaluation of your plan and the activity

- did you perform the activity in a way that you are satisfied with?
- do you need to make changes to your plan to perform it differently?

For more information about energy conservation and the 4 P's, see page 8 & 9.

DAILY SCHEDULE AND ACTIVITY LOG

Planning out what you will do each day, and when you will do it, can help you make sure you don't take on too much too soon and that rest and relaxation are a priority within your daily routine. You can make your plan the night before and record what you actually did at the end of each day, including how what you did made you feel. This can help you organize your day and allow you to know what activities make you feel best.

Time	Planned Activities	Actual Activities	Post-concussion Symptoms
7:00 am-8:00 am			<input type="checkbox"/> No change: <input type="checkbox"/> up <input type="checkbox"/> down Primary symptoms:
8:00 am-9:00 am			<input type="checkbox"/> No change: <input type="checkbox"/> up <input type="checkbox"/> down Primary symptoms:
9:00 am-10:00 am			<input type="checkbox"/> No change: <input type="checkbox"/> up <input type="checkbox"/> down Primary symptoms:
10:00 am-11:00 am			<input type="checkbox"/> No change: <input type="checkbox"/> up <input type="checkbox"/> down Primary symptoms:
11:00 am-12:00 pm			<input type="checkbox"/> No change: <input type="checkbox"/> up <input type="checkbox"/> down Primary symptoms:
12:00 pm-1:00 pm			<input type="checkbox"/> No change: <input type="checkbox"/> up <input type="checkbox"/> down Primary symptoms:
1:00 pm-2:00 pm			<input type="checkbox"/> No change: <input type="checkbox"/> up <input type="checkbox"/> down Primary symptoms:
2:00 pm-3:00 pm			<input type="checkbox"/> No change: <input type="checkbox"/> up <input type="checkbox"/> down Primary symptoms:
3:00 pm-4:00 pm			<input type="checkbox"/> No change: <input type="checkbox"/> up <input type="checkbox"/> down Primary symptoms:
4:00 pm-5:00 pm			<input type="checkbox"/> No change: <input type="checkbox"/> up <input type="checkbox"/> down Primary symptoms:
5:00 pm-6:00 pm			<input type="checkbox"/> No change: <input type="checkbox"/> up <input type="checkbox"/> down Primary symptoms:
6:00 pm-7:00 pm			<input type="checkbox"/> No change: <input type="checkbox"/> up <input type="checkbox"/> down Primary symptoms:
7:00 pm-8:00 pm			<input type="checkbox"/> No change: <input type="checkbox"/> up <input type="checkbox"/> down Primary symptoms:
8:00 pm-9:00 pm			<input type="checkbox"/> No change: <input type="checkbox"/> up <input type="checkbox"/> down Primary symptoms:
9:00 pm-10:00 pm			<input type="checkbox"/> No change: <input type="checkbox"/> up <input type="checkbox"/> down Primary symptoms:

For more information on planning physical activity see page 9.

RETURN TO PLAY – PHYSICAL ACTIVITY LOG

After you successfully return to school and social activities, this Physical Activity Log can be used to help you slowly return to physical activity or sport. Log the type of activity (e.g. walking, running) and other details to know what your body can handle as you work towards returning to sports.

Date	Activity (Be specific)	Duration (Minutes)	Exertion (Scale 1-10)	Outcome
		___mins	___/10	<input type="checkbox"/> No rise in symptoms <input type="checkbox"/> Rise in symptoms <input type="checkbox"/> During; <input type="checkbox"/> After (how long after? _____) Which symptoms: Symptom 1: _____/6 Symptom 2: _____/6 Symptom 3: _____/6
Additional notes:				

Date	Activity (Be specific)	Duration (Minutes)	Exertion (Scale 1-10)	Outcome
		___mins	___/10	<input type="checkbox"/> No rise in symptoms <input type="checkbox"/> Rise in symptoms <input type="checkbox"/> During; <input type="checkbox"/> After (how long after? _____) Which symptoms: Symptom 1: _____/6 Symptom 2: _____/6 Symptom 3: _____/6
Additional notes:				

Date	Activity (Be specific)	Duration (Minutes)	Exertion (Scale 1-10)	Outcome
		___mins	___/10	<input type="checkbox"/> No rise in symptoms <input type="checkbox"/> Rise in symptoms <input type="checkbox"/> During; <input type="checkbox"/> After (how long after? _____) Which symptoms: Symptom 1: _____/6 Symptom 2: _____/6 Symptom 3: _____/6
Additional notes:				

For more information on return to physical activities see page 18.

NOTES

HELPFUL RESOURCES AND LINKS

As part of this handbook, we are including some helpful links and additional resources to help guide your return to daily activities, school, sport and work. The links and resources that we are providing you do not represent all of the valuable information that is available, but provides key sources that can help you in your recovery:

Holland Bloorview Kids Rehabilitation Hospital – Concussion Centre

Free concussion education sessions, groundbreaking research information, and information about Holland Bloorview's clinical services.
www.hollandbloorview.ca/concussion

Ontario Neurotrauma Foundation – Pediatric Concussion Guidelines

New, comprehensive pediatric concussion guideline. Holland Bloorview researchers and doctors contributed to the ONF guidelines:
<http://onf.org/>

Canadian Paediatric Society

Information for parents, coaches and trainers:
<http://www.caringforkids.cps.ca/>

Position Statement on Management of Children with Sport-Related Concussion

<http://www.cps.ca/en/documents/position/sport-related-concussion-evaluation-management>

CanChild

Mild Traumatic Brain Injury (Concussion) Education:
<https://canchild.ca/>

Centers for Disease Control and Prevention

Injury prevention and control - Traumatic Brain Injury: <http://www.cdc.gov/Concussion/>

Montreal Children's Hospital/McGill University Health Centre

Trauma concussion kit: <http://www.thechildren.com/>

Ontario Physical Health and Education (OPHEA)

Safety Guidelines: <http://safety.ophea.net/concussion-protocols>

Parachute

Concussion toolkit:
<http://www.parachutecanada.org/>

Children's National Medical Centre – Post-Concussion Symptom Inventory for Children

<https://childrensnational.org/>

Concussion Awareness Training Toolkit (CATT)

<http://www.cattonline.com/>

Kids Help Phone

1-800-668-6868
<http://org.kidshelpphone.ca/>

HANDBOOK DEVELOPMENT AND SOURCES

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Holland Bloorview

Holland Bloorview Kids Rehabilitation Hospital is Canada's largest children's rehabilitation hospital dedicated to improving the lives of children with disability. As a fully affiliated hospital with the University of Toronto, we are home to the Bloorview Research Institute and the Teaching and Learning Institute, allowing us to conduct transformational research and train the next generation of experts in childhood disability. For more information please visit www.hollandbloorview.ca

Bloorview Research Institute

The Bloorview Research Institute is dedicated to improving the lives of children with disabilities through client and family-centred rehabilitation research.

Located onsite at the Holland Bloorview Kids Rehabilitation Hospital, the Bloorview Research Institute is recognized in Canada and around the world for its unique client population and leadership in the field of childhood disability. The Research Institute brings together a multi-disciplinary team of scientists who work collaboratively with clinical staff, clients, and families to generate clinically-linked and applied pediatric rehabilitation research.

Concussion Centre

The Holland Bloorview Concussion Centre is one of the first in the world dedicated exclusively to pediatric concussion. Our centre includes clinicians specifically trained in pediatric brain injury and researchers who are leading experts in the field of youth concussion care, research, and education. The Concussion Centre is focused on getting kids back to doing what they need, want and love to do after sustaining a concussion.

Proudly supported by:



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Holland Bloorview
Kids Rehabilitation Hospital

Concussion
Centre

A TEACHING
HOSPITAL FULLY
AFFILIATED WITH



UNIVERSITY OF
TORONTO

HORIZON SCHOOL DIVISION

POLICY HANDBOOK

Policy Code:	GB
Policy Title:	Occupational Health and Safety
Cross Reference:	GBEA, EBCE, EBCD, EBCE, FH, FE
Legal Reference:	Occupational Health and Safety Act, Occupational Health and Safety Regulation, Occupational Health and Safety Code ⁹
Adoption Date:	November 14, 2011
Amendment or Re-affirmation Date:	August 18, 2020

POLICY

THE BOARD OF TRUSTEES OF HORIZON SCHOOL DIVISION IS COMMITTED TO A HEALTH AND SAFETY PROGRAM THAT PROTECTS OUR STAFF, OUR PROPERTY AND OTHER WORKERS WHO ENTER OUR PROPERTY. OUR COMMITMENT TO SAFETY IS IN ACCORDANCE WITH STANDARDS OUTLINED IN THE ALBERTA OCCUPATIONAL HEALTH AND SAFETY LEGISLATION. EMPLOYEES ARE EXPECTED TO MODEL SAFE WORK PRACTICES AND BEHAVIOURS TO CONTRIBUTE TO A SAFE WORK ENVIRONMENT.

DEFINITIONS

Dangerous condition – Alberta OHS described it as something that is “not normal for the job” or “normal hazards” that are not properly controlled. Alberta OHS suggests that while a worker is obligated to bring theoretical, anticipated or potential risks to the attention of the employer, they do not constitute reasonable grounds for a work refusal. Dangerous conditions are systemic dangers that can affect multiple workers, and less compatible with concerns that are unique to one worker (e.g. vulnerable worker)

Working alone – Working alone as defined by Part 28 - Section 393 of the Alberta Occupational Health and Safety Code is:

- A worker is working alone at a work site, and
- Assistance is not readily available (e.g. visible or audible contact with person(s) capable of providing assistance) if there is an emergency or the worker is injured or ill.

Remote Location – a location where travel by vehicle to that location would require driving on: unpaved roads, secondary highways or any route which is infrequently travelled during daylight hours or has long distances between services.

GUIDELINES

1. The program objective is to prevent injuries and property damage in all work execution and operations. To achieve this objective, employees will demonstrate a shared commitment to creating a work atmosphere in which health and safety practices are implemented with everyday operations.
2. Health and Safety is a shared responsibility and applicable procedures, regulations, codes and statues of the authorities apply to all members of the Horizon School Division community (including Horizon School Division employees, students, contractors and subcontractors, general public using or renting the Horizon School Division facilities.
3. All workers have an obligation to:

- 3.1. take reasonable care to protect health and safety of themselves and others;
- 3.2. cooperate with the employer;

- 3.3. use hazard control devices and PPE;
 - 3.4. report concerns about unsafe acts or conditions; and
 - 3.5. reframe from violence and harassment.
4. All workers have the right to:
- 4.1. be informed of workplace hazards and control measures;
 - 4.2. participate in health and safety matters and express concerns;
 - 4.3. refuse dangerous work; and
 - 4.4. be free from retaliation for exercising an OHS right or duty.
5. Work may be refused under four conditions:
- 5.1. The employee sincerely believes there is an imminent danger: any worker can refuse work if they honestly believe that it would pose an imminent danger to their own or another person's health and safety.
 - 5.2. The employee's belief is reasonable: the health and safety concern must be reasonable.
 - 5.2.1. The hazard must be one that an average, everyday worker with reasonable training and experience would consider dangerous.
 - 5.3. The danger is unusual: Work refusals don't apply to dangers that are a normal part of the job.
 - 5.4. The refusal doesn't endanger anyone else: refusals are not permitted if they endanger the health and safety of another person.

REGULATIONS

1. Employees will be familiar with the requirements of the Alberta Occupational Health and Safety Legislation and the Horizon School Division Health and Safety program and while engaged in their occupation shall:
 - 1.1. take reasonable care to protect the health and safety of the worker and others persons,
 - 1.2. cooperate with the worker's supervisor or employer or any other person for the purposes of protecting the health and safety of the worker and others,
 - 1.3. when required, use all devices and wear all personal protective equipment designated provided for the worker's protection by the worker's employer or required to be used by legislation,
 - 1.4. refrain from causing or participating in harassment or violence,
 - 1.5. report to the employer or supervisor a concern about an unsafe or harmful work site act or condition,

- 1.6. cooperate with any person exercising a duty imposed by OHS legislation, and
- 1.7. comply with OHS legislation.
2. The Horizon School Division shall ensure, as far as it is reasonably practicable to do so,
 - 2.1. the health and safety and welfare of working staff and others at the worksite,
 - 2.2. that the employer's workers are aware of their rights and duties under OHS legislation and of any health and safety issues arising from the work being conducted at the work site,
 - 2.3. that none of the employer's workers are subjected to or participate in harassment or violence at the work site,
 - 2.4. that the employer's workers are supervised appropriately,
 - 2.5. that the employer consults and cooperates with the joint work site health and safety committee or the health and safety representative, as applicable, to exchange information on health and safety matters and to resolve health and safety concerns,
 - 2.6. that health and safety concerns raised by workers, supervisors, self-employed persons and the joint work site health and safety committee or health and safety representative are resolved in a timely manner,
 - 2.7. that on a work site where a prime contractor is required, the prime contractor is advised of the names of all of the supervisors of the workers, and
 - 2.8. that workers are adequately trained to protect their health and safety.
3. Working alone
 - 3.1. Wherever possible, principals and site supervisors shall first consider strategies to eliminate situations where employees work alone.
 - 3.2. Employees should never work alone when conducting work tasks that present a high risk of injury.
 - 3.3. If employees work alone (includes staff working on evening and weekend at schools), or the employee travels to other locations principals and site supervisors shall:
 - 3.3.1. Inform employees of working alone requirements.
 - 3.3.2. Ensure a written Hazard Assessment is conducted to identify existing or potential hazards arising from the conditions and circumstances of the employee's work.
 - 3.3.2.1. The employee(s) affected by the hazard shall participate in the hazard assessment.
 - 3.3.3. Ensure that the Hazard Assessment is communicated to all employees affected by the assessment and that further hazard assessments are conducted at intervals of time appropriate to the conditions and circumstances of the work.

- 3.3.4. Take reasonable and practicable steps to eliminate and/or control the hazards identified by the Hazard Assessment.
 - 3.3.4.1. Employees affected by the hazard should participate in the elimination or control of identified hazards.
 - 3.3.5. Establish an effective communication system between the employee and person(s) capable of responding to their needs in the event of injury, illness or emergency. This may include:
 - 3.3.5.1. Pre-authorization for working alone/remote travel for specific dates/times/locations
 - 3.3.5.2. Work alone check in procedure at intervals appropriate to the nature of the hazard. (e.g. texting indicating leave and arrival, and/or implementation of a buddy system).
 - 3.3.5.3. Remote location travel plan that includes
 - 3.3.5.3.1.1. Ensuring that a cellphone is in the vehicle
 - 3.3.5.3.1.2. departure and arrival notification,
 - 3.3.5.3.1.3. sharing the route travelled, and an
 - 3.3.5.3.1.4. overdue employee procedure for locating employees who fail to report on time
4. All contractors shall meet the Horizon School Division health and safety requirements and Occupational Health & Safety legislation.
 - 4.1. A contractor services safety orientation shall be provided to a contractor representative prior to the commencement of any work done by a contractor who is new to working within the Division.
 5. The Horizon School Division shall establish joint site-specific health and safety committees or utilize a work site health and safety representative, as applicable, and have an ongoing process of both formal and informal health and safety inspections of all facilities and job sites.
 - 5.1. All Division employees are responsible for participating in and contributing to the inspection program by conducting informal inspections (visual/observational) on a daily basis and prior to the commencement of work.
 - 5.2. Site-specific health and safety committee members or health and safety representatives shall participate in quarterly formal inspections.
 - 1.1.1. The frequency of formal inspections may be increased based on the level of risk.
 - 5.3. All deficiencies noted from the inspection process shall be documented and reported to the Associate Superintendent of Finance and Operations so corrective measures are put in place and subsequently monitored for completion.
 - 5.4. Principals/Site Supervisors are responsible for directing and documenting formal inspections on job sites that they oversee and for involving workers in such inspections.
 - 5.5. Site specific health and safety committee members or health and safety representatives shall partake in training.
 6. All employees will receive appropriate orientation and training for their jobs or assigned tasks that shall include but is not limited to:

- 6.1. an introduction to Division Workplace Health and Safety practices;
- 6.2. emergency procedures;
- 6.3. a review of hazard assessments and relevant controls;
- 6.4. procedures and requirements for reporting hazards or incidents;

7. Refusal to Work

- 7.1. Every work site party is accountable for workplace health and safety and as such, all parties have responsibilities and obligations.
- 7.2. An employee has the right to refuse work if the employee believes on reasonable grounds that there is a dangerous condition at the work site or that the work constitutes a danger to the employee's health and safety or to the health and safety of another employee that are outside the specific field of work and normal duties or tasks (see Appendix A – work refusal flowchart).
 - 7.2.1. Employers and Employees must distinguish this work refusal procedure from due diligence associated with the recognition, reporting and correction of workplace safety hazards.
 - 7.2.1.1. Due diligence is the level of judgment, care, prudence, determination, and activity that a person would reasonably be expected to do in a particular position and under particular circumstances. It is understood that there are workplace safety hazards that are associated with work assigned to employees. These safety hazards are identified via hazard assessments for the employee's position with controls that the employer and employee are responsible for implementing. The hazard assessments are reviewed annually through notification from Public School Works (PSW) and updated whenever a new working condition exists that has potential hazards.
 - 7.2.1.2. Employees have a duty to take reasonable care to ensure the safety of themselves and their coworkers; this includes following safe work practices and complying with regulations.
 - 7.2.1.3. Employers have a duty to provide reasonable efforts to comply with legislation through OHS policies, practices, and procedures that demonstrate workplace safety requirements.
 - 7.2.2. Employees must first notify their principal/ site supervisor if they believe on reasonable grounds that a dangerous condition exists which constitutes a credible danger to themselves or that of another person. The employee completes **Section A** of the "Work Refusal Investigation Form" (Appendix B). This form is reviewed with the principal/site supervisor (e.g. principal or site supervisor) to ensure that the employee is aware of the recommended hazard controls that have been put in place by the employer and the employee has considered the hazard controls they can put in place as an employee. Hazards controls may include personal protective equipment (PPE) (e.g. masks/gloves/eye protection), engineering controls (e.g. safety guards), and administrative controls (e.g. safe work practices/cleaning protocols/ behavior plans for students).

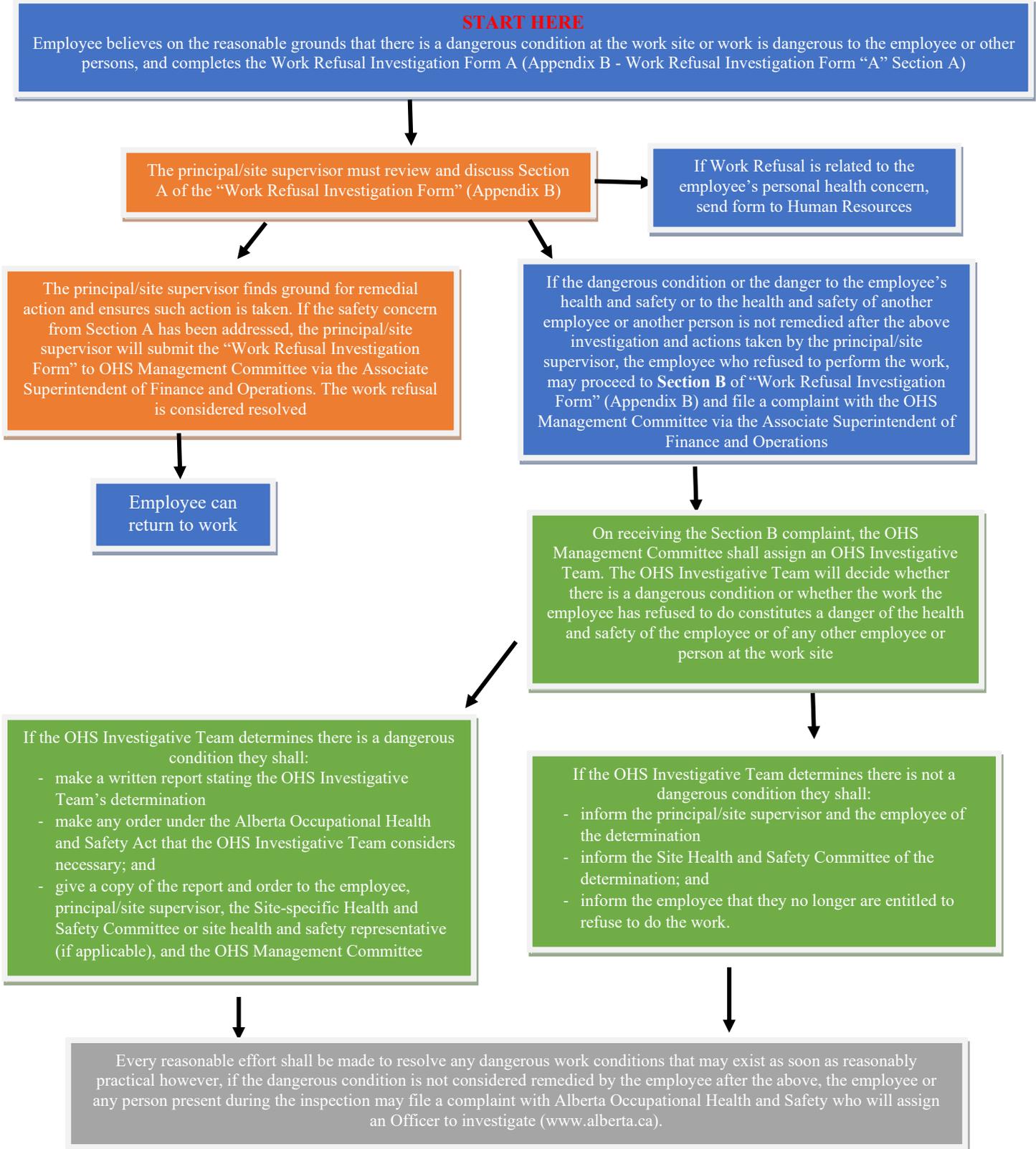
- 7.2.2.1. The principal/site supervisor must review and discuss **Section A** of the “Work Refusal Investigation Form” (Appendix B) with the employee and within one workday investigate the circumstance of the refusal to work.
- 7.2.3. If the refusal to work is associated with a health-related concern, the form should be forwarded to Human Resources department by the principal/site supervisor.
- 7.2.4. The principal/site supervisor may take immediate remedial action necessary to address the dangerous condition(s) or ensure that such an action is put in place.
- 7.2.5. If the safety concern from **Section A** has been addressed, the principal/site supervisor will submit the “Work Refusal Investigation Form” to OHS Management Committee via the Associate Superintendent of Finance and Operations. The work refusal is considered resolved.
- 7.2.6. If the dangerous condition or the danger to the employee’s health and safety or to the health and safety of another employee or another person is not remedied after the above investigation and actions taken by the principal/site supervisor, the employee who refused to perform the work, may proceed to **Section B** of “Work Refusal Investigation Form” (See Appendix B) and file a complaint with the OHS Management Committee.
 - 7.2.6.1. When a worker continues to refuse to work or to do particular work, the employer shall not request or assign another worker to do the work until the employer has determined that the work does not constitute a danger to the health and safety of any person or that a dangerous condition does not exist.
 - 7.2.6.2. Where the employer assigns another worker to do the work, the employer shall advise that worker, in writing (**Appendix C**), of
 - 7.2.6.2.1. the first worker’s refusal,
 - 7.2.6.2.2. the reasons for the refusal,
 - 7.2.6.2.3. the reason why, in the opinion of the employer, the work does not constitute a danger to the health and safety of any person or that a dangerous condition is not present, and
 - 7.2.6.2.4. that worker’s right to refuse to do dangerous work under this section.
- 7.2.7. On receiving the **Section B** complaint, the OHS Management Committee shall assign an OHS Investigative Team to the matter within 5 working days. The OHS Investigation Team will decide whether there is a dangerous condition or whether the work the employee has refused to do constitutes a danger of the health and safety of the employee or of any other employee or person at the work site. This shall be completed within 15 working days upon being assigned.
- 7.2.8. If the OHS Investigative Team determines that there is a dangerous condition or a danger to the employee’s health and safety or to the health and safety of any other employee or person at the work site, the OHS Investigative Team shall:
 - 7.2.8.1. make a written report stating the OHS Investigative Team’s determination;
 - 7.2.8.2. make any order under the *Alberta Occupational Health and Safety Act* that the OHS Investigative Team considers necessary; and

- 7.2.8.3. give a copy of the report and order to the employee, principal/site supervisor and the site-specific Joint Health and Safety Committee, or health and safety representative, if applicable.
- 7.2.9. If the OHS Investigative Team determines that a dangerous condition is not present, the committee shall, in writing:
 - 7.2.9.1. inform the principal/site supervisor and the employee of the determination;
 - 7.2.9.2. inform the site-specific Joint Health and Safety Committee, or health and safety representative, if applicable, of the determination; and
 - 7.2.9.3. inform the employee that they no longer are entitled to refuse to do the work.
- 7.2.10. Every reasonable effort shall be made to resolve any dangerous work conditions that may exist as soon as reasonably practical however, if the dangerous condition is not considered remedied by the employee after 6.2.9 above, the employee or any person present during the inspection may file a complaint with Alberta Occupational Health and Safety who will assign an Officer to investigate (www.alberta.ca).



Appendix A – Work Refusal Flow Chart

Work Refusal Flow Chart



Appendix B - Work Refusal Investigation Form "A"

SECTION A

INVESTIGATION DETAILS (completed by the assigned OHS Investigative Team)		
Date & Time of Investigation:		
OHS Investigative Team Member(s):		
Observations of existing conditions and hazards during investigation (please provide specific details):		
Does the Investigative Team agree that hazardous conditions exist?		
<input type="checkbox"/> YES - Complete Action Plan <input type="checkbox"/> NO		
RECOMMENDED ACTION PLAN TO RESOLVE CONCERN (completed by Investigative Team)		
Action	Target Date	Completion Date
<input type="checkbox"/> This Action Plan is agreed upon by both the Employee and Principal/Site Supervisor. Resolution of Work Refusal.		
<input type="checkbox"/> This Action Plan is not agreed upon by both the Employee and Principal/Site Supervisor. The employee or any other person present during the investigation may file a complaint with Alberta Occupational Health and Safety. (https://www.alberta.ca/file-complaint-online.aspx#toc-1)		
Employee Signature:	Date:	
OHS Investigative Team Worker Representative Signature:	Date:	
OHS Investigative Team Management Representative Signature:	Date:	

SECTION B

DETAILS OF WORK REFUSAL (to be completed by the employee)	
Employee Name:	Date & Time Reported:
Site / Location:	Room #:
Principal/Site Supervisor Name:	Position:
Employee's reason for work refusal (please provide specific details):	
Has the employee's hazard assessment been reviewed for identified controls put into place and implemented? (PPE, Engineering Controls, Administrative Controls).	
What hazard controls have been put in place by the employer?	
What hazard controls has the employee put into place to keep themselves safe?	
Has the employee reviewed the safety plans and procedures relative to their job? (e.g. Student Behavior Plans, Safe Work Practices, Hazard Assessments, PPE)	
INTERNAL RESOLUTION (Principal/Site Supervisor Response)	
<input type="checkbox"/> Job is felt to be safe. <input type="checkbox"/> Job is not safe. To be made safe by completion of recommendations below. <input type="checkbox"/> For the privacy of the employee if the reason for work refusal is associated with an employee personal health-related concern, Human Resources will contact the employee to review the health-related concern.	
Recommendations / Immediate Action Taken (if any):	
<input type="checkbox"/> I agree that my safety concern has been addressed. <input type="checkbox"/> I do not agree that my safety concern has been addressed.	
Employee Signature	Date:
Principal/Site Supervisor Signature	Date:
The Principal/Site Supervisor submits Section A to Associate Superintendent of Finance and Operations	

Policy GB – Occupational Health and Safety – Cont’d

Appendix B - Work Refusal Investigation Form “B”

Internal documentation

To be completed by the OHS Management Committee

If the dangerous conditions was not considered remedied by the employee or any person present during the investigation, a complaint with Alberta Occupational Health and Safety may be filed.		
Date OHS Contacted:	Date OHS Arrived:	Date OHS Report Received:
OHS Investigation Notes (Findings, Decision, Orders Written, etc.):		

Policy GB – Occupational Health and Safety – Cont’d

Appendix C - Work Refusal Alternate Employee

Internal documentation

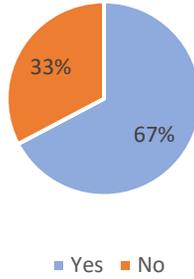
*To be completed by the Principal/Site Supervisor and forwarded to
Associate Superintendent of Finance and Operations*

ASSIGNMENT OF ALTERNATIVE EMPLOYEE TO PERFORM WORK	
Alternative Employee Name:	
<input type="checkbox"/> I have been informed of the work refusal on this work assignment and the reasons for it. I understand my right to refuse this assignment for the same or different reasons than stated above.	
Alternative Employee Signature:	Date:
<input type="checkbox"/> I confirm that the nature and circumstances of this refusal have been conveyed to the person named above.	
Principal/Site Supervisor Signature:	Date:

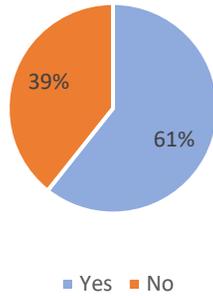
Milk River Survey

93% overall response rate

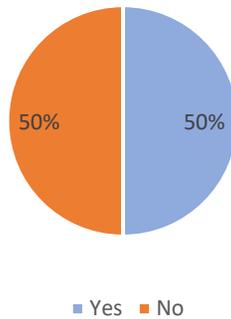
Do you support changing school's student days (from a 4.5 day week to a 4 day week) for the schools in the Town of Milk River, effective the 2021-2022 school year.



92% parental response rate



100% Erle Rivers student response rate



Jurisdiction Calendar - DRAFT

2022-2023 School Year Calendar

Aug-22				
M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
♥	♥	♥	♥	♥
♦	♥	🔔		

Instructional Days 1 M-Th 1 F 0

Sep-22				
M	T	W	T	F
			1	2
H	5	6	7	8
		12	13	14
		19	20	21
		26	27	28
			29	30
			●	Π

Instructional Days 19 M-Th 15 F 4

Oct-22				
M	T	W	T	F
3	4	5	6	7
H	10	11	12	13
		17	18	19
		24	25	26
		31		
			●	

Instructional Days 19 M-Th 16 F 3

Nov-22				
M	T	W	T	F
	1	☒	2	☒
☒	7	☒	8	☒
⌘	14	15	16	17
	21	22	23	24
	28	29	30	

Instructional Days 20 M-Th 17 F 3

Dec-22				
M	T	W	T	F
			1	2
	5	6	7	8
	12	13	14	15
	19	20	21	22
	26	27	28	29
H	H	H	H	H

Instructional Days 17 M-Th 13 F 4

Jan-23				
M	T	W	T	F
H	2	H	3	H
	9	10	11	☒
	16	17	18	☒
☒	23	☒	24	☒
	30		31	

Instructional Days 16 1st Sem. M-Th 13 F 3
Days 1 2nd Sem. M-Th 1 F 0

Feb-23				
M	T	W	T	F
		1	2	3
	6	7	8	9
	13	14	15	16
H	20	H	21	♥
	27	28		

Instructional Days 15 M-Th 12 F 3

Mar-23				
M	T	W	T	F
		1	2	●
♦	6	7	8	9
	13	14	15	16
	20	21	22	23
	27	28	29	30

Instructional Days 21 M-Th 17 F 4

Apr-23				
M	T	W	T	F
	3	4	5	6
H	10	H	11	H
☒	17	☒	18	☒
☒	24		25	

Instructional Days 14 M-Th 12 F 2

May-23				
M	T	W	T	F
	1	2	3	4
	8	9	10	11
	15	16	17	18
H	22	23	24	25
	29	30	31	

Instructional Days 22 M-Th 18 F 4

Jun-23				
M	T	W	T	F
			1	2
	5	6	7	8
	12	☒	13	
☒	19	☒	20	
☒	26	☒	27	

Instructional Days 19 M-Th 15 F 4

	Sem. 1	Sem. 2	Total
Instructional Days	92	92	184
Non-Instructional Days	11	5	16
Total Days			200

- 🔔 First Day of School (1-12)
- 🔔 Last day of 1st Semester
- 🔔 First day of 2nd Semester
- 🔔 Last Day of School (Elem.)
- 🔔 Last Day of School (Jr. High & Sr. High)
- ◀ PAT Grades 6, 9
- ☒ PAT & Diploma Exams
- ☒ Diploma Exams
- R Report Card
- Π Planning for Student Support Day (All Schools) - no students

- H Division Wide Holiday - no students, no staff
- ♥ Division Wide Time Free From Instruction (TFFI) - no students
- ♦ Division Wide Teacher PD Day - no students
- ⌘ Division Wide Joint Horizon/ATA PD day - no students
- ❖ Division Wide Unassigned Teacher Time - no students, no staff
- ♥ School Based Time Free From Instruction (TFFI) - no students
- School Based PD Day (All Schools) - no Students
- School Based PD Day, 1/2 day - No Students
- ❖ School Based Unassigned Teacher Time - no students, no staff
- School Based Parent/Teacher Interviews - no students
- School Based Parent/Teacher Interviews - after school

1st Sem.	M-TH	75	F	17	
2nd Sem.	M-TH	75	F	17	
Total Instructional Days		150	34	184	
Elementary (enter manually):	M-TH		F		
Total Instructional Days				0	

Gr. 12 Diploma Exams	Nov.	Jan.	Apr.	Jun.	Achievement Exams	Gr. 9*	Gr. 6*
English LA 30-1 Pt. A	2	12	17	12	English Language Arts Part A		
English LA 30-2 Pt. A	2	12	17	12	English Language Arts Part B		
Social 30-1 Pt. A	3	13	18	13	Science		
Social 30-2 Pt. A	3	13	18	13	Social Studies		
English LA 30-1 Pt. B	7	20	20	19	Mathematics Part A		
English LA 30-2 Pt. B	7	20	20	19	Mathematics Part B		
Social 30-1 Pt.B	8	23	21	20			
Social 30-2 Pt.B	8	23	21	20			
Math 30-1	4	19	19	16			
Math 30-2	4	19	19	16			
Physics 30	10	26	24	26			
Chemistry 30	9	24	21	23			
Biology 30	9	25	19	22			
Science 30	8	27	30	27			

* Window periods approved by AB Education are draft.

APPROVED: DATE ENTERED BY HORIZON

Date	Holidays & Observances
September 5, 2022	Labour Day
October 10, 2022	Thanksgiving Day
November 6, 2022	Daylight Savings Ends
November 11, 2022	Remembrance Day
December 25, 2022	Christmas Day
December 26, 2022	Boxing Day
January 1, 2023	New Year's Day
January 6, 2023	Epiphany
February 20, 2023	Family Day (Alberta)
February 23-24, 2023	Teachers Convention
March 12, 2023	Daylight Savings Begins
April 7, 2023	Good Friday
April 10, 2023	Easter Monday
May 18, 2023	Ascension
May 22, 2023	Victoria Day
May 28, 2023	Pentecost
June 21, 2023	National Indigenous Peoples Day
July 1, 2023	Canada Day

Transportation Guidelines

Cold weather practices across Alberta School Divisions

- 39/62 school divisions responded to School Transportation Association of Alberta survey
- 32/39 divisions have a “no go” bus temperature practice

Without windchill			1		6				
	-30	-32.5	-35	-37.5	-40	-42.5	-45	-47.5	-50
With windchill	2		5		13		2	3	

- 5/6 rural southern Alberta school divisions responded to School Transportation Association of Alberta survey
- 4/5 rural southern Alberta school divisions have a “no go” bus temperature practice

Without windchill			1		2				
	-30	-32.5	-35	-37.5	-40	-42.5	-45	-47.5	-50
With windchill					1				

Transportation Guidelines

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Without windchill			1		2				
	-30	-32.5	-35	-37.5	-40	-42.5	-45	-47.5	-50
With windchill					1				

Superintendents Progress Report

February, 2022

Educational Leadership and Student Welfare

- Meetings and dialogue between schools and division office are ongoing. Conversations/topics typically focus on processes that ensure student safety, well-being, and conduct; financial management; and instructional leadership. This month there was extensive time spent on walking school administration through changes due to COVID restrictions.
- As the vice president of the College of Alberta School Superintendents, there are ongoing dialogue with other partner groups. Meetings typically involve provincial education perspectives, discussions. There is also normally a four partners meeting (Association of School Business Officials of Alberta, Alberta School Council Association, Alberta School Board Association, and College of Alberta School Superintendents and monthly Canadian Association of School System Administrators which includes representation from all Canadian provinces and territories.

Personnel Management

- CUPE bargaining has concluded and wording for collective agreement is being finalized
- Principal evaluations (classroom observation) are ongoing

Policy and Strategic Planning and Reporting

- Policy committee meetings occurred
- Assurance framework survey is being analyzed. Presentation was shared with principals and school council chairs

Fiscal Responsibility, Organizational Leadership and Management

- Discussions and meeting with principals about integrating early learning are taking place with school principals
- Attended an educational law webinar

Communications and Community Relations

- A number of meetings were attended, either in person or virtually, over the last month. Larger meetings have been virtual to comply with COVID restrictions. These include but are not limited to
 - Senior Administrative Leadership Team meeting
 - Administrator meeting
 - Division Office staff meeting
 - College of Alberta School Superintendent Zone 6 meeting
 - College of Alberta School Superintendent Board Executive meeting
 - Council of School Council meeting
 - Discussion about TCHS are ongoing, including where it will be located for 2021-2022

Associate Superintendent, Learner Services
Report to the Board of Trustees – February 22, 2021

Learner Services lead team members:

Amber Darroch, Associate Superintendent

Terri-Lynn Duncan, Assistant Superintendent (Inclusive Education)

Angela Miller, Clinical Team Lead

Shea Mellow, Instructional Coach

KEY ACTION AREA #1:

Strong core instruction that develops student competencies

- A professional development session was held with elementary school principals to learn more about Horizon's early learning programming and to look closely at the role of the principal. Moving forward, the principal will figure more prominently in the oversight and community building of early learning programs within elementary schools.
- As the division continues to look at assurance measures, Amber Darroch has worked with staff in early learning and family school liaison services to identify indicators of Horizon's successful programming.
- In preparation for the next school year, Amber is exploring partnerships with other school divisions for distance delivery of high school courses. Horizon is aiming to identify high quality, engaging course content division high school teachers can use to facilitate at home learning and outreach education.
- The Horizon At Home Learning Program for Kindergarten through Grade 9 will continue in 2021-22. Student enrollment continues to hold steady and some families are opting for this program above and beyond COVID-19 influences. It's the division's goal to provide optimal learning for these students within our Horizon context and with Horizon teachers.
- Registration for Kindergarten and Early Learning for the 2021-22 school year is well under way. The process of planning and scheduling for the developmental check-ups of children new to the school division will assist with identification of early learning needs. This allows us the opportunity to have the appropriate support in place prior to the beginning of the school year. For Developmental Check-ups Andrea Johnson, Supervisor of Early Learning has decided to use a new tool for the screening process. The team will be using the Ages & Stages Questionnaires, ASQ-3, a reliable, valid and cost effective tool which engages the parent in the screening process.

KEY ACTION AREA #2:

Response to Instruction and Intervention

- In order to support staff in planning for the student success, Horizon is a partner with three other school divisions (Calgary Catholic, Grasslands, and Medicine Hat Public) in designing new software for student learner profiles and instructional support plans. Imagine Everything is an education software developer who operates on a zero-profit model. The timeline for implementation is late spring so the tools are ready for use at the start of the next school year.
- The Inclusive Learning Team, (Andra Johnson, Laura Elliott, JoAnn Hill, [Jaelyn Belisle](#) and Terri-Lynn Duncan) attended many Early Learning Plan (ELP) meetings and Instructional Support Plan (ISP) meetings.
- Laura Elliott, behaviour consultant, continued with her active caseload of students requiring support, working with school teams, observing students in the classroom, and submitting written reports. To support and educate staff, Laura also used email for many staff Q&As, made an "Oppositional Defiant Disorder (ODD)" presentation to staff at Barnwell, and shared a "Purposeful Breaks" presentation with Early Learning staff.
- Both Laura Elliott and Terri-Lynn Duncan continue to attend the Collaborative Response Meetings to share resources and strategies for students that are in need of support.
- Terri-Lynn attended some new student intake meetings, working with Family Community and Support Services (FCSS) this month to support schools in the registration and support for two students requiring support.

LEADERSHIP PRACTICES

- Terri-Lynn attended the Southwest Collaborative Support Service Meeting (SWCSS) leadership team, addressing topics including collaboration for seamless transition between Children's Allied Health (CAH) and school divisions. Very young children may receive services for Speech and Language, Occupational Therapy, and Physical Therapy through CAH and transition to Horizon services as they reach school age.
- Laura Elliott, behaviour consultant, attended Fetal Alcohol System Disorder Service Network meeting on behalf of Horizon School Division.
- Amber and Terri-Lynn attended the CASSIX Meeting and Pre-Cassix role-alike meetings to collaborate with colleagues.
- Amber has been heavily involved with principal evaluation and coaching this month, including staff interviews to learn more about successes and growth opportunities.
- Principal book club meetings have continued this month, with Amber guiding dialogue around topics like leaders' leveraging of key communication and emotional literacy.

- The provincial CASS Women in Leadership committee held a strategic planning session which Amber chaired and facilitated. Another provincial colleague is taking over as chair of the committee as Amber has assumed leadership of a different provincial CASS committee - the provincial advisory on regional professional development consortia.

Once a week, the Lethbridge Herald publishes a column written by a superintendent of one of five school jurisdictions in the Lethbridge area. This week's column is authored by Dr. Wilco Tymensen, Superintendent for Horizon School Division. It was published on January 20, 2021.

January 6th, what it means for us.

Wednesday January 6, 2021 will be remembered as a dark day in American History no matter what side of the political divide one sits. For some it was a patriotic effort to “stop the steal” for others it was “insurrection”. As a non-American, I watched in shock as the assault on the US capital unfolded in the news and on social media. These last few days, I can't help but reflect upon the ongoing battle of words, the influence those words had on individuals' actions, and the lessons learned from these events. Alberta is not immune to bipartisanship. One only needs to look at our own political system these last few years. Long gone are the days of Ralph Klein. Social media made sure of that. The evolution of social networks has not only enabled people to communicate and share their perspectives more broadly across great distances, but also created an information platform whereby people receive unfiltered and unverified information. Within these platforms we often interact in an echo chamber, whereby our own beliefs are reinforced by others with similar perspectives. Such echoes reinforce our beliefs and leads us to believe that they are shared by everyone. We then respond with disbelief and outrage when we encounter someone who does not agree with what we assume are common beliefs. The ability to share unverified or inaccurate information via social media has created a reality whereby we can no longer rely upon what we read. It appears that yesterday's practice of rationally disagreeing with our neighbour is on the endangered practice list. Today we vilify those we disagree with and demand their removal from their position of authority. Our school system is about giving students the knowledge and skills to be contributing citizens. We focus on building competencies related to critical thinking. As responsible citizens we need to return to a time when we were able to come together as citizens and share our diverse perspectives in a respectful manner, a time when we strived to understand other's thoughts, not punish those who thought differently. As students interact in school and online, they must critically reflect upon what they read, they need to look at what is being said, who is saying it, and why. We no longer live in a world where we can trust what we read. Our new world requires new competencies. This perhaps more than any other reason is why schools need to adapt and evolve. The schooling of our parent's day no longer works to meet the needs of today's world. If we, and our children are to be successful in this new world, we will need new skills and competencies to interact and respond to what we see and hear online. We need schooling that prepares us for our future not our past.