Safety Policy

Effective Date: March 4, 2025

Purpose and Scope

The club is committed to providing a healthy and safe environment for all our participants and managing risks while enabling youth learning, personal responsibility and growth, and competitive play to thrive.

The purpose of this policy is to establish guidelines and recommendations for participants to ensure a healthy and safe environment for all our club programming. All participants will err on the side of caution if ever in doubt in any situation regarding the health and safety of players.

This policy applies to all participants, registered or non-registered, including all players, coaches, managers, chaperones, officials and spectators of club programming.

Emergency Action Plans

The Club Manager will complete an Emergency Action Plan (EAP) for all fields and facilities used by the club, and each will be posted on the club website.

The Club Manager will ensure all coaches and officials are aware of the EAP for the field or facility they are using by email of a link to the plans.

All coaches and officials will familiarize themselves with the EAP for the field or facility they are using and implement the plan in the event of an emergency.

First Aid Kits

The Club Manager will ensure a suitable First Aid kit package including icepacks and band aids is available in the club storage at all outdoor fields and that coaches know its location. Coaches of teams training at fields or facilities without club storage and travelling teams will be provided their own First Aid package. Coaches will ensure these kits are stored well, are present at all training and games, and that replacements for used items are sourced from the Club Manager.

Thunder and Lightning

The club adopts the Canada Soccer *Lightning Safety/Severe Weather Policy* attached to this policy as Appendix B. If you can hear thunder, you can get hit by lightning. As soon as you hear thunder, quickly get to a safe location. More people are struck before and after a thunderstorm than during one. Stay inside for 30 minutes after the last rumble of thunder. Essential protocols and procedures to be applied by coaches and officials include:

Before you go to the field:

- Check the weather forecast; and
- If there is a risk, either cancel play, or have a plan for shelter.

As soon as thunder is heard:

- Play will be stopped; and
- All participants will seek shelter to eliminate the risk of lightning strikes.

Participants will seek shelter in

- A fully secured building if available, as the first choice; or
- If there is no access to a building, a vehicle is the safe second option, with windows closed; or
- If caught outdoors, in a low-lying area, avoiding trees or tall objects.

Play will not restart until 30 minutes after the last sound of thunder.

The recommended shelter location for each outdoor field is included in the Emergency Action Plan for the field posted on the club website and for quick reference include:

- FH Collins Turf -
- Selkirk Elementary -
- Porter Creek Secondary -
- St Francis Secondary -

Game officials and coaches have the final responsibility and right to stop play due to bad weather.

Air Quality

Coaches and officials will be aware of the potential health impacts of playing in poor air quality and will assess air quality at playing fields to ensure a safe playing environment.

Coaches and officials will endeavour to be aware of weather and other conditions that may impact air quality at the playing field, for example:

- Current forest fires
- Local burning - this can increase particulate matter in the air without impacting the AQHI
- Sudden and dramatic changes in wind strength and direction.

If coaches or officials are in any doubt over the suitability of the air quality the following guidelines will be followed:

Step One

Source the latest Air Quality Health Index for Whitehorse from
https://weather.gc.ca/airquality/pages/ytaq-001_e.html

Note the station, time, and date, and index calculation. The index calculation should be within one hour of scheduled kick-off or training time.

Step Two

If the AQHI is "7" or higher, all play will be stopped, delayed, postponed, or cancelled.

For games, the match official retains the final right to stop, delay, postpone or cancel a game if the conditions are considered unsafe, in their sole opinion.

Step Three

If the AQHI is "4-6" then:

- All games will be stopped, delayed, postponed, or cancelled.
- Training may continue with reduced intensity, duration and extended rest periods.

Step Four

If the AQHI is "3" or below then all activities may continue as normal.

Notwithstanding the AQHI, coaches and officials retain the responsibility and final right to stop, delay, postpone or cancel any activity if they consider the air quality to be unsafe. Similarly, if air quality changes dramatically during training or a game (e.g. sudden smoke event caused by wind direction change) coaches and officials will use their discretion and always err on the side of caution.

All coaches and officials are encouraged to complete the free e-learning module SIRC-Air Quality and Outdoor Sport Safety available through the Coach Locker.

Extreme Weather

Environment Canada will be the Whitehorse temperature reference for weather policy decisions:

https://weather.gc.ca/en/location/index.html?coords=60.727,-135.074

Heat

For outdoor play, coaches will follow these guidelines:

- Up to 24C - Low risk and no modifications but keep players hydrated
- 25C to 29C - Moderate risk. Training intensity should be reduced with increased rest periods and hydration breaks. Games will introduce additional hydration breaks.
- 30C and higher – High risk. No games and coaches will present a heat impact mitigation plan to the Club Manager for approval for light training only.

FH Collins turf field surface is exceptionally difficult during heat as the black surface absorbs and radiates heat and players are 100% exposed with no shade. If possible, coaches should consider moving to alternative grass fields during hot periods.

Preventive Measures

Lightweight, breathable clothing is needed when training and playing in hot conditions. This type of clothing allows evaporative cooling to occur (evaporation of sweat). Heavier items of clothing can limit heat loss through this direction.

Ensuring players are hydrated:

- Importantly even well-hydrated players can be affected by heat illness.
- Hydration includes consuming water and fluids that contain sodium and potassium as this is lost with sweating.
- Prior to the start of training/games consume up to 2000ml of fluid
- Rule of thumb: when playing or training, drinking at least 500 ml for every 20 lbs of body weight is recommended. Thus, someone weighing 140 lbs should drink at least 3500 ml of fluid per day.

Heat Exposure Signs

Early warning signs to consider include, but are not limited to:

- Flushed face
- Hyperventilation or shortness of breath
- Headache
- Dizziness
- Tingling arms
- Goose bumps (hair on arms standing on end)
- Chilliness
- Poor coordination
- Confusion, agitation, uncooperativeness

Potential risks of extreme heat events include:

1. Heat Cramps - these are the mildest form of heat trauma, commonly related to low body sodium and chloride levels.

- Signs & symptoms include weakness, muscle cramps, collapse with low blood pressure.
- Treatment is aimed at replacing the salt loss and can be oral or by intravenous if vomiting is a problem. Having athletes put a little extra salt on their food the day before and day of game can be a helpful way to avoid this condition.

2. Heat Exhaustion - this is a more severe medical event as follows.

- Signs & symptoms include weakness, irritability, collapse, unable to sweat adequately to promote body cooling, may proceed to the more ominous heat stroke and a fine rash is often present.
- Treatment is to remove athlete to a cooler environment, use ice baths, fans.

3. Heat Stroke - THIS IS A MEDICAL EMERGENCY - it is due to a failure of the heat-controlling mechanism. It may occur merely as a result of exposure to heat.

- Signs & symptoms include mental confusion, headache, poor coordination, delirium, convulsions and death. The body temperature may be 106 F or 40.5 C or higher, the skin is usually hot and dry as the sweating mechanism has failed.

- Treatment - Call 911 and transport to a local hospital. Rapid cooling is the goal using wet towels, spray mist, sponge baths and removal from the heat. This condition could cause the athlete to go into shock and coma may follow so immediate medical attention is required.

Cold

The club wishes to avoid families and coaches travelling unnecessarily in cold weather and training/playing below our high standards due to extensive player or coach absences.

During the indoor season, all House Program, Northern Lights Academy and EXCEL Academy U16-U18 programs *may* be cancelled if the temperature is -35C or colder (excluding windchill).

The Club Manager will reference the temperature at 12 noon on the day of play and liaise with coaches to review the feasibility of play that day. If necessary, a cancellation notice will be issued by email and social media. In the interest of certainty for players, families, and coaches, the Club Manager may use their discretion to issue a cancellation notice earlier if the current conditions and forecast project a reasonable likelihood that the temperature will be -35C or below.

Travel Team coaches are provided discretion to decide if training should continue at -35C or below as they can better assess their own and their players likely safe attendance rate. All team travel by road (e.g. teams driving to Haines Junction) will be cancelled at -35C or colder.

Road Conditions

If a travel advisory is issued for local roads in Whitehorse due to snow, ice, or other poor road conditions, the Club Manager has discretion to cancel play as they deem necessary.

Player Equipment and Apparel

All players at U9 and older will participate in proper soccer attire as referenced in the FIFA laws and as adapted and clarified further below. Players at U7 and below are encouraged to follow these guidelines. Coaches and officials have the final responsibility and right to ensure the safety of all participants and will require a player to stop playing as necessary until their concern is resolved.

- **Shin Guards**: Shin guards are mandatory during all play. These must be made of a suitable material and be of an appropriate size to provide reasonable protection and be covered by the socks.

- **Footwear**: Players must wear the appropriate footwear for the surface being used. Cleats are required for both turf and grass outdoor fields. Cleats shall not be worn indoors, and flat soled indoor soccer shoes are encouraged on both the CGC Fieldhouse and hard floor surfaces.

- **Jewelry & Watches**: Players must not wear watches or any hard material bracelets on their wrists, as this can cause injuries to both the person wearing them as well as other players. Likewise, no necklaces or hanging earrings should be worn.

- **Casts/Braces**: Hard casts and braces are not allowed during games or any training with risk of contact to other players unless a purpose-manufactured cover is applied that is acceptable to the

coach, or match official, or both. Players wearing hard casts may participate in light training without the risk of injury to other players at the discretion of the coach.

- **Clothing**: The variation of weather can be fairly extreme, and appropriate clothing is necessary when playing outdoors. Clothing such as long sleeves, multiple layers, gloves and toques are permitted and encouraged in the cold, for training only. Lighter clothing is encouraged in the heat.

Players attending indoor training in the winter should bring appropriate warm clothing such as jacket, hat and footwear in case of emergency evacuation from building e.g. a fire alarm.

- **Shoelaces**: Shoelaces should be tied at all times as it is a serious tripping/falling concern to both the individual as well as other players. Any player with untied shoelaces will be removed from the activity area until their laces have been tied.

- **Goalkeeper Gloves**: Players "in goal" should use goalkeeper gloves. These gloves protect the player's wrists and fingers and will also ensure the player is confident to block the ball from hitting other parts of their body including their head.

The Club Manager will endeavour to ensure a supply of spare shin guards and goalkeeper gloves is kept available at the primary fields and facilities. These may be temporarily loaned to players who have forgotten mandatory equipment and must be returned at the end of the training or game.

Training and Games

Training Areas

- **Meeting Point**: Coaches or managers should designate a time and point of meeting for all training and games. This is especially necessary at away games and unfamiliar venues.

- **Training Areas**: Team training areas should be clearly marked by the coaches before the session begins and the players made aware of their boundaries. Areas should be marked to mitigate the risk of injury from collision with goalposts at the sides and ends of fields.

- **Hazards**: Training areas should be kept clear of all unnecessary/miscellaneous items not being used such as pinnies, balls, water bottles and clothing, which act as serious tripping hazards. Coaches should avoid standing in the playing area unnecessarily, and anybody crossing the field should be instructed to go around the training area.

- **Goals**: All goals are considered to be a 'moveable goal' and therefore a 'regulated goal' for the purposes of the *Moveable Soccer Goal Act* and the *Moveable Soccer Goal Safety Regulation* posted on the Yukon Soccer Association website. The only exceptions are collapsible 'soft post' goals up to 8' by 5' in size and collapsible 'pugg' nets.

Coaches and officials are responsible for compliance with the Act and Regulation as far as ensuring:

  - Players do not climb or hang on the goals; and
  - Goalposts are anchored at all times they are in use.

The Club Manager will be responsible for all further compliance with the Act and Regulation including installation, inspection, storage and record keeping.

- **Player pick-up**: A coach or team representative must ensure that all players are picked up by a parent/guardian before leaving the facility. If the parent/guardian is not present within a reasonable amount of time after the training/game, the coach or representative should contact them by phone. If waiting with a player, the coach or representative must comply with *Rule of Two* guidelines.

Activity Guidelines

- **Boardless Soccer:** All indoor soccer at U9 and older will be played as 'boardless' soccer, or 'boards out'. There will be no 'arena' soccer with live boards at U9 or older. Collisions and 'boarding' of players are a major hazard with significant risk of concussion and other injuries. Officials and coaches will manage games with a ball striking the board resulting in a 'kick-in' according to the normal rules for a throw-in. Older age groups U14 and above may use throw-ins at coach discretion.

- **Safe Training**: To minimise the chance of injuries, coaches should implement rules during practice, such as eliminating slide tackles at U13 and younger. Likewise, to minimise the risk of concussions (especially at U11 and younger where heading is prohibited), activities and game play where the ball is kept on the ground as much as possible are strongly encouraged.

- **Activities**: The variation of weather can be fairly extreme, and coaches should strive to both provide and manage appropriate activities. There should be no long lines or excessive standing, especially in colder weather, and ample rest and water breaks should be given in warmer weather.

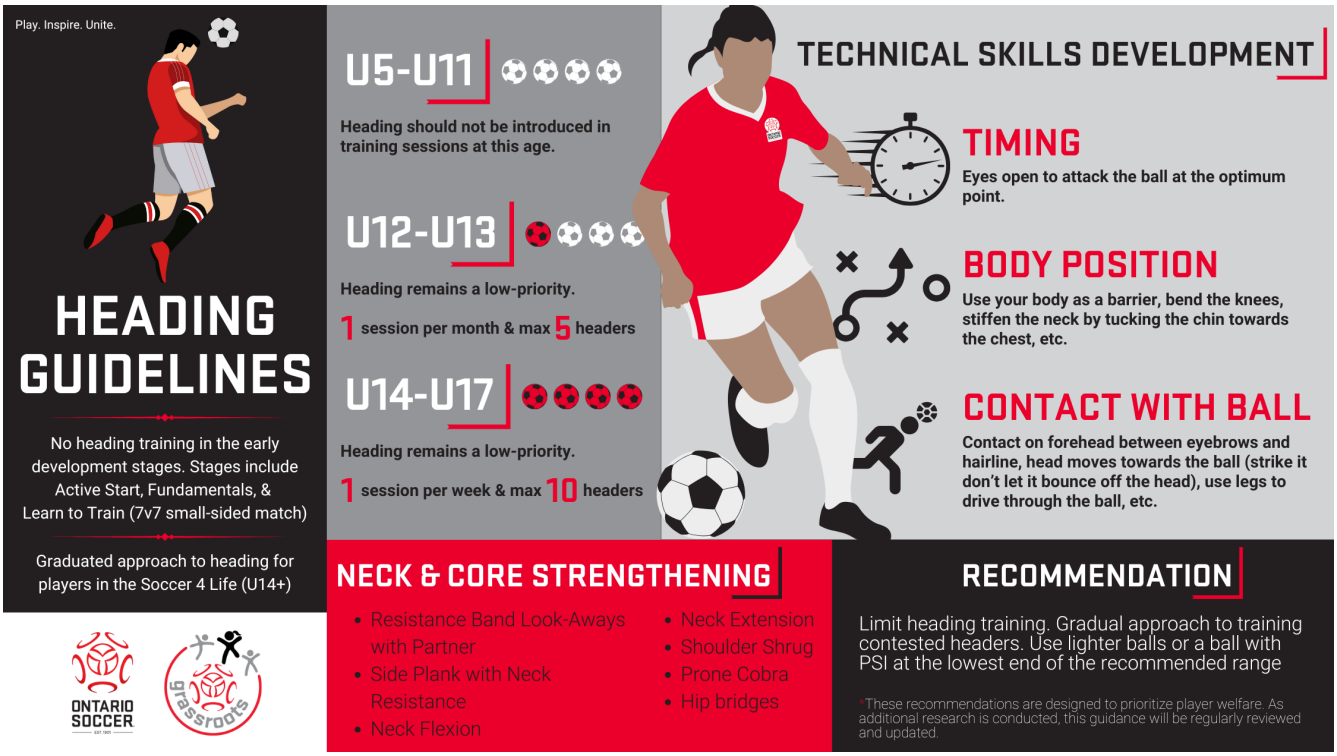
- **Hydration**: It is very important for players to remain well hydrated during training and games. Drinking water is necessary for tissue hydration, and helps to prevent dehydration, muscle cramps and fatiguing too quickly. Every player should bring a water bottle to the field. There are water fountains on-site at indoor facilities and coaches are encouraged to bring extra water to outdoor fields in case a young player forgets to bring water.

Heading

The club adopts the Ontario Soccer *Heading Guidelines* attached to this policy as Appendix C. The essential rules of these guidelines are summarized by the infographic below.

Coaches and officials will ensure that:

- There will be no heading in any training or games at U11 or younger. Heading in games, whether intentional or accidental, will result in a restart with a dropped ball to the opposing side. This will always be outside of the penalty area.
- For U12-U13, heading in training is limited to 1 session per month and a maximum 5 headers.
- For U14-U16, heading in training is limited to 1 session per week and a maximum 10 headers.



Concussion

The club adopts the Canada Soccer *Concussion Policy* attached to this policy as Appendix D. Coaches must treat all possible concussions in compliance with the guidelines and recommendations of this policy. All Travel Team and Academy head coaches must complete the NCCP *Making Headway in Soccer* online concussion module as mandatory training.

Coaches will use the FIFA *Concussion Recognition Tool* attached to this policy as Appendix E to assess incidents for likely concussion and direct the appropriate response. Coaches should always err on the side of caution and seek qualified medical assistance if in any doubt.

A concussion is a brain injury, and all concussions should be regarded as potentially serious. Most concussions recover completely with correct management but incorrect management of a concussion can lead to further injury. Concussions should be managed according to current guidelines.

Anyone with suspected concussion following an injury must be immediately removed from playing or training and receive a prompt assessment by a medical doctor or nurse practitioner.

Concussions are managed by licensed health care professionals working within their scope of practice and expertise.

Concussions are managed by a limited period of rest followed by avoiding physical and brain activities that make concussive symptoms worse, and once concussion related symptoms have resolved, a step-wise return to school, work and sports-related activities.

Return to education or work must take priority over return to playing soccer.

Concussion symptoms must have completely resolved and documented medical clearance completed by a medical doctor or nurse practitioner must be received before resuming full contact practice or game play.

The recurrence of concussion symptoms subsequent to the return to full contact practice or game play requires removal from training or playing and reassessment.

Safety and Injury Incident Reporting

The Club Manager will maintain a record of all reported safety and injury incidents.

Coaches will report all safety and injury incidents to the Club Manager by way of the online form provided. It is important to report not just actual injuries but also 'near-misses' and other incidents that will help the club avoid future incidents.

All club programming is covered under Yukon Soccer Association insurance policies. The coach and Club Manager will inform the family of an injured player if it is apparent they may be eligible to make a claim from this insurance to assist with medical costs, therapeutic care, or other expenses.

Appendix A - Hygiene

The policy below was adopted and implemented to meet the requirements of orders by the Yukon Chief Medical Officer of Health (CMOH) during the pandemic of 2020-2022 and mitigate its impacts on participant health. Since the removal of those orders at the end of the pandemic, this policy is no longer in force but is recorded and maintained here in case it should need to be applied again.

Policy:

The WUFC is committed to protecting all persons from disease and illness by minimizing the potential for infection through:

1. Implementing and following effective hygiene practices.
2. Implementing infection control procedures to minimize the likelihood of cross-infection and the spread of infectious diseases and illnesses to staff, players, and observers in attendance.
3. Informing parents/guardians/spectators, club players and coaches about the importance of adhering to the Hygiene and Cleaning Policy to maintain a safe environment for all users and communicating the shared responsibility between all involved.

Procedures:

The Head Coach is responsible for:

1. Maintaining compliance with legal orders put forth by the Chief Medical Officer of Health (CMOH).
2. Orientating and training coaches on current guidelines and the application of guidelines in the current setting.
3. Design tailored session plans for coaches that will be engaging and useful to players while following the requirements set forth within the strict guidelines put forth.
4. Ensuring updated legal orders and guidelines are communicated and enforced within the WUFC coaching community.
5. Providing the resources needed to the Team Coach to maintain compliance including but not limited to signage, cleaning supplies, and equipment.

The Team Coach is responsible for:

1. Complying with the legal orders put forth by the CMOH.
2. Manage signage and parent/spectator/player education to ensure understanding and implementation of hygiene and cleaning policy and legal orders of CMOH.
3. Performing hand hygiene prior to and after attending any WUFC event and after any interaction with equipment or players.
4. Promoting use of individual water bottles/snack/equipment with designated areas for each player.
5. Utilize WUFC provided cleaning disinfectant on all equipment prior to and after the event.
6. Ensure hand hygiene is performed by each player prior to entering the field and upon exiting.

The players/parents/guardians/observers are responsible for:

1. Complying with the legal orders and policies put forth by the CMOH and WUFC including physical distancing measures.
2. Performing hand hygiene prior to and after attending any WUFC event.
3. Supplying and utilizing their own water bottle and snacks throughout the event.
4. No sharing of food/beverages or equipment with other participants throughout the event.
5. No celebratory contact including high fives, hugging, etc.
6. No handling the ball above the waist including using one’s hand or head.

Appendix B – Canada Soccer Lightning Safety/Severe Weather Policy

The Canadian Soccer Association
l'Association canadienne de soccer

rue 237 Metcalfe Street, Ottawa
Ontario, Canada, K2P 1R2
T 613-237-7678 F 613-237-1516

canadasoccer.com

July 2017

Lightning Safety/ Severe Weather Policy

When thunder roars, go indoors!

The safety of players, coaches, management and spectators is the primary concern in any weather event that occurs during all matches sanctioned by Canada Soccer. By understanding and following the below information, the safety of everyone shall be greatly increased. Ultimately, the referee has the final say over delaying or restarting a match due to weather. Waiting to stop play or not waiting to start play may result in a serious injury or loss of life. Referees are expected to act responsibly when dealing with such events during matches they are controlling

If you can hear thunder, you can get hit by lightning. As soon as you hear thunder, quickly get to a safe location. More people are struck before and after a thunderstorm than during one. Stay inside for 30 minutes after the last rumble of thunder.

Additional Information

Please note the following recommendations from Environment Canada:

- **To plan for a safe day, check the weather forecast first.** If thunderstorms are forecast, avoid being outdoors at that time or make an alternate plan. Identify safe places and determine how long it will take you to reach them.
- **Watch the skies for developing thunderstorms and listen for thunder.** As soon as you hear thunder, quickly get to a safe location. If you can hear thunder, you are in danger of being hit by lightning. More people are struck before and after a thunderstorm than during one.
- **Get to a safe place.** A safe location is a fully enclosed building with wiring and plumbing. Sheds, picnic shelters, tents or covered porches do NOT protect you from lightning. If no sturdy building is close by, get into a metal-roofed vehicle and close all the windows.
- **Do not handle electrical equipment, telephones or plumbing.** These are all electrical conductors. Using a computer or wired video game system, taking a bath or touching a metal window frame all put you at risk of being struck by lightning. Use battery-operated appliances only.
- **If caught outdoors far from shelter, stay away from tall objects.** This includes trees, poles, wires and fences. Take shelter in a low-lying area but be on the alert for possible flooding.

Be aware of how close lightning is occurring. Thunder always accompanies lightning, even though its audible range can be diminished due to background noise in the immediate environment and its distance from the observer.

When larger groups are involved, the time needed to properly evacuate an area increases. As time requirements change, the distance at which lightning is noted and considered a threat to move into the area must be increased.

Know where the closest "safe structure or location" is to the field or playing area and know how long it takes to get to that safe structure or location. Safe structure or location is defined as:

- Any building normally occupied or frequently used by people, i.e., a building with plumbing and / or electrical wiring that acts to electrically ground the structure. Avoid using shower facilities for safe shelter and do not use the showers or plumbing facilities during a thunderstorm.

In the absence of a sturdy, frequently inhabited building, any vehicle with a hard metal roof (not a convertible or golf cart) and rolled-up windows can provide a measure of safety. A vehicle is certainly better than remaining outdoors. It is not the rubber tires that make a vehicle a safe shelter, but the hard

metal roof which dissipates the lightning strike around the vehicle. Do not touch the sides of any vehicle!

If no safe structure or location is within a reasonable distance, find a thick grove of small trees surrounded by taller trees or a dry ditch. Assume a crouched position on the ground with only the balls of the feet touching the ground, wrap your arms around your knees and lower your head. Minimize contact with the ground because lightning current often enters a victim through the ground rather than by a direct overhead strike. Minimize your body's surface area and the ground! Do not lie flat! If unable to reach safe shelter, stay away from the tallest trees or objects such as light poles or flag poles), metal objects (such as fences or bleachers), individual trees, standing pools of water, and open fields. Avoid being the highest object in a field. Do not take shelter under a single, tall tree.

Avoid using the telephone, except in emergency situations. People have been struck by lightning while using a land-line telephone. A cellular phone or a portable remote phone is a safe alternative to land-line phones, if the person and the antenna are located within a safe structure or location, and if all other precautions are followed.

When considering resumption of any athletics activity, wait at least thirty (30) minutes after the last flash of lightning or sound of thunder before returning to the field.

First aid for lightning victims

Prompt, aggressive CPR has been highly effective for the survival of victims of lightning strikes.

- **Lightning victims do not carry an electrical charge and can be safely handled.**
- **Call for help.** Victims may be suffering from burns or shock and should receive medical attention immediately. Call 9-1-1 or your local ambulance service.
- **Give first aid.** If breathing has stopped, administer cardio-pulmonary resuscitation (CPR). Use an automatic external defibrillator if one is available.

For additional information the following websites are helpful:

http://www.ec.gc.ca/foudre-lightning/default.asp?lang=En&n=57412D67-1

www.weatheroffice.gc.ca/lightning

Appendix C – Heading Guidelines

ONTARIO SOCCER EST. 1901

Heading Guidelines

grassroots

HEADLINES

NO HEADING TRAINING IN THE EARLY DEVELOPMENT STAGES. STAGES INCL. ACTIVE START, FUNDAMENTALS & LEARN TO TRAIN (7V7 SMALL-SIDED MATCH)

GRADUATED APPROACH TO HEADING FOR PLAYERS IN THE SOCCER 4 LIFE (U14+)

AGE GROUP	HEADING FREQUENCY	HEADING EQUIPMENT	NECK & CORE STRENGTHENING	TECHNICAL SKILLS DEVELOPMENT
U5-U11	**Heading should not be introduced in training sessions at this age**	**N/A**	• **Resistance Band Look-Aways With Partner** • **Neck Flexion** • **Neck Extension** • **Shoulder Shrugs** • **Prone Cobra** • **Hip Bridges** • **Side Plank With Neck Resistance**	**TIMING** - Eyes open to attack the ball at the optimum point. **BODY POSITION** - Use your body as a barrier, bend the knees, stiffen the neck by tucking the chin towards the chest, etc. **CONTACT WITH BALL** - Contact on forehead between eyebrows and hairline, head moves towards the ball (strike it don't let it bounce off the head), use legs to drive through the ball, etc.
U12-U13	Heading remains a low-priority **1 session per month & max 5 headers**	**Light soccer balls, beach balls, volleyballs, etc.**		
U14-U17	Heading remains a low-priority **1 session per week & max 5-10 headers**	**Regular & light soccer balls, beach balls, volleyballs, etc.**		

	Age	Ball Size	Frequency of heading in any one (1) training session	Match Context
Early Development / Learn To Train Pt. 1	U5-U6	3	**HEADING SHOULD NOT BE INTRODUCED IN TRAINING SESSIONS AT THIS STAGE.**	The Early Development Stages are designed to create a fun and memorable experience for young kids. At this age, the primary focus is on engaging them in enjoyable activities while developing their physical coordination and technical skills. In today's modern approach, children play on smaller pitches with fewer players, adhering to the retreat line rule to encourage dribbling and passing through different areas of the field. There is now a stronger emphasis across all levels on increasing the number of touches on the ball per player, ball retention and enjoyment, with minimal use of headers in small-sided matches.
	U7	3		
	U8-U9	3 (or 4 light)		
	U10-U11	4 (or 4 light)		

	Age	Ball Size	Frequency of heading in any one (1) training session	Match Context
Learn To Train Pt. 2	U12-U13	4	**HEADING REMAINS A LOW PRIORITY AND OUR EXPECTATION IS THAT HEADING SHOULD NOT BE INTRODUCED AT THIS STAGE.** However, if coaches feel it necessary to introduce the technique of heading, due to the increased heading activity in the game, we strongly advise a maximum of **one session per month (for U12s)** or **one session per week (for U13s)** with light soccer balls, limited repetition of a **maximum of five headers**, using self-serve or short distances. Coaches should use a variety of balls (e.g., light soccer balls, beach balls, volleyballs, etc.) to support the introducing of the technique of heading and should always be unopposed.	The Learn To Train (9v9 Game Format) stage continues to ensure a rewarding and memorable experience for young players. As they progress, the emphasis remains on enjoyment, engagement, and mastering both physical and technical skills. At this stage, players are ready to tackle more decision-making challenges, both in training and during games, within a supportive and positive environment. While there may be a slight increase in the use of headers in this age group, it remains a secondary focus compared to other technical aspects of the game. Coaches should continue to maximize their time with players to enhance the development of crucial skills that are frequently utilized at this stage of play.

RECOMMENDATION: IF HEADING IS PRACTICED USE LIGHTER BALLS OR A BALL WITH PSI AT THE LOWEST END OF THE RECOMMENDED RANGE (E.G., 11.6 PSI for a range of 11.6-14.5).

	Age	Ball Size	Frequency of heading in any one (1) training session	Match Context
Soccer 4 Life (FIFA Regulation Match Format)	U14	5	HEADING REMAINS A LOW PRIORITY. Players can be introduced to the basic concepts in training with limited repetition. Coaches should not focus on heading practice more than **one session per week** and limited repetition of a **maximum of 10 headers per session**. Gradual approach to introducing opposition to the practice of heading. Coaches should recognize when players can jump and head the ball with appropriate form before introducing opposition. Coaches should use a variety of distances relative to the game at this age.	The Soccer 4 Life (FIFA Regulation Match Format - 11v11) stages continue to ensure a fun and memorable experience for young players, prioritizing engagement and mastery of both physical and technical skills. Players at this stage are ready to handle increased decision-making responsibilities, evident in the challenges presented during training and matches, all within a supportive and positive environment. As players' understanding of the game and physical capabilities grow, there will be a noticeable tactical use of restarts, leading to more instances of headers. When introducing heading technique as part of a well-rounded program, it's crucial to consider several key factors: • Assessing and adjusting to the flight of the ball • Attacking the ball at the optimal point • Achieving proper head and ball contact to control direction and distance Different types of headers will also be introduced, allowing coaches to incorporate position-specific movement patterns.
	U15			
	U16			
	U17		As the game begins to replicate the adult game coaches should use a variety of heading situations players will experience during a game. This includes the introduction of contested headers. While you may now use match balls in the session light balls can still be used in training when practicing the technique of heading. It is advised to limit heading practice to **one session per week** and limited repetition of a **maximum of 10 headers per session**. Players should take responsibility for monitoring their own heading activity.	

RECOMMENDATION: LIMIT HEADING IN TRAINING. GRADUAL APPROACH TO TRAINING CONTESTED HEADERS. USE LIGHTER BALLS OR A BALL WITH PSI AT THE LOWEST END OF THE RECOMMENDED RANGE (E.G., 11.6 PSI for a range of 11.6-14.5).

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This document was published on 2024-11-25. These recommendations are designed to prioritize player welfare. As additional research is conducted, this guidance will be regularly reviewed and updated to reflect advancements in understanding.

Appendix D – Concussion Policy

And

Appendix E – FIFA Concussion Recognition Tool

CONCUSSION POLICY

PLAYERS' HEALTH AND SAFETY FIRST

CANADA SOCCER SPORTS MEDICINE COMMITTEE

NOTE TO PROVINCIAL, TERRITORIAL AND LOCAL SOCCER ORGANIZATIONS

As part of a pre-season concussion education strategy, we recommended:

1. Our players and parents/guardians should review as a minimum, the Summary section of this document, OR both the Respond and Recognize sections of this document (recommended) as part of their soccer registration process.
2. All participants in our sport should be encouraged to familiarize themselves with the entirety of our Concussion Guidelines.

Baseline (pre-season) testing of youth (<18 years) and adult recreational athletes using any tool or combination of tools is not required for post-injury care of those who sustain a suspected or diagnosed concussion and is not recommended.

For the communication between physicians and soccer coaches, team officials and clubs we recommend using: Canada Soccer's Concussion Assessment Report, available @ canadasoccer.com.

Generic concussion reporting letters are also available through Parachute Canada:

http://www.parachutecanada.org/downloads/injurytopics/Medical-Assessment-Letter_Parachute.pdf & http://www.parachutecanada.org/downloads/injurytopics/Medical-Clearance-Letter_Parachute.pdf

SUMMARY

A concussion is a brain injury.

All concussions should be regarded as potentially serious.

Most concussions recover completely with correct management.

Incorrect management of a concussion can lead to further injury.

Concussions should be managed according to current guidelines.

Anyone with suspected concussion following an injury must be immediately removed from playing or training and receive a prompt assessment by a medical doctor or nurse practitioner.

Concussions are managed by licensed health care professionals working within their scope of practice and expertise.

Concussions are managed by a limited period of rest followed by avoiding physical and brain activities that make concussive symptoms worse, and once concussion related symptoms have resolved, a step-wise return to school, work and sports-related activities.

Return to education or work must take priority over return to playing soccer.

Concussion symptoms must have completely resolved and documented medical clearance completed by a medical doctor or nurse practitioner must be received before resuming full contact practice or game play.

The recurrence of concussion symptoms subsequent to the return to full contact practice or game play requires removal from training or playing and reassessment.

CANADA SOCCER CONCUSSION POLICY

THE FINE PRINT

This policy is intended for those managing concussion in soccer at all levels. Professional and National level players typically have access to an enhanced level of medical care, which means that their concussion and their return to play can be managed in a more closely monitored way.

The Policy is based on current evidence and examples of best practice taken from soccer organizations around the world and other sports, including the Football Association, the Scottish FA, World Rugby, and the Canadian Concussion Collaborative. They are consistent with The Canadian Guideline on Concussion in Sport, (Toronto: Parachute, 2017) and the current Consensus Statement on Concussion in Sport issued by the Fifth International Conference on Concussion in Sport, Berlin 2017. The Policy has been reviewed and is approved by Canada Soccer Sports Medicine Committee.

While this policy aims to reflect 'best practice', it must be recognized that there is a current lack of evidence with respect to their effectiveness in preventing long-term harm. Canada Soccer Sports Medicine Committee will continue to monitor research and consensus in the area of concussion and update its policies accordingly.

This version was adopted by Canada Soccer in 2018.

ADDITIONAL RESOURCES

WEBSITES

Sport Information Resource Centre (SIRC):
http://sirc.ca/resources/concussion

Coaching Association of Canada: Making Head Way Concussion eLearning Series:
https://www.coach.ca/concussion-awareness-s16361

Parachute:
www.parachutecanada.org/concussion

Concussion Awareness Training Tool:
www.cattonline.com

Ontario Ministry of Health Concussion Resources:
http://www.health.gov.on.ca/en/public/programs/concussions/

VIDEOS

Dr. Mike Evans Health Lab – Concussions:
https://www.reframehealthlab.com/concussions/

RESPOND - WE ALL NEED TO PLAY A PART IN THE RECOGNITION AND MANAGEMENT OF CONCUSSION

As Canadians, we have a heightened awareness of concussions, related to increased media coverage of this brain injury with its range of outcomes, incidents involving high profile athletes with concussion, and increasing understanding of the consequences of repetitive brain trauma, primarily within professional sports.

WHAT IS A "CONCUSSION"?
Concussion is an injury to the brain resulting in a disturbance of brain function involving thinking and behavior.

WHAT CAUSES CONCUSSION?
Concussion can be caused by a direct blow to the head or an impact to the body causing rapid movement of the head.

ONSET OF SYMPTOMS
Symptoms of concussion typically appear immediately but may evolve within the first 24-48 hours.

WHO IS AT RISK?
All of our sport's participants (players, but also team staff and officials).

Some soccer participants are at increased risk of concussion:

- Children and adolescents (18 years and under) are more susceptible to brain injury, take longer to recover, and are susceptible to rare dangerous brain complications, which may include death.
- Female soccer players have higher rates of concussion.
- Participants with previous concussion are at increased risk of further concussions - which may take longer to recover.

WHAT ARE THE DANGERS OF BRAIN INJURY?
Failure to recognize and report concussive symptoms or returning to activity with on-going concussion symptoms set the stage for:

1. Cumulative concussive injury
2. Second Impact Syndrome'

Second impact syndrome is a rare occurrence. An athlete sustains a brain injury and while still experiencing symptoms (not fully recovered), sustains a second brain injury, which is associated with brain swelling and permanent brain injury or death. Brain swelling may also occur without previous trauma.

Recurrent brain injury is currently implicated in the development of Chronic Traumatic Encephalopathy

Chronic Traumatic Encephalopathy (CTE) is a progressive degenerative brain disease seen in people with a history of brain trauma. For athletes, the brain trauma has been repetitive. Originally described in deceased boxers, it now has been recognized in many sports. Symptoms include difficulty thinking, explosive and aggressive behavior, mood disorder (depression), and movement disorder (parkinsonism).

RECOGNIZE - LEARN THE SIGNS AND SYMPTOMS OF A CONCUSSION SO YOU UNDERSTAND WHEN A SOCCER PLAYER MIGHT HAVE A SUSPECTED CONCUSSION.

Everyone involved in the game (including side-line staff, coaches, officials, players, parents and guardians of children and adolescents) should be aware of the signs, symptoms and dangers of concussion. If any of the following signs or symptoms are present following an injury the player should be suspected of having concussion and immediately removed from play or training.

"If in doubt, sit them out."

"It is better to miss one game than the whole season."

VISIBLE CLUES OF CONCUSSION – WHAT YOU MAY SEE:
Any one or more of the following visual clues can indicate a concussion:

- Dazed, blank or vacant look
- Lying motionless on ground / slow to get up
- Unsteady on feet / balance problems / falling over / poor coordination
- Loss of consciousness or responsiveness
- Confused or not aware of play or events
- Grabbing, clutching, or shaking of the head
- Seizure
- More emotional or irritable than normal for that person
- Injury event that could have caused a concussion

SYMPTOMS OF CONCUSSION - WHAT YOU MAY BE TOLD BY AN INJURED PLAYER:
The presence of any one or more of the following symptoms may suggest a concussion:

- Headache or "Pressure in head"
- Dizziness or balance problems
- Mental clouding, confusion, or feeling slowed down
- Trouble seeing
- Nausea or vomiting
- Fatigue
- Drowsiness or feeling like "in a fog" or difficulty concentrating
- Sensitivity to light or noise
- Difficulty with reading, learning or work
- Sleep problems: getting asleep, too much or too little
- Emotional / anger / sad / anxious

The Concussion Recognition Tool 5 is valuable for all first responders in recognizing suspected concussion and responding to more severe brain injury or potential neck injury.

CONCUSSION RECOGNITION TOOL 5©

To help identify concussion in children, adolescents and adults

Supported by

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.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to so do.
- 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
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

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.

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

© Concussion in Sport Group 2017
Echemendia RJ, et al. Br J Sports Med 2017;51:872. doi:10.1136/bjsports-2017-097508CRT5

REMOVE - IF A SOCCER PLAYER HAS A SUSPECTED CONCUSSION HE OR SHE MUST BE REMOVED FROM ACTIVITY IMMEDIATELY.

Team-mates, staff, coaches, players or parents and guardians who suspect that a player may have concussion MUST work together to ensure that the player is removed from play in a safe manner.

If a neck injury is suspected the player should not be moved and should only be removed from the field of play by emergency healthcare professionals with appropriate spinal care training. Call 911. Activate your emergency action plan.

More severe forms of brain injury may be mistaken for concussion. If **ANY** of the following are observed or reported within 48 hours of an injury, then the player should be transported for urgent medical assessment at the nearest hospital (symptoms below). **Call 911.** Activate your emergency action plan.

- Neck pain or tenderness
- Deteriorating consciousness (more drowsy)
- Increasing confusion or irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual behavior change
- Seizure
- Double vision
- Weakness or tingling / burning in arms or legs

ANYONE WITH A SUSPECTED CONCUSSION SHOULD NOT:

- be left alone until they have been assessed medically
- consume alcohol or recreational drugs in the first 24 hours, and thereafter should avoid alcohol or recreational drugs until free of all concussion symptoms
- drive a motor vehicle until cleared to do so by a medical doctor or nurse practitioner

RE-ENTRY – A LICENSED HEALTHCARE PROFESSIONAL WITH EXPERTISE IN THE EVALUATION AND MANAGEMENT OF HEAD INJURY AND CONCUSSIONS MAY REVIEW A PLAYER WITH SUSPECTED CONCUSSION AT FIELD SIDE.

A player who has been removed from play who reports NO concussion symptoms and NO visual clues of a concussion can be returned to play. Any such player should be monitored for delayed symptoms, which may appear over the next 24-48 hours. If there is any doubt whether a player has sustained a concussion, they should be removed from play and undergo medical assessment by a medical doctor or nurse practitioner.

REFER - ONCE REMOVED FROM PLAY, THE PLAYER WITH SUSPECTED CONCUSSION MUST BE REFERRED TO A MEDICAL DOCTOR OR NURSE PRACTITIONER WITH TRAINING IN THE EVALUATION AND MANAGEMENT OF HEAD INJURY AND CONCUSSIONS.

All cases of suspected concussion require referral to medical doctors or nurse practitioners for diagnosis, even if the symptoms resolve.

In geographic regions of Canada with limited access to medical doctors (rural or northern communities), a licensed healthcare professional (i.e. nurse) with support from a medical doctor or nurse practitioner can provide this diagnostic evaluation.

REPORT – COMMUNICATION BETWEEN PLAYERS, PARENTS, TEAM STAFF, AND THEIR HEALTH CARE PROVIDERS IS VITAL FOR THE WELFARE OF THE PLAYER.

Players, parents and guardians must disclose the nature of, and status of all active injuries (including concussions) to coaches and team staff.

Players need to be responsible for one another and encourage the disclosure of concussion symptoms.

For children and adolescents with suspected concussion who have not been directly transferred for medical management, coaches must communicate their concerns directly with the parents or guardians.

RECOVER – AVOIDING PHYSICAL AND BRAIN ACTIVITIES THAT MAKE CONCUSSIVE SYMPTOMS WORSE IS THE CORNERSTONE OF CURRENT CONCUSSION MANAGEMENT.

The management of a concussion involves an initial limited period (<24-48 hours) of physical and brain rest.

Stage 1 of the Return-to-Soccer Strategy (see Return to Soccer Strategy, page 11) involves avoiding or limiting physical and brain activities that make concussive symptoms worse.

Once concussion related symptoms have resolved, the player may start Stage 2 and continue to proceed to the next level when he/she completes the stage without a recurrence of concussion-related symptoms.

In conjunction with your school and educational professionals and health care provider, recommendations will be made about whether it is appropriate to take time away from school, or whether returning to school should be done in a graded fashion, this is called "return to learn".

Your health care provider will also make recommendations about whether it is appropriate to take time away from work, or whether returning to work should be done in a graded fashion, this is called "return to work".

RETURN TO PLAY

Players who have been removed from play and referred for medical assessment for a suspected concussion who provide a completed Concussion Assessment Medical Report that is signed by a medical doctor or nurse practitioner which documents NO active concussion may participate in training sessions and game play.

Players who have been removed from play and referred for assessment for a suspected concussion who provide a completed Concussion Assessment Medical Report that is signed by a medical doctor or nurse practitioner which documents a concussion diagnosis may participate in training sessions (Stage 3 and 4) within the Return-to-Soccer Strategy (next page), once they or their parents/guardians report NO concussion symptoms and successfully completing Stage 2 (15 minutes of light aerobic activity).

Players who have concluded Stage 4 within a Return-to-Soccer Strategy who provide a second completed Concussion Assessment Medical Report that is signed by a medical doctor or nurse practitioner which documents recovered concussion may participate in full contact training sessions (Stage 5) and subsequently, game play within the Return-to-Soccer Strategy (next page), if they remain clear of concussion symptoms.

REASSESS

A player with prolonged concussion recovery (>4 weeks for youth athletes, >2 weeks for adult athletes), or recurrent or complicated concussions, should be assessed and managed by a medical doctor with experience in sports-related concussions, working within a multidisciplinary team.

RETURN TO SOCCER STRATEGY

Depending on the severity and type of the symptoms, players may progress through the following stages at different rates. Stages 2-4 should each take a minimum of 24 hours in adults, and longer in those 18 years and under.

If the player experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage and attempt to progress again after being free of concussion-related symptoms for 24 hour or seek medical attention.

	EXERCISE ALLOWED	% MAX HEART RATE	DURATION	OBJECTIVE
STAGE 0 **REST**	▸ Rest ▸ NO activities	No training	< 1-2 Days	Rest
STAGE 1 **SYMPTOM LIMITED**	▸ Daily activities that do not provoke symptoms		Until concussion symptoms clear	Recovery Symptom free
STAGE 2 **LIGHT EXERCISE**	▸ Walking, light jogging, swimming, stationary cycling or at slow to medium pace ▸ NO soccer ▸ NO resistance training, weight lifting, jumping or hard running	< 70%	< 15 min	Increase heart rate
STAGE 3 **SOCCER-SPECIFIC EXERCISE**	▸ Simple movement activities ie. running drills ▸ Limit body and head movement ▸ NO head impact activities ▸ NO heading	< 80%	< 45 min	Add movement
STAGE 4 **NON-CONTACT TRAINING**	▸ Progression to more complex training activities ▸ with increased intensity, ▸ coordination and attention e.g. passing, change of direction, shooting, small-sided game ▸ May start resistance training ▸ NO head impact activities including NO heading ▸ goalkeeping activities should avoid diving and any risk of the head being hit by a ball	< 90%	< 60 min	Exercise, coordination and skills/tactics
	▸ Youth (<18 years) and adult student-athletes have returned to full-time school activities at this time ▸ Repeat medical assessment with second Concussion Assessment Medical Report			
STAGE 5 **FULL CONTACT PRACTICE**	▸ Normal training activities ie tackling, heading, diving saves	< 100%		Restore confidence and assess functional skills by coaching staff
STAGE 6 **GAME PLAY**	▸ Normal game play.	< 100%		Player rehabilitated

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