

### 875 Morningside Avenue, Suite 2040, Toronto ON M1C 0C7

Tel: (416) 447-5836 ■ Toll-Free: 1-855-449-5836 ■ info@judoontario.ca ■ www.judoontario.ca

#### **Judo Ontario**

### Code of Conduct for Dojoshus, Officials, Coaches

### I can help prevent concussions through my:

- Efforts to ensure that my athletes wear the proper equipment and wear it correctly.
- Efforts to ensure that my athletes are participating on a proper mat surface.
- Efforts to help my athletes develop their skills and strength so they can participate to the best of their abilities.
- Respect for the rules of my sport or activity and efforts to ensure that my athletes do, too.
- Commitment to fair play and respect for all (respecting other coaches, team trainers, officials and all participants and ensuring my athletes respect others and play fair). \*

# I will care for the health and safety of all participants by taking concussions seriously. I understand that:

- A concussion is a brain injury that can have both short- and long-term effects.
- A blow to the head, face, or neck, or a blow to the body may cause the brain to move around inside the skull and result in a concussion.
- A person doesn't need to lose consciousness to have had a concussion.
- An athlete with a suspected concussion should stop participating in training, practice or competition **immediately**.
- I have a commitment to concussion recognition and reporting, including selfreporting of possible concussion and reporting to a designated person when an individual suspects that another individual may have sustained a concussion. \*
- Continuing to participate in further training, practice or competition with a suspected concussion increases a person's risk of more severe, longer lasting symptoms, and increases their risk of other injuries or even death.



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# I will create an environment where participants feel safe and comfortable speaking up. I will:

- Encourage athletes not to hide their symptoms, but to tell me, an official, parent
  or another adult they trust if they experience any symptoms of concussion after
  an impact.
- Lead by example. I will tell a fellow coach, official, team trainer and seek medical attention by a physician or nurse practitioner if I am experiencing any concussion symptoms.
- Understand and respect that any athlete with a suspected concussion must be removed from sport and not permitted to return until they undergo a medical assessment by a physician or nurse practitioner and have been medically cleared to return to training, practice or competition.
- For coaches only: Commit to providing opportunities before and after each training, practice and competition to enable athletes to discuss potential issues related to concussions. \*

### I will support all participants to take the time they need to recover.

- I understand my commitment to supporting the return-to-sport process. \*
- I understand the athletes will have to be cleared by a physician or nurse practitioner before returning to sport.
- I will respect my fellow coaches, team trainers, parents, physicians and nurse practitioners and any decisions made with regards to the health and safety of my athletes.

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

| Coach/To  | eam Trainer: |      |  |
|-----------|--------------|------|--|
| Official: |              | <br> |  |
| Date:     |              |      |  |