

Regular Board Meeting Agenda - 10:00am

**Monday, January 25<sup>th</sup>, 2021**

**A – Action Items**

A.1 Agenda	<b>ENCLOSURE 1</b>
A.2 Minutes of Regular Board Meeting held Monday, December 14 <sup>th</sup> , 2020	
A.3 January 2021 Payment of Account	<b>ENCLOSURE 2</b>
A.4 CUPE Ratification	<b>ENCLOSURE 3</b>
A.5 First Reading Policy GB – Occupational Health and Safety	
A.6 First Reading Policy IHCD - Concussion	
A.7 Second and Final Reading Policy EEACAA – Private Vehicles and Volunteer Drivers	<b>ENCLOSURE 4</b>
A.8 Second and Final Reading Policy HKA – Student Placement and Retention	<b>ENCLOSURE 5</b>
	<b>ENCLOSURE 6</b>

**I - Information Items**

I.1 Superintendent’s Report – Wilco Tymensen <ul style="list-style-type: none"> <li>APEX youth award – virtual</li> <li><a href="#">Assurance Framework</a></li> </ul>	<b>ENCLOSURE 7</b>
I.2 Trustee/Committee Report <ul style="list-style-type: none"> <li>I.2.1 ASBA Zone 6 Report – Marie Logan</li> <li>I.2.2 Facilities Meeting Report – Bruce Francis</li> <li>I.2.3 Administrator’s Meetings – Wilco Tymensen</li> </ul>	
I.3 Associate Superintendent of Finance and Operations	
I.4 Associate Superintendent of Learner Services Report – Amber Darroch	<b>ENCLOSURE 8</b>

**C-Correspondence**

C.1 ASCA Funding Letter	<b>ENCLOSURE 9</b>
C.2 News Release: K – 12 Students Returning to School	
C.3 In-Person learning resumes January 11 <a href="https://www.alberta.ca/article-letter-to-parents.aspx">https://www.alberta.ca/article-letter-to-parents.aspx</a>	
C.4 Health Canada Public Consultation on Vaping	
C.5 News Release: Updates to COVID-19 reporting in schools	
C.6 Rural High School Grant	
C.7 Mentoring Month 2021	

**Dates to Remember**

• February 8 – ASBA Advocacy Tool Meeting
• February 9 – Administrator’s Meeting
• February 10 – Council of School Council’s Meeting
• February 15 – Family Day – no school
• February 16 – 18 – no school
• February 22 – Board Meeting
• March 5 – School Based Professional Development Day – all schools

- March 8 – 12 – Substitute Teacher Appreciation Week
- March 8 – Division Wide Professional Development Day
- March 9 – Administrator's Meeting
- March 22 – Board Meeting

# Horizon School Division

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The Board of Trustees of Horizon School Division held its Regular Board meeting on Monday, December 14<sup>th</sup>, 2020 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  
Sheila Laqua, Recording Secretary  
Cole Parkinson, Taber Times

REGRETS: Amber Darroch, Associate Superintendent of Learner Services

## ACTION ITEMS

<b>A.1</b>	Moved Blair Lowry by that the Board approve the agenda.  Carried Unanimously	AGENDA APPROVED 145/20
<b>A.2</b>	Moved by Jennifer Crowson that the Board approve the <a href="#">Minutes of the Regular Board Meeting held Monday, November 23<sup>rd</sup>, 2020</a> as provided by Enclosure #2 of the agenda.  Carried Unanimously	BOARD MEETING MINUTES APPROVED  146/20
<b>A.3</b>	Moved Derek Baron by that the Board approve the <a href="#">December 2020 Payment of Accounts</a> in the amount of \$as provided in Enclosure #2 of the agenda.  Carried Unanimously	PAYMENT OF ACCOUNT APPROVED  147/20
<b>A.4</b>	Moved by Rick Anderson that the Board approve the first reading of Policy HKA – Student Placement and Retention as provided in Enclosure #3 of the agenda.  Carried Unanimously	FIRST READING POLICY HKA APPROVED 148/20
<b>A.5</b>	Moved by Bruce Francis that the Board approve the first reading of Policy EEACAA – Private Vehicles and Volunteer Drivers as provided by Enclosure #4 of the agenda.  Carried Unanimously	FIRST READING POLICY EEACAA APPROVED 149/20

## DISCUSSION ITEMS

### D.1 MILK RIVER 4-DAY SCHOOL WEEK REQUEST

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- Discussion held by the Board to review the Milk River 4-day school week request for the 2021-2022 school year.

## INFORMATION ITEMS

### I.1 SUPERINTENDENT'S REPORT

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

- The complete report can be found [here](#).

### I.2 TRUSTEE/COMMITTEE REPORT

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#### **I.2.1 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 December 2020:

- Water monitoring system (installing in the schools)
  - Completion by the end of December
- IMR/CMR
  - CMR
    - Additional projects added to CMR
      - WRM Washrooms
- Current disinfecting practices will continue

#### **I.2.2 Administrator's Meeting Report**

Wilco Tymensen, Superintendent, provided the following December Administrator's meeting summary points to the Board:

- Discussed policy HKA
- What if scenario – Mental Health & Wellbeing
- Bill 47 – changes to employment standards
- School carry-overs shared with Administrators
- Update on Interprovincial travel
- Diploma Exams – optional for this school year
- Assurance Model Survey update

### I.3 ASSOCIATE SUPERINTENDENT OF OPERATIONS AND FINANCE REPORT

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Phil Johansen, Associate Superintendent of Operations shared the following December 2020 summary with the Board:

- Surveys
  - Government requests
- Enrollment projections for next year
- Insurance updates
- Budget meeting
- Updated CMR plan to access additional plans



#### **I.4 ASSOCIATE SUPERINTENDENT OF LEARNER SERVICES REPORT**

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Amber Darroch, Associate Superintendent of Learner Services, shared the following December 2020 report with the Board:

- The complete report can be found [here](#).

#### **I.5 POLICY HICA ATTACHMENT A – RISK LEVELS FOR FIELD TRIPS, OFF-CAMPUS ACTIVITIES AND STUDENT TRAVEL**

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Updated letter from the Insurance provider required changes to HICA Attachment A. This attachment will be reviewed annually.

#### **CORRESPONDENCE**

**No Discussion Items** came forward from the Correspondence.

Moved by Derek Baron that the meeting adjourn.

Carried Unanimously

MEETING ADJOURNED

150/20

#### **COMMITTEE ITEMS**

Moved by Jennifer Crowson that the Board meet in Committee.

Carried Unanimously

COMMITTEE

151/20

Moved by Bruce Francis that the meeting adjourn.

Carried Unanimously

MEETING ADJOURNED

152/20

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Marie Logan, Chair

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Sheila Laqua, Executive Secretary

**PAYMENT OF ACCOUNTS REPORT**  
**Board Meeting - January 25, 2021**

<b>General</b>	<b>9-Dec-20</b>		<b>528564.78</b>
<b>General</b>	<b>17-Dec-20</b>		<b>286441.58</b>
<b>General</b>	<b>22-Dec-20</b>		<b>963752.53</b>
<b>General</b>	<b>4-Jan-21</b>		<b>98113.88</b>
<b>General</b>	<b>13-Jan-21</b>		<b>750285.13</b>
<b>U.S.</b>	<b>18-Jan-21</b>		<b>140.26</b>
<b>General</b>	<b>January 19, 2021</b>		<b>195,501.42</b>

<b>"A" Payroll</b>	<b>December 2020</b>	<b>Teachers</b>	<b>1,661,771.65</b>
		<b>Support</b>	<b>557,678.92</b>

<b>"B" Payroll</b>	<b>December 2020</b>	<b>Casual</b>	<b>4,336.44</b>
		<b>Subs</b>	<b>29,515.49</b>

<b>Total Accounts</b>			<b>5,076,102.08</b>
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**Board Chair** \_\_\_\_\_

<b>PJ:dd</b> <b>January 19, 2021</b>
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**Horizon School Division January 2021 U.S. Accounts**

	<b>U.S. Funds</b>	<b>Canadian Funds</b>
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<b>Learning Without Tears</b>	<b>38.85</b>	<b>50.06</b>
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<b>Starfall Education</b>	<b>70.00</b>	<b>90.20</b>
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<b>Total U.S. Accounts</b>	<b>108.85</b>	<b>140.26</b>
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KO:dd  
January 18, 2021

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**HORIZON SCHOOL DIVISION****POLICY HANDBOOK**

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

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**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](http://www.alberta.ca)).



Appendix A – Work Refusal Flow Chart

Work Refusal Flow Chart

**START HERE**

Employee believes on the reasonable grounds that there is a dangerous condition at the work site or work is dangerous to the employee or other persons, and completes the Work Refusal Investigation Form A (Appendix B - Work Refusal Investigation Form “A” Section A)

The principal/site supervisor must review and discuss Section A of the “Work Refusal Investigation Form” (Appendix B)

If Work Refusal is related to the employee’s personal health concern, send form to Human Resources

The principal/site supervisor finds ground for remedial action and ensures such action is taken. 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

Employee can return to work

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” (Appendix B) and file a complaint with the OHS Management Committee via the Associate Superintendent of Finance and Operations

On receiving the Section B complaint, the OHS Management Committee shall assign an OHS Investigative Team. The OHS Investigative 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

If the OHS Investigative Team determines there is a dangerous condition they shall:

- make a written report stating the OHS Investigative Team’s determination
- make any order under the Alberta Occupational Health and Safety Act that the OHS Investigative Team considers necessary; and
- give a copy of the report and order to the employee, principal/site supervisor, the Site-specific Health and Safety Committee or site health and safety representative (if applicable), and the OHS Management Committee

If the OHS Investigative Team determines there is not a dangerous condition they shall:

- inform the principal/site supervisor and the employee of the determination
- inform the Site Health and Safety Committee of the determination; and
- inform the employee that they no longer are entitled to refuse to do the work.

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 the 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](http://www.alberta.ca)).

## Appendix B - Work Refusal Investigation Form "A"

## SECTION A

<b>INVESTIGATION DETAILS (completed by the assigned OHS Investigative Team)</b>		
<b>Date &amp; Time of Investigation:</b>		
<b>OHS Investigative Team Member(s):</b>		
<b>Observations of existing conditions and hazards during investigation (please provide specific details):</b>		
<b>Does the Investigative Team agree that hazardous conditions exist?</b>		
<input type="checkbox"/> YES - Complete Action Plan <input type="checkbox"/> NO		
<b>RECOMMENDED ACTION PLAN TO RESOLVE CONCERN (completed by Investigative Team)</b>		
<b>Action</b>	<b>Target Date</b>	<b>Completion Date</b>
<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. ( <a href="https://www.alberta.ca/file-complaint-online.aspx#toc-1">https://www.alberta.ca/file-complaint-online.aspx#toc-1</a> )		
<b>Employee Signature:</b>	<b>Date:</b>	
<b>OHS Investigative Team Worker Representative Signature:</b>	<b>Date:</b>	
<b>OHS Investigative Team Management Representative Signature:</b>	<b>Date:</b>	

## SECTION B

<b>DETAILS OF WORK REFUSAL (to be completed by the employee)</b>	
<b>Employee Name:</b>	<b>Date &amp; Time Reported:</b>
<b>Site / Location:</b>	<b>Room #:</b>
<b>Principal/Site Supervisor Name:</b>	<b>Position:</b>
<b>Employee's reason for work refusal (please provide specific details):</b>	
<b>Has the employee's hazard assessment been reviewed for identified controls put into place and implemented? (PPE, Engineering Controls, Administrative Controls).</b>	
<b>What hazard controls have been put in place by the employer?</b>	
<b>What hazard controls has the employee put into place to keep themselves safe?</b>	
<b>Has the employee reviewed the safety plans and procedures relative to their job? (e.g. Student Behavior Plans, Safe Work Practices, Hazard Assessments, PPE)</b>	
<b>INTERNAL RESOLUTION (Principal/Site Supervisor Response)</b>	
<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.	
<b>Recommendations / Immediate Action Taken (if any):</b>	
<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.	
<b>Employee Signature</b>	<b>Date:</b>
<b>Principal/Site Supervisor Signature</b>	<b>Date:</b>
<b>The Principal/Site Supervisor submits Section A to Associate Superintendent of Finance and Operations</b>	

**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*

<b>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.</b>		
<b>Date OHS Contacted:</b>	<b>Date OHS Arrived:</b>	<b>Date OHS Report Received:</b>
<b>OHS Investigation Notes (Findings, Decision, Orders Written, etc.):</b>		

**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*

<b>ASSIGNMENT OF ALTERNATIVE EMPLOYEE TO PERFORM WORK</b>	
<b>Alternative Employee Name:</b>	
<input type="checkbox"/> <b>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.</b>	
<b>Alternative Employee Signature:</b>	<b>Date:</b>
<input type="checkbox"/> <b>I confirm that the nature and circumstances of this refusal have been conveyed to the person named above.</b>	
<b>Principal/Site Supervisor Signature:</b>	<b>Date:</b>



## **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](http://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.
- Assessment for a spinal cord injury is critical.

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

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

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

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

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](https://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"> <li>✓ Short board games</li> <li>✓ Short phone calls</li> <li>✓ Camera photography</li> <li>✓ Crafts</li> </ul> | <ul style="list-style-type: none"> <li>✗ School</li> <li>✗ Physical exertion/<br/>stair climbing</li> <li>✗ Organized sports</li> </ul> |

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"> <li>✓ Easy reading</li> <li>✓ Limited TV</li> <li>✓ Drawing/LEGO/<br/>board games</li> <li>✓ Some peer<br/>contact</li> </ul> | <ul style="list-style-type: none"> <li>✗ School</li> <li>✗ Work</li> <li>✗ Physical exertion/<br/>stair climbing</li> <li>✗ Organized sports</li> </ul> |

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"> <li>✓ School-type work<br/>in 30 min. chunks</li> <li>✓ Light physical<br/>activity</li> <li>✓ Some peer<br/>contact</li> </ul> | <ul style="list-style-type: none"> <li>✗ School<br/>attendance</li> <li>✗ Work</li> <li>✗ Physical exertion/<br/>stair climbing</li> <li>✗ Organized sports</li> </ul> |

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"> <li>✓ Up to 120 mins.<br/>of cognitive<br/>activity in chunks</li> <li>✓ Half-days at<br/>school, 1-2 times<br/>a week</li> <li>✓ Some light<br/>physical activity</li> </ul> | <ul style="list-style-type: none"> <li>✗ Music/Phys. Ed<br/>class</li> <li>✗ Tests/exams</li> <li>✗ Homework</li> <li>✗ Heavy physical<br/>loads (e.g.<br/>backpack)</li> <li>✗ Organized sports</li> </ul> |

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"> <li>✓ Limited testing</li> <li>✓ School work for<br/>4-5 hours/day in<br/>chunks</li> <li>✓ Homework up to<br/>30 mins./day</li> <li>✓ 3-5 days of<br/>school/week</li> <li>✓ Decrease learning<br/>accommodations</li> </ul> | <ul style="list-style-type: none"> <li>✗ Phys. Ed class/<br/>physical exertion</li> <li>✗ Standardized<br/>tests/exams</li> <li>✗ Organized sports</li> </ul> |

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"> <li>✓ Nearly normal<br/>cognitive<br/>activities</li> <li>✓ Routine school<br/>work as tolerated</li> <li>✓ Homework up to<br/>60 mins./day</li> <li>✓ Minimal learning<br/>accommodations</li> </ul> | <ul style="list-style-type: none"> <li>✗ Phys. Ed class</li> <li>✗ Standardized<br/>tests/exams</li> <li>✗ Full participation<br/>in organized<br/>sports</li> </ul> |

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"> <li>✓ Normal cognitive<br/>activities</li> <li>✓ Routine school<br/>work</li> <li>✓ Full curriculum<br/>load</li> <li>✓ No learning<br/>accommodations</li> </ul> | <ul style="list-style-type: none"> <li>✗ Full participation<br/>in sports until<br/>medically cleared.<br/>(See Return-to-<br/>Sport Strategy)</li> </ul> |

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](http://www.casem-acmse.org) for more information. You can also refer your doctor to [parachute.ca/concussion](http://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!

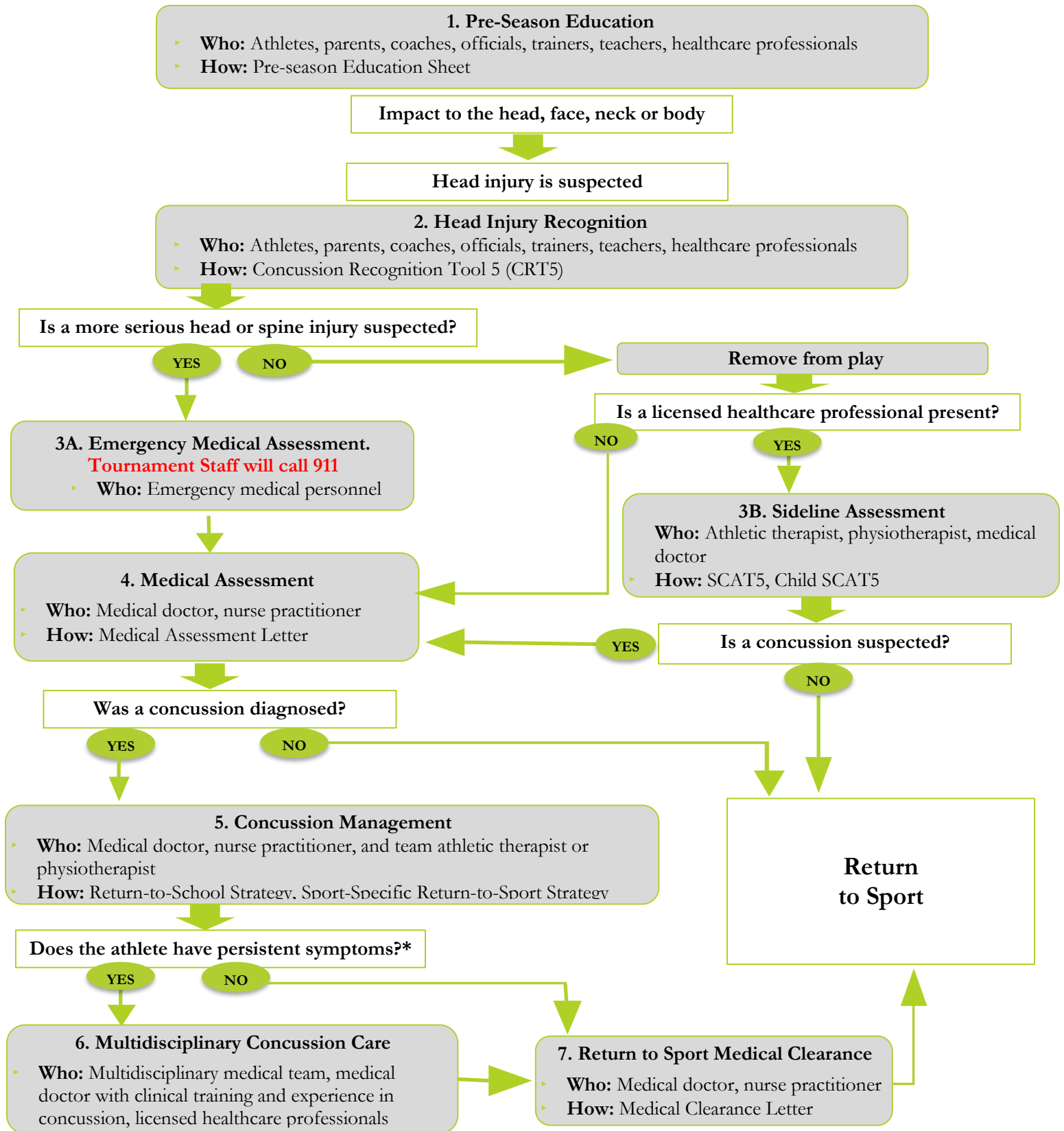
Returning to active play before full recovery from concussion puts you at higher risk of sustaining another concussion, with symptoms that may be more severe and last longer.

### Additional Resources

Available at [parachute.ca/concussion](http://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.

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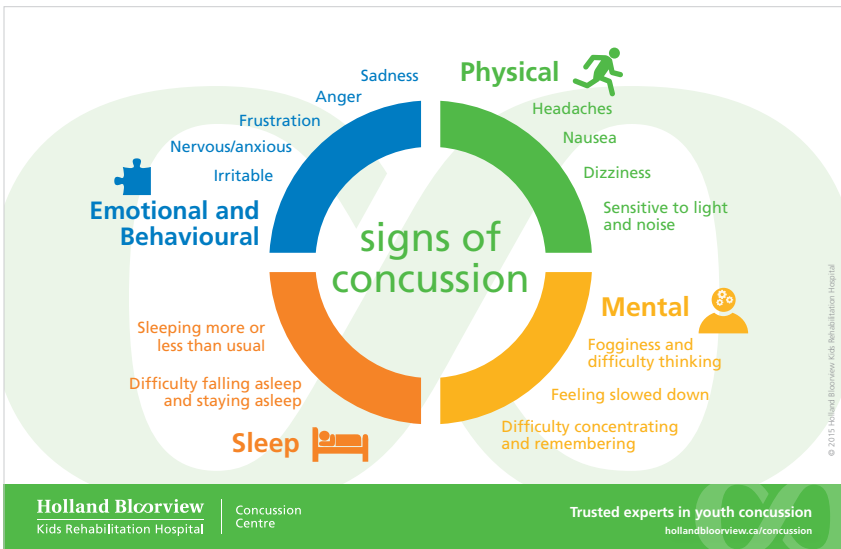
Trusted experts in youth concussion  
[hollandbloorview.ca/concussion](http://hollandbloorview.ca/concussion)

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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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Trusted experts in youth concussion  
[hollandbloorview.ca/concussion](http://hollandbloorview.ca/concussion)

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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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**Trusted experts in youth concussion**  
[hollandbloorview.ca/concussion](http://hollandbloorview.ca/concussion)

# 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:

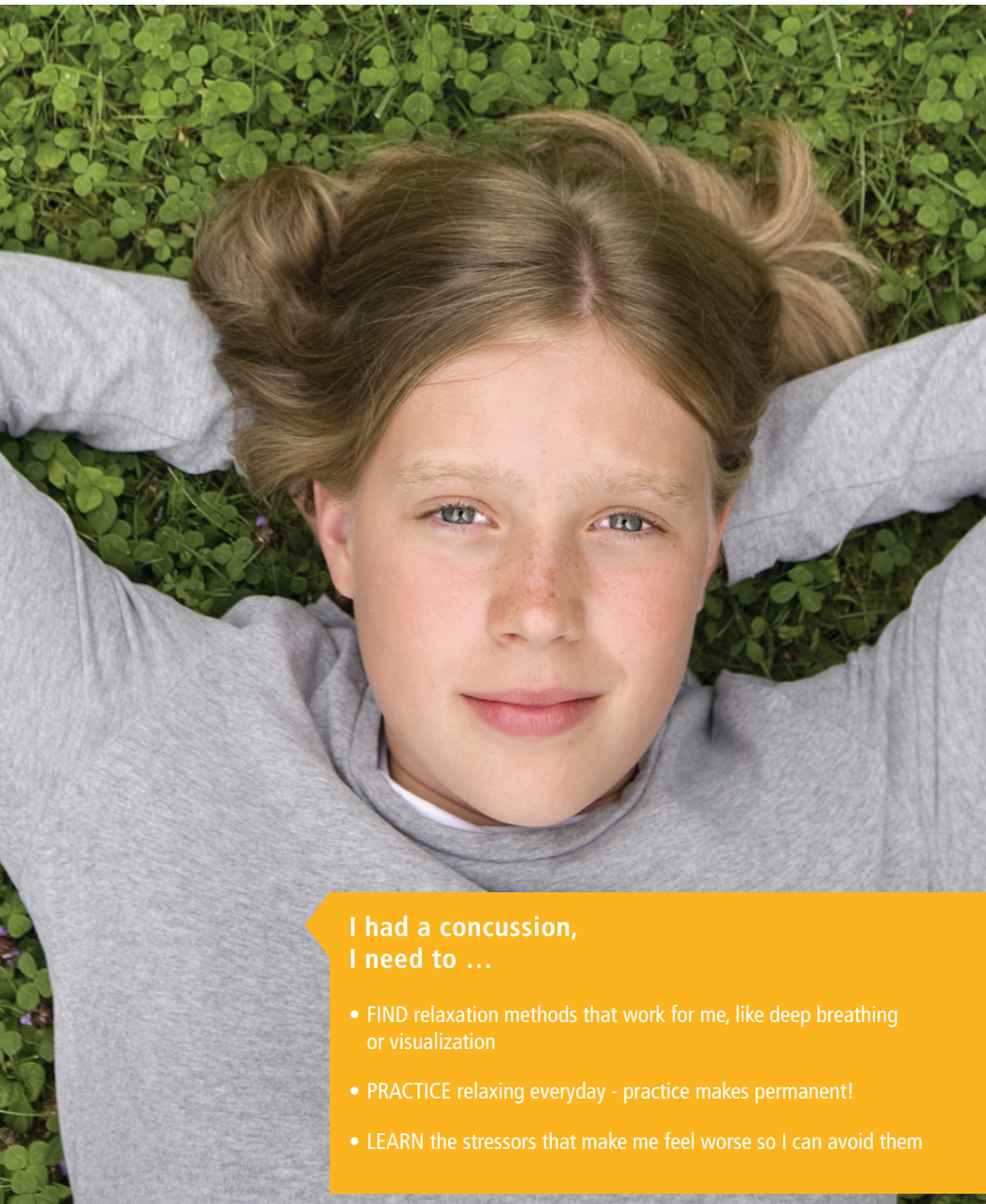
- Is a way to give yourself a break to focus on you.
- Can help prevent anxiety and nervousness (caused by things like school exams, assignments, missed sleep, loud school hallways or cafeterias) from affecting how you feel.
- Can allow you to rest your brain and body so they can recover.

## 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





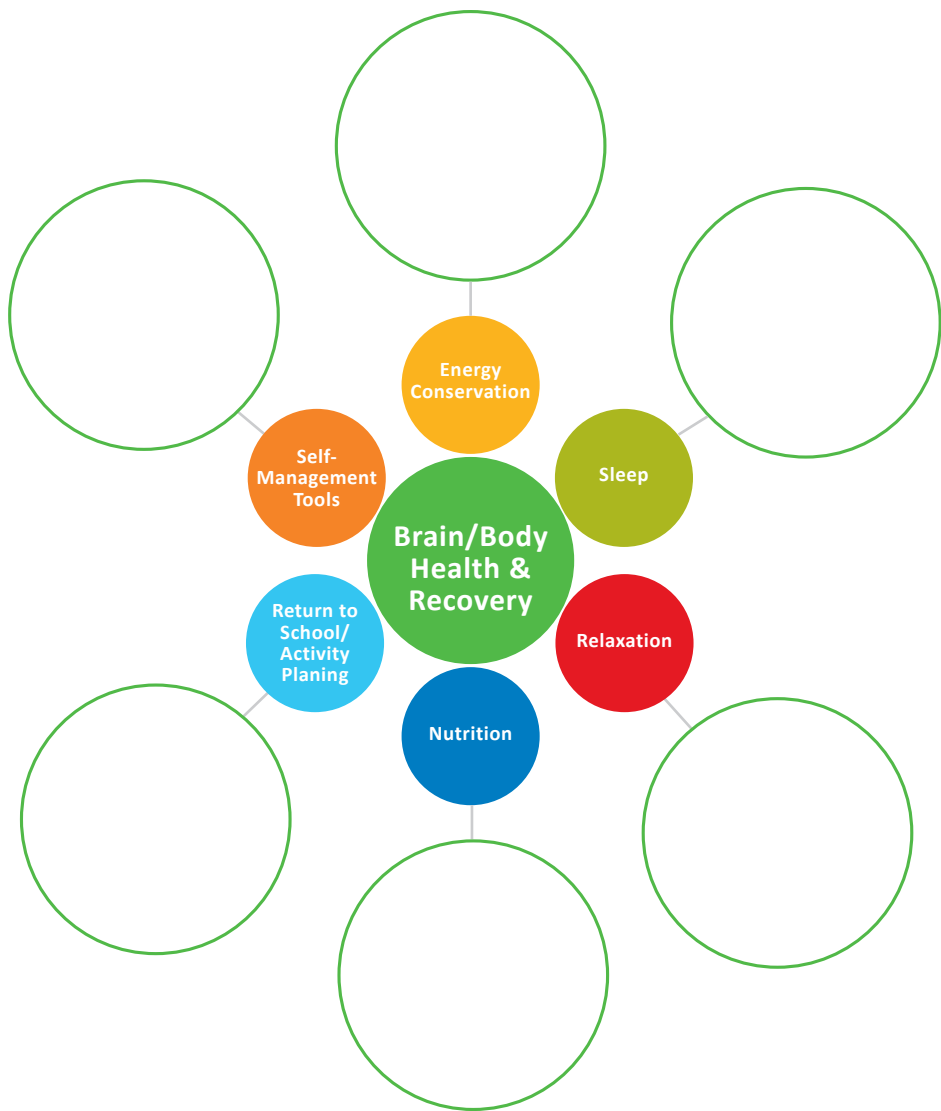
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SELF-MANAGEMENT  
TOOLKIT

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# 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? _____)  <b>Which symptoms:</b> 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? _____)  <b>Which symptoms:</b> 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? _____)  <b>Which symptoms:</b> 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](http://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

This handbook is based on a Concussion Education Toolbox developed by:

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The handbook was adapted by **Claire Florentin**, Senior Communications Associate, Bloorview Research Institute.

This handbook has also been reviewed and approved by the Bloorview Research Institute Family Engagement Committee.

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**Lee Verweel, Masters student**

**Katherine Wilson, MSc**

## 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](http://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:



[1337.17]

**Holland Bloorview**  
Kids Rehabilitation Hospital

Concussion  
Centre

A TEACHING  
HOSPITAL FULLY  
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TORONTO

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**HORIZON SCHOOL DIVISION**

**Policy Code:** EEACAA  
**Policy Title:** Private Vehicles and Volunteer Drivers  
**Cross Reference:** EEA, EEACAB, EEACAC  
**Legal Reference:**  
**Adoption Date:** December 18, 1996  
**Amendment or Re-affirmation Date:** Jan. 12/1998 Oct. 24/2001  
Jan. 23/2003 June 12/2008  
Aug. 19, 2014

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**POLICY HANDBOOK****POLICY**

THE BOARD OF TRUSTEES OF HORIZON SCHOOL DIVISION IS COMMITTED TO ENSURING STUDENTS ARE TRANSPORTED TO AND FROM CO-CURRICULAR/EXTRA-CURRICULAR ACTIVITIES IN AS SECURE A MANNER AS POSSIBLE AND BELIEVES THAT THE BEST METHOD OF TRANSPORTATION TO APPROVED ACTIVITIES IS THROUGH THE USE OF PROPERLY LICENSED AND INSURED COMMERCIAL VEHICLES (E.G. SCHOOL BUSES, CHARTER BUSES) AND PROFESSIONAL DRIVERS, WHEREVER AVAILABLE AND FEASIBLE. THE BOARD ALSO SUPPORTS THE CONCEPT OF VOLUNTEER DRIVERS AND THE USE OF PRIVATELY OWNED VEHICLES IN PROVIDING TRANSPORTATION TO SCHOOL OR JURISDICTION APPROVED ACTIVITIES PROVIDED THAT DRIVERS ARE NOT STUDENTS AND PROVIDED THAT SUCH ARRANGEMENT CONFORMS TO THE LAWS AND REGULATIONS OF THE PROVINCE AND ARE IN ACCORDANCE WITH THE SPECIFIC GUIDELINES AND PROCEDURES ESTABLISHED BY THE BOARD.

**DEFINITIONS**

Volunteer Driver: Has volunteered to drive students to or from school sponsored events at the request of the school. A volunteer driver must be a minimum of 21 year of age, and adhere to all guidelines and regulations contained within this policy.

Non-Volunteer Driver: A parent or guardian who declines arranged transportation by the school and chooses to:

- Assume responsibility for the transportation of his/her child(ren) to or from a school sponsored event.
  - drives their child(ren) themselves
  - allows his/her child(ren) to drive themselves to a school sponsored event.
  - makes private arrangements with another family for the transportation of his/her child(ren) to a school sponsored event.

Privately Owned Vehicles: A private or rented vehicle used to provide transportation to and from school related activities

- operated by a volunteer at the request of the school or
- operated by a non-volunteer, not at the request of the school.

## POLICY EEACAA –*Private Vehicles and Volunteer Drivers, Cont’d.*

### GUIDELINES

#### 1. Non-Volunteer Driver

~~1.1~~—A student cannot transport another student unless

1.1 they are from the same family and their parent or guardian has assumed responsibility for transportation,

1.1.1 there is a private agreement between two families which is not arranged by the school

1.2 Non-volunteer drivers and their parent or guardian as defined above assume all responsibility and any associated liability for transportation.

1.3 In the event a parent or guardian and/or non-volunteer driver is assuming responsibility for transportation as defined above (non-volunteer), the school must have parent or guardian written consent (Attachment A) in advance of the transportation to or from the event and the permission of the principal when the parent or guardian is not in the vehicle. The written note must indicate:

1.3.1 that the parent or guardian has declined arranged transportation by the school

1.3.2 that the parent or guardian has made private arrangements to transport their child(ren)

1.3.3 that the parent or guardian and the driver are assuming responsibility for transportation and any associated liability for transportation.

1.3.4 The note should also include:

1.3.4.1 the date of the event for which they are providing consent for

1.3.4.2 the location of the event for which they are providing consent for

1.3.4.3 whom the driver will be

1.4 Parents, guardians, students, and other community members will not transport another family’s child to or from a school sponsored event without written consent of that Child’s family being filed with the school administration

1.5 Students who disregard this provision may be prohibited from participating in the activities.

2. Privately Owned Vehicles – A private or rented vehicle operated by a volunteer may be used to provide transportation to and from school related activities provided that:

2.1 The vehicle, if designed to transport eleven or more passengers including the driver, meets the National Safety Code requirements and Alberta Transportation regulations for commercial vehicles defined as a bus;

2.2 The vehicle, if designed to transport ten or less passengers, including the driver, meets the safety and insurance requirements of Alberta Transportation; (see attachments C & D)

2.3 The vehicle meets road worthiness requirements as specified in the Traffic Safety Act regulations and any other relevant provincial legislation;

2.4 The owner of the vehicle carries a minimum of \$~~1~~2,000,000 third party liability insurance and that the owner notifies his/her insurance company of his/her intention to use the vehicle voluntarily for the benefit of the students of the Horizon School Division when transporting students;

**POLICY EEACAA –Private Vehicles and Volunteer Drivers, Cont’d.**

~~2.5~~ ~~2.5~~—The Board provides automobile liability insurance coverage only in excess of the \$~~1~~2 million (or higher) coverage provided by the vehicle owner, when privately owned vehicles are used to transport students for school-sponsored activities.

~~2.5.1~~ The principal shall receive written confirmation from drivers that they have adequate third-party liability coverage with a minimum amount of \$2 million when students are being transported.

~~2.5.1~~2.5.2 The vehicle owner’s coverage applies before the coverage by the Board, in the event of any related claims or actions by other parties;  
~~the coverage by the Board, in the event of any related claims or actions by other parties;~~

2.6 ~~2.6~~—Any damages to the owner’s vehicle are not insured by or deemed the responsibility of the Board;

~~2.7~~ ~~2.7~~—The driver is in possession of a valid driver’s license of the appropriate class;

~~2.8~~ The Division or Principal shall ensure that an acceptable driver’s abstract, dated within the last year, and a copy of the driver’s license are on file at the school.

~~2.8.1~~ Drivers with 6 or more demerits will not be approved.

~~2.9~~ ~~2.8~~—The driver and owner of the vehicle completes the Volunteer Driver and Automobile Authorization form (Attachment B);

~~2.10~~ The principal shall obtain written permission from a student's parent/guardian when an employee or private individual shall be transporting students in a private vehicle; and

and

~~3~~—

~~3.5~~2.11 ~~2.9~~—The Principal of the school approves this type of transportation arrangement.

3. A vehicle owned and operated by a Division employee who is regularly required to provide transportation to a student(s) as an expectation of employment will:

3.1 Ensure a 6A Insurance Endorsement is included as part of the vehicle’s insurance;

3.2 Upon application, verification, and approval, be entitled to monetary compensation for an annual amount from the School Division for being required to carry the 6A Insurance Endorsement.



Policy EEACAA – Attachment B

HORIZON SCHOOL DIVISION
VOLUNTEER AUTOMOBILE AND/OR DRIVER AUTHORIZATION

Volunteers shall take note of the following:

- 1. The owner of the vehicle shall have a minimum of \$12,000,000 third party liability insurance coverage and shall inform the insurance company of the intention to use the vehicle for transporting students.
2. Students shall not be authorized to act as volunteer drivers. Drivers must be a minimum of 21 years of age.
3. The vehicles shall have seat belts for each passenger and the driver and seat belts shall be worn. In no case shall a seat belt be used for more than one person.
4. Drivers with 6 or more demerits will not be approved

School \_\_\_\_\_

Volunteer Driver's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Class \_\_\_\_\_ Expiry Date \_\_\_\_\_

Registered Owner of Vehicle \_\_\_\_\_

Type of Vehicle Used \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Name of company you are insured with \_\_\_\_\_

I have notified my insurance company: \_\_\_\_\_ Yes \_\_\_\_\_ No

Policy No. \_\_\_\_\_ Expiry Date \_\_\_\_\_

Agent \_\_\_\_\_

Third Party Liability Limits \$ \_\_\_\_\_

I hereby declare that:

- 1. The vehicle described above is road worthy and that the information provided is complete and accurate.
2. I agree to drive safely in accordance with the requirements of the Highway Traffic Act and City Traffic Bylaws. I will advise the principal of any related vehicle accidents, of any suspensions of my license, or changes in the status of my insurance coverage which may occur after the date of this authorization while this authorization remains in force.
3. I confirm that my driver's license is valid and has not been suspended, that the vehicle is regularly maintained, is operating properly, and has no known mechanical defects that impair safe operation of the vehicle, and that I am 21 years of age or older.

Signature of Owner \_\_\_\_\_

Based on the above declaration I hereby authorize the above named automobile and/or driver to be used on a voluntary basis for the period \_\_\_\_\_ for the purpose of \_\_\_\_\_

Principal OR Designate Signature

Date

Attach a copy of the driver's license and pink card.
Original to Principal's Office
Copy to Volunteer



<b>HORIZON SCHOOL DIVISION</b> <b>POLICY HANDBOOK</b>	<del>NO. 6</del> <u>7</u>	<b>Policy Code:</b>	HKA
		<b>Policy Title:</b>	Student Placement and Promotion
		<b>Cross Reference:</b>	HK, HGB, IFH
		<b>Legal Reference:</b>	<del>School Act, Sec.18 (e)</del>
<del>20 (h) AB Education</del> Guide to Education		<b>Adoption Date:</b>	April 23, 1997
		<b>Amendment or Re-</b>	November 17, 2009
		<b>affirmation Date:</b>	February 27, 2018

## POLICY

THE BOARD OF TRUSTEES OF HORIZON SCHOOL DIVISION BELIEVES THAT STUDENT PROMOTION OR PLACEMENT WITH REQUIRED REMEDIATION, ENRICHMENT, OR SPECIALIZED PROGRAMMING AND SUPPORTS SHOULD BE THE NORM IN DIVISION SCHOOLS. THE DECISION THAT ON THE PLACEMENT AND/OR PROMOTION OF A STUDENT FROM ONE GRADE OR COURSE TO ANOTHER IS DETERMINED SHALL BE MADE BY THE PRINCIPAL IN CONSULTATION WITH THE ASSISTANT SUPERINTENDENT, LEARNER SERVICES AND; IN ACCORDANCE WITH ALBERTA EDUCATION GUIDELINES AND THIS POLICY.

## DEFINITIONS

### Placement

A decision made about the grade level and/or specialized supports a student may receive regardless of whether all even if curricular outcomes or other pre-requisites have not been met. For example, a student who has moved to Canada and does not have conventional educational records may be placed with their age appropriate peers without evidence of having completed the preceding grade or program.

### Promotion

The assignment of a student to the next chronological grade or course upon successful completion of his or her current programming.

### Retention

A placement decision that causes a student to repeat a full grade level or course.

### Acceleration

A placement decision that advances a student beyond curriculum in a given course or grade level to that at a higher level. In high school, acceleration must comply with procedures outlined in the Guide to Education.

### Promotion

The assignment of a student to the next chronological grade or course upon successful completion of his or her current programming.

## REGULATIONS

1. The ultimate decision as to the placement and promotion of a student ~~are~~ is determined by the principal after careful consideration ~~of current educational research and the long term impacts on student learning and wellbeing regarding the student's developmental needs, abilities, and long range welfare.~~
- 1.1. Placement and; promotion, ~~and retention~~ decisions shall be communicated in writing and recorded in the student record.

2. Rather than grade retention or acceleration, efforts should be focused on responsive programming as it relates to time, resources, instructional approaches, and assessment. Meta-analysis of educational research indicates there is no significant difference in social-emotional indicators nor in the academic achievement of children who were retained compared to their peers who were placed in the next grade.

~~Students will not be retained more than once from Kindergarten to Grade 9, once in their school careers.~~

~~As research indicates that retention is less effective in grades 1 and up, full grade retention would generally be limited to kindergarten.~~

~~2.3. Promotion and retention of students~~ Student placement and programming decisions will be based on performance as measured against established standards and evidence that such intervention will positively impact the student's learning trajectory. Prior to making student placement or programming decisions:

~~3.1. Professional prior to considering retention or acceleration, professional staff will document consultation and accommodations extended to the student as part of the school's collaborative response plan. In cases where it becomes apparent that a student may not be ready for promotion at the end of a school year, the school shall communicate and consult with the parents/guardians well in advance of the school year.~~

~~3.2. Prior to making student placement decisions and prior to May 15, professional staff must consult with parents/guardians on any information critical to student programming.~~

~~3.3. Prior to making student placement decisions and prior to May 15, Professional staff must consult with the Assistant Superintendent, Learner Services.~~

~~2.4.~~

4. Grade placement for all students in Kindergarten to Grade 10 should be with age and grade peers.

~~2.2.5.~~ For students in grades 10-12, placement and, promotion, ~~and retention~~ decisions shall be made on a course basis in harmony with the Alberta Education Transfer Guide and Guide to Education as it pertains to matters of prerequisites, prerequisite waivers, challenge exams and issuing of credits.

~~2.3. In the case of students failing to apply themselves in a reasonable manner, steps shall be taken to frequently counsel them with regard to their academic performance, attitude and behavior and to modify the program as necessary and possible to meet their abilities.~~

~~3. Any recommendation for student retention or acceleration must be approved by the Superintendent of Schools. In matters of retention, program modification is preferable to repetition of an entire grade~~

~~3.1. Students will not be retained more than once per division~~

~~Grade placement for all students in Kindergarten to Grade 10 will should be with age and grade peers.~~

~~4. Placement and, promotion, acceleration and retention~~ decisions may be appealed as per Board policy.

6.

# Superintendents Progress Report

## January, 2021

### **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.
- Several meetings with Minister Lagrange and Deputy Minister Corbould were attended to discuss COVID restrictions.

### **Personnel Management**

- CUPE bargaining is ongoing
- Principal evaluations (classroom observation) have reconvened

### **Policy and Strategic Planning and Reporting**

- Policy HKA: Student placement and retention
- Policy EEACAA: private vehicles and volunteer drivers
- Policy IHCD: concussion
- Policy GB: OHS
- Policy IFCI: Suicide and Threat Assessment Protocol
- Policy HICA: Off Campus Activities
- Assurance framework survey has been sent out

### **Fiscal Responsibility, Organizational Leadership and Management**

- Discussions about integrating early learning are taking place with school principals
- A new audio system has been installed in the boardroom to facilitate group Zoom meetings

### **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

**Associate Superintendent, Learner Services**  
**Report to the Board of Trustees – January 25, 2021**

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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

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**KEY ACTION AREA #1:**

**Strong core instruction that develops student competencies**

- Horizon staff were welcomed to 2021 with a division-wide wellness session held on Tuesday, January 5th. The key message was how to manage health and wellness to “emerge stronger” in the New Year.
- All school and division office leaders were engaged in two half-day professional development sessions on concept-based learning. Shea Mellow and Amber Darroch facilitated the sessions. The session outcomes include next steps for principals to provide instructional leadership in this area with their own staff.

**KEY ACTION AREA #2:**


**Response to Instruction and Intervention**

- Laura Elliott (Behaviour Consultant) has been providing professional development to school staff on Oppositional Defiant Disorder, SIVA (Supporting Individuals Through Valued Attachments). This professional development for staff helps them understand, navigate behaviour situations and work with students who need extra support. Laura has also had seven new referrals from schools and has been out to observe and write reports for all of the referrals.
- The Inclusive Learning Team continues to provide monthly newsletters where there is capacity building in the areas of behaviour, early childhood, Universal design for learning and instructional resources. This newsletter is sent to Learning Support Teachers and Principals to share as they see fit for their school context.
- At the last Southwest Collaborative Support Service (SWCSS) meeting the Leadership team from all six school divisions began to have discussions about what SWCSS will look like for the 2021-2022 school year. In those discussions we talked about what is going well and what may need to be improved upon to continue services for students in the areas of Speech and Language, Occupational Therapy, Physical Therapy, Vision and Deaf/Hard of Hearing. Terri-Lynn sent out a google form to all principals and Learning Support Teachers to gather feedback for our school division.

## LEADERSHIP PRACTICES

- The Technology Team is working with school staff on the move of data storage from physical servers to cloud-based service. Upon completion, this project will enable us to remove a large server worth approximately which otherwise needs to be evergreened every four years.
- An online registration process is now available for parents/guardians registering their children in Horizon schools for the remainder of the school year and in preparation for next year. The online registration walks parents through each step of the process, including uploading required documents. As pandemic restrictions continue, this tool is one simple way to make registration both convenient and non-contact.
- Amber was selected to serve as the provincial College of Alberta School Superintendents (CASS) representative and chair of the Provincial Advisory Committee of the Alberta Regional Professional Development Consortia (ARPDC). The advisory committee includes representatives from education stakeholder groups and will provide input and support for “Adult learning for students’ sake” across the province. The appointment of chair is a three year term.

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### Horizon School Division: Instructional Coach Update

Shea Mellow *December, 2020*

Principal Meetings	Whole-Staff Coaching	Individual Teacher Coaching	Additional PD Experiences
2 + 2 presentations	2	5	10

Some highlights during December include:

- Renewed energy and momentum arising around conceptual learning for transfer as our administration team took a ‘deep dive’ into improved teaching practices
  - Together, we explored how reframing our instruction by planning with a focus on conceptual learning makes learning more engaging and meaningful for students
  - Amber and I guided a rewarding professional development afternoon with our admin team and are planning the steps for moving forward with this team in January
- Working in classrooms with teachers and students to engage with Hapara workspace, a digital learning platform where student agency in our online learning world is promoted
  - Directly supporting students and teachers as they use this new platform is eye-opening and inspiring; I appreciate the invites into classrooms
- Continued professional learning with our Horizon team (professional book clubs on leadership and culture), participation in the Alberta Education Curriculum Working Groups in anticipation for curriculum release for fall, 2021, and further learning with Ron Ritchhart and Julie Stern (incredible learning opportunities with both make future growth and sharing with our Horizon teachers exciting and accessible).



**Livingstone Range**  
SCHOOL DIVISION

December 17, 2020

Honourable Adriana LaGrange, MLA,  
Minister of Education  
Legislature Building  
10800 97 Avenue  
Edmonton AB T5K 2B6

Via email: [education.minister@gov.ab.ca](mailto:education.minister@gov.ab.ca)

Dear Mrs LaGrange:

On behalf of the Livingstone Range School Division Board of Trustees, I am writing to express our concern with the recent significant funding cuts to the Alberta School Councils Association (ASCA).

School Councils are mandated in Section 55 of the Education Act, and are an important and necessary way to hear the parent voice in education.

ASCA provides necessary and valuable in-person/virtual training, online resources, and leadership development for School Councils and Council of School Councils. The organization helps School Council leaders learn and understand their roles and responsibilities and provides valuable training and support.

Predictable and sustainable funding is extremely important for ASCA to continue the excellent work they do with School Councils across the province. As a Board of Trustees we have found great value in the services that ASCA provides for our School Councils.

We ask the Ministry of Education to consider making predictable and sustainable funding for ASCA a priority so that School Councils can continue to fill their mandate as the parent voice in education.

Sincerely,

Lori Hodges  
Chair, Board of Trustees

cc: All Board Chairs  
ASBA  
MLA Roger Reid

**Every student, every day.**

From: <[alberta.news@gov.ab.ca](mailto:alberta.news@gov.ab.ca)>

Date: Thu, Jan 7, 2021 at 4:16 PM

Subject: News Release: K-12 students return to in-person learning

## **K-12 students return to in-person learning**

January 07, 2021

All students will return to in-person learning, as planned, on Jan. 11. Mandatory health measures will remain in effect across the province until at least Jan. 21.

The decision to return to in-class learning is based on the latest evidence which shows that before the winter break, new case rates in schools plateaued and then dropped in December, once restrictions on social gatherings and group activities were in place.

“I want to recognize the effort of school staff, teachers and parents to follow health measures and help us keep classrooms safe for Alberta students. I’m confident this effort will continue and we’ll see a successful return to in-person learning to the benefit of all students.”

*Jason Kenney, Premier*

“Schools play a critical role in supporting student learning as well as their emotional health and overall well-being. In September, the vast majority of parents chose in-person learning for their children during the pandemic and schools have been diligently following the extensive health measures in place. A return to school will provide our students with the familiar daily routine of learning in class and will restore some sense of normalcy for both students and families amidst these unusual times.”

*Adriana LaGrange, Minister of Education*

While students return to in-person learning, all Albertans, businesses, organizations and service providers must continue to follow [existing health measures](#) until at least Jan. 21. Active evaluation of the latest public health data is underway and will be used to re-evaluate the current level of restrictions over the coming weeks.



Businesses, organizations and service providers will be given at least one week's notice prior to changes to the current health measures that may affect them. Government will continue to consult with affected industries.

"The health measures that were put in place in December have helped to reduce the number of active cases, but it's not enough. Case numbers, hospitalizations and testing positivity rates remain high. We will be carefully evaluating the data over the coming weeks to determine what options we have to give Albertans back more flexibility in their lives, and give businesses a chance to reopen. But the worst thing we could do would be to increase the chances of another surge, which would threaten our health-care system again and require more restrictions. We must be careful and deliberate, and avoid the roller-coaster of uncertainty that a new surge would create."

*Jason Kenney, Premier*

"Our government will continue to engage with businesses to provide the necessary supports during this pandemic. To date, more than 35,000 small businesses have accessed over \$232 million in funding through our relaunch grant and I encourage any eligible employers to apply today."

*Doug Schweitzer, Minister of Jobs, Economy and Innovation*

"We cannot back off early and risk losing the gains we've made since restrictions were put in place in December. We are asking everyone to remain a part of the solution and keep following the public health measures until we see numbers come down to the point that we can start reopening the province."

*Tyler Shandro, Minister of Health*

"These mandatory measures are in place to slow the spread of COVID-19 and we are not yet in a position to remove or reduce them. Keeping these measures in place means we are again asking Albertans to make sacrifices – but they are necessary to protect our province. We all have the power to make individual choices to follow the health guidelines and help protect our loved ones, colleagues and neighbours. We are asking you to keep making those good choices."

*Dr. Deena Hinshaw, chief medical officer of health*

Alberta's government is responding to the COVID-19 pandemic by protecting lives and livelihoods with precise measures to bend the curve, sustain small businesses and protect Alberta's health-care system.

## **Related information**

- [Current public health measures](#)

**From:** [Vivian Abboud](#)

**Sent:** January 8, 2021 11:12 AM

**Subject:** Health Canada Public Consultation on Vaping

Hi everyone,

As you know, ASBA members passed two position statements regarding vaping at the 2019 Fall General Meeting. Since that time, ASBA has regularly advocated to government on these position statements on members behalf. While we appreciated government announcing Bill 19, the *Tobacco and Smoking Reduction Amendment Act (TSRA)*, in June 2020, ASBA continued to advocate for additional restrictions to keep children safe and healthy at school and in their communities. Specifically, ASBA and school boards requested restrictions on the sale of flavoured products as part of regulation. In addition, that minors should be restricted from the sale of vape products.

Health Canada is now engaging in a public consultation to gather feedback on the proposed *Concentration of Nicotine in Vaping Products Regulations (CNVPR)*, in addition to considering restricting flavours in vaping products and requiring detailed information on sales, ingredients, research and development.

The public consultation is now open and closes on March 4, 2021. Feedback can be provided by following this link, which provides detailed information including with how to submit feedback.

<https://www.canada.ca/en/health-canada/programs/consultation-proposed-concentration-nicotine-vaping-products-regulations.html>

ASBA encourages interested school boards to submit feedback through the appropriate channels, and include ASBA on any submissions in order to help align our continued advocacy and support member views.

Best,  
V

From: <[alberta.news@gov.ab.ca](mailto:alberta.news@gov.ab.ca)>

Date: Thu, Jan 14, 2021 at 5:18 PM

Subject: News Release: Updates to COVID-19 reporting in schools

## **Updates to COVID-19 reporting in schools**

January 14, 2021 [Media inquiries](#)

Language describing case numbers of COVID-19 in schools is being updated based on feedback from education partners – including parents, schools and boards.

Currently, schools with COVID-19 cases are described as either being on alert, outbreak or watch. Each category reflects a certain number of cases at a particular school.

As of Jan. 18, the following terms will be used:

- Alert: one to four cases
- Outbreak: five-plus cases

The term “watch,” which many partners found confusing, will no longer be used.

“Since the start of the pandemic, we have worked closely with the education system and have listened to their feedback. We are making this terminology change based on their request. Clear and simple language will help all of us work together with families, Alberta Health Services and our school communities to keep students and staff safe.”

*Adriana LaGrange, Minister of Education*

“We are committed to clear communication, and this change in how we describe case numbers in schools helps us improve. The terms we will use going forward are more intuitive, and we hope they will help staff and parents better understand the COVID-19 situation in their schools.”

*Dr. Deena Hinshaw, chief medical officer of health*

“Alberta School Boards Association (ASBA) has been advocating for shifting the terminology used by the Government of Alberta regarding COVID-19 cases in schools and is supportive of changes that will provide clarity for education staff, parents, students and community members alike. We look forward to our continued collaboration with the ministry as we all ensure student and staff safety is prioritized.”

*Lorrie Jess, president, Alberta School Boards Association*

“CASS appreciates the time and effort of the ministry to promote efficiencies, transparency, and clarity in managing and communicating information regarding the impact of the pandemic on our communities. This strategy has strongly supported our goal of system operations sustaining a strong partnership with our staff and parent communities.”

*David Keohane, executive director, College of Alberta School Superintendents*

“ASBOA believes that this shift in terminology will reduce confusion and increase transparency, as it relates to COVID-19 cases in schools. We appreciate the opportunity to discuss and provide feedback to the ministry on an ongoing basis.”

*Dexter Durfey, president, Association of School Business Officials of Alberta*

Schools with two or more cases will continue to be reported and reflected on the [COVID-19 school map](#). Additional guidance materials for learning during COVID-19 can be found at [alberta.ca/returntoschool](https://alberta.ca/returntoschool).

Public health support provided to students, staff and families remains unchanged. Parents will continue to be notified when there is a single case in their child’s school and further supports will be initiated when there are two or more cases in a school.

Alberta’s government is responding to the COVID-19 pandemic by protecting lives and livelihoods with precise measures to bend the curve, sustain small businesses and protect Alberta’s health-care system.

### **Quick facts**

- As of Jan. 14, there were 15 COVID-19 cases in schools since the return to in-class learning, representing 0.0019 per cent of the school population. Ten schools are on alert and two are on outbreak status.
- School outbreak data has been online since September 2020.

### **Related information**

- [COVID-19 school status map](#)
- [COVID-19 guidance and health measures for schools](#)

# Rural High School Grant

Funded by the Hesje CPA Knowledge Centre, the Rural High School Grant was established as part of the CPA Education Foundation's Stepping Up initiative. The Hesje CPA Knowledge Centre was created thanks to Brian Hesje FCPA, FCA, who, in addition to hoping to connect Albertans to the knowledge CPAs have to offer, has a special interest in supporting the education of rural students. Stepping Up seeks to connect with rural high schools across Alberta to help them overcome financial barriers to enhance student learning, and the Foundation is proud to provide financial support to a school in need.

The Foundation's Rural High School Grant will provide funding of \$10,000 to one eligible rural high school in Alberta. The grant will support academic resources or educational initiatives that will enhance student learning in rural communities.

## Criteria

The Foundation will review proposals that fit within the following criteria and support the advancement of academic and educational initiatives within a rural high school. School administrators may reach out to the Foundation if they are unsure if their proposal fits within the mandated standards.

## Grant value

**One-time payment of \$10,000**

Available to: High schools located in geographic locations with a population fewer than 50,000. Excludes communities that exist within close proximity of the three large metropolitan areas: Calgary, Edmonton, and Lethbridge.

## Areas Supported

### Capital requests

- Academic resources that support technological advances within the school such as software licenses, connectivity support, technology hardware (i.e. computers, tablets and laptops), online academic resources (i.e. academic journals and subscriptions, case studies, etc.).

### Experiential learning

- Student travel and/or expenses related to participating in post-secondary recruitment events (ex. Open Houses, Student for a Day).
- Student travel costs and/or related expenses for educational off-site events (ex. Telus World of Science).

The Foundation will support grant submissions that are tied to additional ongoing projects that fit within the Foundation criteria.

## Areas Not Supported

### Operational Costs

- Salaries for full-time, contract instructional staff, or administrative support.
- Professional development for educators (including travel).
- Facilities expenses, including COVID related expenses (ex. PPE, cleaning supplies, custodial support).

### Capital expenses outside of the academic range

- School maintenance and upgrades to facilities, playground equipment or renovations within the school or school ground.

### Investments

- Grant funding cannot be invested by any means.

# Rural High School Grant Application Form

The CPA Education Foundation Rural High School Grant will provide funding of \$10,000 to one eligible rural high school in the province of Alberta. The grant will support the advancement of academic and educational initiatives that will enhance student learning in rural communities.

**Application Deadline: February 26, 2021**

Please submit your completed application form via email to [cpaef@cpaalberta.ca](mailto:cpaef@cpaalberta.ca).

Applications may be submitted by a school board or by an individual school. Limit of one application per school.

Applicant Information		
First name:	Last name:	Title:
School:	Student Population:	School Board:
City/town:		
Contact info		
Direct phone number:	E-mail:	School phone number:
Community overview (Please tell us about your school and community. Max 200 words):		

## Project Details

Proposal title:

Description of proposal (Please provide a short summary of your project and its key objectives. Max 500 words):

Statement of Intent (Please tell us why your school should receive the funding. Max 250 words):



## Budget

Provide a breakdown of costs associated with the project. Please note, all proposed costs must be net new (i.e. over and above current operations or activities). If additional space is required, please include an attachment to your application.

Budget Item description	Amount
1.	
2.	
3.	
4.	
<b>TOTAL PROJECTED BUDGET</b>	

## Additional Funding Source

Will you be applying for or receiving additional funding or support for this project?	Yes	No
If yes, please provide the following details:		
Funding organization	Amount requested	Cash or in-kind? (If in-kind, please state approximate value)
1.		
2.		
3.		

## Timeline

Project start date:	Project end date:
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### Questions

School administrators may reach out to the Foundation if they are unsure if their proposal fits within the mandated standards. Please contact:

Meredith Allan, Manager, Development and Outreach  
CPA Education Foundation  
Email: [mallan@cpaalberta.ca](mailto:mallan@cpaalberta.ca)

**From:** EDC Deputy Minister <[EducationDeputyMinister@gov.ab.ca](mailto:EducationDeputyMinister@gov.ab.ca)>

**Sent:** Friday, January 15, 2021 3:27 PM

**Subject:** Mentoring Month 2021

Dear colleagues:

For mentoring month (January) 2021, I would like to thank the many school authorities across Alberta who support mentoring opportunities for their students. Mentoring can help students develop healthy relationships and create connections, especially during this challenging time when children and youth may feel disconnected.

Alberta Education is proud to continue supporting mentoring programs in our communities and schools through funding to the Alberta Mentoring Partnership.

This month, I encourage you to look at the resources for schools to establish or grow mentorship programs and find out how students can get involved as mentees or mentors. Here are some ways to get involved:

- Find resources and tools for establishing or enhancing mentoring opportunities in your schools at [albertamentors.ca/resources/mentoring-in-schools/](http://albertamentors.ca/resources/mentoring-in-schools/). This includes general information on different types of school-based mentoring as well as lesson plans about mentoring for Grades 4 to 6, junior high Career and Technology Foundations (CTF) challenges, and senior high Career and Technology Studies (CTS) credits for mentoring.
- Talk to high school students about the benefits of mentoring and how they can earn [credits](#) while supporting younger students.
- Join the Mentoring in Schools Collaborative Community Network portal where school staff can connect with other schools and mentoring organizations across the province to share ideas at [schoolnetwork.albertamentors.ca/login/index.php](http://schoolnetwork.albertamentors.ca/login/index.php).
- Spread the word this month on social media on January 17, International Mentoring Day, and on January 29, #ThankYourMentor Day.

We know that mentoring plays a pivotal role in strengthening skills, increasing confidence, increasing school attendance and completion, and expanding knowledge for young people. It also helps them better cope with stress, challenges and life experiences. Teen mentoring can also increase academic achievement and decrease unhealthy behaviours in both the mentor and mentee.

While mentoring looks different this school year, many schools and community organizations have used creative and safe ways to continue with their programs virtually. There are now secure online platforms to support mentoring as well as ways to monitor interactions and activities.

I'd like to thank you for your commitment to supporting mentorship programs and providing students with opportunities to build positive and supportive relationships.

Sincerely,

Jeff Willan  
Acting Deputy Minister of Education