



POLICIES AND PROCEDURES MANUAL

Section Thirteen | **Risk Management Policy**

Effective 01 15

Amended 06 22

Table of Contents

1	Definitions.....	4
2	Respect in Sport Groups Programs	5
2.1	Respect in Sport for Activity Leaders	5
3	Rule of Two	7
4	Ethics Training.....	8
5	Protection of Children.....	8
5.1	Saskatchewan Child Abuse Protocol.....	8
5.2	External Reporting: Child Abuse and Misconduct	9
5.3	Internal Reporting: Child Abuse and Misconduct.....	9
6	Travel.....	11
7	Concussion Management	12
1.	Prevention.....	13
2.	Recognize and be Vigilant	13
3.	Respond	15
4.	Refer.....	15
5.	Report	15
6.	Rest and Recover	16
7.	Return to Soccer.....	16
	Concussion Education and Resources.....	17
8	Injury Management and Return to Play.....	17
	Injury Assessment Protocol	17
	Return to Play Protocol.....	19
9	Facility and Equipment Safety.....	20
9.1	Equipment Safety.....	20
9.2	Jewelry Policy	20
9.3	Other Equipment & Head Covers.....	20
9.4	Cast Policy	21
9.5	Insulin Pump Policy	21
9.6	Lightning Policy	22
9.7	Blood Policy.....	23
9.8	Field and Facility Safety.....	24
9.9	Portable Goal Safety	24
9.10	Extreme Heat Event (EHE) Activity Guidelines.....	26

9.11	Air Quality Monitoring Guidelines	28
9.12	Emergency Action Plan Guidelines	30
10	Anti-Doping	32
10.2	Additional Guidance.....	32
11	Recruitment and Scouting	33
11.1	Policies for Recruiters	33
11.2	Policies for Team Personnel and Players	34
11.3	Policies for Event Organizers	34
12	Screening.....	34
12.1	Screening.....	34
12.2	Police Record Check Screening	37
12.3	Police Record Check Implementation	38
12.4	Compliance	40
13	Privacy Policy.....	40
13.1	Purpose	40
13.2	Application of this Policy.....	40
13.3	Obligations	41
13.4	Accountability	41
13.5	Identifying Purposes	41
13.6	Consent	42
13.7	Accuracy, Retention, and Openness	44
13.8	Access.....	45
13.9	Compliance Challenges	46
14	Confidentiality Policy	46
14.1	Purpose	46
14.2	Application of this Policy.....	46
14.3	Confidential Information.....	47
14.4	Responsibilities	47
14.5	Intellectual Property	48
14.6	Enforcement	48
15	Waivers and Release of Liability Agreements.....	48
15.1	Registration Process.....	48
15.2	Compliance	48
16	Electronic Communication and Social Media Use Policy	49

1 Definitions

- 1.1.1 The following terms have these meanings in this policy:
- a) “Entity” – Organizations such as clubs, zones, community associations, teams, etc., that fall under the authority of a Regular or Associate Member. Entities have no authority within the SSA Membership structure other than what is granted them by their MO.
 - b) “*Governing Body*” – The organization that has the authority to manage a judicial process as per the policies of the governing body. Governing body may refer to Canada Soccer, SSA, or Member Organizations, clubs/zones or entities that are members of SSA.
 - c) “*Match Official/Referee*” – Individuals who perform as referees, assistant referees, 4th officials, referee administrators, referee assignors, referee supervisors, referee mentors, referee leads, referee instructors and referee assessors during sanctioned soccer activities.
 - d) “*Members*” – All members defined by SSA by-laws and for the purposes of this policy shall also include parents, guardians and caregivers of individual members and spectators at SSA events and SSA sanctioned competitions.
 - e) “*Representative*” – All individuals employed by, or engaged in activities on behalf of, SSA. Representatives include, but are not limited to, staff, administrators, directors and officers, committee members, and volunteers of SSA
 - f) “*MO*” – Member Organization that are approved to operate programs according to the Bylaws of Saskatchewan Soccer Association.
 - g) “*Organizer*” – Anyone performing an activity connected with soccer at a Member Organization or entity, regardless of title, type of activity (administrative, sporting or any other) and duration of the activity. Includes all directors, officers, committee members, coaches, trainers, match officials, diversity officers, persons in charge of safety, and any other person responsible for technical, medical and/or administrative matters, members, clubs or leagues, as well as all other persons obliged to comply with SSA and Canada Soccer by-laws regardless of whether they are paid or volunteers.
 - h) “*SSA*” – Saskatchewan Soccer Association.
 - i) “*Team Personnel*” - All supervisory team personnel including but not limited to coaches, assistant coaches, managers, trainers and other medical staff, and gender representative personnel or anyone that wishes to have access to the field of play.
 - j) “*Social media*” – The catch-all term that is applied broadly to new computer-mediated communication media such as blogs, YouTube, Instagram, Snapchat, Facebook, and Twitter
 - k) “*SSA-branded social media*” – Official social media engagement by SSA including SSA’s Facebook, Twitter, Instagram, photo sharing accounts, YouTube, blogs, or other social media engagement; both those that exist currently and those that will be created by SSA in the future
 - l) “*Commercial Activity*” – Any particular transaction, act or conduct that is of a commercial character
 - m) “*Personal Information*” – Any information about an individual that relates to the person’s personal characteristics including, but not limited to: sex, gender, age, income, home address, phone number, ethnic background, family status, health history, and health conditions, athletic testing and results and email

- n) “PIPEDA” - The Personal Information Protection and Electronic Documents Act (PIPEDA) sets out ground rules for how private sector organizations may collect, use or disclose personal information in the course of commercial activities

2 Respect in Sport Groups Programs

SSA is committed to creating a sport environment in which all individuals are treated with respect and dignity. Coaches and Team Personnel have a responsibility to create a sporting environment that is free of harassment, abuse, bullying and neglect.

2.1 Respect in Sport for Activity Leaders

- 2.1.1 SSA requires that all coaches and team personnel participating in soccer have completed the online Respect in Sport (RiS) for Activity Leaders certification (or equivalency), as required by Sask Sport Inc.
- 2.1.2 The policy applies to all youth and mini coaches and team personnel that wish to be named on a game sheet or roster for any sanctioned event under the jurisdiction of SSA.
- 2.1.3 All coaches and team personnel must possess RiS certification prior to participating any sanctioned soccer activity.
- 2.1.4 RiS certification must be updated every five years.
- 2.1.5 MO are responsible for educating all existing and new coaches and team personnel about the requirements of this policy.
- 2.1.6 MO and entities that do not educate or enforce RiS certification policies may face fines and/or suspension of some or all membership privileges and/or further discipline, up to and including:
 - a) Initial Offense(s) – written warning to MO and they must also provide a written outline of how their policy and practice will change to avoid subsequent occurrences.
 - b) Second Offense – up to a \$500 fine.
 - c) Third Offense – fines double and discipline process may be recommended.

- 2.1.7 MO shall ensure any coach or team personnel not having RiS certification (or equivalency) by the deadline established shall face suspension, fines and/or further discipline as indicated:
- a) First Offense – immediate suspension, with no return to soccer related activity until verification that the course is completed.
 - b) Second Offense – \$100 fine and suspension for the remainder of the season. Return to activity shall only occur upon verification of completion of the course and completion of suspension.
 - c) Third Offense – immediate suspension for a minimum of one year from the date of offense and shall be subject to fines and/or other sanctions as determined by a judicial body. Return to activity shall only occur upon verification of completion of the course and completion of suspension.
- 2.1.8 The onus is on the individual coach or team personnel to provide verification of their RiS certification upon registering.
- 2.1.9 Sanctioned Events and Tournaments
- a) All coaches and team personnel entering a member-organized, sanctioned tournament or an SSA or SSA MO operated game, or travelling out of province must provide their RiS number when submitting their roster.
 - b) All those receiving rosters with non-RiS certified team personnel need to advise the team that their registration is not complete/their permit will not be approved until such time as a RiS number has been provided for all coaches and team personnel.

Additional Guidance

Other Respect Group Programs strongly recommended by SSA include the following:

Respect in Sport for Parents Guidelines

- Respect in Sport for Parents is recommended for all parents and guardians with children playing soccer.
- SSA offers a SSA specific RiS for Parents platform to all MO to track the progress of the parents, guardians, and caregivers within their organization.

Respect in the Workplace Guidelines

- Respect in the Workplace certification is recommended for all SSA and MO employees, board members and volunteers.

To determine certification numbers, Coaches/Team Personnel can go to

<https://sasksrc.respectgroupinc.com>

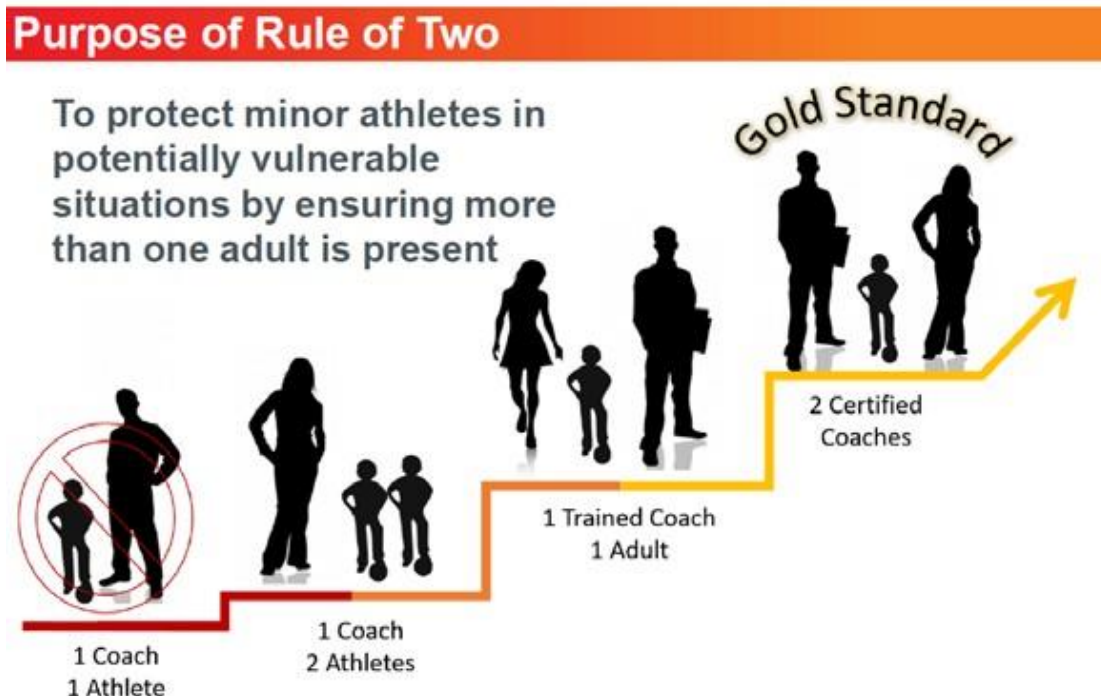
3 Rule of Two

The Rule of Two serves to protect minor athletes in potentially vulnerable situations by ensuring that more than one adult is present. Vulnerable situations can include closed doors meetings, travel, and training environments. Organizations are encouraged to create and implement policies and procedures that limit the instances where these situations are possible.

3.1.1 The Rule of Two states that there will be two screened and Respect in Sport and NCCP trained or certified coaches with an athlete, especially a minor athlete, when in a potentially vulnerable situation. This means that, with the exception of medical emergencies, any one-on-one interaction between a coach and an athlete must take place within earshot and view of a second coaches/team personnel.

a) In the event where screened and NCCP trained or certified coaches are not available, a screened volunteer, parent/guardian/caregiver, or adult can be recruited. In all instances, one coach/volunteer must reflect the genders of the athletes participating or be of an appropriate identity in relation to the athlete(s).

3.1.2 The following diagram depicts the “staircase approach” to the Rule of Two. While the gold standard is the preferred environment, it is not expected that it will be reached at all times. The alternatives presented, although increasing risk, are acceptable and would be considered to be in alignment with the Rule of Two. The one-on-one interaction between a coach and an athlete without another individual present, as depicted at the lowest stair in the diagram, is to be avoided in all circumstances.



4 Ethics Training

- 4.1.1 In order to increase coaches' ethical conduct and ethical behaviour toward athletes there is a requirement that all coaches be trained to understand what it means to act ethically. This training includes the Make Ethical Decisions module, which is a cornerstone of the National Coaching Certification Program (NCCP). By successfully completing the Make Ethical Decisions (MED) training, coaches will be fully equipped to handle ethical situations with confidence and surety. MED training helps coaches identify the legal, ethical, and moral implications of difficult situations that present themselves in the world of team and individual sport (See *-Section 2, Member Rights and Responsibilities Policy*, for coaching certification requirements).

5 Protection of Children

5.1 Saskatchewan Child Abuse Protocol

- 5.1.1 The [Saskatchewan Child Abuse Protocol](#) demonstrates a commitment by the Government of Saskatchewan to ensure that all efforts to protect children from abuse and neglect are integrated, effective and sensitive to the needs of children. To achieve this goal, all police, professionals and organizations are being asked to collaborate with the Government of Saskatchewan in an effort to prevent, detect, report, investigate and prosecute cases of child abuse and support children who have been abused. As agencies and organizations involved in the delivery of sport activities, the Ministry of Parks, Culture and Sport has asked Sask Sport to provide this information to the many community groups in our network who are working with children. Although there will be many people in our sport community who are familiar with, or who already using, programs that build awareness and resources to help keep kids safe, such as RespectED and Respect in Sport, we ask that you pass along this information to reinforce the protocol to ensure that instructors, coaches and leaders in our communities are aware of their "duty to report" suspicions of child abuse.

- 5.1.2 All forms of abuse identified are open to intervention according to The Child and Family Services Act, including:
- a) Physical Abuse
 - b) Sexual Abuse and Exploitation
 - c) Physical Neglect
 - d) Emotional Maltreatment
 - e) Exposure to Domestic or Interpersonal Violence
 - f) Failure to provide Essential Medical Treatment

5.2 External Reporting: Child Abuse and Misconduct

- 5.2.1 SSA shall require MO and entities to reinforce the [Saskatchewan Child Abuse Protocol](#) and all staff, organizers, coaches, referees and leaders must be aware of the obligations outlined in [The Child and Family Services Act](#) (Section 12, Subsection 1 and 4) which states that every person who has reasonable suspicion to believe that a child may be in need of protection shall report the information to a child protection worker, Ministry of Social Services, First Nations Child and Family Services Agency or Police officer.

Additional Guidance

Failure by any person to report suspected child abuse may result in legal or professional consequences.

Individuals are responsible for reporting concerns, not proving abuse.

Even if you believe someone else is reporting the situation, you still have a duty to report.

If a person learns about past child sexual abuse that is no longer occurring, they have a legal duty to report the abuse. The offender may still have access to other children and those children may be at risk.

5.3 Internal Reporting: Child Abuse and Misconduct

The information provided below is for use in a sporting environment and is not meant to be exhaustive or to replace legal advice. **Consult with child welfare, law enforcement and legal counsel if child abuse is alleged or suspected.**

- 5.3.1 Where the safety of children is a concern immediate action must be taken. If child abuse that involves a person within an SSA MO (coach, referee, senior player, board member staff, etc.) is suspected:

- a) All allegations or suspicions of potentially illegal behaviour must be promptly reported to police and/or child welfare.
 - i. Do not wait until you have all information before calling to report. Tell the child protection worker or police officer as much information as you know,
 - ii. Consult with child welfare about notifying the parents/guardians/caregivers, and,
- b) Consult with legal counsel
- c) Review – Section 3 - Code of Conduct & Ethics: Article 2. Code of Conduct to Protect Children
- d) Notify SSA for guidance:
- e) Notify the head of the organization.
 - i. The accused shall be immediately removed from ALL interaction with minors (including transporting minors) and all involvement in soccer as a spectator, organizer/volunteer, match official, or team personnel.
 - ii. All volunteers may be dismissed without rationale at any time should concerns arise that bring an individual’s actions towards minors into question. (refer to Section 4 – Article 1.2)
 - iii. Alternatively, SSA policy provides for immediate suspension pending a hearing if there are concerns that the actions by a person may put the safety of a minor at risk including, but not limited to, physical, sexual or emotional abuse. (refer to Section 4 – Article 1.6)
 - iv. If a staff person is suspected suspension without pay may occur until case is resolved.

Additional Guidance

Criminal processes can be complex and lengthy. A finding of not guilty may not necessarily mean that the abuse did not occur. Consult with a lawyer.

Document the outcome of the investigation on the incident report form. Document the results of the internal follow-up.

Legal guidance should be sought prior to suspension or dismissal.

For additional information: Refer to Section 3– Code of Conduct & Ethics – Article 2. Code of Conduct to Protect Children

6 Travel

During travel, athletes are often away from their families and support networks and the setting, including change rooms, training and competition facilities, vehicles, and hotel rooms is less structured and less familiar.

The purpose of a travel policy is to establish standards of behaviour and manage expectations of the organization as well as coaches and team personnel, players, and parents/guardians/caregivers.

- 6.1.1 Coaches, team personnel, and athletes must abide by the SSA Code of Conduct and Ethics as well as their MO's Code of Conduct at all times.
- 6.1.2 SSA approved travel permits are required for all teams participating in out of province and out of country tournaments and events (See the *Member Rights and Responsibilities Policy*).
- 6.1.3 When requested, coaches, team personnel, athletes, and parents/guardians/caregivers are to be provided with a copy of the travel policy in advance of traveling with a team.
- 6.1.4 All coaches and team personnel must be registered members and properly screened (as per Section 14) in advance of traveling with a team.
- 6.1.5 The 'Rule of Two' must always be adhered to during travel, meaning that no coach or team personnel should ever be alone with an athlete unless the coach or team personnel is the parent/guardian/caregiver or sibling. In all instances, one coach/volunteer must reflect the genders of the athletes participating or be of an appropriate identity in relation to the athlete(s).
 - a) Room checks, and team meetings and other activities should be conducted in an open and observable environment.
 - b) Athletes shall not be alone in a coach's vehicle without another person present.
 - c) During overnight team travel, if athletes' room with other athletes they shall be of the same gender identity, and similar age.
 - d) Coaches and team personnel shall not share a hotel room or other sleeping arrangement with an athlete unless the coach/team personnel is a parent, guardian, sibling, or spouse of that athlete.

Additional Guidance

Coaches and team personnel (including chaperones) should stay in rooms nearby to athletes and provide athletes with room numbers in case of emergency.

Curfews should be established by the team and/or organization for each day of the trip.

Athletes should remain with the team at all times during the trip unless permission is granted for supervised leave by coach or team personnel.

When visiting public places such as shopping malls, movie theatres, etc., athletes should stay in groups of no less than three people. Groups of athletes under the age of 12 should be accompanied by an adult.

7 Concussion Management

Concussion is an injury to the brain resulting in a disturbance of brain function involving thinking and behavior.

Concussions can be caused by a direct blow to the head or an impact to the body causing rapid movement of the head and movement of the brain within the skull.

Most concussions recover completely with correct management. Incorrect management of a concussion can lead to further injury. It is important that concussions are managed according to current policies and guidelines.

- 7.1.1 All concussions shall be regarded as potentially serious.
- 7.1.2 Anyone with any concussion symptoms following an injury must be immediately removed from playing or training and must not return to playing, or training for soccer in the same day.
- 7.1.3 Concussions are to be diagnosed and managed by health care professionals working within their scope of practice and expertise.
- 7.1.4 Concussions are managed by physical and brain rest until symptoms resolve. Return to education or work must take priority over return to playing soccer.
- 7.1.5 Concussion symptoms must have completely resolved, and medical clearance must be received before resuming training for or playing soccer.
- 7.1.6 The recurrence of concussion symptoms during a progressive exercise program requires removal from training or playing and reassessment by health care professionals.

1. Prevention

- a) Preventing concussion begins through the development of a concussion management plan and concussion education.
- b) MO should review the concussion management plan with coaches during the preseason meeting. Coaches should then present this information to athletes and parents/guardians/caregivers at the team's preseason meeting to ensure all are aware of the protocol which will be used.
- c) Athletes and coaches are reminded that the principle of fair play helps protect the participants from injury, including concussion, and should be adhered to at all times.
- d) MO may wish to conduct general pre-participation evaluations or baseline concussion assessments prior to athlete participation. This information may be used for comparison by healthcare professionals after a concussion has occurred.
 - General pre-participation evaluations can be conducted by team personnel utilizing the [Pocket Concussion Recognition Tool \(CRT\)](#).
 - Baseline concussion assessments should be performed by a healthcare professional.
- e) Each MO should determine the necessity and value of pre-participation evaluations and baseline concussion testing for their athletes.
- f) At minimum, all athletes must complete a medical information form prior to participation in soccer-related activities. This form should include any history of head injuries.
- g) Proper technique can help to prevent concussions. Coaches must promote sound fundamentals, use appropriate teaching progressions and focus on good technique to reduce the risk of injury.
- h) Respect for and proper enforcement of the rules can reduce the risk of injury. Good officiating and application of the Laws of the Game helps to protect athletes.

2. Recognize and be Vigilant

- i) Coaches, team personnel, athletes and parents/guardians/caregivers should be aware of the forces that cause concussion in athletes and be vigilant in recognizing signs and symptoms of concussion in an athlete who has suffered a blow to the head or body.
- j) Symptoms of concussion typically appear immediately but may evolve within the first 24–48 hours.
- k) All of our sport's participants (players, but also coach and team personnel) are at risk; however some soccer participants are at increased risk of concussion:
 - Children and adolescents (18 years and under) are more susceptible to brain injury, take longer to recover, and are susceptible to rare dangerous brain complications, which may include death.
 - Female soccer players have higher rates of concussion.
 - Participants with previous concussion are at increased risk of further concussions, which may take longer to recover.
- l) Failure to recognize and report concussive symptoms or returning to activity with ongoing concussion symptoms set the stage for:
 - Cumulative concussive injury
 - 'Second Impact Syndrome' - an athlete sustains a brain injury and while still experiencing symptoms (not fully recovered), sustains a brain injury, which is associated with brain swelling and permanent brain injury or death. Brain swelling may also occur without previous trauma.

- m) Recurrent brain injury is currently implicated in the development of Chronic Traumatic Encephalopathy.
- Chronic Traumatic Encephalopathy (CTE) is a progressive degenerative brain disease seen in people with a history of brain trauma. For athletes, the brain trauma has been repetitive. Originally described in deceased boxers, it now has been recognized in many sports. Symptoms include difficulty thinking, explosive and aggressive behavior, mood disorder (depression), and movement disorder (Parkinsonism).
- n) Everyone involved in the game (including side–line staff, coaches, players, parents and guardians of children and adolescents) should be aware of the signs, symptoms and dangers of concussion. If any of the following signs or symptoms are present following an injury the player should be suspected of having concussion and immediately removed from play or training:
- i. Visible Clues - any one or more of the following visual clues can indicate a concussion:
 - ii. Dazed, blank or vacant look
 - iii. Lying motionless on ground/slow to get up
 - iv. Loss of consciousness — confirmed or suspected
 - v. Unsteady on feet or balance problems or falling over or poor coordination
 - vi. Loss of consciousness or responsiveness
 - vii. Confused or not aware of play or events
 - viii. Grabbing, clutching, or shaking of the head
 - ix. Seizure
 - x. More emotional or irritable than normal for that person
 - xi. Injury event that could have caused a concussion
 - xii. What you are told by the player - the presence of any one or more of the following symptoms may suggest a concussion:
 - xiii. Headache Dizziness
 - xiv. Mental clouding, confusion, or feeling slowed down Trouble seeing
 - xv. Nausea or vomiting
 - xvi. Fatigue
 - xvii. Drowsiness or feeling like ‘in a fog’ or difficulty concentrating
 - xviii. ‘Pressure in head’
 - xix. Sensitivity to light or noise
 - xx. Questions to ask an Adult or Adolescent Player (Failure to answer any of these questions correctly is an indication of a suspected concussion.)
 - xxi. “What field are we at today?”
 - xxii. “Which half is it now?”
 - xxiii. “Who scored last in this game?”
 - xxiv. “What team did you play last?”
 - xxv. “Did your team win your last game?”
 - xxvi. Questions to ask Children (12 Years and Younger)
 - xxvii. “Where are we now?”
 - xxviii. “Is it before or after (last meal, i.e.: lunch)?”
 - xxix. “What is your coach’s/teacher’s name?”

3. Respond

- o) Team–mates, side–line staff, coaches, players or parents and guardians who suspect that a player may have concussion MUST work together to ensure that the player is removed from play in a safe manner.
- p) If a neck injury is suspected the player should only be removed by emergency healthcare professionals with appropriate spinal care training. Call 911. Activate your emergency action plan.
- q) More severe forms of brain injury may be mistaken for concussion. If ANY of the following are observed or reported within 48 hours of an injury, then the player should be transported for urgent medical assessment at the nearest hospital (symptoms below). Call 911. Activate your emergency action plan.
 - Severe neck pain
 - Deteriorating consciousness (more drowsy)
 - Increasing confusion or irritability
 - Severe or increasing headache
 - Repeated vomiting
 - Unusual behavior change (persistent irritability in younger children; increased agitation in teens)
 - Seizure
 - Double vision
 - Weakness or tingling / burning in arms or legs
- r) Anyone with a suspected concussion should not:
 - be left alone in the first 24 hours consume alcohol in the first 24 hours, and thereafter should avoid alcohol until free of all concussion symptoms;
 - drive a motor vehicle and should not return to driving until provided with medical or healthcare professional clearance;
 - Once safely removed from play the player must not be returned to activity that day.

4. Refer

- s) Concussion or more severe forms of brain injury are to be diagnosed by health care professionals within their scope of practice and expertise.
- t) In all cases of suspected concussion, it is recommended that the player be referred to a medical or healthcare professional for diagnosis and management advice, even if the symptoms resolve.

5. Report

- u) Communication between players, parents/guardians/caregivers, team staff and their health care providers is vital for the welfare of the players
- v) For children and adolescents with suspected concussion who have not been directly transferred for medical management, coaches must communicate their concerns directly with the parents/guardians.
- w) Players and parents/guardians must disclose the nature of, and status of any active injuries to coaches and team personnel.

6. Rest and Recover

- x) The management of a concussion involves physical and brain rest until symptoms resolve as recommended by your health care provider.
- y) In conjunction with your school and educational professionals and health care provider, recommendations will be made about whether it is appropriate to take time away from school, or whether returning to school should be done in a graded fashion, this is called 'return to learn'.
- z) Your health care provider will also make recommendations about whether it is appropriate to take time away from work, or whether returning to work should be done in a graded fashion, this is called 'return to work'.

7. Return to Soccer

- aa) In order for safe return to soccer following a concussion, the athlete must:
 - be symptom-free,
 - a for children and adolescents a further period of up to 10 days of asymptomatic rest may be recommended
 - be off treatments that may mask concussion symptoms (i.e. headache or sleep medication)
 - be cleared in writing by a qualified healthcare professional trained in evaluating and treating concussions
 - adults: have returned to normal education or work, and students: must have returned to school or full studies
 - have completed a graduated return to play protocol (see Article 10) without recurrence of symptoms
 - If symptoms recur during the graduated return to play protocol, the player must be immediately removed from playing or training and be reassessed by their healthcare practitioner promptly.
- bb) A player with an unusual presentation or prolonged recovery or a history of multiple recurrent concussions, should be assessed and managed by a healthcare provider with experience in sports-related concussions working within a multidisciplinary team.

Concussion Education and Resources

There are several educational resources available to members designed to help understand what a concussion is, how to recognize the signs and symptoms of concussion and respond appropriately, and the return to play protocol.

All team personnel are encouraged to take a concussion awareness training course prior to the start of each season, as new research is taking place and information is updated frequently.

Athletes and parents/guardians/caregivers are also recommended to take a concussion awareness training course as they play an important role in the management of concussions.

- [Making Head Way](#) is an eLearning module available through the Coaches Association of Canada.
- The [Sports Medicine and Science Council of Saskatchewan \(SMSCS\)](#) has developed a concussion information section on its website, which provides information on concussion education, prevention and management.
- The Coaches Association of Canada (CAC) has developed a series of [concussion awareness resources](#) as part of the Public Health Agency of Canada's Active & Safe initiative. These tools, as well as the award-winning "Making Head Way" eLearning modules are designed to help you gain the knowledge and skills required to ensure the safety of your athletes by being aware of the signs, symptoms, and what to do if a concussion occurs.
- The [Pocket Concussion Recognition Tool \(CRT\)](#), designed for use by non-healthcare professionals or the [Sport Concussion Assessment Tool \(SCAT5\)](#), designed for use by healthcare professionals can be used to evaluate the athlete and are available on the SSA website.



8 Injury Management and Return to Play

Injury Assessment Protocol

The following injury assessment protocols were developed as a part of the Canada Soccer/NCCP coach education program. Further information on the use of this protocol is available through the Canada Soccer community sport coaching courses.

Steps to Follow When an Injury Occurs

Note: it is suggested that emergency situations be simulated during practice in order to familiarize coaches and athletes with the steps below

<p>Step 1: Control the environment so that no further harm occurs</p> <ul style="list-style-type: none"> • Stop all participants • Protect yourself if you suspect bleeding (put on gloves) • If outdoors, shelter the injured participant from the elements and from any traffic 	
<p>Step 2: Do a first assessment of the situation</p> <p>If the participant:</p> <ul style="list-style-type: none"> • Is not breathing • Does not have a pulse • Is bleeding profusely • Has impaired consciousness • Has injured the back, neck or head • Has a visible major trauma to a limb • Cannot move his/her arms or legs or has lost feeling in them <p>If the participant does not show the signs above, proceed to Step 3</p>	 <p>Activate Emergency Action Plan?</p>
<p>Step 3: Do a second assessment of the situation</p> <ul style="list-style-type: none"> • Gather the facts by asking the injured participant as well as anyone who witnessed the incident. • Stay with the injured participant and try to calm him/her; your tone of voice and body language are critical. • If possible and if it does not cause risk to the participant, have the participant move himself/herself off the playing surface. Do not attempt to move an injured participant. 	
<p>Step 4: Assess the injury</p> <p>Have someone with first aid training complete an assessment of the injury and decide how to proceed.</p> <p>If the person trained in first aid is not sure of the severity of the injury or there is no one available who has first aid training, activate EAP. If the assessor is sure the injury is minor, proceed to Step 5.</p>	 <p>Activate Emergency Action Plan?</p>
<p>Step 5: Control the return to activity</p> <p>Allow the participant to return to activity after a minor injury only if there is no:</p> <ul style="list-style-type: none"> • Swelling • Deformity • Continued bleeding • Reduced range of motion • Pain when using the injured part 	
<p>Step 6: Record the injury on an accident report form and inform the parents.</p>	

Return to Play Protocol

- a) An athlete will not be permitted to return to play while still experiencing symptoms.
- b) An athlete will not be permitted to return to play without medical clearance from a healthcare professional.
- c) Once medically cleared by a healthcare professional, the athlete can begin the return to play protocol.
- d) The return to play protocol is a step-wise process that requires patience, attention and caution. Each step is a minimum of 24 hours. The protocol is as follows:

Step 1: No Activity, Only Complete Rest

- i. Limit school, work and tasks requiring concentration. Refrain from physical activity until symptoms are gone for a minimum of 24 hours. Once symptoms are gone, a healthcare professional, preferably one with experience managing concussions, should be consulted before beginning a step wise return to play process.

Step 2: Light Aerobic Exercise

- ii. Do activities such as walking or stationary cycling. The player should be supervised by someone who can help monitor for symptoms and signs. No resistance training or weight lifting. The duration and intensity of the aerobic exercise can be gradually increased over time if no symptoms or signs return during the exercise or the next day; however, there should be no cognitive load (e.g. responding to commands, linking tasks together, while limiting stimulus from the external environment like opponents) during this phase.
 - a Symptoms - Return to rest until symptoms have resolved. If symptoms persist, consult a healthcare professional.
 - b No Symptoms - Proceed to Step 3 the next day.

Step 3: Sport Specific Activities

- iii. Activities such as running can begin at step 3. There should be no body contact or other jarring motions such as high speed stops or kicking; however, cognitive loads can begin to be added during this phase.
 - a Symptoms - Return to rest until symptoms have resolved. If symptoms persist, consult a healthcare professional.
 - b No Symptoms - Proceed to Step 4 the next day.

Step 4: Begin Drills without Body Contact

- iv. During this phase, the cognitive load can be high (e.g. remembering plays, reacting to opponents, etc.)
 - a Symptoms - Return to rest until symptoms have resolved. If symptoms persist, consult a healthcare professional.
 - b No Symptoms - The time needed to progress from non-contact exercise will vary with the severity of the concussion and with the player. Proceed to Step 5 only after medical clearance.

Step 5: Begin Drills with Body Contact (i.e. Full practice)

- a Symptoms - Return to rest until symptoms have resolved. If symptoms persist, consult a healthcare professional.
- b No Symptoms - Proceed to Step 6 the next day.

Step 6: Game Play

9 Facility and Equipment Safety

9.1 Equipment Safety

9.1.1 From the [FIFA Laws of the Game, Law 4](#) pertains to the players' equipment and states:

- a) Safety - A player must not use equipment or wear anything that is dangerous to themselves or another player (including any kind of jewelry).

9.1.2 Law 4 outlines the basic compulsory equipment to include shin guards, which must be made of rubber, plastic or similar suitable material and must provide reasonable protection. As such, shin guards must be worn during all SSA sanctioned games.

9.2 Jewelry Policy

9.2.1 Players are not permitted to wear anything that is dangerous to themselves or other players. All items of jewelry (necklaces, rings, bracelets, earrings, leather or rubber bands, etc.) are strictly forbidden and must be removed.

- a) Using tape to cover jewelry is not acceptable.
- b) Medical alert bracelets may be worn but must be either made of velcro or similar soft material, or covered with a sweatband.
- c) Match officials are permitted to wear a watch or similar device for timing the match.
- d) Member Organizations must instruct all match officials to ensure that players are not participating wearing jewelry. Match officials failing to enforce this Law may be subject to discipline as outlined in the *Discipline Policy*.
- e) Member Organizations and entities must inform all participants that jewelry is forbidden and cannot be worn during a game. In addition, the jewelry policy should be included in all league and tournament rules.

9.3 Other Equipment & Head Covers

9.3.1 All items of clothing or equipment are subject to the inspection of the match official. Non-dangerous protective equipment, for example headgear, facemasks and knee and arm protectors made of soft, lightweight padded material is permitted as are goalkeepers' caps and sports spectacles.

- 9.3.2 Where head covers (excluding goalkeepers' caps) are worn, they must:
- a) be black or the same main colour as the shirt (provided that the players of the same team wear the same colour);
 - b) be in keeping with the professional appearance of the player's equipment;
 - c) not be attached to the shirt;
 - d) not be dangerous to the player wearing it or any other player (e.g. opening/closing mechanism around neck);
 - e) not have any part(s) extending out from the surface (protruding elements).

9.4 Cast Policy

- 9.4.1 Players may use equipment that has the sole purpose of protecting the individual physically, providing that it poses no danger to the individual or any other player.
- a) Modern protective equipment made of soft, lightweight, padded materials are not considered dangerous and are therefore permitted.
 - b) Hard plaster casts are considered to pose a danger to both the wearer and other players and are not permitted to be worn. The practice of padding a hard plaster cast does not reduce the element of danger.
 - c) Players wearing a soft, lightweight, cast will be permitted to play if the cast does not present a danger to the individual or any other player.
 - d) Any player who uses a cast with the intent to intimidate or injure an opponent shall be sent off.
- 9.4.2 The match official or supervisor of officials (if one has been appointed to the match/tournament) will make the final decision as to the acceptability of any cast.

9.5 Insulin Pump Policy

- 9.5.1 An insulin pump is designed to ensure that the player maintains a proper blood glucose level during the game. An extended period without infusion of insulin may result in hyperglycemia (excess sugar in the blood).
- 9.5.2 Law 4 states that a player may not use equipment that is dangerous to themselves or another player. This is further expanded upon in the interpretations of the Laws of the Game whereby it is advised that player may use equipment that has the sole purpose of protecting the individual physically providing that it poses no danger to the individual or any other player.
- 9.5.3 A player wearing an insulin pump because of a medical condition is permitted to play providing they have received written medical clearance and are able to provide the match official with a note indicating such. The pump itself must not present a danger to the individual or any other player.

9.6 Lightning Policy

- 9.6.1 In games, the match official has the authority over delaying or restarting a match due to weather. Waiting to stop play or not waiting to start or re-start play may result in a serious injury or loss of life. Match officials are expected to act responsibly when dealing with such events during games they are controlling.
- 9.6.2 If you can hear thunder, you can get hit by lightning. As soon as you hear thunder, quickly get to a safe location. More people are struck before and after a thunderstorm than during one. Stay inside for 30 minutes after the last rumble of thunder.
- 9.6.3 The '30/30 Rule' or 'Flash to Bang' methods are no longer recommended by Environment Canada and are not to be used by match officials, team personnel, or participants.
- 9.6.4 To plan for a safe day, check the weather forecast first. If thunderstorms are forecast, avoid being outdoors at that time or make an alternate plan. Identify safe places and determine how long it will take you to reach them.
- 9.6.5 Be aware of how close lightning is occurring. Thunder always accompanies lightning, even though its audible range can be diminished due to background noise in the immediate environment and its distance from the observer.
- 9.6.6 When larger groups are involved, the time needed to properly evacuate an area increases. As time requirements change, the distance at which lightning is noted and considered a threat to move into the area must be increased.
- 9.6.7 Know where the closest "safe structure or location" is to the field or playing area and know how long it takes to get to that safe structure or location.
- A safe location is a fully enclosed building with wiring and plumbing. Sheds, picnic shelters, tents or covered porches do NOT protect you from lightning.
 - Avoid using shower facilities for safe shelter and do not use the showers or plumbing facilities during a thunderstorm.
 - In the absence of a sturdy, frequently inhabited building, a vehicle with a hard metal roof (not a convertible or golf cart) and rolled-up windows can provide a measure of safety. A vehicle is certainly better than remaining outdoors. It is not the rubber tires that make a vehicle a safe shelter, but the hard metal roof which dissipates the lightning strike around the vehicle. Do not touch the sides of any vehicle!
 - If no safe structure or location is within a reasonable distance, find a thick grove of small trees surrounded by taller trees or a dry ditch. Assume a crouched position on the ground with only the balls of the feet touching the ground, wrap your arms around your knees and lower your head. Minimize contact with the ground because lightning current often enters a victim through the ground rather than by a direct overhead strike. Minimize your body's surface area and the ground! Do not lie flat!
 - If unable to reach safe shelter, stay away from the tallest trees or objects such as light poles or flag poles), metal objects (such as fences or bleachers), individual trees, standing pools of water, and open fields. Avoid being the highest object in a field. Do not take shelter under a single, tall tree.

- f) Do not handle electrical equipment, telephones or plumbing. These are all electrical conductors. Using a computer or wired video game system, taking a bath or touching a metal window frame all put you at risk of being struck by lightning. Use battery-operated appliances only.

9.6.8 First aid for lightning victims:

- a) Prompt, aggressive CPR has been highly effective for the survival of victims of lightning strikes.
- b) Lightning victims do not carry an electrical charge and can be safely handled.
- c) Call for help. Victims may be suffering from burns or shock and should receive medical attention immediately. Call 9-1-1 or your local ambulance service.
- d) Give first aid. If breathing has stopped, administer cardio-pulmonary resuscitation (CPR). Use an automatic external defibrillator if one is available.

9.7 Blood Policy

- 9.7.1 If bleeding occurs where other participants may be exposed to blood, the individual's participation must be interrupted until the bleeding has been stopped. The wound must be cleansed with antiseptic and securely covered.
- 9.7.2 All clothing soiled with blood must be replaced prior to the athlete resuming training or competition. Clothing soiled with blood and other body fluids must be washed in hot, soapy water.
- 9.7.3 If an athlete leaves the field, has their injury treated and covered and wishes to re-enter the match in another, differently numbered jersey, that replaces a blood-stained jersey, they may re-enter only after the match official has been advised of the change of number.
- 9.7.4 All equipment and surfaces contaminated with blood and other body fluids should be cleaned with a solution of one part household bleach to nine parts water. This solution should be prepared fresh daily. This is particularly important on the artificial turf of indoor arenas.
- 9.7.5 While cleaning blood or other body fluid spills, the following must be done:
 - a) Wear waterproof gloves
 - b) Wipe up fluids with paper towels or disposable cloths
 - c) Disinfect the area
 - d) Place all soiled waste in a plastic bag for disposal
 - e) Remove gloves and wash hands with soap and water
- 9.7.6 Other wounds must be reviewed by medical personnel, including abrasions and all skin lesions and rashes on athletes, team personnel and match officials. All wounds, skin lesions and rashes must be confirmed as non-infectious and be securely covered prior to the athlete starting or continuing participation.

9.8 Field and Facility Safety

Team personnel are responsible for the welfare of their players during soccer activities. In conjunction with the team personnel, match officials assume responsibility for safety of players in games. Everyone (team personnel, match officials, parents/guardians/caregivers, and players themselves) should share in the responsibility to ensure that the fields used for playing soccer are safe in order to minimize injuries and ensure the safe participation of players.

- 9.8.1 Prior to each practice, game or organized activity, team personnel shall inspect the playing surface and surrounding area for safety. Canada Soccer has developed a field inspection sheet to assist team personnel with this process. This check should include the following:
- a) Ensure the playing surface is regularly maintained and free of holes, divots, ruts and hills. The risk of injury is increased when playing on an uneven or poorly maintained surface.
 - b) Ensure the playing surface is free of foreign objects. If the field has an in ground sprinkler system, ensure sprinkler heads are flush with the ground and do not pose a danger to the players.
 - c) Ensure the area around the field is free of obstacles. All obstacles, equipment or spectators must be a safe distance from the edge of the field.
 - d) Ensure the goal posts are safe.
- 9.8.2 Any hazard should be removed. If it is not possible to remove the hazard, it should be filled or covered. In the event that the hazard cannot be removed, covered or filled, it should be clearly identified to the players.
- 9.8.3 If the playing surface and surrounding area is not safe for the participants, games, practices and other soccer activities must be cancelled and the concerns should be documented on the Field Inspection Sheet and shared with the facility manager in order to ensure they are properly corrected.

9.9 Portable Goal Safety

Many serious injuries and fatalities have occurred as a result of unsafe or incorrect use of portable goals. Safety is always of paramount importance and everyone in soccer must play their part to prevent similar incidents occurring in the future.

- 9.9.1 For safety reasons, goalposts of any size (including those which are portable and not installed permanently at a pitch or practice field) must always be anchored securely to the ground.
- 9.9.2 Particular attention is drawn to the fact that if not properly assembled and secured, portable goalposts may topple over.

- 9.9.3 In order to prevent portable goalposts from toppling forward, the following precautions should be taken:
- a) Always follow manufacturer's guidelines in assembling goalposts
 - b) Portable goalposts must be secured by the use of chain anchors or appropriate anchor weights
- 9.9.4 Before use, team personnel should test the goals for safety using the following the guidelines:
- a) Ensure each goal is anchored securely in its place
 - b) Exert a significant downward force on the cross bar
 - c) Exert a significant backward force on both upright posts
 - d) Exert a significant forward force on both upright posts
 - e) Repeat steps b-d until it is established that the structure is secure, if not, alternative goals/pitches must be used
- 9.9.5 It is essential that under no circumstances people be allowed to climb, swing on or play with the structures of the goalposts.
- 9.9.6 Portable goalposts should not be left in place after use. They should be dismantled and removed to a place of secure storage.
- 9.9.7 It is strongly recommended that nets should only be secured by plastic hooks or tape and not by metal cup hooks. Any metal cup hooks should, if possible, be removed and replaced. New goalposts should not be purchased if they include metal cup hooks which cannot be replaced.
- 9.9.8 Goalposts which are 'home-made' or have been altered from their original size or construction shall be used. These have been the cause of a number of deaths and injuries.

Additional Guidance

For additional information on portable goal safety, please refer to the Kwik Goal safety booklet & checklist at <https://kwikgoal.com/safety-resources/>

9.10 Extreme Heat Event (EHE) Activity Guidelines

Extreme Heat Event (EHE) Activity (0522)

PURPOSE

This document is provided as a guideline to support decisions on whether a game should be modified, postponed or cancelled as result of heat concerns. It provides information that members are encouraged to consider in assessing Extreme Heat Events (EHE) at local fields and raises awareness of participant health and safety considerations.

EVENT CONSIDERATIONS

1. Member Organizations have the right to cancel all sanctioned soccer activity for their respective members based on their assessment of EHE's.
2. Once at a field, if no Member Organization contact is present, it is the responsibility of the respective coaches to monitor local temperatures and consult with the Match Official to determine the status of the game.
 - The Match Official reserves the right to cancel a match based on their assessment of the Extreme Heat Event Activity Guide.
3. Check information on local radio or TV or go to <https://www.theweathernetwork.com/ca> and find your specific location.
4. Check the current temperature with specific focus on the “feels like” temperature which accounts for the humidex.
5. Turf - While playing on turf, the temperature feels higher at ground level. Wind speed and cloud cover can also play a role. While there is no official source/research supporting the above information, keeping safety of participants as a main deciding factor, will support the decision of the Match Official or Organizer. The Match Official reserves the right to cancel a match based on their assessment of the Extreme Heat Event Activity Guide at a temperature even lower than the above table when games are played on turf or other surfaces that may absorb/release heat.
6. Review to the *Extreme Heat Events (EHE) Activity Chart* for appropriate Activity Modifications.

Humidex Value	Discomfort at rest	Risk of overheating	Activity Modification
Below 24 C	None	Low	N/A
25 to 29 C	None	Low to Moderate	N/A
30 to 34 C	Some	Medium – athletes should be monitored	Games – water breaks every 25 minutes Practices – at reduced length
35 to 39 C	High	High – athletes should be monitored	Games – water breaks every 25 minutes Practices – at reduced intensity
40+ C	Extreme	Extreme	Cancelation

APPENDIX

PARTICIPANT CONSIDERATIONS

Other factors to consider in determining risk to participants include, but are not limited to:

- Not being acclimatized
- Age & Fitness Level (Unfit)
- Hypo hydration
- Hyper hydration
- Use of a variety of medications or supplements Persons with persistent, disabling mental illness
- Certain medical conditions (cardiac, lung)

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

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

POTENTIAL RISKS OF EXTREME HEAT EVENTS (HEAT EXPOSURE)

1. Heat Cramps - these are the mildest form of heat trauma and are commonly related to low body sodium and chloride levels.
 - Signs & Symptoms include - weakness, muscle cramps, collapse with low blood pressure.
 - Treatment - is aimed at replacing the salt loss and can be oral or by intravenous if vomiting is a problem. Having athletes put a little extra salt on their food the day before and day of game can be a helpful way to avoid this condition.
2. Heat Exhaustion - this is a more severe medical event as follows.
 - Signs & Symptoms include - weakness, irritability, collapse, unable to sweat adequately to promote body cooling, may proceed in the more ominous heat stroke and a fine rash is often present.
 - Treatment - remove athlete to a cooler environment, use ice baths, fans.
3. Heat Stroke - THIS IS A MEDICAL EMERGENCY - it is due to a failure of the heat-controlling mechanism. It may occur merely as a result of exposure to heat.

- Signs & Symptoms include - mental confusion, headache, poor coordination, delirium, convulsions and death. The body temperature may be 106 F or 40.5 C or higher, the skin is usually hot and dry as the sweating mechanism has failed.
- Treatment - Call 911 and transport to a local Hospital. Rapid cooling is the goal using wet towels, spray mist, sponge baths and removal from the heat. This condition could cause the athlete to go into shock and coma may follow so immediate medical attention is required.

9.11 Air Quality Monitoring Guidelines

Air Quality Monitoring (0522)

PURPOSE

This document is provided as a guideline to support decisions on whether a game(s) should be cancelled due to concerns with Air Quality.

It also provides information that Members are encouraged to consider in assessing air quality at local fields and raises awareness of potential participant health and safety considerations.

BACKGROUND INFORMATION

- The Air Quality Health Index (AQHI) is a web-based, risk management tool, which describes a local reading of air quality as it relates to human health.
- While the Index number for a location can rise into the triple digits (Fort McMurray in 2016 peaked at over “180”) the AQHI treats anything above 10+ as “Very High” with health messages issued for the “general public” and “at risk” populations to reschedule all outdoor activities – strenuous or not.
- Soccer is considered a high exposure sport, regarding air quality. AQHI 7 or above are seen as high risk and soccer is a strenuous activity:
 - SSA and the Health Canada AQHI Index recommend that for strenuous activities like soccer, events should be rescheduled for any AQHI 7 or above.
- Individuals tend to rely on sensory perception to evaluate air quality when, in fact, the pollutants that present the greatest harm to human health are difficult to see or smell (e.g. ground level ozone).
- It is neither possible nor desirable to acclimatize athletes to air pollution. The US Olympic Committee recommends that when competing in high pollution areas the best strategy for training is alternative sites. “Stay away from air pollution.”

PROCEDURE TO DETERMINE WHETHER OR NOT TO PROCEED:

1. **Be aware of weather and other conditions:**
 - Current forest fires that may impact your location

- Local burning of stubble on fields – these can increase particulate matter in the air without impacting the AQHI for a city.
- Sudden and dramatic changes in wind strength and direction.
- Proximity of any major road or highway or any industrial areas or other significant emission sources.

2. Check the AQHI Online

- Review & Understand - [How to use the Air Quality Health Index](#)
- Go to [Saskatchewan - Air Quality Health Index - Provincial Summary](#) for Saskatchewan specific data
- Note the location, time, and date, and Index calculation.
 - If no values are shown or for other locations, go to <https://www.theweathernetwork.com/ca> and select your location. Local radio & TV may also be used as resources.
 - Updates usually occur hourly (at the top of the hour). Use the index calculation that is within one hour of scheduled kick-off or practice time.
- See Step 3 (Games) and Step 4 (practices) for next steps

3. Games

- At game time, if the AQHI is 7 or above at game time the teams involved, and the Match Official shall consider either delaying kick-off or cancelling the game.
- The Match Official reserves the final right to cancel any game if they consider it to be dangerous, regardless of AQHI scores.
- In the event the game is cancelled, the Match Official is to write on game sheet reason for abandonment with the Index calculation and time & date of the calculation
- If air quality changes dramatically during a game (e.g. sudden smoke event caused by wind direction change) Match Officials and team personnel are advised to use their discretion. Record all decisions and relevant information on the game sheet.

4. Practices

- If air quality is 3 or below continue with training as normal.
- If air quality is an index of 4 – 6 then be prepared to adjust the practice by:
 - Reducing the intensity.
 - Reducing the duration of the practice.
 - Providing resting periods.
- If air quality is 7 or above reschedule.

Appendix

PARTICIPANT CONSIDERATIONS:

- Exercise-Induced Bronchospasm (EIB) is a sudden narrowing of the airways in response to vigorous exercise. It may occur in some individuals who have no pre-existing diagnosis of asthma. Most obvious symptoms of EIB include wheezing, prolonged shortness of breath, tightness in chest, coughing, extreme fatigue, and chest pain.
- Asthma sufferers should have their asthma under control before exercise (no coughing, shortness of breath, wheezing, etc.) and no other respiratory concerns (common cold, etc.). According to studies, asthma is now twice as prevalent in elite athletes as the general population. Symptoms of severe asthma emergency include: struggling to breathe, rescue inhaler does not help, cannot speak/finish sentences, nostrils flaring out, fainting, severe fatigue, blue lips and nails, and unconsciousness.

References and Links:

Government of Saskatchewan, Air Quality:

<https://www.saskatchewan.ca/residents/environment-public-health-and-safety/public-health-advisories/air-quality>

Sport Medicine and Science Council of Manitoba (2013). *AQHI – Use in Sports*. Ironstone Digital.

Retrieved from:

<https://itunes.apple.com/ca/book/aqhi-use-in-sports/id603363086?mt=11>

Alberta Soccer Air quality guidelines:

<https://albertasoccer.com/wp-content/uploads/2016/11/Alberta-Soccer-Air-Quality-Monitoring-Guidelines-November-2016.pdf>

9.12 Emergency Action Plan Guidelines

Emergency Action Plan

- 9.12.1 An Emergency Action Plan (EAP) is a plan team personnel (see Safety Person) design to help them respond in a responsible and clear-headed way if an emergency occurs.
- 9.12.2 An EAP should be prepared for the facility or site where MOs normally hold practices and for any facility or site where MOs regularly host competitions. For away competitions, ask the host team or host facility for a copy of their EAP.
- 9.12.3 An EAP can be simple or elaborate. It should cover the following:
- a) Designate in advance who is in charge if an emergency occurs.
 - b) Have a cell phone with you and make sure the battery is fully charged. If this is not possible, find out the exact location of a telephone you can use at all times.
 - c) Have emergency telephone numbers with you (facility manager, superintendent, fire, police, ambulance), as well as athletes' contact numbers (parents/guardians, next of kin, family doctor).

- d) Have on hand a medical profile for each athlete so that this information can be provided to emergency medical personnel. Include in this profile signed consent from the parent/guardian to authorize medical treatment in an emergency.
- e) Prepare directions for Emergency Medical Services (EMS) to follow to reach the site as quickly as possible. You may want to include information such as the closest major intersection, one-way streets, or major landmarks.
- f) Have a first-aid kit accessible and properly stocked at all times (all coaches are strongly encouraged to pursue first-aid training).
- g) Designate in advance a call person: the person who makes contact with medical authorities and otherwise assists the person in charge. Be sure that your call person can give emergency vehicles precise directions to your facility or site.

9.12.4 Safety Person

- h) In addition to and in support of the emergency action plan, it is recommended that every team identify a member of their team personnel to serve as the 'safety person'. The safety person is primarily responsible for ensuring safety during all soccer-related activities, both on and off the field.
- i) All safety persons should utilize a proactive, preventative approach to safety while being prepared to react in the event of accidents, injuries or medical emergencies
- j) As a safety person and team personnel you must play a leadership role in implementing effective risk management programs with your own teams, enhancing the safety of players and all involved in soccer:
 - Implement an effective risk management and safety strategy with your team that strives to prevent injuries and accidents before they happen.
 - Assume a proactive role in identifying and minimizing or eliminating risks during all activities, and if ever in doubt, always err on the side of caution.
 - Promote and reflect the values of fair play and strive to instill these values in all participants and others involved in soccer.
 - Ensure that all players are provided with meaningful opportunities and enjoyable experiences free from physical and/or emotional maltreatment.
 - Conduct regular checks of players' equipment to ensure proper fit, protective quality and maintenance, and advise players and parents regarding the selection or replacement of equipment.
 - Conduct regular checks of team equipment to ensure it is in good condition and advise the head coach and organization if equipment requires replacement.
 - Conduct a safety check of the playing facility in advance of all soccer-activities to ensure it is safe, well-maintained, and in good condition (see Section 11.1).
 - Promote proper conditioning, warm-up, and cool down techniques as effective methods of injury prevention.
 - Maintain accurate medical information files on all players and team personnel and bring these to all team activities.
 - Maintain a player injury log.
 - Maintain a fully stocked first aid kit and bring it to all team activities.
 - Implement an effective emergency action plan with your team and practice it regularly to ensure all involved understand their roles and are prepared to act promptly when an incident occurs.
 - Recognize life-threatening and significant injuries and be prepared to deal with serious injury.

- Manage minor injuries according to basic injury management principles and refer players to medical professionals when necessary.
- Recognize injuries that require a player to be removed from action. Refer players to medical professionals and coordinate return to play.
- Promote a healthy lifestyle with all participants by being a good role model and by educating participants regarding hygiene, performance– enhancing substances, drug and alcohol abuse, nutrition and hydration.
- Facilitate communication with players, team personnel, parents/guardians/caregivers, physicians, therapists, paramedical personnel, officials and other volunteers regarding safety, injury prevention and player’s health status.
- Act as a safety person for both your team and your opponents if only one safety person is present.
- To support the responsibilities of the safety person, it is recommended that the identified individual have valid first aid and CPR training and complete the NCCP Making Head Way module focusing on concussion education.

9.12.5 or an EAP checklist and EAP template, refer to the SSA website.

10 Anti-Doping

10.1.1 SSA will comply with measures or sanctions as outlined within the FIFA Laws of the Game, Canada Soccer Code of Conduct and Ethics, Canada Soccer Rules and Regulations, Canadian Anti-Doping Policy, FIFA Anti-Doping Regulations and any/all Canada Soccer Competition Regulations.

10.1.2 Refer to Section 3 for doping violations that breach the SSA Code of Conduct and Ethics.

10.2 Additional Guidance

The Canadian Centre for Ethics in Sport

Canadian Centre for Ethics in Sport (CCES) is the custodian of the [Canadian Anti-Doping Program \(CADP\)](#); the set of rules that govern anti-doping in Canada.

The CCES recommends that athletes take the following actions to ensure they don’t commit an inadvertent anti-doping rule violation:

- Know your rights and responsibilities as an athlete regarding anti-doping.
- Always comply with a testing request if you are notified for doping control.
- Check all medications and products before taking them to ensure they do not contain ingredients that are banned.
- Verify your medical exemption requirements.
- Do not take supplements, but if you do, take steps to minimize your risk.

- Sign up to receive CCES media releases and advisory notes.

Additional resources and information

- The CCES Athlete Zone [Athlete Zone | Canadian Centre for Ethics in Sport \(cces.ca\) is a hub of resources](#) and information for athletes and their support personnel.
- The [Global DRO](#) provides athletes and support personnel with information about the prohibited status of specific substances based on the current World Anti-Doping Agency (WADA Prohibited List).
- Read more about the Canadian Anti-Doping Program.
- The [World Anti-Doping Agency](#) works towards a vision of a world where all athletes compete in a doping-free sporting environment.

CCES E-Learning:

The CCES has developed online education modules that focus on the anti-doping program, including information about banned substances and methods, the sample collection process and the whereabouts program. E-learning can be completed at www.cces.ca and includes the following modules:

- True Sport Clean 101
- Role of the Athlete Support Personnel Course. For additional resources and more about anti-doping, please contact the CCES

Email: info@cces.ca

Call toll-free: 1-800-672-7775

Online: www.cces.ca/athletezone

[Report doping via the Report Doping Hotline](#)

Call toll-free: 1-800-710-CCES

Online: www.cces.ca/reportdoping

11 Recruitment and Scouting

11.1 Policies for Recruiters

- 11.1.1 Upon receiving consent from a coach or team administrator, recruiters can approach players at the completion of a match. Any approach made to a player must be in the presence of a coach, team personnel, or parent/guardian.
- 11.1.2 Once an athlete has formally committed to a club, college or university, that individual is no longer available to be recruited by other clubs or institutions.

Additional Guidance

- All college and university recruiters should provide advance notification of their attendance to the event organizers.
- All registered scouts should receive accreditation and information packages upon their arrival at the competition.

11.2 Policies for Team Personnel and Players

- 11.2.1 Team personnel shall educate players and parents/guardians/caregivers on the standard recruitment practices.
- 11.2.2 Team personnel shall not prevent the recruiters from contacting their players however, team personnel, in consultation with parents/guardians/caregivers, do reserve the right to dictate or limit the amount of contact the recruiter has with their players.
- 11.2.3 Should a player be approached by a recruiter without consent from a coach/team personnel, the player is responsible for informing their coach/team personnel of the meeting.

11.3 Policies for Event Organizers

- 11.3.1 Event organizers reserve the right to deny access to recruiters who are deemed to have broken the scouting and recruiting policies.

12 Screening

12.1 Screening

Participant protection is morally, ethically and legally necessary. SSA and its MO must be diligent to provide a safe environment for members, volunteers, participants and staff regardless of where they enjoy soccer in Saskatchewan.

Organizers of soccer have a legal duty of care to safeguard against suspected or known abuse, neglect or unsafe practices and to provide protection against known child abusers or people with serious criminal records.

- 12.1.1 SSA Member Organizations are required to adopt and implement screening policies and practices within their organizations that meet the standards set by SSA and Canada Soccer.

Screening Guidelines (0622)

Implementation of screening policies and practices:

- **Reduces the risk of harm to vulnerable participants in SSA activities**
- **Will help minimize liability** for volunteer directors and officers at all levels of SSA

- Is part of sound financial management and good human resources management; ensuring people are in positions best suited to them and the organization.

Screening is a best practice in support of these stated goals and principles; it involves a multi-step process to assess individuals who are in positions of trust or authority. There are 10 Steps of Screening outlined on the Volunteer Canada's website which give clear guidelines for developing screening policies. See <https://volunteer.ca/screening> for further details. Some of those steps are outlined herein:

➤ **Develop a clear job description and posting for each position in your organization:**

Be specific about the duties associated with the position, including key responsibilities, performance criteria, and accountability, lines of reporting, and the level and type of contact with children. Consider the qualifications required for the position including both interpersonal skills (the ability to interact with others) and values, attitudes, and beliefs (e.g. understanding of appropriate behaviour, knowing how to interact with children in a healthy way, etc.), as well as professional knowledge (certification, experience, etc.)

➤ **Establish a formal application and recruitment process**

Have the candidate complete a job application, including:

- A screening disclosure form
- A release to allow the organization to contact the candidate's direct supervisor at the most recent organization with whom the candidate has worked/volunteered and permission for that individual to release information on the candidate's interactions with children
- Interview the candidate
- Check references

➤ **Conduct Record Check screening** – mandatory for all SSA MO – See Article 12.2

Please be aware - there are different levels of Police Record Checks available, Police Record Check or EPIC, and as necessary Vulnerable Sector Checks.

The SSA will accept either an Enhanced Police Information Check (E-PIC) or Police Record Check.

The information below describes which level of check is appropriate.

Vulnerable Sector Checks

A **Vulnerable Sector Check (VSC)** is required when a person is working with vulnerable populations. Be advised: Vulnerable Sector checks are the most intrusive of criminal history checks because they grant access to information which is protected by the Privacy Act, Access to Information Act and the Identification of Criminals Act. With so many pieces of legislation involved, policies surrounding their use are very strict and specific.

A **VSC** may **ONLY** be requested for a person who wishes to take a volunteer or paid position working with children, the elderly, people with disabilities, or another vulnerable group. The position must be one of direct care, authority, or trust, and in an unsupervised setting.

- The individual must be provided with a letter and job description that meets police requirements.

The RCMP website states: “The **duties** of a position **MUST clearly illustrate how a person will have care and authority over a person in the vulnerable sector category...**” **Applicants must provide a letter and job description which clearly explains how the position’s duties meet the criteria for a VS check.**” ...“The specific duties of a position dictate whether a VS check is required. It is illegal to complete one if those duties do not meet the criteria.”

It goes on to say:

- Only individuals requiring a VSC may request this information from the police; organizers cannot make that request to the Police on behalf of an individual or group of individuals.
- Each VSC is specific to the job description that was presented and is not transferable.
- Only the police service of jurisdiction where the applicant lives may conduct a VSC and they will assess the position before conducting the check.
- Should this type of check be requested, and the position not meet the requirements, the check may not be completed.

Further information is available [here](#) or from your local RCMP

VSC may also include a search of pardoned [Schedule 1 Offences](#), depending upon the age of the candidate.

- Generally, **the youngest possible date of birth belonging to a person with a pardoned Schedule 1 offence is March 12, 1994.**
 - a. Therefore, **any search for pardoned Schedule 1 offences on a candidate born after March 12, 1994, is not required.**
- The federal government passed legislation in 2012 preventing anyone from obtaining a pardon for any sexual Schedule 1 offences going forward.

However:

- **Individuals who have been convicted of a Schedule 1 offence before the ruling in 2012 can still receive a pardon** as the new legislation is not applicable retroactively.
- Alternatively, **individuals who have been convicted of a Schedule 1 offence after the ruling in 2012 are able to acquire a record suspension**, but have to meet 3 standards:
 - There was no violence or coercion involved in the crime;
 - The offender was not in a position of trust or authority;
 - The age difference was not more than 5 years.

Source: <https://www.canada.ca/en/parole-board/services/record-suspensions/step-6-complete-the-schedule-1-exception-form.html>

- Anyone who has provided a VSC with a ‘clear’ result in the past 5 years would be exempt from requiring a new VSC.

Enhanced Police Information Check (E-PICs) can be obtained for SSA Members via Sterling BackCheck. The E-PIC Consists of Two Components:

- Criminal Record Check (CRC) - A search of adult convictions held within the RCMP National Repository of Criminal Records.

- Local Police Information (LPI)/ Judicial Matters Check – searches of additional convictions outside of the National Repository and Judicial Matters as reported by local police jurisdictions.(such as charges, warrants for arrest, etc).

Enhanced Police Information Check (E-PIC) can be obtained from the SSA on the www.Mybackcheck.com platform.

➤ **Complete a new employee/volunteer orientation**

All new employees/volunteers should receive orientation. This should include but not be limited to training in organizational policies and procedures relating to safety, a clear explanation of the Code of Conduct and appropriate versus inappropriate interactions between adults and children, and the internal and external reporting processes.

➤ **Ensure proper supervision**

Supervision is key to reducing the likelihood that children will be victimized and is one of the most critical ways to ensure your organization is safe. Establishing a probationary or trial period is a good way for the organization to assess whether a new employee/volunteer is the right fit. The goals of effective supervision are to:

- a. Support and motivate while developing an employee/volunteer’s skill set
- b. Communicate the culture, values, and objectives of the organization
- c. Provide guidance, feedback, and coaching
- d. Foster accountability
- e. Communicate key information
- f. Detect misconduct and prevent child maltreatment

12.2 Police Record Check Screening

12.2.1 The following individuals are required to complete a PRC:

- a) All SSA and SSA Member Organization staff and volunteers (coaches, team personnel, instructors, gender representative personnel and chaperones or others) in a supervisory role representing SSA at in province or out of province events
- b) All SSA and SSA Member Organization coaches and team Personnel for youth and mini teams.
- c) If a youth team is playing in an adult league, all team personnel must meet all PRC requirements that they would if playing in a youth league.
- d) MO should consider PRCs and screening for team personnel for teams that have vulnerable participants or for adult teams with youth participants.

- 12.2.2 Requirements for 'Police Records Checks' (PRC) are determined based on the level of engagement with youth and vulnerable persons: (0622)
- a) a Criminal Records Check (CRC) with Vulnerable Sector Verification (VSC) is **required for persons in direct supervisory roles** with youth or vulnerable persons, **born before March 12, 1994, and can only be obtained from the Police.**
 - b) A Police Record Check, or Enhanced Police Information Check (E-PIC), without vulnerable sector check is required for:
 - i. **persons in direct supervisory roles with youth or vulnerable persons, born after March 12, 1994, or,**
 - ii. **anyone who has provided a VSC with a 'clear' result in the past 5 years,**
CLARIFICATION: Once an individual has provided a VSC it is only necessary to provide a new VSC if it has been more than 2 years since completing an E-Pic or PRC, since any new crimes committed would be confirmed by an E-Pic or PRC.
or,
 - iii. **other persons who are not in direct supervisory roles** with youth or vulnerable persons.An E-PIC can be obtained from the SSA via the Mybackcheck.com platform.

12.2.3 Adults with physical, mental, or emotional disabilities are more vulnerable than other adults because they are not as independent. They may have a hard time making decisions. Or they may have problems controlling their behaviour. Along with older adults, these vulnerable adults have a higher risk of being abused by others. MO should consider PRCs and screening for team personnel for teams that have vulnerable participants.

12.2.4 One Team personnel for any team where a youth is registered as the head coach, in this case the youth cannot be asked to complete the check and therefore the team must also have an adult coach/manager and that adult must have completed a PRC.

12.2.5 Any other individuals may be screened at the discretion/request of the SSA Executive Director or Director of Soccer, President of the Member Organization or their designate.

12.2.6 Volunteers and staff new to Canada must have a completed PRC from their previous country of residence (translated) and an up-to-date CV/resume that meets Canadian standards.

12.3 Police Record Check Implementation

12.3.1 Screening including the completion of a PRC, with respect to both charges and occurrences, must be completed prior to the starting date of duties except where fingerprints are requested, in which case, at the discretion of the organization, the individual can commence duties, pending the successful completion of the process.

12.3.2 Verification: Upon receiving a PRC from a police service the applicant shall confirm completion by presenting the original document to the organization; the administrator shall record the file number (if any) and date issued. If an E-PIC is issued, the MO will have access to the digital document.

- 12.3.3 The cost of a PRC is the responsibility of the applicant. Allowances may be made where financial need has been established, or at the discretion of the organization, for the cost to be reimbursed.
- 12.3.4 A PRC will be valid for a period of 2 years from the date of issue, unless information is presented to the Executive Director/Director of Soccer or Member Organization President which shows that there are reasonable grounds for another police record check to be required prior to expiry.
- 12.3.5 As a result of screening procedures or a PRC that indicates a previous criminal conviction, organizations will have the authority to request further information from the person about the nature and circumstances of the conviction in order to determine whether the conviction relates to a relevant offense.
- 12.3.6 Relevant offenses include but are not limited to:
- a) Any offense involving the possession, distribution, or sale of any child-related pornography
 - b) Any sexual offense
 - c) Any offense involving theft or fraud
 - d) Any offense for trafficking and/or possession of drugs and/or narcotics. (Many Marijuana related offenses are no longer illegal in Canada. People who have been convicted of these offense may seek a pardon).
 - e) Any offense involving conduct against public morals
 - f) Any crime of violence including but not limited to, all forms of assault
 - g) Any offense involving a minor or minors
 - h) In the event that the position requires the transportation of others, any offense involving the use of a motor vehicle, including but not limited to impaired driving
- 12.3.7 All PRCs that indicate a criminal code conviction for a relevant offence shall be reported to the President/designate of the Member Organization.
- 12.3.8 Should a relevant offense be confirmed by the PRC, the organization may:
- a) Refuse to hire a staff person or appoint a manager, chaperone, coach or volunteer who does not consent/agree to screening, and/or who does not cooperate in providing further information pertaining to the nature and circumstances of a criminal conviction
 - b) Refuse to hire a staff person or appoint a manager, chaperone, coach or volunteer who has a conviction for, or has been found guilty of a relevant offence
 - c) Suspend without compensation, dismiss or reassign the duties and responsibilities of any staff person, manager, chaperone, coach or volunteer as a result of a pending investigation or a criminal conviction for a relevant offence as defined in 14.4.6
 - d) Dismiss any staff person, manager, chaperone, coach or volunteer who has or receives a conviction for, or is found guilty of a relevant offence as defined in 14.4.6

- 12.3.9 Any applicant denied an opportunity with the organization as a result of their PRC clearance status has a right to appeal that decision to the organization according to the terms of the *Appeals Policy*.
- a) Appeal hearings shall be held in strict confidence.
 - b) The appellant is responsible for providing any documentation or police presence needed to explain why their past record/behaviour should be a non-issue in determining their continuing ability to participate in the sport.
- 12.3.10 The SSA/organization shall keep the results of a PRC confidential unless such disclosure:
- a) Is required by law
 - b) Is necessary for a disciplinary proceeding or prosecution of a claim against the individual
 - c) Is required as per SSA's membership eligibility requirements with Sask Sport or Canada Soccer
 - d) Is in the best interest of the public or SSA, the Member Organization and Canada Soccer members
 - e) Is in response to a reference check by other Member Organization, or any other person whose membership or association may be affected by the person's criminal record.

12.4 Compliance

- 12.4.1 Responsibility for the education and implementation of screening policies, record keeping and the release of information rests with the Member Organization President or their designate.
- 12.4.2 Failure to adhere to SSA Screening Policy requirements may be subject to fines, suspension and/or further discipline from SSA.

13 Privacy Policy

For not-for-profit organizations in Saskatchewan, the privacy of personal information is governed by the Personal Information Protection and Electronic Documents Act (PIPEDA). This policy is based on the standards required by PIPEDA as interpreted by SSA.

13.1 Purpose

- 13.1.1 SSA recognizes members' right to privacy with respect to their personal information. This policy describes the way that SSA collects, uses, safeguards, discloses, and disposes of personal information.
- 13.1.2 SSA Member Organizations are responsible to ensure that their privacy policy use and regulations are consistent with this policy.

13.2 Application of this Policy

- 13.2.1 This policy applies to all SSA representatives and members in connection with personal information that is collected, used or disclosed during SSA activity.
- 13.2.2 Except as provided in PIPEDA, the SSA's board of directors will have the authority to interpret any provision of this policy that is contradictory, ambiguous, or unclear.

13.3 Obligations

- 13.3.1 SSA representatives and members are obligated to follow and abide by PIPEDA in all matters involving the collection, use, and disclosure of personal information.
- 13.3.2 In addition to fulfilling the legal obligations required by PIPEDA, SSA's representatives and members will not:
 - a) Publish, communicate, divulge, or disclose to any unauthorized person, firm, corporation, or third party any personal information without the express written consent of the individual
 - b) Knowingly place themselves in a position where they are under obligation to any organization to disclose personal information
 - c) In the performance of their official duties, disclose personal information to family members, friends, colleagues, or organizations in which their family members, friends, or colleagues have an interest
 - d) Derive personal benefit from personal information that they have acquired during the course of fulfilling their duties with SSA
 - e) Accept any gift or favour that could be construed as being given in anticipation of, or in recognition for, the disclosure of personal information

13.4 Accountability

- 13.4.1 The Executive Director (or designate) shall act as the privacy officer and is responsible for the implementation of this policy and monitoring information collection and data security, and ensuring that all staff receives appropriate training on privacy issues and their responsibilities. The privacy officer also handles personal information access requests and complaints. The privacy officer may be contacted by email: dpederson@sasksoccer.com
- 13.4.2 Duties - The privacy officer will:
 - a) Implement procedures to protect personal information
 - b) Establish procedures to receive and respond to complaints and inquiries
 - c) Record all persons having access to personal information
 - d) Ensure any third party providers abide by this policy
 - e) Train and communicate to staff information about the SSA's privacy policies and practices

13.5 Identifying Purposes

- 13.5.1 SSA may collect personal information from members and prospective members for purposes that include, but are not limited to:

COMMUNICATIONS

- a) Sending communications in the form of e-news or a newsletter with content related to SSA's programs, events, fundraising, activities, judicial processes, and other pertinent information
- b) Publishing articles, media relations and postings on SSA's website, displays or posters
- c) Award nominations, biographies, and media relations
- d) Communication within and between SSA representatives and members
- e) Discipline results and long term suspension list
- f) Checking residency status

REGISTRATION, DATABASE ENTRY AND MONITORING

- g) Registration of individuals, programs, events and activities
- h) Database entry at partner organizations such as, but not limited to, Canada Soccer, the Coaching Association of Canada, Respect in Sport and other such organizations.
- i) Determination of eligibility, age group and appropriate level of play/competition
- j) Athlete registration, outfitting uniforms, and various components of athlete and team selection
- k) Technical monitoring, officials training, educational purposes, sport promotion, and media publications

SALES, PROMOTIONS AND MERCHANDISING

- l) Purchasing equipment, coaching manuals, resources and other products
- m) Promotion and sale of merchandise

GENERAL

- n) Travel arrangement and administration
- o) Implementation of SSA's screening program
- p) Medical emergency, emergency contacts or reports relating to medical or emergency issues
- q) Determination of membership demographics and program wants and needs, by means of surveys or other like mechanisms for collection of information
- r) Managing insurance claims and insurance investigations
- s) Video recording and photography for personal use, and not commercial gain, by spectators, parents/guardians/caregivers and friends
- t) Video recording and photography for promotional use, marketing and advertising by the SSA
- u) Payroll, honorariums, company insurance and health plans

- 13.5.2 SSA's representative or members may collect personal information from members and prospective members for other purposes, provided that documented consent specifying the use of the personal information is obtained from the members or prospective members.

13.6 Consent

- 13.6.1 By providing personal information to SSA, the participant consents to use that personal information for the purposes identified in the identifying purposes article of this policy.

- 13.6.2 At the time of the collection of personal information and prior to the use or disclose of the personal information, SSA will obtain consent from members by lawful means. SSA may collect personal information without consent when it is reasonable to do so and permitted by law.
- 13.6.3 In determining whether to obtain written or implied consent, SSA will take into account the sensitivity of the personal information, as well the members' reasonable expectations. Members may consent to the collection and specified use of personal information in the following ways:
- a) Completing and/or signing an application form
 - b) Checking a check box, or selecting an option (such as 'Yes' or 'I agree')
 - c) Providing written consent either physically or electronically
 - d) Consenting orally in person
 - e) Consenting orally over the phone
- 13.6.4 SSA will not, as a condition of providing a product or service, require members to consent to the use, collection, or disclosure of Personal Information beyond what is required to fulfill the specified purpose of the product or service.
- 13.6.5 A member may withdraw consent in writing, at any time, subject to legal or contractual restrictions. SSA will inform the member of the implications of withdrawing consent.
- 13.6.6 SSA will not obtain consent from members who are minors, seriously ill, or mentally incapacitated. Consent from these individuals will be obtained from a parent/guardian, or a person having power of attorney.

- 13.6.7 **SSA representatives and members may disclose personal information without the member's knowledge or consent only:**
- a) To a lawyer representing SSA
 - b) To collect a debt that the member owes to SSA
 - c) To comply with a subpoena, a warrant, or an order made by a court or other body with appropriate jurisdiction
 - d) To a government institution that has requested the information and identified its lawful authority, if that government institution indicates that disclosure is for one of the following purposes: enforcing or carrying out an investigation, gathering intelligence relating to any federal, provincial, or foreign law, national security or the conduct of international affairs, or administering any federal or provincial law
 - e) To an investigative body named in PIPEDA or a government institution, if SSA believes the personal information concerns a breach of an agreement, contravenes a federal, provincial, or foreign law, or if SSA suspects the personal information relates to national security or the conduct of international affairs
 - f) To an investigative body for purposes related to the investigation of a breach of an agreement or a contravention of a federal or provincial law
 - g) To governing authorities and/or partner organizations RAMP, SSA MO, FIFA, CONCACAF, Canada Soccer, Sask Sport, NCCP, and other organization working on behalf of SSA.
 - h) In an emergency threatening a member's life, health, or security (SSA will inform the member of the disclosure)
 - i) To an archival institution
 - j) 20 years after the member's death or 100 years after the record was created
 - k) If it is publicly available as specified in PIPEDA
 - l) If otherwise required by law
- 13.6.8 SSA is not required to obtain the member's consent for the collection of personal information, only if:
- a) It is clearly in the Member's interests and the opportunity for obtaining consent is not available in a timely way
 - b) Knowledge and consent would compromise the availability or accuracy of personal information and collection is required to investigate a breach of an agreement or a contravention of a federal or provincial law
 - c) An emergency threatens a member's life, health, or security
 - d) The information is publicly available as specified in PIPEDA
- 13.6.9 SSA representatives and members are also not required to obtain consent for the collection of personal information if the information is for journalistic, artistic, or literary purposes.

13.7 Accuracy, Retention, and Openness

- 13.7.1 To minimize the possibility that inappropriate personal information may be used to make a decision about a member, personal information will be accurate, complete, and as up-to-date as is necessary for the purposes for which it will be used.

- 13.7.2 Personal information will be retained as long as reasonably necessary to enable participation in SSA programs, events, and activities, and in order to maintain historical records as may be required by law or by governing organizations.
- 13.7.3 SSA's representatives or members will be made aware of the importance of maintaining the confidentiality of personal information and are required to comply with SSA's *Confidentiality Policy*.
- 13.7.4 Personal information will be protected against loss or theft, unauthorized access, disclosure, copying, use, or modification by security safeguards appropriate to the sensitivity of the personal information.
- 13.7.5 Personal information that has been used to make a decision about a member will be maintained for a minimum of one year in order to allow the individual the opportunity to access the personal information after the decision has been made.
- 13.7.6 SSA will make the following information available to members:
 - a) This privacy policy
 - b) Any additional documentation that further explains SSA's privacy policy
 - c) The name or title, and the address, of the person who is accountable for SSA's privacy policy
 - d) The means of gaining access to personal information held by SSA
 - e) A description of the type of personal information held by SSA, including a general account of its use
 - f) Identification of any third parties to which personal information is made available

13.8 Access

- 13.8.1 Upon written request, and with assistance from SSA after confirming the member's identity, members may be informed of the existence, use, and disclosure of their personal information and will be given access to that personal information. Members are also entitled to be informed of the source of the personal information, and provided with an account of third parties to which the personal information has been disclosed.
- 13.8.2 Unless there are reasonable grounds to extend the time limit, requested personal information will be disclosed to the member, at no cost to the member, within thirty (30) days of receipt of the written request.
- 13.8.3 Members may be denied access to their personal information if the information:
 - a) Is prohibitively costly to provide
 - b) Contains references to other individuals
 - c) Cannot be disclosed for legal, security, or commercial proprietary purposes
 - d) Is subject to solicitor-client privilege or litigation privilege

- 13.8.4 If SSA redacts/refuses a request for personal information, it shall inform the Member of the reasons for the refusal and/or redaction and shall identify the associated provisions of PIPEDA that support the refusal.

13.9 Compliance Challenges

- 13.9.1 Members are able to challenge SSA for its compliance with this policy.
- 13.9.2 Upon receipt of a complaint, SSA will:
- a) Record the date the complaint is received
 - b) Notify the privacy officer who will serve in a neutral, unbiased capacity to resolve the complaint
 - c) Acknowledge receipt of the complaint in writing and clarify the nature of the complaint within seven (7) days of receipt of the complaint
 - d) Appoint an investigator using SSA's personnel or an independent investigator, who will have the skills necessary to conduct a fair and impartial investigation and will have unfettered access to all files and personnel
 - e) Upon completion of the investigation and within thirty (30) days of receipt of the complaint, the investigator will submit a written report to SSA
 - f) Notify the complainant the outcome of the investigation and any relevant steps taken to rectify the complaint, including any amendments to policies and procedures
- 13.9.3 SSA will not dismiss, suspend, demote, discipline, harass, or otherwise disadvantage any SSA member or representative who:
- a) Challenges SSA for its compliance with this policy
 - b) Refuses to contravene this policy or PIPEDA
 - c) Takes precautions not to contravene this policy or PIPEDA; even though said precautions may be in opposition to the regular duties performed by the member

14 Confidentiality Policy

14.1 Purpose

- 14.1.1 The purpose of this policy is to ensure the protection of confidential information that is proprietary to SSA.
- 14.1.2 SSA members are responsible to ensure that their confidentiality policy use and regulations are consistent with this policy.

14.2 Application of this Policy

- 14.2.1 This policy applies to all individuals employed by or engaged in activities with SSA or an SSA MO. People affected by this policy include, but are not limited to, employees, team personnel, volunteers, managers, administrators, interns, conveners, contract personnel, committee members, and directors and officers of SSA.

14.3 Confidential Information

14.3.1 The term 'confidential information' includes, but is not limited to, the following:

a) Personal information of SSA representatives or members including, but is not limited to:
Home address

- Email address
- Personal phone numbers
- Date of birth
- Financial information
- Employment records
- Medical history
- Police Record Checks

b) SSA intellectual property, proprietary information, and business related to SSA programs, fundraisers, procedures, business methods, forms, policies, marketing and development plans, advertising programs, creative and training materials, trade secrets, knowledge, techniques, data, products, technology, computer programs, manuals, registration lists, software, financial information, and information that is not generally or publicly known or distributed.

14.3.2 Confidential information does not include the following: name, title, business address, work telephone number, or any other information widely available or posted publicly.

14.3.3 SSA representatives or members voluntarily publishing or consenting to the publication of basic personal information in a public forum (such as the listing of an email address on a website) forfeit the expectation of confidentiality for that personal information for as long as it is available publicly.

14.4 Responsibilities

14.4.1 SSA representatives or members will not, either during the period of their involvement/employment with SSA or any time, thereafter, disclose to any person or organization any confidential information acquired during their period of involvement/employment, unless expressly authorized to do so.

14.4.2 SSA representatives or members will not publish, communicate, divulge, or disclose to any unauthorized person, firm, corporation, or third party any confidential information without the expressed written consent of SSA.

14.4.3 SSA representatives or members will not use, reproduce, or distribute confidential information without the expressed written consent of SSA.

- 14.4.4 All files and written materials relating to confidential information will remain the property of SSA and, upon termination of involvement/employment with SSA or upon request of SSA, the SSA representatives or members will immediately return all written or tangible confidential information, as well as copies and reproductions, and any other devices containing confidential information and delete files that are SSA property from personal electronic devices and/or anywhere else confidential information may have been saved.

14.5 Intellectual Property

- 14.5.1 Copyright and any other intellectual property rights for all written material (including material in electronic format or posted on a website or social media platform) and other works produced in connection with employment or involvement with SSA will be owned solely by SSA, which shall have the right to use, reproduce, or distribute such material and works, in whole or in part, for any purpose it wishes. SSA may grant permission for others to use its intellectual property.

14.6 Enforcement

- 14.6.1 A breach of any provision in this policy may be subject to legal recourse, termination of the employment or volunteer position, or sanctions pursuant to SSA's *Formal Complaints Policy*.

15 Waivers and Release of Liability Agreements

15.1 Registration Process

- 15.1.1 In order to register, SSA requires at the time of registration a release of liability, waiver of claims, information, consent, and acknowledgement, assumption of risks and indemnity agreement.
- 15.1.2 SSA members must use SSA Release of Liability, Waiver of Claims and Indemnity form for minor aged athletes (under 18 years of age), or SSA Release of Liability, Waiver of Claims and Indemnity for adult athletes (18 years of age or older), and any other waivers or, declaration of compliance as requested by SSA.

15.2 Compliance

- 15.2.1 There are significant implications for volunteers, Member Organizations and SSA when participants are not informed of the risks associated with participation.
- 15.2.2 Member Organizations that fail to implement the requirements of this policy may be subject to fines, discipline and or suspension of privileges.

16 Electronic Communication and Social Media Use Policy

SSA encourages the use of social media by its representatives to enhance effective internal and external communication, build the SSA brand, and interact with members. Since there is much ambiguity in the use of social media, SSA has created this policy to set boundaries and standards for representatives' social media use.

SSA Member Organizations are responsible to ensure that their social media use and regulations are consistent with this policy. As such, SSA recommends that governing bodies adopt similar processes as described within this policy or adopt this policy with the substitution of 'SSA' with the name of the governing body.

- 16.1.1 SSA members and representatives will not:
 - a) Use social media for the purpose of fraud or any other activity that contravenes the laws of Canada, SSA's *Code of Conduct and Ethics*, or any other applicable jurisdiction
 - b) Use social media for cyber-bullying
 - c) Impersonate any other person or misrepresent their identity, role, or position with SSA
 - d) Upload, post, email, or otherwise transmit:
 - i. Any content that is offensive, obscene, unlawful, threatening, abusive, harassing, defamatory, hateful, invasive of another person's privacy, or otherwise objectionable
 - ii. Any material which is designed to cause annoyance, inconvenience, or needless anxiety to others
 - iii. Any material that infringes on the patent, trademark, trade secrets, copyright, or other proprietary right of any other party
 - iv. Any material that is considered SSA's confidential information or intellectual property, as per the *Confidentiality Policy*
- 16.1.2 SSA representatives will not display preference or favouritism with regard to Member Organizations, entities, athletes, or other members
- 16.1.3 SSA representatives shall refrain from discussing matters related to SSA business or its operations on representatives' personal social media. Instead, matters related to SSA or its operations should be handled through more official communication channels (like email) or through SSA-branded social media.
- 16.1.4 Any complaint referenced on social media will not be considered a formal complaint; a formal complaint must meet the requirements of the *Formal Complaints Policy*.
- 16.1.5 SSA representatives must engage with social media only in the context(s) described in their contract of employment, volunteer position, or position with SSA. For example, an SSA head coach shall not represent SSA in answering a question on SSA-branded social media that is directed at, and better addressed in more official communication channels by, an SSA staff member.

16.1.6 SSA representatives shall use their best judgment to respond to controversial or negative content posted by other people on SSA-branded social media. In some cases, deletion of the material may be the most prudent action. In other cases, responding publicly may be preferred. If a representative questions the correct action to take, the representative shall consult with their supervisor.

16.1.7 SSA will be responsible to:

- a) Ensure that representatives only use SSA social media in a positive manner when connecting with others
- b) Properly vet and understand each social medium before directing representatives to engage with, or create, SSA-branded social media
- c) Host training sessions on the topic of social media; in the event that the social media engagement directed by SSA is unclear or not fully understood
- d) Monitor representatives' use of SSA social media channels
- e) At their own discretion remove any posting, comment, document, tweet, etc.

Electronic Communication Between Adults and Minors Guidelines

These guidelines are best practices in addition to Saskatchewan Soccer Association Code of Conduct and Ethics, SSA Risk Management Policy, as well as the Organization's Code(s) of Conduct.

Some guiding principles for communication between adults and minors include the following:

- Is this communication something that someone else would find appropriate or acceptable in a face-to-face meeting?
- Is this something I would be comfortable saying out loud to the intended recipient of my communication in front of the intended recipient's parents, other coaching staff, or other athletes?
- Is this something I would be comfortable with if it were on the front page of my local newspaper?

Electronic communications between adults and minors should always be Transparent, Accessible and Professional.

- **Transparent:** All electronic communication between coaches and athletes should not only be clear and direct, but also free of hidden meanings, innuendo and expectations.
- **Accessible:** All electronic communication between coaches and athletes should be considered part of the Organization's records. Another coach or parent must be included in the communication so that there is no question regarding accessibility.
- **Professional:** All electronic communication between a coach and an athlete should be conducted professionally. This includes word choices, tone, grammar, and subject matter that model the standards and integrity of a coach.

Facebook, Instagram, and Twitter (or other social media sites)

- Coaches and Team Personnel may have personal Facebook, Instagram, and Twitter (or other social media site) pages, but should not have any athlete member of the organization join their personal page as a "friend." A coach should not accept any "friend" request from an athlete, and the coach should remind the athlete that this is not permitted.
- Coaches and athletes are not permitted to "private message" each other through Facebook.

- Coaches and athletes are not permitted to “instant message” each other through Facebook chat or other IM method.
- Coaches are encouraged to set their pages to “private” to prevent athletes from accessing the coach’s personal information.
- If the organization has an official Facebook, Instagram, Twitter, or other official social media page, athletes and their parents can “friend/follow/like” the Club for information and updates on team–related matters.
- Coaches should not follow athletes on Facebook, Instagram, Twitter, or any other social media sites.

Texting

- Subject to the general guidelines mentioned above, texting is allowed between coaches and athletes only for the purpose of communicating information directly related to team activities. As outlined above, texts between adults and minors should always be Transparent, Accessible and Professional.

Email

- Athletes and coaches may use email to communicate. When communicating with an athlete through email, a parent, another coach or team personnel must also be copied.

Request to Discontinue All Electronic Communications

- The athlete, parent or guardian of an athlete may request in writing that they or their child not be contacted by coaches through any form of electronic communication.
- The athlete, parent or guardian of an athlete request should be shared with the MO and documented by the MO