

# AVON MAITLAND DISTRICT SCHOOL BOARD

## ADMINISTRATIVE PROCEDURE

### NO. 319

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#### **SUBJECT: Concussion Protocol**

Legal References: *PPM 158 School Board Policies on Concussion*

Related References: *OPHEA / Parachute Canada*

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#### **1. Purpose**

The Avon Maitland District School Board (AMDSB) recognizes concussions as a serious injury which requires appropriate follow-up measures to reduce risk of potential additional injury. Concussion awareness, prevention, identification and management are a priority for the Avon Maitland District School Board.

#### **2. Responsibilities**

##### **AMDSB will:**

- 2.1 Perform ongoing annual review of the Administrative Procedure to ensure guidelines align with current best practice recommendations and, at a minimum, OPHEA Concussion guidelines.
- 2.2 Create a concussion Board report (OSBIE/Appendix G, Student Concussion Diagnosis Report), to be completed by school principals, to track student concussions and record staff concussion education.
- 2.3 Review concussion Board reports annually to ensure compliance with and effectiveness of Administrative Procedure.
- 2.4 Ensure concussion education is made available to school personnel and volunteers.
- 2.5 Implement concussion awareness and education strategies for students and their parents/guardians.
- 2.6 Ensure that all board staff involved in physical activity education and supervision (includes, but not limited to: recess supervision, curricular, interschool, and intramural physical activity, before and after school care), are trained to recognize signs and symptoms of a suspected concussion and what immediate action to take.
- 2.8 Ensure that information on the Concussion Administrative Procedure is shared with the school community (such as agendas/handbooks and the AMDSB website).
- 2.9 Ensure each elementary and secondary school implements the Return to Learn and Return to Physical Activity plan (Appendix E).

**Principal will:**

- 2.10 Abide by the Concussion Administrative Procedure.
- 2.11 Ensure staff, volunteers, parents/guardians, and students are aware of Concussion Administrative Procedure and understand their roles and responsibilities.
- 2.12 Ensure the Administrative Procedure is followed by all school staff (including occasional staff/support staff, parents/guardians, students, and volunteers).
- 2.13 Arrange for concussion in-servicing for staff and coaching volunteers.
- 2.14 Ensure the Concussion Recognition Tool (Appendix C) is included in occasional teacher lesson plans and field trip folders.
- 2.15 Share concussion information with students and their parents/guardians.
- 2.16 Ensure OPHEA safety guidelines are being followed.
- 2.17 Work as closely as possible with students, parents/guardians, staff, volunteers, and health professionals to support the recovery and academic success of concussed students.
- 2.18 Maintain up-to-date emergency contact and telephone numbers.
- 2.19 Complete concussion board report (OSBIE/Appendix G, Student Concussion Diagnosis Report) as each injury occurs or each term/semester.
- 2.20 Attempt to obtain parental/guardian cooperation in reporting all non-school related concussions.
- 2.21 Ensure concussion information is readily available to all school staff and volunteers.
- 2.22 Ensure that all incidents are recorded, reported and filed as required by the Administrative Procedure, and as appropriate with an OSBIE incident report.
- 2.23 For students who are experiencing difficulty in their learning environment as a result of a concussion, coordinate the development plan to return to learn. See Appendix B for Return to Learn Strategies/Approaches.
- 2.24 Approve any adjustments to the student's schedule as required.
- 2.25 Alert appropriate staff about students with a suspected or diagnosed concussion.
- 2.26 Prior to student return to school, ensure completion and collection of the following documentation:
  - 2.26.1 Documentation of Medical Examination Form (Appendix D2)
  - 2.26.2 Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan (Appendix E)
- 2.27 Use discretion to cover costs associated with completing required documentation (e.g., Appendix D2 and E).
- 2.28 File above documents (Appendix D2 and E) provide copy to appropriate school staff.

- 2.29 Once concussion is diagnosed, appoint primary staff member to act as the student's liaison to ensure adequate communication and coordination of their needs.

**School Staff (Includes administrative staff, teaching staff, support staff, coaches, volunteers, etc.) will:**

- 2.30 Understand and follow Concussion Policy and Administrative Procedure.
- 2.31 Attend and complete concussion training.
- 2.32 Be able to recognize signs, symptoms and respond appropriately in the event of a concussion. See Appendix A3: Concussion Guidelines – The Teachers/Coaches and Appendix C: Tools to Identify a Suspected Concussion.
- 2.33 Follow current OPHEA safety guidelines and implement risk management and injury prevention strategies.
- 2.34 Make sure that occasional teaching staff are updated on concussed student's condition.

**Parents/Guardians will:**

- 2.35 Review with your child the concussion information that is distributed through the school (e.g., learn signs and symptoms of concussion Appendix A2).
- 2.36 Reinforce concussion prevention strategies (e.g., player code of conduct) with your child.
- 2.37 Understand and follow roles and responsibilities in the Administrative Procedure.
- 2.38 In the event of a suspected concussion, ensure child is assessed as soon as possible by physician/nurse practitioner, on the same day.
- 2.39 Cooperate with school to facilitate Return to Learn and Return to Physical Activity.
- 2.40 Follow physician/nurse practitioner recommendations to promote recovery.
- 2.41 Be responsible for the completion of all required documentation.
- 2.42 Support your child's progress through recommended Return to Learn and Return to Physical Activity guidelines.
- 2.43 Collaborate with school to manage suspected or diagnosed concussions appropriately.
- 2.44 Report non-school related concussion to principal (Return to Learn/Return to Physical Activity guidelines will still apply).

**Students will:**

- 2.45 Learn about concussions, including prevention strategies, signs and symptoms, concussion management and student roles and responsibilities.
- 2.46 Immediately inform school staff of suspected or diagnosed concussions occurring during or outside of school.

- 2.47 Inform school staff if you experience any concussion related symptoms (immediate, delayed or reoccurring).
- 2.48 Remain on school premises until parent/guardian arrives if concussion is suspected.
- 2.49 Communicate concerns and challenges during recovery process with staff concussion liaison, school staff, parents/guardians, and health care providers.
- 2.50 Follow concussion management strategies as per medical doctor/nurse practitioner direction and Return to Learn/Return to Physical Activity guidelines.

**Physician and/or other health care professionals:**

- 2.52 Assist in the development of an individualized academic and physical concussion management plan.
- 2.53 Monitor recovery process and modify concussion management plan as required.
- 2.54 Complete required documentation (Appendices D2 and E).
- 2.55 If symptoms persist beyond 10 days, referral may be made to brain injury specialist.

**3. Concussion Awareness**

**3.1 A Concussion is:**

- a brain injury that causes changes in how the brain functions, leading to symptoms that can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty concentrating or remembering), emotional/behavioural (e.g., depression, irritability) and/or related to sleep (e.g., drowsiness, difficulty falling asleep);
- may be caused either by a direct blow to the head, face, or neck, or a blow to the body that transmits a force to the head that causes the brain to move rapidly within the skull;
- can occur even if there has been no loss of consciousness (in fact most concussions occur without a loss of consciousness);
- cannot be seen on Xrays, standard CT scans or MRIs
- is a clinical diagnosis made by a medical doctor or nurse practitioner\*

\*It is critical that a student with a suspected concussion be examined by a medical doctor or nurse practitioner as soon as possible on the same day.

**3.2 Additionally:**

- 3.2.1 children and adolescents are more susceptible to concussion and take longest to recover;
- 3.2.2 concussion has a significant impact on student's cognitive and physical abilities;
- 3.2.3 tasks involving concentration can cause symptoms to reappear or worsen;
- 3.2.4 proper management and identification are crucial so as not to cause permanent brain damage;
- 3.2.5 should a secondary concussion occur before a student is symptom free from the first concussion, Second Impact Syndrome is possible, resulting in a prolonged recovery and potentially catastrophic results;

- 3.2.6 Return to Learn Strategies AND Return to Physical Activity Plans need to be implemented and regularly monitored by a team (the concussed student, his/her parents/guardians, school staff, any volunteers who work with the student, the medical doctor/nurse practitioner and the principal) led by the school principal.

### **3.3 Signs and Symptoms of a Concussion:**

The first step to managing a concussion is being able to recognize common signs and symptoms. A concussion should be suspected following a blow to the head, face or neck, or a blow to the body that transmits a force to the head, if one or more of the signs or symptoms of a concussion is present. Review Appendix C for a list of common signs and symptoms and complete this form. Concussion Recognition Tool is a pocket sized tool that can also be used to identify a suspected concussion when access to Appendix C is not convenient (e.g. on the field). Note: Appendix C will still need to be completed

Note:

- Signs and symptoms may be different for everyone
- Signs and symptoms can appear immediately after the injury or may take hours or days to emerge
- Concussion symptoms for younger students may not be as obvious compared to older students
- A student may be reluctant to report symptoms because of a fear that he/she will be removed from the activity, his/her status on a team or in a game could be jeopardized or academics could be impacted
- It may be difficult for students under 10, with special needs, or students for whom English/French is not their first language, to communicate how they are feeling
- If student loses consciousness or signs or symptoms worsen, call 911

## **4. Management Procedures**

Immediate action must be taken by the individual (e.g. principal, teacher, coach) responsible for the student if the student receives a blow to the head, face or neck, or a blow to the body that transmits a force to the head.

### **Steps and Responsibilities in Suspected and Diagnosed Concussions**

NOTE: For a simplified version of roles and responsibilities in suspected and diagnosed concussion see Appendix F: Concussion Management Flow Chart: Roles and Responsibilities in Suspected and Diagnosed Concussions.

#### 4.1 Initial Response

##### i) Unconscious Student (or in the event there was any loss of consciousness)

<b>ACTION</b>	<b>RESPONSIBILITY</b>
Stop the activity immediately – assume concussion	Supervising School Staff/Volunteers
Initiate school Emergency Action Plan and call 911. Assume neck injury. Only if trained, immobilize student. DO NOT move the student or remove athletic equipment unless breathing difficulty.	Supervising School Staff/Volunteers
Remain with student until emergency medical services arrive	Supervising School Staff/Volunteers
Monitor student and document any changes (physical, cognitive, emotional/behavioural)	Supervising School Staff/Volunteers
If student regains consciousness, encourage student to remain calm and still. Do not administer medication (unless the student requires medication for other conditions (e.g., insulin))	Supervising School Staff/Volunteers
Complete and sign Appendix C: Tool to Identify a Suspected Concussion and, if present, provide duplicate copy to parent/guardian retaining a copy	Supervising School Staff/Volunteers
If present, provide the parent/guardian a copy of Appendix D2 Documentation of Medical Examination and inform parent/guardian that form needs to be completed and submitted to principal prior to student's return to school	Supervising School Staff/Volunteers
Complete board injury report (Appendix 1 Student Concussion Diagnosis Report /OSBIE), inform principal of suspected concussion, and forward copy of the completed and signed Appendix C: Tool to Identify a Suspected Concussion	Supervising School Staff/Volunteers
Ensure student is examined by a medical doctor or nurse practitioner as soon as possible that day	Parent/Guardian/ Emergency Contact
Once diagnosis is made, complete Documentation of Medical Examination Appendix D2 and return completed and signed document to school principal prior to student's return to school	Parent/Guardian
Inform all school staff (e.g., classroom teacher, SERTs, physical education	Principal
Indicate that the student shall not participate in any learning or physical activities until parent/guardian communicates the results of the medical examination to the school principal	Principal

##### ii) Conscious Student

<b>ACTION</b>	<b>RESPONSIBILITY</b>
Stop the activity immediately	Supervising School Staff/Volunteers
Initiate school Emergency Action Plan	Supervising School Staff/Volunteers
When safe to do so, remove student from activity/game	Supervising School Staff/Volunteers
Conduct an initial concussion assessment of the student using Appendix C: Tool to Identify a Suspected Concussion	Supervising School Staff/Volunteers

**iii) If Concussion is Suspected; If in Doubt, Sit Them Out**

<b>ACTION</b>	<b>RESPONSIBILITY</b>
Do not allow student to return to play in the activity, game or practice that day even if the student states s/he is feeling better	Supervising School Staff/Volunteers
Contact the student's parent/guardian (or emergency contact) to inform them: <ul style="list-style-type: none"> <li>• Of the incident</li> <li>• That they need to come and pick up the student</li> <li>• That the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day</li> </ul>	Supervising School Staff/Volunteers
Monitor and document any changes (e.g., physical, cognitive, emotional/behavioural) in the student. If signs or symptoms worsen, call 911	Supervising School Staff/Volunteers
Complete, sign, and photocopy Appendix C: Tool to Identify a Suspected Concussion	Supervising School Staff/Volunteers
Do not administer medication (unless student requires medication for other conditions (e.g., insulin))	Supervising School Staff/Volunteers
Stay with the student until his/her parent/guardian (or emergency contact) arrives	Supervising School Staff/Volunteers
Student must not leave the premises without parent/guardian supervision	Supervising School Staff/Volunteers
Provide parent/guardian (emergency contact) with signed copy of Appendix C: Tool to Identify a Suspected Concussion and retain a copy for your own records	Supervising School Staff/Volunteers
Provide parent/guardian (or emergency contact) with a copy of Appendix D2: Documentation of Medical Examination and inform parent/guardian that the form needs to be completed and submitted to principal prior to student's return to school	Supervising School Staff/Volunteers
Inform parent/guardian (or emergency contact) that the student should be Examined by a medical doctor or nurse practitioner as soon as possible that day	Supervising School Staff/Volunteers
Complete Board injury report (Appendix G: Student Concussion Diagnosis Report/OSBIE), inform principal of suspected concussion, and forward copy of the completed and signed Appendix C: Tool to Identify a Suspected Concussion	Supervising School Staff/Volunteers
Ensure student is examined by a medical doctor or nurse practitioner as soon as possible that day	Parent/Guardian/ Emergency Contact
Complete Documentation of Medical Examination (Appendix D2) once diagnosis is made and return completed and signed document to school principal prior to student's return to school	Parent/Guardian
Inform all school staff (e.g., classroom teacher, SERTs, PE teachers, intramural supervisors, coaches) and volunteers who work with the student of the suspected concussion	Principal
Indicate that the student shall not participate in any learning or physical activities until parent/guardian communicates the results of the medical examination to the school principal	Principal

**iv) If signs are NOT observed, symptoms are NOT reported AND student passes the Quick Memory Function Assessment (appendix C)**

<b>ACTION</b>	<b>RESPONSIBILITY</b>
Recommended precautionary withdrawal of student from physical activity	Supervising School Staff/Volunteers
Inform parent/guardian (or emergency contact) of the incident and provide signed copy of Appendix C: Tool to Identify a Suspected Concussion, retaining a copy. Explain to parent/guardian (or emergency contact) that student should be monitored for 2448 hours after the incident as concussion symptoms may take hours or days to emerge. If any signs or symptoms appear, the student needs to be examined by a medical doctor or nurse practitioner as soon as possible on the same day and results shared with the principal before return to school	Supervising School Staff/Volunteers
Inform Supervising School Staff/Volunteers if symptoms appear during learning or any activity	Student
If symptoms appear, proceed with Action Items under "If a Concussion is Suspected"	Supervising School Staff/Volunteer and Parent/Guardian/ Emergency Contact

**4.2 Once Diagnosis Is Made**

**i) If NO CONCUSSION is diagnosed, student may resume regular learning and physical activity**

<b>ACTION</b>	<b>RESPONSIBILITY</b>
Communicate diagnosis to school principal and return completed and signed Appendix D2: Documentation of Medical Examination	Parent/Guardian
Inform all school staff (e.g., classroom teacher, SERTs, PE teacher, intramural supervisors, recess supervisors, coaches) and volunteers who work with the student of the diagnosis	Principal
File any related written documentation of the incident and results of the medical examination	Principal
Resume regular learning and physical activity	Student



**ii) If CONCUSSIONS IS DIAGNOSED: Return to Learn/Return to Physical Activity  
(Note: Student must successfully complete return to learn steps before  
initiating return to physical activity steps)**

Communicate diagnosis to school principal and return completed and signed Appendix D2: Documentation for a Diagnosed Concussion. <b>Also report non-school related concussions.</b>	Parent/Guardian
Provide parent/guardian Appendix E: Document for a Diagnosed Concussion Return to Learn/Return to Physical Activity Plan and indicate that student must be symptom free or improved and form needs to be completed and signed before student can return to school. Ensure parent/guardian understands the plan, addressing their questions, concerns, and working with parent/guardian to overcome any barriers	Principal
Complete Step 1 – Return to Learn/Return to Physical Activity: Keep student home for cognitive rest (no school, no homework, no texting, no screen time) and physical rest (restricting recreational/leisure time and competitive physical activities) until student is feeling better. Once symptoms start to improve, gradually increase mental activity (limit activities such as reading, texting, television, computer, and video games that require concentration and attention to 5-15 minutes). If moderate symptoms return, stop activity and allow student 30 minute break to resolve symptoms. If symptoms don't resolve, return to complete cognitive rest. Continue to gradually increase mental activity and monitor symptoms.	Parent/Guardian and Student
Continue cognitive and physical rest at home for at least 24-48 hours (or longer) until student's symptoms are improving or s/he is symptom free. Student should be able to complete 1-2 hours of mental activity (e.g., reading, homework) at home for one to two days before attempting return to school.	Parent/Guardian and Student
Inform all school staff (e.g., classroom teacher, SERTs, PE teachers, intramural supervisors, recess supervisors, coaches) and volunteers who work with the student of the diagnosis.	Principal
Identify collaborative team (e.g., principal, concussed student, his/her parents/guardians, school staff and volunteers who work with the student, and the student's medical doctor/nurse practitioner) and designate a school staff member of the team as the concussion liaison to serve as the main point of contact for the student, the parent/guardians, or other school staff and volunteers who work with the student, and the medical professional.	Principal
Meet with collaborative team to review potential cognitive and emotional/behavioural difficulties student may experience, explain how these symptoms can impact learning and identify strategies/approaches to manage these symptoms. See Appendix B: Return to Learn Strategies/Approaches.	Principal
Ensure collaborative team understands the importance of not placing undue pressure on concussed student to rush through the return to learn/physical activity steps to avoid prolonged or increase symptoms. Return to learn should proceed slowly and gradually.	Principal

**iii) Student's Symptoms are Improving:** Principal, Concussion Liaison, SERT, Parent/Guardian, Medical Professional

<b>ACTION</b>	<b>RESPONSIBILITY</b>
Complete, sign and forward Appendix E: Documentation for a Diagnosed Concussion Return to Learn/Return to Physical Activity Plan	Parent/Guardian
Proceed to Step 2a – Return to Learn: Student returns to school. Develop a plan (See Appendix B for Return to Learn Strategies/Approaches) with slow and gradual increase in cognitive activity (both at home and school). Absolutely no recreational/leisure and competitive physical activity.	Doctor/Nurse Practitioner, Student, Parent/Guardian
Monitor the student's progress through the Return to Learn/Return to Physical Activity Plan. This may include identification of the student's symptoms and how s/he responds to various activities. Strategies may need to be developed or modified to meet the changing needs of the student.	Concussion Liaison (in consultation with other members of the collaborative team)
Follow individualized classroom strategies/approaches for return to learn plan until student is symptom free	School staff, Volunteers, Student

**iv) Student is Symptom Free**

<b>ACTION</b>	<b>RESPONSIBILITY</b>
Complete, sign and forward Appendix E: Documentation for a Diagnosed Concussion Return to Learn/Return to Physical Activity Plan (Step 2a).	Parent/Guardian
Inform all school staff (e.g., classroom teacher, SERT, PE teacher, intramural supervisors, coaches, Concussion Liaison, and volunteers) who work with the student that student is symptom free and can return to regular learning activities without individualized classroom strategies and/or approaches. Student can proceed to Step 2b/c Return to Physical Activity (see Appendix E).	Principal
Closely monitor student for the return of any concussion symptoms and/or deterioration of work habits and performance.	Concussion Liaison (in consultation with other collaborative team members)
Report any return of symptoms to supervising staff/volunteer.	Student
If symptoms return, stop activity and see Table below titled: Return of Symptoms. For more information, see the last sections of Appendix E: Documentation for a Diagnosed Concussion Return to Learn/Return to Physical Activity Plan.	Supervising Staff/Volunteer
Begin regular learning activities without individualized classroom strategies and/or approaches and initiate Step 2b/c – Return to Physical Activity: individual light aerobic physical activity (e.g., walking, swimming, or stationary cycling) only. Objective is to increase heart rate. Absolutely NO participation in resistance/weight training, competition (including practices), participation with equipment or other students, drills, or body contact.	Student and Supervising Staff/Coaches/Volunteers
Complete and sign Appendix E: Documentation for a Diagnosed Concussion Return to Learn/Return to Physical Activity Plan Step 2b/c –Physical Activity if your child/ward is symptom free after participating in light aerobic physical activity and return to principal.	Parent/Guardian
Inform all school staff (e.g., classroom teacher, SERTs, PE teachers, staff supervisors, recess supervisors, coaches, Concussion Liaison, and volunteers) who work with the student that s/he may proceed to Step 3Return to Physical Activity. Provide supervising staff/coaches/volunteers Appendix E: Documentation for a Diagnosed Concussion Return to Learn/Return to Physical Activity Plan to record student progress through Steps 3 and 4.	Principal

Continue with regular learning activities at school and begin Step 3: individual sport specific physical activity one (e.g., running drills in soccer, skating skills in hockey, shooting drills in basketball) to add movement. Absolutely NO resistance/weight training, competition (including practices), body contact, head impact activities (e.g., heading a soccer ball) or other jarring motions (e.g., high speed stops, hitting a baseball with a bat).	Student and Supervising
If symptom free, proceed to Step 4 Return to Physical Activity. Student may begin activities where there is no body contact (e.g., dance, badminton); light resistance/weight training; noncontact practice; and non-contact sport specific drills (e.g., passing drills in football and hockey) to increase exercise, coordination and cognitive load. Absolutely NO activities that involve body contact, head impact or jarring motions.	Student and Supervising Staff/Coaches/Volunteers
Record student progress through Steps 3 and 4. Once student has completed Steps 3 and 4 and is symptom free, complete and sign Appendix E: Documentation for a diagnosed Concussion-Return to Learn/Return to Physical Activity Plan form section titled "Step 4-Return to Physical Activity. Communicate with parent/guardian that the student has successfully completed Steps 3 and 4 and return completed and signed form Appendix E to parent/guardian to obtain medical doctor/nurse practitioner diagnosis and signature	Student and Supervising Staff/Coaches/Volunteers
Provide school principal with written documentation from a medical doctor or nurse practitioner (e.g., completed and signed Appendix E: Return to Learn/Return to Physical Activity Plan section titled "Medical Examination") that indicates the student is symptom free and able to return to full participation in physical activity	Parent/Guardian
Inform all school staff (e.g., classroom teacher, SERTs, PE teachers, intramural supervisors, recess supervisors, coaches, Concussion Liaison, and volunteers) who work with the student that the student may proceed to Step 5 Return to Physical Activity. File written documentation (e.g., completed and signed Appendix E).	Student and Supervising Staff/Coaches/Volunteers
Continue with regular learning activities and begin Step 5 by resuming full participation in regular physical education/intramurals/ interschool activities in non-contact sports and full training practices for contact sports. The objective is to restore confidence and assess functional skills by teacher/coach. Absolutely NO competitions (e.g., games, meets, events) that involve body contact	Student and Supervising Staff/Coach/Volunteers
If student remains symptom free, proceed to Step 6: Return to full participation in contact sports with no restrictions	Student and Supervising Staff/Coach/Volunteer

**v) Return of Symptoms**

<b>ACTION</b>	<b>RESPONSIBILITY</b>
Report any return of symptoms to supervising staff/volunteers.	Student
If signs of returned concussion symptoms and/or deterioration of work habits and performance occur, stop activity and contact student's parent/guardian (or emergency contact) and report to principal. Complete Board (Appendix G: Student Concussion Diagnosis Report/OSBIE) report and forward to principal who will file.	Supervising Staff/Volunteer/Concussion Liaison
Contact parent/guardian (or emergency contact) to inform of returned symptoms and need for medical examination on the same day. Provide Appendix E: Documentation for a Diagnosed Concussion-Return to Learn/Return to Physical Activity Plan form and indicate that the last section titled "Return of Symptoms" must be completed, signed and returned before student can return to school.	Principal or Concussion Liaison/School Designate (if Principal not available)
Have student examined by a medical doctor/nurse practitioner as soon as possible on the same day.	Parent/Guardian

Complete , sign, and forward Appendix E: Documentation for a Diagnosed Concussion-Return to Learn/Return to Physical Activity Plan section titled “Return of Symptoms” to principal.	Parent/Guardian
Follow medical doctor/nurse practitioner’s treatment.	Student and Parent/Guardian
Inform all school staff (e.g., classroom teacher, SERTs, PE teachers, intramural Supervisors, recess supervisors, coaches), Concussion Liaison, and volunteers Who work with the student that the student has experienced return of symptoms And which step of the Return to Learn/Return to Physical activity to proceed from.	Principal

**Note:**

- Cognitive or physical activities can cause student’s symptoms to reappear
- Steps are not days – each step must take a minimum of 24 hours and the length of time needed to complete each step will vary based on the severity of the concussion and the student
- The signs and symptoms of a concussion often last for 7-10 days, but may last longer in children and adolescents
- Compared to older students, elementary school children are more likely to complain of physical problems or misbehave in response to cognitive overload, fatigue, and other concussion symptoms
- If a student returns to activity while symptomatic they are at an increased risk of sustaining another concussion with symptoms that can be prolonged and increased
- Principals, supervising staff, coaches and volunteers must not place pressure on injured students to “Return to Learn” or “Return to Physical Activity” prematurely
- Parents/guardians must report non-school related concussions
- Return to Learn/Return to Physical Activity steps must be followed regardless of where diagnosed concussion occurred

**5. Encouraging Parent/Guardian Engagement:**

If the parent/guardian refuses a physician consultation and/or refuses to adhere to the concussion administrative procedure, the principal will:

- Discuss parental concerns (e.g., documentation fees) surrounding the process and attempt to address these concerns;
- Provide rationale for the required steps on the Concussion Administrative Procedure
- Include the parent/guardian and their child in every step of the recovery process
- Provide parents/guardians with concussion information to increase their awareness and knowledge
- Reiterate the importance of obtaining an official diagnosis from trained physician
- Explain to parent/guardian if staff feels immediate medical attention is required, that they are obligated to call 911 even on parent refusal
- Inform parent/guardian that school is obligated to follow steps of the "Return to Learn" and "Return to Physical Activity" process
- If unsuccessful in acquiring full parental cooperation, seek support from Senior Administration

## 6. PREVENTION

Regardless of the steps taken to prevent injury, some students will continue to be injured. The severity of the injury can be mitigated by the following:

1. Education for coaches, staff, parents and students to:
  - a) Recognize the symptoms of concussion;
  - b) Remove the athlete from play;
  - c) Refer the athlete to a medical doctor/nurse practitioner
2. Wearing the sport specific protective equipment:
  - a) Equipment should fit properly;
  - b) Equipment should be well maintained;
  - c) Equipment should be worn consistently and correctly;
  - d) Equipment should meet current safety standards;
  - e) Damaged or expired equipment should be replaced
3. Follow OPHEA sport specific safety guidelines and enforce the fair play code of conduct.
4. Ensure all students receive instruction, understand and follow the sport/activity specific safety rules and skills prior to participation (e.g. eliminate all checks to the head and eliminate all hits from behind).
5. Teach skills in proper progression (e.g. emphasize the principles of head injury prevention keeping the head up and avoiding collision).
6. Outline the concussion risks associated with the activity/sport and demonstrate how they can be minimized e.g. teach proper sport techniques correct tackling in football, effective positioning in soccer, how to avoid overcrowding when using the creative playground.
7. Students must follow their supervising staff/coach's/volunteer's safety instructions at all times.
8. It is not a badge of honour to return to learn or physical activity while still recovering from concussion.
9. Discourage parents/guardians/teachers/coaches, school staff from pressuring recovering concussed students to play or learn before they are ready.
10. Parents need to reinforce with their child the importance of following the school's safety procedures.
11. Parents need to report concussion history on school medical form.
12. Provide reassurance, support and request/offer academic accommodations as needed.

## 7. Other Sources of Concussion Information

The following web links and organizations have information, videos and interactive games for parents, teachers and students on concussion recognition, prevention and management.

## General Concussion Information

Parachute Canada Centre for Disease Control: Traumatic Brain Injury

<http://www.concussionsontario.org> <http://www.cdc.gov/concussion/sports/prevention.html>

## ELearning Modules

Coaches Association of Ontario [Parachute](#)

## Online Videos

Dr. Mike Evans: Concussions 101 <http://brain101orcasinc.com/1000/> (OREGON CENTER FOR APPLIED SCIENCES, INC.)

## Concussion Research

[Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012](#)

## OPHEA Safety Guidelines

[Ontario Physical Education Safety Guidelines](#)

## Concussion Tools

[Concussion Recognition Tool Sport Concussion Assessment Tool Child Sport Concussion Assessment Tool Concussion App](#)

## Student Education

Dr. Mike Evans: Concussions 101 [Brain Day Hamilton Brain Injury Association: Bikes, Blades and Boards Education Program info@hbia.ca](#)

905-538-251

[Coaching Association of Ontario](#) Video: Head Games [www.slice.com](http://www.slice.com)

Huron County Health Unit

Perth County Health Unit

## 8. Conclusion

Despite prevention strategies listed above, head injuries will still occur. AMDSB staff and volunteers who are involved in intramural or interschool athletics or any part of the health and physical education curriculum will not be held personally liable in a civil proceeding for an act or omission if the person acts reasonably in the circumstances and in good faith.

## 9. Appendices

Appendix A1	Roles and Responsibilities
Appendix A2	Concussion Guidelines: The Parents/Caregivers
Appendix A3	Concussion Guidelines: The Teachers/Coaches
Appendix B	Return to Learn Strategies/Approaches
Appendix C	Tool to Identify a Suspected Concussion
Appendix D1	Initial Response Identification
Appendix D2	Documentation of Medical Examination form
Appendix E	Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan
Appendix F	Concussion Management Flow Chart: Roles and Responsibilities
Appendix G	Student Concussion Diagnosis Report

## 10. References

Thanks in part to District School Board of Niagara and the BHNCDSD in lending a draft of their concussion Policy and Procedure and protocols.

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