

# 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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<http://www.safety.ophea.net>  
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Sport Concussion Assessment Tool 3rd edition for use by medical professionals only  
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Center for Disease Control and Prevention: Returning to School After a Concussion: A fact Sheet for School Professionals [www.cdc.gov/concussion](http://www.cdc.gov/concussion)  
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**Dan McIntosh CAT(c), ATC** Owner/ Athletic Therapist [www.Mspar.ca](http://www.Mspar.ca)  
**MSPAR McIntosh Sports Performance and Rehabilitation**  
285 Lorne Ave E, Unit 4, Stratford, ON N5A 6S4 Phone: (226) 9211645 Fax: (519) 2721818

## Appendix A1 - Roles and Responsibilities

### CONCUSSION TOOLKIT

#### Roles and responsibilities of parents and athletes

For further information please visit: [www.parchutecanada.org/activeandsafe](http://www.parchutecanada.org/activeandsafe)

Enrolling your child in a team sport program at school or in the community can be a very rewarding experience for everyone. From lacing up your child's first pair of skates to running the team jersey through the washing machine, it all amounts to being part of an active lifestyle. As parents, it is important for children to play safe and have fun.

When it comes to concussion, prevention is key. Prevention involves respect for self in terms of your own conduct as a spectator and good understanding of the rules of the sport. Equally important is the role of protective equipment:

- Encourage your child to play fair and engage in fair play, within the rules, and within his or her abilities.
- Teach your child to have respect for his or her brain and the brains of their opponents.
- Reinforce wearing the right gear for the right sport, and the importance of having equipment that fits well and is in good condition.
- Helmets prevent skull fractures, brain contusions, lacerations, and blood clots in and around the brain. They do not prevent concussion.
- There is no scientific evidence that mouth guards prevent concussions, but they do prevent dental fractures and jaw fractures.

#### Ask Questions!

In the event of concussion, asking questions about your child's concussion is important. There are a number of questions to consider when it comes to the overall sport experience. These questions may address program organization, psychological and developmental factors, adult leadership and, of course, safety. Here are some examples of **questions for parents and athletes**.

#### **Questions for the Parent:**

*Why did you register your child in a team sport?*

*What values do you think should be promoted by the sport program?*

*What important facts does your child's coach need to know about injury prevention?*

*Does your child's sport program have a written set of goals and program guidelines?*

*What kind of equipment is used and who is responsible for providing it?*

*Is protective equipment necessary, in good repair and is used properly?*

*Is a medical exam required to participate?*

*Is the playing area safe for practices and games?*

*Is someone trained in Red Cross or emergency procedures?*

*Is physical conditioning important for the sport?*

*Are opponents thought of as the enemy?*

*Are game rules adapted to your child's level of skill development, age and size?*

*How was your child's coach selected?*

*What kind of training have they received?*

*Is success measured by your child's sport program? How?*

### Questions for the Athlete:

- Why did you register yourself in a team sport?*
- What values do you think should be promoted by the sport program?*
- What important facts does your coach need to know about injury prevention?*
- Does your sport program have a written set of goals and program guidelines?*
- What kind of equipment is used and who is responsible for providing it?*
- Is protective equipment necessary, in good repair and is used properly?*
- Is a medical exam required to participate? Is the playing area safe for practices and games?*
- Is someone trained in Red Cross or emergency procedures?*
- Is physical conditioning important for the sport?*
- Are opponents thought of as the enemy?*
- Are game rules adapted to your level of skill development, age and size?*
- How was your coach selected?*
- What kind of training have they received?*
- Does your sport program measure success? How?*

The purpose of this Tool Kit is to help guide your actions, with respect to home, school and play when your child has had a concussion.

As a parent, you already know it takes a village to raise a child. This is particularly true with respect to ensuring the safe return of your child to his/her normal routines after a concussion. In anticipation of **meeting with your child's physician**, creating a list of questions and concerns that you have, as well as anticipating what the doctor might ask, will help paint a clearer picture for both yourself and the doctor of your child's concussion. You may find this list of questions helpful, as they contribute to your level of confidence with respect to ensuring you have all the information you need at the conclusion of the appointment(s).

### **Returning to Home, School and Sport**

Returning to normal activity at home, school and sport also requires planning. Following the physician's recommendations is important to help your child with each of these environments. Here is an example of a home, school and physical activity work plan:

- We encourage you to take time to meet with your child's teacher for the purpose of establishing a safe and rewarding return to learn plan.
- Do not assume that your child's **teacher** or **coach** has all the tools they need to manage a concussed student/athlete.
- In the case of an older child, it makes good sense to engage their participation as part of the overall return to learn and return to play experience. Help your children help themselves by providing them with **Concussion Guidelines for the Parent/Guardian (Appendix A2)**.

When children suffer from concussion, their social, physical and learning environments are affected. The concussion experience may result in your child being unable to return to sport or school for a period of time, which may cause them stress and pressure. Children might not have enough knowledge to recognize when they have been concussed, and so providing concussion education is important. They might also choose not to report their injury or deemphasize symptoms because they want to play their sport, and not let their team, coach or parents down.

When it comes to the learning environment, it is important to provide your son or daughter's teacher with the right concussion information. The stress and pressure that a child might experience in trying to return to school faster than they should might be lessened if the teacher has knowledge of concussion and its impact.

## Appendix A2 - Roles and Responsibilities

### Concussion Guidelines: The Parents/Caregivers

#### WHAT IS A CONCUSSION?

A Concussion is a brain injury that cannot be seen on routine X-rays, CT scans or MRIs. It affects the way your child may think and remember things and can cause a variety of symptoms.

#### WHAT ARE THE SYMPTOMS AND SIGNS OF CONCUSSION?

YOUR CHILD DOES NOT NEED TO BE KNOCKED OUT (LOSE CONSCIOUSNESS) TO HAVE HAD A CONCUSSION.

THINKING PROBLEMS	CHILD'S COMPLAINTS	OTHER PROBLEMS
<ul style="list-style-type: none"> <li>• Does not know time, date, period of game, opposing team, score of game</li> <li>• General confusion</li> <li>• Cannot remember things that happened before and after the injury</li> <li>• Knocked out</li> </ul>	<ul style="list-style-type: none"> <li>• Headache</li> <li>• Dizziness</li> <li>• Feels dazed</li> <li>• Feels 'dinged' or stunned; "having my bell rung"</li> <li>• Sees stars, flashing lights</li> <li>• ringing in the ears</li> <li>• sleepiness</li> <li>• Loss of vision</li> <li>• Sees double or blurry</li> <li>• Stomach ache, stomach pain, nausea</li> </ul>	<ul style="list-style-type: none"> <li>• Poor coordination or balance</li> <li>• Blank stare/glassy eyed</li> <li>• vomiting</li> <li>• Slurred speech</li> <li>• slow to answer questions or follow directions</li> <li>• Easily distracted</li> <li>• Poor concentration</li> <li>• Strange or inappropriate emotions (e.g., laughing, crying, getting mad easily)</li> <li>• Not playing as well</li> </ul>

#### WHAT CAUSES A CONCUSSION?

Any blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion (e.g., a ball to the head, being checked into the boards in hockey).

#### WHAT SHOULD YOU DO IF YOUR CHILD GETS A CONCUSSION?

Your child should STOP PLAYING THE SPORT IMMEDIATELY. They should not be left alone and should be seen by a doctor as soon as possible that day. If your child is knocked out, call an ambulance to take him/her to a hospital immediately. Do not move your child or remove any equipment such as helmets until the paramedics arrive.

#### HOW LONG WILL IT TAKE FOR MY CHILD TO GET BETTER?

The signs and symptoms of a concussion often last for 7 to 10 days, but may last much longer. In some cases, athletes may take many weeks or months to heal. Having had previous concussions may increase the chance that a person may take longer to heal.

#### HOW IS CONCUSSION TREATED?

THE MOST IMPORTANT TREATMENT FOR A CONCUSSION IS REST. The child should not exercise, go to school or do any activities that may make them worse, like riding a bike, play wrestling, reading, working on the computer or playing video games. If your child goes back to activities before they are completely better, they are more likely to get worse, and to have symptoms longer. Even though it is very hard for an active child to rest, this is the most important step.

Once your child is completely better at rest (all symptoms have resolved), then they can start a stepwise increase in activities. It is important that your child is seen by a doctor before he/she begins the steps needed to return to activity, to make sure he/she is completely better. If possible, your child should be seen by a doctor with experience in treating concussion.

### **WHEN CAN MY CHILD RETURN TO SCHOOL?**

Sometimes children who have a concussion may find it hard to concentrate in school and may get a worse headache or feel sick to their stomach if they are in school. Children should stay home from school if their symptoms get worse while they are in class. Once they feel better, they can try going back to school part time to start (e.g., for half days initially) and if they are okay with that, then they can go back full time.

### **WHEN CAN MY CHILD RETURN TO SPORT?**

It is VERY IMPORTANT that your child NOT go back to SPORTS if he/she has ANY CONCUSSION SYMPTOMS or SIGNS. Return to sport and activity must follow a stepwise approach:

- STEP 1: No activity, complete rest. Once back to normal and cleared by doctor, go to Step 2.
- STEP 2: Light exercise, such as walking or stationary cycling, for 10 to 15 minutes
- STEP 3: Sport specific aerobic activity (e.g., skating in hockey, running in soccer) for 20 to 30 minutes (NO CONTACT).
- STEP 4: "On field" practice, such as ball drills, shooting drills, and other activities with NO CONTACT (e.g., no checking, no heading the ball).
- STEP 5: "On field" practice with body contact, once cleared by doctor.
- STEP 6: Game play.

**NOTE: Each step must take a MINIMUM of 24 HOURS.** If your child has any symptoms of a concussion (e.g., headache, feeling sick) that come back either during activity or later that same day, your child should stop the activity immediately and rest until symptoms resolve, for a minimum of 24 hours. Your child should be seen by a doctor and cleared again before starting the stepwise protocol again.

### **WHEN SHOULD I TAKE MY CHILD TO THE DOCTOR?**

Every child who gets a head injury should be seen by a doctor as soon as possible. Your child should go back to the doctor IMMEDIATELY if, after being told he/she has a concussion, he/she has worsening symptoms, such as:

1. Being more confused
2. Headache that is getting worse
3. Vomiting more than twice
4. Strange behaviour
5. Not waking up
6. Having any trouble walking
7. Having a seizure

Problems caused by a head injury can get worse later that day or night. The child should not be left alone and should be checked throughout the night. If you have any concerns about the child's breathing or how they are sleeping, wake them up. Otherwise, let them sleep. If they seem to be getting worse, you should see your doctor immediately. No child should go back to sport until they have been cleared by their doctor.

## Appendix A3 - Roles and Responsibilities

### Concussion Guidelines: The Teachers/Coaches

#### WHAT IS A CONCUSSION?

A Concussion is a brain injury that cannot be seen on routine X-rays, CT scans or MRIs. It affects the way your child may think and remember things and can cause a variety of symptoms.

#### WHAT ARE THE SYMPTOMS AND SIGNS OF CONCUSSION?

YOUR CHILD DOES NOT NEED TO BE KNOCKED OUT (LOSE CONSCIOUSNESS) TO HAVE HAD A CONCUSSION.

THINKING PROBLEMS	CHILD'S COMPLAINTS	OTHER PROBLEMS
<ul style="list-style-type: none"> <li>• Does not know time, date, period of game, opposing team, score of game</li> <li>• General confusion</li> <li>• Cannot remember things that happened before and after the injury</li> <li>• Knocked out</li> </ul>	<ul style="list-style-type: none"> <li>• Headache</li> <li>• Dizziness</li> <li>• Feels dazed</li> <li>• Feels 'dinged' or stunned; "having my bell rung"</li> <li>• Sees stars, flashing lights</li> <li>• ringing in the ears</li> <li>• sleepiness</li> <li>• Loss of vision</li> <li>• Sees double or blurry</li> <li>• Stomach ache, stomach pain, nausea</li> </ul>	<ul style="list-style-type: none"> <li>• Poor coordination or balance</li> <li>• Blank stare/glassy eyed</li> <li>• vomiting</li> <li>• Slurred speech</li> <li>• slow to answer questions or follow directions</li> <li>• Easily distracted</li> <li>• Poor concentration</li> <li>• Strange or inappropriate emotions (e.g., laughing, crying, getting mad easily)</li> <li>• Not playing as well</li> </ul>

#### WHAT CAUSES A CONCUSSION?

Any blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion (e.g., a ball to the head, being checked into the boards in hockey).

#### WHAT SHOULD YOU DO IF A STUDENT GETS A CONCUSSION?

You will most often have students who have sustained a concussion outside of school, but it is important to know how to deal with a student whom you suspect has sustained a concussion while participating in a sport or activity at school. **IF YOU SUSPECT A CONCUSSION, THE STUDENT SHOULD STOP PLAYING THE SPORT OR ACTIVITY IMMEDIATELY.** He/she should not be left alone and should be seen by a doctor as soon as possible that day. If a student is knocked out for more than a minute, call an ambulance to take him/her to a hospital immediately. Do not move him/her or remove any equipment such as helmets until the paramedics arrive.

Anyone with a concussion should not go back to play that day, even if he/she is feeling better. Problems caused by a head injury can get worse later that day or night. He/she should not return to activity until he/she has been seen by a doctor.

#### HOW LONG WILL IT TAKE FOR THE STUDENT TO GET BETTER?

The signs and symptoms of a concussion often last for 7 to 10 days, but may last much longer. In some cases, children may take many weeks or months to heal. Having had previous concussions may increase the chance that a person may take longer to heal.

## **HOW IS CONCUSSION TREATED?**

IT IS CLEAR THAT EXERTION, BOTH PHYSICAL AND MENTAL, WORSENS CONCUSSION SYMPTOMS AND MAY DELAY RECOVERY. THUS, THE MOST IMPORTANT TREATMENT FOR A CONCUSSION IS REST. Many students find that attending school aggravates their symptoms, and may have to stay home and rest. It is not possible to know when symptoms will improve, as each concussion is unique. Therefore, a specific return date to school may not initially be possible for the student, their parents, or doctor to provide. Once they feel better, they can try going back to school, initially part time (e.g., half days at first) and, if their symptoms do not return, then they can go back full time. Remember that mental exertion can make symptoms worse, so the student's workload may need to be adjusted accordingly. If a student goes back to activities before they are completely better, they are more likely to get worse, and to have symptoms longer.

## **STEPWISE APPROACH TO RETURN TO ACTIVITY/SPORT**

IT IS VERY IMPORTANT THAT A STUDENT DOES NOT GO BACK TO ACTIVITY IF HE/SHE HAS ANY CONCUSSION SYMPTOMS OR SIGNS. Return to sport and activity must follow a stepwise approach:

- STEP 1: No activity, complete rest. Once back to normal and cleared by doctor, go to Step 2.
- STEP 2: Light exercise, such as walking or stationary cycling, for 10 to 15 minutes
- STEP 3: Sport specific aerobic activity (e.g., skating in hockey, running in soccer) for 20 to 30 minutes (NO CONTACT).
- STEP 4: "On field" practice, such as ball drills, shooting drills, and other activities with NO CONTACT (e.g., no checking, no heading the ball).
- STEP 5: "On field" practice with body contact, once cleared by doctor.
- STEP 6: Game play

**NOTE:** Each step must take a **MINIMUM of 24 HOURS**. If a student has any symptoms of a concussion (e.g., headache, feeling sick) that come back either during activity or later that same day, the student should stop the activity immediately and be seen by a doctor and cleared again before starting the stepwise protocol. The protocol needs to be individualized to the patient: their injury, and the types of activities they are returning to. This protocol is used for all physical activities, including Physical Education classes. Therefore, PE teachers should speak with the child's parents in order to determine what kind of participation the child can have in class.

## **WHEN CAN A STUDENT WITH A CONCUSSION RETURN TO SPORT?**

It is very important that a student not play any sports, including PE class activities if he/she has any signs or symptoms of concussion. The student must rest until he/she is completely back to normal. When he/she has been back to normal and has seen a doctor, he/she can then go through the steps of increasing activity described above. When the student has progressed through these steps with no symptoms or problems, and has received clearance from a doctor, he/she may return to play. If you are unsure if a student should participate, remember...**WHEN IN DOUBT, SIT THEM OUT!**

## Appendix B - Return to Learn Strategies/Approaches

<b>COGNITIVE DIFFICULTIES</b>		
<b>Post-Concussion Symptoms</b>	<b>Impact on Student's Learning</b>	<b>Potential Strategies and/or Approaches</b>
Headache and Fatigue	Difficulty concentrating, paying attention or multitasking	<ul style="list-style-type: none"> <li>• Ensure instructions are clear (e.g. simplify directions, have the student repeat directions back to the teacher)</li> <li>• Allow student to have frequent breaks, or return to school gradually (e.g. 1 - 2 hours, half-days, late starts)</li> <li>• Keep distractions to a minimum (e.g. move the student away from bright lights or noisy areas)</li> <li>• Limit materials on the student's desk or in their work area to avoid distractions</li> <li>• Provide alternative assessment opportunities (e.g. give tests orally, allow the student to dictate responses to tests or assignments, provide access to technology)</li> </ul>
Difficulty Remembering or Processing Speed	Difficulty retaining new information, remembering instructions, accessing learned information	<ul style="list-style-type: none"> <li>• Provide a daily organizer and prioritize tasks</li> <li>• Provide visual aids/cues and/or advance organizers (e.g., visual cueing, non-verbal signs)</li> <li>• Divide larger assignments/assessments into smaller tasks</li> <li>• Provide the student with a copy of class notes</li> <li>• Provide access to technology</li> <li>• Repeat instructions</li> <li>• Provide alternative methods for the student to demonstrate mastery</li> </ul>
Difficulty Paying Attention/Concentrating	<p>Limited/short-term focus on school/work</p> <p>Difficulty maintaining a regular academic workload or keeping pace with work demands</p>	<ul style="list-style-type: none"> <li>• Coordinate assignments and projects among all teachers</li> <li>• Use a planner/organizer to manage and record daily/weekly homework, assignments and projects</li> <li>• Extend deadlines or break down tasks</li> <li>• Facilitate the use of a peer note taker</li> <li>• Provide alternate assignments and/or tests</li> <li>• Check frequently for comprehension</li> <li>• Consider limiting tests to one per day and student may need extra time or a quiet environment</li> </ul>

<b>EMOTIONAL/BEHAVIOURAL DIFFICULTIES</b>		
<b>Post-Concussion Symptoms</b>	<b>Impact on Student's Learning</b>	<b>Potential Strategies and/or approaches</b>
Anxiety	Decreased attention/concentration	<ul style="list-style-type: none"> <li>• Inform the student of any changes in the daily timetable/schedule</li> <li>• Adjust the student's timetable/schedule as needed to avoid fatigue (e.g., 1-2 hours/periods, half-days, full days)</li> <li>• Build in more frequent breaks during the school day</li> <li>• Provide the student with preparation time to respond to questions</li> </ul>
Irritable or Frustrated	Inappropriate or impulsive behavior during class	<ul style="list-style-type: none"> <li>• Encourage teachers to use consistent strategies and approaches</li> <li>• Acknowledge and empathize with the student's frustration, anger or emotional outburst if and as they occur</li> <li>• Reinforce positive behavior</li> <li>• Provide structure and consistency on a daily basis</li> <li>• Prepare the student for change and transitions</li> <li>• Set reasonable expectations</li> <li>• Anticipate and remove the student from a problem situation (without characterizing it as a punishment)</li> </ul>
Light/Noise Sensitivity	Difficulties working in a classroom environment (e.g., lights, noise, etc.)	<ul style="list-style-type: none"> <li>• Arrange strategic seating (e.g., move the student away from window or talkative peers, proximity to the teacher or peer support, quiet setting)</li> <li>• Where possible, provide access to special lighting (e.g., task lighting, darker room)</li> <li>• Minimize background noise</li> <li>• Provide alternative settings (e.g., alternative work space, study carrel)</li> <li>• Avoid noisy, crowded environments such as assemblies and hallways during high traffic times</li> <li>• Allow the student to eat lunch in a quiet area with a few friends</li> <li>• Where possible, provide ear plugs/headphones, sunglasses</li> </ul>
Depression/Withdrawal	Withdrawal from participation in school activities or friends	<ul style="list-style-type: none"> <li>• Build time into class/school day for socialization with peers</li> <li>• Partner student with a "buddy" for assignments or activities</li> </ul>

## Appendix C - Tool to Identify a Suspected Concussion (Initial Response)

This tool is a quick reference to help identify a suspected concussion. In all cases of a suspected concussion, the student must be examined by a medical doctor or nurse practitioner for diagnosis and must follow Concussion Management Procedures - Return to Learn and Return to Physical Activity.

i) An incident occurred involving \_\_\_\_\_ on \_\_\_\_\_.  
 (Student Name) (Date)

He/she was observed for signs and symptoms of a concussion: (CHECK APPROPRIATE BOX)

- No signs or symptoms described below were noted at the time. Note: Continued monitoring of the student is important as signs and symptoms of a concussion may appear hours later.
- The following signs were observed and symptoms reported:

Following a blow to the head, neck, or a blow to the body that transmits a force to the head, a concussion must be suspected in the presence of any one or more of the following signs or symptoms (check all observed or reported symptoms that apply).

<b>SIGNS AND SYMPTOMS OF SUSPECTED CONCUSSION</b>	
Possible Signs Observed (Check Appropriate Box) <i>A sign is something that will be observed by another person (e.g., parent/guardian, teacher, coach, supervisor, peer).</i>	Possible Symptoms Reported (Check Appropriate Box) <i>A symptom is something the student will feel/report.</i>
<p><b>Physical</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Vomiting</li> <li><input type="checkbox"/> Slurred speech</li> <li><input type="checkbox"/> Slowed reaction time</li> <li><input type="checkbox"/> Poor coordination or balance</li> <li><input type="checkbox"/> blank stare/glassy-eyed/dazed or vacant look</li> <li><input type="checkbox"/> Decreased playing ability</li> <li><input type="checkbox"/> Loss of consciousness or lack of responsiveness</li> <li><input type="checkbox"/> Lying motionless on the ground or slow to get up</li> <li><input type="checkbox"/> Amnesia</li> <li><input type="checkbox"/> seizure or convulsion</li> <li><input type="checkbox"/> Grabbing or clutching of head</li> </ul> <p><b>Cognitive</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Difficulty concentrating</li> <li><input type="checkbox"/> Easily distracted</li> <li><input type="checkbox"/> General confusion</li> <li><input type="checkbox"/> Cannot remember things that happened before and after the injury (see Quick Memory Function Assessment)</li> <li><input type="checkbox"/> Does not know time, date, place, class, type of activity in which he/she was participating</li> <li><input type="checkbox"/> slowed reaction time (e.g., answering questions or following directions)</li> </ul> <p><b>Emotional/Behavioural</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Strange or inappropriate emotions (e.g., laughing, crying, getting angry easily)</li> </ul>	<p><b>Physical</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Headache</li> <li><input type="checkbox"/> Pressure in head</li> <li><input type="checkbox"/> Neck pain</li> <li><input type="checkbox"/> Feeling off/not right</li> <li><input type="checkbox"/> Ringing in the ears</li> <li><input type="checkbox"/> Seeing double or blurry/loss of vision</li> <li><input type="checkbox"/> Seeing stars, flashing lights</li> <li><input type="checkbox"/> Pain at physical site of injury</li> <li><input type="checkbox"/> Nausea/stomach ache/pain</li> <li><input type="checkbox"/> Balance problems or dizziness</li> <li><input type="checkbox"/> Fatigue or feeling tired</li> <li><input type="checkbox"/> Sensitivity to light or noise</li> </ul> <p><b>Cognitive</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Difficulty concentrating or remembering</li> <li><input type="checkbox"/> Slowed down, fatigue or low energy</li> <li><input type="checkbox"/> Dazed or in a fog</li> </ul> <p><b>Emotional/Behavioural</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Irritable, sad, more emotional than usual</li> <li><input type="checkbox"/> Nervous, anxious, depressed</li> <li><input type="checkbox"/> Other</li> </ul> <p><b>Other Signs and/or Symptoms</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> _____</li> </ul>

If any observed signs or symptoms worsen, call 911.

**ii) Quick Memory Function Assessment - Failure to answer any of these questions correctly may indicate a concussion.**

What room are we in right now? Answer: \_\_\_\_\_  
What part of the day is it? Answer: \_\_\_\_\_  
What activity/sport/game are we playing now? Answer: \_\_\_\_\_  
What is the name of your teacher/coach? Answer: \_\_\_\_\_  
What field are we playing on today? Answer: \_\_\_\_\_  
What school do you go to? Answer: \_\_\_\_\_

If there are any signs observed or symptoms reported, or if the student fails to answer any of the above questions correctly, a concussion should be suspected and the student must be immediately removed from play and must not be allowed to return to play that day, even if the student states that he/she is feeling better. Students with a suspected concussion should not be left alone and must not leave the premises without parent/guardian (or emergency contact) supervision.

**iii) Continued Monitoring**

Students should be monitored for 24-48 hours following the incident as signs and symptoms can appear immediately after the injury or may take hours or days to emerge. If any signs or symptoms emerge, the student needs to be examined by a medical doctor or nurse practitioner.

Principal Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\* This form must be copied, with the original filed as per school board policy and the copy provided to parent/guardian.\*\***

## **Appendix D1 - Initial Response Identification (*Emergency Action Plan*)**

If a student receives a 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, and as a result may have suffered a concussion, the individual (e.g., teacher/coach) responsible for that student must take immediate action as follows:

### **i) Unconscious Student (or where there was any loss of consciousness)**

- Stop the activity immediately - assume there was a concussion.
- Initiate the Emergency Action Plan and call 911
- Assume there is a possible neck injury and, only if trained, immobilize the student before emergency medical services arrive
  - Do NOT remove athletic equipment (e.g., helmet) unless there is difficulty breathing
- Stay with the student until emergency medical services arrive
- Contact the student's parent/guardian (or emergency contact) to inform them of the incident and that emergency medical services have been contacted
- Monitor and document any changes (e.g., physical, cognitive, emotional/behavioural) in the student. Refer to the AMDSB injury report form for documentation procedures (OSBIE)
- If the student regains consciousness, encourage him/her to remain calm and to lie still. Do not administer medication (unless the student requires medication for other conditions - e.g., insulin for a student with diabetes)

### **ii) Conscious Student**

- Stop the activity immediately
- Initiate the Emergency Action Plan
- When the student can be safely moved, remove him/her from the current activity/game
- Conduct an initial concussion assessment of the student (e.g., check for common signs/symptoms of concussion using "Tool to Identify a Suspected Concussion", Appendix C)

### **iii) If Signs are Observed or Symptoms are Reported**

- A concussion should be suspected - do not allow the student to return to play in the activity, game or practice that day even if the student states that he/she is feeling better
- Contact the student's parent/guardian (or emergency contact) to inform them:
  - Of the incident;
  - That they need to come and pick up the student; and
  - That the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day
- Monitor and document any changes (e.g., physical, cognitive, emotional/behavioural) in the student. If any signs or symptoms worsen, call 911
  - Refer to the AMDSB injury report form (OSBIE) for documentation procedures
- Do not administer medication (unless the student requires medication for other conditions - e.g., insulin for a student with diabetes)
- Stay with the student until his/her parent/guardian (or emergency contact) arrives
- **The student must NOT leave the premises without parent/guardian (or emergency contact) supervision**

### **iv) If Signs are NOT Observed or Symptoms are NOT Reported**

- A concussion is not suspected - the precautionary removal of the student from physical activity is recommended
- However, the student's parent/guardian (or emergency contact) must be contacted and informed of the incident

## Appendix D2 - Documentation of Medical Examination Form

This form is to be provided to all students suspected of having a concussion. For more information, see Concussion Management Flow Chart or Appendix E: Return to Learn and Return to Physical Activity.

\_\_\_\_\_ (student name) sustained a suspected concussion on \_\_\_\_\_ (date). As a result, this student must be seen by a medical doctor or nurse practitioner. Prior to returning to school, the parent/guardian must inform the school principal of the results of the medical examination by completing the following:

### **Results of the Medical Examination**

- My child/ward has been examined and no concussion has been diagnosed, therefore may resume full participation in learning and physical activity with no restrictions.
- My child/ward has been examined and a concussion has been diagnosed and therefore must begin a medically supervised, individualized and gradual *Return to Learn/Return the Physical Activity Plan* (Appendix E)

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments:

## Appendix E - Documentation for a Diagnosed Concussion

### Return to Learn/Return to Physical Activity Plan

***THIS DOCUMENT TO BE FILED ONCE IT HAS BEEN COMPLETED.***

#### **STEP 1 - RETURN TO LEARN/RETURN TO PHYSICAL ACTIVITY**

NO ACTIVITY; COMPLETE REST. This step continues for a minimum of 24 hours or until student's symptoms begin to improve OR the student is symptom free (as determined by the parents/guardians and the concussed student).

- Completed at home; student does not attend school during Step 1
  - Cognitive Rest - includes limiting activities that require concentration and attention (e.g., reading, texting, television, computer, videoelectronic games)
  - Physical Rest - includes restricting recreational/leisure and competitive physical activities
- 
- My child/ward has completed Step 1 of the Return to Learn/Return to Physical Activity Plan (cognitive and physical rest at home) and his/her **symptoms have shown improvement**. My child/ward will proceed to Step 2a - Return to Learn.
  - My child/ward has completed Step 1 of the Return to Learn/Return to Physical Activity Plan (cognitive and physical rest at home) and is **symptom free**. My child/ward will proceed directly to Step 2b -Return to Learn and Step 2c - Return to Physical Activity.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

If at any time during the following steps symptoms return, please refer to the "Return of Symptoms" section on page 3 of this form.
--

#### **STEP 2: RETURN TO MONITORED AND LIGHT LEARNING and LIGHT PHYSICAL ACTIVITY**

A student with symptoms that are improving, but who is not yet symptom free, may return to school and begin to Return to Learn - Step 2a. Physical rest must continue. During this step, the student returns to school with monitored reintegration to the classroom. Cognitive activity should be increased slowly (both at school and home), since the concussion may still affect his/her academic performance.

##### **Step 2a - Return to Learn**

- Student makes gradual return to instructional day
- Requires individualized classroom strategies and/or approaches which gradually increase cognitive activity
- Physical Rest - includes restricting recreational/leisure and competitive physical activities

**If symptoms persist or worsen, return to Step 1 and consult physician.**

- My child has made a gradual return to his/her instructional day and has been receiving individualized classroom strategies and/or approaches and is symptom free. My child will proceed to Step 2b - Return to Learn and Step 2c - Return to Physical Activity.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

**Step 2b - Return to Learn**

This step occurs concurrently with Return to Physical Activity - Step 2c.

- Student returns to regular activities at school, as they have successfully completed Step 2a and is symptom free OR has become symptom free soon after the concussion and has completed Step 1.

**Step 2c - Return to Physical Activity**

- Student can participate in individual light aerobic physical activity only (intensity below 70% of maximum heart rate)
  - Student continues with regular learning activities
  - Objective is to increase heart rate
- My child is symptom free after participating in light aerobic activity. My child will proceed to Step 3 - Return to Physical Activity.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

**STEP 3 - RETURN TO LIGHT AEROBIC PHYSICAL ACTIVITY**

- Student may begin individual sport specific aerobic physical activity only (e.g., skating in hockey, running in soccer). No body contact.
- Objective is to add movement.

**STEP 4 - RETURN TO MODERATE AEROBIC and "ONFIELD" PHYSICAL ACTIVITY**

- Student may begin activities where there is no body contact (e.g., dance, badminton); and light resistance/weight training; noncontact practice; and noncontact sport specific drills (e.g., ball drills, shooting drills). Noncontact (e.g., no heading the ball or body checking).
  - Objective is to increase exercise, coordination and cognitive load
- Student has successfully completed Steps 3 and 4 and is symptom free.
- Appendix E will be returned to parent/guardian to obtain medical doctor/nurse practitioner diagnosis and signature.

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL EXAMINATION:**

- I, \_\_\_\_\_ (medical professional name) have examined \_\_\_\_\_ (student name) and confirm he/she continues to be symptom free and is able to return to regular physical education class/intramural activities/interschool activities in noncontact sports and full training/practices for contact sports.

Doctor/Nurse Practitioner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments:

***THIS FORM IS TO BE RETURNED TO THE SCHOOL, WITH A MEDICAL DOCTOR/NURSE PRACTITIONER'S SIGNATURE, BEFORE THE STUDENT MAY PROCEED TO STEP 5.***

**STEP 5 - RETURN TO "ON-FIELD PRACTICE" PHYSICAL ACTIVITY**

- Student may resume regular physical education/intramural activities/interschool activities in non-contact sports and return to training in contact sports, but no body contact.
- Objective is to restore confidence and assess functional skills by teacher/coach

**STEP 6 - RETURN TO "ONFIELD, GAMEPLAY" PHYSICAL ACTIVITY**

- Student may resume full participation in contact sports with no restrictions.

**RETURN OF SYMPTOMS**

- My child has experienced a return of concussion signs and /or symptoms and has been examined by a medical doctor/nurse practitioner, who has advised a return to:

Step \_\_\_\_\_ of the Return to Learn/Return to Physical Activity Plan

Parent/Guardian Signature: \_\_\_\_\_

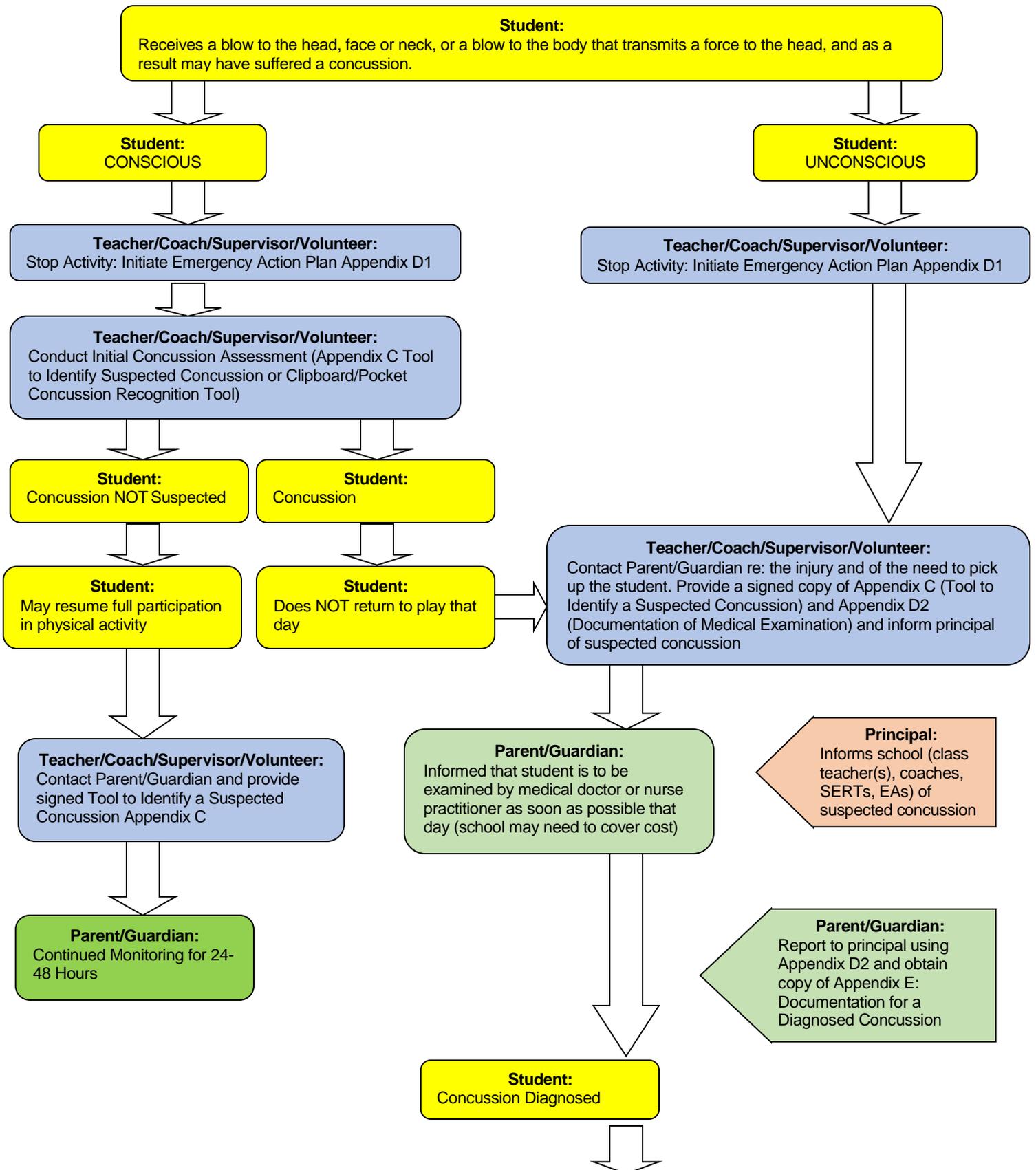
Date: \_\_\_\_\_

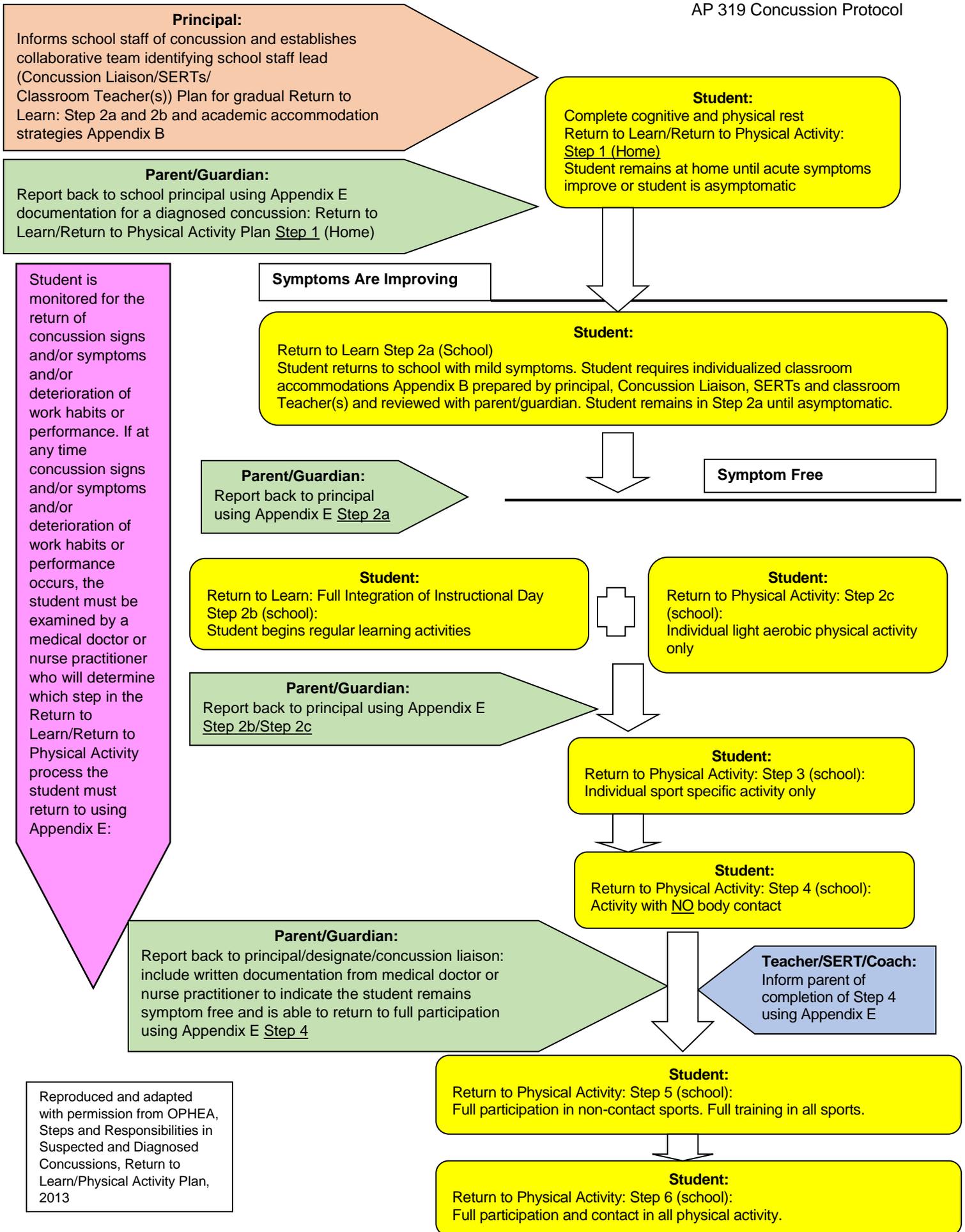
Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments:

## Appendix F - Concussion Management Flow Chart: Roles and Responsibilities in Suspected and Diagnosed Concussions





Reproduced and adapted with permission from OPHEA, Steps and Responsibilities in Suspected and Diagnosed Concussions, Return to Learn/Physical Activity Plan, 2013

## Appendix G - Student Concussion Diagnosis Report

January 30       June 28

School: \_\_\_\_\_ Principal: \_\_\_\_\_

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1. Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Return to Learn/Return to Physical Activity Plan in Place:  Yes  No

Return to Learn/Return to Physical Activity Plan Completed (Y) Ongoing: (N):  Yes  No

Date/Location of Incident: \_\_\_\_\_

Circumstances causing concussion: \_\_\_\_\_

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2. Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Return to Learn/Return to Physical Activity Plan in Place:  Yes  No

Return to Learn/Return to Physical Activity Plan Completed (Y) Ongoing: (N):  Yes  No

Date/Location of Incident: \_\_\_\_\_

Circumstances causing concussion: \_\_\_\_\_

---

3. Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Return to Learn/Return to Physical Activity Plan in Place:  Yes  No

Return to Learn/Return to Physical Activity Plan Completed (Y) Ongoing: (N):  Yes  No

Date/Location of Incident: \_\_\_\_\_

Circumstances causing concussion: \_\_\_\_\_

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4. Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Return to Learn/Return to Physical Activity Plan in Place:  Yes  No

Return to Learn/Return to Physical Activity Plan Completed (Y) Ongoing: (N):  Yes  No

Date/Location of Incident: \_\_\_\_\_

Circumstances causing concussion: \_\_\_\_\_

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5. Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Return to Learn/Return to Physical Activity Plan in Place:  Yes  No

Return to Learn/Return to Physical Activity Plan Completed (Y) Ongoing: (N):  Yes  No

Date/Location of Incident: \_\_\_\_\_

Circumstances causing concussion: \_\_\_\_\_

---

6. Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Return to Learn/Return to Physical Activity Plan in Place:  Yes  No

Return to Learn/Return to Physical Activity Plan Completed (Y) Ongoing: (N):  Yes  No

Date/Location of Incident: \_\_\_\_\_

Circumstances causing concussion: \_\_\_\_\_

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Concussion Awareness Training

Staff Completed (Date): \_\_\_\_\_

Comments: