



Concussion

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Administrative Procedures

The St. Clair Catholic District School Board 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 Board. The implementation of the Board's Concussion Policy and Administrative Procedure is another important step in creating healthier schools.

1. Responsibilities

1.1 The Superintendent of Education will:

- 1.1.1 Perform an annual review of the Concussion Administrative Procedure to ensure guidelines align with current best practice recommendations and, at minimum, Ontario Physical and Health Education Association concussion guidelines.
- 1.1.2 Create a concussion Board report (Ontario School Boards' Insurance Exchange /Appendix 1, Student Concussion Diagnosis Report), to be completed by school principals, to track student concussions and record staff concussion education.
- 1.1.3 Review concussion Board reports annually to ensure compliance with and effectiveness of the Administrative Procedure.
- 1.1.4 Provide concussion education to all school personnel and volunteers.
- 1.1.5 Implement concussion awareness and education strategies for students and their parents/guardians.
- 1.1.6 Provide support to schools and staff to ensure enforcement of Return to Learn/Return to Physical Activity Plan (Appendix 2) and Board Concussion Administrative Procedures.
- 1.1.7 Provide resources so that all board staff, including volunteers, 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.
- 1.1.8 Share the information on the Concussion Administrative Procedure with the school

community, including organizations that use the school facilities, such as community sports organizations and licensed child-care providers operating in schools of the Board.

1.2 Principal will:

- 1.2.1 Abide by the Concussion Administrative Procedure.
- 1.2.2 Review procedures with staff, volunteers, parents/guardians, and students so they are aware of the Concussion Administrative Procedure and understand their roles and responsibilities.
- 1.2.3 Support all staff to ensure the Concussion Administrative Procedure is followed.
- 1.2.4 Arrange for concussion in-servicing for staff and coaching volunteers and repeat as necessary.
- 1.2.5 Use the Tool to Identify A Suspected Concussion (Appendix 6) and include in occasional teacher lesson plans and field trip folders.
- 1.2.6 Share concussion information with students and their parents/guardians.
- 1.2.7 Follow OPHEA safety guidelines.
- 1.2.8 Work as closely as possible with students, parents/guardians, staff, volunteers, and health professionals to support concussed students with their recovery and academic success.
- 1.2.9 Maintain up to date emergency contact and telephone numbers.
- 1.2.10 Complete concussion Board report (OSBIE/Appendix 1, Student Concussion Diagnosis Report) as each injury occurs or each term/semester.
- 1.2.11 Attempt to obtain parental/guardian cooperation in reporting all non-school related concussions.
- 1.2.12 Provide concussion information so it is readily available to all school staff and volunteers.
- 1.2.13 Ensure that all incidents are recorded, reported, and filed as required by this Administrative Procedure, as appropriate, and with an OSBIE incident report form.
- 1.2.14 Coordinate the development of an Individual Education Plan (IEP) for students who are experiencing difficulty in their learning environment as a result of a concussion. See Appendix 3 for Return to Learn Strategies/Approaches.
- 1.2.15 Approve any adjustments to the student's schedule as required.
- 1.2.16 Alert appropriate staff about students with a suspected or diagnosed concussion.
 - 1.2.16.1 Prior to student return to school, ensure completion and collection of the

following documentation: Documentation of Medical Examination Form (Appendix 4).

1.2.16.2 Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan (Appendix 2) Use discretion to cover costs associated with completing required documentation (e.g. Appendix 2).

1.2.17 File above documents (Appendix 4 & 2) in student's OSR and provide copy to appropriate school staff.

1.2.18 Appoint primary staff member to act as the student's liaison to ensure adequate communication and coordination of their needs, once concussion is diagnosed.

1.3 School Staff (Includes administration staff, teaching staff, support staff, coaches, volunteers, etc.) will:

1.3.1 Understand and follow Concussion Policy and Administrative Procedure.

1.3.2 Attend and complete concussion training (e.g. initial staff meeting, online resources, workshop, read concussion package, etc.).

1.3.3 Provide age-appropriate concussion education, including prevention, is included for all students participating in activities that could result in a concussion.

1.3.4 Recognize signs, symptoms and respond appropriately in the event of a concussion. See Appendix 5: Concussion Guidelines-The Teachers/Coaches, and Appendix 6: Tool to Identify a Suspected Concussion.

1.3.5 Follow current OPHEA safety guidelines and implement risk management and injury prevention strategies.

1.3.6 Make sure that occasional teaching staff are updated on concussed student's condition.

1.4 Parents/Guardians will:

1.4.1 Review with your child the concussion information that is distributed through the school (e.g. learn signs and symptom of concussion Appendix 7 Concussion Guidelines: The Parents/Caregivers).

1.4.2 Reinforce concussion prevention strategies with your child.

1.4.3 Understand and follow parents/guardian roles and responsibilities in the Administrative Procedure.

1.4.4 Ensure child is assessed by physician/nurse practitioner as soon as possible, on the same day, in the event of a suspected concussion.

1.4.5 Cooperate with school to facilitate Return to Learn/Return to Physical Activity Plan (Appendix 2).

- 1.4.6 Follow physician/nurse practitioner recommendations to promote recovery.
- 1.4.7 Be responsible for the completion of all required documentation and associated costs.
- 1.4.8 Support your child's progress through recommended Return to Learn/Return to Physical Activity Plan (Appendix 2) guidelines.
- 1.4.9 Collaborate with school to manage suspected or diagnosed concussions appropriately.
- 1.4.10 Report non-school related concussion to principal (Return to Learn/Return to Physical Activity guidelines will still apply).

1.5 Students will:

- 1.5.1 Learn about concussions, including prevention strategies, signs and symptoms, concussion management and student roles and responsibilities, through applicable curriculum.
- 1.5.2 Immediately inform school staff of suspected or diagnosed concussions occurring during or outside of school.
- 1.5.3 Inform school staff if you experience any concussion related symptoms (immediate, delayed or reoccurring).
- 1.5.4 Remain on school premises until parent/guardian arrives if concussion is suspected.
- 1.5.5 Communicate concerns and challenges during recovery process with staff concussion liaison, school staff, parents/guardians, and health care providers.
- 1.5.6 Follow concussion management strategies as per medical doctor/nurse practitioner direction and Return to Learn/Return to Physical Activity guidelines.

1.6 Physician and/or other health care professionals may:

- 1.6.1 Assist in the development of an individualized academic and physical concussion management plan.
- 1.6.2 Monitor recovery process and modify concussion management plan as required.
- 1.6.3 Complete required documentation Return to Learn/Return to Physical Activity Plan (Appendix 2).
- 1.6.4 If symptoms persist beyond 10 days, additional medical referrals may be made.

1.7 Acting in Good Faith:

Despite prevention strategies listed above, head injuries will still occur. St. Clair Catholic District School Board staff and volunteers who are involved in intramural or inter-school

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.

2. Expectations

- 2.1 Concussion prevention and management requires the cooperation of all partners in the school community. To ensure the safety of students while they enjoy the many benefits of being active, parents/guardians, students, volunteers, staff, and the St. Clair Catholic District School Board must all understand and fulfill their responsibilities. It is critical to a student’s recovery that Return to Learn/Return to Physical Activity Plan be developed through a collaborative team approach led by the school principal. This team should include the concussed student, his/her parents/guardians, school staff and volunteers who work with the student, and the medical doctor/nurse practitioner. Ongoing communication and monitoring by all members of the team is essential for the successful recovery of the student.
- 2.2 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.
- 2.3 For a simplified version of roles and responsibilities in suspected and diagnosed concussion see Appendix 9: Concussion Management Flow Chart: Roles and Responsibilities in Suspected and Diagnosed Concussions.

3. Action Plans

3.1 Initial Response

Unconscious Student (or when there was any loss of consciousness)

Action	Responsibility
1. Stop the activity immediately-assume concussion	Supervising School Staff/Volunteers
2. Initiate school Emergency Action Plan and call 911. Assume neck injury. Only if trained, immobilize student. <u>DO NOT</u> move the student or remove athletic equipment unless breathing difficulty	Supervising School Staff/Volunteers
3. Remain with student until emergency medical service arrives	Supervising School Staff/Volunteers
4. Contact student’s parent/guardian (or emergency contact) to inform of incident and that emergency medical services have been contacted	Supervising School Staff/Volunteers
5. Monitor student and document any changes (physical, cognitive, emotional/behavioural).	Supervising School Staff/Volunteers
6. 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
7. Complete and sign Appendix 6 Tool to identify a Suspected Concussion and, if present, provide duplicate copy to parent/guardian retaining a copy.	Supervising School Staff/Volunteers

8. If present, provide the parent/guardian a copy of Appendix 4 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
9. 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 6 Tool to Identify a Suspected Concussion.	Supervising School Staff/Volunteers
10. Ensure student is examined by a medical doctor or nurse practitioner as soon as possible that day	Parent/ Guardian/Emergency Contact
11. Once diagnosis is made complete Documentation of Medical Examination Appendix 4 and return completed and signed document to school principal prior to student's return to school.	Parent/Guardian
12. Inform all school staff (e.g. classroom teacher, PRTs, physical education teachers, intramural supervisors, recess supervisors, coaches) and volunteers who work with the student of the suspected concussion	Principal
13. 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

3.2 Conscious Student

Action	Responsibility
1. Stop the activity immediately	Supervising School Staff/Volunteers
2. Initiate school Emergency Action Plan	Supervising School Staff/Volunteers
3. When safe to do so, remove student from current activity/game	Supervising School Staff/Volunteers
4. Conduct an initial concussion assessment of the student using Appendix 6 Tool to Identify a Suspected Concussion (or pocket CRT)	Supervising School Staff/Volunteers

3.3 If Concussion is Suspected – If in Doubt, Sit them Out

Action	Responsibility
1. Do not allow student to return to play in the activity, game or practice that day even if the student states she/he is feeling better	Supervising School Staff/Volunteers
2. Contact the student's parent/guardian (or emergency contact) to inform them: <ul style="list-style-type: none"> ○ Of the incident ○ That they need to come and pick up the student 	Supervising School Staff/Volunteers

<ul style="list-style-type: none"> ○ That the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day 	
3. Monitor and document any changes (i.e. physical, cognitive, emotional/behavioural) in the student. If signs or symptoms worsen, call 911	Supervising School Staff/Volunteers
4. Complete, sign, and photocopy Appendix 6:Tool to Identify a Suspected Concussion	Supervising School Staff/Volunteers
5. Do not administer medication (unless student requires medication for other conditions-e.g. insulin)	Supervising School Staff/Volunteers
6. Stay with student until his/her parent/guardian (or emergency contact) arrives.	Supervising School Staff/Volunteers
7. Student must not leave the premises without parent/guardian supervision	Supervising School Staff/Volunteers & Student
8. Provide parent/guardian (emergency contact) signed copy of Appendix 6 Tool to Identify a Suspected Concussion, retaining a copy	Supervising School Staff/Volunteers
9. Provide parent/guardian (or emergency contact) copy of Appendix 4 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
10. Ensure student is examined by a medical doctor or nurse practitioner as soon as possible that day	Parent/ Guardian/Emergency Contact
11. 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 6 Tool to Identify a Suspected Concussion.	Supervising School Staff/Volunteers
12. Inform parent/guardian (or emergency contact) that the student must be examined by a medical doctor or nurse practitioner as soon as possible that day	Supervising School Staff/Volunteers
13. Complete Documentation of Medical Examination Appendix 4 once diagnosis is made and return completed and signed document to school principal prior to student's return to school.	Parent/Guardian
14. Inform all school staff (e.g. classroom teacher, PRT's, physical education teachers, intramural supervisors, coaches) and volunteers who work with the student of the suspected concussion	Principal
15. 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

3.4 If signs are NOT observed, symptoms are NOT reported AND student passes Quick Memory Function Assessment (Appendix 6)

Action	Responsibility
1. Recommended precautionary withdrawal of student from physical activity	Supervising School Staff/Volunteers
2. Inform parent/guardian (or emergency contact) of the incident and provide signed copy of Appendix 6 Tool to Identify a Suspected Concussion, retaining a copy. Explain to parent/guardian (or emergency contact) that student should be monitored for 24-48 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 medical doctor or nurse practitioner as soon as possible on the same day and results shared with principal before return to school.	Supervising School Staff/Volunteers
3. Inform Supervising School Staff/Volunteers if symptoms appear during learning or any activity	Student
4. If symptoms appear proceed with Action items under "If a concussion is suspected"	Supervising School Staff/Volunteers & Parent/Guardian/Emergency Contact

4. Once Diagnosis is Made

4.1 If NO CONCUSSION is diagnosed student may resume regular learning and physical activity.

Action	Responsibility
1. Communicate diagnosis to school principal and return completed and signed Appendix 4 Documentation of Medical Examination	Parent/Guardian
2. Inform all school staff (e.g. classroom teacher, PRT's, physical education teachers, intramural supervisors, recess supervisors, coaches) and volunteers who work with the student of the diagnosis	Principal
3. File any related written documentation of the incident and results of the medical examination (e.g. in the student's OSR)	Principal
4. Resume regular learning and physical activity	Student

4.2 If CONCUSSION 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)

Action	Responsibility
1. Communicate diagnosis to school principal and return completed and signed Appendix 4 Documentation for a Diagnosed Concussion. Also report non-school related concussions.	Parent/Guardian

<p>2. Provide parent/guardian Document for a Diagnosed Concussion-Return to Learn/Return to Physical Activity Plan form Appendix 2 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.</p>	<p>Principal</p>
<p>3. 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 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.</p>	<p>Parent/Guardian & Student</p>
<p>4. Continue cognitive and physical rest at home for at least 24-48 hours (or longer) until student's symptoms are improving or he/she 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.</p>	<p>Parent/Guardian & Student</p>
<p>5. Inform all school staff (e.g. classroom teacher, PRTs, physical education teachers, intramural supervisors, yard duty supervisors, coaches) and volunteers who work with the student of the diagnosis</p>	<p>Principal</p>
<p>6. Identify collaborative team (i.e. 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 & volunteers who work with the student, and the medical doctor or nurse practitioner</p>	<p>Principal</p>
<p>7. 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 3 Return to Learn Strategies/Approaches</p>	<p>Principal</p>

8. 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 increased symptoms. Return to learn should proceed slowly and gradually	Principal
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4.3 Student's Symptoms are improving.

Action	Responsibility
1. Complete, sign and forward Appendix 2 Documentation for a Diagnosed Concussion-Return to Learn/Return to Physical Activity Plan section titled Step1-Return to Learn/Return to Physical Activity	Parent/Guardian
2. Proceed to Step 2a-Return to Learn: Student returns to school. Develop and implement Individual Education Plan (IEP) (See Appendix 3 for Return to Learn Strategies/Approaches) with slow and gradual increases in cognitive activity (both at home and at school). Absolutely no recreational/leisure and competitive physical activity.	Principal, Concussion Liaison, PRT, Parent/Guardian, Medical Doctor/Nurse Practitioner, Student, Parent/Guardian
3. 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 he/she 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)
4. Follow individualized classroom strategies/approaches for return to learn plan until student is symptom free	School Staff, volunteers, student

4.4 Student is Symptom Free.

Action	Responsibility
1. Complete, sign and forward Appendix 2 Documentation for a Diagnosed Concussion-Return to Learn/Return to Physical Activity Plan Step 2a)	Parent/Guardian
2. Inform all school staff (e.g. classroom teacher, PRTs, physical education teachers, 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 2-Return to Physical Activity see Appendix 2 Documentation for a Diagnosed Concussion-Return to Learn/Return to Physical Activity Plan.	Principal
3. Closely monitor student for the return of any concussion symptoms and/or deterioration of work habits and performance	Concussion Liaison (in consultation with other members of the collaborative team)
4. Report any return of symptoms to supervising staff/volunteer	Student

<p>5. If symptoms return, stop activity and see Table below titled: Return of Symptoms. For more information see the last sections of Appendix 2: Documentation for a Diagnosed Concussion Return to Learn/Return to Physical Activity Plan.</p>	<p>Supervising Staff/Volunteer</p>
<p>6. Begin regular learning activities without individualized classroom strategies and/or approaches and initiate Step 2-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, scrimmages), participation with equipment or other students, drills, and body contact.</p>	<p>Student and Supervising Staff/Coaches/Volunteer</p>
<p>7. Complete and sign Appendix 2 Documentation for a Diagnosed concussion-Return to Learn/Return to Physical Activity Plan Step 2-Return to Physical Activity if your child/ward is symptom free after participating in light aerobic physical activity and return to principal.</p>	<p>Parent/Guardian</p>
<p>8. Inform all school staff (e.g. classroom teacher, PRT's, physical education teachers, staff supervisors, recess supervisors, coaches, Concussion Liaison, and volunteers) who work with the student that he/she may proceed to Step 3-Return to Physical Activity. Provide supervising staff/coaches/volunteers Appendix 2 Documentation for a Diagnosed Concussion-Return to Learn/Return to Physical Activity Plan to record student progress through Step 3 and 4.</p>	<p>Principal</p>
<p>9. Continue with regular learning activities at school and begin Step 3: individual sport specific physical activity only (e.g. running drills in soccer, skating drills in hockey, shooting drills in basketball) to add movement. Absolutely No resistance/weight training, competition (including practices, scrimmages), body contact, head impact activities (e.g. heading a soccer ball) or other jarring motions (e.g. high speed stops, hitting a baseball with bat)</p>	<p>Student and Supervising Staff/Coaches/Volunteer</p>
<p>10. 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; non-contact practice; and non-contact sport-specific drills (e.g. passing drills in football and ice hockey) to increase exercise, coordination and cognitive load. Absolutely no activities that involve body contact, head impact (e.g. heading soccer ball) or jarring motions (e.g. high speed stops, hitting a baseball with a bat)</p>	<p>Student and Supervising Staff/Coaches/Volunteer</p>

<p>11. Record student’s progress through Steps 3 and 4. Once student has completed Steps 3 and 4 and is symptom free, complete and sign Appendix 2 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 2 to parent/guardian to obtain medical doctor/nurse practitioner diagnosis and signature</p>	<p>Supervising Staff/Coaches/Volunteers/Concussion Liaison</p>
<p>12. Provide school principal with written documentation from a medical doctor or nurse practitioner (e.g. completed and signed Appendix 2 -Documentation for a Diagnosed Concussion-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</p>	<p>Parent/Guardian</p>
<p>13. Inform all school staff (e.g. classroom teacher, PRTs, physical education teachers, intramural supervisors, yard duty supervisors, coaches, Concussion Liaison, and volunteers) who work with the student that student may proceed to Step 5-Return to Physical Activity. File written documentation (e.g. completed and signed Appendix 2-Documentation for a Diagnosed Concussion-Return to Learn/Return to Physical Activity Plan section titled “Medical Examination”) in student’s OSR.</p>	<p>Principal Parent/Guardian</p>
<p>14. Continue with regular learning activities and begin Step 5: resume full participation in regular physical education/intramural/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.</p>	<p>Student and Supervising Staff/Coaches/Volunteers</p>
<p>15. If student remains symptom free, proceed to Step 6: Return to full participation in contact sports with no restrictions</p>	<p>Student and Supervising Staff/Coaches/Volunteers</p>

4.5 Return of Symptoms.

Action	Responsibility
<p>1. Report any return of symptoms to supervising staff/volunteers</p>	<p>Student</p>
<p>2. If signs of returned concussion symptoms and/or deterioration of work habits and performance occur, stop activity and contact student’s parent/guardian</p>	<p>Supervising staff/volunteer/Concussion Liaison</p>

(or emergency contact) and report to principal. Complete Board (Appendix 1 Student Concussion Diagnosis Report/OSBIE) report and forward to principal who will file in student record	
3. Contact parent/guardian (or emergency contact) to inform of returned symptoms and need for medical examination on the same day. Provide Appendix 2 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)
4. Have student examined by a medical doctor/nurse practitioner as soon as possible on the same day	Parent/Guardian
5. Complete, sign and forward Appendix 2 Documentation for a Diagnosed Concussion-Return to Learn/Return to Physical Activity Plan section titled "Return of Symptoms" to principal	Parent/Guardian
6. Follow medical doctor/nurse practitioner's treatment	Student & Parent/Guardian
7. Inform all school staff (e.g. classroom teacher, PRTs, physical education teachers, intramural supervisors, yard duty supervisors, coaches), Concussion Liaison, and volunteers who work with the student that student has experienced return of symptoms and which step of the Return to Learn/Return to Physical Activity to proceed from.	Principal

5. Key Considerations:

1. Cognitive or physical activities can cause student's symptoms to reappear
2. Each step in the action plan 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
3. The signs and symptoms of a concussion often last for 7-10 days, but may last longer in children and adolescents
4. 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
5. If a student returns to activity while symptomatic, or before the brain has fully recovered, they are at an increased risk of sustaining another concussion with symptoms that can be prolonged and increased
6. Principals, supervising staff, coaches and volunteers must not place pressure on injured students to "Return to Learn" or "Return to Physical Activity" prematurely
7. Should finances inhibit parent/guardian ability to submit required medical documentation, school must incur these related costs
8. Parents/guardians must report non-school related concussions
9. Return to Learn/Return to Physical Activity steps must be followed regardless of where diagnosed concussion occurred.

6. Encouraging Parent/Guardian Cooperation:

If the Parent/Guardian refuses a physician consultation and/or refuses to adhere to the concussion administrative procedure the principal will:

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

7. 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. Awareness and Education for coaches, staff, parents and students to:
 1. Recognize the symptoms of concussion;
 2. Remove the student from play;
 2. Refer the student to a medical doctor/nurse practitioner.
2. Wearing the sport specific protective equipment:
 1. Equipment should fit properly;
 2. Equipment should be well maintained;
 3. Equipment should be worn consistently and correctly;
 4. Equipment should meet current safety standards;
 5. 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 over-crowding when using the playground.
7. Students must follow their supervising staff/coach's/volunteer's safety instructions at all times.

8. Reinforce that it is extremely important not to return to learning or physical activity while still recovering from a concussion to avoid further risk of injury.
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.

8. Additional Information

The St. Clair Catholic District School Board is committed to the principals of equity and inclusive education, consistent with our Catholic teachings, which value and promote human rights and social justice in all Board policies, programs, guidelines, operations and practices.

Definitions

Concussion:

1. 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).
2. 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.
3. Can occur even if there has been no loss of consciousness (in fact most concussions occur without a loss of consciousness).
4. Cannot be seen on X-rays, standard CT scans or MRIs.
5. 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.

Due to their developing brain and risk taking behavior, children and adolescents are more susceptible to concussion and take the longest to recover. Recent research has made it clear that a concussion can have a significant impact on a student's cognitive and physical abilities. In fact, research shows that activities that require concentration can actually cause a student's concussion symptoms to reappear or worsen. It is equally important to help students as they "return to learn" in the classroom as it is to help them "return to physical activity". Without identification and proper management, a concussion can result in permanent brain damage and in rare occasions, even death.

Research also suggests that a child or youth who suffers a second concussion before he or she is symptom free from the first concussion is susceptible to a prolonged period of recovery, and possibly Second Impact Syndrome – a rare condition that causes rapid and severe brain swelling and often catastrophic results, including death.

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. It is important to observe for **one** or more of the signs or symptoms of a concussion which may take hours or days to appear. Review Appendix 6 for a list of common signs and symptoms and complete this form. **Tool to Identify A Suspected Concussion** (Appendix 6) is a pocket sized tool that can also be used to identify a suspected concussion when access to Appendix 6 is not convenient (e.g. on the field). **Note:** Appendix 6 will still need to be completed.

1. Signs and symptoms may be different for everyone
2. Signs and symptoms can appear immediately after the injury or may take hours or days to emerge
3. Concussion symptoms for younger students may not be as obvious compared to older students
4. 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
5. 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
6. If student loses consciousness or signs or symptoms worsen, call 911

References

Education Act, R.S.O. 1990, c. E.2.

Ministry of Education, Policy/Program Memorandum 158, School board Policies on Concussion

OPHEA Guidelines

Parachute Canada

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

1. Government of Ontario Concussion Awareness Resource EBooklets
Rowan's Law: Concussion Awareness Resources:
2. Ontario Government Concussion Awareness Resources
Parachute Canada
Centre for Disease Control: Traumatic Brain Injury
Concussions Ontario
Concussion Sports Prevention
3. Resource ELearning Modules
Coaches Association of Ontario Parachute
4. Concussion Awareness Resources
Dr. Mike Evans: Concussions 101
Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012
Ontario Physical Education Safety Guidelines

Sport Concussion Assessment Tool
Child Sport Concussion Assessment Tool
Concussion App
Brain Day
Coaching Association of Ontario

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ST. CLAIR CATHOLIC DISTRICT SCHOOL BOARD
Student Concussion Diagnosis Report

January 30 June 28

School: _____

Principal: _____

Student(s) Name(s) Surname Given Name	Date of Birth YYYY/Month/Day	Return to Learn/Return to Physical Activity Plan in Place	Return to Learn/Return to Physical Activity Plan Completed (Y) Ongoing (N)
1.		<input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____
Date/Location of incident:		Circumstances causing concussion:	
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____
Date/Location of incident:		Circumstances causing concussion:	
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____
Date/Location of incident:		Circumstances causing concussion:	
4.		<input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____

Appendix 1
Page 2 of 2

Date/Location of incident:	Circumstances causing concussion:		
5.		<input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____
Date/Location of incident:	Circumstances causing concussion:		
6.		<input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____
Date/Location of incident:	Circumstances causing concussion:		

Concussion Awareness Training

Staff Completed on (Date): _____

Comments: _____

Documentation for a Diagnosed Concussion: Return to Learn / Return to Physical Activity Plan

The Return to Learn/Return to Physical Activity Plan is a combined approach. Step 2a - Return to Learn must be completed prior to the student returning to physical activity. Each step must take a minimum of 24 hours (Note: Step 2b – Return to Learn and Step 2 – Return to Physical Activity occur concurrently).

Step 1 – Return to Learn/Return to Physical Activity

- *Completed at home.*
 - *Cognitive Rest – includes limiting activities that require concentration and attention (e.g., reading, texting, television, computer, video/electronic games).*
 - *Physical Rest – includes restricting recreational/leisure and competitive physical activities.*
- My child 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 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 will proceed directly to Step 2b – Return to Learn and Step 2 – 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 2 of this form.

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 a physician (see page 3 of this form)

- 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 2 – Return to Physical Activity.

Parent/Guardian signature: _____ Date: _____

Comments:

Appendix 2

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Step 2b – Return to Learn

- Student returns to regular learning activities at school.

Step 2 – Return to Physical Activity

- Student can participate in individual light aerobic physical activity only.
- Student continues with regular learning activities
- My child is symptom free after participating in light aerobic physical activity. My child will proceed to Step 3 – Return to Physical Activity.
- Appendix 2 will be returned to the teacher to record progress through steps 3 and 4

Parent/Guardian signature: _____ Date: _____

Comments:

Step 3 – Return to Physical Activity

- Student may begin individual sport-specific physical activity only.

Step 4a – Return to Physical Activity

- *Student may begin activities where there is no body contact (e.g., dance, badminton); light resistance/weight training; non-contact practice; and non-contact sport-specific drills.*

- Student has successfully completed Steps 3 and 4 and is symptom free.
- Appendix 2 will be returned to parent/guardian to obtain medical doctor/nurse practitioner diagnosis and signature.

Teacher signature: _____ Date: _____

Step 4b - Medical Examination:

I, _____ (medical doctor/nurse practitioner name) have examined
(_____) and confirm he/she continues to be symptom free and is able to return to regular physical education class/intramural activities/interschool activities in non-contact sports and full training/practices for contact sports.

Medical Doctor/Nurse Practitioner Signature: _____ Date: _____

Comments:

Step 5 – Return to Physical Activity

- Student may resume regular physical education/intramural activities/interschool activities in non-contact sports and full training/practices for contact sports.

Appendix 2

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Step 6 – Return to Physical Activity

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

Parent/Guardian

- My child/ward is symptom free after participating in activities in practice where there is body contact and has permission to participate fully including games.

Parent/Guardian signature: _____ Date: _____

Comments:

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: _____

Comments:

NOTE: Principal / Staff Lead must file this original in the student's OSR.

Principal / Staff Lead signature: _____ Date: _____

Reproduced and adapted with permission from [OPEU](#), Ontario Physical Education Safety Guidelines, Appendix C-4 Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan, 2013.

Appendix 3

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Return To Learn Strategies/Approaches

Return to Learn Strategies/Approaches

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

Appendix 3

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Return to Learn Strategies/Approaches

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

Reproduced and adapted with permission from [Cohyo](#), Ontario Physical Education Safety Guidelines, Appendix C-1 Concussion Management Procedures: Return to Learn - Return to Physical Activity – Return to Learn Strategies/Approaches Table 2, 2013.

Documentation of Medical Examination Form

This form to be provided to all students suspected of having a concussion. For more information see [Concussion Management Flow Chart](#) or [Appendix 2: 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 Medical Examination

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

Parent/Guardian signature: _____ Date: _____

Comments:

Reproduced and adapted with permission from ~~Opbpa~~ **Opbpa**, Ontario Physical Education Safety Guidelines, Appendix C-3 – Documentation of Medical Examination, 2013.

Appendix 5

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

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 (i.e. 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 RIGHT AWAY.

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 athletic equipment like a helmet; wait for paramedics to arrive. Anyone with a concussion should not go back to play that day, even if he/she says 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 7-10 days but may last much longer. In some cases, athletes may take many weeks or months to heal, even after all symptoms have disappeared. Having had previous concussions may increase the chance that a person may take longer to heal.

Appendix 5

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HOW IS A CONCUSSION TREATED?

IT IS CLEAR THAT EXERTION, BOTH PHYSICAL AND MENTAL, WORSENS CONCUSSION SYMPTOMS AND MAY DELAY RECOVERY. THUS, THE MOST IMPORTANT TREATMENT FOR 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.

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 step-wise approach:

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

NOTE: EACH STEP MUST TAKE A MINIMUM OF ONE DAY. If a student has any symptoms of a concussion (e.g. headache, feeling sick to his/her stomach) that come back either during activity, or later that day, he/she should stop the activity immediately and rest for a minimum of 24 hours. The student should be seen by a doctor and cleared again before starting the step wise protocol again. 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 P.E. 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 P.E. 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 been seen by 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!**

Reproduced and adapted with permission from Parachute Canada, Concussion Guidelines: Teacher/Coach

Appendix 6

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Tool To Identify A Suspected Concussion

This tool is to be used as a quick reference in helping to 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.

An incident occurred involving (student/athlete 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 or symptoms reported:

Following a blow to the head, face or 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).

Signs and symptoms of suspected concussion	
Possible Signs Observed (CHECK APPROPRIATE BOX)	Possible Symptoms Reported (CHECK APPROPRIATE BOX)
<i>A sign is something that will be observed by another</i>	<i>A symptom is something the student will</i>
<p>Physical</p> <ul style="list-style-type: none"> <input type="checkbox"/> vomiting <input type="checkbox"/> slurred speech <input type="checkbox"/> slowed reaction time <input type="checkbox"/> poor coordination or balance <input type="checkbox"/> blank stare/glassy-eyed/dazed or vacant look <input type="checkbox"/> decreased playing ability <input type="checkbox"/> loss of consciousness or lack of responsiveness <input type="checkbox"/> lying motionless on the ground or slow to get up <input type="checkbox"/> amnesia <input type="checkbox"/> seizure or convulsion <input type="checkbox"/> grabbing or clutching of head <p>Cognitive</p> <ul style="list-style-type: none"> <input type="checkbox"/> difficulty concentrating <input type="checkbox"/> easily distracted <input type="checkbox"/> general confusion <input type="checkbox"/> cannot remember things that happened before and after the injury (see <i>Quick Memory Function Assessment</i>) <input type="checkbox"/> does not know time, date, place, class, type of activity in which he/she was participating <input type="checkbox"/> slowed reaction time (e.g., answering questions or following directions) <p>Emotional/Behavioural</p> <ul style="list-style-type: none"> <input type="checkbox"/> strange or inappropriate emotions (e.g., laughing, crying, getting angry easily) <input type="checkbox"/> other 	<p>Physical</p> <ul style="list-style-type: none"> <input type="checkbox"/> headache <input type="checkbox"/> pressure in head <input type="checkbox"/> neck pain <input type="checkbox"/> feeling off/not right <input type="checkbox"/> ringing in the ears <input type="checkbox"/> seeing double or blurry/loss of vision <input type="checkbox"/> seeing stars, flashing lights <input type="checkbox"/> pain at physical site of injury <input type="checkbox"/> nausea/stomach ache/pain <input type="checkbox"/> balance problems or dizziness <input type="checkbox"/> fatigue or feeling tired <input type="checkbox"/> sensitivity to light or noise <p>Cognitive</p> <ul style="list-style-type: none"> <input type="checkbox"/> difficulty concentrating or remembering <input type="checkbox"/> slowed down, fatigue or low energy <input type="checkbox"/> dazed or in a fog <p>Emotional/Behavioural</p> <ul style="list-style-type: none"> <input type="checkbox"/> irritable, sad, more emotional than usual <input type="checkbox"/> nervous, anxious, depressed <input type="checkbox"/> other <p><input type="checkbox"/> other signs and/or symptoms: _____</p>
<p>If any observed signs or symptoms worsen, call 911.</p>	

Appendix 6

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Quick Memory Function Assessment - Failure to answer any of these questions correctly may indicate a concussion:

What room are we in now?

Answer: _____

What activity/sport/game are we playing now?

Answer: _____

What field are we playing on today?

Answer: _____

What part of the day is it?

Answer: _____

What is the name of your teacher/coach?

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.

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.

Teacher 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 7

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

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 (i.e. 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 RIGHT AWAY.

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 7-10 days but may last much longer. In some cases, athletes may take many weeks or months to heal, even after all symptoms have disappeared. Having had previous concussions may increase the chance that a person may take longer to heal.

HOW IS A 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. |

Appendix 7

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Once your child is completely better at rest (all symptoms have resolved), they can start a step-wise 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 concussions.

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 step-wise approach:

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

NOTE:

EACH STEP MUST TAKE A MINIMUM OF ONE DAY. If your child has any symptoms of a concussion during activity, or later that 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 step wise protocol again. Concussion (e.g. headache, feeling sick to his/her stomach) that come back either.

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 of 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.

Appendix 7

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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 TO DO SO BY A DOCTOR

Reproduced and adapted with permission from Parachute Canada, Concussion Guidelines:
Parent/Caregiver

Appendix 8

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Parent Sport Risk Consent Form

Elementary/Secondary Interschool and Intramural Athletic Participation Form

This form must be completed and returned to the teacher or coach prior to participation in the described activity

Athlete's Name _____

Athletic Activity _____

Elements of Risk Notice

The risk of injury exists in every athletic activity. Falls, collisions and other incidents may occur and cause injury. Due to the nature of some activities, injuries may range from minor sprains and strains to more serious injuries affecting the head (**Concussions**), neck or back. Some injuries can lead to paralysis or prove to be life-threatening. Injuries as a result of participation in an activity can occur without fault on either the part of the student, or the school board and its employees or agents, or the facility where the activity is taking place. The following is a sampling of activities that have the potential for more serious consequences: alpine skiing, snowboarding, broomball, cheerleading (acrobatic), field hockey, football, gymnastics, ice hockey, ringette (ice), swimming, and wrestling. A student choosing to participate in the activity assumes the risk of an injury occurring. The chances of an injury can be reduced by carefully following instructions at all times while engaged in the activity. The St. Clair Catholic District School Board attempts to manage, as effectively as possible, the risk involved for students while participating in school athletics.

Acknowledgement of Risks/Request to Participate/Informed Consent Agreement

I / We have read and understand the notice of Elements of Risk. ____ (initials of Parent/Guardian)

I / We give permission for my son/daughter/ward to try out/participate on the _____ team during the _____ school year.

I / We hereby acknowledge and accept the risk inherent in the requested activity and assume responsibility for my/our son/daughter/ward for personal health, medical, dental and accident-insurance coverage.

Signature of Parent/Guardian _____ Date _____

Signature of Student _____ Date _____

Freedom of Information Notice

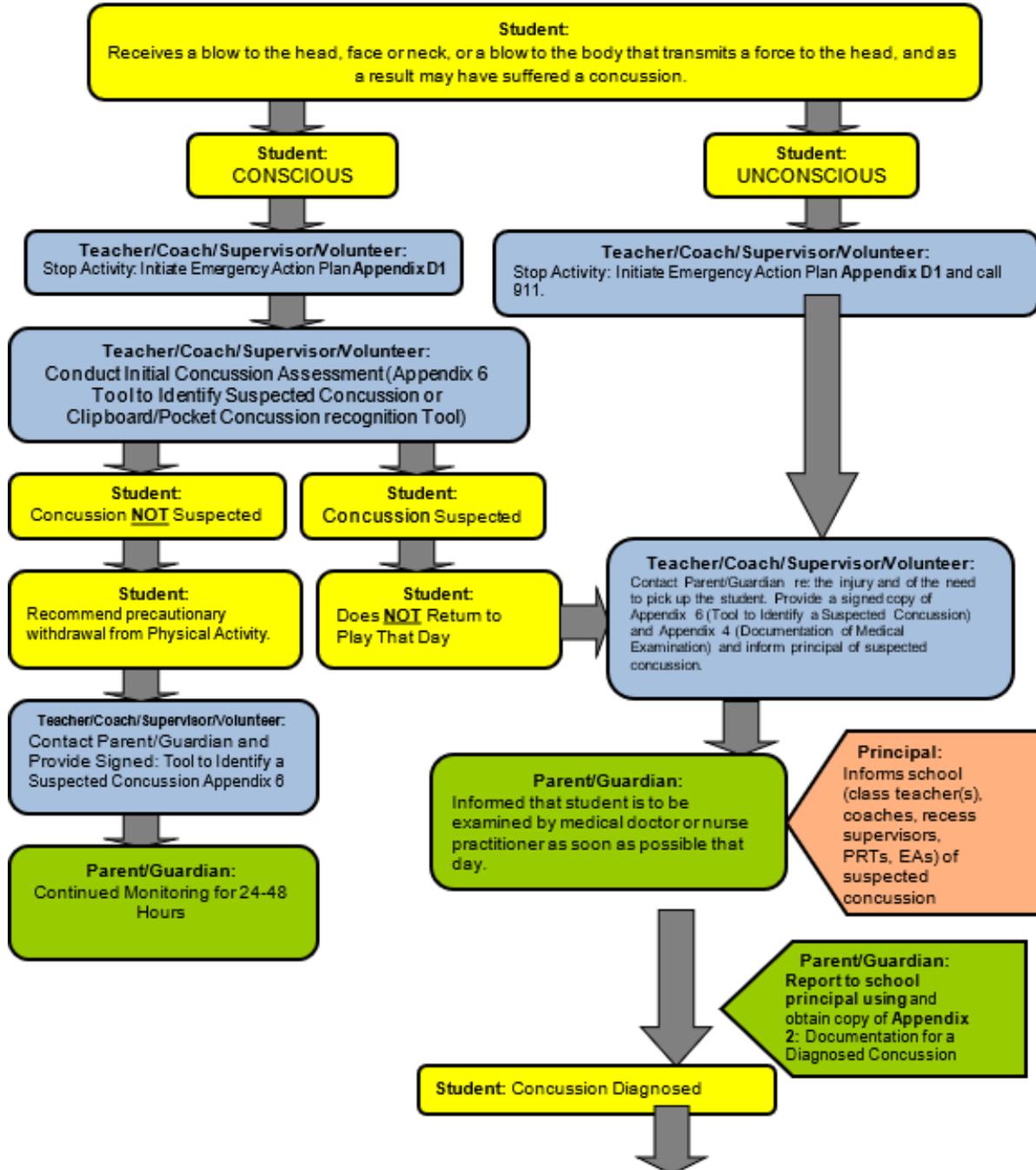
The information provided on this form is collected pursuant to the school board's education responsibilities as set out in the Education Act and its regulations. This information is protected under the *Municipal Freedom of Information and Protection of Privacy Act*, and will be utilized only for the purposes related to the Board's policy on Concussion. Any questions with respect to this information should be directed to your school principal.

Reproduced and adapted with permission from Ophea, *Ontario Physical Education Safety Guidelines, Appendix A – Elementary/Secondary Interschool Athletic Participation Form, 2012.*

Appendix 9

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Concussion Management Flow Chart: Roles & Responsibilities in Suspected & Diagnosed Concussion



Appendix 9

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