



Administrative Procedure: Concussion Protocol

Table of Contents

[Administrative Procedure: Concussion Protocol](#)

[Purpose](#)

[Concussion Information](#)

[Concussion Definition](#)

[Second Impact Syndrome](#)

[Signs](#)

[Symptoms](#)

[Cause of a Concussion](#)

[Awareness, Prevention & Identification](#)

[The Board Will](#)

[The Principal/Vice-Principal Will](#)

[The Teacher Will](#)

[The Parent/Guardian Will](#)

[Management of a Diagnosed Concussion](#)

[The Principal/Vice-Principal Will](#)

[The Parent/Guardian Will](#)

[The Collaborative Team Will](#)

[Training](#)

[Appendix 1](#)

[Initial Concussion Assessment Form](#)

[Possible Signs Observed](#)

[Physical](#)

[Cognitive](#)

[Emotional/Behavioural](#)

[Possible Symptoms Reported](#)

[Physical](#)

[Cognitive](#)

[Emotional/Behavioural](#)

[Quick Memory Function Assessment](#)

[Action To Be Taken](#)

[Continued Monitoring By Parent/Guardian](#)

[Appendix 2](#)

[Documentation of Initial Medical Examination Form](#)

[Results of Medical Examination](#)

[Instructions](#)

[Appendix 3A](#)

[Return to Learn - Step 1](#)

[Step 1 - Description](#)

[Instructions](#)

[Appendix 3B](#)

[Return to Learn - Step 2a](#)

[Step 2a - Description](#)

[Instructions](#)

[Appendix 3C](#)

[Return to Learn - Step 2b](#)

[Instructions](#)

[Appendix 4A](#)

[Return to Physical Activity Plan – Step 2](#)

[Step 2 - Description](#)

[Instructions](#)

[Appendix 4B](#)

[Return to Physical Activity Plan - Step 3](#)

[Step 3 - Description](#)

[Return to Physical Activity Plan - Step 4](#)

[Step 4 - Description](#)

[Instructions](#)

[Appendix 5A](#)

[Return to Physical Activity Medical Examination](#)

[Appendix 5B](#)

[Return to Physical Activity Plan Steps 5](#)

[Step 5 - Description](#)

[Return to Physical Activity Plan Steps 6](#)

[Step 6 - Description](#)

[Appendix 6](#)

[Return of Symptoms \(used at any Step\)](#)

Purpose

The purpose of this protocol is to provide information regarding the prevention, identification and management of concussions. Everyone has a role to play in promoting the health and safety of our students. This protocol in conjunction with the Superior North Catholic District School Board's Concussion Handbook outlines the strategies for concussion awareness, prevention, identification, management and training. This protocol also details the roles and responsibilities of the teachers, principals, vice-principals, parents/guardians and school community in regards to suspected and confirmed concussions. This protocol and handbook follows and makes reference to the minimum standard set out in the Ontario Physical Education Safety Guidelines Concussion Protocol which is in accordance with PPM158.

The Concussion Protocol and Handbook will be reviewed and necessary updates will be completed and communicated at the start of each new school year.

Concussion Information

Concussion Definition

Is a brain injury that causes changes in the way in which the brain functions and can lead to symptoms that can be physical (ie. headache, dizziness), cognitive (ie. difficulty in concentrating or remembering), emotional/behavioural (ie. depression, irritability) and/or related to sleep (ie. drowsiness, difficulty in falling asleep).

May be caused either by a direct blow to the head, face, neck or by 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 normally be seen by means of medical imaging tests, such as x-rays, standard computed tomography (CT) scans, or magnetic resonance imaging (MRI) scans.

Second Impact Syndrome

A rare condition that causes rapid and severe brain swelling and often catastrophic results, if an individual suffers a second concussion before he or she is free from symptoms sustained from the first concussion.

Signs

Something that will be observed by another person (i.e. parent/guardian, teacher, coach, supervisor, peer).

Symptoms

Something the student will feel/report.

Cause of a Concussion

- A blow to the head, face or neck.
- A blow to a student's body that transmits a force to the student's head.

Awareness, Prevention & Identification

A significant aspect in the prevention of concussions is awareness of the serious nature of concussions. As such, the Board will adopt concussion prevention strategies that will incorporate awareness strategies in an effort to minimize the risk of concussion due to sport, play, classroom participation, excursions/field trips or any event in which a student participates for educational purposes.

Risks can be minimized, however they cannot be eliminated. Therefore, the Board's prevention strategy will also include methods of concussion identification, including

initial response, initial assessment and follow-up steps after initial assessment. Combining awareness strategies, prevention strategies and identification strategies will assist in preventing concussions, minimizing the worsening of a concussion or minimize/prevent long-term effects of concussion.

All strategies are detailed in the Board's Concussion Handbook.

The Board Will

- Provide each school with a number of resources including information regarding concussions, posters to post in conspicuous places, initial concussion assessment tools, etc.
- Provide principals/vice-principals and teachers with concussion awareness training.

The Principal/Vice-Principal Will

- Ensure parents receive information regarding concussions and how to manage a suspected or confirmed concussion.
- Ensure teachers are trained in concussion awareness training at the start of each school year.
- Ensure posters are posted around the school, including high traffic areas such as the gymnasium, classrooms, etc.
- Recognize the signs and symptoms of a concussion and act accordingly.
- Actively participate in any Return to Learn/Return to Physical Activity Plans.

The Teacher Will

- Participate in concussion awareness training during the first PA day of the school year.
- Recognize the signs and symptoms of a concussion and act accordingly.
- Actively participate in any Return to Learn/Return to Physical Activity Plans.
- Discuss with students the seriousness of concussions.
- Explain to parents/guardians and students, the dangers regarding concussions as it pertains to the sport or activity the student will be involved in.
- Explain rules for sport, classroom, field trips/excursions, etc.

The Parent/Guardian Will

- Actively participate in any Return to Learn/Return to Physical Activity Plans.
- Provide medical documentation as required by the Return to Learn/Return to Physical Activity Plans.

Management of a Diagnosed Concussion

When a student is medically diagnosed with a concussion they will begin following a medically supervised, individualized and gradual Return to Learn Plan, as well as a Return to Physical Activity Plan. These plans will be developed and implemented by a collaborative team, which will include the Principal/Vice-Principal as team lead, teacher, including but not limited to classroom teacher, NSL teacher, prep time teacher, FSL teacher, etc., parent/guardian, medical professional, concussed student and any additional school staff/volunteers who work with the student. This team will develop strategies for Return to Learn for the student on a case-by-case basis as no two concussion cases are the same. Return to Play strategies are based on internationally recognized steps.

The Return to Learn and Return to Physical Activity Plans encompass multiple steps which the student must pass through prior to moving to the next step. Each step will be tailored to the individual student and will last a minimum of 24 hours. If signs or symptoms reappear at any step, the student will be required to undergo medical examination and return to a previous step until symptoms are no longer present.

The Principal/Vice-Principal Will

Maintain constant contact/communication with the parent/guardian and teacher, including but not limited to classroom teacher, NSL teacher, prep time teacher, FSL teacher etc., as well as the collaborative team.

The Parent/Guardian Will

Maintain constant contact/communication with the Principal/Vice-Principal and teacher, including but not limited to classroom teacher, NSL teacher, prep time teacher, FSL teacher, etc., as well as the collaborative team.

Provide medical documentation from a medical professional which must be attached to the initial medical examination form, indicating that the student has been diagnosed

with a concussion or the student has not suffered from a concussion and the duration in which the child will remain away from school. Once the child has reached the recommended days off of school, they must be reassessed for re-entry into the classroom. The medical professional must indicate that the child is ready to return to school and discussions with the collaborative team (including the medical professional) will begin in terms of the Return to Learn/Return to Play procedures.

The Collaborative Team Will

- Monitor the concussed student.
- Maintain constant contact/communication with one another.
- Tailor the Return to Learn and Return to Physical Activity Plans, as needed.

Training

At the start of the school year, each school will be provided a training video that every staff member will view.

Each Principal/Vice-Principal will participate in a two-day Standard First Aid session where head and spinal injuries will be covered. This will occur during the Board designated day at the end of the school year. Training for new Principals/Vice-Principals will occur on an as needed basis. Certification renewal will occur during the Board designated day of the school year, when certificates expire. Additional training in awareness and prevention will be provided on the first PA day of the school year.

Appendix 1

Initial Concussion Assessment Form

This form is to be used if a student receives a blow to the head, face or neck, or a blow to the body resulting in a transmission of force to the head. This form will be filled out whether or not concussion symptoms appear immediately.

NOTE School Board employees cannot diagnose a concussion. Diagnosis can only come from a medical professional. This form is intended to be a record provided to the medical professional.

- Assessment #1
- Assessment #2

An incident occurred involving _____ (name) on _____ (date & time).

He/she was observed for signs and symptoms of a concussion and the following are the results of an initial assessment.

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 or days later.]

Possible Signs Observed

Physical

- Vomiting
- Slurred Speech
- Slowed Reaction Time
- Poor Coordination Or Balance
- Blank Stare/Glassy-Eyed/Dazed Or Vacant Look
- Decreased Playing Ability
- Loss Of Consciousness Or Lack Of Responsiveness
- Lying Motionless On The Ground Or Slow To Get Up
- Amnesia
- Seizure Or Convulsion
- Grabbing Or Clutching Of Head

Cognitive

- Difficulty Concentrating
- Easily Distracted
- General Confusion
- Cannot remember things that happened before and after the injury.
- Does not know the time, date, place, class, type of activity in which he/she was participating.
- Slowed reaction time (eg. answering questions or following directions).

Emotional/Behavioural

- Strange or inappropriate emotions (eg. laughing, crying, getting angry easily).
- Sleep Disturbance
- Drowsiness
- Insomnia

Possible Symptoms Reported

Physical

- Headache
- Pressure In Head
- Neck Pain
- Feeling Off/Not Right
- Ringing In The Ears
- Seeing Double Or Blurry/Loss Of Vision
- Seeing Stars, Flashing Lights
- Pain At Physical Site Of Injury
- Nausea/Stomach Ache/Pain
- Balance Problems Or Dizziness
- Fatigue Or Feeling Tired
- Sensitivity To Light Or Noise

Cognitive

- Difficulty Concentrating Or Remembering
- Slowed Down, Fatigue Or Low Energy
- Dazed Or In A Fog

Emotional/Behavioural

- Irritable, Sad, More Emotional Than Usual
- Nervous, Anxious, Depressed
- Sleep Disturbance
- Drowsy
- Sleeping More/Less Than Usual
- Difficulty Falling Asleep

Quick Memory Function Assessment

Ask the student the following questions, recording answers below. Failure to answer any one of these questions correctly may indicate a concussion.

What room are we in right now? _____

Correct

Incorrect

What activity/sport/game are we playing now? _____

Correct

Incorrect

What field are we playing on today? _____

Correct

Incorrect

What part of the day is it? _____

Correct

Incorrect

What is the name of your teacher/coach? _____

Correct

Incorrect

What school do you go to? _____

Correct

Incorrect

Action To Be Taken

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
- the student must be immediately removed from play and must not be allowed to return to play that day even if the student states he/she is feeling better
- the Principal/Vice-Principal must be notified immediately and he/she will contact the parent/guardian

- the student must not leave the premises without parent/guardian (or emergency contact) supervision

In all cases of a suspected concussion the student must be examined by a medical doctor or nurse practitioner for diagnosis.

Continued Monitoring By Parent/Guardian

- 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 as soon as possible that day.

Additional Information (ie. development of symptoms, how long the student sat out, if the student returned to play)

Principal's/Vice-Principal's Name

Date _____

Principal's/Vice-Principal's Signature _____

Appendix 2

Documentation of Initial Medical Examination Form

(Use this form for the initial medical examination to determine if the student has suffered a concussion or not.)

_____ (student's name) sustained a suspected concussion on

_____ (date) at _____ (location).

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/vice-principal of the results of the medical examination by completing the following form.

Results of Medical Examination

I have been informed of the school's concern. The student has been examined by a medical professional and no concussion has been diagnosed and therefore may resume full participation in learning activities with no restrictions.

I have been informed of the school's concern. The student has been examined by a medical professional and a concussion has been diagnosed and therefore must begin a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan.

I have been informed of the school's concern and decline to have my child assessed by a medical professional.

Parent's/Guardian's Name _____

Parent's/Guardian's Signature _____ Date _____

Comments _____

Medical documentation from a medical professional must be attached to this form, indicating that the student has been diagnosed with a concussion or the student has not suffered from a concussion and the duration in which the child will remain away from school. Once the child has reached the recommended days off of school, they must be reassessed for re-entry into the classroom. The medical professional must indicate that the child is ready to return to school and discussions with the collaborative team (including the medical professional) will begin in terms of Return to Learn/Return to Play procedures.

Instructions

1. Principal/Vice-Principal will fill out the name of the student and location of incident.
2. Parent to complete the remainder of the form and return to the Principal/Vice-Principal prior to the student returning to school.

Appendix 3A

Return to Learn - Step 1

Student _____

Planned Start Date _____

Each step in the Return to Learn/Return to Physical Activity Plan will last a minimum of 24 hours and the student must be symptom free to proceed to the next step. If the symptoms re-appear in any step, the student must undergo an examination conducted by a medical doctor or nurse practitioner.

Step 1 - Description

- No school - rest at home.
- Cognitive rest - limited reading, television, texting, etc.
- Physical rest – no recreational/leisure
- competitive activities.

Symptoms Are Improving, Move To Step 2a

Symptoms Are No Longer Present, Move To Step 2b

Parent or Guardian's Signature _____

Principal or Vice-Principal's Signature _____

The student will return to school on _____ (date) and _____ (name) will serve as main point of contact for the student, parent/guardian, other school staff and volunteers who work with the student and the medical doctor or nurse practitioner.

Instructions

- Parents/Guardians will check off symptom status, fill out date of return, sign and return this form to the Principal/Vice-Principal, prior to the student returning to school.
- Principal/Vice-Principal will fill out who the main point of contact will be, sign and file in student's OSR.

Appendix 3B

Return to Learn - Step 2a

Step 2a - Description

- Return to school as per parent/guardian.
- Student will receive individualized classroom strategies/approaches which will be adjusted as recovery occurs.
- Slowly increase cognitive activity.
- Will remain in this step until there are no symptoms present.

Symptoms Are No Longer Present, Move To Step 2b and 2.

Parent or Guardian's Signature _____

Principal or Vice-Principal's Signature _____

Instructions

- Designated staff lead will work with the collaborative team to assist in developing strategies to meet the needs of the student.
- Parents/Guardians will check off symptom status, date, sign and return this form to the Principal/Vice-Principal prior to the student returning to school.
- Principal/Vice-Principal will sign and file in student's OSR.

Appendix 3C

Return to Learn - Step 2b

Step 2 - Description

- Student begins regular learning activities without any individualized classroom strategies/approaches.

Symptoms have re-appeared.

Symptoms have not re-appeared.

Date Completed _____

Comments _____

Parent or Guardian's Signature _____

Principal or Vice-Principal's Signature _____

Should signs and symptoms appear or work habit/performance deterioration occur at this step, the student must undergo an examination conducted by a medical doctor or nurse practitioner. The parent/guardian must then communicate the results and appropriate step to the Principal/Vice-Principal by filling out and returning Return of Symptoms form found in Appendix 5.

The student will resume the Return to Learn/Return to Physical Activity at Step _____.

Instructions

1. Team lead and collaborative team will continue to closely monitor the student.
2. Symptoms do not re-appear.
 - a. Parent/guardian, date, sign and return this form to the Principal/Vice-Principal prior to the student returning to school.
3. Symptoms re-appear.
 - a. A Doctor's note will accompany this form.
 - b. A new Return To Learn Plan will be provided to the parent/guardian depending on the step at which the student will start the plan.

Appendix 4A

Return to Physical Activity Plan – Step 2

Step 2 - Description

- Return to physical activity.
- Individual light aerobic physical activity.
- No resistance or weight training.
- No competition.

- No participation with equipment or with other students.
- No drills.
- No body contact.
- The objective is to increase the heart rate.

Symptoms have not re-appeared.

Symptoms have re-appeared.

Date Completed _____

Comments _____

Parent or Guardian's Signature _____

Principal or Vice-Principal's Signature _____

Should signs and symptoms appear or work habit/performance deterioration occur at this step the student must undergo an examination conducted by a medical doctor or nurse practitioner. The parent/guardian must then communicate the results and appropriate step to the Principal/Vice-Principal by filling out and returning Return of Symptoms form found in Appendix 5.

Instructions

- Team lead and collaborative team will continue to closely monitor the student.
- Symptoms do not re-appear.
- Parent/guardian, date, sign and return this form to the Principal/Vice-Principal prior to the student returning to school.
- Symptoms re-appear.
- A Doctor's note will accompany this form.
- A new Return To Learn Plan will be provided to the parent/guardian depending on the step at which the student will start the plan.

Appendix 4B

Return to Physical Activity Plan - Step 3

Step 3 - Description

- Return to physical activity.

- Individual sport specific activity only.
- No resistance/weight training.
- No competition.
- No body contact, no head impact activities or other jarring motions.
- Objective is to add movement.

Symptoms have not re-appeared move to Step 4.

Symptoms have re-appeared.

Date Completed _____

Comments _____

Parent or Guardian's Signature _____

Principal or Vice-Principal's Signature _____

Return to Physical Activity Plan - Step 4

Step 4 - Description

- Non-contact practice and progression to more complex training drills allowed.
- Progressive resistance training may be started.
- No body contact, no head impact activities or other jarring motions.
- Objective is to increase exercise coordination and cognitive load.

Symptoms have not re-appeared.

Symptoms have re-appeared.

Date Completed: _____

Comments: _____

Parent or Guardian's Signature _____

Principal or Vice-Principal's Signature _____

Should signs and symptoms appear or work habit/performance deterioration occur at this step, the student must undergo an examination conducted by a medical doctor or nurse practitioner. The parent/guardian must then communicate the results and

appropriate step to the Principal/Vice-Principal by filling out and returning Return of Symptoms form found in Appendix 5.

Instructions

- Collaborative Team Member
- Communicate with parent/guardian that student must undergo medical evaluation.
- Return this form to parent/guardian to obtain medical doctor/nurse practitioner diagnosis and signature.

Appendix 5A

Return to Physical Activity Medical Examination

[To be completed prior to moving to Step 5.]

Date of Medical Examination _____

I _____ (doctor's/nurse practitioner's name) have examined _____ (student's 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 non- contact sports and full training/practices for contact sports

Medical Professional's Signature _____

Date _____

-- OR --

Medical note is attached.

Appendix 5B

Return to Physical Activity Plan Steps 5

Step 5 - Description

Full participation in regular physical education /intramural/interschool activities in non-contact sports.

No competition that involves body contact.

Objective is to restore confidence and assess functional skills by teacher/coach.

Symptoms have not re-appeared move to Step 6.

Symptoms have re-appeared.

Date Completed: _____

Comments _____

Parent or Guardian's Signature _____

Principal or Vice-Principal's Signature _____

Return to Physical Activity Plan Steps 6

Step 6 - Description

Full participation in contact sports.

No restrictions.

Symptoms have not re-appeared.

Symptoms have re-appeared.

Date Completed: _____

Comments _____

Parent or Guardian's Signature _____

Principal or Vice-Principal's Signature _____

Should signs and symptoms appear or work habit/performance deterioration occur at this step, the student must undergo an examination conducted by a medical doctor or

nurse practitioner. The parent/guardian must then communicate the results and appropriate step to the Principal/Vice-Principal by filling out and returning Return of Symptoms form found in Appendix 5.

Completion of the Return to Learn and Return to Physical Activity steps.

Principal's/Vice-Principal's Signature _____

Date _____

Appendix 6

Return of Symptoms (used at any Step)

My child/ward has experienced a return of concussion signs and/or symptoms and has been examined by a medical doctor/nurse practitioner on _____ (date) who has advised a return to Step _____ of the Return to Learn/Return to Physical Activity Plan.

Parent/s/Guardian's Signature _____

Date _____

Doctor's Signature _____ Date _____

-- OR --

In place of Doctor's signature, a medical note is attached.