

PURPOSE

1. To provide school administrators, school staff, appropriate others (e.g. volunteers) and parents/guardians with information, requirements and resources in the awareness, prevention, identification and management of concussions.
2. To provide school staff and appropriate others with training in the prevention, identification and management of concussions.

SCOPE AND OBJECTIVE

The Administrative Procedure for concussions is a guideline to be used by school staff and appropriate others to develop awareness and prevention of concussions for students. It is also to be used to identify and manage concussions to support the health, safety and learning of students diagnosed with concussions on school sites and/or at off-school/board approved activities.

PRINCIPLES

1. The Halton Catholic District School Board is committed to promoting awareness of safety in schools and recognizes that the health and safety of students are essential for effective learning. (Taken from PPM 158)
2. All partners in education have important roles to play in promoting student health and safety and in fostering and maintaining healthy and safe environments in which students can learn. (Taken from PPM 158)
3. Concussions are brain injuries 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). A concussion 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. A concussion can occur even if there has been no loss of consciousness. A concussion cannot be seen on X-rays, standard CT scans or MRIs. Injuries that result from a concussion may lead to "second impact syndrome," which is 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.
4. A concussion can only be diagnosed by a doctor or nurse practitioner.
5. Research indicates that without identification and proper management, a concussion can result in permanent brain damage and in rare occasions, even death. (Ministry of Education)
6. Students who have been diagnosed with a concussion may require temporary and/or on-going accommodations in their "return to learn" in the classroom.
7. All school staff and appropriate others are to be provided with the necessary training to assist students with concussions with both their "return to learn" and "return to physical activity".

8. The role of the school is to work collaboratively with parents and medical personnel to provide appropriate support for the student as s/he transitions back to school in both the learning and physical participation environments. Medical personnel provide information regarding diagnosis, amount of rest required and when full participation in physical activities can resume.

REQUIREMENTS

1. The principal or designate has the responsibility to coordinate communication of information to all school staff and to ensure that appropriate staff and others are familiar with the requirements and expectations of the Halton Catholic District School Board's 'Concussion Protocol'.

2. Resources:

The content of the following resources, are to be familiar to the school administration or designate and used in developing a student individual plan and communicating information to school staff and parents/guardians:

- C-1 Concussion Protocol: Prevention, Identification and Management Procedures
 - C-2 Halton Tool to Identify a Suspected Concussion
 - C-3 Halton Monitoring/Medical Examination Form
 - C-4 Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan
 - C-5 Concussion Prevention Strategies
 - HCDSB Concussion Protocol Role of School Administrator
 - Collaborative Team Plan
 - Classroom Concussion Symptoms and Accommodations Tool
 - Return to School Framework
 - Parent/Guardian Concussion Information Package
3. The principal or designate is to provide school staff with an in-service and make available the following resources to the appropriate staff member (e.g. hardcopy, electronic copy). School staff and others are to make themselves familiar with the content of the following resources to be used in managing a student(s) with a concussion.
 - Collaborative Team – Coach, Point Person, Classroom Teacher Role
 - First Aid Provider Role
 - Elementary/Secondary Physical Education Teachers Role
 - Elementary/Secondary School Coaches' Role
 - Elementary/Secondary School Staff Role
 - C-1 – C-5 Concussion Package
 4. School Administrators and other staff may use the following websites to access other recommended resources for further information on concussions: (HCDSB concussion protocol always remains the minimum standard)
 - <http://opheacanada.ning.com/>
 - <http://www.health.gov.on.ca/en/pro/programs/concussions/resources.aspx>
 - <http://www.sportconcussionlibrary.com/>

5. AWARENESS:

- Information on the seriousness of concussions and concussion prevention will be shared with students, parents, board employees, administrators, school staff, volunteers, doctors and nurse practitioners, and community-based organizations through the use of a variety of communications strategies such as, but not limited to, curriculum lessons, in-services, training, webinars, websites, pamphlets, Frequently Asked Questions Sheet, Protocol Forms, etc.
- User groups/Organizations using the school facilities will be made aware of the policy and procedure regarding concussions (i.e. YMCA child-care providers).

6. PREVENTION:

Strategies that could be used to assist in preventing concussions:

- Ongoing Coaches in-servicing
- Curriculum Lessons for students
- Mandatory athlete information session at the start of the season
- Parent information packages (i.e. pamphlets, webinars, website, etc.)
- Ongoing staff in-servicing
- Creation of information posters

7. IDENTIFICATION:

Following a blow to the head, face or neck, or a blow to the body that transmits a force to the head, a concussion should be suspected in the presence of **any one or more** of the following signs or symptoms:

TABLE 1: Common Signs and Symptoms of a Concussion

	Possible Signs Observed A sign is something that will be observed by another person (e.g. Parent/guardian, teacher, coach, supervisor, peer)	Possible Symptoms Reported A symptom is something the student will feel/report
<u>Physical:</u>	<ul style="list-style-type: none"> 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 seizure or convulsion grabbing or clutching of head 	<ul style="list-style-type: none"> headache pressure in the 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
<u>Cognitive:</u>	<ul style="list-style-type: none"> difficulty concentrating easily distracted general confusion cannot remember things that happened before and 	<ul style="list-style-type: none"> difficulty concentrating or remembering slowed down, fatigue or low energy dazed or in a fog

	after the injury <ul style="list-style-type: none"> • amnesia • does not know time, date, place, class, type of activity in which he/she was participating • slowed reaction time (e.g. answering questions or following directions) 	
<u>Emotional:</u>	<ul style="list-style-type: none"> • strange or inappropriate emotions, (e.g., laughing, crying, getting mad easily) 	<ul style="list-style-type: none"> • irritable, sad, more emotional than usual • nervous, anxious, depressed
<u>Sleep:</u>	<ul style="list-style-type: none"> • drowsiness • insomnia 	<ul style="list-style-type: none"> • drowsy • sleeping more/less than usual • difficulty falling asleep

Unconscious Student:

- If the student is unconscious, the teacher/coach/supervisor should initiate emergency action plan and call 911.
- The student does not return to play that day.
- Contact parent/guardian re: injury and inform them of either the need to pick up the student or that the student has been transported to the hospital.
- Provide a copy of C-2 Tool to Identify a Suspected Concussion, and C-3 Monitoring/Medical Examination Form to Parents/Guardians.
- Inform Parent/guardian that the student is to be examined by a medical doctor or nurse practitioner as soon as possible.
- Inform Principal of student with suspected concussion.
- Principal is to inform appropriate staff with name of student with suspected concussion.
- Student is not to participate in any learning/physical activity until parent/guardian complete and return Form C-3.
- The Parent/Guardian reports to the school principal using Form C-3 indicating whether or not the student has a diagnosed concussion.
- The Principal informs school staff of diagnosed concussion.

Conscious Student:

- If the student is conscious the Teacher/Coach/Supervisor stops the activity for the student and conducts an initial concussion assessment using C-2 Tool to Identify a Suspected Concussion.
- No signs or symptoms are observed, the student does not return to physical activity that day.
- Parent/Guardian is contacted and provided with C-2 and C-3 Monitoring/Medical Examination Form.
- Parent/Guardian and school staff monitor student during the next 24 hours using Tool C-2 to determine if any signs or symptoms appear.
- Principal is informed of the student to be monitored.
- Principal is to inform appropriate staff with name of student with suspected concussion.
- Student is not to participate in any physical activity until parent/guardian complete and return Form C-3.
- Parent/Guardian/Classroom Teachers continue to monitor student for 24 hours.
- The Parent/Guardian C-3 Monitoring/Medical Examination Form and reports to school principal.
- If **NO** signs/symptoms are present, the student may return to physical activity.

- If signs/symptoms **ARE** present then the student must be examined by a medical doctor/nurse practitioner as soon as possible after onset of signs/symptoms.
- The Parent/Guardian completes C-3 Monitoring/Medical Examination Form and reports to school principal using Form C-3 indicating whether or not a concussion has been diagnosed.
- The Principal informs school staff of diagnosed concussion.
- The student begins Return to Learn/Return to Activity Physical Activity Plan.

8. **MANAGEMENT:**

- When a student has a diagnosed concussion, the Principal informs the school staff of the concussion and establishes the collaborative team identifying the designated school staff Point Person.
- The Parent/Guardian reports back to the school Principal using C-4 Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan.

Signs and/or Symptoms Present:

STEP 1 Return to Learn/Return to Physical Activity

- Student completes cognitive and physical rest at home.
- Parent/Guardian completes and returns Form C-4 A indicating that their child has completed Step 1 of the Return to Learn/Return to Physical Activity Plan with symptoms showing improvement or symptoms are not present (symptom free)
- Student returns to school

Symptoms are Improving:

- Throughout the following steps, the student is monitored for the return of concussion signs and/or symptoms and/or deterioration of work habits or performance.
- If at any time concussion signs and/or symptoms return and/or deterioration of work habits or performance occurs, the student must be examined by a medical doctor or nurse practitioner.
- The medical doctor or nurse practitioner will determine which step in the Return to Learn/Return to Physical Activity process the student must return to using Return of Symptoms Form C-4 F

STEP 2A Return to Learn

- Symptoms still present and student requires individualized classroom strategies and/or approaches. Physical Rest still required.

Symptom Free:

- Parent Guardian reports back to school Principal using Form C-4 B when their child is symptom free.

STEP 2B Return to Learn

- Return to Learn – the student begins regular learning activities.

STEP 2 Return to Physical Activity

- Return to Physical Activity – The student engages in individual light aerobic physical activity only; and regular learning activities
- Parent/Guardian reports back to school Principal using Form C-4 C indicating their child is symptom free after participating in light aerobic physical activity.

STEP 3 (SCHOOL) Return to Physical Activity

- Return to Physical Activity (School) – The student engages in individual sport specific activity only.

STEP 4 (SCHOOL) Return to Physical Activity

- Return to Physical Activity (School) – The student engages in activity with no body contact; light resistance/weight training; non-contact practice; and non-contact sport specific drills
- The school contact informs parent of the completion of Steps 3 and 4 using Form C-4 D1.
- The Parent/Guardian report back to the Principal using written documentation from the medical doctor or nurse practitioner indicating that the student remains 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 using Form C-4 D2.

STEP 5 Return to Physical Activity***Return to Physical Activity:***

- Student participates in regular curricular, intramural and interschool activities in non-contact sports and full training/practices for contact sports..
- Principal or designate files all completed C-4 Forms, for those students who are NOT involved in interschool body contact activity, in the student's OSR

Full body contact practice:

- Students who wish to participate in interschool full body contact activities (e.g football, hockey) must be provided with a full body contact practice prior to competition.
 - Staff inform parent that student has completed full body contact practice with no restrictions using form C-4 E 1.
 - The Parent/Guardian report back to the Principal using form C-4 E 2 indicating their child is symptom free after participating in activities, in practice, where there is body contact and has permission to participate fully, including participation in competition. Student can participate in Step 6 Contact Competition.

STEP 6 (SCHOOL) Return to Physical Activity

- Return to Physical Activity (School) – The student fully participates in all physical activities including contact sports.
- The Principal or designate all files completed C-4 Forms, for those students who have successfully completed the full body contact practice, in students' OSR.

9. TRAINING:

- Principal or designate will ensure staff are aware of the related concussion policies and procedure through in-services, on-line modules, etc.
- Coaches will be in-serviced on the awareness, prevention, identification and management of concussions at the beginning of the sport specific season.
- Principal or designate will provide necessary information to Volunteers on concussion policies and procedures to allow them to follow the proper process in handling a possible concussion.
- Board staff will be in-serviced on all aspects of the HCDSB Concussion protocol

ADMINISTRATIVE PROCEDURE**HALTON CATHOLIC DISTRICT SCHOOL BOARD****CONCUSSION PROTOCOL****ADMINISTRATIVE PROCEDURE No.:****VI- 71**

DATE:

DECEMBER 8, 2014

AMENDED:

SCHEDULED FOR REVIEW:

DECEMBER 2017

Approved: Regular Meeting of the Administrative Council

Authorized By:

Director of Education and Secretary of the Board