



## ADMINISTRATIVE PROCEDURE

Administrative Procedure Section

Administrative Procedure Number

**STUDENTS**

**825-001**

Directional Policy 825

**Student Achievement and Well-being**

### TITLE OF ADMINISTRATIVE PROCEDURE:

Concussions

### DATE APPROVED:

March 30, 2015

### PROJECTED REVIEW DATE:

June 2016

### DIRECTIONAL POLICY ALIGNMENT:

Student Achievement and Well-Being

### ALIGNMENT WITH MULTI-YEAR STRATEGIC PLAN:

Develop the intellectual, spiritual, mental, physical and emotional well-being of students in safe, diverse, respectful and faith-filled learning environments.

### ACTION REQUIRED:

1. All staff is required to implement the protocols and strategies for preventing concussions.
2. The Board will develop concussion training and guidelines based on *Ophea* suggested protocols and strategies for preventing concussions including Primary, Secondary, and Tertiary strategies.
3. The Board will develop a variety of communication pieces, including: pamphlets, inserts for school newsletters, safety training on-line learning hub, website links, twitter feeds and web-page banners to promote concussion awareness.

4. Where feasible, connections to the curriculum will be made, particularly in Health and Physical Education.

## CONCUSSION PROTOCOL

### Concussion Identification

If a student receives a blow to the head, face or neck, or a blow to the body that transmits a force to the head that causes the brain to move rapidly within the skull, and as a result may have suffered a concussion, the individual (e.g., teacher/coach/principal) responsible for that student must take immediate action as follows:

1. **Unconscious Student (or where there was any loss of consciousness)**
  - a) Stop the activity immediately;
  - b) Initiate Emergency Action Plan and call 911. **Do not** move the student;
  - c) Assume there is a possible neck injury and, only if trained, immobilize the student before emergency medical services arrive;
  - d) Do not remove athletic equipment (e.g., helmet), unless there is difficulty breathing;
  - e) Stay with the student until emergency medical services arrive;
  - f) Contact the students' parent/guardian (or emergency contact) to inform them of the incident and that emergency medical services have been contacted;
  - g) Monitor and document any changes (e.g., physical, cognitive, emotional/behavioural) in the student;
  - h) Refer to board's injury report form for documentation procedures;
  - i) If the student regains consciousness, encourage him/her to remain calm and to lie still;
  - j) Do not administer any medication (unless the student requires medication for other conditions - e.g., insulin for a student with diabetes).
2. **Conscious Student**
  - a) Stop the activity immediately;
  - b) Initiate Emergency Action Plan;
  - c) When the student can be safely moved, remove him/her from the current activity or game;
  - d) Conduct initial concussion assessment of the student (using *Tool to Identify a Suspected Concussion* - Appendix A).
    - i. 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 one or more signs or symptoms (for a list, please refer to '*Common Signs and Symptoms of a Concussion*' referred to in *Tool to Identify a Suspected Concussion* - Appendix A)

- ii. If a concussion is suspected following initial assessment, do not allow the student to return to play in the activity, game or practice that day even if the student states that he/she is feeling better.
- iii. Contact must be made with the student's parent/guardian (or emergency contact) to inform them of the incident, that they need to pick up the student and that the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.
- iv. Monitor and document any changes (e.g., physical, cognitive, emotional/behavioural) in the student. If any signs or symptoms worsen, call 911.
- v. Do not administer medication (unless the student requires medication for other conditions – e.g., insulin for a student with diabetes).
- vi. Stay with the student until her/his parent/guardian (or emergency contact) arrives.
- vii. The student must not leave the premises without parent/guardian (or emergency contact) supervision.
- viii. Students with a diagnosed concussion will need to follow a medically supervised, individualized and gradual *Return to Learn/Return to Physical Activity Plan* (Appendix C) and must be symptom free prior to returning to regular activities.
- ix. Students with a suspected concussion will not be permitted to continue in any learning or physical activities until the parent/guardian communicates the results of the medical examination. The Board will follow *Ophea* procedures for the identification, initial concussion assessment strategies, safe removal of a possible concussion and follow-up steps (see *Tool to Identify a Suspected Concussion* - Appendix A).
- x. Parent/Guardian must be informed that the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day; and, provided with a copy of the tool used to identify the suspected concussion, (see *Tool to Identify a Suspected Concussion* - Appendix A).
- xi. Parent/Guardian must be informed that they need to communicate to the school principal results of the medical examination (i.e., the student does not have a diagnosed concussion or the student has a diagnosed concussion) prior to the student returning to school (see *Documentation of Medical Examination* - Appendix B).
- xii. If no concussion is diagnosed, student may resume regular learning and physical activities.
- xiii. If a concussion is diagnosed, the student follows a medically supervised, individualized and gradual *Return to Learn/Return to Physical Activity Plan* (Appendix C).
- xiv. If signs of concussion are NOT observed, symptoms are NOT reported AND the student passes the Quick Memory Function Assessment see *Tool to Identify a Suspected Concussion* (Appendix A) then the student may return to physical activity, however the student's parent/guardian (or emergency contact) must be contacted and informed of the incident. The parent must be

informed that signs and symptoms may take hours or days to emerge, that the student should be monitored for 24-48 hours following the incident and 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 (see *Tool to Identify a Suspected Concussion* - Appendix A) to communicate this information.

## RESPONSIBILITIES

### The Director of Education is responsible for:

- working with the Senior Administration team to ensure leadership and oversight in the development of relevant, clear and specific administrative procedures for concussions that support the Student Achievement and Well-Being Policy.

### The Lead Superintendent is responsible for:

- developing strategies for the prevention and identification of concussions, procedures for diagnosed concussions;
- providing awareness training for all staff and ensure that they align with current best practices, and at a minimum, the Ophea Concussion guidelines and OSBIE requirements;
- ensuring that concussion awareness and education strategies are made available to students and parents (websites, hand-outs, newsletters, Twitter, team meetings, curriculum, etc.); and
- ensuring that information on concussion protocols is provided to Community Users of school facilities and licensed third-party care providers not operating Extended Day programs.

### Administrative Council is responsible for:

- monitoring, measuring, and holding employees accountable to, not only implementation, but also to follow, the Concussion Administrative Procedures that support the *Student Achievement and Well-Being Policy*.

### Principals and Vice-Principals are responsible for:

- leading the school community in communicating, understanding and implementing the Concussion Administrative Procedures;
- ensuring that forms are available to all staff;
- ensuring that up-to-date emergency contact information is maintained;
- ensuring that all staff have completed mandatory online training annually;
- in the event of a diagnosed concussion, informing the appropriate school staff, leading the school team, using a collaborative approach, to develop a *Return to Learn/Return to*

*Physical Activity Plan* (Appendix C), and ensure that the *Return to Learn/Return to Physical Activity Plan* (Appendix C) process meets the individual needs of the student;

- supporting parents in understanding and following the protocols/strategies;
- ensuring forms and training are provided to those staff/volunteers that are coaching sports events/activities or offsite activities, as required;
- communicating the importance of reporting any non-school related concussions; and
- ensuring that the school works closely with parents/guardians to support students with a concussion with their recovery and academic success.

**Managers are responsible for:**

- leading their department in communicating, understanding, implementing and adhering to the Concussion Administrative Procedures;
- ensuring the Concussion Administrative Procedures outlined for concussions are in alignment with OSBIE (Ontario School Boards' Insurance Exchange) standards.

**School staff, support staff, coaches and volunteers are responsible for:**

- being informed about what to do in the event of a concussion;
- participating in the required training and understand and follow Concussion Administrative Procedures, as appropriate to their roles;
- following Ophea Safety Guidelines;
- ensuring all equipment is certified (if applicable), in good condition, worn properly and is appropriate for the activity;
- planning age-appropriate activities and supervising students at all times;
- providing students with appropriate safety/concussion training prior to participating in activities;
- being aware of the methods of preventing concussion applicable to a specific activity and communicating these to students; and
- being aware of the management protocol in the event of a concussion, including *Return to Learn/Return to Physical Activity Plan* (Appendix C).

**Parents/Guardians are responsible for:**

- learning the signs/symptoms of concussion with students;
- having the student assessed by a medical doctor or nurse practitioner, as soon as possible, in the event that a concussion is suspected;
- collaborating with the school and medical doctor or nurse practitioner to manage possible or diagnosed concussions appropriately;
- supporting concussed students with their recovery;

- cooperating with school staff and supporting a student on the *Return to Learn/Return to Physical Activity Plan* (Appendix C); and
- reporting any non-school related concussion to the school principal so that the *Return to Learn/Return to Physical Activity Plan* (Appendix C) can be implemented.

**Students are responsible for:**

- participating in all safety training to learn to recognize the signs/symptoms of concussions;
- wearing any required equipment in the correct manner;
- following all rules and regulations of an activity;
- immediately reporting any concussion symptoms to staff/coaches;
- informing staff/coaches if they notice/observe concussion signs in any of their peers;
- following concussion management strategies of their medical practitioner; and
- understanding and following the *Return to Learn/Return to Physical Activity Plan* (Appendix C) as directed by school staff.

**Medical Doctors and Nurse Practitioners may be responsible for:**

- reviewing the concussion forms completed by the school;
- providing support and medical assistance (where necessary) for the student's recovery process; and
- participating with the school in the recovery process and in the development or review of the *Return to Learn/Return to Physical Activity Plan* (Appendix C).

**Communications Staff are responsible for:**

- creating a variety of communication strategies to ensure implementation of the Concussion Administrative Procedures; and
- creating a variety of materials to support concussion prevention, awareness and management (i.e., pamphlets, website banners, posters, social media feeds).

**PROGRESS INDICATORS:**

1. Evidence that staff have implemented the protocols and strategies for preventing concussions.
2. Evidence that all staff have participated in concussion training based on *Ophea* suggested protocols and strategies for preventing concussions including Primary, Secondary, and Tertiary strategies.

3. Successful implementation of communication strategies to promote concussion awareness.
4. Evidence of connections made to the curriculum, particularly in Health and Physical Education.

**DEFINITIONS:****Concussion**

Concussion is a brain injury that causes changes in how the brain functions, leading to symptoms that can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty concentrating or remembering), emotional/behavioral (e.g., depression, irritability) and/or related to sleep (e.g., drowsiness, difficulty falling asleep). It may be caused either by a direct blow to the head, face or neck, or a blow to the body that transmits force to the head that causes the brain to move rapidly within the skull. It can occur even if there has been no loss of consciousness and cannot normally be seen on x-rays, standard CT scans or MRIs.

**Ophea**

Ophea is a not-for-profit organization that champions healthy, active living in schools and communities through quality programs and services, partnerships and advocacy, and is led by the vision that all children and youth value and enjoy the lifelong benefits of healthy, active living.

**Prevention Strategies**

*Primary* – information/actions that prevent concussions from happening (e.g., rules and regulations, minimizing slips and falls by checking that classroom floor and activity environments provide for safe traction and are obstacle free).

*Secondary* – expert management of a concussion that has occurred (e.g., identification and Management- Return to Learn and Return to Physical Activity) that is designed to prevent the worsening of a concussion.

*Tertiary* – strategies that help prevent long-term complications of a concussion by advising the participating to permanently discontinue a physical activity/sport based on evidenced-based guidelines.

**School Team**

Led by the school principal, the school team should include:

- the concussed student;
- the student's parents/guardians;
- school staff and volunteers who work with the concussed student; and,
- the medical doctor or nurse practitioner.

**RELATED DOCUMENTS:**

Appendix A: Concussion – Tool to Identify a Suspected Concussion, form LSS-033

Appendix B: Concussion – Documentation of Medical Examination, form LSS-034

Appendix C: Concussion – Return to Learn/Return to Physical Activity, form LSS-035

**REFERENCES:**

Ontario Physical Education Safety Guidelines – Concussion Package

<http://safety.ophea.net/concussion-protocols>

Concussions Ontario: [www.concussionsontario.org](http://www.concussionsontario.org)

Parachute: [www.parachutecanada.org/active-and-safe](http://www.parachutecanada.org/active-and-safe)

Ontario Government: [www.ontario.ca/concussions](http://www.ontario.ca/concussions)

Policy/Program Memorandum 158 <http://www.edu.gov.on.ca/extra/eng/ppm/158.pdf>

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