



Appendix D1: Emergency Action Plan for Concussion

After a significant impact to the head, face or neck or elsewhere on the body has been observed or reported, and the individual (for example, teacher/coach) responsible for that student suspects a concussion, the following actions must be taken immediately:

STEPS AND RESPONSIBILITIES IN SUSPECTED AND DIAGNOSED CONCUSSIONS

INITIAL RESPONSE

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

Action
1. Stop the activity immediately-assume concussion
2. Call 911. Follow the steps of this Emergency Action Plan for Concussion (Appendix D1).
3. Assume neck injury. Only if trained , immobilize student.
4. <u>DO NOT</u> move the student or remove athletic equipment unless breathing difficulty.
5. Remain with student until emergency medical service arrives.
6. Contact student's parent/guardian (or emergency contact) to inform of incident and that emergency medical services have been contacted.
7. Monitor student and document any changes (physical, cognitive, emotional/behavioural).
8. 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)).
9. Complete and sign Appendix C1: Tool to Identify Suspected Concussion and, if present, provide duplicate copy to parent/guardian retaining a copy.
10. If present, provide the parent/guardian a copy of Appendix C1: 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.
11. Complete Injury Report (Student Concussion Diagnosis Report/OSBIE) , inform principal of suspected concussion, and forward copy of the completed and signed Appendix C: Tool to Identify a Suspected Concussion.
12. Once diagnosis is made the parent/guardian completes Appendix D2 Documentation of Medical Assessment Form and return completed and signed document to school principal prior to student's return to school.
13. The Principal Informs all school staff (e.g. classroom teacher, educational resource teacher, physical education teachers, intramural supervisors, recess supervisors, coaches) and volunteers who work with the student of the suspected concussion.

14. The Principal informs staff 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.

Conscious Student

Action

1. Stop the activity immediately.
2. Initiate school Emergency Action Plan.
3. When safe to do so, remove student from current activity/game.
4. Conduct an initial concussion assessment of the student using **Appendix C1: Tool to Identify a Suspected Concussion**.

If Signs or Symptoms of a Concussion are Observed

Action

1. Do not allow student to return to play in the activity, game or practice that day even if the student states they are feeling better.
2. Contact the student's parent/guardian (or emergency contact) to inform them:
 - Of the incident.
 - That they need to come and pick up the student.
 - 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/behavioral) in the student. If signs or symptoms worsen, call 911.
4. Complete, sign, and photocopy **Appendix C1: Tool to Identify a Suspected Concussion**.
5. Do not administer medication (unless student requires medication for other conditions-e.g. insulin).
6. Stay with student until their parent/guardian (or emergency contact) arrives.
7. Student must not leave the premises without parent/guardian supervision.
8. Provide parent/guardian (emergency contact) signed copy of **Appendix C1: Tool to Identify a Suspected Concussion**, retaining a copy.
9. Provide parent/guardian (or emergency contact) copy of **Appendix D2: Documentation of Monitoring/Medical Assessment** and inform parent/guardian that form needs to be completed and submitted to principal prior to student's return to school.
10. Complete **Injury report (Student Concussion Diagnosis Report/OSBIE)**, inform principal of suspected concussion, and forward copy of the completed OSBIE Report and signed copy of **Appendix C1: Tool to Identify a Suspected Concussion** to the principal.

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| 11. Ensure student is examined by a medical doctor or nurse practitioner as soon as possible that day. |
| 12. Parent completes Appendix D2: Documentation of Monitoring/Medical Assessment once diagnosis is made and return completed and signed document to school principal prior to student's return to school. |
| 13. Inform all school staff (e.g. classroom teacher, educational resource teaches, physical education teachers, intramural supervisors, coaches) and volunteers who work with the student of the suspected concussion. |
| 14. 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. |

If signs are NOT observed, symptoms are NOT reported AND student passes Quick Memory Function Assessment (Appendix C1)

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| Action |
| 1. Recommended precautionary withdrawal of student from physical activity. |
| 2. Inform parent/guardian (or emergency contact) of the incident and provide signed copy of Appendix C1: Tool to Identify a Suspected Concussion , retaining a copy. |
| 3. Explain to parent/guardian (or emergency contact) that student should be monitored for a minimum of 24 hours after the incident as concussion symptoms may take hours or days to emerge. |
| 4. 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. Appendix D2: Documentation of Monitoring/Medical Assessment must be completed and the results must be shared with principal before return to school. |
| 5. Inform Supervising School Staff/Volunteers if symptoms appear during learning or any activity. |
| 6. If symptoms appear proceed with Action items under "If a concussion is suspected". |

If No Concussion is diagnosed student may resume regular learning and physical activity

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| Action |
| 1. Communicate diagnosis to school principal and return completed and signed Appendix D2: Documentation of Monitoring/Medical Assessment . |
| 2. Inform all school staff (e.g. classroom teacher, educational resource teacher, physical education teachers, intramural supervisors, recess supervisors, coaches) and volunteers who work with the student of the diagnosis. |
| 3. File any related written documentation of the incident and results of the medical examination (e.g. in the student's OSR) OSR Guidelines (2000) states: 3.1.5 Special health information: Part E A summary of a student's special health conditions will be included when such conditions are disclosed to the principal. |
| 4. Resume regular learning and physical activity. |

IF CONCUSSION IS DIAGNOSED: Return to School/Return to Physical Activity

Note: Student must successfully complete return to learn stages before initiating returning to school

– Appendix E1: Concussion Management - Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) must be completed by Parent/Guardian before the student returns to School)

Action

1. Communicate diagnosis to school principal and return completed and signed Appendix D2: Documentation for a Diagnosed Concussion. **Also report non-school related concussions.**
2. Provide parent/guardian **Appendix E1: Concussion Management - Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan.** form and indicate that students symptoms are improving or is symptom and this 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.
3. Complete the **Initial Rest Stage of Appendix E1: Concussion Management - Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan.** .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.
4. Continue cognitive and physical rest at home for a minimum of 24 hours until student's symptoms are improving or they are 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. **Stage 2a of the Return to School Plan and Stage 2b of the Return to Physical Activity Plan must be successfully completed by the student and Appendix E1 must be signed and returned to school by the parent.**
5. Inform all school staff (e.g. classroom teacher, educational resource teacher, physical education teachers, intramural supervisors, recess supervisors, coaches) and volunteers who work with the student of the diagnosis. **Appendix B: Return to Learn Strategies/Approaches.**
6. The Principal establishes a **Collaborative Team** (i.e. principal, concussed student, their parents/guardians, school staff and volunteers who work with the student, and the student's medical doctor/nurse practitioner) and designates 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.
7. The Principal meets with collaborative team to review potential cognitive and emotional/behavioural difficulties student may experience, explain how these symptoms can impact learning and identify strategies/approaches to manage these symptoms. See **Appendix B: Return to Learn Strategies/Approaches.**
8. The Principal ensures 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.

Student's Symptoms are Improving

Action

1. The Parent/Guardian completes, signs and forwards **Appendix E1: Concussion Management - Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan.**
2. The Staff proceed to **Appendix E2: School Concussion Management - Return to School and Return to Physical Activity Plan.** Student returns to school. Develop and implement 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.
3. Monitor the student's progress through the Return to School/Return to Physical Activity Plan. This may include identification of the student's symptoms and how they respond to various activities. Strategies may need to be developed or modified to meet the changing needs of the student.
4. Follow individualized classroom strategies/approaches for the Return to School Plan and the Return to Physical Activity Plan until student is symptom free.
5. Follow **Appendix E3 - Student Return to School Reference Guide.**

Student is Symptom Free

Action

1. **Student is ready to return to Learning and Physical Activities without Adaptation:**
If the Student has gradually demonstrated that they can tolerate a full day of school without any adaptation of learning.
*At this point, the student has progressed gradually through all steps of **Appendix E2: School Concussion Management – Return to School and Return to Physical Activity Plan.**

The parent/Guardian must complete and sign and return to the school:
i) **Appendix E2 - Stage 4b** of the Return to School plan
ii) **Appendix E2 - Stage 6** of the Return to Physical Activity Plan
iii) **Appendix F – Documentation for Medical Clearance**

Staff is asked to please reference **Appendix E3: Student Return to School Reference Guide.**
2. Inform all school staff (e.g. classroom teacher, educational resource teacher, 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.
3. Closely monitor student for the return of any concussion symptoms and/or deterioration of work habits and performance.
4. Report any return of symptoms to supervising staff/volunteer.
5. If symptoms return, stop activity and see Table below titled: **Return of Symptoms.**

Return of Symptoms

Action

1. Report any return of symptoms to supervising staff/volunteers
2. *If signs of returned concussion symptoms and/or deterioration of work habits and performance occur, stop activity and contact student's parent/guardian (or emergency contact) and **report to principal**.*

Complete Board 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 D2: Documentation of Monitoring Medical Assessment Form** must be completed, signed and returned before student can return to school.
4. The Parent/Guardian completes, sign and forward **Appendix D2: Documentation of Monitoring Medical Assessment Form** to principal
5. Follow medical doctor/nurse practitioner's treatment plan.
6. The Principal informs all school staff (e.g. classroom teacher, educational resource teacher, physical education teachers, intramural supervisors, recess supervisors, coaches), Concussion Liaison, and volunteers who work with the student that student has experienced return of symptoms.
7. The Principal arranges a meeting with the Collaborative Team (which includes school staff and the parent(s)/ guardian(s) to review the Return to School and Return to Physical Activity Stages.
8. The Return to School and Return to Physical Activity Stages of Appendices E1 and E2 must be reviewed and adhered to in order for the student to gradually and safely return to learning and physical exercise activities.
9. Once the student has cleared the Stages of Appendices 1 and is ready to return to school on a gradual basis, the Principal will inform all school staff (e.g. classroom teacher, support staff, educational resource teacher, physical education teachers, coaches, and volunteers) who works with the student that they may proceed back to the Stages of Appendices 2 Stage 3a of the Return to School plan and Stage 3 of the Return to Physical Activity plan. Provide supervising staff/coaches/volunteers Appendix D2: Documentation for a Diagnosed Concussion, and Appendix E2 -Return to School/Return to Physical Activity Plan to record student progress through Step 3 and 4.
10. Continue with **Adapted learning activities at school and begin Stage 3a of the Return to School Stage**. Continue with **Adapted Physical exercise activities at school and begin Stage 3 of the Return to Physical Activity Stage**.
- 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)
11. As symptoms improve, proceed to Stage 4a – Return to School Plan and Stage 4-Return to Physical Activity Plan the 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)

12. Record student's progress through **Stages in Appendix E2**

-Maintain a record of all correspondence between the home and school, specifically the parent(s)/guardian(s) signature after the student's successful completion of each stage.

-Once student is symptom free, and the parents complete and sign **Appendix E2: Return to School Stage 4a and Return to Physical Activity Stage 6**.

-Next step for the Parent is to obtain medical doctor/nurse practitioner diagnosis and signature found in **Appendix F**.

13. The Parent/Guardian provides school principal with written documentation from a medical doctor or nurse practitioner (e.g. completed and signed **Appendix F: Documentation for Medical Clearance** that indicates the student is symptom free and able to return to full participation learning and physical activities.

14. Inform all school staff (e.g. classroom teacher, support staff, educational resource teacher, physical education teachers, coaches, and volunteers) who work with the student that student is symptom free and able to return to full participation learning and physical activities.

-File all documentation from **Appendix E2 and Appendix F** in student's OSR.

15. The objective is for the student to restore their confidence through their successful participation with regular learning activities and resume full participation in regular physical education and school team activities.