Niagara Catholic District School Board

CONCUSSION

ADMINISTRATIVE OPERATIONAL PROCEDURES

300-Schools/Students **No 303.1**

Adopted Date: December 16, 2014 Latest Reviewed/Revised Date: August 24, 2026

In keeping with the Mission, Vision and Values of the Niagara Catholic District School Board, the following are the Administrative Operational Procedures for Concussion.

PREAMBLE

The Niagara Catholic District School Board acknowledges that physical activity supports student health and well-being. Students have the opportunity to participate in curricular, interschool and intraschool sports and physical activities. As part of our commitment to student safety, injury prevention, and well-being, Niagara Catholic supports concussion awareness, prevention, identification, management, tracking and training in schools through legislation, policy and resources.

The Niagara Catholic District School Board recognizes that a concussion is a serious injury that can have a significant impact on student learning and well-being. The Board will implement strategies to minimize the risk of a concussion, steps to follow when a student is suspected of having a concussion, and effective management procedures to guide a student's return to school when diagnosed with a concussion.

The prevention and response to a concussion requires the cooperation of all partners in the school community; including parents/guardians, students, staff, volunteers, and physicians/nurse practitioners. When a student is diagnosed with a concussion, a Return to School Plan to support the student's Return to Learn (RTL)/Return to Physical Activity (RTPA) will be created in consultation with the principal /designate, staff, student, parents/guardians, and physician/nurse practitioner.

These Administrative Operational Procedures align with Ministry of Education policies, the Education Act, and other relevant Ministry resources and are not intended to provide medical advice relating to health care. For advice on health care for concussion symptoms, parents/guardians are to consult with a physician/nurse practitioner.

DEFINITIONS

Curricular Sports: Curricular sports are sports and physical activities that are part of regular classroom instruction (e.g., Health and Physical Education Classes) or during off-site educational field trips that involve physical activity.

Interschool Sports: Interschool sports are school-sponsored, competitive programs involving tryouts and official competitions against teams from other schools.

Intraschool Sports: Intraschool sports are typically classified as intramural physical and recreational activities that occur during lunch or before and after school and do not involve competitions against outside school teams or groups.

Concussion*: Concussion* is the term for a clinical diagnosis that is communicated by a physician/nurse practitioner. School administrators, staff, board staff, coaches, trainers, supervisors or volunteers cannot diagnose a concussion. They must advise students who are suspected of having sustained a concussion and their parents/guardian to seek a medical assessment by a physician/nurse practitioner.

A 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/behavioural (e.g., depression, irritability) and/or related to sleep (e.g., drowsiness, difficulty falling asleep).
- 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.
- can occur even if there has been no loss of consciousness (in fact most concussions occur without a loss of consciousness).
- cannot be seen on X-rays, standard CT scans or MRIs.
- is a clinical diagnosis made by a physician/nurse practitioner.

ROLES AND RESPONSIBILITIES

Concussion prevention, recognition and management requires the cooperation of all partners in the school community. Students, parents/guardians, principals/designates, staff, coaches, trainers, supervisors and volunteers are to be informed of, and adhere to their role and responsibilities.

Concussion Roles and Responsibilities:

- Parents/Guardians and Students
- Principal/Designate
- Staff, Coaches, Trainers, Supervisors and Volunteers

CONCUSSION CODES OF CONDUCT

Codes of Conduct for concussions have been established to outline expected behaviours, responsibilities and safety for students, parents/guardians, staff, coaches, trainers, supervisors or volunteers participating in curricular, interschool and intraschool sports and physical activities.

Students/Parents/Guardians
At the beginning of each school year, and prior to student participation in curricular/interschool/intraschool sports or physical activities, students and parents/guardians of a student under 18 years of age are required to review, complete and sign the Medical Information, Acknowledgement of Risk and Permission to Participate Form, which includes the student and parent/guardian codes of conduct through SchoolCash Online.

Staff, Coaches, Trainers, Supervisors and/or Volunteers
At the beginning of each school year staff, coaches, trainers, supervisors and/or volunteers must review, sign and submitted the appropriate Concussion Code of Conduct to the school principal.

- Concussion Code of Conduct-Students
- Concussion Code of Conduct-Parent/Guardian
- Code of Conduct-Staff, Coaches, Trainers, Supervisors, Volunteers

CONCUSSION AWARENESS STRATEGIES

The Niagara Catholic District School Board will support concussion awareness by:

- having approved Government of Ontario and locally developed concussion resources available to staff, students, parents/guardians, and appropriate community members through the board website, student handbook, and newsletters.
- providing opportunities for staff, coaches, supervisors, trainers, volunteers, parents/guardians and students to review concussion resources: Ophea and Rowan's Law to support their knowledge and understanding of concussions.

- hosting annual concussion awareness events on Rowan's Law Day, the last Wednesday in September.
- supporting student learning about concussions within relevant curriculum expectations
- establishing processes to ensure schools track, verify, and retain documentation confirming that Concussion Codes of Conduct have been reviewed.

CONCUSSION AWARENESS TRAINING

Each year, staff will participate in concussion awareness training, complete Ophea's Concussion Prevention, Identification, and Management for Schools e-Learning Modules and provide the certificate of completion to the school principal. Newly hired school staff will have access to concussion training through the Human Resources Services Department.

CONCUSSION PREVENTION STRATEGIES

While injuries cannot always be prevented, their severity can be reduced through education, safe practices, and shared responsibility.

- Staff, coaches, supervisors, trainers, volunteers, parents/guardians and students must be educated to recognize concussion symptoms, remove students from play, seek medical assessment, and support learning about concussion prevention through curriculum connections.
- Sport-specific protective equipment must be worn correctly and consistently, fit properly, be well maintained, meet current safety standards, and be replaced when damaged or expired.
- OPHEA sport-specific safety guidelines must be followed at all times.
- Students must receive instruction to understand, and follow sport and activity-specific rules and skills before participating, including techniques that reduce head injury risk.
- Skills must be taught progressively, emphasizing injury prevention strategies such as avoiding collisions and using proper positioning and technique.
- Concussion risks associated with each activity must be explained, along with strategies to minimize risk (e.g., safe tackling, effective positioning, and use of activity zones).
- Parents/guardians must reinforce school safety procedures, report concussion history on school medical forms, and support recovery through communication with the school.
- Students must always follow safety instructions from staff, coaches, supervisors, trainers and volunteers.
- Students recovering from a concussion should be provided reassurance, support, and academic accommodations as needed.

IDENTIFICATION OF A SUSPECTED CONCUSSION

Signs and symptoms of a concussion can show up right away or hours, even days after an injury. Symptoms may be harder to recognize in younger students, students under 10 years of age, students with special education needs, or students for whom English or French is not their first language. Most individuals with a concussion do not lose consciousness. Recognizing even one sign or symptom is enough to suspect a concussion.

The Niagara Catholic District School Board adheres to the Ophea concussion protocol when identifying suspected concussions. A student or the parents/guardians of a student who is under 18 years of age who is suspected of having sustained a concussion must follow the actions outlined in the Concussion Monitoring and Medical Assessment Forms.

INITIAL RESPONSE

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 observed or reported, the student must be removed from participation. The individual responsible for

the student must complete the Tool to Identify a Suspected Concussion Form. If the student is unconscious or red flags are identified, 911 is to be called immediately.

1. A copy of the Tool to Identify a Suspected Concussion Form and Concussion Monitoring and Medical Assessment Forms will be provided to the student or the parent/guardian of a student who is under 18 years of age who is suspected of having sustained a concussion.
2. The student or the parents/guardians must follow the actions outlined in the Concussion Monitoring and Medical Assessment Forms.

No signs or symptoms:

- When no signs and symptoms are indicated on the Tool to Identify a Suspected Concussion, parents/guardians and the school are required to monitor the student for 48 hours, the student may continue to attend school and participate in learning only.
- After 24 to 48 hours, and no signs or symptoms are observed the student may participate in physical activities.
- Parents/guardians must sign and submit the Concussion Monitoring Form to the school principal.

Signs and symptoms:

- When signs and symptoms have been observed, the Concussion Medical Assessment Form must be completed and signed by a physician/nurse practitioner indicating whether or not the student sustained a concussion, signed by the parents/guardians, and submitted to the principal prior to the student returning to school.
- Once the concussion medical assessment form has been provided, the principal must inform all staff (e.g., classroom teachers, physical education teachers, intramurals supervisors, coaches) and volunteers who work with the student of the diagnosis; and
- In the event that a concussion medical assessment results in the diagnosis of a concussion, the student and parents/guardians will support and follow the return to school plan.

RETURN TO SCHOOL PLAN

School boards must develop and implement a Return to School Plan for students who have been diagnosed with a concussion, regardless of whether the concussion was sustained at school or elsewhere. The Return to School Plan is intended to support a student's Return to Learn and Return to Physical Activity when they have been diagnosed with a concussion by a physician/nurse practitioner.

- Return to Learn includes stages that are based on the individual needs of a student, as there is no pre-set strategy and/or approach that meets the needs of all students.
- Return to Physical Activity includes stages that are individual, and follow an intentionally recognized graduated approach.

A student's individual Return to School Plan will be created in collaboration with the student, parents/guardians, principal/designate, staff and physician/nurse practitioner, and supported by the guidelines outlined in the Concussion Protocol: Return to Learn and Return to Physical Activity Stages.
The length of time needed to complete each Return to Learn and Return to Physical Activity Stage will vary based on the severity of the concussion and the individual student's progress with each stage taking at least 24 hours.

The Medical Concussion Clearance Form must be submitted to the school principal prior to the student's full return to physical activities.

CONCUSSION TRACKING

Principals are required to track a student's progress, from the removal of an activity due to a suspected concussion, to the return, through graduated steps, to learning and physical activity. This will be accomplished by utilizing the tracking forms outlined in the Ophea concussion protocol listed below:

- Tool to Identify a Suspected Concussion Form
- Concussion Monitoring and Medical Assessment Forms
- Return to Learn/Return to Physical Activities Form-Stages 1-3
- Medical Concussion Clearance Form
- Return to Learn/Return to Physical Activities Form-Stages 4-6

Completed copies of the above forms are to be retained in the student's OSR in accordance with the OSR guidelines, the Records and Information Management Records Retention Schedule of the Board and all applicable privacy legislation and Board policies.

References

- ***Education Act***
- ***Ministry of Education, Policy/Program Memorandum 158, School Board Policies on Concussion***
- ***Ontario Physical Activity Safety Standards in Education (OPHEA)***
- ***Ontario Physical Activity Safety Standards (OPHEA)-Concussions***
- ***Parachute Canada: Concussion***
- ***Rowan's Law: Concussion Awareness Resources***
- ***Rowan's Law: Concussion Safety***
- ***Niagara Catholic District School Board Policies/Procedures/Documents***
    - ***Administration of Medication to Students (302.2) AOP***
    - ***Niagara Catholic Volunteers (800.9) AOP***
    - ***Ontario Student Record (OSR) (301.7) AOP***
    - ***Student Accidents and Illness AOP (303.3)***
    - ***Student Fees (301.11) AOP***
    - ***Student Suspension (302.6.4) AOP***
    - ***Supporting Children and Students with Prevalent Medical Conditions Policy (302.1)***

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