



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

PREAMBLE

The Niagara Catholic District School Board (Board) recognizes the importance of the health, safety and overall well-being of its students and is committed to taking steps to reduce the risk of injury.

The Board recognizes that children and adolescents are among those at greatest risk for concussions and that while there is potential for a concussion any time there is body trauma, the risk is greatest during activities where collisions can occur, such as during physical education classes, playground time, or school-based sports activities.

Concussion prevention and management requires the cooperation of all partners in the school community. To ensure the safety of students while they enjoy the many benefits of being active, parents/guardians, students, volunteers, staff, and school boards must all understand and fulfill their responsibilities. It is critical to a student's recovery that Return to Learn/Return to Physical Activity Plan be developed through a collaborative team approach led by the school principal.

Increasing awareness of conditions to prevent and identify symptoms related to concussions will support the proper management of concussions, reducing increased risk. This Administrative Operational Procedures authorizes the creation of administrative procedures for implementation, which might include requirements described in Ministry of Education Policy/Program Memoranda, as matters of policy, and any such administrative procedures shall be considered procedures pursuant to the *Education Act* and other relevant and/or Ministry of Education materials all of which will be sufficient for the purposes of implementing the requirements of Ministry of Education Policy/Program Memoranda.

PURPOSE

The Niagara Catholic District School Board recognizes concussions as a serious injury which requires appropriate follow-up measures to reduce risk of potential additional injury. Concussion awareness, prevention, identification and management are a priority for the Board. The implementation of the Board's Concussion Administrative Operational Procedures is another important step in creating healthier schools in the Niagara Catholic District School Board.

INFORMATION

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 medical doctor or nurse practitioner*
- * It is critical that a student with a suspected concussion be examined by a medical doctor or nurse practitioner as soon as possible.

Due to their developing brain and risk taking behavior, children and adolescents are more susceptible to concussion and take the longest to recover. Recent research has made it clear that a concussion can have a significant impact on a student's cognitive and physical abilities. In fact, research shows that activities that require concentration can actually cause a student's concussion symptoms to reappear or worsen. It is equally important to help students as they "return to learn" in the classroom as it is to help them "return to physical activity". Without identification and proper management, a concussion can result in permanent brain damage and in rare occasions, even death.

Research also suggests that a child or youth who suffers a second concussion before he or she is symptom free from the first concussion is susceptible to a prolonged period of recovery, and possibly Second Impact Syndrome – a rare condition that causes rapid and severe brain swelling and often catastrophic results, including death.

A Learn/Return to Physical Activity Plan requires a collaborative team approach lead by the school principal. This team should include the concussed student, their parents/guardians, school staff and volunteers who work with the student, and the medical doctor/nurse practitioner. Ongoing communication and monitoring by all members of the team is essential for the successful recovery of the student.

The first step to managing a concussion is being able to recognize common signs and symptoms. A concussion should be suspected following a blow to the head, face or neck, or a blow to the body that transmits a force to the head. It is important to recognize that one or more of the signs or symptoms of a concussion which may take hours or day to appear. Review Appendix A for a list of common signs and symptoms and complete this form. Appendix C5: Concussion Recognition Tool is a pocket sized tool that can also be used to identify a suspected concussion. If staff is not sure of the presence of one or more of these signs and symptoms of a possible concussion, Appendix A should be given to the parent/guardian and student. If staff, in communication with the school principal, suspects head trauma or a concussion might be possible, the Appendix A: Tool to Identify a Suspected Concussion and Appendix B: Documentation of Medical Exam must be given to the parent/guardian and student.

NOTE:

- Signs and symptoms may be different for everyone
- Signs and symptoms can appear immediately after the injury or may take hours or days to emerge
- Concussion symptoms for younger students may not be as obvious compared to older students
- A student may be reluctant to report symptoms because of a fear that they will be removed from the activity, their status on a team or in a game could be jeopardized or academics could be impacted
- It may be difficult for students under 10, with special education needs, or students for whom English/French is not their first language, to communicate how they are feeling
- If student loses consciousness or signs or symptoms worsen, call 911

- Cognitive or physical activities can cause student's symptoms to reappear
- Steps are not days-each step must take a minimum of 24 hours and the length of time needed to complete each step will vary based on the severity of the concussion and the student
- The signs and symptoms of a concussion often last for 7-10 days, but may last longer in children and adolescents
- Compared to older students, elementary school children are more likely to complain of physical problems or misbehave in response to cognitive overload, fatigue, and other concussion symptoms
- If a student returns to activity while symptomatic, or before the brain has fully recovered, they are at an increased risk of sustaining another concussion with symptoms that can be prolonged and increased
- Principals, supervising staff, coaches and volunteers must be very aware of students asking to return to learn and return to play too early.
- Parents/guardians must report non-school related concussions
- Return to Learn/Return to Physical Activity steps must be followed regardless of where diagnosed concussion occurred

PREVENTION

Regardless of the steps taken to prevent injury, some injuries may occur. The severity of the injury may be mitigated by the following:

1. Awareness and education for coaches, volunteers, staff, parents and students to:
 - a) Recognize the symptoms of concussion;
 - b) Remove the student from play;
 - c) Refer the student to a medical doctor/nurse practitioner
 - d) Deliver curriculum based lessons on concussion awareness to students at specified grades
2. Wearing the school's sport specific protective equipment:
 - a) Equipment will fit properly;
 - b) Equipment will be well maintained;
 - c) Equipment will be worn consistently and correctly;
 - d) Equipment will meet current safety standards;
 - e) Damaged or expired equipment will be replaced
3. Follow OPHEA sport specific safety guidelines and our Niagara Catholic Fair Play Code of Conduct
4. Ensure all students receive instruction, understand and follow the sport/activity specific safety rules and skills prior to participation (e.g. eliminate all checks to the head and eliminate all hits from behind)
5. Teach skills in proper progression (e.g. emphasize the principles of head-injury prevention, keeping the head up and avoiding collision)
6. Outline the concussion risks associated with the activity/sport and demonstrate how they can be minimized e.g. teach proper sport techniques - correct tackling in football, effective positioning in soccer, how to avoid over-crowding when using the playground
7. Students must follow their supervising staff/coach's/volunteer's safety instructions at all times

8. Reinforce that it is extremely important not to return to learning or physical activity while still recovering from a concussion to avoid further risk of injury.
9. Discourage parents/guardians/volunteers/teachers/coaches, school staff from pressuring recovering concussed students to play or learn before they are ready
10. Parents need to reinforce with their child the importance of following the school's safety procedures
11. Parents need to report concussion history on school medical form
12. Provide reassurance, support and request/offer academic accommodations as needed

PROCEDURES

Immediate action must be taken by the individual (e.g. principal, teacher, coach) responsible for the student if the student receives a blow to the head, face or neck, or a blow to the body that transmits a force to the head. If in doubt, sit the student out and proceed with protocol.

Further to the Concussion Administrative Operational Procedures, the Board outlines the following roles and responsibilities:

RESPONSIBILITIES

Family of Schools Superintendents of Education will:

- Perform an annual review of the Concussion Administrative Operational Procedures to ensure the procedures align with current best practice recommendations and, at a minimum, the OPHEA concussion guidelines.
- Create a Concussion Board Report (Student Concussion Appendix A, B, C), to be completed by school principals, to track student concussions and record staff concussion education.
- Review concussion board reports annually to ensure compliance with and effectiveness of the Administrative Procedures.
- Ensure concussion education is made available to all school personnel and volunteers.
- Implement concussion awareness and education strategies for students and their parents/guardians.
- Provide support to schools and staff to ensure enforcement of Return to Learn and Return to Physical Activity Guidelines and the Board Concussion Administrative Operational Procedures.
- Ensure that all board staff, including volunteers, involved in physical activity and supervision (includes but not limited to: recess supervision, curricular, interschool, and intramural physical activity, before and after school care), are trained to recognize signs and symptoms of a suspected concussion and what immediate action to take.
- Ensure that information on the Concussion Administrative Operational Procedures is shared with the school community, including organizations that use the school facilities, such as community sports organizations and licensed child-care providers operating in schools of the Board where applicable.
- Ensure each elementary and secondary school implements the Return to Learn and Return to Physical Activity Plan (Appendix A, B, C)

Principals will:

- Abide by the Concussion Administrative Operational Procedures.
- Ensure staff, volunteers, parents/guardians, and students are aware of the Concussion Administrative Operational Procedures and understand their roles and responsibilities.

- Ensure the Concussion Administrative Operational Procedures is followed by all school staff (including occasional staff/support staff, recess supervisors), parents/guardians, students, and volunteers.
- Arrange for concussion in-servicing for staff and coaching volunteers, and repeat as necessary.
- Ensure the Concussion Recognition Tool is included in occasional teacher lesson plans and field trip folders.
- Share concussion information with students and their parents/guardians.
- Ensure lessons on Head Trauma/Concussion Awareness are delivered annually to all students.
- Ensure OPHEA safety guidelines are being followed.
- Work as closely as possible with students, parents/guardians, staff, volunteers, and health professionals to support concussed students with their recovery and academic success.
- Maintain up to date emergency contact and telephone numbers.
- Complete concussion Board report (OSBIE/Appendix I, Student Concussion) as each injury occurs or each term/semester.
- Attempt to obtain parental/guardian cooperation in reporting all non-school related concussions.
- Ensure concussion information is readily available to all school staff and volunteers.
- Ensure that all incidents are recorded, reported and filed as required by this Administrative Guideline, as appropriate, and with an OSBIE incident report form.
- For students who are experiencing difficulty in their learning environment as a result of a concussion, coordinate the development of an Individual Education Plan (IEP). See the revised OPHEA Strategies released by OPHEA for Return to Learn Strategies/Approaches.
- Approve any adjustments to the student’s schedule as required.
- Alert appropriate staff about students with a suspected or diagnosed concussion.
- Prior to student return to school, ensure completion and collection of the following documentation:
 - Documentation of Medical Examination Form (Appendix B, C)
 - Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan (Appendix B)
- File above documents (Appendix B, C) in student’s OSR and provide copy to appropriate school staff.
- Once concussion is diagnosed, appoint primary staff member to act as the student’s liaison to ensure adequate communication and coordination of student’s needs.
- Ensure Parent/Guardian complete ‘Acknowledgement of Risk/Permission to Participate Form
- Ensure Parent/Guardian has been notified of any suspected concussion during the school day the incident occurred at the first reasonable opportunity.

ENCOURAGING PARENT/GUARDIAN COOPERATION

If the Parent/Guardian refuses a physician consultation and/or refuses to adhere to the concussion admin procedure the Principal will:

- Discuss parental concerns (e.g. documentation fees) surrounding the process and attempt to address these concerns
- Provide rationale for the required steps of the Concussion Administrative Procedure
- Include parent/guardian and their child in every step of the recovery process
- Provide parents with concussion information to increase their awareness and knowledge
- Re-iterate the importance of obtaining an official diagnosis from trained physician
- Explain to parent/guardian if staff feels immediate medical attention is required that they are obligated to call 911 even on parent refusal
- Inform parent/guardian that school is obligated to follow the steps of the “Return to Learn” and “Return to Physical Activity” process
- Have parent sign off Appendix C: Part A - Physical and Cognitive Home Rest; or Part C - Return to Physical Activity with no Restrictions

- If unsuccessful in acquiring full parental cooperation seek support from Senior Administration

School Staff (Includes administration staff, teaching staff, support staff, coaches, volunteers, etc.) will:

- Understand and follow Concussion Administrative Operational Procedures.
- Attend and complete concussion training (e.g. staff meeting, online, workshop, read concussion package, etc.).
- Ensure that the Acknowledgement of Risk/Permission to Participate Appendix A distributed, completed and signed by parent prior to student participation in a sport.
- Ensure age-appropriate concussion education, including prevention, is included for all students participating in activities that could result in a concussion.
- Be able to recognize signs, symptoms and respond appropriately in the event of a concussion see Appendix A: Concussion Guidelines - The Teachers/Coaches and Appendix C: Tool to Identify a Suspected Concussion Appendix A, B.
- Follow current OPHEA safety guidelines and implement risk management and injury prevention strategies.
- Make sure that occasional teaching staff are updated on concussed student's condition.

Parents/Guardians will:

- Insure that any equipment used by their child meets up to date safety standards.
- Review with your child the concussion information that is distributed through the school (e.g. learn signs and symptom of concussion (Appendix A).
- Reinforce concussion prevention strategies (e.g. Player Code of Conduct with your child.
- Understand and follow parents/guardian roles and responsibilities in the Administrative Procedures.
- In the event of a suspected concussion, ensure child is assessed as soon as possible by physician/nurse practitioner, optimally on the same day.
- Cooperate with school to facilitate Return to Learn and Return to Physical Activity.
- Follow physician/nurse practitioner recommendations to promote recovery.
- Be responsible for the completion of all required documentation.
- Support your child's progress through recommended Return to Learn and Return to Physical Activity Guidelines.
- Collaborate with school to manage suspected or diagnosed concussions appropriately.
- Report any non-school related concussion or suspected concussion to the principal (Return to Learn/Return to Physical Activity guidelines will still apply)

Students will:

- Learn about concussions, including prevention strategies, signs and symptoms, concussion management and student roles and responsibilities, throughout applicable curriculum we have both curriculum councils creating lesson plans for head injury prevention and awareness.
- Immediately inform school staff of suspected or diagnosed concussions occurring during or outside of school.
- Inform school staff if you experience any concussion related symptoms (immediate, delayed or reoccurring).
- Remain on school premises until parent/guardian arrives if concussion is suspected
- Communicate concerns and challenges during recovery process with staff concussion liaison, school staff, parents/guardians, and health care providers.
- Follow concussion management strategies as per medical doctor/nurse practitioner direction and Return to Learn/Return to Physical Activity Guidelines.

Physician and/or other health care professionals will:

- Assist in the development of an individualized Academic and Physical Concussion Management Plan.
- Monitor recovery process and modify concussion management plan as required.

- Complete required documentation (Appendix B).
- If symptoms persist beyond 10 days, referral may be made to brain injury specialist.

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. Initiate school Emergency Action Plan and call 911. Assume neck injury. Only if trained, immobilize student. <u>DO NOT</u> move the student or remove athletic equipment unless breathing difficulty
3. Remain with student until emergency medical service arrives
4. Contact student's parent/guardian (or emergency contact) to inform of incident and that emergency medical services have been contacted
5. Monitor student and document any changes (physical, cognitive, emotional/behavioural).
6. 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))
7. Complete and sign Appendix C: Tool to Identify Suspected Concussion and, if present, provide duplicate copy to parent/guardian retaining a copy.
8. If present, provide the parent/guardian a copy of Appendix B: 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.
9. Complete Board injury report (Appendix I 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.
10. Once diagnosis is made complete Documentation of Medical Examination Appendix B and return completed and signed document to school principal prior to student's return to school.
11. 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 suspected concussion
12. 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

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 A: Tool to Identify a Suspected Concussion (or pocket CRT)

If Concussion Is Suspected-If in Doubt, Sit them Out

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: <ul style="list-style-type: none">• 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/behavioural) in the student. If signs or symptoms worsen, call 911
4. Complete, sign, and photocopy Appendix C: 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 C: Tool to Identify a Suspected Concussion, retaining a copy
9. Provide parent/guardian (or emergency contact) copy of Appendix D: 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
10. Inform parent/guardian (or emergency contact) that the student must be examined by a medical doctor or nurse practitioner as soon as possible that day
11. Complete Board injury report (Appendix I Student Concussion Diagnosis Report/OSBIE), inform principal of suspected concussion, and forward copy of the completed and signed Appendix A and B Tool to Identify a Suspected Concussion.
12. Ensure student is examined by a medical doctor or nurse practitioner as soon as possible that day
13. Complete Documentation of Medical Examination Appendix B once diagnosis is made and return completed and signed document to school principal prior to student's return to school.
14. Inform all school staff (e.g. classroom teacher, SERT's, physical education teachers, intramural supervisors, coaches) and volunteers who work with the student of the suspected concussion
15. 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 A)

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 C: Tool to Identify a Suspected Concussion, retaining a copy. Explain to parent/guardian (or emergency contact) that student should be monitored for 24-48 hours after the incident as concussion symptoms may take hours or days to emerge. 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 and results shared with principal before return to school.

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| 3. Inform Supervising School Staff/Volunteers if symptoms appear during learning or any activity |
| 4. If symptoms appear proceed with Action items under “If a concussion is suspected” |

ONCE DIAGNOSIS IS MADE

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 B: Documentation of Medical Examination |
| 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) |
| 4. Resume regular learning and physical activity |

IF CONCUSSION IS DIAGNOSED: Return to Learn/Return to Physical Activity (Note: Student must successfully complete return to learn steps before initiating return to physical activity steps)

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| Action |
| 1. Communicate diagnosis to school principal and return completed and signed Appendix B: Documentation for a Diagnosed Concussion. Also report non-school related concussions. |
| 2. Provide parent/guardian Document for a Diagnosed Concussion-Return to Learn/Return to Physical Activity Plan form Appendix C and indicate that student must be symptom free or improved and 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. |

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| 3. Complete Step 1-Return to Learn/Return to Physical Activity: 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 at least 24-48 hours (or longer) 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. |
| 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 |
| 6. Identify 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 designate 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. Meet 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. Ensure 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. Complete, sign and forward Appendix C: Documentation for a Diagnosed Concussion-Return to Learn/Return to Physical Activity Plan section titled Step1-Return to Learn/Return to Physical Activity
2. Proceed to Step 2a-Return to Learn: Student returns to school. Develop and implement Individual Education Plan (IEP) for 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 Learn/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 return to learn plan until student is symptom free

Student is Symptom Free

Action
1. Complete, sign and forward Appendix C: Documentation for a Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan Step 2a)
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. Student can proceed to Step 2-Return to Physical Activity see Appendix C: Documentation for a Diagnosed Concussion-Return to Learn/Return to Physical Activity Plan.
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. For more information see the last sections of Appendix C: Documentation for a Diagnosed Concussion Return to Learn/Return to Physical Activity Plan.
6. Begin regular learning activities without individualized classroom strategies and/or approaches and initiate Step 2-Return to Physical Activity: individual light aerobic physical activity (e.g. walking, swimming or stationary cycling) only. Objective is to increase heart rate. Absolutely No participation in resistance/weight training, competition (including practices, scrimmages), participation with equipment or other students, drills, and body contact.
7. Complete and sign Appendix C: Documentation for a Diagnosed concussion-Return to Learn/Return to Physical Activity Plan Step 2-Return to Physical Activity if your child/ward is symptom free after participating in light aerobic physical activity and return to principal.
8. Inform all school staff (e.g. classroom teacher, educational resource teacher, physical education teachers, staff supervisors, recess supervisors, coaches, Concussion Liaison, and volunteers) who

works with the student that they may proceed to Step 3-Return to Physical Activity. Provide supervising staff/coaches/volunteers Appendix C: Documentation for a Diagnosed Concussion-Return to Learn/Return to Physical Activity Plan to record student progress through Step 3 and 4.
9. Continue with regular learning activities at school and begin Step 3: 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)
10. If symptom free, proceed to Step 4-Return to Physical Activity. 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)
11. Record student's progress through Steps 3 and 4. Once student has completed Steps 3 and 4 and is symptom free, complete and sign Appendix C: Documentation for a Diagnosed concussion-Return to Learn/Return to Physical Activity Plan form section titled "Step 4-Return to Physical Activity". Communicate with parent/guardian that the student has successfully completed Steps 3 and 4 and return completed and signed form Appendix C to parent/guardian to obtain medical doctor/nurse practitioner diagnosis and signature
12. Provide school principal with written documentation from a medical doctor or nurse practitioner (e.g. completed and signed Appendix C: Documentation for a Diagnosed Concussion-Return to Learn/Return to Physical Activity Plan section titled "Medical Examination") that indicates the student is symptom free and able to return to full participation in physical activity
13. Inform 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 may proceed to Step 5 - Return to Physical Activity. File written documentation (e.g. completed and signed Appendix E: Documentation for a Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan section titled "Medical Examination") in student's OSR.
14. Continue with regular learning activities and begin Step 5: resume full participation in regular physical education/intramural/interscholar activities in non-contact sports and full training practices for contact sports. The objective is to restore confidence and assess functional skills by teacher/coach. Absolutely no competitions (e.g. games, meets, events) that involve body contact.
15. If student remains symptom free, proceed to Step 6: Return to full participation in contact sports with no restrictions

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 (Appendix I 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 C: Documentation for a Diagnosed Concussion-Return to Learn/Return to Physical Activity Plan form and indicate that the last section titled "Return of Symptoms" must be completed, signed and returned before student can return to school.
4. Complete, sign and forward Appendix C: Documentation for a Diagnosed Concussion - Return to

Learn/Return to Physical Activity Plan section titled “Return of Symptoms” to principal
5. Follow medical doctor/nurse practitioner’s treatment
6. Inform 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 and which step of the Return to Learn/Return to Physical Activity to proceed from.

References

- [Education Act](#)
- [Ministry of Education, Policy/Program Memorandum 158, School Board Policies on Concussion](#)
- [Ontario Physical Education Safety Guidelines \(OPHEA\) Guidelines](#)
- [Parachute Canada](#)

Adopted Date:	December 16, 2014
Revision History:	Nil

OTHER SOURCES OF CONCUSSION INFORMATION

The following web links and organizations have information, videos and interactive games for parents, teachers and students on concussion recognition, prevention and management. Some organizations such as Bikes Boards and Blades will make school visits targeting Grade 2/3 students at no cost.

General Concussion Information

- [Parachute Canada](#)
- [Centre for Disease Control: Traumatic Brain Injury](#)
- <http://www.concussionsontario.org>
- <http://www.cdc.gov/concussion/sports/prevention.html>

ELearning Modules

- [Coaches Association of Ontario](#)
- [Parachute](#)

Online Videos

- [Dr. Mike Evans: Concussions 101](#)
- [What's a Concussion, Anyway?](#) (OREGON CENTER FOR APPLIED SCIENCES, INC.)

Concussion Research

- [Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012](#)

OPHEA Safety Guidelines

- [Ontario Physical Education Safety Guidelines](#)

Concussion Tools

- [Concussion Recognition Tool](#)
- [Sport Concussion Assessment Tool](#)
- [Child Sport Concussion Assessment Tool](#)
- [Concussion App](#)

Student Education

- [Dr. Mike Evans: Concussions 101](#)
- [Brain Day](#)
- [Hamilton Brain Injury Association: Bikes, Blades and Boards Education Program \[info@hbia.ca\]\(mailto:info@hbia.ca\)](#)
- 905-538-5251
- [Coaching Association of Ontario](#)
- Video: Head Games www.slice.com

REFERENCES

Parachute Canada (Formerly Think First) –

- <http://parachutecanada.org/activeandsafe/>
- <http://www.youtube.com/parachutecanada>
- <http://www.parachutecanada.org/active-and-safe/items/roles-and-responsibilities-of-educators>
- <http://www.parachutecanada.org/active-and-safe/items/roles-and-responsibilities-of-coaches-and-officials>
- <http://www.cces.ca/files/pdfs/CCES-Active&Safe-Pledge-E.pdf>
- OPHEA Safety Guidelines, 2012 and 2013, Elementary and Secondary - <http://www.safety.ophea.net>
- http://safety.ophea.net/sites/safety.ophea.net/files/docs/appendices/S_C/EN_S_C_Generic%20Section_12.pdf
- Canchild Sponsored by McMaster University and McMaster Children's Hospital - http://canchild.ca/en/ourresearch/mild_traumatic_brain_injury_concussion_education.asp#NEW
- Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012: <http://www.sportsconcussion.com/pdf/Consensus-Statement-Concussion-Sports-4th.pdf>
- Sport Concussion Assessment Tool - 3rd edition for use by medical professionals only <http://www.sportsconcussion.com/pdf/SCAT3-pfh.pdf>
- Sport Concussion Assessment Tool for children ages 5 to12 years for use by medical professionals only <http://www.sportsconcussion.com/pdf/SCAT3-Child.pdf>
- [Pocket Concussion Recognition Tool](#)
- <http://www.chop.edu/service/concussion-care-for-kids/home.html>
- Center for Disease Control and Prevention: Returning to School after a Concussion: A fact Sheet for School Professionals www.cdc.gov/concussion
- <http://www.hockeycanada.ca/en-ca/news/2012-nr-130-en>
- www.ontario.ca/concussions

APPENDICES

- Appendix A* Tool to Identify Suspected Concussion
Appendix B Documentation of Medical Examination
Appendix C Documentation for a Diagnosed Concussion-Return to Learn/Physical Activity
Appendix D Pocket Concussion Recognition Tool

TOOL TO IDENTIFY A SUSPECTED CONCUSSION

Source: Ontario Physical Education Guidelines
Appendix C-2 – Tool to Identify a Suspected Concussion

Identification of Suspected Concussion

Following a blow to the head, face or neck, or a blow to the body that transmits a force to the head, a concussion must be suspected in the presence of **any one or more** of the signs or symptoms outlined in the chart below and/or the failure of the Quick Memory Function Assessment.

1. Check appropriate box

An incident occurred involving _____ (student name) on _____ (date).
Student was observed for signs and symptoms of a concussion.

- 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 (refer to #4 below).*
- The following signs were observed or symptoms reported:

This tool is a quick reference, to be completed by teachers/coaches, to help identify a suspected concussion and communicate this information to parent/guardian.

Signs and Symptoms of Suspected Concussion	
Possible Signs Observed <i>A sign is something that is observed by another person (e.g., parent/guardian, teacher, coach, supervisor, peer).</i>	Possible Symptoms Reported <i>A symptom is something the student will feel/report.</i>
<p>Physical</p> <ul style="list-style-type: none"> <input type="checkbox"/> vomiting <input type="checkbox"/> slurred speech <input type="checkbox"/> slowed reaction time <input type="checkbox"/> poor coordination or balance <input type="checkbox"/> blank stare/glassy-eyed/dazed or vacant look <input type="checkbox"/> decreased playing ability <input type="checkbox"/> loss of consciousness or lack of responsiveness <input type="checkbox"/> lying motionless on the ground or slow to get up <input type="checkbox"/> amnesia <input type="checkbox"/> seizure or convulsion <input type="checkbox"/> grabbing or clutching of head <p>Cognitive</p> <ul style="list-style-type: none"> <input type="checkbox"/> difficulty concentrating <input type="checkbox"/> easily distracted <input type="checkbox"/> general confusion <input type="checkbox"/> cannot remember things that happened before and after the injury (<i>see Quick Memory Function Assessment on page 2</i>) <input type="checkbox"/> does not know time, date, place, class, type of activity in which they were participating <input type="checkbox"/> slowed reaction time (e.g., answering questions or following directions) <p>Emotional/Behavioural</p> <ul style="list-style-type: none"> <input type="checkbox"/> strange or inappropriate emotions (e.g., laughing, crying, getting angry easily) <p>Other _____</p>	<p>Physical</p> <ul style="list-style-type: none"> <input type="checkbox"/> headache <input type="checkbox"/> pressure in head <input type="checkbox"/> neck pain <input type="checkbox"/> feeling off/not right <input type="checkbox"/> ringing in the ears <input type="checkbox"/> seeing double or blurry/loss of vision <input type="checkbox"/> seeing stars, flashing lights <input type="checkbox"/> pain at physical site of injury <input type="checkbox"/> nausea/stomach ache/pain <input type="checkbox"/> balance problems or dizziness <input type="checkbox"/> fatigue or feeling tired sensitivity to light or noise <p>Cognitive</p> <ul style="list-style-type: none"> <input type="checkbox"/> difficulty concentrating or remembering <input type="checkbox"/> slowed down, fatigue or low energy <input type="checkbox"/> dazed or in a fog <p>Emotional/Behavioural</p> <ul style="list-style-type: none"> <input type="checkbox"/> irritable, sad, more emotional than usual <input type="checkbox"/> nervous, anxious, depressed <p>Other _____</p>
If any observed signs or symptoms worsen, call 911.	

2. Perform Quick Memory Function Assessment

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

- What room are we in right now? *Answer:* _____
- What activity/sport/game are we playing now? *Answer:* _____
- What field are we playing on today? *Answer:* _____
- What part of the day is it? *Answer:* _____
- What is the name of your teacher/coach? *Answer:* _____
- What school do you go to? *Answer:* _____

3. 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 that they are feeling better; and
- 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 and must follow our concussion protocol.

4. 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.

5. Teacher/Coach name: _____

Teacher/Coach signature: _____

Date: _____



**DOCUMENTATION OF
MEDICAL EXAMINATION**

Source: Ontario Physical Education Guidelines
Appendix C-3 – Documentation of Medical Examination

This form to be provided to all students suspected of having a concussion. Please reference our Concussion Protocol for further information.

_____ (Student name) sustained a suspected concussion on _____ (date). 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 Student Success Team of the results of the medical examination by completing the following:

Results of Medical Examination

(medical documentation required below)

- My child/ward has been examined and **no concussion** has been diagnosed and therefore may resume full participation in learning and physical activity with no restrictions.
- My child/ward has been examined and **a concussion has been diagnosed** and therefore must begin a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan.

Declaration of Student Activity:

Academic Courses	Co-curricular Activities

Parent/Guardian signature: _____ Date _____

Comments: (Please provide direction re: cognitive/physical rest & activity.)

Medical Doctor/Nurse Practitioner Signature: _____

*Signature may be substituted by medical note with similar information regarding incident.

Date: _____



DOCUMENTATION
FOR A DIAGNOSED CONCUSSION
RETURN TO LEARN/RETURN
TO PHYSICAL ACTIVITY PLAN

Source: Ontario Physical Education Guidelines

Appendix C-4 – Documentation for a Diagnosed Concussion – Return to Learn/Physical Activity Plan

The Return to Learn/Return to Physical Activity Plan is a combined approach. Parts A and B (Return to Learn) must be completed prior to the Student returning to physical activity. Each Part must take a minimum of 24 hours.

Part A – Physical and Cognitive Home Rest

- Completed at home.
Cognitive Rest – includes limiting activities that require concentration and attention (e.g., reading, texting, television, computer, video/electronic games).
Physical Rest – includes restricting recreational/leisure and competitive physical activities.
My child/ward has completed Part A – Physical and Cognitive Home Rest and my child/ward symptoms have shown improvement.
My child/ward has completed Part A - Physical and Cognitive Home Rest and is symptom free.

Parent/Guardian signature: _____ Date: _____

Comments:

Blank lines for comments

If at any time during the following steps symptoms return, please refer to the “Return of Symptoms” section on page 4 of this form.

Part B – Return to Learn

- Student returns to school.
Requires individualized classroom strategies and/or approaches which gradually increase cognitive activity.
Physical rest– includes restricting recreational/leisure and competitive physical activities.
My child/ward has been receiving individualized classroom strategies and/or approaches and is symptom free.

Parent/Guardian signature: _____ Date _____

Comments:

Part C – Return to Physical Activity

i. Light Aerobic Physical Activity

- Student can participate in individual light aerobic physical activity only.
- Student continues with regular learning activities.

- My child/ward is symptom free after participating in light aerobic physical activity. My child/ward will proceed to Part C (ii) – Sport Specific Physical Activity.

Parent/Guardian signature: _____ Date _____

Comments:

ii. Sport Specific Physical Activity (non-contact)

- *Student may begin individual sport-specific physical activities only. No body contact and or resistance/weight training.*

iii. Return to Non-Sport Specific Physical Activity (non-contact)

- *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.*

- Student has successfully completed Part C (i, ii, iii) and is symptom free.

Teacher/coach signature: _____

Medical Examination

- I, _____ (medical doctor/nurse practitioner name) have examined _____ (child/ward) and confirm child/ward 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 Doctor/Nurse Practitioner Signature: _____

Date: _____

Comments:

iv. Return to Regular Non-Contact Physical Activity

- *Student may resume regular physical education/intramural activities/interschool activities in non- contact sports and full training/practices for contact sports (no contact permitted).*

Return to Physical Activity With No Restrictions

- *Student may resume full participation in contact sports with no restrictions.*
- My child/ward is symptom free after participating in *regular non-contact physical activities in non- contact sports and full training/practices for contact sports and is now permitted to return to physical activity with no restrictions.*

Parent/Guardian signature: _____ Date _____

Comments:

Return of Symptoms

My child/ward has experienced a return of concussion signs and/or symptoms and has been examined by a medical doctor/nurse practitioner, who has advised a return to:

- Step of the Return to Learn/Return to Physical Activity Plan

Parent/Guardian signature: _____ Date _____

Comments:

POCKET CONCUSSION RECOGNITION TOOL

Source: British Journal of Sports Medicine

Downloaded from bjsm.bmj.com on September 4, 2013 - Published by group.bmj.com

Pocket CONCUSSION RECOGNITION TOOL™

To help identify concussion in children, youth and adults



RECOGNIZE & REMOVE

Concussion should be suspected **if one or more** of the following visible clues, signs, symptoms or errors in memory questions are present.

1. Visible clues of suspected concussion

Any one or more of the following visual clues can indicate a possible concussion:

- Loss of consciousness or responsiveness
- Lying motionless on ground/Slow to get up
- Unsteady on feet / Balance problems or falling over/Incoordination
- Grabbing/Clutching of head
- Dazed, blank or vacant look
- Confused/Not aware of plays or events

2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

- | | |
|--------------------------|----------------------------|
| - Loss of consciousness | - Headache |
| - Seizure or convulsion | - Dizziness |
| - Balance problems | - Confusion |
| - Nausea or vomiting | - Feeling slowed down |
| - Drowsiness | - "Pressure in head" |
| - More emotional | - Blurred vision |
| - Irritability | - Sensitivity to light |
| - Sadness | - Amnesia |
| - Fatigue or low energy | - Feeling like "in a fog" |
| - Nervous or anxious | - Neck Pain |
| - "Don't feel right" | - Sensitivity to noise |
| - Difficulty remembering | - Difficulty concentrating |

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3. Memory function

Failure to answer any of these questions correctly may suggest a concussion.

- "What venue are we at today?"
- "Which half is it now?"
- "Who scored last in this game?"
- "What team did you play last week / game?"
- "Did your team win the last game?"

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

RED FLAGS

If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

- | | |
|--|---------------------------------|
| - Athlete complains of neck pain | - Deteriorating conscious state |
| - Increasing confusion or irritability | - Severe or increasing headache |
| - Repeated vomiting | - Unusual behaviour change |
| - Seizure or convulsion | - Double vision |
| - Weakness or tingling/burning in arms or legs | |

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to do so
- Do not remove helmet (if present) unless trained to do so.

from McCrory et. al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013

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Pocket CRT

Br J Sports Med 2013 47: 267

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