



ADMINISTRATIVE PROCEDURE STUDENTS, PARENTS AND COMMUNITY	
Effective:	June 15, 2015
Last Revised:	August 26, 2016

CONCUSSIONS

1. PURPOSE

Rainbow District School Board has developed this administrative procedure to support safe learning and working conditions for all students and staff members, and to ensure that consideration is given to the health and safety of the staff and students in all board activities.

The Board recognizes that children and adolescents are among those at 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.

Educators, school staff, coaches and supervisors play a crucial role in the identification of a suspected concussion as well as the ongoing monitoring and management of a student with concussion. Awareness of the signs and symptoms of concussion and knowledge of how to properly manage a diagnosed concussion is critical in a student’s recovery and is essential in helping to prevent the student from returning to learning or physical activities too soon and risking further complications. Ultimately, this awareness and knowledge could help contribute to the student’s long term health and academic success.

This policy is aligned with and supports the Ministry’s Policy/Program Memorandum, No. 158.

2. DEFINITIONS

Concussion refers to a brain injury that causes changes in how the brain functions, leading to symptoms that can be physical, cognitive, emotional and/or related to sleep. A concussion can occur from a direct blow to the head, face or neck but may also occur from a major physical trauma to other parts of the body and a concussion can occur with or without a loss of consciousness.

Return to School Plan is a personalized strategy to support a student’s Return to Learning and Return to Physical Activity after suffering a concussion.

Return to Learn refers to the student’s return to doing schoolwork, including activities that include reading and writing. It does not include physical activities.

Return to Physical Activity refers to the student’s return to participation in any physical activity that increases the student’s heart rate.

3. APPLICATION

This administrative procedure applies to all staff members of Rainbow District School Board, with additional responsibilities for system administrators, principals, and supervisors.

PROCEDURES

4. Concussion Prevention and Awareness

4.1 As part of the introduction to the class or team sport, the teacher/coach/supervisor must meet with students to discuss the following:

- a) The rules of the game and the importance of practicing fair play;
- b) The risks for concussion associated with the activity/sport and how to minimize those risks;
- c) The definition and causes of a concussion, signs and symptoms, and dangers of participating in an activity while experiencing the signs and symptoms of a concussion;
- d) The student's responsibility to immediately inform the teacher/coach/supervisor and parent/guardian of any signs or symptoms of a concussion, and to removing him or herself from the activity;
- e) The importance of ensuring a student with a suspected concussion is not left alone;
- f) The need for evaluation by a medical doctor where there is a suspected concussion; and
- g) The importance of wearing properly fitted protective equipment.

Concussion Incident Management

4.2 When a student is suspected of having suffered a concussion at school or during a school-organized activity, the teacher/coach/supervisor will manage the incident as outlined below.

If the student is conscious and a concussion is suspected:

- a) Stop the activity immediately and when safe to do so, remove the student from the activity or game;
- b) Assess the student for signs and symptoms of a concussion and perform a Quick Memory Function Assessment by using Appendix C-2;
- c) If signs of concussion are not observed, no symptom(s) are reported and the student passes the Quick Memory Function Assessment:
 - (i) The student may return to physical activity at the discretion of the teacher/coach/supervisor.
 - (ii) The parent/guardian (or emergency contact) must be informed of the incident by the teacher/coach/supervisor on the day of the incident.

- d) If sign(s) of concussion are observed and/or symptom(s) are reported and/or the student fails the Quick Memory Function Assessment (see Appendix C-2), medical attention may be required. The teacher/coach/supervisor will:
- (i) Determine whether medical attention is needed immediately.
 - (ii) Contact the parent/guardian (or emergency contact) to inform them of the incident, request that the student be picked up immediately and encourage them to have the student examined by a medical doctor or nurse practitioner as soon as possible;
 - (iii) Monitor and document any changes (i.e. physical, cognitive, emotional/behavioural) in the student;
 - (iv) Not administer any medications to treat the suspected concussion, except where required for other known conditions;
 - (v) Stay with student until her/his parent/guardian (or emergency contact) arrives. The student must not leave the premises without parent/guardian (or emergency contact) supervision. Provide a copy of Appendix C-2 and C-3 to the parent/guardian (or emergency contact).
 - (vi) Once the immediate medical needs of the student have been met, inform the School Principal, complete and file Appendix C-2 and fill out an Ontario School Boards' Insurance Exchange (OSBIE) Incident Report.

4.3 If the student is unconscious or has experienced any loss of consciousness:

- a) Stop the activity immediately and call 911. Do not move the student and do not remove athletic equipment unless the student is having difficulty breathing.
- b) Stay with student until emergency medical services arrive.
- c) Contact the student's parent/guardian (or emergency contact) to inform them of the incident and that emergency medical services have been contacted.
- d) Monitor and document any changes in the student (i.e. physical, cognitive, emotional/behavioural).
- e) If the student regains consciousness, encourage him/her to remain calm and to lie still.
- f) Do not administer any medications related to the suspected concussion, unless required for another condition.
- g) Once the immediate medical needs of the student have been met, inform the School Principal, complete and file Appendix C-2 and fill out an Ontario School Boards' Insurance Exchange (OSBIE) Incident Report.

4.4 When a student has incurred a concussion or a suspected concussion, he/she must be seen by a doctor or nurse practitioner prior to returning to school. The parent/guardian must inform the school principal of the results of the medical examination and complete Appendix C-3.

Return to School

4.5 The Board will use the following Return to School strategy, a multi-step process as established by OPHEA and outlined below. The process is individualized to meet the particular

needs of the student. Each step must take a minimum of at least 24 hours and the length of time to complete each step will vary based on the severity of the concussion and the child/youth.

Return to Learn

4.6 The steps for Return to Learn are as follows:

Step 1: Rest, with limited cognitive and physical activity. This means limited television, computer use, texting, video games, or reading. The student does not attend school during Step 1. Step 1 continues for a minimum of 24 hours and until the student's symptoms/signs begin to improve or the student is symptom/sign-free. Step 1 for a student with a diagnosed concussion is the same for Return to Learn and Return to Physical Activity.

(i) The Return to Learn process is individualized and gradual to meet the particular needs of the student. There is no preset formula for developing strategies to assist a student with a concussion to return to his/her learning activities.

Step 2A: Symptoms of Concussion are improving:

(i) During this step, the student requires individualized classroom strategies and/or approaches to return to full learning activities – these will need to be adjusted as recovery occurs.

(ii) At this step, the student's cognitive activity should be increased slowly (both at school and at home) because the concussion may affect his/her academic performance. Note: Cognitive activities can cause a student's concussion symptoms to reappear or worsen.

Step 2B: Student is symptom-free:

Student begins regular learning activities without any individualized classroom strategies and/or approaches. Even when students are symptom-free, they should continue to be closely monitored to see if symptoms/signs return and/or there is a deterioration of work habits or performance.

Note: This step occurs at the same time as Step 2 – Return to Physical Activity. Some students may progress from Step 1 directly to Step 2B if they are symptom-free.

Return to Physical Activity

4.7 The steps to return to Physical Activity are as follows:

Step 1: Rest, with limited cognitive and physical activity. This means limited television, computer use, texting, video games, or reading. The student does not attend school during Step 1. Step 1 continues for a minimum of 24 hours and until the student's symptoms/signs begin to improve or the student is symptom/sign-free.

Note: Step 1 for a student with a diagnosed concussion is the same for Return to Learn and Return to Physical Activity.

Step 2: Individual, light aerobic physical activity only such as walking or stationary cycling.

Step 3: Individual activity related to specific sports, e.g., skating in hockey, running in soccer. No body contact

Step 4: Activities where there is no body contact, such as progressive resistance training, non-contact practice and progression to more complex training drills, e.g., passing drills in football and ice hockey

Note: Clearance by a medical doctor or nurse practitioner is required before Step 5.

Step 5: Full participation in regular physical activity in non-contact sports following medical clearance. Full training/practice for contact sports

Step 6: Full participation in contact sports.

4.8 When a student has suffered a concussion (whether at school or elsewhere), and is ready to return to school on a full or part-time basis:

- a) The school principal will obtain the appropriate medical documentation, including Appendix C-3 and C-4. The Principal shall work with the parents, staff and student to ensure that an appropriate Return to School strategy is in place.
- b) The school principal may designate a staff member(s) to monitor and communicate with the student, family, and staff to coordinate support for the student's Return to School (see Appendices D and E for Return to Learn Recommendations). The Principal or designate will monitor the completion of the Return to Learn and Return to Physical Activity steps (outlined in section 4.6 of this procedure), the completion of Appendix C-4, and adjust accommodations as required until the student has successfully completed Step 5 of the Return to School Plan.
- c) The Principal or designate shall ensure that the teaching staff involved with the student are informed of the Return to School Plan and the need for possible accommodations. Staff can also help by observing changes in a student, including symptoms that may be worsening.
- d) The classroom teacher(s) shall implement any educational accommodations (as deemed appropriate by the Principal or designate) as the student suffering from a concussion returns to school.
- e) In consultation with the in-school team or the multi-disciplinary team, when appropriate, the Principal may direct further supports for the student or that an Individual Education Plan be developed for a student who is suffering from a concussion.
- f) The Principal or designate shall liaise with the student, staff and parents to monitor the Return to School Plan and adjust accommodations as required until the student has successfully resumed normal activity.
- g) At any time during the Return to School Plan, the student and/or parent/guardian must advise the school if the student experiences a return of any concussion symptoms so that the plan may be modified accordingly and where appropriate, a medical examination may be required.

5. Training

5.1 The Board shall make available information and resources regarding concussion prevention, identification and management to:

- a) all staff;
- b) students;

- c) parents;
- d) volunteers;
- e) community partners; and
- f) childcare providers.

5.2 Training shall be made available to all staff and extra-curricular leaders to promote awareness and understanding of concussion management practices.

REFERENCE DOCUMENTS

Education Act, R.S.O. 1990, c. E.2. Ministry of Education, Memorandum 158, School Board Policies on Concussion

OPHEA Safety Guidelines Elementary & Secondary Parachute Canada – Preventing Injuries, Saving Lives

Board:

Board Policy No. GOV-12 Learning and Working Environment: Safe Schools

APPENDICES

Appendix C: Tool to Identify a Suspected Concussion

Appendix D: Documentation of Medical Examination

Appendix E: Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan

Appendix F: Possible Accommodations for Return to School