Rainbow District School Board

ADMINISTRATIVE PROCEDURE STUDENTS, PARENTS AND COMMUNITY	
Effective:	June 15, 2015
Last Revised:	September 8, 2026

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 a 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 traumatic brain injury that causes changes in how the brain functions, leading to symptoms that emerge immediately or in the hours or days after the injury. It is possible for symptoms to take up to 7 days to appear. Concussion signs and symptoms can be physical (for example, headache, dizziness), cognitive (for example, difficulty concentrating or remembering), emotional/behavioural (for example, depression, irritability) and or related to sleep (for example, drowsiness, difficulty falling asleep). A concussion can be caused by a jarring impact to the head, face, neck or body, with an impulsive force transmitted to the head, that causes the brain to move rapidly within the skull. 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 (RTL) 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 (RTPA) refers to the student's return to participation in any physical activity that increases the student's heart rate. It includes a student's return to activities such as sports or physical education class.

3. APPLICATION

This administrative procedure applies to all staff members of Rainbow District School Board, with additional responsibilities for system administrators, principals, and supervisors. Parents/guardians have responsibilities to communicate to the school the results of the medical concussion assessment and to cooperate with the school to support the student in all phases of the Return to School Plan.

PROCEDURES

4. Concussion Awareness

Every school year students and their parents/guardians (for students under the age of 18), coaches, team trainers, and officials must confirm that an approved Concussion Awareness Resource was reviewed prior to participation in board-sponsored interschool sports. To establish consistency of concussion awareness across the province, the government of Ontario has developed a set of Concussion Awareness Resources. These resources were developed by leading experts in injury prevention and are available on the government's concussion website. Below you will find links to the recommended resources.

Described video: Concussion Awareness Resource Video for Ages 14 and below

Described video: Concussion Awareness Resource Video for Ages 15 and Up

4.1 All students are taught about the risks of brain injuries through the specific expectations of the Ontario Health and Physical Education Curriculum.

4.2 For intramural activities, information outlining the risks of activities specific to brain injury will be shared using an established and appropriate communication channel, e.g., school newsletter or website.

4.3 This concussion Administrative Procedure will be posted to the Board website and will be communicated to parents, staff, community partners, child care providers and community use groups each fall.

4.4 Each fall, PA day training will include concussion awareness, prevention, as well as management and tracking for staff.

5. Concussion Prevention:

Every school year prior to participation in board-sponsored interschool sports, students and their parents/ guardians (for students under 18 years of age), coaches, and team trainers must confirm that the Concussion Code of Conduct was reviewed.

Concussion Code of Conduct for Interschool Sports (Students & Parent/Guardian) - Click here

Concussion Code of Conduct for Interschool Sports (Coach/Team Trainer) - Click here

5.1 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;
g) The importance of wearing properly fitted protective equipment; and
h) The Concussion Code of Conduct.

6. Training

6.1 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.

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

7. Concussion Incident Management

Stakeholders identified by the school board/school (for example, school administrators, teachers, coaches, staff identified with first aid training) who have been specifically trained to identify signs and symptoms of a suspected concussion are responsible for the identification and reporting of students who demonstrate observable signs of a head injury or who report concussion symptoms.

In some instances, the stakeholder may not observe any signs, or have any symptoms reported, but because of the nature of the impact, will suspect a concussion. This suspected concussion/concussion event must be reported for 24-48 hour monitoring.

7.1 The Concussion Identification components include the following:

a) Initial Response for safe removal of an injured student with a suspected concussion from the activity:

Following a significant jarring impact to the head, face, neck, or body, that is either observed or reported, and where the individual (for example, teacher/coach) responsible for that student suspects a concussion the following immediate actions must be taken:

- Stop the activity and immediately and safely remove the student from participation and the student is prohibited from physical activity;

- Initiate the school board's/school's Emergency First Aid Response (for example, basic principles of first aid). If there has been loss of consciousness, call 911. Assume there is a possible neck injury and do not move the student.

b) Initial Identification of a Suspected Concussion;

Using the **CON-01 - Tool to Identify a Suspected Concussion** form, check for Red Flag, visible clues/signs and concussion symptoms as well as orientation/awareness questions.

If any Red Flag sign(s), visible clues and symptom(s) are present, follow the Red Flag procedures as outlined in **CON-02 - Identification of a Suspected Concussion**.

If there are no Red Flags sign(s) and or symptom(s), and the student can be safely moved, remove the student from the activity or game. Observe and question the student to determine if other concussion sign(s) and/ or other concussion symptom(s) are present.

If any one or more sign(s) and/or symptom(s) are present, a concussion should be suspected and a full check should be completed (including the Orientation/awareness questions - found on the **CON-01 - Tool to Identify a Suspected Concussion** form) to provide comprehensive information to parents/guardians and medical doctors/nurse practitioners.

If any sign(s) and/or symptom(s) worsen, or red flags emerge, call 911 and follow Red Flag Procedure.

Consult the **CON-02 - Identification of a Suspected Concussion** for an example of a checklist that school staff may use to identify a suspected concussion, respond to and communicate the results to parents/guardians.

Please Note:

- Signs and/or symptoms can appear immediately after the injury or may take hours or days to emerge.
- Signs and symptoms may be different for everyone.
- 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 younger students (under the age of 10), students with special needs, or students for whom English/French is not their first language to communicate how they are feeling.
- Signs for younger students (under the age of 10) may not be as obvious as in older students.

c) Following the Initial Identification of a Suspected Concussion;

The instructions and responsibilities identified within this section must be followed if other concussion sign(s) and/or other concussion symptom(s) are observed, reported, and/or the student does not answer all the Orientation/awareness questions correctly (found on the **CON-01 - Tool to Identify a Suspected Concussion** form).

Teacher/Coach Response:

1. Do not allow the student to return to physical activity/practice/competition that day even if the student states that they are feeling better.
2. Do not leave the student alone until a parent/guardian arrives.
3. Contact the student's parents/guardians (or emergency contact) to inform them of:
   - ➔ the incident;
   - ➔ of the reported concussion sign(s) and symptom(s) and the results of the Orientation/awareness questions) (consult the **CON-02 - Identification of a Suspected Concussion** form);
   - ➔ that the student must be accompanied home by a responsible adult; and
   - ➔ that the student needs an urgent medical assessment as soon as possible that same day by a medical doctor or nurse practitioner.

   Provide parents with a **CON-04 - Medical Assessment and Monitoring** form.
4. Monitor and document any changes in the student. If any signs or symptoms worsen, call 911.
5. Consult the board's injury report form for documentation procedures.
6. Do not administer medication unless the student requires medication for other conditions (for example, insulin for a student with diabetes, inhaler for asthma).
7. The student must not operate a motor vehicle.

Information for Parents/Guardians

The **CON-03 - Suspected Concussion: Information for Parents/Guardians** form is to be completed by the teacher/supervisor/coach after a suspected concussion-related incident has been observed and/or reported. Once completed, share this document with the parents/guardians to inform them of the actions that were taken and the next steps for the parents/guardians.

a) The student needs an urgent medical assessment as soon as possible that same day by a medical doctor or nurse practitioner (consult the **CON-04 - Medical Assessment and Monitoring** form).

b) The student must be accompanied home by a responsible adult;

c) The student must not be left alone;

Parents/guardians must communicate the results of the medical assessment (that is, the student has a diagnosed concussion, the student does not have a diagnosed concussion) to the school principal/designate prior to the student returning to school. Consult the **CON-04 - Medical Assessment and Monitoring** form. Assessments are completed by a medical doctor or nurse practitioner.

Responsibilities of the School Principal/Designate

The school principal/designate must inform all school staff (for example, classroom teachers, physical education teachers, intramural supervisors, coaches) and volunteers (prior to communicating with volunteers consult the school board protocol for sharing of student information) who work with the student that the student must not participate in any learning or physical activities until the parents/guardians communicates the results of the

medical assessment to the school principal/designate (consult the **CON-04 - Medical Assessment and Monitoring** form).

8. Return to School

Rainbow Schools will use a multi-step Return to School Plan as established by Ophea (Ontario Physical and Health Education Association).

The Return to School Plan includes both a Return to Learn (RTL) and Return to Physical Activity (RTPA).

Return to Physical Activity (RTPA) Plans have been developed in partnership with Parachute and are based on the most recent research and recommendations of the expert scientific community on concussions.

The RTL and RTPA plans are inter-related however, they are not interdependent. A student's progress through the stages of RTL is independent from their progression through the RTPA stages. Different students will progress at different rates.

The Return to School Plan consists of two phases: **CON-05 - Return to School Plan Stages 1 to 3 Form** and **CON-07 - Return to School Plan Stages 4 to 6 Form**. Medical clearance is required before starting Stage 4.

8.1 Return to School Plan (RTL and RTPA Stages 1-3)

During Stages 1, 2 or 3 (prior to medical clearance) it is common and ok for a student's symptoms to return or worsen mildly and briefly, as long as these symptoms do not last for more than an hour or they cannot tolerate them. If symptoms persist for more than an hour:

- For Return to Learn (RTL): the student should take a break and the activities should be adapted.
- For Return to Physical Activity (RTPA): the student should stop the activity and try again the next day at the same stage.

a) **Stage 1 RTL and RTPA: Activities of Daily Living and Relative Rest (at home)**

Goal: Take more rest, if needed, in the first 1-2 days.

Encourage gentle activity.

Avoid sports.

These are done at home, should start at the same time and should not take more than 1-2 days.

In Stage 1, resting completely for more than two days is not suggested and a complete absence from the school environment for more than one week is not recommended.

- Examples of activities permitted at this stage:
  - Moving around the home and light walking
  - Short games/activities(e.g., puzzles, board games, drawing, crafts)
  - Social interaction (e.g., with family, friends)
  - Minimize screen time (e.g., phone, TV, computer/tablet)

- Activities that are not permitted at this stage:
  - Technology use (for example, computer, laptop, tablet, cell phone (for example, texting/games/photography))
  - Attendance at school or school-type work

The student is ready to progress to **Stage 2 RTL and RTPA** after a maximum of 24-48 hours. It is ok for a student's symptoms to worsen mildly and briefly at this stage.

However: If the student is not returning to school after **Stage 1**, they should complete the activities for **RTL** and **RTPA - Stage 2** at home and return to school when they are ready to progress to **RTL** and **RTPA - Stage 3**.

b)(i) **<u>Stage 2 RTL</u>: School Activities (as tolerated) completed at home or at school**

Goal: To increase tolerance to cognitive activities and school environments (as appropriate).

- Examples of activities at this stage:
  - Gradual reintroduction of light cognitive activities (e.g., reading, short periods of schoolwork/ activities with frequent breaks) as tolerated.
  - Accommodations (e.g., access to breaks, additional time to complete work) may be required for cognitive activities and/or environmental factors (e.g., dim lighting).
  - Continue to prioritize social interactions (e.g., with peers and family); this is preferably done at school.
  - Start with shorter periods of screen time(e.g., phone, TV, computer/tablet) and build up as tolerated.
  - Avoid any activity that puts the student at risk of falling or experiencing another impact to the head, neck, or body until they are fully recovered and been medically cleared.

The student can progress to **RTL - Stage 3** when they can tolerate Stage 2 activities. It is ok for a student's symptoms to worsen mildly and briefly at this stage.

b)(ii) **<u>Stage 2 RTPA</u>: Light to Moderate-effort Aerobic Activity/Exercise completed at home or at school**

Goal: To increase the heart rate and gradually increase the intensity of aerobic activities and exercises that can be done individually in a predictable and controlled environment with a low risk of inadvertent head impacts.

- Examples of activities at this stage:
  - Gradual reintroduction of light aerobic activity/exercise (as tolerated) (e.g., low impact aerobic circuits, slow to medium pace movement)
  - Gradually increase the intensity of aerobic activity/exercise to moderate effort (e.g., fitness activities, walking/rolling/swimming at a pace that causes some increase in breathing/heart rate but not enough to prevent a student from carrying on a conversation comfortably)
  - May begin light resistance training (e.g., resistance bands, light weights in a controlled environment)
  - Activities should be supervised/monitored by parents/guardians, teacher/supervisor/coach
  - Avoid any activity that puts the student at risk of falling or experiencing another impact to the head, neck, or body until they are fully recovered and have been medically cleared.

Home/School Tracking: Students can progress to **RTPA - Stage 3** when they can tolerate Stage 2 activities. It is ok for a student to **worsen mildly and briefly** at this stage.

c) (i) **<u>Stage 3 RTL</u>: Part Time or Full Time at School with Accommodations (as needed and completed at school)**

Goal: Continue to increase tolerance of cognitive activities and the school environment. Gradual increase of time spent on activities and on the types of activities in which students can participate. Gradual reduction of concussion-related accommodations.

- Examples of activities permitted at this stage:
  - Continued progression of cognitive activities (e.g., schoolwork) and exposure to the school environment (e.g., interacting with family and friends, exposure to noise/lighting) as tolerated.
  - Continued use of screened devices (as tolerated)
  - Avoid any activity that puts the student at risk of falling or experiencing another impact to the head, neck, or body until they are fully recovered and have been medically cleared.

The student can progress to **RTL - Stage 4** when they can tolerate full days of cognitive activities and the school environment without accommodations for concussion.

c)(ii) **<u>Stage 3 RTPA</u>: Individual Movement Skills/Sport -specific Activities with Low Risk of Inadvertent Head Impact**

Goal: Continue to increase the intensity of aerobic activities/exercise and introduce activity/sport-specific movements and changing directions.

- Examples of activities permitted at this stage:
  - Add individual movement skills/sport-specific activities (e.g., passing to a wall/partner, throwing/catching drills, individual sequence activities).
  - Activities should be supervised/monitored by parents/guardians or teacher/supervisor/ coach.
  - Avoid any activity that puts the student at risk of falling or experiencing another impact to the head, neck, or body until they are fully recovered and have been medically cleared.

Home/School Tracking: Students can progress to **RTPA - Stage 4** when they:

- Are symptom-free from concussion-related symptoms at rest and at full physical exertion,
- Have completed the Return to Learn Stages, and
- Receive written medical clearance from a medical doctor or nurse practitioner.

School Responsibility

The Return to School Plan is sent home to parents/guardians. Each stage for RTL and RTPA must be completed and signed by parent/guardian and returned to school. Stages that are completed at school must be signed off by the Principal/Designate.

Home Responsibility

The Return to School Plan is sent back to school. Each stage for RTL and RTPA must be completed and signed by parent/guardian.

8.2 Return to School Plan (RTL and RTPA Stages 4-6)

During Stages 4, 5, or 6 (after medical clearance) a student's concussion-related symptoms should not return. If they do, the student should return to **Return to Physical Activity – Stage 3** (i.e., avoid any activity that puts the student at risk of falling or experiencing another impact to the head, neck, or body) and be reassessed by a medical doctor or nurse practitioner.

a)(i) Stage 4 RTL: Return to School Full-time without Accommodations Related to Concussion

School Tracking - A student should not return to physical activities with a risk of contact until they:

- Have completely returned to school without accommodations (i.e., completed **Return Learn (RTL) - Stage 4)** and
- Are medically cleared by a medical doctor or nurse practitioner and a **CON-06 - Medical Concussion Clearance Form** has been completed.

For students not participating in any physical activity at school, this is the end of their Return to School process.

Students participating in physical activity at school progress to **Return to Physical Activity (RTPA) - Stage 4**.

a)(ii) Stage 4 RTPA: Skill Progression/Training and Activities with Low Risk of Body Contact

Goal: To adjust to usual intensity activity/exercise and add in more challenging skill progressions and multi-student activities/drills.

- Examples of activities permitted at this stage:
  - Participation in components of physical activities in physical education class or intramural programs (including partner/group activities) with **low-risk of body contact** (e.g., multi-student passing activities/drills)
  - Avoid scrimmages, gameplay, and any activity that involves body contact (e.g., checking/tackling).

School Tracking: A student can progress to **RTPA - Stage 5** if:

- They have spent a minimum of 24 hours at Stage 4, and
- Activities at Stage 4 do not result in the return of concussion-related symptoms.

b) Stage 5 RTPA: Return to Non-competitive Activities and Full Contact Practices

Goal: Restore game-play confidence and physical and mental conditioning.

- Examples of activities permitted at this stage:
  - Return to full participation in physical education class, non-competitive intramural activities, and interschool practices (including contact drills, scrimmages).
  - Avoid competitions.

School Tracking: If a student is participating in physical education and/or intramurals at school this is the end of their Return to Physical Activity process. If a student is participating in interschool athletics, they will progress to Return to Physical Activity – Stage 6.

A student can progress to **RTPA - Stage 6** if:

- They have spent a minimum of 24 hours at Stage 5, and
- Activities at Stage 5 do not result in the return of concussion-related symptoms.

c) **Stage 6 RTPA: Return to All Competition without Restrictions**

School Tracking: This is the end of the Student's Return to Physical Activity process.

School Responsibility

The **CON-07 - Return to School Plan- Stages 4 to 6** is completed by parents/guardians and school. Each stage for RTL and RTPA must be completed and signed by parent/guardian and returned to school.

The school completes the **CON-10 - Concussion Recovery Stages Tracking** form.

Stages that are completed at school must be signed off by the Principal/Designate and the **CON-06 - Medical Concussion Clearance Form** has been submitted.

Home Responsibility

The **CON-06 - Medical Concussion Clearance Form** is submitted to the school. The **CON-07 - Return to School Plan- Stages 4 to 6** is sent back to school. Each stage for RTL and RTPA must be completed and signed by parent/guardian.

REFERENCE DOCUMENTS

Education Act, R.S.O. 1990, c. E.2. Ministry of Education, Policy and Procedure Memorandum 158, School Board Policies on Concussion
OPHEA Safety Guidelines Elementary & Secondary Parachute Canada – Preventing Injuries, Saving Lives
Rowan's Law: Concussion Awareness Resources

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

FORMS

CON-01 - Tool to Identify a Suspected Concussion

CON-02 - Identification of a Suspected Concussion

CON-03 - Suspected Concussion: Information for Parents/Guardians

CON-04 - Medical Assessment and Monitoring

CON-05 - Return to School Plan Stages 1 to 3 Form

CON-06 - Medical Concussion Clearance Form

CON-07 - Return to School Plan Stages 4 to 6 Form

CON-08 - Flowchart - Identification of a Suspected Concussion

CON-09 - Concussion Flowchart for Administrators

CON-10 - Concussion Recovery Stages Tracking

Concussion Awareness video tracking form

Links

Described video: Concussion Awareness Resource Video (Ages 14 and below)

Described video: Concussion Awareness Resource Video for Ages 15 and Up

Concussion Code of Conduct for Athletes and Parents/Guardians

Concussion Code of Conduct for Coaches and Team Trainers