



### Policy: Concussions

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<b>Adopted:</b>	January 27, 2015	<b>Former Policy Number:</b>	n/a
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**Belief Statement:**

Consistent with our Church teachings, the Brant Haldimand Norfolk Catholic District School Board is committed to promoting school environments that are safe, inclusive and provide opportunities for every student to reach his or her fullest potential. This includes taking steps to reduce the risk of injury for school communities. The purpose of this policy is to educate staff, students, parents/guardians and community partners (e.g., volunteers) on concussion prevention, signs and symptoms of concussion and return to learn/return to play guidelines in the event of a concussion.

**Policy Statement:**

In accordance with the Ministry of Education, Policy and Program Memorandum 158, School Board Policies on Concussions, the Brant Haldimand Norfolk Catholic District School Board is:

- 1) committed to promoting the safety and well-being of students and recognizes that head injuries and/or concussions can adversely impact the cognitive, physical, emotional and social development of students;
- 2) committed to developing awareness about head injury prevention and concussion management amongst staff, students, parents/guardians and community partners; and
- 3) committed to establishing practices for the identification and management of head injuries and/or concussions.

**Glossary of Key Policy Terms:**

**Concussion**

- A brain injury that causes changes in how the brain functions, leading to symptoms that can be physical (e.g., headaches, 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 blow to the body that transmits a force to the head that causes the brain to move rapidly in the skull.
- Can occur even if there is no loss of consciousness and cannot normally be seen on x-rays, standard CT scans or MRIs.

Symptoms

Something that the student will feel/report.

Signs

Something that will be noticed or observed by others.

**References**

- Ministry of Education, Policy and Program Memorandum 158, School Board Policies on Concussion
- Bill 39, Education Amendment Act (Concussions), 2012
- OPHEA: Ontario Physical Education Safety Guidelines – Concussion Package



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## Concussions AP 200.08

**Procedure for:** Superintendents of Education, Principals/Vice-Principals, School Staff  
**Submitted by:** Superintendent of Education  
**Category:** Students

**Adopted:** January 27, 2015  
**Revised:** N/A

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### Purpose

The Brant Haldimand Norfolk Catholic District School Board (BHNCDSB) recognizes concussions as a serious injury. Concussion prevention, identification and management are a priority for the Brant Haldimand Norfolk Catholic District School Board. Implementation of the Board's Concussion Policy and Administrative Procedure guidelines is another important step in creating healthy schools in our district.

### Responsibilities

#### Superintendent of Education

The Superintendent of Education will:

- perform an annual review of the Concussion Administrative Procedure to ensure guidelines align with current best practice recommendations and, at a minimum, the Ontario Physical and Health Education Association (OPHEA) concussion guidelines;
- ensure that school principals record and submit concussion incidents using the Student Concussion Diagnosis Report (Appendix E) on January 30 and June 28 annually and review feedback to ensure compliance with and effectiveness of the Board's Concussion Administrative Procedure;
- ensure concussion education and its administrative procedure is made available and followed by all school personnel and volunteers;
- implement concussion awareness and education strategies for students and their parents/guardians;
- ensure that each elementary and secondary school implements the Return to Learn/Return to Physical Activity Plan (Appendix C) and provides support to schools and staff as required to ensure compliance with the Board Concussion Policy and Administrative Procedure.

#### Principal/Vice-Principal

The Principal/Vice-Principal will:

- abide by the Concussion Administrative Procedure;
- ensure staff, volunteers, parents/guardians, and students are aware of the Concussion Administrative Procedure and understand their roles and responsibilities;
- arrange for in-servicing and ensure the Concussion Administrative Procedure is followed by all school staff (including occasional staff/support staff, recess supervisors) and volunteers;
- ensure concussion information is accessible to all school staff, parents/guardians, and volunteers;
- ensure the Tool To Identify A Suspected Concussion (Appendix A) is available to occasional teachers for in school and field trip activities;
- work as closely as possible with students, parents/guardians, staff, volunteers, and health professionals to support concussed students with their recovery and academic success;
- complete Student Concussion Diagnosis Report (Appendix E – to be submitted to Superintendent of Education on January 30 and June 28 annually) and OSBIE Injury Report Form for documentation following incident and upon student's return to school, as required;
- 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);



- prior to the student's return to school following a suspected concussion, ensure completion and collection of the following documentation:
  - Documentation of Concussion Passport (Appendix B)
  - Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan (Appendix C)
- file above documents (Appendix B & C) in student's OSR and provide copy to appropriate school staff;
- ensure that the BHNCD SB Informed Consent/Permission for School Teams is completed for applicable students (Appendix D);
- if a concussion is diagnosed, appoint primary staff member to act as the student's liaison to ensure adequate communication and coordination of their needs.

**School Staff (includes administration staff, teaching staff, SERTs, support staff, coaches, volunteers, etc.)**

School staff will:

- review, understand and implement the Concussion Administrative Procedure, supporting documents and forms;
- participate in concussion training including learning about prevention strategies, signs and symptoms, and concussion management;
- be able to recognize signs, symptoms and respond appropriately in the event of a concussion as per this Administrative Procedure;
- ensure age appropriate concussion education, including prevention, is included for all students participating in activities that could result in a concussion;
- ensure that occasional teaching staff are updated on concussed student's condition.

**Parents/Guardians**

Parents/Guardians will:

- understand and follow parents/guardians roles and responsibilities in the Administrative Procedure;
- in the event of a suspected concussion, ensure child is assessed as soon as possible by medical doctor/nurse practitioner;
- be responsible for the completion and return of all required documentation;
- report any non-school related concussion or suspected concussion to the Principal (Return to Learn/Return to Physical Activity guideline will apply) and collaborate with school to manage suspected or diagnosed concussions;
- support and cooperate with their child's progress through recommended Return to Learn/Return to Physical Activity guidelines.

**Students**

Students will:

- learn about concussions, including prevention strategies, signs and symptoms, concussion management and student roles and responsibilities;
- immediately inform school staff of suspected or diagnosed concussions occurring during or outside of school;
- inform school staff if experiencing any concussion-related symptoms (immediate, delayed or reoccurring);
- 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.

**Collaborative Team Members (including Health Care Professionals)**

Collaborative team members will:

- work together to follow the concussion management procedure to ensure the safe return of students to learning and physical activities.



## 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; and
- 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 on the same day.**

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. Following a concussion diagnosis, it is important to help students as they "return to learn" and "return to physical activity" in our schools. 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.

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 a Return to Learn/Return to Physical Activity Plan be developed through a collaborative team approach led by the school principal. This team should include the concussed student, his/her 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 are essential for the successful recovery of the student.

## Signs and Symptoms of a Concussion

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, if **one** or more of the signs or symptoms of a concussion is present. Review Appendix A for a list of common signs and symptoms and complete the form.

Notes:

- 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 he/she will be removed from the activity, his/her 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 needs, or students for whom English/French is not their first language, to communicate how they are feeling.

## 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.



**Steps and Responsibilities in Suspected and Diagnosed Concussions**

**INITIAL RESPONSE: Unconscious Student (or when there was any loss of consciousness)**

<b>Action</b>	<b>Responsibility</b>
1. Stop the activity immediately - assume concussion.	Supervising School Staff/Volunteers
2. Initiate Emergency Action Plan and call 911. Assume neck injury. Only if trained, immobilize student. <b>DO NOT</b> move the student or remove athletic equipment unless there is breathing difficulty.	Supervising School Staff/Volunteers
3. Remain with student until emergency medical service arrives.	Supervising School Staff/Volunteers
4. Contact student's parent/guardian (or emergency contact) to inform of incident and that emergency medical services have been contacted.	Supervising School Staff/Volunteers
5. Monitor student and document any changes (physical, cognitive, emotional/behavioural).	Supervising School Staff/Volunteers
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)).	Supervising School Staff/Volunteers
7. Complete and sign Appendix A - Tool to Identify a Suspected Concussion and, if possible, provide duplicate copy to parent/guardian at the time of incident. If not possible, provide a copy to the parent/guardian as soon as possible.	Supervising School Staff/Volunteers
8. Attending staff is to inform Principal of suspected concussion and forward a copy of the completed and signed Appendix A - Tool to Identify a Suspected Concussion. Appendix A to be retained in the OSR.	Supervising School Staff/Volunteers
9. Provide the parent/guardian a copy of Appendix B – Concussion Passport. This form needs to be completed by a medical doctor or nurse practitioner as soon as possible that same day. This form needs to be submitted to the Principal prior to the student's return to school and retained in the OSR.	Supervising School Staff/Volunteers
10. Inform all school staff (e.g., classroom teacher, SERTs, physical education teachers, intramural supervisors, coaches) and volunteers who work with the student of the suspected concussion.	Principal
11. 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 Principal.	Principal
12. Complete OSBIE Injury Report Form for documentation following incident and upon student's return to school as required.	Principal/Attending School Staff

**Conscious Student**

<b>Action</b>	<b>Responsibility</b>
1. Stop the activity immediately.	Supervising School Staff/Volunteers
2. Initiate Emergency Action Plan.	Supervising School Staff/Volunteers
3. When safe to do so, remove the student from current activity/game.	Supervising School Staff/Volunteers
4. Conduct an initial concussion assessment of the student using Appendix A - Tool to Identify a Suspected Concussion.	Supervising School Staff/Volunteers



**Conscious Student but Concussion is Suspected  
(any one or more signs and/or symptoms are observed / reported and/or the student fails the Quick Memory Function Test) – If in Doubt, Sit Them Out**

1. Do not allow student to return to play in the activity, game or practice that day even if the student states he/she is feeling better.	Supervising School Staff/Volunteers
2. Contact the student's parent/guardian (or emergency contact) to inform them: <ul style="list-style-type: none"> <li>of the incident</li> <li>that they need to come and pick up the student</li> <li>that the student needs to be examined by a doctor or nurse practitioner as soon as possible that day</li> </ul>	Supervising School Staff/Volunteers
3. Monitor and document any changes (e.g., physical, cognitive, emotional/behavioural) in the student. If signs or symptoms worsen, call 911.	Supervising School Staff/Volunteers
4. Do not administer medication (unless student requires medication for other conditions, e.g., insulin).	Supervising School Staff/Volunteers
5. Stay with the student until his/her parent/guardian (or emergency contact) arrives.	Supervising School Staff/Volunteers
6. Student must not leave the premises without parent/guardian supervision.	Supervising School Staff/Volunteers & Student
7. Provide parent/guardian (emergency contact) a signed copy of Appendix A - Tool to Identify a Suspected Concussion.	Supervising School Staff/Volunteers
8. Attending staff to inform Principal of suspected concussion, and forward a copy of the completed and signed Appendix A - Tool to Identify a Suspected Concussion, which is to be retained in OSR.	Supervising School Staff/Volunteers
9. Provide parent/guardian (or emergency contact) a copy of Appendix B – Concussion Passport. 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. This form needs to be completed and submitted to the Principal prior to the student's return to school and retained in the OSR.	Supervising School Staff/Volunteers
10. Inform all school staff and volunteers who work with the student of the suspected concussion.	Principal
11. 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 Principal.	Principal
12. Complete OSBIE Injury Report Form for documentation following incident and upon student's return to school, as required.	Principal/Attending School Staff

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

Action	Responsibility
1. Student may return to physical activity, practice or game, but it is recommended as a precaution to withdraw student from the activity.	Supervising School Staff/Volunteers
2. Inform parent/guardian (or emergency contact) of the incident (schools <b>may</b> wish to provide a copy of Appendix A – Tool to Identify a Concussion). Explain to parent/guardian (or emergency contact) that the 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 a medical doctor or nurse practitioner as soon as possible on the same day and results shared with the Principal before return to school.	Supervising School Staff/Volunteers



3. Inform Supervising School Staff/Volunteers if symptoms appear during learning or any activity.	Student
4. If symptoms appear, proceed with Action items under "If a concussion is suspected".	Supervising School Staff/Volunteers & Parent/Guardian/Emergency Contact

**Once the student has been examined by a medical doctor or nurse practitioner**

**If NO CONCUSSION is diagnosed, student may resume regular learning and physical activity**

Action	Responsibility
1. Communicate diagnosis to the school Principal and return completed and signed Appendix B – Concussion Passport.	Parent/Guardian
2. Inform all school staff and volunteers who work with the student of the diagnosis.	Principal
3. Retain any related written documentation of the incident and results of the medical examination in OSR.	Principal
4. Resume regular learning and physical activity.	Student

**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)

Action	Responsibility
1. Communicate diagnosis to the school Principal and return completed and signed Appendix B – Concussion Passport. <b>Also report non-school related concussions.</b>	Parent/Guardian
2. Provide parent/guardian with Appendix C - Return to Learn/Return to Physical Activity Plan and indicate that the student must be improved or symptom free, and that the form needs to be completed and signed before the student can return to school. Ensure parent/guardian understands the plan, addressing their questions, concerns, and working with parent/guardian to overcome any barriers. Complete and retain Student Concussion Diagnosis Report Appendix E.	Principal
3. <b>Complete Step 1</b> - 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.	Parent/Guardian & Student
4. Continue cognitive and physical rest at home for at least 24-48 hours (or longer) until student's symptoms are improving or he/she is 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.	Parent/Guardian & Student
5. Inform all school staff and volunteers who work with the student of the diagnosis.	Principal
6. Identify collaborative team (e.g., principal, concussed student, his/her 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, other school staff, volunteers who work with the student, and the medical doctor or nurse practitioner.	Principal
7. Meet with collaborative team to review potential cognitive and emotional/behavioural difficulties the student may experience, explain how these symptoms can impact learning, and identify strategies / approaches to manage these symptoms.	Principal



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.	Principal
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**Student's Symptoms are improving following Step 1: Child will proceed to Step 2a – Return to Learn**

Action	Responsibility
1. Complete, sign and forward Appendix C - Return to Learn/Return to Physical Activity Plan section titled Step1 - Return to Learn/Return to Physical Activity.	Parent/Guardian
2. <b>Proceed to Step 2a</b> - Return to Learn: Student returns to school. Develop and implement Individual Education Plan (IEP) with slow and gradual increases in cognitive activity (both at home and at school). Absolutely no recreational/leisure and competitive physical activity.	Principal, Concussion Liaison, SERT, Parent/Guardian, Medical Doctor/Nurse Practitioner, Student, Parent/Guardian
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 he/she responds to various activities. Strategies may need to be developed or modified to meet the changing needs of the student.	Concussion Liaison (in consultation with other members of the collaborative team)
4. Follow individualized classroom strategies/approaches for return to learn plan until student is symptom free.	School Staff, Volunteers, Student

**Student is Symptom Free following either Step 1 or Step 2a: Child will proceed to Step 2b - Return to Learn and Step 2 Return to Physical Activity**

Action	Responsibility
1. Complete, sign and forward Appendix C - Return to Learn/Return to Physical Activity Plan titled either Step 1 or Step 2a.	Parent/Guardian
2. Inform all staff who work with the student that the student is symptom free and can return to Step 2b regular learning activities without individualized classroom strategies and/or approaches. <b>Student can proceed to Step 2</b> - Return to Physical Activity see Appendix C - Return to Learn/Return to Physical Activity Plan. Closely monitor student for the return of any concussion symptoms and report any return of symptoms.	Principal
3. 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. The objective is to increase the heart rate. Absolutely NO participation in resistance/weight training, competition (including practices, scrimmages), or participation with equipment or other students, drills, and body contact.	Student and Supervising Staff/Coaches/ Volunteer
4. Complete and sign Appendix C - Return to Learn/Return to Physical Activity Plan - Step 2 - Return to Physical Activity if the student is symptom free after participating in light aerobic physical activity and return the form to the Principal.	Parent/Guardian
5. Inform all school staff who work with the student that he/she may <b>proceed to Step 3</b> - Return to Physical Activity. Provide supervising staff/coaches/volunteers Appendix C - Return to Learn/Return to Physical Activity Plan - to record the student's progress through Steps 3 and 4.	Principal





<p>6. 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 a bat).</p>	<p>Student and Supervising Staff/Coaches/Volunteer</p>
<p>7. 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 a soccer ball) or jarring motions (e.g., high speed stops, hitting a baseball with a bat).</p>	<p>Student and Supervising Staff/Coaches/Volunteer</p>
<p>8. Record the student's progress through Steps 3 and 4. Once the student has completed Steps 3 and 4 and is symptom free, complete and sign Appendix C - Return to Learn/Return to Physical Activity Plan - 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.</p>	<p>Supervising Staff/Coaches/Volunteers/Concussion Liaison</p>
<p>9. Provide the school Principal with written documentation from a medical doctor or nurse practitioner (e.g., completed and signed Appendix C 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.</p>	<p>Parent/Guardian</p>
<p>10. Inform all school staff who work with the student that the student may proceed to Step 5 - Return to Physical Activity. File written documentation (e.g., completed and signed Appendix C – Return to Learn/Return to Physical Activity Plan - section titled "Medical Examination") in student's OSR.</p>	<p>Principal</p>
<p>11. Continue with regular learning activities and <b>begin Step 5</b>: resume full participation in regular physical education/intramural/interschool 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.</p>	<p>Student and Supervising Staff/Coaches/Volunteers</p>
<p>12. If student remains symptom free, proceed to Step 6: Return to full participation in contact sports with no restrictions. Complete Appendix E once Return to Learn/Return to Physical Activity Plan is completed.</p>	<p>Student and Supervising Staff/Coaches/Volunteers</p>
<p>13. Throughout the process of Return to Learn/Return to Physical Activity:</p> <ul style="list-style-type: none"> <li>• Closely monitor the student for the return of any concussion symptoms and/or deterioration of work habits and performance</li> <li>• Report any return of symptoms to supervising staff/volunteer</li> <li>• If symptoms return, stop activity and see Appendix C Return to Learn/Return to Physical Activity Plan: Return of Symptoms</li> </ul>	<p>Concussion Liaison, Supervising Staff/Volunteer, Student</p>



**Return of Symptoms**

Action	Responsibility
1. Report any return of symptoms to supervising staff/volunteers.	Student
2. If signs of returned concussion symptoms and/or deterioration of work habits and performance occur, stop the activity and contact the student's parent/guardian (or emergency contact) and report to the Principal. Complete Board OSBIE Injury Report form.	Supervising Staff/Volunteer/Concussion Liaison
3. Contact parent/guardian (or emergency contact) to inform them of returned symptoms and need for medical examination on the same day. Provide Appendix C Return to Learn/Return to Physical Activity Plan - indicate that the last section titled "Return of Symptoms" must be completed, signed and returned before the student can return to school.	Principal or Concussion Liaison/School Designate (if Principal not available)
4. Have the student examined by a medical doctor/nurse practitioner as soon as possible on the same day.	Parent/Guardian
5. Complete, sign and forward Appendix C Return to Learn/Return to Physical Activity Plan - section titled "Return of Symptoms" to the Principal.	Parent/Guardian
6. Follow medical doctor/nurse practitioner's treatment.	Student and Parent/Guardian
7. Inform all school staff, Concussion Liaison, and volunteers who work with the student that the student has experienced return of symptoms and which step of the Return to Learn/Return to Physical Activity to proceed from.	Principal

**Prevention**

Any time a student/athlete is involved in physical activity, there is a chance of sustaining a concussion; therefore, it is important to take a preventive approach encouraging a culture of safety mindedness when students are physically active. Regardless of the steps taken to prevent injury, some students will continue to be injured. The severity of the injury can be mitigated by the following:

1. Education for coaches, staff, parents, volunteers and students to:
  - a) recognize the symptoms of a concussion;
  - b) remove the student from play;
  - c) refer the student to a medical doctor/nurse practitioner.
2. Wearing the sport specific protective equipment:
  - a) equipment should fit properly;
  - b) equipment should be well maintained;
  - c) equipment should be worn consistently and correctly;
  - d) equipment should meet current safety standards; and
  - e) damaged or expired equipment should be replaced.
3. Follow OPHEA sport specific safety guidelines and enforce the 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 creative playground.
7. Students must follow their supervising staff/coach's/volunteer's safety instructions at all times.
8. **Reinforce the importance of following the OPHEA: Ontario Physical Education Safety Guidelines – Concussions: Return to Learn: Return to Physical Activity Steps.**
9. Discourage parents/guardians/teachers/coaches and 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 the school medical form.
12. Provide reassurance, support and request/offer academic accommodations, as needed.

## Conclusion

Despite prevention strategies listed above, head injuries will still occur. The Brant Haldimand Norfolk Catholic District School Board staff and volunteers who are involved in intramural or inter-school athletics or any part of the health and physical education curriculum will not be held personally liable in a civil proceeding for an act or omission if the person acts reasonably in the circumstances and in good faith.

## Appendices

- APPENDIX A - Tool To Identify a Suspected Concussion
- APPENDIX B - Concussion Passport
- APPENDIX C - Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan
- APPENDIX D - Informed Consent/Permission Form For School Teams
- APPENDIX E - Student Concussion Diagnosis Report

## References

Thanks to the Brant County and Haldimand Norfolk Health Units for contributing to the development of this policy. Thanks to the District School Board of Niagara and the Wellington Catholic District School Board in providing a draft of their Concussion Protocol.

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 Grades 2 and 3 students at no cost.

PPM 158 Ministry of Education Policy/Program Memorandum Pertaining to Concussions, 2014. Retrieved from:  
<http://www.edu.gov.on.ca/extra/eng/ppm/158.pdf>

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[http://canchild.ca/en/ourresearch/mild\\_traumatic\\_brain\\_injury\\_concussion\\_education.asp#NEW](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.olympic.org/Documents/Commissions\\_PDFfiles/Medical\\_commission/Consensus\\_statement\\_on\\_concussion\\_in\\_sport\\_the\\_4th\\_International\\_Conference\\_on\\_Concussion\\_in\\_Sport\\_2012.pdf](http://www.olympic.org/Documents/Commissions_PDFfiles/Medical_commission/Consensus_statement_on_concussion_in_sport_the_4th_International_Conference_on_Concussion_in_Sport_2012.pdf)

Pocket Concussion Recognition Tool 2013. Retrieved from: <http://www.parachutecanada.org/resources>

Centre for Disease Control and Prevention: Returning to School After a Concussion: A fact Sheet for School Professionals  
[www.cdc.gov/concussion](http://www.cdc.gov/concussion)

<http://www.hockeycanada.ca/en-ca/news/2012-nr-130-en>

[www.Ontario.ca/concussions](http://www.Ontario.ca/concussions)

Bikes, Blades and Boards: <http://hbia.ca>



**Tool To Identify a Suspected Concussion**

This tool is to be used as a quick reference in helping to identify a suspected concussion. In all cases of a suspected concussion, the student must be examined by a medical doctor or nurse practitioner for diagnosis and must follow Concussion Management Procedures – Return to Learn/Return to Physical Activity. Following a blow to the head, neck or face or a blow to the body that transmits 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.

An incident occurred involving (student/athlete name) \_\_\_\_\_ (date) \_\_\_\_\_ (time) \_\_\_\_\_

He/she was observed for signs and symptoms of a concussion: (CHECK APPROPRIATE BOX)

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.**

The following signs were observed and/or symptoms reported:

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

If any observed signs or symptoms worsen, call 911.



**Quick Memory Function Assessment - Failure to answer any of these questions correctly may indicate a concussion:**

What room are we in right now? *Answer* \_\_\_\_\_

What part of the day is it? *Answer* \_\_\_\_\_

What activity/sport/game are we playing now? *Answer* \_\_\_\_\_

What is the name of your teacher/coach? *Answer* \_\_\_\_\_

What field are we playing on today? *Answer* \_\_\_\_\_

What school do you go to? *Answer* \_\_\_\_\_

**Actions 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, concussion should be suspected and 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 he/she is feeling better. Students with a suspected concussion should not be left alone and must not leave the premises without parent/guardian (or emergency contact) supervision.

**Continued Monitoring by Parent/Guardian:**

Students should be monitored 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.

**Principal/Coach/Teacher Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**\*\*This form must be copied, with the original filed in the Student's OSR and the copy provided to parent/guardian\*\***

Reproduced and adapted with permission from OPHEA, *Ontario Physical Education Safety Guidelines, Appendix C-2/D-2 – Tool to Identify a Suspected Concussion, 2012*



**Concussion Passport for BHCNDSB**

\_\_\_\_\_ (student name) sustained a suspected concussion on \_\_\_\_\_ (date) at \_\_\_\_\_ (time). 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 school Principal of the results of the medical examination by completing the following:

**Results of Medical Examination**

- 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.
- I have been informed of the school’s concern regarding my child having a suspected concussion and decline to have him/her assessed by a medical professional.

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:**

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Reproduced and adapted with permission from OPHEA, *Ontario Physical Education Safety Guidelines, Appendix C-3 – Documentation of Medical Examination, 2013.*



**Documentation for a Diagnosed Concussion**

The Return to Learn/Return to Physical Activity Plan is a combined approach. Step 2a – Return to Learn must be completed prior to the student returning to physical activity. Each step must take a minimum of 24 hours (Note: Step 2b – Return to Learn and Step 2 – Return to Physical Activity occur concurrently).

**Step 1 – Return to Learn/Return to Physical Activity**

- 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 Step 1 of the Return to Learn/Return to Physical Activity Plan (cognitive and physical rest at home) and his/her **symptoms have shown improvement**. My child/ward will proceed to Step 2a – Return to Learn.
- My child/ward has completed Step 1 of the Return to Learn/Return to Physical Activity Plan (cognitive and physical rest at home) and is **symptom free**. My child/ward will proceed directly to Step 2b – Return to Learn and Step 2 – Return to Physical Activity.

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments:

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If at any time during the following steps symptoms return, please refer to the “Return of Symptoms” section on page 2 of this form.

**Step 2a – Return to Learn**

- Student makes gradual return to instructional day.
- 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 made a gradual return to his/her instructional day and has been receiving individualized classroom strategies and/or approaches and is **symptom free**. My child/ward will proceed to Step 2b – Return to Learn and Step 2 – Return to Physical Activity.

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments:

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**Step 2b – Return to Learn**

- Student returns to regular learning activities at school.

**Step 2 – Return to 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 Step 3 – Return to Physical Activity.

Appendix C will be returned to the teacher to record progress through Steps 3 and 4

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments:

**Step 3 – Return to Physical Activity**

- Student may begin individual sport-specific physical activity only.

**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.

Student has successfully completed Steps 3 and 4 and is symptom free.

Comments:

Appendix C will be returned to parent/guardian to obtain medical doctor/nurse practitioner diagnosis and signature.

Teacher signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Medical Examination:**

I, \_\_\_\_\_ (medical doctor/nurse practitioner name) have examined (\_\_\_\_\_) and confirm he/she 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:



**Step 5 – Return to Physical Activity**

Student may resume regular physical education/intramural activities/interscholar activities in non-contact sports and full training/practices for contact sports.

**Step 6 – Return to Physical Activity**

Student may resume full participation in contact sports with no restrictions.

**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:** \_\_\_\_\_

**Physician signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Comments:**

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Reproduced and adapted with permission from *OPHEA, Ontario Physical Education Safety Guidelines, Appendix C-4 Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan, 2013.*



**INFORMED CONSENT / PERMISSION FORM FOR SCHOOL TEAMS**

\_\_\_\_\_ is arranging \_\_\_\_\_ on \_\_\_\_\_  
*[Name of School] [Description of activity] [Date (s)]*

**THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT GUARDIAN OF A PARTICIPATING STUDENT IF THE STUDENT IS UNDER 18 YEARS OF AGE.**

**ELEMENTS OF RISK:**

School activities involve certain elements of risk. Injuries may occur while participating in these activities. The following includes, but is not limited to, examples of the types of injury which may result during an activity: fracture, laceration, sprain, strain, contusion, concussion, etc.

The risk of sustaining these types of injuries result from the nature of the activity and can occur without any fault of either the student, or the school board, its employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your student may be injured.

The chance of injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you choose to participate, you must understand that you bear the responsibility for any injury that might occur.

Please indicate if your student has been diagnosed as having any medical conditions and provide pertinent details.

If your student is presently diagnosed with a concussion by a medical doctor/nurse practitioner, that was sustained outside of school physical activity, the Concussion Passport must be completed before the student returns to physical education classes, Daily Physical Activity (DPA), intramural activities and interschool practices and competitions. Request the form from the school administrator.

The **Brant Haldimand Norfolk Catholic District School Board** does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity. As per school board policy, **all students** participating in extra-curricular athletic activities **MUST** have **Student Accident Insurance** made available by the school to parents at the beginning of the school year **or have private coverage** in effect. Student accident insurance is available all year, not just at the beginning of the school year. Parents can go to [www.insuremykids.com](http://www.insuremykids.com) to purchase the insurance.

**ACKNOWLEDGEMENT**

WE HAVE READ THE ABOVE. WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(if student under 18 years of age)*

**PERMISSION**

I give \_\_\_\_\_ permission to participate in the activity described above.  
*(Please Print Full Name of Student)*

**Signature of Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(or student if over 18 years of age)*



**Student Concussion Diagnosis Report**

School: \_\_\_\_\_

Principal: \_\_\_\_\_

Student(s) Name(s) Surname:            Given Name:	Date of Birth YYYY/Month/Day	Return to Learn/Return to Physical Activity Plan in Place	Return to Learn/Return to Physical Activity Plan Completed (Y) Ongoing (N)
1.		<input type="checkbox"/> YES	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Date/Location of incident:</b>		<b>Circumstances causing concussion:</b>	
2.		<input type="checkbox"/> YES	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Date/Location of incident:</b>		<b>Circumstances causing concussion:</b>	
3.		<input type="checkbox"/> YES	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Date/Location of incident:</b>		<b>Circumstances causing concussion:</b>	
4.		<input type="checkbox"/> YES	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Date/Location of incident:</b>		<b>Circumstances causing concussion:</b>	
5.		<input type="checkbox"/> YES	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Date/Location of incident:</b>		<b>Circumstances causing concussion:</b>	
6.		<input type="checkbox"/> YES	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Date/Location of incident:</b>		<b>Circumstances causing concussion:</b>	

**BRANT HALDIMAND NORFOLK CATHOLIC DISTRICT SCHOOL BOARD Student Concussion Diagnosis Report**

January 30     June 28

**Submit completed form promptly to your Superintendent of Education**



# **Concussion Resource Manual**

**January 2015**

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## CONCUSSION RESOURCES

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 Grades 2 and 3 students at no cost.

### General Concussion Information

[Parachute Canada](#)

<http://www.nytimes.com/2014/10/05/sports/canadian-district-goes-to-school-on-concussions.html?smid=tw-share&r=0>

<http://www.concussionsontario.org>

<http://www.cdc.gov/concussion/sports/prevention.html>

### ELearning Modules and Teacher Resources

<http://www.sportconcussionlibrary.com/content/hscep-halton-student-concussion-education-program>

<http://www.ugdsb.on.ca/concussions>

[Coaches Association of Ontario](#)

[Parachute Canada](#)

### Online Videos

[Dr. Mike Evans: Concussions 101](#)

<http://brain101.orcasinc.com/1000>

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](http://www.slice.com)

Brant County Health Unit 519-753-4937

Haldimand Norfolk Health Unit 905-318-5367 ext. 304

## PARENT/GUARDIAN RESOURCES

### Concussion Toolkit

#### **Roles and responsibilities of parents and athletes:**

**For further information, please visit [www.parachutecanada.org/active-and-safe](http://www.parachutecanada.org/active-and-safe)**

Enrolling your child in a team sport program at school or in the community can be a very rewarding experience for everyone. From lacing up your child's first pair of skates to running the team jersey through the washing machine, it all amounts to being part of an active lifestyle. As parents, it is important for children to play safe and have fun.

When it comes to concussions, prevention is key. Prevention involves respect for self in terms of one's own conduct as a spectator and good understanding of the rules of the sport. Equally important is the role of protective equipment:

- Encourage your child to play fair and engage in fair play, within the rules, and within his or her abilities.
- Teach your child to have respect for his or her brain and the brains of their opponents.
- Reinforce wearing the right gear for the right sport, and the importance of having equipment that fits well and is in good condition.
- Helmets prevent skull fractures, brain contusions, lacerations, and blood clots in and around the brain. They do not prevent concussion.
- There is no scientific evidence that mouth guards prevent concussions, but they do prevent dental fractures and jaw fractures.

#### **Ask Questions!**

In the event of a concussion, asking questions about your child's concussion is important. There are a number of questions to consider when it comes to the overall sport experience. These questions may address program organization, psychological and developmental factors, adult leadership and, of course, safety.

The purpose of this Tool Kit is to help guide your actions, with respect to home, school and play when your child has had a concussion.

As a parent, you already know it takes a village to raise a child. This is particularly true with respect to ensuring the safe return of your child to his/her normal routines after a concussion. In anticipation of meeting with your child's physician, creating a list of questions and concerns that you have, as well as anticipating what the doctor might ask, will help paint a clearer picture for both yourself and the doctor of your child's concussion. You may find this list of questions at the following website [www.parachutecanada.org/active-and-safe/item/concussion-questions-and-answers](http://www.parachutecanada.org/active-and-safe/item/concussion-questions-and-answers) helpful as they may contribute to your level of confidence with respect to ensuring you have all the information you need at the conclusion of your appointment(s).

#### **Returning to Home, School and Sport**

Returning to normal activity at home, school and sport also requires planning. Following your physician's recommendations is important to help your child with each of these environments. Here is an example of a home, school and physical activity work plan:

- We encourage you to take time to meet with your child's teacher for the purpose of establishing a safe and rewarding return to learn plan. Do not assume that your child's teacher or coach has all the tools they need to manage a concussed student/athlete.
- In the case of an older child, it makes good sense to engage their participation as part of the overall return to learn and return to play experience. Help your children help themselves by sharing the Concussion Guidelines: Parent/Caregiver on page 6-7.



- When children suffer from a concussion, their social, physical and learning environments are affected. The concussion experience may result in your child being unable to return to sport or school for a period of time, which may cause them stress and pressure. Children might not have enough knowledge to recognize when they have been concussed; therefore, providing concussion education is important. They might also choose not to report their injury or de-emphasize symptoms because they want to play their sport and they do not want to let their team, coach or parents down.
- When it comes to the learning environment, it is important to provide your son or daughter's teacher with the right concussion information. The stress and pressure that a child might experience in trying to return to school faster than they should might be lessened if the teacher has knowledge of the concussion and its impact.

Reproduced and adapted with permission from Parachute Canada, Concussion Toolkit: Roles and Responsibilities of Parents, 2013.

**Concussion Guidelines: Parents/Caregivers**

**WHAT IS A CONCUSSION?**

A concussion is a brain injury that cannot be seen on routine x-rays, CT scans, or MRIs. It affects the way your child may think and remember things, and can cause a variety of symptoms.

**WHAT ARE THE SYMPTOMS AND SIGNS OF A CONCUSSION? YOUR CHILD DOES NOT NEED TO BE KNOCKED OUT (LOSE CONSCIOUSNESS) TO HAVE HAD A CONCUSSION.**

THINKING PROBLEMS	CHILD’S COMPLAINTS	OTHER PROBLEMS
<p>Does not know time, date, place, period of game, opposing team, score of game</p> <p>General confusion</p> <p>Cannot remember things that happened before and after the injury</p> <p>Knocked out</p>	<ul style="list-style-type: none"> <li>• Headache</li> <li>• Dizziness</li> <li>• Feels dazed</li> <li>• Feels “dinged” or stunned; “having my bell rung”</li> <li>• Sees stars, flashing lights</li> <li>• Ringing in the ears</li> <li>• Sleepiness</li> <li>• Loss of vision</li> <li>• Sees double or blurry</li> <li>• Stomach ache, stomach pain, nausea</li> </ul>	<ul style="list-style-type: none"> <li>• Poor coordination or balance</li> <li>• Blank stare/glassy eyed</li> <li>• Vomiting</li> <li>• Slurred speech</li> <li>• Slow to answer questions or follow directions</li> <li>• Easily distracted</li> <li>• Poor concentration</li> <li>• Strange or inappropriate emotions (e.g. laughing, crying, getting mad easily)</li> <li>• Not playing as well</li> </ul>

**WHAT CAUSES A CONCUSSION?**

Any blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion (e.g., a ball to the head, being checked into the boards in hockey).

**WHAT SHOULD YOU DO IF YOU SUSPECT YOUR CHILD HAS A CONCUSSION?**

**YOUR CHILD SHOULD STOP PLAYING THE SPORT RIGHT AWAY.** They should not be left alone and should be seen by a doctor as soon as possible that day. If your child is knocked out, call an ambulance to take him/her to a hospital immediately. Do not move your child or remove any equipment such as helmets until the paramedics arrive.

**HOW LONG WILL IT TAKE FOR MY CHILD TO GET BETTER?**

The signs and symptoms of a concussion often last for 7-10 days, but may last much longer. In some cases, children may take many weeks or months to heal. Having had previous concussions may increase the chance that a person may take longer to heal.

**HOW IS A CONCUSSION TREATED?**

**THE MOST IMPORTANT TREATMENT FOR A CONCUSSION IS REST.** The child should not exercise, go to school or do any activities that may make them worse, like riding a bike, play wrestling, reading, working on the computer or playing video games. If your child goes back to activities before they are completely better, they are more likely to get worse, and to have symptoms longer. Even though it is very hard for an active child to rest, this is the most important step.

Once your child is completely better at rest (all symptoms have resolved), they can start a step-wise increase in activities. It is important that your child is seen by a doctor before he/she begins the steps needed to return to activity to make sure that he/she is completely better. If possible, your child should be seen by a doctor with experience in treating concussions.

### **WHEN CAN MY CHILD RETURN TO SCHOOL?**

Sometimes children who have a concussion may find it hard to concentrate in school and may get a worse headache or feel sick to their stomach if they are in school. Children should stay home from school if their symptoms get worse while they are in class. Once they feel better, they can try going back to school part time to start (e.g., for half days initially) and if they are okay with that, then they can go back full time.

### **WHEN CAN MY CHILD RETURN TO SPORT?**

**IT IS VERY IMPORTANT THAT YOUR CHILD NOT GO BACK TO SPORTS IF HE/SHE HAS ANY CONCUSSION SYMPTOMS OR SIGNS.** Return to sport and activity must follow a step-wise approach:

- STEP 1) No activity, complete rest. Once back to normal and cleared by a doctor, go to step 2.**
- STEP 2) Light exercise such as walking or stationary cycling, for 10-15 minutes.**
- STEP 3) Sport specific aerobic activity (e.g., skating in hockey, running in soccer), for 20-30 minutes. NO CONTACT.**
- STEP 4) “On field” practice such as ball drills, shooting drills, and other activities with NO CONTACT (e.g., no checking, no heading the ball, etc.).**
- STEP 5) “On field” practice with body contact, once cleared by a doctor.**
- STEP 6) Game play.**

**NOTE: EACH STEP MUST TAKE A MINIMUM OF 24 HOURS.** If your child has any symptoms of a concussion during activity (e.g., headache, feeling sick to his/her stomach), or later that day, your child should stop the activity immediately and rest until symptoms resolve, for a minimum of 24 hours. Your child should be seen by a doctor and cleared again before starting the step wise protocol again

### **WHEN SHOULD I TAKE MY CHILD TO THE DOCTOR?**

Every child who gets a head injury should be seen by a doctor as soon as possible. Your child should go back to the doctor IMMEDIATELY if, after being told he/she has a concussion, he/she has worsening of symptoms such as:

- **Being more confused**
- **Headache that is getting worse**
- **Vomiting more than twice**
- **Strange behaviour**
- **Not waking up**
- **Having any trouble walking**
- **Having a seizure**

Problems caused by a head injury can get worse later that day or night. The child should not be left alone and should be checked throughout the night. If you have any concerns about your child's breathing or how they are sleeping, wake them up; otherwise, let them sleep. If they seem to be getting worse, you should see your doctor immediately. **NO CHILD SHOULD GO BACK TO SPORT UNTIL THEY HAVE BEEN CLEARED TO DO SO BY A DOCTOR**

Reproduced and adapted with permission from Parachute Canada, Concussion Guidelines: Parent/Caregiver

## BOARD EMPLOYEES AND VOLUNTEERS

### Initial Response Identification

If a student receives a blow to the head, face or neck, or a blow to the body that transmits a force to the head that causes the brain to move rapidly within the skull, and as a result may have suffered a concussion, the individual (e.g., teacher/coach) responsible for that student must take immediate action as follows:

#### Unconscious Student (or where there was any loss of consciousness)

- Stop the activity immediately – assume there is a concussion.
- Initiate Emergency Action Plan and call 911.
- Assume there is a possible neck injury and, only if trained, immobilize the student before emergency medical services arrive.
- Do not remove athletic equipment (e.g., helmet) unless there is difficulty breathing.
- Stay with the student until emergency medical services arrive.
- Contact the student's parent/guardian (or emergency contact) to inform them of the incident and that emergency medical services have been contacted.
- Monitor and document any changes (e.g., physical, cognitive, emotional/behavioural) in the student. Refer to your Board's injury report form for documentation procedures.
- If the student regains consciousness, encourage him/her to remain calm and to lie still. Do not administer medication (unless the student requires medication for other conditions, e.g., insulin for a student with diabetes).

#### Conscious Student

- Stop the activity immediately.
- Initiate Emergency Action Plan.
- When the student can be safely moved, remove him/her from the current activity or game.
- Conduct an initial concussion assessment of the student (e.g., check for common signs and symptoms of concussion using "Tool to Identify a Suspected Concussion")

#### If Signs are Observed or Symptoms are Reported:

- A concussion should be suspected – do not allow the student to return to play in the activity, game or practice that day even if the student states that he/she is feeling better.
- Contact the student's parent/guardian (or emergency contact) to inform them:
  - of the incident;
  - that they need to come and pick up the student; and,
  - that the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.
    - Monitor and document any changes (e.g., physical, cognitive, emotional/behavioural) in the student. If any signs or symptoms worsen, call 911. Refer to your Board's injury report form for documentation procedures.
- Do not administer medication (unless the student requires medication for other conditions, e.g., insulin for a student with diabetes).
- Stay with the student until her/his parent/guardian (or emergency contact) arrives.

**The student must not leave the premises without parent/guardian (or emergency contact) supervision.**

#### If Signs are Not Observed or Symptoms are Not Reported and student passes Quick Memory Function Assessment:

- **A concussion is not suspected** - Student may return to physical activity. **However, it is recommended as a precaution to withdraw student from the activity.**
- However, the student's parent/guardian (or emergency contact) must be contacted and informed of the incident.

Reproduced and adapted with permission from OPHEA, Ontario Physical Education Safety Guidelines, Appendix C-4 Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan, 2013.

## Concussion Guidelines: Teachers/Coaches

### WHAT IS A CONCUSSION?

A concussion is a brain injury that cannot be seen on routine x-rays, CT scans, or MRIs. It affects the way a child may think and remember things, and can cause a variety of symptoms.

### WHAT ARE THE SYMPTOMS AND SIGNS OF A CONCUSSION? THE STUDENT DOES NOT NEED TO BE KNOCKED OUT (LOSE CONSCIOUSNESS) TO HAVE HAD A CONCUSSION.

THINKING PROBLEMS	STUDENT'S COMPLAINTS	OTHER PROBLEMS
Does not know time, date, place, period of game, opposing team, score of game	<ul style="list-style-type: none"><li>• Headache</li><li>• Dizziness</li><li>• Feels dazed</li><li>• Feels "dinged" or stunned; "having my bell rung"</li></ul>	<ul style="list-style-type: none"><li>• Poor coordination or balance</li><li>• Blank stare/glassy eyed</li><li>• Vomiting</li><li>• Slurred speech</li></ul>
General confusion	<ul style="list-style-type: none"><li>• Sees stars, flashing lights</li><li>• Ringing in the ears</li></ul>	<ul style="list-style-type: none"><li>• Slow to answer questions or follow directions</li><li>• Easily distracted</li></ul>
Cannot remember things that happened before and after the injury	<ul style="list-style-type: none"><li>• Sleepiness</li><li>• Loss of vision</li><li>• Sees double or blurry</li></ul>	<ul style="list-style-type: none"><li>• Poor concentration</li><li>• Strange or inappropriate emotions (e.g. laughing, crying, getting mad easily)</li></ul>
Knocked out	<ul style="list-style-type: none"><li>• Stomach ache, stomach pain, nausea</li></ul>	<ul style="list-style-type: none"><li>• Not playing as well</li></ul>

### WHAT CAUSES A CONCUSSION?

Any blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion (e.g. a ball to the head, being checked into the boards in hockey).

### WHAT SHOULD YOU DO IF YOU SUSPECT A STUDENT HAS A CONCUSSION?

You will most often have students who have sustained a concussion outside of school, but it is important to know how to deal with a student whom you suspect has sustained a concussion while participating in a sport or activity at school. **IF YOU SUSPECT A CONCUSSION, THE STUDENT SHOULD STOP PLAYING THE SPORT OR ACTIVITY RIGHT AWAY.** He/she should not be left alone and should be seen by a doctor as soon as possible that day. If a student is knocked out for more than a minute, call an ambulance to take him/her to a hospital immediately. Do not move him/her or remove athletic equipment like a helmet; wait for paramedics to arrive.

Anyone with a concussion should not go back to play that day, even if he/she says he/she is feeling better. Problems caused by a head injury can get worse later that day or night. He/she should not return to activity until he/she has been seen by a doctor.

### HOW LONG WILL IT TAKE FOR THE STUDENT TO GET BETTER?

The signs and symptoms of a concussion often last for 7-10 days, but may last much longer. In some cases, children may take many weeks or months to heal. Having had previous concussions may increase the chance that a person may take longer to heal.

### HOW IS A CONCUSSION TREATED?

**IT IS CLEAR THAT EXERTION, BOTH PHYSICAL AND MENTAL, WORSENS CONCUSSION SYMPTOMS AND MAY DELAY RECOVERY; THEREFORE, THE MOST IMPORTANT TREATMENT FOR CONCUSSION IS REST.**

Many students find that attending school aggravates their symptoms, and may have to stay home and rest. It is not possible to know when symptoms will improve, as each concussion is unique; therefore, a specific return date to school may not initially be possible for the student, their parents, or a doctor to provide. Once they feel better, they can try going back to school, initially part time (e.g., half days at first) and, if their symptoms do not return, then they can go back full time. Remember that mental exertion can make symptoms worse, so the student's workload may need to be adjusted accordingly.

**IT IS VERY IMPORTANT THAT A STUDENT DOES NOT GO BACK TO ACTIVITY IF HE/SHE HAS ANY CONCUSSION SYMPTOMS OR SIGNS.** Return to sport and activity must follow a step-wise approach:

- STEP 1) No activity, complete rest. Once back to normal and cleared by a doctor, go to step 2.**
- STEP 2) Light exercise such as walking or stationary cycling, for 10-15 minutes.**
- STEP 3) Sport specific aerobic activity (e.g., skating in hockey, running in soccer), for 20-30 minutes. NO CONTACT.**
- STEP 4) "On field" practice such as ball drills, shooting drills, and other activities with NO CONTACT (e.g., no checking, no heading the ball, etc.).**
- STEP 5) "On field" practice with body contact, once cleared by a doctor.**
- STEP 6) Game play.**

**NOTE: EACH STEP MUST TAKE A MINIMUM OF 24 HOURS.** If a student has any symptoms of a concussion (e.g., headache, feeling sick to his/her stomach) that come back either during activity, or later that day, he/she should stop the activity immediately and rest for a minimum of 24 hours. The student should be seen by a doctor and cleared again before starting the step wise protocol again. The protocol needs to be individualized to the patient--their injury, and the types of activities they are returning to. This protocol is used for all physical activities, including Physical Education classes; therefore, Physical Education teachers should speak with the child's parents in order to determine what kind of participation the child can have in class.

#### **WHEN CAN A STUDENT WITH A CONCUSSION RETURN TO SPORT?**

It is very important that a student not play any sports, including Physical Education class activities if he/she has any signs or symptoms of concussion. The student must rest until he/she is completely back to normal. When he/she has been back to normal and has been seen by a doctor, he/she can then go through the steps of increasing activity described above. When the student has progressed through these steps with no symptoms or problems, and has received clearance from a doctor, he/she may return to play. If you are unsure if a student should participate, remember...**when in doubt, sit them out!**

Reproduced and adapted with permission from Parachute Canada, Concussion Guidelines: Teacher/Coach

## Return To Learn Strategies/Approaches

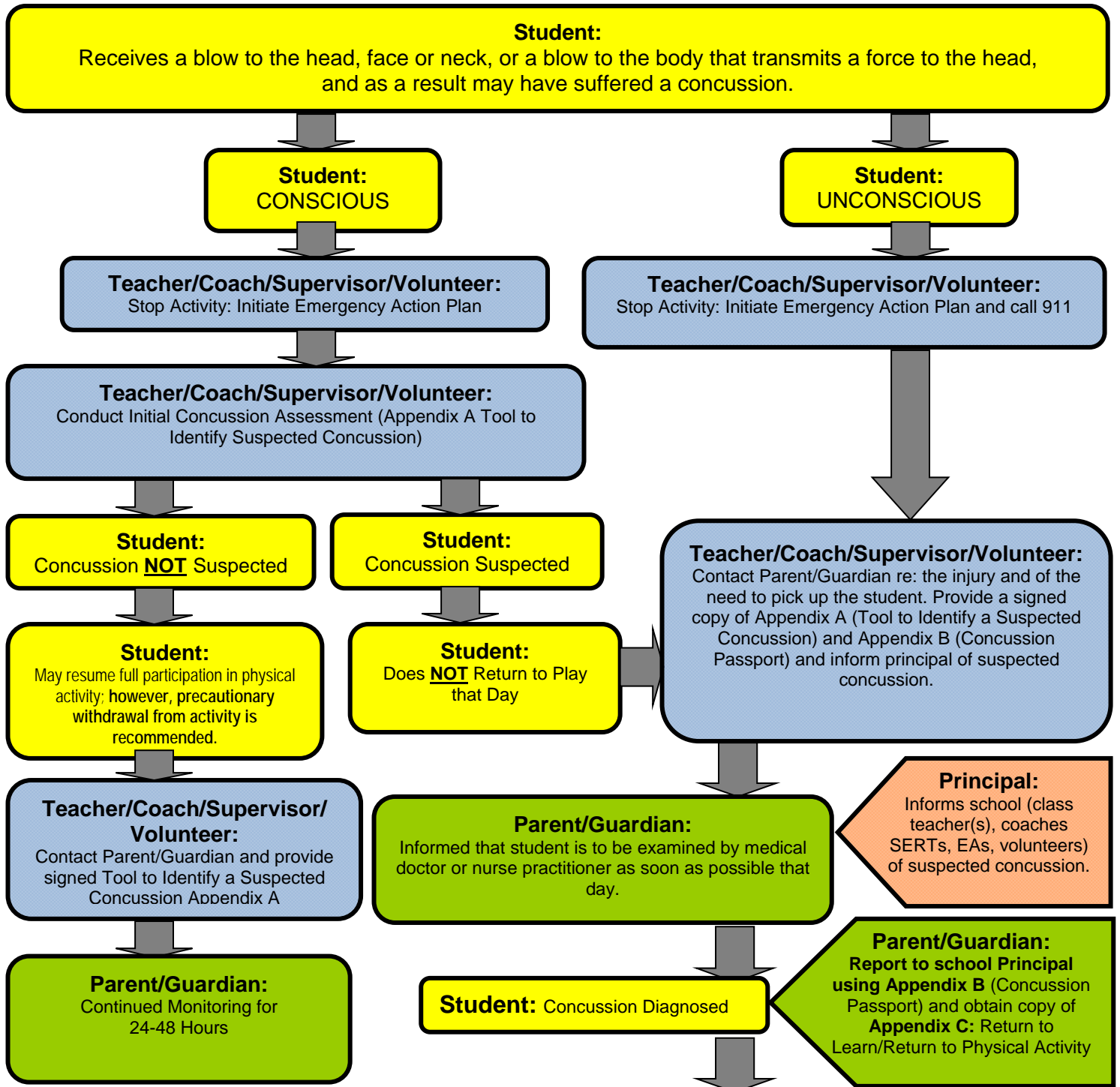
<b>COGNITIVE DIFFICULTIES</b>		
<b>Post-Concussion Symptoms</b>	<b>Impact on Student's Learning</b>	<b>Potential Strategies and/or Approaches</b>
Headache and Fatigue	Difficulty concentrating, paying attention or multi-tasking	<ul style="list-style-type: none"> <li>• ensure instructions are clear (e.g., simplify directions, have the student repeat directions back to the teacher)</li> <li>• allow the student to have frequent breaks, or return to school gradually (e.g., 1-2 hours, half-days, late starts)</li> <li>• keep distractions to a minimum (e.g., move the student away from bright lights or noisy areas)</li> <li>• limit materials on the student's desk or in their work area to avoid distractions</li> <li>• provide alternative assessment opportunities (e.g., give tests orally, allow the student to dictate responses to tests or assignments, provide access to technology)</li> </ul>
Difficulty remembering or processing speed	Difficulty retaining new information, remembering instructions, accessing learned information	<ul style="list-style-type: none"> <li>• provide a daily organizer and prioritize tasks</li> <li>• provide visual aids/cues and/or advance organizers (e.g., visual cueing, non-verbal signs)</li> <li>• divide larger assignments/assessments into smaller tasks</li> <li>• provide the student with a copy of class notes</li> <li>• provide access to technology</li> <li>• repeat instructions</li> <li>• provide alternative methods for the student to demonstrate mastery</li> </ul>
Difficulty paying attention/ concentrating	Limited/short-term focus on schoolwork  Difficulty maintaining a regular academic workload or keeping pace with work demands	<ul style="list-style-type: none"> <li>• coordinate assignments and projects among all teachers</li> <li>• use a planner/organizer to manage and record daily / weekly homework and assignments</li> <li>• reduce and/or prioritize homework, assignments and projects</li> <li>• extend deadlines or break down tasks</li> <li>• facilitate the use of a peer note taker</li> <li>• provide alternate assignments and/or tests</li> <li>• check frequently for comprehension</li> <li>• consider limiting tests to one per day and student may need extra time or to work in a quiet environment</li> </ul>

<b>EMOTIONAL/BEHAVIOURAL DIFFICULTIES</b>		
<b>Post-Concussion Symptoms</b>	<b>Impact on Student's Learning</b>	<b>Potential Strategies and/or Approaches</b>
Anxiety	Decreased attention/concentration  Overexertion to avoid falling behind	<ul style="list-style-type: none"> <li>inform the student of any changes in the daily timetable/schedule</li> <li>adjust the student's timetable/schedule as needed to avoid fatigue (e.g., 1-2 hours/periods, half-days, full-days)</li> <li>build in more frequent breaks during the school day</li> <li>provide the student with preparation time to respond to questions</li> </ul>
Irritable or frustrated	Inappropriate or impulsive behaviour during class	<ul style="list-style-type: none"> <li>encourage teachers to use consistent strategies and approaches</li> <li>acknowledge and empathize with the student's frustration, anger or emotional outburst if and as they occur</li> <li>reinforce positive behaviour</li> <li>provide structure and consistency on a daily basis</li> <li>prepare the student for change and transitions</li> <li>set reasonable expectations</li> <li>anticipate and remove the student from a problem situation (without characterizing it as punishment)</li> </ul>
Light/noise sensitivity	Difficulties working in classroom environment (e.g., lights, noise, etc.)	<ul style="list-style-type: none"> <li>arrange strategic seating (e.g., move the student away from window or talkative peers, proximity to the teacher or peer support, quiet setting)</li> <li>where possible provide access to special lighting (e.g., task lighting, darker room)</li> <li>minimize background noise</li> <li>provide alternative settings (e.g., alternative work space, study carrel)</li> <li>avoid noisy crowded environments such as assemblies and hallways during high traffic times</li> <li>allow the student to eat lunch in a quiet area with a few friends</li> <li>where possible provide ear plugs/headphones, sunglasses</li> </ul>
Depression/withdrawal	Withdrawal from participation in school activities or friends	<ul style="list-style-type: none"> <li>build time into class/school day for socialization with peers</li> <li>partner student with a "buddy" for assignments or activities</li> </ul>

Reproduced and adapted with permission from OPHEA, Ontario Physical Education Safety Guidelines, Appendix C-1 Concussion Management Procedures: Return to Learn - Return to Physical Activity – Return to Learn Strategies/Approaches Table 2, 2013.

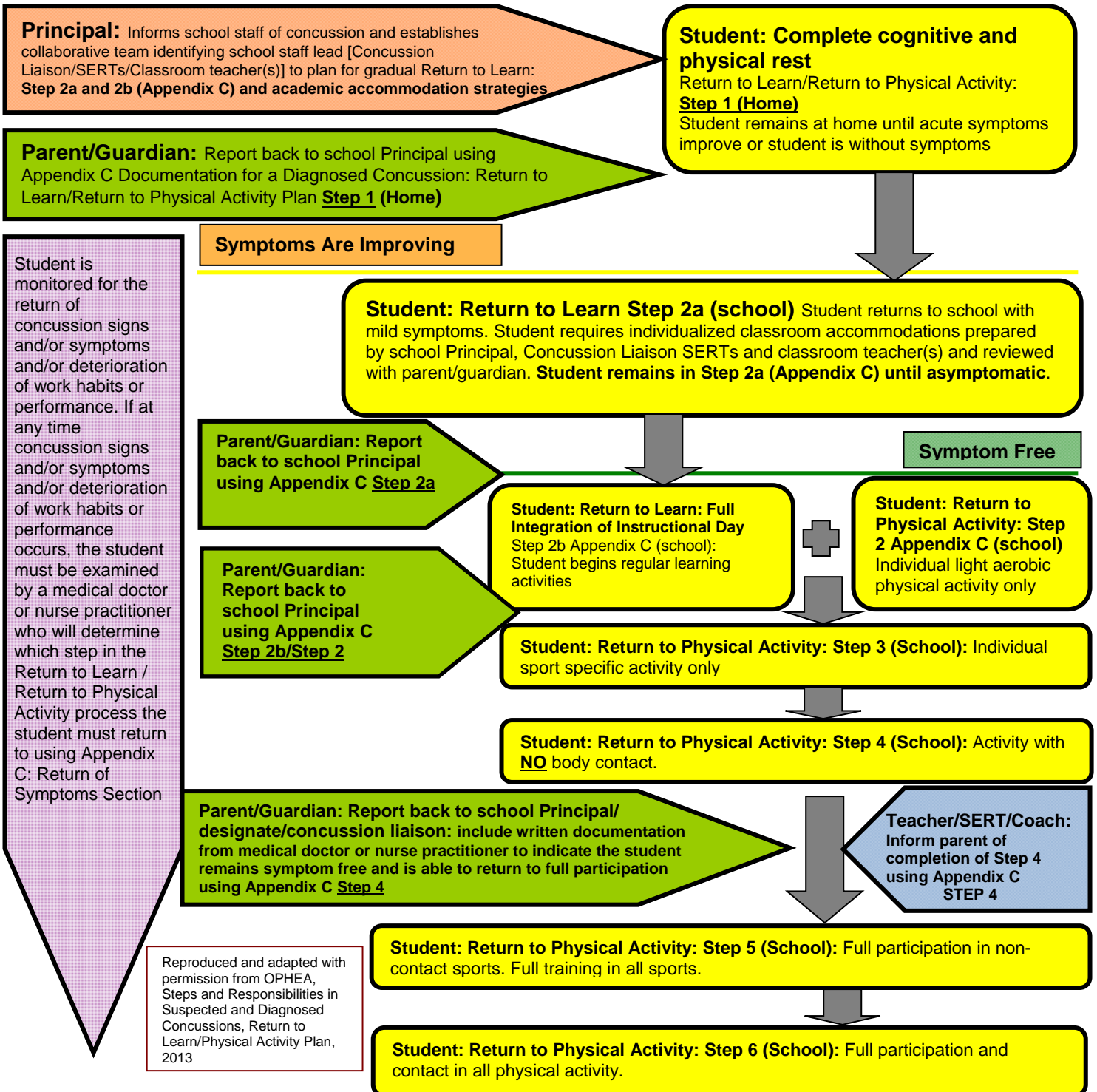


**Concussion Management Flow Chart**  
**Roles and Responsibilities in Suspected and Diagnosed Concussion**



**Signs and/or symptoms present – Each Step is NOT a Day**

**Each Step May Take 24-48 Hours or Longer**



## STAFF AND STUDENTS

### Sample of an Active and Safe Pledge for Student Athletes, Coaches and Parents

Team Name: \_\_\_\_\_

By signing this paper, as a team and as individuals, we pledge:

- To work towards a safer and better sport.
- To be honest with myself and my teammates with regards to signs and symptoms.
- To give 100% commitment to myself, my team and my sport.
- To report any suspected incidence of brain injury or concussion.
- To follow the proper action steps in the incidence of a suspected injury.
- To follow the six steps of the Return-to-Play Guidelines.
- To commit myself to True Sport, ensuring sport can have a positive impact on all.

## Player Code of Conduct

### **Respect yourself:**

- I will wear the proper equipment and wear it correctly.
- I will develop my skill and body strength so that I can play the game to the best of my abilities.
- I understand that a concussion is a serious brain injury that has both short- and long-term effects.
- I understand that I don't need to lose consciousness to have had a concussion.
- I understand that any blow to the head, face, or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion.
- I understand that if I suspect I might have a concussion, I should stop playing the sport immediately.
- I understand that continuing to play with a suspected concussion increases my risk of more severe, longer lasting concussion symptoms, as well as increases my risk of other injury.
- I will not hide my symptoms. I will tell my coach, trainer, parent, or other responsible person if I am concerned that I have had a concussion and/or experience any signs and symptoms of concussion following a collision.
- I understand I will not be able to return to play following a collision where I experience signs and symptoms of concussion.
- I understand I will have to be cleared by a physician or qualified medical professional, preferably one with experience in concussion management, prior to returning to play.
- I understand I will have to follow the 6-step Return to Learn/Return to Play guidelines when returning to activity.

### **Respect Others:**

- I will respect the rules of the game.
- I will respect my opponents and play fair.
- I will not fight or attempt to injure anyone on purpose.
- I will respect my coaches, trainers, parents and the medical professionals and any decisions made with regards to my health and safety.

Team: \_\_\_\_\_

Player: \_\_\_\_\_

Parent/Caregiver: \_\_\_\_\_

Coach: \_\_\_\_\_

Date: \_\_\_\_\_