



Northeastern Catholic District School Board

STUDENT CONCUSSION

Administrative Procedure Number: APE024

POLICY STATEMENT

The Northeastern Catholic District School Board (NCDSB) is committed to protecting students engaging in school activities, sports and health and physical education classes from the potentially serious, long-term and harmful effects of concussions. The Board will also ensure that students who sustain concussions are not returning to play or learn too soon, risking further complications.

REFERENCES

Education Act

PPM 158: *School Board Policies on Concussion*

Ontario Physical & Health Education Association (OPHEA) Concussion Protocol

Ministry of Education – Concussion Awareness Resources

Ontario School Board Insurance Exchange (OSBIE)

NCDSB Policy E-38 Student Concussion

NCDSB Policy P-4 Personal Information Management

NCDSB Generic Retention Records Schedule

DEFINITIONS

Concussion

A brain injury that causes changes in the way in which the brain functions and that can lead to symptoms that can be physical (*headache, dizziness*), cognitive (*difficulty in concentrating or remembering*), emotional/behavioural (*depression, irritability*) and/or related to sleep (*drowsiness, difficulty falling sleep*).

May be caused either by a direct blow to the head, face, or neck or by a blow to the body that transmits a force to the head that causes the brain to move rapidly within the skull.

PROCEDURES

1.0 CONCUSSION AWARENESS STRATEGIES AND TRAINING

- 1.1 All staff will participate in annual training requirements using the Board's online training tool.
- 1.2 Staff will be required to review the approved resources for concussions, along with the NCDSB policy and attendant procedures.

- 1.3 The principal will meet with school-based coaches at least one time annually to further review the signs of concussion and the related procedures for reporting and return to play provisions.
- 1.4 Approved ministry and/or NCDSB resources will be made available to students, staff, and community stakeholders for ongoing reference and use.
- 1.5 All students who participate in school-based activities will receive information, at least one time annually, to build concussion awareness. A form will be signed by the student and stored at the school, acknowledging their review of these resources and the NCDSB Concussion Code of Conduct. (Appendix A & B)
- 1.6 Wherever possible, classroom educators will connect student learning about concussions with the curriculum, where relevant.
- 1.7 All NCDSB schools will recognize and participate in Rowan's Law Day, which occurs on the last Wednesday in September.

2.0 CONCUSSION PREVENTION STRATEGIES

- 2.1 A Concussion Code of Conduct will be adopted to help minimize the risk of concussion. The requirements include, but are not limited to:
 - i) Maintaining a safe learning environment;
 - ii) Teaching and/or learning and applying the rules of a physical activity/sport;
 - iii) Implementing the skills and strategies for a physical activity in proper progression;
 - iv) Fair play and respect for all;
 - v) Acknowledging and respecting the consequences for prohibited play that is considered high-risk for causing concussions;
 - vi) Providing opportunities to discuss potential issues related to concussions;
 - vii) Recognizing and reporting concussions;
 - viii) Acknowledging the importance of communication between the student, parents, school staff, and any sport organization with which the student is registered;
 - ix) Supporting the implementation of a Return to School Plan for students who have a concussion diagnosis;
 - x) Prioritizing a student's return to learning as part of the Return to School Plan.
- 2.2 The Concussion Code of Conduct will be available online, via the Board's website.
- 2.3 The principal will receive and file signed copies of the Concussion Code of Conduct at least one time annually by students participating in a board-sponsored interschool sport, the parents/guardians of students under the age of 18 years old who are participating in a board-sponsored interschool sports, and NCDSB coaches.

3.0 IDENTIFICATION OF A SUSPECTED CONCUSSION

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

- a) Stop the activity immediately and when safe to do so, remove the student from the activity or game;
- b) Assess the student for signs and symptoms of a concussion and perform a Quick Memory Function Assessment (Appendix C);
- c) If signs of concussion are not observed, no symptom(s) are reported and the student passes the Quick Memory Function Assessment;
 - i) The student may return to physical activity at the discretion of the teacher/coach/supervisor.
 - ii) The parent/guardian (or emergency contact) must be informed of the incident by the teacher/coach/supervisor on the day of the incident.
- d) If sign(s) of concussion are observed and/or symptom(s) are reported and/or the student fails the Quick Memory Function Assessment (Appendix C), medical attention may be required. The teacher/coach/supervisory will:
 - i) Determine whether medical attention is needed immediately;
 - ii) Contact the parent/guardian (or emergency contact) to inform them of the incident, request that the student be picked up immediately and encourage them to have the student examined by a medical doctor or nurse practitioner as soon as possible;
 - iii) Monitor and document any changes in the student (physical, emotional, behavioural, cognitive);
 - iv) Not administer any medications to treat the suspected concussion, except where required for other known conditions;
 - v) Stay with the student until his/her parent/guardian (or emergency contact) arrives. The student must not leave the premises without parent/guardian (or emergency contact) supervision. Provide a copy of the related documentation from the Quick Memory Function Assessment to the parent/guardian, as well as a copy of Appendix D – *Documentation of Medical Examination* for completion by a physician or nurse practitioner.
 - vi) Once the immediate medical needs of the student have been met, inform the School Principal, and ensure the completion of an Ontario School Boards' Insurance Exchange (OSBIE) Incident Report.

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

- a) Stop the activity immediately and call 911. Do not move the student and do not remove athletic equipment unless the student is having difficulty breathing.
- b) Stay with the student until emergency medical services arrive.
- c) Contact the student's parent/guardian (or emergency contact) to inform them of the incident and that emergency medical services have been contacted.
- d) Monitor and document any changes in the student (physical, cognitive, emotional, behavioural).

- e) Do not administer any medications related to the suspected concussion, unless required for another condition.
- f) Once the immediate medical needs of the student have been met, inform the School Principal, and ensure the completion of an Ontario School Boards' Insurance Exchange (OSBIE) Incident Report.

3.3 When a student has incurred a concussion or a suspected concussion, he/she must be seen by a physician or nurse practitioner prior to returning to school.

3.4 Active and ongoing communication strategies must be employed between the school, the parents/guardians, and student throughout all stages of student concussion.

4.0 RETURN TO LEARN / RETURN TO PLAY

4.1 The NCDSB will use the following Return to School strategy, a multi-step process as established by OPHEA and outlined below.

4.2 The process is individualized and gradual to meet the particular needs of the student. There is no pre-set formula for developing strategies to assist a student with a concussion to return to learning/play.

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

RETURN TO LEARN	
Step 1	<ul style="list-style-type: none"> • Rest, with limited cognitive and physical activity. • This means limited television, computer use, texting, video games, or reading. • The student does not attend school during Step 1. • Step 1 continues for a minimum of 24 hours and until the student’s symptoms/signs begin to improve or the student is symptom/sign free. • Step 1 for a student with a diagnosed concussion is the same for Return to Learn and Return to Play.
Step 2	<p><i>Symptoms of Concussion are improving.</i></p> <ul style="list-style-type: none"> i) During this step, the student requires individualized classroom strategies and/or approaches to return to full learning activities. These will need to be adjusted as recovery occurs. ii) At this step, the student’s cognitive activity should be increased slowly (both at school and at home) because the concussion may affect his/her academic performance. <p>NOTE: Cognitive activities can cause a student’s concussion symptoms to reappear, or worsen.</p>
Step 3	<p><i>Student is symptom-free</i></p> <ul style="list-style-type: none"> • Student begins regular learning activities without any individualized classroom strategies and/or approaches. Even when students are symptom-free, they should continue to be closely monitored to see if symptoms/signs return and/or there is a deterioration or work habits or performance.

RETURN TO PLAY	
Step 1	<ul style="list-style-type: none"> • Rest, with limited cognitive and physical activity. • This means limited television, computer use, texting, video games, or reading. • The student does not attend school during step 1. • Step 1 continues for a minimum of 24 hours and until the student’s symptoms/signs begin to improve or the student is symptom/sign-free. <p>NOTE: Step 1 for a student with a diagnosed concussion is the same for Return to Learn and Return to Play.</p>
Step 2	<ul style="list-style-type: none"> • Individual, light aerobic physical activity only – such as walking or stationary cycling.
Step 3	<ul style="list-style-type: none"> • Individual activity related to specific sports – such as skating in hockey, running in soccer. • No body contact.
Step 4	<ul style="list-style-type: none"> • Activities where there is no body contact, such as progressive resistance training, non-contact practice and progression to more complex training drills – such as passing drill in football and ice hockey. <p>NOTE: Clearance by a medical doctor or nurse practitioner is required before progressing to step 5 of this protocol.</p>
Step 5	<ul style="list-style-type: none"> • Full participation in regular physical activity in non-contact sports following medical clearance. • Full training/practice for contact sports.
Step 6	<ul style="list-style-type: none"> • Full participation in contact sports.

- 4.4 When a student has suffered a concussion (whether at school or elsewhere), and is ready to return to school on a full or part-time basis:
- a) The Principal will obtain the appropriate medical documentation in accordance with these procedures (APPENDIX E). The Principal will work the parents, staff, and student to ensure that an appropriate Return to School strategy is in place.
 - b) The Principal may designate a staff member(s) to monitor and communicate with the student, family, and staff to coordinate support for the student’s Return to School.
 - c) The Principal or designate shall ensure that the teaching staff involved with the student are informed of the Return to School Plan and the need for possible accommodations. Staff can also help by observing changes in a student, including symptoms that may be worsening.
 - d) The classroom teacher(s) shall implement any educational accommodations (as deemed appropriate by the Principal or designate) as the student suffering from a concussion returns to school.
 - e) In consultation with the school-based team, when appropriate, the Principal may direct further supports for the student or that an Individual Education Plan be developed for a student who is suffering from a concussion.
 - f) The Principal or designate shall liaise with the student, staff, and parents to monitor the Return to School Plan and adjust accommodations as required until the student has successfully resumed normal activity.

- g) At any time during the Return to School Plan, the student and/or parent/guardian must advise the school if the student experiences a return of any concussion symptoms so that the plan may be modified accordingly and where appropriate, a medical examination may be required.

5.0 CONCUSSION TRACKING AND REPORTING

- 5.1 Principals will be responsible to ensure that staff document and track a student's progress, from removal from an activity due to a suspected concussion, to the return, through gradual steps, to learning and physical activity.
- 5.2 The above will include but is not limited to, proper collection and retention of all related documents of this procedure, medical notes, and return to learn/play plans are stored in the Documentation File of the Ontario Student Record (OSR) in accordance with the appropriate personal information retention policy and procedure.
- 5.3 Information may be stored on the student information system of the NCDSB as well, in accordance with the provisions of personal information management.

6.0 RELATED FORMS AND DOCUMENTS

- FORM: Student-Athlete and Parent/Guardian Review of Concussion Awareness Resources
FORM: Concussion Code of Conduct
FORM: Quick Memory Function Assessment
FORM: Documentation of Medical Examination
FORM: Return to Learn/Return to Play Activity Plan
GRAPHIC/POSTER: Concussion Return to Work/Play Protocol - Graphic

Director of Education: *Tricia Stefanie Welty*

Date: **March 2020**