



## Concussion Protocol Procedure Administrative Procedure 8.15

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### Board Governance Policy Cross Reference:

**Reference:** Pembina Trails SD Concussion Protocol; Winnipeg SD Concussion Protocol; Canadian Guideline on Concussion in Sport; Mayo Clinic on-line resources

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**Date Adopted:** May 2019

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**Date Amended:** October 2020

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As the medical and sports communities learn more about concussions and their short and long - term implications, schools need to respond accordingly.

The Division acknowledges the serious nature of a concussion and how physical activity and cognitive activity during the recovery period may impact the student.

### CONCUSSION PROTOCOL

When any school staff member, coach or volunteer becomes aware that a student has suffered a head injury, they need to remove student from play / activity.

#### SIGNS AND SYMPTOMS OF A CONCUSSION MAY INCLUDE:

- headache or a feeling of pressure in the head
- temporary loss of consciousness
- confusion or a “foggy” feeling
- amnesia surrounding the event
- dizziness or "seeing stars"
- ringing in the ears
- nausea
- vomiting
- slurred speech
- delayed response to questions
- appearing dazed
- fatigue

Other symptoms may be delayed for hours or days after injury, such as

- irritability and other personality changes
- sensitivity to light and noise
- sleep disturbances
- concentration and memory complaints
- psychological adjustment problems and depression
- disorders of taste and smell

If student shows ***no visual signs of a concussion*** and the student reports no concussion symptoms,

- the student may be returned to play/activity
- decision to return student to play/activity may be delayed, and the student monitored for delayed symptoms
- inform classroom teacher(s) of injury
- inform parents/guardians of injury
- complete accident report (See ***Procedure 8.13 Accidents Students and 8.13A Student Accident Incident Report***).

If student ***shows any signs or symptoms of a concussion***,

- contact parents/guardians immediately
- determine urgency for medical assessment (calling for an ambulance or parents taking son/daughter to doctor/ER)
- complete accident report (See ***Procedure 8.13 Accidents Students and 8.13A Student Accident Incident Report***).

#### **POST MEDICAL ASSESSMENT:**

After student visits a hospital or medical practitioner, the school needs information on how to best follow up. The doctor should provide a note to parents/guardians indicating one of the following:

- patient has *not* been diagnosed with a concussion and can resume full participation in schoolwork and sports
- patient has *not* been diagnosed with a concussion but has certain limits / recommendations as outlined
- patient has been diagnosed with a concussion and a ***Post – Concussion Return Process*** has been established

See: *Canadian Guideline on Concussion in Sport: Medical Assessment Letter* (sample)

- in the absence of a doctor's note, school staff will exercise caution and continue monitor student for any delayed symptoms
- this *may* also include limiting or providing alternate recess, gym time, school sports events, etc. until a doctor's note is provided that clears the student for full school activity involvement or parent(s)' consent to full school activity involvement

## POST CONCUSSION RETURN PROCESS:

1. The school will follow a **Post - Concussion Return Process**. This process is the responsibility of the student, parent(s), school and doctor. Decision making lies mainly with the doctor and parents, but the school must share observations and voice any concerns so that the best decisions can be made.
2. An informal in school **Health Care Plan** will need to be developed based on information communicated to the school by parent/guardian. The Principal (or designate) shall inform all teachers who work with the student of the injury and share plan with them.
3. This process will serve to assist the student with a gradual return to full school involvement.
4. Parents shall be in **regular contact** with Principal (or designate) until the student reaches the level of full school re-engagement; this may involve daily or weekly check – ins between home and school depending on what step student is at.
5. The student's doctor may be monitoring recovery closely and advise parents/school when to move onto next step. If there is limited involvement from a doctor, school and home need to share observations/concerns, before parent makes decision around proceeding to next step.
6. Parents can be provided with a copy of the **Post - Concussion Return Process** to assist them in making these decisions.
7. Any changes to the student's health plan need to be authorized by parents, documented and communicated to all involved.
8. Schools are responsible for making the appropriate accommodations as informed by doctor.
9. Full re-engagement in school activities requires medical clearance. A note must come from medical practitioner stating that student has been medically cleared to fully participate in school work and sports.  
*See: Canadian Guideline on Concussion in Sport: Medical Clearance Letter (sample)*

## POST - CONCUSSION RETURN PROCESS

**Notes:**

- depending on the severity and type of symptoms present, students will progress through the following stages at different rates
- most children and adolescents who sustain a concussion while participating in sport will make a complete recovery and be able to return to full school (academics and sports) within one to four weeks of injury
- however, approximately 15 to 30% of individuals will experience symptoms that persist beyond this time frame
- each student's return process is different
- student needs to be symptom free for a period of 24 hours before advancing from one step to the next
- making this decision involves input from student, parent, school, doctor
- if the student experiences new symptoms or worsening symptoms at any stage, student should go back to the previous stage

<b>Step One</b>	<p>Implemented once concussion is confirmed.</p> <p>The student should not return to school until symptom free for a 24 - hour period.</p> <p>This step usually means.....</p> <ul style="list-style-type: none"> <li>- no academic related activities</li> <li>- full rest</li> <li>- all stimuli (e.g. auditory, visual, cognitive) are limited to tolerance; this includes computers, cell phones, television</li> <li>- exceeding limits may impede recovery</li> <li>- physical activity is restricted and limited to tolerance</li> <li>- this may range from complete rest to light walking</li> </ul>
<b>Step Two</b>	<p>Involves a gradual return to school activity with limits and restrictions on cognitive and physical activity.</p> <p>This step usually means.....</p> <ul style="list-style-type: none"> <li>- light academic involvement</li> <li>- limited attendance (e.g. 1-2 hours /day) to tolerance</li> <li>- academic work that requires only light focus or concentration</li> <li>- student working under supervision; in classroom or library</li> <li>- restricted cognitive stress (e.g. no testing or evaluations)</li> <li>- light aerobic activity to very light to moderate aerobic activity (e.g. walking, stationary bike, slow jog) to tolerance</li> <li>- &lt; 70% maximum heart rate</li> </ul>

<b>Step Three</b>	Involves a continuation of the gradual return to academic and physical involvement with increasing time on task and levels of physical exertion.
<b>Step Four</b>	<p>Involves the student taking part in full day involvement both academically and physically. Some limitations may still need to be considered and only non-contact activities should be attempted.</p> <p>This step usually means.....</p> <ul style="list-style-type: none"> <li>- increasing academic involvement</li> <li>- increasing attendance (e.g. 50% to 75% days to full days)</li> <li>- student working under supervision in either classroom or library</li> <li>- gradually increasing time on task</li> <li>- restricted cognitive stress (e.g. no testing or evaluations)</li> <li>- sport-specific training: light to somewhat hard aerobic activity (e.g. skating, running) to tolerance</li> <li>- gradual increase in activity time</li> </ul>
<b>Step Five</b>	<p><b>Full re-engagement in school activities requires medical clearance. A note must come from medical practitioner.</b></p> <p>Monitoring of symptoms may still be required in this step.</p> <p>This step usually means.....</p> <ul style="list-style-type: none"> <li>- student will return to the classroom with adaptations in place related to loud noises, excessive visual stimulation, restricted physical activities</li> <li>- regular academic involvement</li> <li>- full-time attendance</li> <li>- student should have the opportunity to return to the library under supervision for periods of time if symptoms return</li> <li>- testing allowed with adaptations as deemed appropriate (e.g. extra time; multiple, shorter chunks)</li> <li>- restricted to non-contact activities; may include light resistance training</li> <li>- can attend and take part in practice to tolerance</li> <li>- practice with contact only allowed once medical clearance given</li> </ul>
<b>Step Six</b>	<p>Involves no further precautions.</p> <p>This step usually means.....</p> <ul style="list-style-type: none"> <li>- student returns to full program with no restrictions</li> <li>- full-time attendance</li> <li>- teacher will continue to monitor student performance</li> <li>- activity: student may return to competition / full game play</li> </ul>

## CONCUSSION EDUCATION:

Despite increased attention focusing on concussion there is a continued need to improve concussion education and awareness.

Optimizing the prevention and management of concussion depends highly on **annual** education of all sport stakeholders at the school (students, parents, coaches, teachers) on current evidence-informed approaches that can prevent concussion and more serious forms of head injury and that will help identify and manage a student with a suspected concussion.

Concussion education should include information on:

- the definition of concussion
- possible mechanisms of injury
- common signs and symptoms
- steps that can be taken to prevent concussions and other injuries from occurring in sport
- what to do when a student has suffered a suspected concussion or more serious head injury
- what measures should be taken to ensure proper medical assessment
- ESD's **Post - Concussion Return Process** and clearance requirements

Education Resources:

- Canadian Guideline on Concussion in Sport
- Canadian Guideline on Concussion in Sport Pre - Season Concussion Education Sheet
- **HEADS UP Concussion in Youth Sports** is a free, online course and resource created by the Center for Disease Control and National Center for Injury Prevention and Control. It was developed to help ensure the health and safety of young athletes and provides important information on preventing, recognizing, and responding to a concussion to coaches, parents and athletes involved in youth sports. ESD staff, coaches and volunteers involved in youth sports are highly encouraged to take this course. <https://www.cdc.gov/headsup/youthsports/index.html>
- **parachute.org** (a charity dedicated to injury prevention)
- **SCHOOLFirst** website at [schoolfirstconcussion.ca](http://schoolfirstconcussion.ca) is a new resource put together by Holland Bloorview Kids Rehabilitation Hospital, the University of Toronto, Parachute, the York Region District School Board and Public Health Agency of Canada and will help schools understand their role in supporting students to successfully return-to-school.