

Concussion Procedure

RATIONALE:

Hamilton-Wentworth District School Board (HWDSB) recognizes the importance of health, safety and overall well-being of its students and is committed to taking steps to reduce the risk of injury.

The Board recognizes that children and adolescents are among those at greatest risk for concussions and that while there is potential for a concussion any time there is body trauma, the risk is greatest during activities where collisions can occur, such as during physical education classes, playground time, or school-based sports activities.

Research demonstrates that concussions can significantly impact a student's cognitive abilities, and their physical and emotional health. Close monitoring and proper management of a concussion ensures the best outcome for the student's return to school and then physical activity.

Increasing awareness of conditions to prevent and identify symptoms related to concussions will support the proper management of concussions, reducing increased risk.

TERMINOLOGY:

Concussion: Is the term for a clinical diagnosis that is made by a medical doctor or a nurse practitioner. Educators, school staff, or volunteers cannot make the diagnosis of concussion. The definition of concussion below is adapted from the definition provided in the concussion protocol in the Ontario Physical Education Safety Guidelines.

A concussion:

- is a brain injury that causes changes in the way in which the brain functions and that can lead to symptoms that can be physical, such as: headache, dizziness, cognitive (e.g., difficulty in concentrating or remembering); emotional/behavioural (e.g., depression, irritability); and/or related to sleep (e.g., drowsiness, difficulty in falling asleep)
- 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;
- can occur even if there has been no loss of consciousness (in fact most concussions occur without a loss of consciousness); and
- cannot normally be seen by means of medical imaging tests, such as x-rays, standard computed tomography (CT) scans, or magnetic resonance imaging (MRI) scans.

Concussion Liaison: The Principal, in collaboration with members of the collaborative team, who is responsible for monitoring the student's Return to Participation/Return to Learn Plan on an on-going basis.

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PROCEDURES:

1.0 Responsibilities

1.1 Superintendent of Student Achievement will:

- 1.1.1 Perform an annual review of the Concussion Procedure to ensure guidelines align with current best practice recommendations and, at a minimum, OPHEA concussion guidelines.
- 1.1.2 Create a Concussion Board report to be completed by school Principals, to track student concussions and record staff concussion education.
- 1.1.3 Review Concussion Board reports annually to ensure compliance with and effectiveness of the Procedure.
- 1.1.4 Ensure concussion education is made available to all school personnel and volunteers.
- 1.1.5 Implement concussion awareness and education strategies for students and their parents/guardians.
- 1.1.6 Provide support to schools and staff to ensure enforcement of Return to Participation and Return to Learn guidelines and Board Concussion Procedure.
- 1.1.7 Ensure that all board staff, including volunteers, involved in physical activity education and supervision (includes but not limited to: recess supervision, curricular, interschool, and intramural physical activity, before and after school care), are trained to recognize signs and symptoms of a suspected concussion and what immediate action to take.
- 1.1.8 Ensure that information on the Concussion Procedure is shared with the school community, including organizations that use the school facilities, such as community sports organizations and licensed child-care providers operating in schools of the Board.
- 1.1.9 Ensure each elementary and secondary school implements the Return to Participation and Return to Learn plans where required.

1.2 Principal will:

- 1.2.1 Abide by the Concussion Procedure.

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- 1.2.2 Ensure staff, volunteers, parents/guardians, and students are aware of the Concussion Procedure and understand their roles and responsibilities.
- 1.2.3 Ensure the Concussion Procedure is followed by all school staff (including occasional/support staff, recess supervisors), parents/guardians, students, and volunteers.
- 1.2.4 Arrange for concussion in-servicing for staff and coaching volunteers, and repeat as necessary.
- 1.2.5 Ensure the Concussion Recognition Tool is included in occasional teacher lesson plans and field trip folders.
- 1.2.6 Share concussion information with students and their parents/guardians.
- 1.2.7 Ensure OPHEA safety guidelines are being followed.
- 1.2.8 Work as closely as possible with students, parents/guardians, staff, volunteers, and health professionals to support concussed students with their recovery and academic success.
- 1.2.9 Maintain up to date emergency contact and telephone numbers.
- 1.2.10 Complete concussion Board Report Concussion/Brian Injury Identification Tool as each injury occurs or each term/semester.
- 1.2.11 Attempt to obtain parental/guardian cooperation in reporting all non-school related concussions.
- 1.2.12 Ensure concussion information is readily available to all school staff and volunteers.
- 1.2.13 Ensure that all incidents or suspected incidents are recorded, reported and filed as required by this Procedure as appropriate, and with an OSBIE incident report form.
- 1.2.14 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) considering Return to Learn Strategies/Approaches to modify their programs.
- 1.2.15 Approve any adjustments to the student's schedule as required.
- 1.2.16 Alert appropriate staff about students with a suspected or diagnosed concussion.

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- 1.2.17 Prior to student return to school, ensure completion and collection of the following documentation:
 - Documentation of Medical Examination Form
 - Documentation for a Diagnosed Concussion – Return to Participation/Return to Learn
- 1.2.18 File above documents when/if completed in student's OSR and provide copy to appropriate school staff.
- 1.2.19 Once concussion is medically diagnosed, Principal and staff member, (teacher can provide observations/student input from class settings), to act as the student's liaison to ensure adequate communication and coordination of their needs.
- 1.2.20 Oversee Parent Sport Risk Consent Form is distributed to all staff and remind all staff that form must be completed prior to student participation in physical education class, school sports and school intramural programs.
- 1.3 School Staff (Includes administration staff, teaching staff, support staff, coaches, volunteers, etc.) will:
 - 1.3.1 Understand and follow Concussion Procedure.
 - 1.3.2 Attend and complete concussion training (e.g. staff meeting, online, workshop, compliance training sessions, read concussion package, etc.) as part of the annual compliance training.
 - 1.3.3 Ensure teachers/ coaches review concussion information prior to try-outs.
 - 1.3.4 Ensure that the Parent Sport Risk Consent is distributed, completed and signed by parent prior to student participation in a sport or sport try-out.
 - 1.3.5 Ensure age-appropriate concussion education, including prevention and awareness of hard hit impact, is included for all students participating in activities that could result in a concussion. Have students complete and discuss player or athlete code of behavior.
 - 1.3.6 Be able to recognize signs, symptoms and respond appropriately in the event of a concussion. See Concussion/Brain Injury Identification Tool.
 - 1.3.7 Follow current OPHEA safety guidelines and implement risk management and injury prevention strategies.
 - 1.3.8 Make sure that occasional teaching staff are updated on concussed student's condition.

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1.4 Parents/Guardians will:

- 1.4.1 Review with your child the concussion information found in student agenda/handbook as well as information that is distributed through the school (e.g. recognizing signs and symptoms of concussion)
- 1.4.2 Reinforce concussion prevention strategies (e.g. Player Code of Behaviour), with your child.
- 1.4.3 Understand and follow parents/guardian roles and responsibilities in the Concussion Procedure, including reporting non-school related concussions to the school.
- 1.4.4 In the event of a suspected concussion, ensure child is assessed as soon as possible by physician/nurse practitioner, on the same day.
- 1.4.5 Cooperate with school to facilitate Return to Participation and Return to Learn.
- 1.4.6 Follow physician/nurse practitioner recommendations to promote recovery.
- 1.4.7 Be responsible for the completion of all required documentation.
- 1.4.8 Support your child's progress through recommended Return to Participation and Return to Learn guidelines.
- 1.4.9 Collaborate with school to manage suspected or diagnosed concussions appropriately.
- 1.4.10 Report non-school related concussion to Principal (Return to Participation/Return to Learn guidelines will still apply).
- 1.4.11 Recognize the importance of managing concussions.

1.5 Students will:

- 1.5.1 Learn about concussions and how concussions can occur, including prevention strategies, events that can cause concussions, signs and symptoms, concussion management and student roles and responsibilities, throughout applicable curriculum.
- 1.5.2 Immediately inform school staff of suspected or diagnosed concussions occurring during or outside of school.

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- 1.5.3 Inform school staff if you experience any concussion related symptoms (immediate, delayed or reoccurring).
- 1.5.4 Remain on school premises until parent/guardian arrives if concussion is suspected.
- 1.5.5 Communicate concerns and challenges during recovery process with staff concussion liaison, school staff, parents/guardians, and health care providers.
- 1.5.6 Complete Player Code of Conduct.
- 1.5.7 Follow concussion management strategies as per medical doctor/nurse practitioner direction and Return to Participation/Return to Learn guidelines.
- 1.6 Physician and/or other health care professionals, may:
 - 1.6.1 Assist in the development of an individualized academic and physical concussion management plan.
 - 1.6.2 Monitor recovery process and modify concussion management plan as required.
 - 1.6.3 Complete required documentation.
 - 1.6.4 If symptom(s) persist beyond 10 days, referral may be made to brain injury specialist.
 - 1.6.5 Assist the board to develop a communication strategy for primary care providers to ensure understanding of the Board's Concussion Procedure.

2.0 Information about Concussions

- 2.1 A concussion:
 - 2.1.1 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).
 - 2.1.2 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.
 - 2.1.3 Can occur even if there has been no loss of consciousness (in fact most concussions occur without a loss of consciousness).

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2.1.4 Cannot be seen on X-rays, standard CT scans or MRIs.

2.1.5 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.

- 2.2 Due to their developing brain and risk-taking behavior, children and adolescents are more susceptible to concussion and take the longest to recover. 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. It is equally important to help students as they "return to learn" in the classroom as it is to help them "return to participation." Without identification and proper management, a concussion can result in permanent brain damage and in rare occasions, even death.
- 2.3 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.
- 2.4 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 Return to Participation/Return to Learn 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 is essential for the successful recovery of the student.

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3.0 Signs and Symptoms of a Concussion

3.1 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. It is important to observe for **one** or more of the signs or symptoms of a concussion, which may take hours or days to appear. Review Concussion/Brain Injury Identification Tool for a list of common signs and symptoms and complete this form. Concussion Recognition Pocket Tool is a pocket-sized tool that can also be used to identify a suspected concussion when access to the Concussion/Brain Injury Identification Tool is not convenient (e.g. on the field).

3.2 Note:

- 3.2.1 Signs and symptoms may be different for everyone.
- 3.2.2 Signs and symptoms can appear immediately after the injury or may take hours or days to emerge.
- 3.3.3 Concussion symptoms for younger students may not be as obvious compared to older students.
- 3.3.4 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.
- 3.3.5 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.
- 3.3.6 If student loses consciousness or signs or symptoms worsen, the adult on site calls 911.

4.0 Procedures

4.1 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, a blow to the body that transmits a force to the head, or any hard hit or severe blow to the head.

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5.0 Steps and Responsibilities in Suspected and Diagnosed Concussions

5.1 For a simplified version of roles and responsibilities in suspected and diagnosed concussion, see Concussion Management Flow Chart: Roles and Responsibilities in Suspected and Diagnosed Concussions.

5.2 Unconscious Student (or when there was any loss of consciousness)

5.2.1 Initial Response by School:

Action	Responsibility
1. Stop the activity immediately - assume concussion.	Supervising School Staff/Volunteers
2. Initiate School Emergency Action Plan (e.g., call to first aid staff) and call 911. Assume neck injury. Only if trained, immobilize student. <u>DO NOT</u> move the student or remove athletic equipment unless 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 Identification Tool and, if present, provide duplicate copy to parent/guardian retaining a copy.	Supervising School Staff/Volunteers
8. If present, provide the parent/guardian a copy of Documentation of Medical Examination and inform parent/guardian that form needs to be completed and submitted to Principal prior to student's return to school.	Supervising School Staff/Volunteers

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Action	Responsibility
9. Complete Board injury report, inform Principal of suspected concussion, and forward copy of the completed and signed Concussion/Brain Injury Identification Tool.	Supervising School Staff/Volunteers
10. Ensure student is examined by a medical doctor or nurse practitioner as soon as possible that day.	Parent/ Guardian/Emergency Contact
11. Once medical diagnosis is made, complete Return to Participation, parent returns completed and signed document to school Principal prior to student's return to school.	Parent/Guardian
12. Inform all school staff (e.g. classroom teacher, SERTs, physical education teachers, intramural supervisors, recess supervisors, coaches) and volunteers who work with the student of the suspected concussion.	Principal
13. 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 school Principal.	Principal

5.3 Conscious Student

5.3.1 Initial Response By School:

Action	Responsibility
1. Stop the activity immediately.	Supervising School Staff/Volunteers
2. Initiate school Emergency Action Plan.	Supervising School Staff/Volunteers
3. When safe to do so, remove student from current activity/game.	Supervising School Staff/Volunteers
4. Conduct an initial concussion assessment of the student using Concussion/Brain Injury Identification Tool (or pocket CRT).	Supervising School Staff/Volunteers

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5.4 If Concussion Is Suspected – If In Doubt, Sit Them Out

Action	Responsibility
1. Suspect the possibility of a concussion if there is a direct blow to the head, face, neck, or body.	Supervising School Staff/Volunteers
2. Do not allow student to return to play in the activity, game or practice that day even if the student states she/he is feeling better.	Supervising School Staff/Volunteers
3. Contact the student's parent/guardian (or emergency contact) to inform them: <ul style="list-style-type: none"> • Of the incident • That they need to come and pick up the student • That the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day. 	Supervising School Staff/Volunteers
4. Monitor and document any changes (i.e. physical, cognitive, emotional/behavioural) in the student. If signs or symptoms worsen, call 911.	Supervising School Staff/Volunteers
5. Complete, sign, and photocopy Concussion/Brain Injury Identification Tool.	Supervising School Staff/Volunteers
6. Do not administer medication (unless student requires medication for other conditions-e.g. insulin).	Supervising School Staff/Volunteers
7. Stay with student until his/her parent/guardian (or emergency contact) arrives.	Supervising School Staff/Volunteers
8. Student must not leave the premises without parent/guardian supervision.	Supervising School Staff/Volunteers & Student
9. Provide parent/guardian (emergency contact) signed copy of Concussion/Brain Injury Identification Tool, retaining a copy.	Supervising School Staff/Volunteers

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Action	Responsibility
10. Provide parent/guardian (or emergency contact) copy of Documentation of Medical Examination and inform parent/guardian that form needs to be completed and submitted to Principal prior to student's return to school.	Supervising School Staff/Volunteers
11. 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.	Supervising School Staff/Volunteers
12. Complete Board Injury Report – (Student Concussion Diagnosis Report/OSBIE), inform Principal of suspected concussion, and forward copy of the completed and signed Concussion/Brain Injury Identification Tool.	Supervising School Staff/Volunteers
13. Ensure student is examined by a medical doctor or nurse practitioner as soon as possible that day.	Parent/ Guardian/Emergency Contact
14. Complete Return to Participation, once diagnosis is made and return completed and signed document to school Principal prior to student's return to school.	Parent/Guardian
15. Inform all school staff (e.g. classroom teacher, SERT's, physical education teachers, intramural supervisors, coaches) and volunteers who work with the student of the suspected concussion.	Principal
16. 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 school Principal.	Principal

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- 5.5 If signs are NOT observed, symptoms are NOT reported AND student passes Quick Memory Function Assessment

Action	Responsibility
1. Recommended precautionary withdrawal of student from physical activity.	Supervising School Staff/Volunteers
2. Inform parent/guardian (or emergency contact) of the incident and provide signed copy Concussion/Brain Injury Identification Tool, retaining a copy. Explain to parent/guardian (or emergency contact) that 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 medical doctor or nurse practitioner as soon as possible on the same day and results shared with 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

- 5.6 Once Medical Diagnosis is Made:

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

Action	Responsibility
1. Parent communicates diagnosis to school Principal and returns completed and signed Return to Participation regarding documentation of Medical Diagnosis.	Parent/Guardian
2. Inform all school staff (e.g. classroom teacher, SERT's, physical education teachers, intramural supervisors, recess supervisors, coaches) and volunteers who work with the student that the student does not have a concussion.	Principal

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Action	Responsibility
3. File any related written documentation of the incident and results of the medical examination (e.g. in the student's OSR).	Principal
4. Resume regular learning and physical activity.	Student

5.6.2 If Concussion is Diagnosed: Return to Participation/Return to Learn. (Note: Student must successfully complete Return to Participation steps before initiating Return to Learn steps).

Action	Responsibility
1. Communicate diagnosis to school Principal and return completed and signed Return to Participation. Also report non-school related concussions.	Parent/Guardian
2. Provide parent/guardian Return to Participation/Return to Learn forms and indicate that student must be symptom free or improved and form needs to be completed and signed before student can return to school. Ensure parent/guardian understands the plan, addressing their questions, concerns, and working with parent/guardian to overcome any barriers.	Principal
3. Complete Step 1- Return to Participation/Return to Learn: 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. Once symptoms start to improve, gradually increase mental activity (limit activities such as reading, texting, television, computer, and video games that require concentration and attention to 5-15 minutes). If moderate symptoms return, stop activity and allow student 30-minute break to resolve symptoms. If symptoms do not resolve, return to complete cognitive rest. Continue to gradually increase mental activity and monitor symptoms.	Parent/Guardian & Student

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Action	Responsibility
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 (e.g. classroom teacher, SERTs, physical education teachers, intramural supervisors, recess supervisors, coaches) and volunteers who work with the student of the diagnosis.	Principal
6. Identify collaborative team (i.e. Principal, concussed student, his/her parents/guardians, school staff and volunteers who work with the student and the student's medical doctor/nurse practitioner). The Principal (Concussion Liaison) serves as the main point of contact for the student, the parent/guardians, or other school staff and 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 student may experience, explain how these symptoms can impact learning and identify strategies/approaches to manage these symptoms. See Return to Learn Strategies/Approaches.	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

5.7 Student's Symptoms are Improving

Action	Responsibility
1. When completed and signed by medical practitioner, parent returns Return to Participation, and Return to Learn to Principal.	Parent/Guardian

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Action	Responsibility
2. Proceed to Return to Learn: Student returns to school. Develop and implement Individual Education Plan (IEP - See Return to Learn Strategies/Approaches), with slow and gradual increases in cognitive activity (both at home and at school). Absolutely no recreational/leisure and competitive physical activity.	Principal, SERT, Parent/Guardian, Medical Doctor/Nurse Practitioner, Student, Parent/Guardian
3. Monitor the student's progress through the Return to Participation/Return to Learn 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.	Principal (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

5.8 Student is Symptom Free

Action	Responsibility
1. When completed and signed by medical practitioner, parent returns Return to Participation and Return to Learn.	Parent/Guardian
2. Inform all school staff (e.g. classroom teacher, SERTs, physical education teachers, intramural supervisors, coaches, and volunteers) who work with the student that student is symptom free and can return to regular learning activities without individualized classroom strategies and/or approaches. Student can proceed to Step 4 - Return to Participation, following steps 4 through 6 as per required documentation for each step.	Principal
3. Closely monitor student for the return of any concussion symptoms and/or deterioration of work habits and performance.	Principal (in consultation with other members of the collaborative team)
4. Report any return of symptoms to supervising staff/volunteer.	Student

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Action	Responsibility
5. If symptoms return, stop activity. Student must rest 24 hours and then return to previous step. Parent to be informed. If symptoms appear again, contact parent to seek medical attention.	Supervising Staff/Volunteer
6. Begin regular learning activities without individualized classroom strategies and/or approaches and initiate Step 3 - Return to Participation activity (e.g. walking, swimming or stationary cycling) only. Objective is to increase heart rate. Absolutely NO participation in resistance/weight training, competition (including practices, scrimmages), participation with equipment or other students, drills, and body contact.	Student and Supervising Staff/Coaches/Volunteer
7. Parent completes and signs Documentation for Return to Participation before proceeding to Step 2 - if your child/ward is symptom free after participating in light aerobic physical activity and return to Principal.	Parent/Guardian
8. Inform all school staff (e.g., classroom teacher, SERT's, physical education teachers, staff supervisors, recess supervisors, coaches, Principal, and volunteers) who work with the student that he/she may proceed to Step 3 - Return to Participation. Provide supervising staff/coaches/volunteers Documentation for a Diagnosed Concussion - Return to Participation and Return to Learn to record student progress through Step 3 and 4.	Principal
9. 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 bat).	Student and Supervising Staff/Coaches/Volunteer

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Action	Responsibility
10. If symptom free, proceed to Step 4 - Return to Participation. 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 soccer ball) or jarring motions (e.g. high-speed stops, hitting a baseball with a bat).	Student and Supervising Staff/Coaches/Volunteer
11. Record student's progress through Steps 3 and 4. Once student has completed Steps 3 and 4 and is symptom free, complete and sign Return to Participation Step 4. Communicate with parent/guardian that the student has successfully completed Steps 3 and 4 and return completed and signed form to parent/guardian to obtain medical doctor/nurse practitioner diagnosis and signature.	Supervising Staff/Coaches/Volunteers/Principal
12. Parent provides school Principal with written documentation from a medical doctor or nurse practitioner (e.g. completed and signed Return to Participation, titled "Medical Examination") that indicates the student is symptom free and able to return to full participation in physical activity.	Parent/Guardian
13. Inform all school staff (e.g. classroom teacher, SERTs, physical education teachers, intramural supervisors, recess supervisors, coaches, Concussion Liaison, and volunteers) who work with the student that student may proceed to Step 5 - Return to Participation. File written documentation (e.g. completed and signed Return to Participation section titled "Medical Examination") in student's OSR.	Principal
14. Continue with regular learning activities and begin Step 5: 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.	Student and Supervising Staff/Coaches/Volunteers

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Action	Responsibility
15. If student remains symptom free, proceed to Step 6: Return to full participation in contact sports with no restrictions.	Student and Supervising Staff/Coaches/Volunteers

5.9 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 activity and contact student's parent/guardian (or emergency contact) and report to Principal. Complete Board report and forward to Principal who will file in student record	Supervising staff/Volunteer/Principal
3. Contact parent/guardian (or emergency contact) to inform of returned symptoms and need for medical examination on the same day. Provide Documentation for a Diagnosed Concussion-Return to Participation/Return to Learn form and indicate that the last section titled "Return of Symptoms" must be completed, signed and returned before student can return to school.	Principal, School Designate (if Principal not available)
4. Have student examined by a medical doctor/nurse practitioner as soon as possible on the same day.	Parent/Guardian
5. Parent completes, signs and forwards Documentation for a Diagnosed Concussion-Return to Participation/Return to Learn section titled "Return of Symptoms" to Principal	Parent/Guardian
6. Follow medical doctor/nurse practitioner's treatment.	Student & Parent/Guardian

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Action	Responsibility
7. Inform all school staff (e.g. classroom teacher, SERTs, physical education teachers, intramural supervisors, recess supervisors, coaches, Concussion Liaison, and volunteers who work with the students) that student has experienced return of symptoms and which step of the Return to Participation/Return to Learn to proceed from.	Principal

6.0 Notes

- 6.1 Cognitive or physical activities can cause student's symptoms to reappear.
- 6.2 Steps are not days. Each step must take a minimum of 24 hours and the length of time needed to complete each step will vary based on the severity of the concussion and the student.
- 6.3 The signs and symptoms of a concussion often last for 7-10 days, but may last longer in children and adolescents.
- 6.4 Compared to older students, elementary school children are more likely to complain of physical problems or misbehave in response to cognitive overload, fatigue, and other concussion symptoms.
- 6.5 If a student returns to activity while symptomatic, or before the brain has fully recovered, they are at an increased risk of sustaining another concussion with symptoms that can be prolonged and increased.
- 6.6 Principals, supervising staff, coaches and volunteers must not place pressure on injured students to "Return to Participation" or "Return to Learn" prematurely.
- 6.7 Parents/guardians must report non-school related concussions.
- 6.8 Return to Participation/Return to Learn steps must be followed regardless of where diagnosed concussion occurred.
- 6.9 Encouraging Parent/Guardian Cooperation:
 - 6.9.1 If the Parent/Guardian refuses a physician consultation and/or refuses to adhere to the Concussion Procedure the Principal will:
 - Inform the parent of the need for the student to remain at home and rest for 24-48 hours to avoid condition from worsening.

Concussion Procedure

- Discuss parental concerns (e.g. documentation fees) surrounding the process and attempt to address these concerns.
- Provide rationale for the required steps of the Concussion Procedure.
- Include parent/guardian and their child in every step of the recovery process.
- Provide parents with concussion information to increase their awareness and knowledge.
- Reiterate the importance of obtaining an official diagnosis from trained physician.
- Explain possible consequences of not managing a concussion condition (e.g., worsen condition, potential for repeated concussion, removal from activity).
- Explain to parent/guardian if staff feels immediate medical attention is required that they are obligated to call 911 even on parent refusal.
- Inform parent/guardian that school is obligated to follow the steps of the “Return to Participation” and “Return to Learn” process.
- If unsuccessful in acquiring full parental cooperation, seek support from Senior Administration.

Principals must document these conversations with parents

7.0 Prevention

- 7.1 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:
- 7.1.1 Awareness and Education for coaches, staff, parents and students to:
 - a) Recognize the symptoms of concussion;
 - b) Remove the student from play; and
 - c) Refer the student to a medical doctor/nurse practitioner.
 - 7.1.2 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.
- 7.2 Follow OPHEA sport specific safety guidelines and enforce the fair play code of conduct.
- 7.3 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).

Concussion Procedure

- 7.4 Teach skills in proper progression (e.g. emphasize the principles of head-injury prevention, keeping the head up and avoiding collision).
- 7.5 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 playground.
- 7.6 Students must follow their supervising staff/coach's/volunteer's safety instructions at all times.
- 7.7 Reinforce that it is extremely important not to return to learning or physical activity while still recovering from a concussion to avoid further risk of injury.
- 7.8 Discourage parents/guardians/teachers/coaches, school staff from pressuring recovering concussed students to play or learn before they are ready.
- 7.9 Parents need to reinforce with their child the importance of following the school's safety procedures.
- 7.10 Parents need to report concussion history on school medical form changes.
- 7.11 Provide reassurance, support and request/offer academic accommodations as needed.

Tool to Identify a Suspected Concussion¹

C-2 (Yellow Form)

This tool is a quick reference, to be completed by teachers, to help identify a suspected concussion and to communicate this information to parent/guardian. Be sure to fill out OSBIE accident report form and submit to the office as well.

Identification of Suspected Concussion

Following a blow to the head, face or neck, or a blow to the body that transmits a 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.

1. Check appropriate box

An incident occurred involving _____ (student name) on _____ (date) at _____ (time).
He/she was observed for signs and symptoms of a concussion.

- ☐ 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 (**refer to #4 below**). Parents receive Tool to Identify Suspected Concussion C2 AND Documentation of Medical Examination C3.
- ☐ The following signs were observed or symptoms reported:

Signs and Symptoms of Suspected Concussion		
Possible Signs Observed <i>A sign is something that is observed by another person (e.g., parent/guardian, teacher, coach, supervisor, peer).</i>	Possible Symptoms Reported <i>A symptom is something the student will feel/report.</i>	RED FLAGS Call 911 if you observe <u>any</u> of the following:
Physical <input type="checkbox"/> vomiting <input type="checkbox"/> slurred speech <input type="checkbox"/> slowed reaction time <input type="checkbox"/> poor coordination or balance <input type="checkbox"/> blank stare/glassy-eyed/dazed or vacant look <input type="checkbox"/> decreased playing ability <input type="checkbox"/> lack of responsiveness <input type="checkbox"/> slow to get up <input type="checkbox"/> amnesia <input type="checkbox"/> grabbing or clutching of head Cognitive <input type="checkbox"/> difficulty concentrating <input type="checkbox"/> easily distracted <input type="checkbox"/> general confusion <input type="checkbox"/> cannot remember things that happened before and after the injury (<i>see Quick Memory Function Assessment on pg 2</i>) <input type="checkbox"/> does not know time, date, place, class, type of activity in which he/she was participating <input type="checkbox"/> slowed reaction time (e.g., answering questions or following directions) Emotional/Behavioural <input type="checkbox"/> strange or inappropriate emotions (eg., laughing, crying, getting angry easily) Other _____	Physical <input type="checkbox"/> headache <input type="checkbox"/> pressure in head <input type="checkbox"/> neck pain <input type="checkbox"/> feeling off/not right <input type="checkbox"/> ringing in the ears <input type="checkbox"/> seeing double or blurry/loss of vision <input type="checkbox"/> seeing stars, flashing lights <input type="checkbox"/> pain at physical site of injury <input type="checkbox"/> nausea/stomach ache/pain <input type="checkbox"/> balance problems or dizziness <input type="checkbox"/> fatigue or feeling tired <input type="checkbox"/> sensitivity to light or noise Cognitive <input type="checkbox"/> difficulty concentrating or remembering <input type="checkbox"/> slowed down, fatigue or low energy <input type="checkbox"/> dazed or in a fog Emotional/Behavioural <input type="checkbox"/> irritable, sad, more emotional than usual <input type="checkbox"/> nervous, anxious, depressed Other _____	<input type="checkbox"/> Loss of consciousness <input type="checkbox"/> Slurred speech worsens <input type="checkbox"/> Headaches that worsen <input type="checkbox"/> Severe behavioural change <input type="checkbox"/> Increased irritability <input type="checkbox"/> Increased drowsiness (can't be awakened) <input type="checkbox"/> Seizures or convulsions <input type="checkbox"/> Severe neck pain <input type="checkbox"/> Repeated vomiting/profuse vomiting <input type="checkbox"/> Increased confusion/can't recognize people or places <input type="checkbox"/> Weakness or numbness in arms or legs

*Note: The following information is used with permission from the London District Catholic School Board.

If any observed signs or symptoms worsen, call 911.

2. Perform Quick Memory Function Assessment

Ask the student the following questions, recording the answers below. Failure to answer any one of these questions correctly may indicate a concussion:

- What room are we in right now? *Answer:* _____
- What activity/sport/game are we playing now? *Answer:* _____
- What field are we playing on today? *Answer:* _____
- What part of the day is it? *Answer:* _____
- What is the name of your teacher/coach? *Answer:* _____
- What school do you go to? *Answer:* _____

3. Action 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:

- a concussion should be suspected;
- 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; and
- the student must not leave the premises without parent/guardian (or emergency contact) supervision.

In all cases of a suspected concussion, the student must be examined by a medical doctor or nurse practitioner for a diagnosis. Parent/Guardian to receive Tool to Identify Suspected Concussion C2 (Yellow Form) and Documentation of Medical Examination C3 (Pink Form).

4. Continued Monitoring by Parent/Guardian

- Students should be monitored for 24 – 48 hours 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. Use form “C-3 Documentation of Medical Examination” (Pink Form).

5. Parent Signature: _____ (no signs/symptoms after 24hrs of observation)

Date: _____

This completed form must be copied by the Teacher/Coach/Supervisor. Please keep the original and provide the copy to the parent. This original and the returned signed parent copy must be filed in the student's OSR as per our school board policy.

Notice of Collection of Personal Health Information

The Hamilton-Wentworth District School Board is committed to the security and confidentiality of information under its control, and to the protection of privacy with respect to personal and confidential information that is collected, used, disclosed and retained in the system (*Protection of Privacy and Information Management*). Information on this Form is collected under the legal authority of the *Education Act* and its regulations, and in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*. Information collected on this form will be used to assess the student's Return to Learn and Return to Physical Activity under the Concussion Management Procedures. This form will be retained in the OSR by the registering school for one (1) year after retirement/transfer of the student. The information may also be retained independently of the OSR for Ministry of Education reporting purposes. Questions or concerns about the collection of data on this form should be directed to the principal of the school.

¹ Adapted from McCroy et. al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013

*Note: The following information is used with permission from the London District Catholic School Board.

Ontario Physical Education Safety Guidelines

Documentation of Medical Examination

C-3(Pink Form)

This form to be provided to all students suspected of having a concussion.

_____ (student name) sustained a suspected concussion on _____ (date).
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 C4, (Green Form).

Doctors Name _____

Doctor Signature _____

Date of Diagnosis _____

Parent/Guardian signature: _____ Date: _____

Comments:

Place original in students OSR

Notice of Collection of Personal Health Information

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*Note: The following information is used with permission from the London District Catholic School Board.

Documentation for a Diagnosed Concussion:

Return to Learn/Return to Physical Activity Plan

C-4 (Green Form)

Notice of Collection of Personal Health Information

The Hamilton-Wentworth District School Board is committed to the security and confidentiality of information under its control, and to the protection of privacy with respect to personal and confidential information that is collected, used, disclosed and retained in the system (*Protection of Privacy and Information Management*). Information on this Form is collected under the legal authority of the *Education Act* and its regulations, and in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*. Information collected on this form will be used to assess the student's Return to Learn and Return to Physical Activity under the Concussion Management Procedures. This form will be retained in the OSR by the registering school for one (1) year after retirement/transfer of the student. The information may also be retained independently of the OSR for Ministry of Education reporting purposes. Questions or concerns about the collection of data on this form should be directed to the principal of the school.

This form is to be used by parents/guardians to communicate their child's/ward's progress through the plan.

- 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).
- *For the care of the student, all steps must be followed.*

PLEASE REMEMBER EACH STEP TAKES A MINIMUM OF 24 HOURS TO COMPLETE.

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. Use Form C4a
- ☐ 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: _____

Principal Signature _____

(Place Copy of page 1 in OSR)

*Note: The following information is used with permission from the London District Catholic School Board.

If at any time during the following steps symptoms return, please refer to the "Return of Symptoms" section on page 4 of this form.

Step 2a – Return to Learn

- *Student returns to school.*
- *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 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:

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. (At Home)*
- *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. **(At School)**.

☐ Parent/Guardian will correspond with teacher/coach/supervisor for Steps 3 and 4a.

Parent/Guardian signature: _____ Date: _____

Principal signature _____

(Place Copy of page 2 in OSR)

*Note: The following information is used with permission from the London District Catholic School Board.

Step 3 – Return to Physical Activity

- *Student may begin individual sport-specific activities only*

Step 4a – 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.*
- ☐ My child/ward has successfully completed Steps 3 and 4a and is symptom free
- ☐ Parent/guardian to obtain medical doctor/nurse practitioner diagnosis and signature (4b) before proceeding to step 5.

Parent signature _____ Date: _____

Step 4b – Medical Examination

I, _____ (medical doctor/nurse practitioner name) have examined
_____ (student name) 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: _____

This information must be given back to the teacher/coach/supervisor before step 5 can take place.

Principal signature _____

(Place Copy of page 3 in OSR)

*Note: The following information is used with permission from the London District Catholic School Board.

Step 5 – Return to Physical Activity

- *Student may resume regular physical education/intramural activities/interschool 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 including games with parent permission.*

Parent/guardian

- ☐ My child/ward is symptom free after participating in activities in practice where there is body contact and has permission to participate fully including games.

Parent/Guardian signature: _____ Date: _____

Comments: _____

Principal must file this original C4 (Green Form) in the student's OSR.

Principal signature _____ Date: _____

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: _____

Comments: _____

*Note: The following information is used with permission from the London District Catholic School Board.

Return to Learn Strategies/Approaches Concussion/Brain Injury C- 4a (White Form)

COPY - R2L Team

Student Name:		OEN:	
Date:			
Date of Brain Injury:		Date of Doctor's Visit:	
Date of Next Doctor's Visit:		Reviewed by:	
<p>This student has been diagnosed with a concussion/brain injury by a medical doctor or nurse practitioner. The following accommodations are in place for the student where applicable <i>as indicated below by Return to Learn (R2L) Team</i>. The student will be monitored on an ongoing basis by the Principal/Vice Principal. Please contact the Principal/Vice Principal if you have any questions.</p>			

Accommodations

Instructional Accommodations	Environmental Accommodations	Assessment Accommodations
<input type="checkbox"/> Buddy/peer tutoring <input type="checkbox"/> Note-taking assistance <input type="checkbox"/> Duplicated notes <input type="checkbox"/> Organization coaching <input type="checkbox"/> Time-management aids <input type="checkbox"/> More frequent breaks <input type="checkbox"/> Visual cueing <input type="checkbox"/> Reduced/uncluttered format <input type="checkbox"/> Repetition of information <input type="checkbox"/> Rewording/rephrasing <input type="checkbox"/> Extra Time for processing <input type="checkbox"/> Taped texts <input type="checkbox"/> Computer options <input type="checkbox"/> Technology aids	<input type="checkbox"/> Alternative work space <input type="checkbox"/> Strategic seating <input type="checkbox"/> Proximity to instructor <input type="checkbox"/> Reduction of audio/visual stimuli <input type="checkbox"/> Study carrel <input type="checkbox"/> Minimizing background noise <input type="checkbox"/> Quiet setting <input type="checkbox"/> Use of headphones <input type="checkbox"/> Special low lighting	<input type="checkbox"/> Extended time limits <input type="checkbox"/> Verbatim scribing <input type="checkbox"/> Oral responses, including audio recordings <input type="checkbox"/> More frequent breaks <input type="checkbox"/> Prompts to return student's attention to task <input type="checkbox"/> Reduced uncluttered format <input type="checkbox"/> Extra-time for processing <input type="checkbox"/> Reduction in the number of tasks used to assess a concept or skill <input type="checkbox"/> Computer options

Supports

<input type="checkbox"/> Providing class assistance <input type="checkbox"/> Providing extra help <input type="checkbox"/> Involving parent/guardian <input type="checkbox"/> Counseling in school	<input type="checkbox"/> Withdrawal support <input type="checkbox"/> HWDSB Social Worker <input type="checkbox"/> Daily Tracking Sheet <input type="checkbox"/> Referral to Student Success teacher
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Additional Comments:

Principal's Signature: _____ Date: _____