

# CONCUSSION AND HEAD INJURIES POLICY<sup>1</sup>

## Preamble

**King Christian School** (the “School”) recognizes the significant impact a head injury can have on a person, ranging from life changing to life threatening conditions. A head injury, such as a concussion, should never be underestimated or dismissed, regardless of the circumstance or the perceived severity. In addition, the School recognizes the educational value of learning experiences in intramural and inter-school athletics, and through the health and physical education curriculum. The School is committed to the safety of all students while participating in such activities as well as non-structured play activities (such as recess).

The School has a duty of care relative to the law, but more importantly, relative to its Christian responsibility to care, protect, and provide for others. Psalm 37:3 calls on us to “dwell in the land and enjoy safe pastures.” This message places obligations on all to ensure that the “pastures” are safe. Christians and Christian institutions, by way of programs, policies, and protocol, must seek to ensure that there are safe “pastures” when students engage in structured and non-structured activities.

To protect students from concussions and head injuries, this policy sets out guidelines regarding:

- the distribution of information to students, parents, guardians, School employees, and volunteers about the prevention of head injuries, the identification of symptoms of concussions, and the management of concussions;
- when a student who is suspected of having sustained a concussion is to be removed or prevented from further participation in intramural or inter-school athletics or any part of the physical education curriculum;
- the return of a student who has or may have sustained a concussion to intramural or inter-school athletics, any part of the physical education curriculum. and/or to learning; and
- the responsibilities of School employees and other persons who are involved in intramural or inter-school athletics or any part of the physical education curriculum in relation to the prevention of head injuries, the identification of symptoms of concussions and the management of concussions.

While this policy primarily focuses on concussions and head injuries in connection with formal athletics or any part of the physical education curriculum, many components of this policy will also apply to other activities such as unstructured recess activities. In addition, the School must respond appropriately even when a student advises the teacher that they have a concussion outside of school hours—the obligations of the School in these matters is not diminished.

The School’s response does not only apply to a “return to sports” protocol but also to a “return to learn” protocol. Plans must be in place for both situations.

This policy has been developed in accordance with the Ministry of Education’s [Policy/Program Memorandum No. 158, School Board Policies on Concussion](#) issued on March 19, 2014, as well as the [Physical Education Safety Guidelines](#) of the Ontario Physical and Health Education Association (OPHEA). This policy has adapted materials from the *Physical Education Safety Guidelines* and Parachute Canada (<http://www.parachutecanada.org>).

In addition to the obligations and procedures under this Policy, the School will also implement and comply with any additional obligations required under [Rowan’s Law \(Concussion Safety\), 2018, S.O. 2018, c. 1 – Bill 193](#) and the

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<sup>1</sup> This policy is based on the policy template created by Borden Ladner Gervais LLP (2019) and modified by Ted Postma, Consultant. A copy of the original policy template is included at the end of this document.

Other sources:

- <https://teachingtools.ophea.net/supplements/rowans-law-day-toolkit-schools>
- <https://www.ontario.ca/laws/statute/S18001>
- <http://safety.ophea.net/concussion-protocols>
- <https://www.hcdsb.org/Parents/safeandhealthy/Medical/Pages/Concussion-Protocol.aspx>
- <https://www.coach.ca/files/Commotionalintentiondelathlete.pdf>
- <http://coachesontario.ca/concussion/>
- <http://www.ncaa.org/sport-science-institute/concussion-diagnosis-and-management-best-practices>
- [http://www.parachutecanada.org/downloads/injurytopics/App8-Sample\\_RTS\\_Support\\_Strategies.pdf](http://www.parachutecanada.org/downloads/injurytopics/App8-Sample_RTS_Support_Strategies.pdf)

regulations thereunder. *Rowan's Law* amends the *Education Act* to establish and require school boards, including private schools, to issue binding concussion policies and guidelines that align with *Rowan's Law*. For resources and additional information, see the *Rowan's Law Day Toolkit for Schools*:

<https://teachingtools.ophea.net/supplements/rowans-law-day-toolkit-schools>.

## Definitions

**A concussion:**

- is a brain injury that changes in the way in which the brain functions and can lead to symptoms that can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty in concentrating or remembering), emotional/behavioural (e.g., depression, irritability), and/or sleep related (e.g., drowsiness, difficulty in falling asleep);
- may be caused by either 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, more concussions occur without a loss of consciousness); and/or
- 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.

It should also be noted that injuries that result from a concussion may lead to “second impact syndrome”, which is a rare condition that causes rapid and severe brain swelling and often catastrophic results, if an individual suffers a second concussion before they are free from symptoms sustained from the first concussion.

Concussion is the term for a clinical diagnosis by a medical doctor or a nurse practitioner; educators, school staff or volunteers cannot make the diagnosis of concussion.

**Curricular activities** are School-sponsored physical/recreation activities that are a component of classroom instruction and are part of the School's physical education core program.

**Inter-school activities** are School-sponsored competitive programs that occur outside the student's instructional time and involve a selected school team/group in a competition against another outside team/group.

**Intramural activities** are School-sponsored physical/recreation activities outside the student's instructional time, not a selected school team/group, and not in competition against another outside team/group.

## Policy

### 1. Development of Awareness

Ensuring the safety of students relating to concussions and head injuries in the School setting depends on the co-operation of the School community. To reduce the risk of concussions and head injuries, and to ensure rapid response to an emergency, parents, students, school personnel, and any other persons who are involved in intramural or inter-school athletics or any part of the physical education curriculum should all understand and fulfill their responsibilities.

Before participating in sport or athletics activities, all students (and their parent or guardian, if the student is under 18) must confirm that they have reviewed this Policy, any other concussion-related resources in place at the School, and the government's concussion awareness resources as may be prescribed under *Rowan's Law*.

All staff must also confirm that they have reviewed this Policy, any other concussion-related resources in place at the School, and the government's concussion awareness resources as may be prescribed under *Rowan's Law*.

### *Principal*

- Develops strategies for sharing information on the seriousness of concussions and on concussion prevention, identification, and management with the School community.
- Ensures regular training on dealing with concussions and head injuries for all teachers/coaches/supervisors and others who are involved in intramural or inter-school athletics or any part of the health and physical education curriculum.

- Develops a communication plan for the distribution of information on concussions and head injuries to parents, students, employees, and teachers/coaches/supervisors.
- Ensures relevant personnel (teacher/coaches/supervisors) distribute information on concussions and head injuries to parents, students, employees, and teachers/coaches/supervisors.
- Develops and maintains protocols for responding to and removing a student who is suspected of having sustained a concussion, and the return of a student who has or may have sustained a concussion.
- Conducts concussion and head injuries discussions with all students at beginning of year and at intervals throughout the year, as applicable.
- Works with the parent community to increase awareness of concussions and head injuries including prevention, identification, and management of such conditions.
- Works closely with the students who have, or may have, sustained a concussion and with their parents/guardians.

### *Teacher/Coach/Supervisor*

- Distributes information on concussions and head injuries to parents, students, employees, and teachers/coaches/supervisors.
- Reviews this Policy, any other concussion-related resources in place at the School, and the government's concussion awareness resources as may be prescribed under *Rowan's Law*.

### *Parents or Guardians of a Student Suspected of Having Sustained a Concussion*

- Inform the School of any previous concussions sustained by their child.
- Ensure that the medical information in their child's student file is kept up to date.
- Follow protocols with respect to return of the student.
- Teach their child:
  - (a) about the prevention of head injuries, the identification of symptoms of concussions, and the management of concussions;
  - (b) to recognize the first symptoms of a concussion;
  - (c) to communicate clearly when the child suspects a concussion; and
  - (d) to take as much responsibility as possible for their own safety.

### *All Parents or Guardians*

- Inform the School of any previous concussions sustained by their child.
- Ensure that the medical information in their child's student file is kept up to date.
- Respond co-operatively to requests from the school with regard to concussions.
- Participate in parent information sessions.
- Review this Policy, any other concussion-related resources in place at the School, and the government's concussion awareness resources as may be prescribed under *Rowan's Law*.
- Encourage students to respect students who have, or are suspected of having, sustained a concussion and follow School plans on prevention of head injuries, and the identification and management of concussions.

### *All Students*

- Learn to recognize symptoms and signs of concussions and understand the dangers of concussions.
- Review this Policy, any other concussion-related resources in place at the School, and the government's concussion awareness resources as may be prescribed under *Rowan's Law*.

## 2. Prevention

In addition to prevention-related points in the Section 1, Development of Awareness, the School has developed the following strategies for preventing and minimizing the risk of sustaining concussions (and other head injuries) in schools and at off-site events.

### *Principal/School Staff*

- Take actions that prevent concussions from happening. For instance, implement rules and regulations and minimize slips and falls by checking that classroom floor and activity environments provide for safe traction and are obstacle free.

### *Teacher/Coach/Supervisor*

- Prior to the activity, meets with students to go over the following information on concussion:
  - (a) the definition and causes of a concussion, signs and symptoms, and dangers of participating in an activity while experiencing the signs and symptoms of a concussion;
  - (b) the risks associated with the activity/sport for a concussion and how to minimize those risks;
  - (c) the importance of immediately informing the teacher/coach of any signs or symptoms of a concussion, and removing themselves from the activity;
  - (d) the importance of not allowing a student suspected of a concussion to be alone;
  - (e) the importance of notifying the parent or guardian about a suspected concussion;
  - (f) the importance of a suspected concussion being evaluated by a medical doctor;
  - (g) the importance of respecting the rules of the game and practicing fair play;
  - (h) the importance of wearing protective equipment that is properly fitted (e.g., with chin straps done up according to the one-finger rule [only one finger should fit between the strap and chin]); and
  - (i) where helmets are worn, informs students that there is no such thing as a concussion-proof helmet – they are designed to prevent major brain injuries such as bruises to the brain, blood clots, facial injury and skull fractures, but they do not prevent all concussions.
- Prior to the activity and during the activity:
  - (a) teaches the correct sport training techniques in proper progression and has students demonstrate and practice correct body contact techniques;
  - (b) instructs absent student on previously taught safety skills prior to next activity session;
  - (c) enforces the rules of the sport, emphasizing the principles of head-injury prevention (e.g., keeping the head up and avoiding collision, eliminate all hits to the head and hits from behind);
  - (d) ensures that protective equipment is approved by a recognized equipment standards association (e.g., CSA, NOCSAE), is visually inspected prior to activity and is well maintained;
  - (e) checks (where applicable) that protective equipment is inspected by a certified re-conditioner as required by manufacturer (e.g., football helmet);
  - (f) documents safety lessons (e.g., date, time, brief content, student attendance); and
  - (g) encourages teachers, coaches, students, and parents to learn as much as possible about concussions.
- Informs parents and guardians of students who are suspected of having sustained a concussion as soon as is practicable.

### *Student Suspected of Having Sustained a Concussion or With a Concussion*

- Promptly informs the teacher/coach/supervisor as soon as they suspect that they have sustained a concussion, even if it the concussion did not occur at a school-sponsored activity.
- Immediately removes themselves from the activity that they are participating in.
- Follows protocols with respect to return to play/learning.

### All Students

- Follow all school safety rules to reduce the risk of concussions.
- Immediately report a suspected concussion of any student to the teacher/coach/supervisor.

### 3. Identification of Concussions

The Principal will be responsible for ensuring compliance with this protocol.

#### Common Symptoms and Signs of Concussion

It is important to know that a student does not need to lose consciousness to have sustained a concussion. After the concussion, the student may experience many different kinds of symptoms, and it is important to remember that while some symptoms may appear immediately, others may appear later. Students may be reluctant to report symptoms of concussion because they fear they will be removed from the activity or jeopardize their status on a team or in a game. However, it is important to consider the permanent repercussions of a concussion. **Without proper management, a concussion can result in permanent problems, even death.**

#### Initial Concussion-Assessment Strategies

A concussion should be suspected in the presence of any one or more of the following symptoms and signs:

##### Thinking Problems

- Does not know time, date, place, class, type of activity in which they were participating
- General confusion
- Cannot remember things that happened before and after the injury
- Loss of consciousness

##### Student Complaints

- Headaches
- Dizziness
- Feeling dazed
- Feeling “dinged” or stunned
- “Having my bell rung”
- Seeing stars, flashing lights
- Ringing in the ears
- Sleepiness
- Loss of vision
- Blurred or double vision
- Grabbing or clutching of head
- Neck pain
- Sensitivity to light or noise

##### Other Problems

- Poor coordination or balance
- Blank stare/glassy-eyed
- Vomiting
- Slurred speech
- Slow to answer questions or follow directions
- Easily distracted
- Poor concentration
- Strange or inappropriate emotions (e.g., laughing, crying, getting mad easily)
- Stomachache/pain/nausea
- Not playing as well
- Lying motionless on the ground or slow to get up
- Amnesia
- Seizure or convulsion

The signs and symptoms of a concussion often last for 7–10 days but may last much longer. The exact length of this period is unclear, but the brain temporarily does not function normally, and during this time, it is more vulnerable to a **second head injury**. In some cases, students may take many weeks or months to heal. Significant cognitive symptoms that may result from concussion include:

- poor attention and concentration,
- reduced speed of information-processing,
- impaired memory and learning.

There may also be a significant negative effect on educational and social attainment—functions are critical for learning new skills and attending to schoolwork.

### *Safe Removal of an Injured Student*

There is no danger in reacting too quickly, but there is potential danger in reacting too slowly.

1. If there is a loss of consciousness:
  - (a) call 911;
  - (b) assume there is a possible neck injury; if the teacher/coach/supervisor has been trained in this area, immobilize the student before ambulance transportation to hospital but do not remove athletic equipment (e.g., helmet);
  - (c) stay with the student until emergency medical services arrive;
  - (d) if the student regains consciousness, encourage them to remain calm and to lie still;
  - (e) do not administer medication—the student must be evaluated by a medical doctor before administering medication (unless the student requires medicine for other conditions—i.e., insulin for a student with diabetes).
2. If there is not a loss of consciousness, but a concussion is suspected due to a direct blow to the head or major physical trauma to other parts of the body (causing a whiplash effect on the head and neck):
  - (a) remove the student from the current activity or game and do not allow them to return to play in the game or practice that day;
  - (b) do not administer medication before the student has been evaluated by a medical professional (unless the student requires medicine for other conditions—i.e., insulin for a student with diabetes).
  - (c) the student must not return to play in the game or practice that day; and
  - (d) inform the parent/guardian about the injury and of the importance of an evaluation by a medical doctor.
3. Monitor and document any changes (i.e., physical, cognitive, emotional/behavioural) in the student.
4. All students with a suspected concussion need to be evaluated by a physician as soon as possible, even if there was no loss of consciousness.
5. Parents/guardians must be informed of the importance of the head injury being evaluated by a physician.

### *Steps to Take Following an Initial Assessment*

All students need to consult a physician after a suspected concussion. The student must seek medical attention before they return to play. The Management Procedures for a Diagnosed Concussion below set out the procedure for returning students to activities.

## **4. Management Procedures for a Diagnosed Concussion**

The Principal will be responsible for ensuring compliance with this protocol.

Students are not permitted to return to play until they have sought attention from a medical doctor.

- Following the medical examination, the student must be monitored by a responsible adult for the next 24-48 hours for signs of deterioration. If any signs of deterioration occur, the student needs to be immediately re-evaluated by a physician.
- After the student has been symptom-free for several days and has received medical clearance, they can begin supervised stepwise return to play protocol.
- Return to physical activity/sport following a sport-related concussion must only occur after receiving medical clearance (in writing) by a physician.

An individualized and gradual “return to learning” and/or “return to physical activity” plan should be developed for each student. The following steps may form the basis of an individualized plan.



### *Mandatory Physician Visit #1*

#### **No Concussion** (determined by a medical doctor):

Using the *Request to Resume Physical Education/Activity and/or Athletic Participation: Concussion-Related Injuries Form* (Appendix A):

- Medical doctor checks the box “*No Concussion - student may return to \_\_\_\_\_*” plus the other appropriate activity boxes, signs and dates the form.
- The student/parent/guardian must submit the form to the School administrator and/or teacher/supervisor/coach who will inform all relevant personnel and provide each with a copy of the form.

**Note:** School administrator files the completed form in student’s OSR file.

#### **Concussion** (determined by a medical doctor):

Using the *Request to Resume Physical Education/Activity and/or Athletic Participation: Concussion-Related Injuries Form* (Appendix A):

- Medical doctor checks the box “*Concussion - no activity until symptoms and signs have gone*”; signs and dates the form.
- The student/parent/guardian must submit the form to the School administrator and/or teacher/supervisor/coach who will inform all relevant personnel and provide each with a copy of the form.
  - Form is returned to the student as this form is to be used for the parent permission and second medical doctor assessment.

The student and parents/guardians monitor symptoms and signs of a concussion. As a part of this monitoring, ongoing communication must occur between the teacher/coach/supervisor and parent/guardian throughout Steps 1-4. It is very important that a student not do vigorous physical activity if they have any signs or symptoms. The “return to play” process is gradual and must follow the steps as outlined below.

**Note: Each step must take a minimum of one day.** If symptoms or signs of the concussion return (e.g., headache, feeling nauseated) either with activity or later in the day, the student needs to rest for 24 hours, and return to the previous step. A student should never return to play if symptoms persist.

**Step 1:** No activity, complete rest. Once the student is asymptomatic (concussion symptoms and signs have stopped), proceed to Step 2.

**Step 2:** Light aerobic exercise, such as walking or stationary cycling, for 10-15 minutes. No resistance training.

Using the *Request to Resume Physical Education/Activity and/or Athletic Participation: Concussion-Related Injuries Form* (Appendix A), the parent/guardian signs and dates the form to give permission for the student to proceed to Step 3.

**Step 3:** Sport-specific exercise (e.g., ball drills, shooting drills) for 20-30 minutes. No resistance/weight training.

**Step 4:** “In class” physical education activities/intramural activities/clubs in which there is no opportunity for contact (e.g., aerobics routine, dance, badminton and volleyball). May add light resistance training and progress to heavier weights. For interschool activities, on field/court/ice activities such as ball drills, shooting drills and other activities in which there is no opportunity for contact.

**Note:** The time needed to progress from “in-class activities/intramural activities/clubs” to “regular physical education activity” will vary with the severity of the concussion and the student. For interschool activities, the time needed to progress from non-contact to contact exercise will vary with the severity of the concussion and the student.

**After step 4 and before step 5, the student must return to the physician for final approval to engage in regular physical education activity and/or full contact activity, as applicable.**

### *Mandatory Physician Visit #2*

Medical doctor assesses that all symptoms and signs of a concussion are gone after Step 4.

Using the *Request to Resume Physical Education/Activity and/or Athletic Participation: Concussion-Related Injuries Form* (Appendix A):

- Doctor checks the box “Concussion symptoms and signs have gone”, checks the other appropriate activity boxes, signs and dates the form.
- This form must be returned to the teacher/coach/supervisor. The teacher/intramural supervisor/coach allows the student to progress to Step 5.

**Step 5:** Regular physical education/intramural activities/clubs which involve minimal contact and full contact training/practice for interschool activities, as applicable.

**Step 6:** Game play for interschool activities, as applicable.

**Note: Each step must take a minimum of one day.** If symptoms or signs of the concussion return (e.g., headache, feeling nauseated), either with the activity or later that day, the student needs to rest for 24 hours, be re-evaluated by a physician, and return to the previous step. A student should **never** return to play if symptoms persist.

School administrator files the completed *Request to Resume Physical Education/Activity and/or Athletic Participation: Concussion-Related Injuries Form* in the student’s OSR file.

### *“Return to Learn Plan” Strategies*

The Principal will be responsible for ensuring compliance with this protocol.

Once it is determined that a student who has been medically evaluated and has symptoms may return to school, one school staff person (i.e., the principal, a teacher, or another staff person designated by the school principal) needs to serve as the main point of contact for the student, the parents/guardians, other school staff and volunteers who work with the student, and the medical doctor or nurse practitioner. The designated school staff will monitor the student’s progress through the *Return to Learn Plan*. This may include identification of the student’s symptoms and how they respond to various activities in order to develop and/or modify appropriate strategies and approaches that meet the changing needs of the student.

Any student who returns to school requires individualized classroom strategies and/or approaches to return to learning activities, which will need to be adjusted as recovery occurs. At this step, the student’s cognitive activity should be increased slowly (both at school and at home), since the concussion may still affect academic performance. Cognitive activities can cause a student’s concussion symptoms to reappear or worsen.

It is important for the designated school staff to identify the student’s symptoms and response to various learning activities in order to develop appropriate strategies and/or approaches that meet the needs of the student. School staff and volunteers who work with the student need to be aware of the possible difficulties (i.e., cognitive, emotional, or behavioural) a student may encounter when returning to learning activities following a concussion. These difficulties may be subtle and temporary but may significantly impact a student’s performance.

The table in Appendix C outlines suggested strategies and approaches for supporting the Return to Learn process.

## **5. Training**

The school will provide regular training on concussion awareness, prevention, identification, and management for all teachers/coaches/supervisors and others who are involved in intramural or inter-school athletics or any part of the health and physical education curriculum.



## Appendix A - Request to Resume Physical Education/Activity and/or Athletic Participation: Concussion Related Injuries

If a student has been/is suspected of having a concussion, a physician must sign this form.

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

### ***To be completed by physician:***

Physician Visit #1:

- No concussion – student may return to:**
- regular physical education class activities
  - intramural activities/clubs
  - interschool sport activities

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

Date:

Comments:

**OR**

- Concussion - no activity until symptoms and signs have gone**
- regular physical education class activities
  - intramural activities/clubs
  - interschool sport activities.

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

Date:

Comments:

***To be completed by parent/guardian:***

**Note: The student/parent/guardian must submit this form to the Principal who will inform all relevant personnel (teacher, coach, supervisor, etc.) and provide each with a copy of this form.**

When a concussion is diagnosed, the student and their parents/guardians must monitor for symptoms and signs of a concussion. As a part of this monitoring, ongoing communication must occur between the teacher/coach/supervisor and parent/guardian throughout Steps 1-4. It is very important that a student not do any physical activity if he/she has any signs or symptoms. The 'return to play' process is gradual and must follow the steps as outlined below.

**Each step must take a minimum of one day.** If symptoms or signs of the concussion return (e.g., headache, feeling nauseated) either with activity or later that day, the student needs to rest for 24 hours, and return to the previous step. A student should **never** return to play if symptoms persist. The student may not participate in any physical education activities until Step 1 and Step 2 have been completed. Prior to beginning Step 3, the parent/guardian's signature is required.

**Step 1:** No activity, complete rest. Once the student is asymptomatic (concussion symptoms and signs have stopped), proceed to Step 2.

**Step 2:** Light aerobic exercise, such as walking or stationary cycling, for 10-15 minutes. No resistance training.

***In signing below, I give permission for my son/daughter to proceed to Step 3 and participate in physical education activities as described.***

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

**Date:**

***To be completed by the School:***

**Step 3:** Student may participate in sport-specific exercise (e.g., ball drills, shooting drills) for 20-30 minutes. The student may not participate in resistance/weight training.

**Step 4:** Student may participate in in class physical education activities/intramural activities/clubs in which there is no opportunity for contact (e.g., aerobics routine, dance, badminton and volleyball). Light resistance training may be added, and the student may progress to heavier weights. For interschool activities, the student may participate in on field/court/ice activities such as ball drills, shooting drills and other activities in which there is no opportunity for contact. He/she may also add light resistance training and progress to heavier weights.

The time needed to progress from "in-class activities" to "regular physical education activity" will vary with the severity of the concussion and the student. For interschool activities, the time needed to progress from non-contact to contact exercise will vary with the severity of the concussion and the student.

The teacher's initials indicate that the student has completed Steps 3 and 4. \_\_\_\_\_ **(initial here)**. Return form to student once these steps have been completed.

***To be completed by physician:***

After Step 4 and before Step 5 (return to physical education activities/intramural activities/clubs), the student must return to the physician for final approval to engage in regular physical education activity which involve minimal contact and/or full contact activity, as applicable.

**Physician Visit #2:**

- Concussion symptoms and signs have gone, and student may return to:**
- regular physical education class activities
  - intramural activities/clubs
  - interschool sport activities.

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

**Date:**

**Comments:**

**Final steps for the student:**

- Step 5:** Student may return to regular physical education/intramural activities/clubs which involve minimal contact and/or full contact training/practice for interschool activities, as applicable.
- Step 6:** Student may return to game play for interschool activities, as applicable.

**Note: This form must be returned to the teacher and, if applicable, to the coach and intramural supervisor. The teacher files this form in the student's OSR File.**

## Appendix B - Concussion Information for Parents/Guardians

### ***What is a concussion and what causes a concussion?***

A concussion is a brain injury that causes changes in how the brain cells function, leading to symptoms that can be physical (e.g., headache, dizziness), cognitive (e.g., memory problems, decreased concentration), or emotional (e.g., feeling depressed). The brain injury cannot be seen on X-rays or CT scans. Concussions can occur without a loss of consciousness. **In fact, most concussions occur without a loss of consciousness.** A concussion can occur from a direct blow to the head but may also occur from a major physical trauma to other parts of the body (e.g., a sideways check to the body) that causes a whiplash effect on the head and neck.

### ***What are the symptoms and signs of concussion?***

Concussion should be suspected in the presence of any one or more of the following symptoms and signs:

#### **Thinking Problems**

- Does not know time, date, place, class, type of activity in which they were participating
- General confusion
- Cannot remember things that happened before and after the injury
- Loss of consciousness

#### **Student Complaints**

- Headache
- Dizziness
- Feeling dazed
- Feeling “dinged” or stunned
- “Having my bell rung”
- Seeing stars, flashing lights
- Ringing in the ears
- Sleepiness
- Loss of vision
- Blurred or double vision
- Grabbing or clutching of head
- Neck pain
- Sensitivity to light or noise

#### **Other Problems**

- Poor Coordination or balance
- Blank stare/glassy-eyed
- Vomiting
- Slurred speech
- Slow to answer questions or follow directions
- Easily distracted
- Poor concentration
- Strange or inappropriate emotions (e.g., laughing, crying, getting mad easily)
- Stomachache/pain/nausea
- Not playing as well
- Lying motionless on the ground or slow to get up
- Amnesia
- Seizure or convulsion

### ***What should you do if your child sustains a concussion?***

**Your child should immediately stop playing their sport.** Your child should not be left alone and should be seen by a medical doctor as soon as possible. If your child is unconscious, call 911 to take your child to a hospital. Do not move your child until the paramedics arrive.

### ***How long will it take for your child to get better?***

The signs and symptoms of a concussion often last for 7–10 days but may last much longer. The exact length of this period is unclear, but the brain temporarily does not function normally, and during this time, it is more vulnerable to a **second head injury**. In some cases, students may take many weeks or months to heal. Significant cognitive symptoms may result from concussion including; poor attention and concentration, reduced speed of information-processing and impaired memory and learning. There may also be a significant negative effect on educational and social attainment, as these functions are critical for learning new skills and attending to schoolwork.

### ***How is a concussion treated?***

Exertion, both physical and mental, worsens concussion symptoms and may delay recovery. Thus, the most important treatment for concussion is rest. Many students find that attending school aggravates their symptoms, and they 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 anyone, including the medical doctor, to provide. Once your child feels better, they can try going back to school, initially part-time (e.g. half-days at first) and, if the symptoms do not return, and they can go back full time. Mental exertion can make symptoms worse so your child's workload may need to be adjusted accordingly.

### ***When can my child return to play?***

It is very important that your child not go back to physical activities if they have any concussion symptoms or signs. Return to play must follow the step-by-step approach detailed above. In brief, the step-by-step approach is as follows:

**Step 1:** No activity, complete rest. Once the student is asymptomatic (concussion symptoms and signs have stopped), proceed to Step 2.

**Step 2:** Light aerobic exercise, such as walking or stationary cycling, for 10-15 minutes. No resistance training.

Using the *Request to Resume Physical Education/Activity and/or Athletic Participation: Concussion-Related Injuries Form* (Appendix A), the parent/guardian signs and dates the form to give permission for the student to proceed to Step 3.

**Step 3:** Sport-specific exercise (e.g., ball drills, shooting drills) for 20-30 minutes. No resistance/weight training.

**Step 4:** "In class" physical education activities/intramural activities/clubs in which there is no opportunity for contact (e.g., aerobics routine, dance, badminton and volleyball). May add light resistance training and progress to heavier weights. For interschool activities, on field/court/ice activities such as ball drills, shooting drills and other activities in which there is no opportunity for contact.

**Step 5:** Once cleared by a medical doctor, regular physical education/intramural activities/clubs which involve minimal contact and/or full contact training/practice for interschool activities, as applicable.

**Step 6:** Game play for interschool activities, as applicable.

**Note: Each step must take a minimum of one day.** If symptoms or signs of the concussion return (e.g., headache, feeling nauseated) either with activity or later that day, your child needs to rest for 24 hours, and return to the previous step. Your child should **never** return to play if symptoms persist. Your child may not participate in any physical education activities until Step 1 and Step 2 have been completed. Prior to beginning Step 3, the parent/guardian signature is required.

It is important that your child not play any sports, including intramural or inter-school athletics or participate in any part of the physical education curriculum, if they have any signs or symptoms of concussion. Your child must rest until they are completely back to normal. When they are back to normal and have been seen by a medical doctor, they can then go through the steps of increasing activity described above. When your child has progressed through these steps with no symptoms or problems, and has received clearance from a medical doctor, they may return to play. If you are unsure if your child should participate, remember, **when in doubt, sit your child out.**

***When should I take my child to the medical doctor?***

Every child who gets a head injury should be seen by a medical doctor as soon as possible. You should take them back to the medical doctor immediately or call 911, if, after being told your child has a concussion, they have worsening of symptoms such as:

1. being more confused;
2. worsening headache;
3. vomiting more than once;
4. not awakening;
5. trouble walking;
6. having a seizure; and/or
7. demonstrating strange behaviour.

Problems caused by a head injury can get worse later that day or night. Your child should not be left alone and should be checked throughout the night. If you have concerns about your child's breathing or sleeping, wake your child up. If it appears that the signs or symptoms are getting worse, you should see your medical doctor immediately or call 911.



## Appendix C - Table of strategies and approaches to support the Return to Learn process<sup>2</sup>.

COGNITIVE DIFFICULTIES		
Post-Concussion Symptoms	Impact on Student's Learning	Potential Strategies and/or Approaches
Headache and fatigue	Difficulty concentrating, paying attention, or multitasking	<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 slowed 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 or 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 a quiet environment</li> </ul>

<sup>2</sup> Source: [http://www.parachutecanada.org/downloads/injurytopics/App8-Sample\\_RTS\\_Support\\_Strategies.pdf](http://www.parachutecanada.org/downloads/injurytopics/App8-Sample_RTS_Support_Strategies.pdf)

<b>EMOTIONAL OR 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 or 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 behavior</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 or 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>