



Student Concussion and Head Injury

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Policy Statement

Grand Erie District School Board is committed to ensuring the safety and well-being of students recognizing that children and adolescents are among those at greatest risk of concussion and/or head injury. The Board is committed in building awareness, prevention, identification and management of concussions and/or head injuries to reduce increased risk.

Accountability

1. Criteria for Success – Adherence to the Student Concussion and Head Injury Policy
2. Frequency of Reports - As needed

1. Purpose

The Grand Erie District School Board recognizes concussions as a serious injury which requires appropriate follow-up measures to reduce risk of potential additional injury. Concussion awareness, prevention, identification and management are a priority. The implementation of the Student Concussion and Head Injury Policy is another important step in creating healthier schools in Grand Erie.

The resource package “Student Concussion and Head Injury” (SO 28-1) contains general concussion information, strategies for preventing and minimizing the risk of sustaining concussions (and other head injuries) in schools and at off-site school events. Included within the package is information on the safe removal of an injured student from activity, initial concussion – assessment strategies (use of common symptoms and signs of a concussion) and steps to take following an initial assessment. This package also includes information and the materials necessary for the management of a diagnosed concussion.

2. Information

2.1. Definitions

The definition of *concussion* outlined below is adapted from the definition provided in the concussion protocol in the Ontario Physical Education Association (Ophea) Safety Guidelines.

A concussion:

- is a traumatic brain injury that causes changes in how the brain functions, leading to signs and symptoms that can emerge immediately or in the hours or days after the injury. It is possible for symptoms to take up to 7 days to appear;
- signs and symptoms can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty concentrating or remembering), emotional/behavioural (e.g., depression, irritability) and/or related to sleep (e.g., drowsiness, difficulty falling asleep);
- may be caused by a significant impact to the head, face, neck or body, with an impulsive force transmitted to the head, that causes the brain to move rapidly and hit the walls of the skull (for a visual description of how a concussion occurs, consult [How a concussion occurs](#));

- can occur even if there has been no loss of consciousness, in fact most concussions occur without a loss of consciousness;
- cannot normally be seen on X-rays, standard CT scans or MRIs; and
- is typically expected to result in symptoms lasting 1- 4 weeks in children and youth (18 years or under), but in some cases symptoms may be prolonged.

A concussion diagnosis:

Medical doctors and nurse practitioners are the only healthcare professionals in Canada with licensed training and expertise to diagnose a concussion; therefore, all students with suspected concussions should undergo evaluation by one of these professionals.

Second Impact Syndrome:

Research suggests that students who suffer a second concussion before they are symptom free from the first concussion are 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.

Collaborative Team Approach

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, all staff, and school boards must understand and fulfill their responsibilities. It is critical to a student's recovery that the Return to Learn/Return to Physical Activity Plan be developed through a collaborative team approach led by the school principal. This team should include the concussed student, their parents/guardians, school staff and volunteers who work with the student, and the medical doctor/nurse practitioner. Ongoing communication and monitoring by all members of the team are essential for the successful recovery of the student.

3. Signs and Symptoms of a Concussion

The first step to managing a concussion is being able to recognize common signs and symptoms. A concussion may be caused by a significant impact to the head, face, neck or body, with an impulsive force transmitted 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. Refer to the Student Concussion and Head Injury resource package for a list of common signs and symptoms.

4. Roles and Responsibilities

4.1 Appropriate Senior Administrator(s) will:

- a. Perform an annual review to ensure guidelines align with current best practice recommendations and, at a minimum, Opeha concussions guidelines;
- b. Ensure concussion education is made available to all school personnel and volunteers;
- c. Implement concussion awareness and education strategies for students and their parents/guardians;
- d. Provide support to schools and staff to ensure enforcement of Return to Learn and Return to Physical Activity guidelines and the Student Concussion and Head Injury Policy;
- e. Ensure that all Board staff, including volunteer coaches, 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;

- f. Ensure that information on the Student Concussion and Head Injury Policy is available to 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; and
- g. Ensure each elementary and secondary school implements the *Concussion Management – Home Preparation for Return to School (RTS) and Return to Physical (RTPA) Plan* (Appendix E1) and the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E-2).

4.2 Principal will:

- a. Implement the Student Concussion and Head Injury Policy;
- b. Ensure all staff, volunteers, parents/guardians, and students are aware of the Student Concussion and Head Injury Policy and understand their roles and responsibilities;
- c. Ensure the Student Concussion and Head Injury Policy is followed by all school staff (including occasional staff/support staff, recess supervisors), parents/guardians, students, and volunteers;
- d. Arrange for concussion in-servicing for staff and coaching volunteers, and repeat as necessary;
- e. parents/guardians:
 - i. For a suspected concussion: *Tool to identify a Suspected Concussion* (Appendix C) and the *Documentation of Monitoring/Documentation of Medical Assessment Form* (Appendix D2).
 - ii. For a diagnosed concussion: *Concussion Management – Home Preparation for Return to School (RTS) and Return to Physical (RTPA) Plan* (Appendix E1) and the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E2).
- f. Ensure Opeha safety guidelines are being followed;
- g. Work as closely as possible with students, parents/guardians, staff, volunteers, and health professionals to support concussed students with their recovery and academic success;
- h. Maintain up to date emergency contact and telephone numbers;
- i. Encourage parental/guardian cooperation in reporting all non-school related concussions;
- j. Ensure concussion information is readily available to all school staff and volunteers;
- k. Ensure that all incidents have been reported, recorded and filed as necessary:
 - i. the Ontario School Boards' Insurance Exchange (OSBIE) incident report; and
 - ii. Critical Injury Report.
- l. Coordinate a student conference to determine the individualized RTS Plan and to identify the RTS learning strategies and/or approaches required by the student based on the post concussions symptoms. See Appendix B for Return to Learn Strategies/Approaches;
- m. Once concussion is diagnosed, appoint primary staff member to act as the student's school contact to ensure adequate communication and coordination of their needs.
- n. Approve any adjustments to the student's schedule as required;
- o. Alert appropriate staff about students with a suspected or diagnosed concussion;
- p. Prior to student return to school, ensure the completion and collection of the following documentation:
 - i. *Documentation of Monitoring/Documentation of Medical Assessment Form* (Appendix D2); and
 - ii. *Concussion Management – Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E1).
- q. Ensure the completion of the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E2);

- r. Ensure the completion and collection of the *Documentation for Medical Clearance* (Appendix F) prior to the student moving on to full participation in non-contact physical activities and full contact practices (RTPA Stage 5);
 - s. File above documents (Appendix D2, E1, E2 and F) in student's OSR and provide copy to appropriate school staff; and
- 4.3 School Staff (Includes administration staff, teaching staff, support staff, coaches, volunteers, etc.) will:
- a. Understand and follow the Student Concussion and Head Injury Policy;
 - b. Attend and complete concussion training;
 - c. Ensure age-appropriate concussion education, including prevention, is included for all students participating in activities that could result in a concussion. Have students and their parent/guardian complete the *Player Code of Conduct* (Appendix G);
 - d. Be able to recognize signs, symptoms and respond appropriately in the event of a concussion see the *Tool to Identify a Suspected Concussion* (Appendix C);
 - e. Follow current Opeha safety guidelines related to concussions and implement risk management and injury prevention strategies;
 - f. Make sure that occasional teaching staff are updated on concussed student's condition.
- 4.4 Parents/Guardians will:
- a. Review with their child the concussion information that is distributed through the school (e.g. *Concussion Information for Parents and Students* (Appendix A));
 - b. Reinforce concussion prevention strategies with their child, for example the *Player Code of Conduct* (Appendix G);
 - c. Understand and follow parents/guardian roles and responsibilities in this policy;
 - d. In the event of a suspected concussion, ensure their child is assessed as soon as possible by physician/nurse practitioner, preferably on the same day;
 - e. Cooperate with school to facilitate the *Concussion Management – Home Preparation for Return to school (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E1) and the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E2);
 - f. Follow physician/nurse practitioner recommendations to promote recovery;
 - g. Be responsible for the completion of all required documentation;
 - h. Support their child's progress using the *Concussion Management - Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E1) and the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E2);
 - i. Collaborate with school to manage their child's suspected or diagnosed concussions appropriately; and
 - j. Report non-school related concussion to principal and complete Documentation of Monitoring/Documentation of Medical Assessment Form (Appendix D2).
- 4.5 Students will:
- a. Learn about concussions, including prevention strategies, signs and symptoms, concussion management and student roles and responsibilities, throughout applicable curriculum;
 - b. Immediately inform school staff of suspected or diagnosed concussions occurring during or outside of school;
 - c. Inform school staff if they experience any concussion related symptoms (immediate, delayed or reoccurring);
 - d. Remain on school premises until parent/guardian arrives if concussion is suspected;

- e. Communicate concerns and challenges during recovery process with appropriate school staff, parents/guardians, and health care providers;
- f. Complete the *Player Code of Conduct* (Appendix G);
- g. Follow concussion management strategies as per medical doctor/nurse practitioner direction and the *Concussion Management - Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E1) and the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E2).