



Student Concussion and Head Injury

Board Received: March 30, 2015

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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. Frequency of Reports– Annual
2. Severity Threshold – As needed
3. Criteria for Success – Adherence to the Student Concussion and Head Injury Policy

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 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);
- 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;
- 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 on X-rays, standard CT scans or MRIs.

A concussion diagnosis:

A concussion is a clinical diagnosis made by a medical doctor or nurse practitioner. In the best interest of the child it is critical that a student with a suspected concussion be examined by a medical doctor or nurse practitioner. Without medical documentation the students' participation in physical activity will be restricted.

Second Impact Syndrome:

Research 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.

2.2. Relevant Research

Due to their developing brain and risk taking behavior, children and adolescents are more susceptible to a 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 physical activity”. Without identification and proper management, a concussion can result in permanent brain damage and in rare occasions, even death.

2.3. 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, 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.

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 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. 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

- g. Ensure each elementary and secondary school implements the *Documentation for a Diagnosed Concussion – Return to Learn and Return to Physical Activity Plan* (Appendix E).

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. Share concussion information with students and their parents/guardians
 - i. Ensure that the *Tool to identify a Suspected Concussion* (Appendix C) and the
 - ii. *Documentation of Monitoring/Documentation of Medical Examination Form* (Appendix D2) and the
 - iii. *Documentation for a Diagnosed Concussion – Documentation for a Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan* (Appendix E) are provided to parents/guardians
- f. Ensure Ophea 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
 - ii. Critical Injury Report
 - iii. Student Concussion Diagnosis Report (Appendix G)
- l. For students who are experiencing difficulty in their learning environment as a result of a concussion, principals may coordinate the development of an Individual Education Plan-non-identified (IEP-non-identified). See Appendix B for Return to Learn Strategies/Approaches
- m. Approve any adjustments to the student's schedule as required
- n. Alert appropriate staff about students with a suspected or diagnosed concussion
- o. Prior to student return to school, ensure completion and collection of the following documentation:
 - i. *Documentation of Monitoring/Documentation of Medical Examination Form* (Appendix D2)
 - ii. *Documentation for a Diagnosed Concussion – Documentation for a Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan* (Appendix E)

- p. File above documents (Appendix D2 & E) in student's OSR and provide copy to appropriate school staff
- q. 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.

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 complete the *Player Code of Conduct* (Appendix F)
- 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 your 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 your child, for example the *Player Code of Conduct* (Appendix F)
- c. Understand and follow parents/guardian roles and responsibilities in this policy
- d. In the event of a suspected concussion, ensure child is assessed as soon as possible by physician/nurse practitioner, preferably on the same day
- e. Cooperate with school to facilitate *Documentation for a Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan* (Appendix E)
- f. Follow physician/nurse practitioner recommendations to promote recovery
- g. Be responsible for the completion of all required documentation
- h. Support your child's progress through recommended *Documentation for a Diagnosed Concussion - Return to Learn/Return to Physical Activity* (Appendix E)
- i. Collaborate with school to manage your child's suspected or diagnosed concussions appropriately
- j. Report non-school related concussion to principal (*Documentation for a Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan* (Appendix E) will still apply).

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 you 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 F)
- g. Follow concussion management strategies as per medical doctor/nurse practitioner direction and *Documentation for a Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan* (Appendix E).