



**DISTRICT SCHOOL BOARD
ONTARIO NORTH EAST**

Policy No. 2.1.36

Section: School Related Operations

Related References: Policy/Program Memorandum No. 158, School Board
Policies on Concussion,
Policy 1.2.17, November 2013

Appendices: Concussion Management Policy Appendices A-D5

Approved: June 3, 2014

Revised:

Review Date:

TITLE: Concussion Management Policy

1.0 Rationale:

District School Board Ontario North East recognizes the safety and well-being of its students in their participation in school activities.

Concussions or mild traumatic head injuries can occur during accidental contact between individuals in activities occurring during and around a school day. Increasing awareness of conditions to prevent and identify symptoms related to concussions will support the proper management of concussions, reducing increased risk. Increased awareness will prevent the untimely return to activity of a pupil who has or may have sustained a concussion.

2.0 Definitions:

Concussions or mild traumatic head injuries are brain injuries caused by excessive, rapid movement of the brain inside the skull. This movement causes damage that changes how brain cells function, leading to symptoms that can be physical (headaches, dizziness), cognitive (problems remembering or concentrating), or emotional (feeling depressed). A concussion can result from a blow to the head, face or neck or by a blow to the body in any number of activities including receiving a check in hockey, falling from a jungle gym, being in a motor vehicle collision, or slipping on an icy sidewalk.

<http://www.thinkfirst.ca/programs/concussion.aspx>

- can occur even if there has been no loss of consciousness
- 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.

3.0 Policy:

This Policy directs Board employees, or other persons who are involved in school activities to adhere to guidelines outlined in the *Concussion Management Policy* attached as Appendices as a minimum standard regarding:

- (a) the distribution of information to pupils, parents, guardians, board employees, volunteers, doctors, nurse practitioners, and community-based organizations about: the seriousness of concussions and head injuries; the prevention of head injuries; the identification of symptoms of concussions and the management of concussions;
- (b) the safe removal of a pupil who is suspected of having sustained a concussion from activity (initial emergency response strategies following a blow to a student's head, face or neck, or a blow to a student's body that transmits a force to the student's head); initial concussion-assessment strategies; and steps to take following an initial assessment;
- (c) information on the development of an individualized and gradual "return to learning and/or return to physical activity" plan of a pupil who has or may have sustained a concussion;
- (d) developing strategies for providing regular and ongoing training on concussion awareness, prevention, identification and management to relevant school board employees and school volunteers including outlining the responsibilities of board employees, classes of board employees, or other persons who are involved intramural or inter-school athletics or any part of the health and physical education curriculum in relation to the identification of symptoms of concussions and the management of concussions; and
- (e) identifying other persons, in addition to board employees, who have responsibilities described above (d).

Procedures:

The *Concussion Management Policy* includes specific information on concussion prevention, identification and management for school and school board staff, coaches and parents.

Information found in the *Concussion Management Policy Appendices* provides risk-management protocols and direction for teachers and staff to prevent or respond appropriately to events related to possible concussions.

Teaching staff and all individuals whose responsibilities include the supervision of students engaged in physical activity are required to indicate in writing that they have read and are familiar with Policy 2.1.36, *Concussion Management Policy* and accompanying the *Concussion Management Policy Appendices*.

Concussion Management Policy Appendices

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Appendix A

Part A: Information Letter to Parents/Guardians and Medical Information Form

Dear Parent/Guardian,

Please retain this page for your information.

Physical activity is essential for normal, healthy growth and development. Growing bones and muscles require not only good nutrition, but also the stimulation of vigorous physical activity to increase the strength and endurance necessary for a physically active lifestyle. Active participation in physical activities provides opportunities for students to develop the skills and confidence necessary to play and work co-operatively with their peers. Students learn to be independently physically active and to make positive decisions regarding personal fitness and the value of physical activity in their daily lives.

ELEMENTS OF RISK NOTICE

The risk of injury exists in every athletic activity. However, due to the very nature of some activities, the risk of injury may increase. Injuries may range from minor sprains and strains to more serious injuries, including those that affecting the head (concussions), neck or back. These injuries result from the nature of the activity and can occur without fault on either the part of the student, the school board or its employees/agents or the facility where the activity is taking place. The safety and well-being of students is a prime concern and attempts are made to manage, as effectively as possible, the foreseeable risks inherent in physical activity.

Student Accident Insurance Notice:

District School Board Ontario North East does not provide any accidental death, disability, dismemberment/medical/dental expense insurance for student participation in school sponsored activities (e.g., curricular, intramural and interschool). For insurance coverage of injuries, parents/guardians are encouraged to consider a Student Accident Insurance Plan from an insurance company of their choice.

Sudden Arrhythmia Death Syndrome (SADS)

Refers to a variety of cardiac disorders which are often genetic and undiagnosed that can be responsible for sudden cardiac death in young apparently healthy people.

Fainting or seizure during/after physical activity or resulting from emotional excitement, emotional distress or being startled can be a warning sign of sudden arrhythmia death syndrome. The school response is to call emergency medical services (911) and inform the parents/guardians.

Parents/guardians are to be provided with - Sudden Arrhythmia Death Syndrome (SADS), (Appendix B-1), which contains information about SADS as well as a Documentation of a Fainting Episode Form. The student is not to participate in physical activity until cleared by a medical assessment and the *Documentation of a Fainting Episode* form is completed by parent/guardian and returned to the school administrator/designate.

Form is completed by parent/guardian and returned to the school administrator/designate.

Further information – www.sads.ca

Appendix A

In the interest of safety, students must:

1. Wear appropriate attire for safe participation (e.g., t-shirt, shorts or track pants). Running shoes that provide good support and traction are a minimum requirement.
2. Not wear hanging jewelry (e.g., necklaces, hoop earrings). In some activities (e.g., tag games), no jewelry can be worn. Jewelry which cannot be removed must be taped or covered.

In the interest of safety, we strongly recommend:

1. Students have an annual medical examination;
2. Students bring emergency medications (e.g., asthma inhalers, epinephrine auto injectors) to all activities involving physical activity;
3. Students remove eyeglasses during DPA, physical education classes and intramurals. If eyeglasses cannot be removed, the student must wear an eyeglass strap and shatterproof lenses;
4. Students must be made aware of ways to protect themselves from environmental conditions (e.g., use of hats, sunscreen, sunglasses, access to liquid replacement, insect repellent, appropriate clothing); and
5. A safety inspection is carried out at home of any equipment brought to school for ' personal use in class, physical education and/or intramural/club activities (e.g., skis, skates, helmets).

PLEASE NOTE: FREEDOM OF INFORMATION- The information provided on this form is collected pursuant to the Board's education responsibilities as set out in the Education Act and its regulations. This information is protected under the Municipal Freedom of Information and Protection of Privacy Act and will be utilized only for the purposes related to the Board's Policy on Risk Management. Any questions with respect to this information should be directed to your school principal.

Part B – Medical Information Form

Parent/Guardians are requested to complete the following medical information form, acknowledgement of Elements of Risk Notice and request to participate in physical education and/or intramural activities and return to their child/ward's teacher.

Name of Student: _____ Grade: _____

Name of Teacher: _____

(Where your child's/ward's condition is confidential or requires further explanation you are requested to contact the school administrator.

Date of last complete medical examination: _____

Date of last tetanus immunization: _____

Is your child/ward allergic to any drugs, food or medication/other? **Yes** ___ **No** ___

If yes, provide details _____

1. Medic Alert Information:

Does your child/ward have a:

Medical alert bracelet? **Yes** ___ **No** ___

Neck chain? **Yes** ___ **No** ___

Medical alert card? **Yes** ___ **No** ___

If yes, please specify what is written on it: _____

2. Medications:

Does your child/ward take any prescription drugs? **Yes** ___ **No** ___

If yes, provide details _____

What medication(s) should be accessible during the school day or sport activity?

Who should administer the medication? _____

3. Oral, Hearing, and Visual Appliances:

Does your child/ward wear:

Eyeglasses? **Yes** ___ **No** ___

Contact lenses? **Yes** ___ **No** ___

Orthodontic appliance? Yes ___ No ___

Crowns? Yes ___ No ___

Hearing aid? Yes ___ No ___

4. Medical Conditions:

Please indicate if your child/ward has been diagnosed as having any of the following medical conditions and provide pertinent details.

Has your child/ward been identified as anaphylactic? Y___ N___

If yes, does he/she carry an epinephrine auto injector (e.g., EpiPen/Allerject)? Y___ N___

Circle any that apply and provide relevant details:

Asthma	Epilepsy	Type I Diabetes	Type II Diabetes
Heart disorders	Allergies	Deafness	Other

5. Physical Ailments:

Circle any that apply and provide relevant details:

arthritis or rheumatism	spinal conditions	orthopaedic conditions
chronic nosebleeds	fainting	trick or lock knee
dizziness	headaches	hernia
swollen, hyper-mobile or painful joints		

Head or back conditions or injuries, including any diagnosed concussions (in the past two years)

Please indicate any other medical condition that will limit active participation:

If your child/ward is presently diagnosed with a concussion by a medical doctor/nurse practitioner, that was sustained outside of school physical activity, the Appendix D-4 - Documentation of Medical Examination must be completed before the student returns to physical education classes,

DPA, intramural activities and interschool practices and competitions. Request the form from the school administrator.

Elements of Risk Notice:

I acknowledge and have read the Elements of Risk notice.

Parent/Guardian Signature: _____ Date: _____

Physical Activity Permission:

I give permission for my child/ward to participate in physical activity in class and in intramural clubs.

Parent/Guardian Signature: _____ Date: _____

Pupil Health: Concussion Management & Information for Parents

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.

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.

CONCUSSION DEFINITION

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.

CONCUSSION DIAGNOSIS

A concussion 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.

CONCUSSION COMMON SIGNS AND SYMPTOMS

Following a blow to the head, face or neck, or a blow to the body that transmits a force to the head, a concussion should be suspected in the presence of **any one or more** of the following signs or symptoms:

Note:

- Signs and symptoms can appear immediately after the injury or may take hours or days to emerge.
- Signs and symptoms may be different for everyone.
- 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.
- It may be difficult students with special needs or students for whom English/French is not their first language to communicate how they are feeling.

TABLE 1: Common Signs and Symptoms of a Concussion

Possible Signs Observed <i>A sign is something that will be 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>
<p>Physical</p> <ul style="list-style-type: none"> • vomiting • slurred speech • slowed reaction time • poor coordination or balance • blank stare/glassy-eyed/dazed or vacant look • decreased playing ability • loss of consciousness or lack of responsiveness • lying motionless on the ground or slow to get up • amnesia • seizure or convulsion • grabbing or clutching of head <p>Cognitive</p> <ul style="list-style-type: none"> • difficulty concentrating • easily distracted • general confusion • cannot remember things that happened before and after the injury does not know time, date, place, class, type of activity in which he/she was participating slowed reaction time (e.g., answering questions or following directions) <p>Emotional/Behavioural</p> <ul style="list-style-type: none"> • strange or inappropriate emotions (e.g., laughing, crying, getting angry easily) <p>Sleep Disturbance</p> <ul style="list-style-type: none"> • drowsiness • insomnia 	<p>Physical</p> <ul style="list-style-type: none"> • headache • pressure in head • neck pain • feeling off/not right • ringing in the ears • seeing double or blurry/loss of vision • seeing stars, flashing lights • pain at physical site of injury • nausea/stomach ache/pain • balance problems or dizziness • fatigue or feeling tired • sensitivity to light or noise <p>Cognitive</p> <ul style="list-style-type: none"> • difficulty concentrating or remembering • slowed down, fatigue or low energy • dazed or in a fog <p>Emotional/Behavioural</p> <ul style="list-style-type: none"> • irritable, sad, more emotional than usual • nervous, anxious, depressed <p>Sleep Disturbance</p> <ul style="list-style-type: none"> • drowsy • sleeping more/less than usual • difficulty falling asleep

RETURN TO LEARN/ RETURN TO PHYSICAL ACTIVITY PLAN

A student with a diagnosed concussion needs to follow a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan. While return to learn and return to physical activity processes are combined within the Plan, a student with a diagnosed concussion must be symptom free prior to returning to regular learning activities.

Appendix B

In developing the Plan, the return to learn process is individualized to meet the particular needs of the student. There is no pre-set formula for developing strategies to assist a student with a concussion to return to his/her learning activities. In contrast, the return to physical activity process follows an internationally recognized graduated stepwise approach.

DOCUMENTATION OF MEDICAL EXAMINATION:

Prior to a student with a suspected concussion returning to school, the parent/guardian must communicate the results of the medical examination (i.e., student does not have a diagnosed concussion or the student has a diagnosed concussion) through a medical attestation to the school principal.

Sudden Arrhythmia Death Syndrome - SADS

Information:

Sudden Arrhythmia Death Syndrome (SADS) refers to a variety of cardiac disorders which are often genetic and undiagnosed that can be responsible for sudden death in young, apparently healthy people.

- e.g., Long QT Syndrome (LQTS) - a genetic condition that predisposes individuals to arrhythmias, fainting spells and sudden death. It is often symptomless and can therefore remain undiagnosed.

Research suggests that over 700 Canadians under the age of 35 die each year from an undiagnosed cardiac rhythm disorder.

Resources:

- Sudden Arrhythmia Death Syndrome Educational Video – www.sads.ca

Prevention of Sudden Cardiac Death:

Recognition of the **warning signs** and early medical intervention are the keys to preventing sudden cardiac death in children and young adults.

WARNING SIGNS

(student with no previously diagnosed heart condition):

- Fainting or seizure during physical activity
- Fainting or seizures resulting from emotional excitement, emotional distress or being startled (e.g., a sudden noise such as a school fire alarm system).
- All situations where there is fainting even when the individual wakes up quickly and seems fine

Note: These symptoms are not conclusive in and by themselves; however, the presentation of any one symptom requires an immediate cardiac evaluation.

School Response to a Fainting Episode:

- Call 911 immediately: it is important to provide EMS with information of what led up to the individual fainting.
- Contact parents/guardians as soon as reasonably possible.
- Provide parents/guardians with:
 - Information on Sudden Arrhythmia Death Syndrome
 - Documentation of a Fainting Episode Form - to be returned to the school principal/designate.

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Return to Physical Activity:

- No participation in physical activity until a medical assessment is completed and information from the parent/guardian is provided to the school administrator/designate.
- School administrator/designate informs staff who provide student with physical activity that the student is not to participate in physical activity until parents have returned the completed Documentation of a Fainting Episode form (see page 4 of this appendix).
- Once the completed form has been returned, the school administrator/designate informs relevant staff (physical education teacher, coach, intramural supervisor) whether the student can participate in physical activity based on the information provided.
- School administrator/designate files Documentation of a Fainting Episode form in the student's OSR.

Parent/Guardian Response to a Fainting Episode:

- Parent/guardian is to seek immediate medical attention for the child/ward, requesting a cardiac assessment to be completed (e.g., analysis of the heart rhythm by a cardiologist or an electro physiologist).
- Parent/guardian the completed Documentation of a Fainting Episode Form to the school administrator/designate.

Documentation of a Fainting Episode Form

This form is to be completed by the student's parent/guardian and returned to your school administrator/designate.

Name of Student: _____

Teacher: _____

As a result of a fainting episode, my child was seen by a medical doctor.

Results of Medical Examination

- My child/ward has been examined by a doctor who determined that a cardiac assessment was not necessary or required.
- My child/ward has been examined by a doctor. A cardiac assessment was completed and **no rhythm disorders were diagnosed**. My child/ward may resume full participation in physical activity with no restrictions.
- My child/ward has been examined by a doctor. A cardiac assessment was completed and a **rhythm disorder was diagnosed**.
- My child/ward therefore must begin a medically supervised return to physical activity plan. Refer to comments below and/or attached physician's information.

Parent/Guardian signature: _____

Date: _____

Comments:

Physician's input attached: Yes No

Return to Physical Activity – Non-Concussion Medical Illnesses/Injuries

This form is to be completed by parent/guardians and returned to the principal/designate for any student who has missed a physical education class or an intramural activity due to an injury or illness requiring professional medical attention (e.g. medical doctor, nurse practitioner, chiropractor, physiotherapist).

Name of Student: _____

Teacher/ Coach: _____

As a result of my child's/ward's injury/illness (_____), medical attention by a (*check one*):

- medical doctor
- nurse practitioner
- other medical specialist: _____

has been assessed with the following results:

Results of Medical Examination (check appropriate box(es))

- No limiting features of the injury/illness** have been observed and therefore my child/ward may resume full participation in physical activity with no restrictions.
- Some features of the injury/illness remain** which limit the ability to participate without restrictions. My child/ward may participate in physical activity following the accommodations to his/her physical activities listed below. (Accommodations must be provided prior to any physical activity taking place.)
- A diagnosis that the **injury/illness will prevent my child/ward from participating** in physical activity until further notice was received.
- Refer to comments below and/or attached information.

Parent/Guardian signature: _____ Date: _____

Comments:

Concussion Management Procedures: Return to Learn and Return to Physical Activity

For a visual overview of the steps and role responsibilities in suspected and diagnosed concussions, see Chart 1.

CONTEXT

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.

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.

Educators and school staff will work with family and medical practitioner to support the child's return to physical activity.

INITIAL RESPONSE: IDENTIFICATION

If a student receives a 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, and as a result may have suffered a concussion, the individual (e.g., teacher/coach) responsible for that student must take immediate action as follows:

Unconscious Student (or where there was any loss of consciousness)

- Stop the activity immediately – assume there is a concussion.
- Initiate Emergency Action Plan and call 911. Do not move the student.
- Assume there is a possible neck injury and, only if trained, immobilize the student before emergency medical services arrive.
 - Do not remove athletic equipment (e.g., helmet) unless there is difficulty breathing.
- Stay with the student until emergency medical services arrive.
- Contact the student's parent/guardian (or emergency contact) to inform them of the incident and that emergency medical services have been contacted.
- Monitor and document any changes (i.e., physical, cognitive, emotional/behavioural) in the student.
 - Reference Occupational Health & Safety for reporting a critical injury (Policy 1.2.17, S.12 – Critical Injuries, Fatalities and Occupational Illnesses)

Appendix D-1

- If the student regains consciousness, encourage him/her to remain calm and to lie still. Do not administer medication (unless the student requires medication for other conditions – e.g., insulin for a student with diabetes).

Conscious Student

- Stop the activity immediately.
- Initiate Emergency Action Plan.
- When the student can be safely moved, remove him/her from the current activity or game.
- Conduct an initial concussion assessment of the student (i.e., using [Appendix D-2](#) - Tool to Identify a Suspected Concussion).

If sign(s) are observed and/or symptom(s) are reported and/or the student fails the Quick Memory Function Assessment (see Appendix D-2).

DOCUMENTATION OF MEDICAL EXAMINATION:

Prior to a student with a suspected concussion returning to school, the parent/guardian must communicate the results of the medical examination (i.e., student does not have a diagnosed concussion or the student has a diagnosed concussion) to the school principal (see the reporting form [Appendix D-4](#) - Documentation of Medical Examination).

- If no concussion is diagnosed: the student may resume regular learning and physical activities.
- If a concussion is diagnosed: the student follows a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan (see section below: Management Procedures for a Diagnosed Concussion).

MANAGEMENT PROCEDURES FOR A DIAGNOSED CONCUSSION

“Given that children and adolescents spend a significant amount of their time in the classroom, and that school attendance is vital for them to learn and socialise, full return to school should be a priority following a concussion.”¹

Return to Learn/Return to Physical Activity Plan

A student with a diagnosed concussion needs to follow a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan. While return to learn and return to physical activity processes are combined within the Plan, a student with a diagnosed concussion must be symptom free prior to returning to regular learning activities (i.e., Step 2b – Return to Learn) and beginning Step 2 – Return to Physical Activity.

In developing the Plan, the return to learn process is individualized to meet the particular needs of the student. There is no pre-set formula for developing strategies to assist a student with a concussion to return to his/her learning activities. In contrast, the return to physical activity process follows an internationally recognized graduated stepwise approach.

Appendix D-1

Completion of the Steps within the Plan:

The steps of the Return to Learn/Return to Physical Activity Plan may occur at home or at school.

Special circumstances which may affect the setting in which the steps may occur (i.e., at home and/or school), for example:

- the student has a diagnosed concussion just prior to winter break, spring break or summer vacation; or,
- the student is neither enrolled in Health and Physical Education class nor participating on a school team.

Given these special circumstances, the school administrator, in collaboration with parent/guardian must ensure steps 1-4 of the Return to Learn/Return to Physical Activity Plan are completed. As such, written documentation from a medical doctor or nurse practitioner (e.g., "[Appendix D-5 - Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan](#)") that indicates the student is symptom free and able to return to full participation in physical activity must be provided by the student's parent/guardian to the school principal and kept on file (e.g., in the student's OSR).

It is important to note:

- Cognitive or physical activities can cause a student's symptoms to reappear.
- 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.
- The signs and symptoms of a concussion often last for 7 – 10 days, but may last longer in children and adolescents.

CHART 1

Steps and Responsibilities in Suspected and Diagnosed Concussions

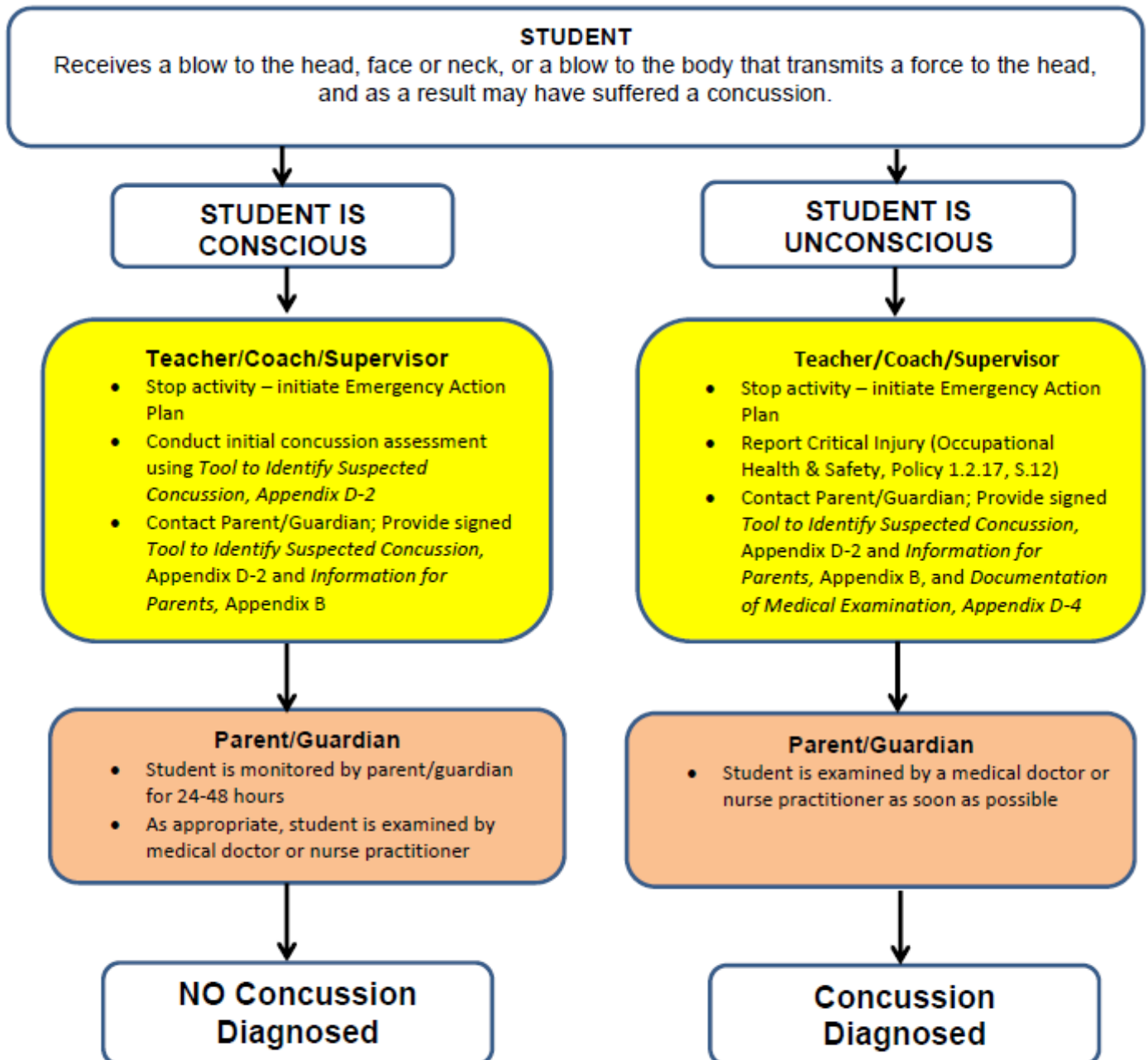


CHART 2 Return to Learn/Return to Activity Plan

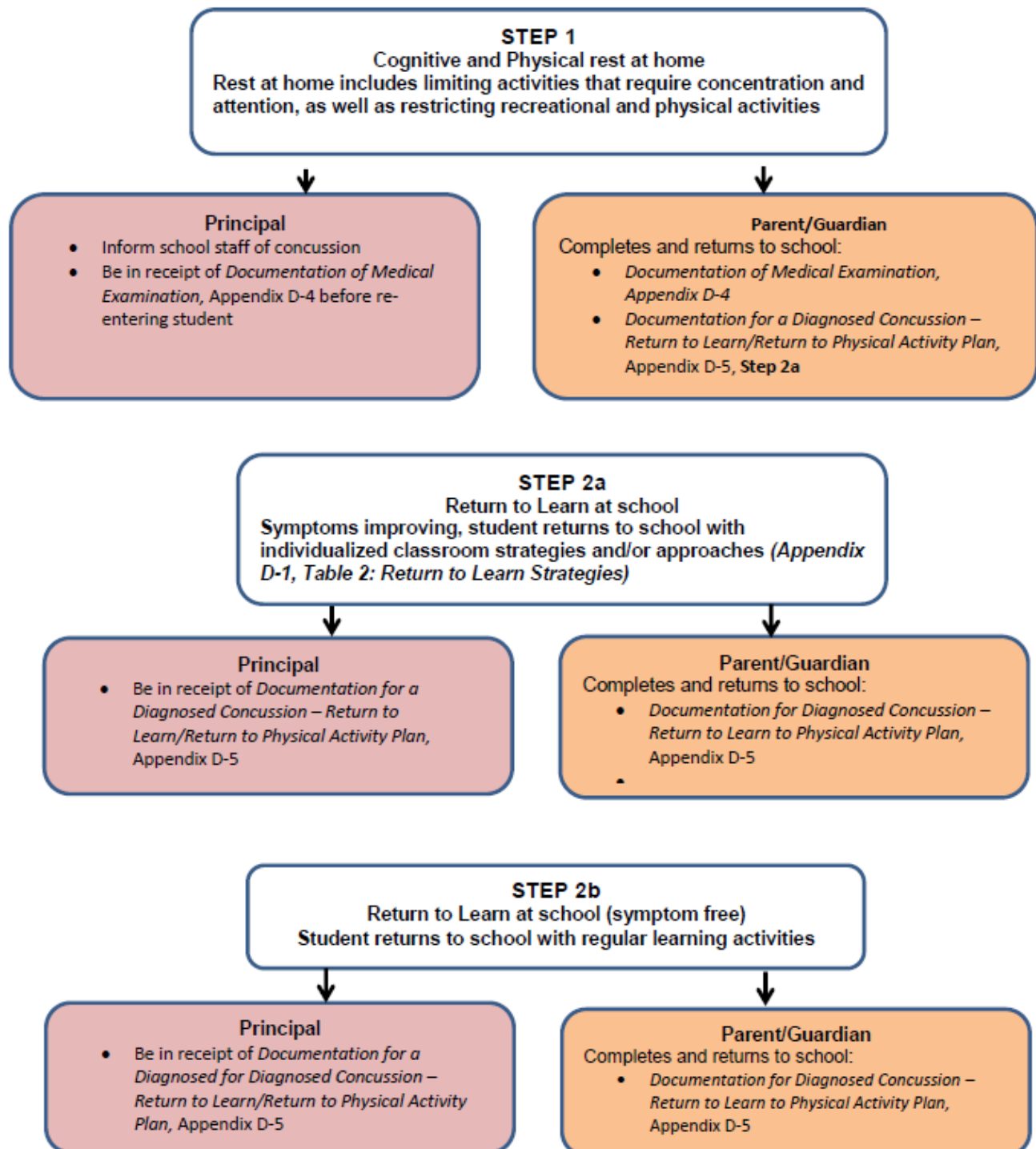
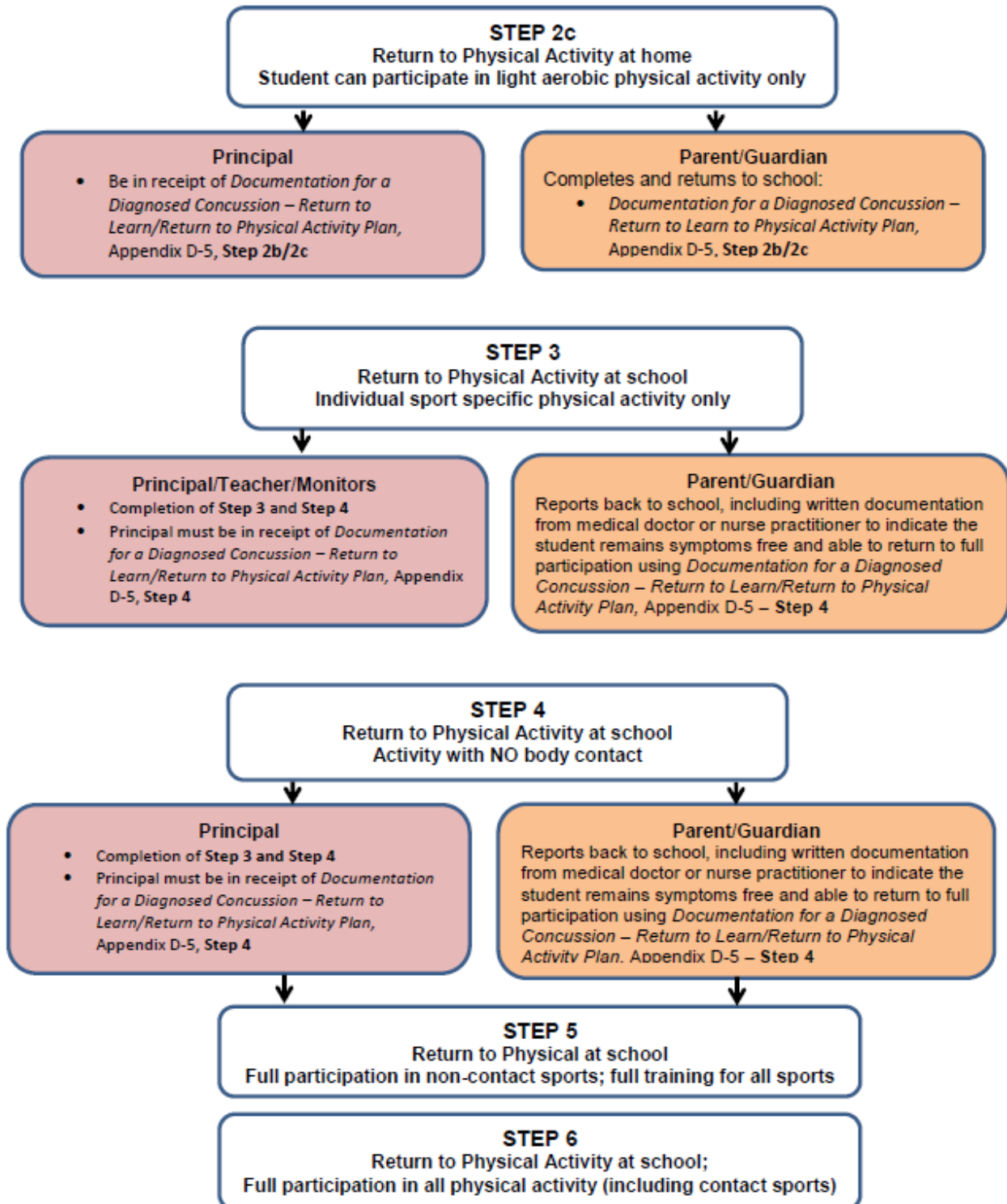


CHART 2 Return to Learn/Return to Activity Plan



Tool to Identify a Suspected Concussion

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 diagnosis and must follow "Appendix D-1 - Concussion Management Procedures - Return to Learn and Return to Physical Activity".

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.

This completed form must be copied, with the original filed as per school board policy and the copy provided to parent/guardian.

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

TABLE 2: Return to Learn Strategies/Approaches

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"> • ensure instructions are clear (e.g., simplify directions, have the student repeat directions back to the teacher) • allow the student to have frequent breaks, or return to school gradually (e.g., 1-2 hours, half-days, late starts) • keep distractions to a minimum (e.g., move the student away from bright lights or noisy areas) • limit materials on the student's desk or in their work area to avoid distractions • provide alternative assessment opportunities (e.g., give tests orally, allow the student to dictate responses to tests or assignments, provide access to technology)
Difficulty remembering or processing speed	Difficulty retaining new information, remembering instructions, accessing learned information	<ul style="list-style-type: none"> • provide a daily organizer and prioritize tasks • provide visual aids/cues and/or advance organizers (e.g., visual cueing, non-verbal signs) • divide larger assignments/assessments into smaller tasks • provide the student with a copy of class notes • provide access to technology • repeat instructions • provide alternative methods for the student to demonstrate mastery
Difficulty paying attention/ concentrating	<p>Limited/short-term focus on schoolwork</p> <p>Difficulty maintaining a regular academic workload or keeping pace with work demands</p>	<ul style="list-style-type: none"> • coordinate assignments and projects among all teachers • use a planner/organizer to manage and record daily/weekly homework and assignments • reduce and/or prioritize homework, assignments and projects • extend deadlines or break down tasks • facilitate the use of a peer note taker • provide alternate assignments and/or tests • check frequently for comprehension • consider limiting tests to one per day and student may need extra time or a quiet environment

Appendix D-3

EMOTIONAL/BEHAVIOURAL DIFFICULTIES

Post-Concussion Symptoms	Impact on Student's Learning	Potential Strategies and/or Approaches
Anxiety	Decreased attention/concentration Overexertion to avoid falling behind	<ul style="list-style-type: none"> • inform the student of any changes in the daily timetable/schedule • adjust the student's timetable/schedule as needed to avoid fatigue (e.g., 1-2 hours/periods, half-days, full-days) • build in more frequent breaks during the school day • provide the student with preparation time to respond to questions
Irritable or Frustrated	Inappropriate or impulsive behaviour during class	<ul style="list-style-type: none"> • encourage teachers to use consistent strategies and approaches • acknowledge and empathize with the student's frustration, anger or emotional outburst if and as they occur • reinforce positive behaviour • provide structure and consistency on a daily basis • prepare the student for change and transitions • set reasonable expectations • anticipate and remove the student from a problem situation (without characterizing it as punishment)
Light/Noise Sensitivity	Difficulties working in classroom environment (e.g., lights, noise, etc.)	<ul style="list-style-type: none"> • arrange strategic seating (e.g., move the student away from window or talkative peers, proximity to the teacher or peer support, quiet setting) • where possible provide access to special lighting (e.g., task lighting, darker room) • minimize background noise • provide alternative settings (e.g., alternative work space, study carrel) • avoid noisy crowded environments such as assemblies and hallways during high traffic times • allow the student to eat lunch in a quiet area with a few friends • where possible provide ear plugs/headphones, sunglasses
Depression/ Withdrawal	Withdrawal from participation in school activities or friends	<ul style="list-style-type: none"> • build time into class/school day for socialization with peers • partner student with a "buddy" for assignments or activities

Note: "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."⁵

Documentation of Medical Examination

This form to be provided to all students suspected of having a concussion. For more information see **“Appendix D-1 – Concussion Management Procedures: Return to Learn and Return to Physical Activity”**.

_____ -sustained a suspected concussion
(student name)

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*.

Parent/Guardian signature: _____ Date: _____

Physician signature: _____ Date: _____

Comments:

Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan

This form is to be used by parents/guardians to communicate their child's/ward's progress through the plan and is to be used with "Appendix D-1 – Concussion Management Procedures: Return to Learn and Return to Physical Activity".

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).

Step 1 – Cognitive and Physical Rest (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.
- 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 2c – Return to Physical Activity.

Parent/Guardian signature: _____ Date: _____

Comments:

Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan

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 at School

- *Student makes gradual return to instructional day.*
- *Requires individualized classroom strategies and/or approaches which gradually increase cognitive activity.*
- *Physical rest– includes restricting recreational/leisure and competitive physical activities.*

If symptoms persist or worsen return to Step 1 and consult a physician (see page 1 of this form)

- 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 at School

- *Student returns to regular learning activities at school.*

Step 2c – Return to Physical Activity at Home

- *Student can participate in individual light aerobic physical activity only.*
- *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.
- Appendix D-5 will be returned to the teacher to record progress through Steps 3 and 4.

Parent/Guardian signature: _____ Date: _____

Comments:

Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan

Step 3 – Return to Physical Activity at School

- *Student may begin individual sport-specific physical activity only.*

Step 4 – Return to Physical Activity at School

- *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.*
- Student has successfully completed Steps 3 and 4 and is symptom free.
- Appendix D-4 will be returned to parent/guardian to obtain medical doctor/nurse practitioner diagnosis and signature.

Teacher signature: _____

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: _____

Comments:

Step 5 – Return to Physical Activity at School

- *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 at School

- *Student may resume full participation in contact sports with no restrictions.*

Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan

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: _____

Physician/Nurse Practitioner signature: _____

Date: _____

Comments:
