



CONCUSSION MANAGEMENT

Responsibility:	<i>Senior Superintendent, Student Achievement and Well-Being</i>
Legal References:	<i>Education Act, R.S.O. 1990, c. E.2.</i>
Related References:	<i>Ministry of Education, Policy/Program Memorandum 158, School Board Policies on Concussion Board Policy 6012 - Board Response to Student Concussions Ontario Physical Health Education Association (OPHEA) Safety Guidelines Parachute Canada Administrative Procedure 1240 – Student Use of Head Protection While Skating WRDSB Concussion Management Protocol: Staff Handbook</i>
Revisions:	<i>September 2016</i>
Reviewed:	<i>September 2016</i>

1. Preamble

- 1.1 The Waterloo Region District School Board (Board) recognizes concussions as a serious brain injury which requires appropriate follow-up measures to reduce risk of potential additional injury.
- 1.2 The Board recognizes that children and adolescents are among those at greatest risk for concussions. The Board also recognizes that while there is potential for a concussion any time there is body trauma, the risk is greatest during activities where collisions can occur, such as during physical education classes, playground time, or school-based sports activities. Increasing awareness of conditions to prevent and identify symptoms related to concussions will support the proper management of concussions, reducing increased risk.
- 1.3 The procedure that follows provides guidelines and expectations for responding to students with suspected and diagnosed concussions and is to be followed for students who have sustained concussions as part of or outside of school activities.

2. Purpose

- 2.1 To provide school personnel in the Waterloo Region District School Board with information that supports awareness regarding the nature and seriousness of concussions.
- 2.2 To provide strategies for the prevention of head injuries and identification of suspected concussions.
- 2.3 To provide strategies for the management of students who have been diagnosed with a concussion.

3. Definition

- 3.1 A concussion:
- 3.1.1 Is a brain injury that causes changes in how the brain functions, leading to symptoms that can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty concentrating or remembering), emotional/behavioural (e.g., depression, irritability) and/or related to sleep (e.g., drowsiness, difficulty falling asleep).
 - 3.1.2 May be caused either by a direct blow to the head, face or neck, or a blow to the body that transmits a force to the head that causes the brain to move rapidly within the skull.
 - 3.1.3 Can occur even if there has been no loss of consciousness (in fact most concussions occur without a loss of consciousness).
 - 3.1.4 Cannot be seen on X-rays, standard CT scans or MRIs.
 - 3.1.5 Is a clinical diagnosis made by a physician or nurse practitioner:
 - It is critical that a student with a suspected concussion be examined by a physician or nurse practitioner as soon as possible on the same day. It is the responsibility of the parent/guardian to ensure that the student is examined by a physician or nurse practitioner.
- 3.2 Due to their developing brain and risk-taking behavior, children and adolescents are more susceptible to concussion and take the longest to recover. Recent research has made it clear that a concussion can have a significant impact on a student's cognitive and physical abilities. In fact, research shows that activities that require concentration can actually cause a student's concussion symptoms to reappear or worsen. It is equally important to help students as they "return to learn" in the classroom as it is to help them "return to physical activity". Without identification and proper management, a concussion can result in permanent brain damage, and in rare occasions, even death.
- 3.3 Research also suggests that a child or youth who suffers a second concussion, before he or she is symptom free from the first concussion, is susceptible to a prolonged period of recovery and possibly Second Impact Syndrome – a rare condition that causes rapid and severe brain swelling and often catastrophic results including death.

4. Signs and Symptoms of a Concussion

- 4.1 It is the responsibility of staff to **report** a suspected concussion. A concussion can only be diagnosed by a physician or a nurse practitioner.
- 4.2 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 day to appear.
- 4.3 *Appendix A: Tool to Identify a Suspected Concussion* lists common signs and symptoms to help staff identify and report a suspected concussion. Sport Concussion Assessment Tool (SCAT2) is a pocket-sized tool that can also be used to identify a suspected concussion when access to Appendix A is not convenient (e.g., on the field). Please refer to Appendix G in the WRDSB Concussion Management Protocol: Staff Handbook for the SCAT2 tool. (The Pocket SCAT2 may be more appropriate for adolescents).

5. Prevention of Injuries Resulting in Concussion

- 5.1 Regardless of the steps taken to prevent injury, some students will continue to be injured. The severity of the injury can be mitigated by the following:
- 5.1.1 Awareness and education for coaches, staff, parent/guardian and students to:
 - Recognize the symptoms of concussion;
 - Remove the student from play;
 - Refer the student to a physician/nurse practitioner;
 - Increase concussion awareness regarding prevention, management, identification and response by accessing appropriate resources such as:
 - www.ontario.ca/concussions
 - <http://safety.ophea.net/concussion-protocols>
 - <http://horizon.parachutecanada.org/en/?s=concussion>
 - 5.1.2 Wearing the sport-specific protective equipment:
 - Equipment should fit properly;
 - Equipment should be well maintained;
 - Equipment should be worn consistently and correctly;
 - Equipment should meet current safety standards;
 - Damaged or expired equipment should be replaced.
 - 5.1.3 Follow OPHEA sport specific safety guidelines and enforce the fair play code of conduct <http://safety.ophea.net/concussion-protocols>.
 - 5.1.4 Ensure that concussion awareness and education strategies are made available to students and parent/guardian (websites, handouts, newsletters, team meetings, curriculum etc.).
 - 5.1.5 Students are expected to follow their supervising staff/coach's/volunteer's safety instructions at all times.
 - 5.1.6 Reinforce that it is extremely important not to return to learning or physical activity while still recovering from a concussion to avoid further risk of injury.
 - 5.1.7 Discourage parent/guardian/teacher/coach/ school staff from pressuring recovering concussed students to play or learn before they are ready.
 - 5.1.8 Provide reassurance, support and request/offer academic accommodations as needed.
 - 5.1.9 Encourage students to fully communicate their symptoms about all injuries.
 - 5.1.10 Educate students on the potential risks of not communicating symptoms of an injury.

6. Roles and Responsibilities

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, parent/guardian, students, volunteers, school board staff must all understand and fulfill their responsibilities.

6.1 Responsibilities of Supervisory Officers

Supervisory Officers will:

- 6.1.1 Perform an annual review of this procedure to ensure guidelines align with current best practice recommendations and OPHEA concussion guidelines;
- 6.1.2 In partnership with Ontario School Board Insurance Exchange (OSBIE), generate a report to track suspected student concussions;
- 6.1.3 Ensure that concussion training is made available to all school staff and volunteers, including the signs and symptoms of concussion, immediate action to take if a concussion is suspected and prevention strategies and other information as appropriate to their roles;

- 6.1.4 Provide support to schools and staff to ensure enforcement of Return to Learn and Return to Physical Activity guidelines in this procedure;
- 6.1.5 Make this procedure and related information available to Community Users of school facilities and licensed third-party care providers operating Extended Day programs.

6.2 Responsibilities of School Principals

The Principal will:

- 6.2.1 Ensure all staff and volunteers understand their responsibilities, are aware of and follow this procedure as appropriate to their roles;
- 6.2.2 Make concussion information readily available to all school staff and volunteers;
- 6.2.3 Ensure that this procedure is adhered to during all school activities, including off-campus trips;
- 6.2.4 Make available concussion information to students and their parent/guardian;
- 6.2.5 Ensure OPHEA Safety Guidelines are being followed;
- 6.2.6 Work with students, parent/guardian, staff, volunteers, and health professionals to support concussed students with their recovery and academic success as per the steps outlined in the WRDSB Concussion Management Protocol: Staff Handbook;
- 6.2.7 Maintain up-to-date emergency contact information and telephone numbers;
- 6.2.8 Ensure that all incidents are recorded, reported and filed as required by this Administrative Procedure, as appropriate, and with an OSBIE Incident Report Form;
- 6.2.9 Establish a school-based tracking system (binder, Waterworks folder, Google doc etc.) that is accessible to all staff for students who have sustained concussions and/or suspected concussions.
- 6.2.10 Seek support from the appropriate Superintendent if the parent/guardian refuses a physician consultation and/or refuses to adhere to their responsibilities as set out in this procedure.

6.3 Responsibilities of School Staff

School Staff (Includes administrative staff, teaching staff, support staff, coaches, volunteers, etc.) will:

- 6.3.1 Be responsible for accessing the WRDSB Concussion Management Protocol: Staff Handbook when a student exhibits symptoms of a suspected concussion or has been diagnosed by a physician or nurse practitioner with a concussion;
- 6.3.2 Complete required Board Concussion training;
- 6.3.3 Prior to participating in activities that could result in a concussion, provide age-appropriate concussion education;
- 6.3.4 Recognize signs and symptoms of a suspected concussion and respond appropriately in the event of a concussion;
- 6.3.5 Follow current OPHEA Safety Guidelines and implement risk management and injury prevention strategies;
- 6.3.6 Inform the Principal and parent/guardian of a suspected student concussion;
- 6.3.7 Provide parent/guardian with appropriate documentation as per the WRDSB Concussion Management Protocol: Staff Handbook when a student is suspected of having a concussion;
- 6.3.8 Follow the student's Return to Learn and Return to Physical Activity Plan.

6.4 Responsibilities of Parent/Guardian

Parent/Guardian will:

- 6.4.1 Review with your child the concussion information that is made available by the school;
- 6.4.2 Reinforce concussion prevention strategies;
- 6.4.3 Understand and follow parent/guardian roles and responsibilities in this procedure;
- 6.4.4 Ensure your child is assessed as soon as possible by physician/nurse practitioner, on the same day, in the event of a suspected concussion;
- 6.4.5 Cooperate with school to facilitate Return to Learn and Return to Physical Activity plan;
- 6.4.6 Follow physician/nurse practitioner recommendations to promote recovery;
- 6.4.7 Be responsible for the completion of all required documentation and associated costs;
- 6.4.8 Support your child's progress through recommended Return to Learn and Return to Physical Activity guidelines;
- 6.4.9 Report non-school related concussion to principal (Return to Learn/Return to Physical Activity guidelines will still apply);
- 6.4.10 Encourage your child to fully communicate their symptoms about all injuries;
- 6.4.11 Reinforce with their child the importance of following the school's safety procedures;
- 6.4.12 Report concussion history on the school medical form;
- 6.4.13 Communicate to teachers/coaches their child's concussion history.

6.5 Responsibilities of Students

Students will:

- 6.5.1 Learn about concussions, including prevention strategies, signs and symptoms, concussion management and student roles and responsibilities, throughout applicable curriculum;
- 6.5.2 Respect school staff, parent/guardian's, and medical professional's decisions about health and safety;
- 6.5.3 Follow safety rules and regulations at all times;
- 6.5.4 Immediately inform school staff of suspected or diagnosed concussions occurring during or outside of school;
- 6.5.5 Inform school staff if you experience any concussion related symptoms (immediate, delayed or reoccurring);
- 6.5.6 Remain on school premises until parent/guardian arrives if concussion is suspected;
- 6.5.7 Communicate concerns and challenges during recovery process with staff designate, school staff, parent/guardian, and health care providers;
- 6.5.8 Follow concussion management strategies as per physician/nurse practitioner direction and Return to Learn/Return to Physical Activity guidelines.
- 6.5.9 Communicate to teachers/coaches their personal concussion history.

6.6 Role of Physician and/or Other Health Care Professionals

Physician and/or other health care professionals may:

- 6.6.1 Assist in the development of Return to Learn and Return to Physical Activity plans;
- 6.6.2 Monitor recovery process and modify concussion management plan as required;
- 6.6.3 Complete required documentation.

6.7 Volunteers

Any volunteer (non-Board staff) coach for a Waterloo County Secondary School Athletic Association (WCSSAA) team.

6.7.1 Volunteers must complete the specified Board Concussion training.

6.7.2 Volunteers are responsible for submitting proof of completion of Board Concussion training to the Principal via their respective staff sponsor (coach)