



PREVENTION AND RESPONSE TO STUDENT CONCUSSIONS

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 OPHEA Safety Guidelines Parachute Canada Administrative Procedure 3850 – Staff Use of Head Protection in Sports Administrative Procedure 1240 – Student Use of Head Protection While Skating Administrative Procedure 1250 – Concussion Management WRDSB Concussion Management Protocol – Staff Handbook Administrative Procedure 1700 – Waterloo County Secondary School Athletic Association (WCSSAA)</i>
Effective Date:	<i>January 26, 2015</i>
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Reviewed:	<i>May 13, 2019</i>

1. Preamble

- 1.1 The Waterloo Region District School Board (WRDSB) recognizes the importance of the health, safety and well-being of its students as essential pre-conditions for effective learning. The WRDSB understands that all stakeholders, including trustees, administrators, educators, school staff, students, families and caregivers, school volunteers and community-based organizations have an important role to play in promoting student health and safety and in fostering and maintaining healthy and safe environments in which students can learn. To this end, the WRDSB is committed to taking steps to reduce the risk associated with concussions.
- 1.2 In order to provide a comprehensive approach to prevent and respond to student concussions, and in order to comply with PPM158, the WRDSB has developed procedures, in particular AP 1250 “Concussion Management”, and a “Concussion Management Protocol”, to address concussion awareness, prevention, identification and management. Concussions can have a significant impact on students - cognitively, physically, emotionally, and socially. While all stakeholders have a responsibility to prevent and respond to student concussions, the WRDSB recognizes that a concussion must be clinically diagnosed by a doctor or a nurse practitioner.
- 1.3 The WRDSB believes that the prevention and response to student concussions requires the cooperation of all partners in the school community including families and caregivers, students, volunteers, staff, and medical professionals.
- 1.4 As part of the response to student concussion, school administration and staff, with the support of families and caregivers, the student, and medical professionals will follow a Return to Learn/Return to Physical Activity Plan for students diagnosed with a concussion.

2. Definition of a Concussion:

The Ministry of Education Policy Procedure Memorandum 158, School Board Policies on Concussions defines a concussion as follows:

- 2.1 A concussion is a brain injury that causes changes in the way in which the brain functions which 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 related to sleep (e.g., drowsiness, difficulty in falling asleep).
- 2.2 A concussion may be caused either by 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.
- 2.3 A concussion can occur even if there has been no loss of consciousness (in fact, most concussions occur without a loss of consciousness).
- 2.4 A concussion 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. Concussion Awareness, Prevention and Management, Identification and Response:

- 3.1 Awareness: The WRDSB is committed to building awareness of head injuries, concussions and their impact with staff, students, volunteers, families and caregivers, and community partners. Knowledge about properly managing concussions or suspected concussions is essential in a student's recovery.
- 3.2 Prevention and Management: Concussions may occur anytime a student is involved in an activity whether at school or in the community. The WRDSB takes a preventative approach to concussions using education as a tool to prevent and minimize the risk of concussion. As with all aspects of student safety, the WRDSB promotes a culture of safety-mindedness first. Based on the [OPHEA Concussion Safety Guidelines](#), three key aspects of concussion prevention and management include:
 - 3.2.1 Providing information/actions that prevent concussions from happening (e.g. rules and regulations, minimizing slips and falls by checking that classroom floor and activity environments provide for safe traction and are obstacle free, etc.),
 - 3.2.2 Appropriate management of a concussion, when one has occurred (e.g. Effective identification of the problem, and Management of the Return to Learn/Return to Physical Activity plan, etc.) designed to prevent the worsening of a concussion,
 - 3.2.3 Preventing long term complications of a concussion (e.g. chronic traumatic encephalopathy) by advising the participant to permanently discontinue a physical activity/sport based on evidence-based guidelines.
- 3.3 Identification: The WRDSB is committed to ensuring the proper identification of a concussion or suspected concussion. Whenever there is a blow to the head, face, or neck, or a blow to the body that transmits a force to the head, a concussion is to be suspected. When a concussion is suspected:
 - 3.3.1 The student will immediately be removed from all physical activities,
 - 3.3.2 The student's families and caregivers will be contacted,
 - 3.3.3 The Return to Learn/Return to Physical Activity Plan: "Suspected Concussion Checklist" will be completed and a copy given to the families and caregivers, and,
 - 3.3.4 The families and caregivers will provide the school principal with medical documentation as to whether there is or is not a diagnosed concussion.

- 3.4 Response: The WRDSB believes that the successful treatment of a concussion is fundamental to optimizing the learning, well-being and achievement of the student. When a concussion is diagnosed the student will follow a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan.

4. Responsibilities:

- 4.1 The responsibility for the administration of this policy lies with Senior Administration and the school. The school principal or designate is required to follow this policy and will lead the coordination and management of the Return to Learn/Return to Physical Activity Plan with the support of staff, families and caregivers, the student, and associated medical professionals.
- 4.2 School staff, coaches, and volunteers are required to complete WRDSB training annually and follow this policy and fulfill the direction of the Return to Learn/Return to Physical Activity Plan.
- 4.3 Families and caregivers and students are responsible for developing their awareness about concussion prevention, identification and management. Families and caregivers and students are responsible for communicating concussion history and symptoms, following medical advice and the steps in the procedure, including fulfilling their role as part of the collaborative team who implement the Return to Learn/Return to Physical Activity Plan where a student is diagnosed with a concussion.
- 4.4 Medical professionals (Physician or Nurse Practitioner) are responsible for diagnosing concussions and advising any return to physical activity.
- 4.5 Information on concussion awareness, prevention and management, identification and response is accessible to all stakeholders at www.ontario.ca/concussions.
- 4.6 For inter-school sports, sponsored by the WRDSB, athletes; parents/guardians, for athletes under 18; and coaches will need to complete, on an annual basis, the appropriate concussion code of conduct for their role.