



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</i> <i>OPHEA Safety Guidelines</i> <i>Administrative Procedure 3850 – Staff Use of Head Protection in Sports</i> <i>Administrative Procedure 1240 – Student Use of Head Protection While Skating</i> <i>Administrative Procedure 1250 – Concussion Management</i> <i>Administrative Procedure 1700 – Waterloo County Secondary School Athletic Association (WCSSAA)</i> <i>WRDSB Concussion Management Protocol – Staff Handbook</i>
Effective Date:	<i>January 26, 2015</i>
Revisions:	<i>September 18, 2017, January 20, 2020, October 19, 2020</i>
Reviewed:	<i>May 13, 2019, February 10, 2025</i>

1. Purpose

- 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 students, families and caregivers, trustees, administrators, educators, school staff, 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 PPM 158, 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 physician 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. Definitions

- 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. Application

- 3.1. **Awareness:** The WRDSB is committed to building awareness of head injuries, concussions, and their impact with students, families and caregivers, staff, volunteers, 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),
 - 3.2.2. Appropriate management of a concussion, when one has occurred (e.g., effective identification of the problem, management of the Return to Learn/Return to Physical Activity Plan), 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 in the presence of any one or more signs or symptoms of a 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 suspected, the WRDSB Concussion Management Protocol will be followed. When a concussion is diagnosed, the student will follow a medically

supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan.

3.5. Responsibilities

- 3.5.1. 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 families and caregivers, the student, staff, and associated medical professionals.
- 3.5.2. School staff, coaches, and volunteers are required to complete WRDSB training annually, follow this policy, and fulfill the direction of the Return to Learn/Return to Physical Activity Plan.
- 3.5.3. 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.
- 3.5.4. Medical professionals (physicians or nurse practitioners) are responsible for diagnosing concussions and advising any return to physical activity.
- 3.5.5. Information on concussion awareness, prevention and management, identification, and response is accessible to all stakeholders at www.ontario.ca/concussions.
- 3.5.6. For inter-school sports sponsored by the WRDSB, athletes, coaches, and, if the athlete is not an adult student, the athlete's parent/guardian will need to complete, on an annual basis, the appropriate concussion code of conduct for their role.