

Administrative Guideline – Concussion Safety for Students

Concussion

A concussion is a traumatic brain injury that causes changes in brain function, leading to signs and symptoms that can emerge immediately or in the hours or days after the injury. It is possible for symptoms to take up to 7 days to appear;

Concussion signs and symptoms can be physical (headache, dizziness), cognitive (difficulty concentrating or remembering), emotional/behavioural (depression, irritability) and/or related to sleep (drowsiness, difficulty falling asleep);

Concussions may be caused by a jarring impact to the head, face, neck or body, with an impulsive force transmitted to the head that causes the brain to move rapidly within the skull;

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Read and follow the Concussion Safety for Students Administrative Guideline;

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Attend yearly concussion training to include awareness, prevention, identification and management of concussion;

Support education of students and parents/guardians around concussion and make links to curriculum where relevant;

Be able to recognize signs and symptoms of a concussion and respond appropriately in the event of a concussion (See Appendix C2);

Ensure suspected concussions are reported to parents/guardians and principal/designate;

Follow safety guidelines and implement risk management and injury prevention strategies;

School staff that coach interschool sports, please also refer to the roles and responsibilities of coaches;

When relevant, help in completion of *Appendix D - Strategies to Support a Concussed Student* to assist with strategies and approaches for students returning to school after a diagnosed concussion.

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Coaches

Read and follow the Concussion Safety for Students Administrative Guideline;

Take part in yearly concussion training to include awareness, prevention, identification and management of concussion;

Read, sign and implement Concussion Code of Conduct;

Know that the Board's Concussion Protocol and associated documents are located on the Board website.

Parents/Guardians

Read and follow parent/guardian roles and responsibilities in the Concussion Safety for Students Administrative Guideline;

Review and sign Concussion Code of Conduct if your child is under the age of 18 and is involved in inter-school sports;

Reinforce concussion prevention strategies with your child (e.g., following rules on fair play, playground safety rules, wearing properly fitted helmets, using equipment safely, following rules of teacher, supervisor or coach). Appendix C5 for handout on concussion;

In the event of a reported suspected concussion by the school, parents/guardians should have the child assessed by physician or nurse practitioner (that day or as soon as possible);

In the event of a suspected concussion outside of school, parents/guardians should have child assessed by physician or nurse practitioner (that day or as soon as possible);

Report any diagnosed concussion to the school administration as soon as possible;

Complete and submit all required documentation to the school;

Follow medical recommendations to promote recovery;

Collaborate with the school to manage suspected or diagnosed concussions appropriately;

Collaborate with the school to facilitate Return to School Plan.

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Students

Students must review and sign the Concussion Code of Conduct;

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Immediately inform school staff or coach of suspected concussion at school or during school related activities (extra-curricular, field trips);

Immediately inform school principal of a concussion that has been diagnosed outside of school;

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Practicing fair play and respecting the rules of the game;

Immediately informing their coach or school staff if any signs or symptoms of a concussion and removing themselves from the activity;

Following recommendations for full recovery from concussion.

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Concussion Codes of Conduct

Concussion prevention is supported by Concussion Awareness Resources (see 7.0) and Concussion Codes of Conduct for inter-school sports. Students, parents/guardians (of students under the age of 18) and coaches will read and sign the Near North District School Board's Concussion Code of Conduct each year that they are involved in inter-school sports.

9.0 IDENTIFICATION OF A SUSPECTED CONCUSSION

If a coach/staff member/supervisor suspects that a student has sustained a concussion at school or elsewhere, they will (See Chart 1 and 2):

Immediately and safely remove the student from activity;

Call **911** immediately if any red flags are observed (Red Flags are listed on Appendix C2);

Use Appendix C2 (A Tool to Identify a Suspected Concussion) to help identify the presence of any signs or symptoms of concussion;

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approved by a recognized equipment
standards association (e.g. CSA, NOCSAE),

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Appendix B1 - Concussion Code of Conduct for Interschool Sports (Coach/Team Trainer)

As a coach/team trainer at _____ for the 20____-20____ school year, I am committed to:

Maintaining a safe learning environment:

I will review and adhere to the Near North District School Board’s concussion protocol, as it applies to my sport prior to taking on the responsibility as coach/team trainer.

I will check the facilities and equipment and take necessary precautions and bring potential hazards to the attention of the athletes.

I will provide and maintain a safe learning environment for athletes and uphold a culture of safety-mindedness.

I will inform athletes and their parent/guardian (for students under the age of 18) about the risks of a concussion or other potential injuries associated with the sport and ways to minimize those risks.

Fair play and respect for all:

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I will provide instruction to athletes about the importance of informing the coach/caring adult when they suspect a teammate may have a concussion.
I will immediately remove from play, for assessment, any athlete who receives a jarring/significant impact to the head, face, neck, or elsewhere on the body and adhere to the Near North District School Board’s concussion protocol prior to allowing return to physical activity.

Acknowledging the importance of communication between the student, parent, school staff, and any sport organization with which the student has registered:

I understand the importance of communication between myself and the athlete, parent/guardian, and relevant school staff.
I will promote the importance of communication about a suspected or diagnosed concussion between the athlete, parent/guardian, and all sport organizations with which the student has registered.

Supporting the implementation of a Return to School Plan for students with a concussion diagnosis:

I will support the implementation of the Return to School Plan for athletes with a diagnosed concussion.

Prioritizing a student’s return to learning as part of the Return to School Plan:

I understand the need to prioritize a student’s return to learning as part of the Return to School Plan.
I will follow the Return to School Plan and make sure a student diagnosed with a concussion does not return to training, practice, or competition until permitted to do so in accordance with the Return to School Plan.

I _____,

have read and understand all 2 pages of this code of conduct

have read and am familiar with the approved Concussion Awareness Resources provided at:
<https://www.ontario.ca/page/rowans-law-concussion-awareness-resources>

have completed the OPHEA concussion e-module provided at:
<https://www.ophea.net/blog/new-ophea-concussion-e-learning-module#.XdhS5jJKjVo>

Date: _____

Signature: _____

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This form is to be kept on file at the school for the duration of the school year

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Appendix B2 - Concussion Code of Conduct for Interschool Sports (Parent/Guardian of students under the age of 18)

As a parent/guardian of _____ at _____ for the 20____ -
20____ school year, I am committed to:

Maintaining a safe learning environment:

I will encourage my child to bring potential issues related to the safety of equipment and the facilities to the attention of the coach.

I will ensure the protective equipment that we provide is properly fitted as per the manufacturer's guidelines, in good working order, and suitable for personal use.

Fair play and respect for all:

I will demonstrate respect for all athletes, coaches, officials and spectators.

I will encourage my child to demonstrate respect for teammates, opponents, officials, and spectators and to follow the rules of the sport and practice fair play.

I will not pressure my child to participate in practices or games/competitions if they are injured.

Teaching/learning the rules of a physical activity, including the strict enforcement of consequences for prohibited play that is considered high-risk for causing concussions:

I will encourage my child to learn and follow the rules of the sport and follow the coach's instruction about prohibited play.

I will support the coach's enforcement of consequences during practices and competition regarding prohibited play.

I will respect the decisions of officials and the consequences for my child for any prohibited play.

Implementing the skills and strategies of an activity in a proper progression:

I will encourage my child to follow their coach's instructions about the proper progressions of skills and strategies of the sport..2 587.96 cm BT 50 0 0 50 242 -855T97

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Concussion recognition and reporting:

I have read and am familiar the approved Concussion Awareness Resource provided by my coach or school board (<https://www.ontario.ca/page/rowans-law-concussion-awareness-resources>)

I understand that if my child receives a jarring impact to the head, face, neck, or elsewhere on the body that is observed by or reported to the coach, my child will be removed immediately from the sport and:

I am aware that if my child has signs or symptoms of a suspected concussion they should be taken to a medical doctor or nurse practitioner for a diagnosis as soon as reasonable possible that day and I will report any results to appropriate school staff.

I am aware that not all signs and symptoms emerge immediately and there are times when signs and symptoms emerge hours or days after the incident and in these cases my child must stop all physical activities and be monitored at home and at school for the next 24 hours.

If no signs or symptoms emerge after 24 hours, I will inform the appropriate school staff and I understand my child will be permitted to resume participation.

I will inform school principal, coach and/or other relevant school staff when my child experiences signs or symptoms of a concussion, including when the suspected concussion occurs during participation in a sport outside of the school setting.

I will encourage my child to remove themselves from the sport and report to a coach or caring adult if they have signs or symptoms of a suspected concussion.

I will encourage my child to inform the coach or caring adult when they suspect a teammate may have sustained a concussion.

Acknowledging the importance of communication between the student, parent, school staff, and any sport organization with which the student has registered:

I will share with the coach, school staff, and/or staff supervisor of all sport organizations with which my child has registered if/when my child has experienced a suspected or diagnosed concussion or general safety issues.

Supporting the implementation of a Return to School Plan for students with a concussion diagnosis:

I understand that if my child has a suspected or diagnosed concussion, they will not return to full participation, including practice or competition, until permitted to do so in accordance with the Near North District School Board’s Return to School Plan.

I will ensure my child received a Medical Clearance as required by the Return to School Plan, prior to returning to full participation in “non-contact sports” or returning to a practice that includes full contact in “contact sports”.

Prioritizing a student’s return to learning as part of the Return to School Plan:



I will follow the recovery stages and learning strategies proposed by the collaborative team for my child as part of the Return to School Plan.

I _____,

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Appendix B3 - Concussion Code of Conduct for Interschool Sports (Students)

As a student at _____ for the 20____-20____ school year, I am committed to:

Maintaining a safe learning environment:

I will bring any potential issues related to the safety of equipment and facilities to the attention of the coach.

I will wear the protective equipment for my sport and wear it properly.

Fair play and respect for all:

I will show respect for my teammates, opponents, officials, spectators, and practice

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Appendix C2 – Tool to Identify a Suspected Concussion



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Note: Signs and symptoms can appear immediately after the injury or may take hours or days to emerge and may be different for everyone. A student may be reluctant to report symptoms because of fear that he/she will be removed from the activity, his/her status on a team or in a game that could be jeopardized or academics could be impacted.

1. Perform Quick Memory Function Assessment

Ask the student the following questions and record 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 right 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:

2. Actions 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.

- i) The student should be removed from play and not permitted to return that day even if the student states they feel better.
- ii) Contact a parent/guardian and release the student to them. The student cannot leave school without a parent/guardian or emergency contact (with permission from the parent).
- iii) This form should go home with the student.
- iv) The student must be examined and have Appendix C3 completed by a medical doctor or nurse practitioner for diagnosis and Appendix C4 Return to School Plan followed.

OR

If there are no signs obser24 14.2 587.96 cTj ET hooll q4 [(i) - 0.24 140 () - (nt) -4 (c) -2(e) 4 (l) -2 (e) t n(i) -2



APPENDIX C3- Documentation of Medical Examination

This form is to be provided to all students suspected of having a concussion. The student must see a doctor or nurse practitioner

_____ (student’s name) sustained a suspected concussion on _____, 20____. 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 administration of the results of the medical examination by completing the following:

Results of Medical Examination

My child 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 has been examined and **a concussion has been diagnosed** and therefore must begin medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan (Appendix C4).

OR

I have been informed of the school’s concern and decline to have my child assessed by a medical professional.

Parent/Guardian Name (please print):_____

Parent/Guardian Signature:_____

Date:_____

Comments: _____

Note: In accordance with the Ontario Physical Education Safety Guidelines (OPHEA) which represents the minimum standard for a board’s concussion protocol, a medical examination **is required** for all students suspected of having a concussion and for students with a diagnosed concussion to return to physical activity.

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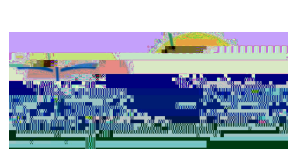
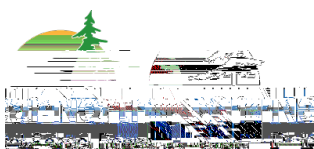
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Appendix C4 Continued: Step 4b Medical Concussion Clearance

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Information

Date	
School name	
Student name	
Date of birth	





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Appendix D – Strategies for Teachers When a Concussed Student Returns to Learn

Name: _____

COGNITIVE DIFFICULTIES		
Post-Concussion Symptoms	Impact on Student’s Learning	Potential Strategies and/or Approaches
Headache and Fatigue	Difficulty concentrating, paying attention or multitasking	Ensure instructions are clear (e.g. simple directions, have the student repeat the directions back to teacher) Allow student to have frequent breaks or return to school gradually (e.g. 1-2 hours, half days) 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 test orally, allow the student to dictate the responses to tests, provide access to technology)
Difficulty remembering or processing speed	Difficulty retaining new information, remembering instructions, accessing learned information	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	Limited/short-term focus on schoolwork Difficulty maintaining a regular academic workload or keeping pace with work demands.	



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