

Ottawa Adventist School

Concussion Policy

Introduction

The Education Act came into force on July 1, 2019, and give the Minister of Education the authority to require school boards to comply with policy and guidelines on concussions, consistent with Rowan’s Law. With the authority under the Education Act, the Minister requires all school boards in Ontario to have a policy on concussion safety for students that meets certain minimum requirements, as outlined in Policy/Program Memorandum No. 158 (PPM 158).

Concussion: Definition and Diagnosis

Concussion is the term for a clinical diagnosis that is communicated by a physician or a nurse practitioner. School staff, board staff, or volunteers cannot make a concussion diagnosis, but must advise students who are suspected of having sustained a concussion and their parents to seek a medical assessment by a physician or a nurse practitioner. The definition of concussion given below is adapted from the definition provided in the concussion protocol in the Ontario Physical Activity Safety Standards in Education.

A concussion:

- is a brain injury that causes changes in the way in which the brain functions and that 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)
- 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
- can occur even if there has been no loss of consciousness (in fact, most concussions occur without a 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.

Research demonstrates that a concussion can have a significant impact on an individual – cognitively, physically, emotionally, and/or socially. Most individuals with a concussion get better in one to four weeks, but, for some, the healing process may take longer. It is possible for a concussion to have long-term effects. Individuals may experience symptoms that last for months or even years – symptoms such as headaches, neck pain, or vision problems. Some individuals may even experience lasting changes in their brain that lead to issues such as memory loss, difficulty concentrating, or depression. It should also be noted that if an individual suffers a second concussion before they are free from symptoms sustained from the first concussion, this may lead to “second impact syndrome”, a rare condition that causes rapid and severe brain swelling and often has catastrophic results.

Procedure for Staff to Follow

Initial Response

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.
- Call 911. Do not move the student.
- Assume there is a possible neck injury and immobilize the student before emergency medical services arrive.
- DO NOT remove athletic equipment (ex. 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 (ex. physical, cognitive, emotional/behavioural) in the student

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 – ex. insulin for a student with diabetes).

Conscious Student:

- Stop the activity immediately.
- When the student can be safely moved, remove him/her from the current activity or game.
- Conduct an initial concussion assessment of the student using **Table 1: Signs and Symptoms of a Suspected Concussion**



Initial Concussion Assessment

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:

Table 1: Signs and Symptoms of a Suspected Concussion	
<p>Possible Signs Observed <i>A sign is something that is observed by another person (e.g., parent/guardian, teacher, coach, supervisor, and peer).</i></p>	<p>Possible Symptoms Reported <i>A symptom is something the student will feel/report.</i></p>
<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 clutch <p>Cognitive</p> <ul style="list-style-type: none"> ○ Cognitive 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 Disturbances</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 Disturbances</p> <ul style="list-style-type: none"> ○ Drowsy ○ Sleeping more/less than usual ○ Difficulty falling asleep

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 for younger students (under the age of 10), students with special needs or students for who English/French is not their first language to communicate how they are feeling. Signs for younger students (under the age of 10) may not be as obvious as in older students.

Steps to take following an initial concussion assessment

If sign(s) are observed and/or symptoms(s) are reported and/or the student fails the Quick Memory Function Assessment (see Tool to Identify a Suspected Concussion at: <https://safety.ophea.net/tools-resources/sample-tool-identify-a-suspected-concussion>):

Teacher Response

A concussion should be suspected – do not allow the student to return to play in the activity, game or practice that day even if the student states that he/she is feeling better.

- Contact the student’s parent/guardian (or emergency contact) to inform them:
 - Of the incident;
 - That they need to come and pick up the student; and,
 - That the student needs to be examined by a medical doctor or nurse practitioner as soon as possible day.
- Monitor and document any changes (ex. physical, cognitive, emotional/behavioural) in the student. If any signs or symptoms worsen, call 911.
- Do not administer medication (unless the student requires medication for other conditions – ex. Insulin for a student with diabetes).
- Stay with the student until her/his parent/guardian (or emergency contact) arrives.
 - The student must not leave the premises without parent/guardian (or emergency contact) supervision.

Information to be Provided to Parent/Guardian

- Parent/Guardian must be:
 - Informed that the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day; and, provided with a copy of the Tool to Identify a Suspected Concussion
 - Informed that they need to communicate to the principal the results of the medical examination ex. The student does not have a diagnosed concussion or the student has a diagnosed concussion prior to the student returning to school – use reporting form “Documentation of Medical Examination for Concussion”.
 - 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.

If signs are NOT observed, symptoms are NOT reported AND the student passes the Quick Memory Function Assessment:

Teacher Response

- A concussion is not suspected – the student may return to physical activity
However, the student’s parent/guardian (or emergency contact) must be contacted and informed of the incident.

Information to be Provided to Parent/Guardian

- Parent/Guardian must be informed that:
 - Signs and symptoms may not appear immediately and may take hours or days to emerge
 - The student should be monitored for 24-48 hours following the incident; and,
 - 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.

Responsibilities of the Principal

Once a student has been identified as having a suspected concussion, the principal must:

- Inform all school staff (ex. classroom teachers, physical education teachers, intramural supervisors, coaches) and volunteers who work with the student with the suspected concussion; and
- Indicate that the student shall not participate in any learning or physical activities until the parent/guardian communicates the results of the medical examination (ex. the student does not have a diagnosed concussion or the student has a diagnosed concussion) to the principal by completing “Documentation of Medical Examination for Concussion” or by returning a note signed and dated by the parent/guardian).

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 (ex. student does not have a diagnosed concussion or the student has a diagnosed concussion) to the principal:

- 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.

Responsibilities of the Principal



Once the parent/guardian has informed the principal of the result of the medical examination, the principal must:

- Inform all school staff (ex. classroom teachers, physical education teachers, intramural supervisors, coaches) and volunteers who work with the student of the diagnosis;
- File written documentation “Documentation of Medical Examination for Concussion Form” or parent’s note, of the results of the medical examination in the student’s OSR.

The principal provides parent/guardian with a form to record documentation of the student’s progress through the “Return to Learn/Return to Physical Activity Plan”.

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 socialize, full return to school should be a priority following a concussion.”

Knowledge of how to properly manage a diagnosed concussion is critical in a student’s recovery and is essential in helping to prevent the student from returning to learning or physical activities too soon and risking further complications. Ultimately, this awareness and knowledge could help contribute to the student’s long-term health and academic success.

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 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 present 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.

Collaborative Team Approach

It is critical to a student’s recovery that the Return to Learn/Return to Physical Activity Plan be developed through a collaborative team approach. Led by the Principal, the team should include:

- The concussed student;
- Her/his parents/guardians;
- School staff and volunteers who work with the student; and,
- The medical doctor or nurse practitioner

Ongoing communication and monitoring by all members of the team is essential for the successful recovery of the student.

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. The members of the collaborative team must factor in special circumstances which may affect the setting in which the steps may occur (ex. at home and/or school), for example:

- The student has a diagnosed concussion just prior to winter break, spring break or summer vacation.

Given these special circumstances, the collaborative team must ensure that 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 “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 Principal and kept on file 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.

Step 1 – Return to Learn/Return to Physical Activity

1. The student does not attend school during Step 1.
2. The most important treatment for concussion is rest (ex. cognitive and physical)
 - Cognitive rest includes limiting activities that require concentration and attention (ex. reading, texting, television, computer, and video/electronic games).
 - Physical rest includes restricting recreational/leisure and competitive physical activities.

Step 1 continues for a minimum of 24 hours and until:

- The student’s symptoms begin to improve; OR,
- The student is symptom free;

As determined by the parents/guardians and the concussed student.

Parent/Guardian

Before the student can return to school, the parent/guardian must communicate to the Principal “Return to Learn/Return to Physical Activity Plan” either that:

- The student’s **symptoms are improving** and the student will proceed to Step 2a – Return to Learn; **OR,**
- The student is **symptom free** and the student will proceed directly to Step 2b – Return to Learn and Step 2 – Return to Physical Activity.



Return to Learn – Designated School Staff Lead

Once the student has completed Step 1, as communicated to the Principal by the parent/guardian, and is therefore able to return to school and begins either Step 2a – Return to Learn **or** Step 2b – Return to Learn, as appropriate, one school staff such as a member of the collaborative team, either the Principal or another staff person designated by the Principal needs to serve as the main point of contact for the student, the parents/guardians, other school staff and volunteers who work with the student, and the medical doctor or nurse practitioner, parents/guardians, other school staff and volunteers who work with the student, and the medical doctor or nurse practitioner.

The designated school staff lead will monitor the student’s progress through the “Return to Learn/Return to Physical Activity Plan”. This may include identification of the student’s symptoms and how he/she responds to various activities in order to develop/or modify appropriate strategies and approaches that meet the changing needs of the student.

Step 2a – Return to Learn

A student with symptoms that are improving, but who is not yet symptom free, may return to school and begin Step 2a – Return to Learn.

During this step, the student requires individualized classroom strategies and/or approaches to return to learning activities - these will need to be adjusted as recovery occurs (see Table 2 - Return to Learn Strategies/Approaches). At this step, the student’s cognitive activity should be increased slowly (both at school and at home), since the concussion may still affect his/her academic performance. Cognitive activities can cause a student’s concussion symptoms to reappear or worsen.

It is important for the designated school staff lead, in consultation with other members of the collaborative team, to identify the student’s symptoms and how he/she responds to various learning activities in order to develop appropriate strategies and/or approaches that meet the needs of the student. School staff and volunteers who work with the student need to be aware of the possible difficulties (i.e., cognitive, emotional/behavioural) a student may encounter when returning to learning activities following a concussion. These difficulties may be subtle and temporary, but may significantly impact a student’s performance.



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 (ex. simplify directions, have the student repeat directions back to the teacher) • Allow the student to have frequent breaks, or return to school gradually (ex. 1-2 hours, half days, late starts) • Keep distractions to a minimum (ex. 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 (ex. 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 (ex. 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	<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



	workload or keeping pace with work demands	<ul style="list-style-type: none"> • 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
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EMOTIONAL.BEHAVIOURAL DIFFICULTIES		
Post Concussion Symptoms	Impact on Student's Learning	Potential Strategies and/or Approaches
Anxiety	<p>Decreased attention/concentration</p> <p>Overexertion to avoid falling behind</p>	<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 (ex. 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 a classroom environment (ex. Lights, noise, etc.)	<ul style="list-style-type: none"> ○ Minimize background noise ○ Provide alternative settings (ex. 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.”

Parent/Guardian

Must communicate to the principal “Return to Learn/Return to Physical Activity Plan” that the student is symptom free before the student can proceed to Step 2b – Return to Learn and Step 2 – Return to Physical Activity.

Step 2b – Return to Learn (occurs concurrently with Step 2 – Return to Physical Activity)

A student who:

- has progressed through Step 2a – Return to Learn and is now symptom free may proceed to Step 2b – Return to Learn; or,
- becomes symptom free soon after the concussion, may begin at Step 2b – Return to Learn and may return to school if previously at Step 1.

At this step, the student begins regular learning activities without any individualized classroom strategies and/or approaches.

- This step occurs concurrently with Step 2 – Return to Physical Activity.

Note:

Since concussion symptoms can reoccur during cognitive and physical activities, students at Step 2b – Return to Learn or any of the following return to physical activity steps must continue to be closely monitored by the designated school staff lead and collaborative team for the return of any concussion symptoms and/or a deterioration of work habits and performance.



- If, at any time, concussion signs and/or symptoms return and/or deterioration of work habits or performance occur, the student must be examined by a medical doctor or nurse practitioner.

The parent/guardian must communicate the results and the appropriate step to resume the Return to Learn/Return to Physical Activity Plan to the Principal before the student can return to school.

Step 2 – Return to Physical Activity

Activity: Individual light aerobic physical activity only (ex. walking, swimming or stationary cycling keeping intensity below 70% of maximum permitted heart rate)

Restrictions: No resistance or weight training. No competition (including practices, scrimmages). No participation with equipment or with other students. No drills. No body contact.

Objective: To increase heart rate

Parent/Guardian: Must report back to the principal “Return to Learn/Return to Physical Activity Plan” that the student continues to be symptom free in order for the student to proceed to Step 3.

Step 3 – Return to Physical Activity

Activity: Individual sport-specific physical activity only (ex. running drills in soccer, skating drills in hockey, shooting drills in basketball)

Restrictions: No resistance/weight training. No competition (including practices, scrimmages). No body contact, no head impact activities (ex. heading a ball in soccer) or other jarring motions (ex. high speed stops, hitting a baseball with a bat).

Objective: To add movement.

Step 4 – Return to Physical Activity

Activity: where there is no body contact (e.g., dance, badminton). Progressive resistance training may be started. Non-contact practice and progression to more complex training drills (e.g., passing drills in football and ice hockey).

Restrictions: No activities that involve body contact, head impact (e.g., heading the ball in soccer) or other jarring motions (e.g., high speed stops, hitting a baseball with a bat)

Objective: To increase exercise, coordination and cognitive load

Teacher: Communicates with parents/guardians that the student has successfully completed Steps 3 and 4 “Return to Learn/Return to Physical Activity Plan”



Parent/Guardian: Must provide the principal with written documentation from a medical doctor or nurse practitioner “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 in order for the student to proceed to Step 5 – Return to Physical Activity.

Principal: Written documentation “Return to Learn/Return to Physical Activity Plan” is then filed in the student’s OSR by the Principal.

Step 5 – Return to Physical Activity

Activity: Full participation in regular physical education/intramural/interschool activities in non-contact sports. Full training/practices for contact sports.

Restrictions: No competition (e.g., games, meets, events) that involve body contact

Objective: To restore confidence and assess functional skills by teacher/coach

Step 6 – Return to Physical Activity (Contact sports only) Activity:

Full participation in contact sports.

Restrictions: None.

