



## CONCUSSIONS AND HEAD INJURIES POLICY

This policy has been developed in accordance with the Ministry of Education's Policy/Program Memorandum No. 158, "School Board Policies on Concussion" issued on September 25, 2019, as well as the Physical Education Safety Guidelines of the Ontario Physical and Health Education Association (OPHEA). This policy has adapted materials from the Physical Education Safety Guidelines and ThinkFirst.

### PURPOSE

St. Clement's School (the "School") recognizes the educational value of learning experiences in intramural and inter-school athletics and the health and physical education curriculum. The School is committed to the safety of all students while participating in such activities.

To protect the safety of students from concussions and head injuries, this policy sets out policies and guidelines:

- respecting the distribution of information to students, parents, guardians, School employees and volunteers about the prevention of head injuries, the identification of symptoms of concussions and the management of concussions;
- respecting when a student who is suspected of having sustained a concussion is to be removed from or prevented from further participating in intramural or inter-school athletics or any part of the health and physical education curriculum;
- respecting the return of a student who has or may have sustained a concussion to intramural or inter-school athletics or to any part of the health and physical education curriculum, or his or her return to learning; and
- respecting the responsibilities of School employees and other persons who are involved in intramural or inter-school athletics or any part of the health and physical education curriculum in relation to the prevention of head injuries, the identification of symptoms of concussions and the management of concussions.

The School's Concussions and Head Injuries Policy, which is based on current research and evidence, is consistent with *Rowan's Law (Concussion Safety)*, 2018, S.O. 2018, c. 1 and the regulations thereunder ("*Rowan's Law*") and the Ontario government's Concussion Awareness Resources. The School's Concussions and Head Injuries Policy includes detailed information and procedures on:

1. concussion awareness strategies;
2. concussion awareness training;
3. concussion prevention strategies;



4. concussion identification, including the signs and symptoms of a concussion;
5. the Return to School Plan, which includes information on planning for the return to learning and return to physical activity for students with a diagnosed concussion; and
6. concussion tracking.

## DEFINITIONS

### Concussion

*Concussion* is the term for a clinical diagnosis that is made by a medical doctor or a nurse practitioner.

A concussion:

- is a brain injury that 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 by either 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 more concussions occur without a loss of consciousness); and/or
- 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. While most individuals with a concussion get better in one to four weeks, for some, the healing process for some 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 injuries that result from a concussion may lead to “second impact syndrome”, which is a rare condition that causes rapid and severe brain swelling and often catastrophic results, if an individual suffers a second concussion before he or she is free from symptoms sustained from the first concussion.

Since concussions can only be diagnosed by a medical doctor or a nurse practitioner, educators, school staff or volunteers cannot make the diagnosis of concussion.

## **Curricular**

School-sponsored physical/recreation activities that are a component of classroom instruction and are part of the School's physical education core program.

## **Interschool**

School-sponsored competitive programs which occur outside the student's instructional time, involve a selected school team/group, and involve a competition against another outside team/group.

## **Intramural**

School-sponsored physical/recreation activities outside the student's instructional time, not a selected school team/group, and not a competition against another outside team/group.

### **1. CONCUSSION AWARENESS**

Ensuring the safety of students relating to concussions and head injuries in the School setting depends on the co-operation of the School community. To reduce the risk of concussions and head injuries, and to ensure rapid response to an emergency, parents, students, school personnel and any other persons who are involved in intramural or inter-school athletics or any part of the health and physical education curriculum should all understand and fulfill their responsibilities.

Before participating athletic activities, which are part of our daily school program, all students (and their parent or guardian, if the student is under 18) must confirm that they have reviewed this Policy, any other concussion-related resources in place at the School, and the government's concussion awareness resources as may be prescribed under *Rowan's Law*.

All coaches, team trainers and officials (i.e. umpire, referee or judge) must also confirm that they have reviewed this Policy, any other concussion-related resources in place at the School, and the government's concussion awareness resources as may be prescribed under *Rowan's Law*.

## **Administration**

- Develops strategies for sharing information on the seriousness of concussions and on concussion prevention, identification, and management with the School community.
- Ensures regular training on dealing with concussions and head injuries for all teachers/coaches/supervisors and others who are involved in intramural or inter-school athletics or any part of the health and physical education curriculum.
- Develops a communication plan for the distribution of information on concussions and head injuries to parents, students, employees, and teachers/coaches/supervisors.
- Ensures relevant personnel (teacher/coaches/supervisors) distributes information on concussions and head injuries to parents, students, employees, and teachers/coaches/supervisors.



- Develops and maintains protocols for responding to and removing a student who is suspected of having sustained a concussion and for return of a student who has or may have sustained a concussion.
- Conducts concussions and head injuries discussions with all students at beginning of year and at intervals throughout the year as applicable.
- Works with the parent community to increase awareness of concussions and head injuries including prevention, identification and management of such conditions.
- Works closely with the students who have or may have sustained a concussion and with their parents/guardians.

### **Teachers/Coaches/Supervisors**

- Distributes information on concussions and head injuries to parents, students, employees, and teachers/coaches/supervisors.
- Reviews this Policy, any other concussion-related resources in place at the School, and the government's concussion awareness resources as may be prescribed under *Rowan's Law*.

### **Parents or Guardians of a Student Suspected of Having Sustained a Concussion**

- Informs the School of any previous concussions sustained by their child.
- Ensures that the medical information in their child's student file is kept up-to-date.
- Follows protocols with respect to return of the student.
- Teaches their child:
  - (i) about the prevention of head injuries, the identification of symptoms of concussions and the management of concussions;
  - (ii) to recognize the first symptoms of a concussion;
  - (iii) to communicate clearly when he or she suspects a concussion; and
  - (iv) to take as much responsibility as possible for his/her own safety.

### **All Parents or Guardians**

- Inform the School of any previous concussions sustained by their child.
- Ensure that the medical information in their child's student file is kept up-to-date.
- Respond co-operatively to requests from the school with regard to concussions.



- Participate in parent information sessions.
- Review this Policy, any other concussion-related resources in place at the School, and the government's concussion awareness resources as may be prescribed under *Rowan's Law*.
- Encourage students to respect students who have or are suspected of having sustained a concussion and follow School plans on prevention of head injuries, and the identification and management of concussions.

### **All Students**

- Learn to recognize symptoms and signs of concussions and understand the dangers of concussions.
- Review this Policy, any other concussion-related resources in place at the School, and the government's concussion awareness resources as may be prescribed under *Rowan's Law*.

## **2. CONCUSSION PREVENTION**

In addition to prevention-related points in the section on Concussion Awareness, the School has developed the following strategies for preventing and minimizing the risk of sustaining concussions (and other head injuries) in schools and at off-site events.

### **Principal/School Staff**

- Take actions that prevent concussions from happening. For instance, implement rules and regulations and minimize slips and falls by checking that classroom floor and activity environments provide for safe traction and are obstacle free.

### **Coaches/Team Trainers and Officials**

- Prior to the activity, meets with students to go over the following information on concussion:
  - (a) The definition and causes of a concussion, signs and symptoms, and dangers of participating in an activity while experiencing the signs and symptoms of a concussion;
  - (b) The risks associated with the activity/sport for a concussion and how to minimize those risks;



- (c) The importance of immediately informing the teacher/coach of any signs or symptoms of a concussion, and removing themselves from the activity;
  - (d) The importance of not allowing a student suspected of a concussion to be alone;
  - (e) The importance of notifying the parent or guardian about a suspected concussion;
  - (f) The importance of a suspected concussion being evaluated by a medical doctor;
  - (g) The importance of respecting the rules of the game and practising fair play;
  - (h) The importance of wearing protective equipment that is properly fitted (e.g., with chin straps done up according to the one-finger rule [only one finger should fit between the strap and chin]); and
  - (i) Where helmets are worn, inform students that there is no such thing as a concussion-proof helmet. Helmets are designed to prevent major brain injuries such as bruises to the brain, blood clots, facial injury and skull fractures. However, helmets do not prevent all concussions.
- Prior to the activity and during the activity:
    - (a) Teaches the correct sport training techniques in proper progression. Have students demonstrate and practise correct body contact techniques.
    - (b) Instructs absent student on previously taught safety skills prior to next activity session.
    - (c) Enforces the rules of the sport. Emphasize the principles of head-injury prevention (e.g., keeping the head up and avoiding collision).
      - (i) Eliminate all hits to the head
      - (ii) Eliminate all hits from behind.
    - (d) Checks protective equipment is approved by a recognized Equipment Standards Association (e.g. CSA, NOCSAE) and is visually inspected prior to activity and well maintained.
    - (e) Checks (where applicable) that protective equipment is inspected by a certified re-conditioner as required by manufacturer (e.g., football helmet).
    - (f) Documents safety lessons (e.g., date, time, brief content, student attendance).
    - (g) Encourages teachers, coaches, trainers, students and parents to learn as much as possible about concussions.



- Informs parents and guardians of students who are suspected of having sustained a concussion as soon as practicable.

### **Student Suspected of Having Sustained a Concussion or With Concussion**

- Promptly informs the teacher/coach/supervisor as soon as he or she suspects that he or she has sustained a concussion, even if it the concussion did not occur at a school-sponsored activity.
- Immediately removes himself or herself from the activity that he or she is participating in.
- Follows protocols with respect to return of the student.

### **All Students**

- Follows all School safety rules to reduce the risk of concussions.
- Immediately reports a suspected concussion of any student to the teacher/coach/supervisor.

### **Concussion Code of Conduct**

As part of the School's concussion prevention strategies, the following individuals must review and sign a copy of the School's Concussion Code of Conduct, prior to participation in intramural and/or inter-school sports:

- Students participating in intramural or interschool sports
- Parents of students under 18 years of age who are participating in intramural or interschool sports
- Coaches participating in intramural or interschool sports
- Team trainers participating in intramural or interschool sports

A copy of this Code of Conduct is available on the School's website.

### **3. IDENTIFICATION OF CONCUSSIONS**

The School will designate a specific individual responsible for ensuring compliance with this protocol.

### **Common Symptoms and Signs of Concussion**



It is important to know that a student does not need to be “knocked out” (lose consciousness) to have had a concussion. After the concussion, the student may experience many different kinds of symptoms, and it is important to remember that some symptoms may appear immediately and others later. Students may be reluctant to report symptoms of concussion because of a fear that they will be removed from the activity, or jeopardize their status on a team or in a game. But it is important to consider the permanent repercussions of a concussion. **Without proper management, a concussion can result in permanent problems and even death.**

### **Initial Concussion-Assessment Strategies**

Concussion should be suspected in the presence of any one or more of the following symptoms and signs:

#### **Cognitive/Thinking Problems**

- Disorientation or confusion
- Inability to respond appropriately to questions
- Not thinking clearly
- Slower thinking
- Does not know time, date, place, class, type of activity in which he/she was participating
- General confusion
- Knocked out

#### **Physical (visual assessment)**

- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Blank or vacant look
- Disorientation or confusion, or an inability to respond appropriately to questions
- Facial injury after head trauma
- Lying motionless on the playing surface (no loss of consciousness)
- Slow to get up after a direct or indirect hit to the head

#### **Student-reported symptoms**

- Headache
- Pressure in the head
- Balance problems
- Blurred vision
- Difficulty concentrating
- Difficulty remembering
- Dizziness
- “Don’t feel right”
- Drowsiness
- Fatigue or low energy
- Feeling like “in a fog”
- Feeling slowed down



- Headache
- More emotional
- More irritable
- Nausea
- Nervous or anxious
- “Pressure in head”
- Sadness
- Sensitivity to light
- Sensitivity to noise

### **Sleep Related**

- Sleeping more than usual
- Having a hard time falling asleep

### **Emotional**

- Irritability (easily upset or angered)
- Depression
- Sadness

The signs and symptoms of a concussion often last for 7 – 10 days, but may last much longer. The exact length of this period is unclear, but the brain temporarily does not function normally, and during this time, it is more vulnerable to a **second head injury**. In some cases, students may take many weeks or months to heal. Significant cognitive symptoms may result from concussion including: poor attention and concentration, reduced speed of information-processing and impaired memory and learning. There may also be a significant negative effect on educational and social attainment, as these functions are critical for learning new skills and attending to schoolwork.

**The following is a list of “Red flags” which may indicate a more serious injury. The School is required to tread red flags as an emergency and call 911:**

- Neck pain or tenderness
- Double vision
- Weakness or tingling in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness (knocked out)
- Vomiting more than once
- Increasingly restless, agitated or aggressive
- Getting more and more confused



## **Safe Removal of an Injured Student**

**There is no danger of reacting too quickly, but there is potential danger in reacting too slowly.**

1. If there is a loss of consciousness, call 911. Assume there is a possible neck injury. Only if the teacher/coach/supervisor has been trained, immobilize the student before ambulance transportation to hospital. Do not remove athletic equipment (e.g. helmet). Stay with the student until emergency medical services arrive. If the student regains consciousness, encourage him or her to remain calm and to lie still. Do not administer medication (unless the student requires medical for other conditions – i.e. insulin for a student with diabetes).
2. If there is not a loss of consciousness, but a concussion is suspected due to a direct blow to the head or a major physical trauma to other parts of the body (causing a whiplash effect on the head and neck):
  - (a) remove the student from the current activity or game;
    - (i) do not administer medication;
    - (ii) the student needs to be evaluated by a medical doctor;
  - (b) the student must not return to play in the game or practice that day; and
  - (c) inform the parent/guardian about the injury and of the importance of an evaluation by a medical doctor.
3. Monitor and document any changes (i.e. physical, cognitive, emotional/behavioural) in the student.
4. All students with a suspected concussion, even if there was no loss of consciousness, need to be evaluated by a physician as soon as possible.
5. Parents/guardians must be informed of the importance of the head injury being evaluated by a physician.

## **Steps to Take Following an Initial Assessment**

All students need to consult a physician after a suspected concussion. The student must seek medical attention before they return to play.

In particular, a student who is suspected of having sustained a concussion, or the student's parents, if the student is under 18 years of age, are encouraged to provide confirmation that the student has undergone a medical assessment by a physician or nurse practitioner to support the student's return to learning. A student who is suspected of having sustained a concussion, or the student's parents, if the student is under 18 years of age, must provide confirmation that the



student has undergone a medical assessment by a physician or nurse practitioner and has not been diagnosed with a concussion, along with confirmation that the student has been medically cleared, before the student can return to full participation in physical activity.

The Return to School Plan for a Diagnosed Concussion, below, set out the procedure for returning students to activities.

#### 4. RETURN TO SCHOOL PLAN

The School will designate a specific individual responsible for ensuring compliance with this protocol.

Students are not permitted to return to play until they have sought medical attention from a doctor. Generally:

- (a) Following the medical examination, the student must be monitored by a responsible adult for the next 24-48 hours for signs of deterioration. If any signs of deterioration occur, the student needs to be immediately re-evaluated by a physician.
- (b) After the student has been symptom-free for several days and has received medical clearance, he/she can begin supervised stepwise return-to-play protocol.
- (c) Return to physical activity/sport following a sport-related concussion must only occur after medical clearance (in writing) by a physician.

A designated school staff lead will document and track a student's progress from removal from an activity due to a suspected concussion, to the return, through graduated steps, to learning and to physical activity.

An individualized and gradual "return to learning and/or return to physical activity" plan should be developed for each student. The following steps may form the basis of an individualized plan:

##### I. **Mandatory Physician Visit #1**

**No Concussion** (*determined by a doctor*):

- (a) Using the Request to Resume Physical Education/Activity and/or Athletic Participation: Concussion-Related Injuries Form (Appendix A):
  - (i) Doctor checks the box "**No Concussion - student may return to:**" plus the other appropriate activity boxes and signs and dates the form.
  - (ii) The student/parent/guardian must show this form to the School administrator and/or teacher/supervisor/coach who will inform all relevant personnel and provide each with a copy of this form.



**Note:** School administrator files the completed form from the doctor in student's O.S.R.

**Concussion** (*determined by a doctor*):

- (a) Using the Request to Resume Physical Education/Activity and/or Athletic Participation: Concussion-Related Injuries Form (Appendix A):
- (i) Doctor checks the box “**Concussion - no activity until symptoms and signs have gone**” and signs and dates the form.
  - (ii) The student/parent/guardian must show this form to the School administrator and/or teacher/supervisor/coach who will inform all relevant personnel and provide each with a copy of this form.
- Form is returned to the student as this form is to be used for the parent permission and second doctor assessment.

The student and parents/guardians monitor symptoms and signs of a concussion. As a part of this monitoring, ongoing communication must occur between the teacher/coach/supervisor and parent/guardian throughout Steps 1-4. It is critical that the student and parent/guardian share with the School any medical advice or recommendations received in relation to the student's concussion diagnosis and their return to learning and physical activity. It is also important that the student and parent/guardian share the concussion diagnosis with any relevant organizations with which the student is involved or registered (such as external sports organizations).

It is very important that a student not do vigorous physical activity if he/she has any signs or symptoms. The ‘return to play’ process is gradual and must follow the steps as outlined below. **Note: Each step must take a minimum of one day (24 hours).** If symptoms or signs of the concussion return (e.g. headache, feeling nauseated) either with activity or later that day, the student needs to rest for 24 hours, and return to the previous step. A student should never return to play if symptoms persist.

**Step 1:** No activity, complete rest. Once the student is asymptomatic (concussion symptoms and signs have stopped), proceed to Step 2.

**Step 2:** Light aerobic exercise, such as walking or stationary cycling, for 10-15 minutes. No resistance training.

Using the Request to Resume Physical Education/Activity and/or Athletic Participation: Concussion-Related Injuries Form (Appendix A):

- the parent/guardian signs and dates the form to give permission for the student to proceed to Step 3.

**Step 3:** Sport-specific exercise (e.g. ball drills, shooting drills) for 20-30 minutes. No resistance/weight training.



**Step 4:** “In class” physical education activities/intramural activities/clubs in which there is no opportunity for contact (e.g., aerobics routine, dance, badminton and volleyball). May add light resistance training and progress to heavier weights. For interschool activities, on field/court/ice activities such as ball drills, shooting drills and other activities in which there is no opportunity for contact. May also add light resistance training and progress to heavier weights.

**Note:** The time needed to progress from “in-class activities/intramural activities/clubs” to “regular physical education activity” will vary with the severity of the concussion and the student. For interschool activities, the time needed to progress from non-contact to contact exercise will vary with the severity of the concussion and the student. After step 4 and before step 5, the student must return to the physician for final approval to engage in regular physical education activity and/or full contact activity, as applicable.

## II. Mandatory Physician Visit #2

**Doctor assesses that all symptoms and signs of a concussion are gone after Step 4:**

Request to Resume Physical Education/Activity and/or Athletic Participation: Concussion-Related Injuries Form (Appendix A):

- Doctor checks the box ‘**Concussion symptoms and signs have gone**’ - and checks the other appropriate activity boxes and signs and dates the form.
- This form must be returned to the teacher/coach/supervisor. The teacher/intramural supervisor/coach allows the student to progress to Step 5.

**Step 5:** Regular physical education/intramural activities/clubs which involve minimal contact and full contact training/practice for interschool activities, as applicable.

**Step 6:** Game play for interschool activities, as applicable.

**Note:** Each step must take a minimum of one day (24 hours). If symptoms or signs of the concussion return (e.g. headache, feeling nauseated) either with the activity or later that day, the student needs to rest for 24 hours, be re-evaluated by a physician, and return to the previous step. A student should **never** return to play if symptoms persist.

**Note:** School administrator files the completed form Request to Resume Physical Education/Activity and/or Athletic Participation: Concussion-Related Injuries Form

## III. Return to Learn Strategies

The School will designate a specific individual responsible for ensuring compliance with this protocol.

A student who has been medically evaluated who has symptoms of a concussion may return to school. Once it is determined that a student may return to school, one school staff person (i.e. the

principal, a teacher, or another staff person designated by the school 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. The designated school staff lead will monitor the student's progress through the Return to Learn Plan. This may include identification of the student's symptoms and how he or she responds to various activities in order to develop and/or modify appropriate strategies and approaches that meet the changing needs of the student.

Any student who returns to school requires individualized classroom strategies and/or approaches to return to learning activities, which will need to be adjusted as recovery occurs. 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 or 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 to identify the student's symptoms and how he or 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, or 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.

The table in Appendix B outlines suggested strategies and approaches for supporting the Return to Learn process.

## **5. CONCUSSION TRACKING**

A designated school staff lead will document and track a student's progress from removal from an activity due to a suspected concussion, to the return, through graduated steps, to learning and to physical activity.

In addition, the School will develop a process to track additional information on an ongoing basis in order to inform updates to this Policy, as part of the regular policy review cycle.

The School will collect, use, and disclose only the relevant diagnostic information needed to fulfil the requirements of this Policy and to disclose it only to the parties identified in this Policy. Similarly, in its process to document and track concussions, the School will limit the collection, use, access, and disclosure of personal and health information to that which is reasonably necessary to carry out the concussion identification procedures and Return to School Plan. Personal and health information collected by the School must be retained, disclosed, and disposed of in accordance with the School's personal information retention policy.



## **6. TRAINING**

The School will provide annual training on concussion awareness, prevention, identification, and the Return to School plan, as well as the government's Concussion Awareness Resources, for all teachers/coaches/supervisors and others who are involved in intramural or inter-school athletics or any part of the health and physical education curriculum.

Where practicable, the School will aim to provide this training by the last Wednesday in September, Rowan's Law Day, every school year.

Newly-hired staff will also be able to access the training throughout the school year.



## Appendix A

### **Request to Resume Physical Education/Activity and/or Athletic Participation: Concussion Related Injuries**

**If a student has been/is suspected of having a concussion, a physician must sign this form.**

**Student Name:** \_\_\_\_\_

*The student must complete the following 2 visits with the physician and follow physician's instructions below:*

#### **Physician Visit #1:**

**No concussion – student may return to:**

- regular physical education class activities
- intramural activities/clubs
- interschool sport activities.

**Physician signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Comments:**

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**OR**

- Concussion - no activity until symptoms and signs have gone**

**Physician signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Comments:**



### **Parent /Guardian Responsibility**

**Note: The student/parent/guardian must show this form to the administrator who will inform all relevant personnel (teacher, coach, supervisor, etc.) and to provide each with a copy of this form.**

When a concussion is diagnosed, the student and parents/guardians monitor symptoms and signs of a concussion. As a part of this monitoring, ongoing communication must occur between the teacher/coach/supervisor and parent/guardian throughout Steps 1-4. It is very important that a student not do any physical activity if he/she has any signs or symptoms. The 'return to play' process is gradual and must follow the steps as outlined below. **Note: Each step must take a minimum of one day (24 hours).** If symptoms or signs of the concussion return (e.g. headache, feeling nauseated) either with activity or later that day, the student needs to rest for 24 hours, and return to the previous step. A student should **never** return to play if symptoms persist. The student may not participate in any physical education activities until Step 1 and Step 2 have been completed. Prior to beginning Step 3, the parent/guardian signature is required.

**Step 1:** No activity, complete rest. Once the student is asymptomatic (concussion symptoms and signs have stopped) proceed to Step 2.

**Step 2:** Light aerobic exercise, such as walking or stationary cycling, for 10-15 minutes. No resistance training.

In signing below, I give permission for my son/daughter to proceed to Step 3 and participate in physical education activities as described.

**Parent/Guardian Signature:**\_\_\_\_\_

**Date:**\_\_\_\_\_

### **School Responsibility**

**Step 3:** Sport-specific exercise (e.g., ball drills, shooting drills) for 20-30 minutes. No resistance/weight training.

**Step 4:** "In class" physical education activities/intramural activities/clubs in which there is no opportunity for contact (e.g., aerobics routine, dance, badminton and volleyball). May add light resistance training and progress to heavier weights. For interschool activities, on field/court/ice activities such as ball drills, shooting drills and other activities in which there is no opportunity for contact. May also add light resistance training and progress to heavier weights.



The time needed to progress from “in-class activities” to “regular physical education activity” will vary with the severity of the concussion and the student. For interschool activities, the time needed to progress from non-contact to contact exercise will vary with the severity of the concussion and the student.

The teacher’s initials indicate that the student has completed Steps 3 and 4. \_\_\_\_\_ (**initial here**). Return form to student.

**Parent/Guardian Responsibility**

After Step 4 and before Step 5 (return to physical education activities/intramural activities/clubs), the student must return to the physician for final approval to engage in regular physical education activity which involve minimal contact and/or full contact activity, as applicable.

**Physician Visit #2:**

Concussion symptoms and signs have gone – student may return to:

- regular physical education class activities;
- intramural activities/clubs
- interschool sport activities.

**Physician signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Comments:**

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**Step 5:** Regular physical education /intramural activities/clubs which involve minimal contact and/or full contact training/practice for interschool activities, as applicable.

**Step 6:** Game play for interschool activities, as applicable.

**Note:** This form must be returned to the teacher and, if applicable, to the coach and intramural supervisor. The teacher files this form in the student’s O.S.R.



## Concussion Information for Parents/Guardians

### *What is a concussion and what causes a concussion?*

A concussion is a brain injury that causes changes in how the brain cells function, leading to symptoms that can be physical (e.g. headache, dizziness), cognitive (e.g. memory problems, decreased concentration), or emotional (e.g. feeling depressed). The brain injury cannot be seen on X-rays or CT scans. Concussions can occur without a loss of consciousness. **In fact, most concussions occur without a loss of consciousness.** A concussion can occur from a direct blow to the head, but may also occur from a major physical trauma to other parts of the body (e.g. a sideways check to the body) that causes a whiplash effect on the head and neck).

### *What are the symptoms and signs of concussion?*

Concussion should be suspected in the presence of any one or more of the following symptoms and signs:

#### **Thinking Problems**

- Does not know time, date, place, class, type of activity in which he/she was participating
- General confusion
- Cannot remember things that happened before and after the injury
- Knocked out

#### **Student's Complaints**

- Headache
- Dizziness
- Feels dazed
- Feels "dinged" or stunned
- "Having my bell rung"
- Sees stars, flashing lights
- Ringing in the ears
- Sleepiness
- Loss of vision
- Sees double or blurry

#### **Other Problems**

- Poor coordination or balance
- Blank stare/glassy-eyed
- Vomiting
- Slurred speech
- Slow to answer questions or follow directions
- Easily distracted



- Poor concentration
- Strange or inappropriate emotions, (e.g., laughing, crying, getting mad easily)
- Stomach ache/pain/nausea
- Not playing as well

### ***What should you do if your child gets a concussion?***

**Your child should immediately stop playing his/her sport.** Your child should not be left alone and should be seen by a doctor as soon as possible. If your child is unconscious, call 911 to take your child to a hospital. Do not move your child until the paramedics arrive.

### ***How long does it take for my child to get better?***

The signs and symptoms of a concussion often last for 7 – 10 days, but may last much longer. The exact length of this period is unclear, but the brain temporarily does not function normally, and during this time, it is more vulnerable to a **second head injury**. In some cases, students may take many weeks or months to heal. Significant cognitive symptoms may result from concussion including; poor attention and concentration, reduced speed of information-processing and impaired memory and learning. There may also be a significant negative effect on educational and social attainment, as these functions are critical for learning new skills and attending to schoolwork.

### ***How is a concussion treated?***

Exertion, both physical and mental, worsens concussion symptoms and may delay recovery. Thus, the most important treatment for concussion is rest. Many students find that attending school aggravates their symptoms, and they may have to stay home and rest. It is not possible to know when symptoms will improve, as each concussion is unique. Therefore, a specific return date to school may not initially be possible for anyone, including the doctor, to provide. Once your child feels better, he or she can try going back to school, initially part-time (e.g. half-days at first) and, if there symptoms do not return, and he or she can go back full time. Mental exertion can make symptoms worse so your child's workload may need to be adjusted accordingly.

### ***When can my child return to play?***

It is very important that your child not go back to physical activities if he or she has any concussion symptoms or signs. Return to play must follow the step-by-step approach detailed above. In brief, the step-by-step approach is as follows:

**Step 1:** No activity, complete rest. Once your child is asymptomatic (concussion symptoms and signs have stopped) and cleared by a doctor, proceed to Step 2.

**Step 2:** Light aerobic exercise, such as walking or stationary cycling, for 10-15 minutes. No resistance training.

**Step 3:** Sport-specific exercise (e.g., ball drills, shooting drills) for 20-30 minutes. No resistance/weight training.



**Step 4:** “In class” physical education activities/intramural activities/clubs in which there is no opportunity for contact (e.g., aerobics routine, dance, badminton and volleyball). May add light resistance training and progress to heavier weights. For interschool activities, on field/court/ice activities such as ball drills, shooting drills and other activities in which there is no opportunity for contact. May also add light resistance training and progress to heavier weights.

**Step 5:** Once cleared by a doctor, regular physical education/intramural activities/clubs which involve minimal contact and/or full contact training/practice for interschool activities, as applicable.

**Step 6:** Game play for interschool activities, as applicable.

**Note: Each step must take a minimum of one day (24 hours).** If symptoms or signs of the concussion return (e.g. headache, feeling nauseated) either with activity or later that day, your child needs to rest for 24 hours, and return to the previous step. Your child should **never** return to play if symptoms persist. Your child may not participate in any physical education activities until Step 1 and Step 2 have been completed. Prior to beginning Step 3, the parent/guardian signature is required.

It is important that your child not play any sports, including intramural or inter-school athletics or any part of the health and physical education curriculum, if he or she has any signs or symptoms of concussion. Your child must rest until he or she is completely back to normal. When he or she is back to normal and has been seen by a doctor, he or she can then go through the steps of increasing activity described above. When your child has progressed through these steps with no symptoms or problems, and has received clearance from a doctor, he or she may return to play. If you are unsure if your child should participate, remember, **when in doubt, sit your child out.**

### ***When should I take my child to the doctor?***

Every child who gets a head injury should be seen by a doctor as soon as possible. You should take him or her back to the doctor immediately or call 911, if, after being told your child has a concussion, he or she has worsening of symptoms such as:

1. Being more confused;
2. Worsening headache;
3. Vomiting more than once
4. Not awakening;
5. Trouble walking;
6. Having a seizure; and/or
7. Demonstrating strange behaviour.

Problems caused by a head injury can get worse later that day or night. Your child should not be left alone and should be checked throughout the night. If you have concerns about your child's breathing or sleeping, wake your child up. If it appears that the signs or symptoms are getting worse, you should see your doctor immediately or call 911.



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## APPENDIX B

Table of strategies and approaches to support the Return to Learn process.

<b>COGNITIVE DIFFICULTIES</b>		
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"> <li>● ensure instructions are clear (e.g., simplify directions, have the student repeat directions back to the teacher)</li> <li>● allow the student to have frequent breaks, or return to school gradually (e.g., 1-2 hours, half-days, late starts)</li> <li>● keep distractions to a minimum (e.g., move the student away from bright lights or noisy areas)</li> <li>● limit materials on the student's desk or in their work area to avoid distractions</li> <li>● provide alternative assessment opportunities (e.g., give tests orally, allow the student to dictate responses to tests or assignments, provide access to technology)</li> </ul>
Difficulty remembering or processing speed	Difficulty retaining new information, remembering instructions, accessing learned information	<ul style="list-style-type: none"> <li>● provide a daily organizer and prioritize tasks</li> <li>● provide visual aids/cues and/or advanced organizers (e.g., visual cueing, non-verbal signs)</li> <li>● divide larger assignments/assessments into smaller tasks</li> <li>● provide the student with a copy of class notes</li> <li>● provide access to technology</li> <li>● repeat instructions</li> <li>● provide alternative methods for the student to demonstrate mastery</li> </ul>
Difficulty paying attention or concentrating	Limited/short-term focus on schoolwork; difficulty maintaining a regular academic workload or keeping pace with work demands	<ul style="list-style-type: none"> <li>● coordinate assignments and projects among all teachers</li> <li>● use a planner/organizer to manage and record daily/weekly homework and assignments</li> <li>● reduce and/or prioritize homework, assignments and projects</li> <li>● extend deadlines or break down tasks</li> <li>● facilitate the use of a peer note taker</li> <li>● provide alternate assignments and/or tests</li> <li>● check frequently for comprehension</li> <li>● consider limiting tests to one per day and student may need extra time or a quiet environment</li> </ul>



<b>EMOTIONAL OR BEHAVIOURAL DIFFICULTIES</b>		
<b>Post-Concussion Symptoms</b>	<b>Impact on Student's Learning</b>	<b>Potential Strategies and/or Approaches</b>
Anxiety	Decreased attention or concentration; overexertion to avoid falling behind	<ul style="list-style-type: none"><li>● inform the student of any changes in the daily timetable/schedule</li><li>● adjust the student's timetable/schedule as needed to avoid fatigue (e.g., 1-2 hours/periods, half-days, full-days)</li><li>● build in more frequent breaks during the school day</li><li>● provide the student with preparation time to respond to questions</li></ul>
Irritable or frustrated	Inappropriate or impulsive behaviour during class	<ul style="list-style-type: none"><li>● encourage teachers to use consistent strategies and approaches</li><li>● acknowledge and empathize with the student's frustration, anger or emotional outburst if and as they occur</li><li>● reinforce positive behaviour</li><li>● provide structure and consistency on a daily basis</li><li>● prepare the student for change and transitions</li><li>● set reasonable expectations</li><li>● anticipate and remove the student from a problem situation (without characterizing it as punishment)</li></ul>
Light or noise sensitivity	Difficulties working in classroom environment (e.g., lights, noise, etc.)	<ul style="list-style-type: none"><li>● arrange strategic seating (e.g., move the student away from window or talkative peers, proximity to the teacher or peer support, quiet setting)</li><li>● where possible, provide access to special lighting (e.g., task lighting, darker room)</li><li>● minimize background noise</li><li>● provide alternative settings (e.g., alternative work space, study carrel)</li><li>● avoid noisy crowded environments such as assemblies and hallways during high traffic times</li><li>● allow the student to eat lunch in a quiet area with a few friends</li><li>● where possible provide ear plugs/headphones, sunglasses</li></ul>
Depression/ withdrawal	Withdrawal from participation in school activities or friends	<ul style="list-style-type: none"><li>● build time into class/school day for socialization with peers</li><li>● partner student with a "buddy" for assignments or activities</li></ul>