



ADMINISTRATIVE PROCEDURE	
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<i>Contact Person/Department</i> Superintendent of Secondary School Improvement and Student Success	<i>Identification</i> ES-5567

CONCUSSIONS – RETURN TO LEARN, RETURN TO PLAY

1.0 PURPOSE

Trillium Lakelands District School Board (TLDSB) recognizes that children and adolescents are among those at greatest risk for concussions and that while there is potential for a concussion any time there is body trauma, the risk is greatest during activities where collisions can occur, such as during physical education (PE) class, playground time, or school-based sports activities. TLDSB further recognizes that the return to learning requirements represent the most important aspect of the healthy recovery of any student who has suffered a concussion.

2.0 REFERENCES/RELATED DOCUMENTS

- 2.1 Education Act, R.S.O. 1990
- 2.2 Education Amendment Act (Concussions), 2012
- 2.3 OPHEA Guidelines: Putting Safety First, 2012

3.0 TERMS AND DEFINITIONS

3.1 CONCUSSION

A concussion is a type of traumatic brain injury that results from a bump, blow, or jolt to the head (or by a hit to the body) that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, stretching and damaging the brain cells and creating chemical changes in the brain.

4.0 ADMINISTRATIVE PROCEDURE

4.1 ROLES AND RESPONSIBILITIES

4.1.1 SENIOR ADMINISTRATION

Senior administration shall ensure that the following is in place at all schools and worksites:

- a) Symptoms of concussions and the management of concussions are identified including the exclusion from athletics and physical education after a student is suspected of having a concussion;
- b) Educational needs of the student are met, where possible, while the student is recovering from a concussion;
- c) In the event of a head injury, TLDSB staff and volunteers are made aware that they will not be held personally liable in a civil proceeding for an act or omission if the person acts reasonably in the circumstances and in good faith.

4.1.2 SCHOOL PRINCIPAL

Signs and symptoms of concussion generally show up soon after the injury. However, a concussion is an evolving injury. The full effect of the injury may not be noticeable at first and some symptoms may not show up for hours or days.

In the event of an injury that occurs at the school and may involve concussion, the principal (or principal designate, including coaches where appropriate) shall:

- a) Administer first aid (do not administer medication);
 - b) Stay with the student or assign supervision so the student is not alone;
 - c) Monitor signs and symptoms for deterioration;
 - d) Alert staff to gauge symptoms that worsen over time;
 - e) Transport student to the hospital emergency department immediately if he / she shows any of the following signs or symptoms:
 - i. One pupil (the black part in the middle of the eye) is larger than the other
 - ii. Drowsiness or cannot be awakened;
 - iii. A headache that gets worse and does not go away;
 - iv. Weakness, numbness, or decreased coordination;
 - v. Repeated vomiting or nausea;
 - vi. Slurred speech;
 - vii. Convulsions or seizures;
 - viii. Difficulty recognizing people or places;
 - ix. Increasing confusion, restlessness, or agitation;
 - x. Unusual behaviour;
 - xi. Loss of consciousness (even a brief loss of consciousness should be taken seriously);
 - f) Notify all teachers of the student to monitor and ensure adequate communication and coordination to meet the student's academic needs;
 - g) Approve and implement any adjustments to the student's schedule;
 - h) Share information on dealing with students who sustain a concussion;
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- i) Convene the In-School Team (Student Success / School Improvement Planning Team) if necessary, to develop an Individual Education Plan (IEP) for the student. This will facilitate the collaborative problem solving, decision making, and planning for students who are experiencing difficulty in their learning environment as a result of a concussion.

4.1.3 TEACHERS AND SUPPORT STAFF

In the classroom, concussion symptoms may translate into a variety of challenges with learning. Cognitive symptoms may result in problems with speed of reading, difficulties doing multi-step math problems, problems maintaining consistent attention throughout the class, and / or distractibility.

In the event of an injury that may involve concussion, teaching and / or support staff shall:

- a) Observe and communicate changes in the concussed student, including symptoms that may be worsening;
- b) Communicate with the student's parents, thereby providing a channel to obtain and share information with them about the student's progress and challenges;
- c) Establish a clear and ongoing link with all coaches and any staff members who lead participation in after-school activities, to observe and act on any changes in symptoms;
- d) Involve TLDSB staff such as psychologists and speech language pathologists, etc. where necessary.

4.1.4 COACHES AND PHYSICAL EDUCATION TEACHERS

School coaches and other TLDSB staff need to recognize the signs and symptoms of a concussion – Appendix D. At a minimum, they should watch for and ask others to report the following two things among their students:

- A forceful bump, blow, or jolt to the head or body that results in rapid movement of the head; and
 - Any concussion symptoms or change in the student's behaviour, thinking, or physical functioning.
- a) Students who experience one or more of the signs and symptoms listed in Appendix D after a bump, blow, or jolt to the head or body should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says they are symptom-free and able to return to intramural, inter-school athletics or any part of the health and physical education curriculum;

- b) The Form “Request to Return to Learn, Return to Play – Concussion-Related Injuries” – Appendix C must be completed by the health care professional and returned to the school;
- c) Once the symptoms have resolved and the health care professional has signed final approval to engage in activity with contact, then the student may proceed with the "step-wise return to play" progression as outlined below – see Appendix E.

4.1.5 PARENTS/GUARDIANS

In the event of a student head injury, parents and guardians need to understand:

- a) what a concussion is;
- b) that medical attention is required;
- c) that most students will get better;
- d) the potential effects on school learning and performance;
- e) the importance of following guidance from their student’s health care provider in order to ensure the most rapid and complete recovery possible;
- f) that ultimately the responsibility for diagnosis rests with a physician and the recovery steps and documentation is the responsibility of the parent or guardian.

4.1.6 STUDENT

In the event of a head injury, the student shall:

- a) Establish effective lines of communication to be “in the loop,” and encourage shared thinking on progress and any symptoms that persist;
- b) Receive feedback from monitoring staff that is appropriate to his / her age, level of understanding, and emotional status.

4.2 RETURN TO SCHOOL PROCESS

4.2.1 Identify the types of symptoms the student is experiencing.

4.2.2 Try to identify specific factors that may worsen the student’s symptoms so steps can be taken to modify those factors. For example:

- a) Do some classes, subjects, or tasks appear to pose greater difficulty than others? (compared to pre-concussion performance);
- b) For each class, is there a specific time frame after which the student begins to appear unfocused or fatigued? (e.g., headaches worsen after 20 minutes);

- c) Is the student's ability to concentrate, read or work at normal speed related to the time of day? (e.g., the student has increasing difficulty concentrating as the day progresses);
- d) Are there specific things in the school or classroom environment that seem to distract the student?;
- e) Are any behavioural problems linked to a specific event, setting (bright lights in the cafeteria or loud noises in the hallway), task, or other activity?

4.2.3 Talk with the student about these issues and offer support and encouragement. In consultation with the student's health care professional, and as the student's symptoms decrease, extra help or support can be removed gradually.

4.3 PREVENTION

Regardless of the steps taken to prevent injury, some students may be injured. The severity of the injury can be mitigated.

4.3.1 PRINCIPALS

Education for coaches, staff, parents and students to:

- a) recognize the symptoms of concussion;
- b) Remove the student from play;
- c) Refer the student to a physician;
- d) Demonstrate how the risks can be minimized (e.g. teach proper sport techniques - correct tackling in football, effective positioning in soccer, how to avoid over-crowding when using the creative playground). Take attendance in class and interschool sports and instruct absent students on previously taught safety skills, prior to next activity session;
- e) Wear the protective equipment appropriate for the sport engaged in:
 - i. Equipment should fit properly;
 - ii. Equipment should be well maintained;
 - iii. Equipment should be worn consistently and correctly;
 - iv. Check that protective equipment is visually inspected prior to activity and well maintained.
- f) to reassure, support and request / offer academic accommodations as needed

4.3.2 COACHES

- a) Outline the risks associated with the activity / sport for a concussion;
- b) Teach skills in proper progression;

- c) Enforce the principles of: respect for the rules of the game and practice fair play;
- d) Enforce the rules of the sport;
- e) Emphasize the principles of head-injury prevention (e.g. keeping the head up and avoiding collision);
- f) Eliminate all checks to the head;
- g) Eliminate all hits from behind;
- h) Document safety lessons (e.g. date, time, brief content, list of students in attendance).

4.3.3 COACHES AND PARENTS

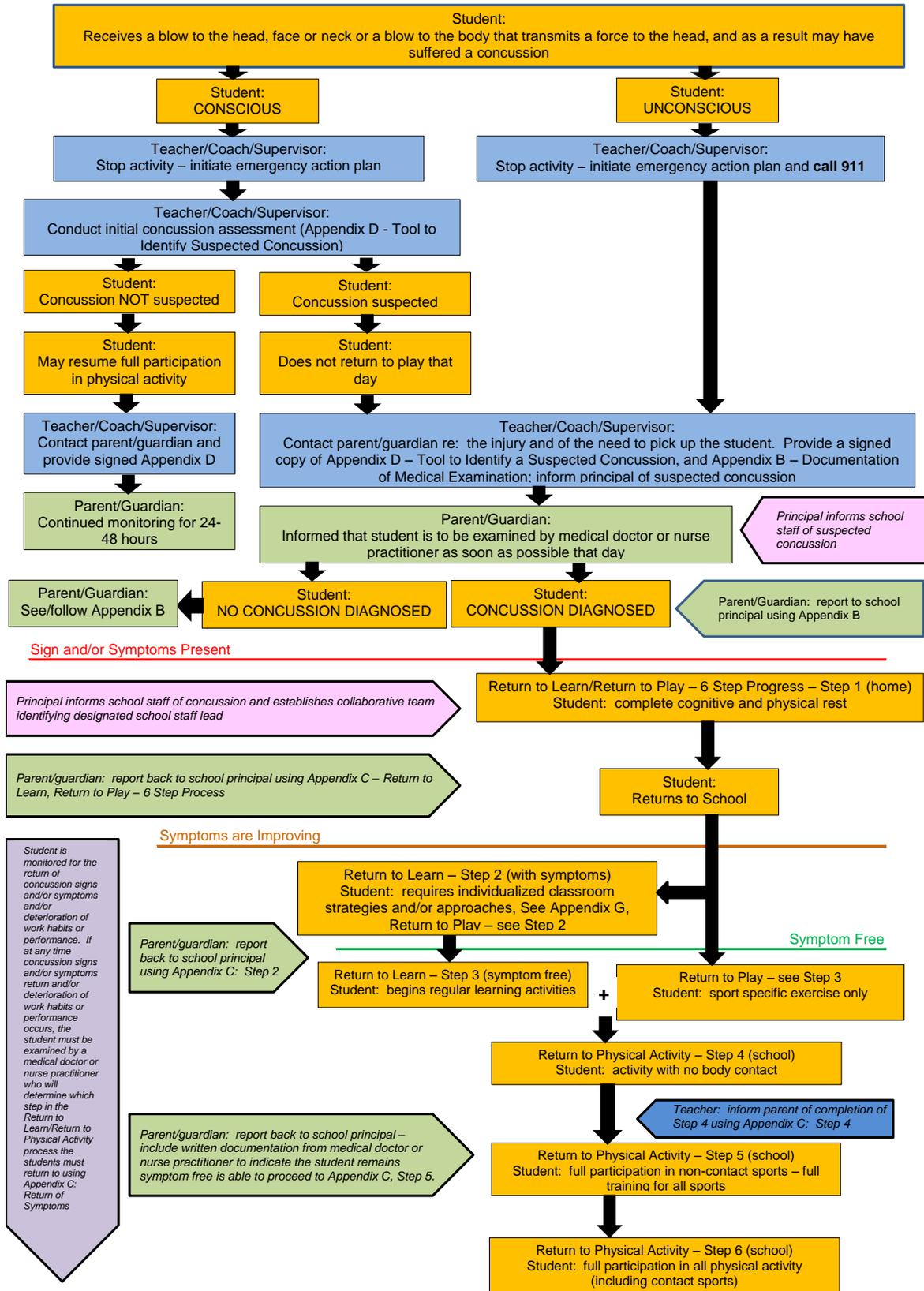
Coaches and parents should ensure students know that:

- a) it is not smart to participate in sports if they received a head injury;
- b) It is not a badge of honour to play with an injury;
- c) It is important to discourage others from pressuring injured students to play;
- d) They need to share information with the school and school coaches about any concussions the student may have suffered in the past;
- e) They will not convince their child / student that he / she is "just fine"

5.0 APPENDICES

- 5.1 APPENDIX A – Steps and Responsibilities for Possible Concussion Injuries
- 5.2 APPENDIX B – Request to Return to Learn, Return to Play - Documentation of Medical Examination
- 5.3 APPENDIX C – Request to Return to Learn, Return to Play – 6-Step Process
- 5.4 APPENDIX D – How to Identify a Suspected Concussion
- 5.5 APPENDIX E – Step-Wise Return to Play
- 5.6 APPENDIX F – Typical Signs and Symptoms of Concussion
- 5.7 APPENDIX G – Extra Help or Support for a Student Recovering from a Concussion

STEPS AND RESPONSIBILITIES FOR POSSIBLE CONCUSSION INJURIES





REQUEST TO RETURN TO LEARN, RETURN TO PLAY – DOCUMENTATION OF MEDICAL EXAMINATION

If a student has been/is suspected of having a concussion, a physician must sign this form. *If a concussion is diagnosed then a follow up visit prior to Step 5 of the Return to Learn, Return to Play process is mandatory.*

Student Name: _____

Physician Visit #1

No concussion – student may return to:

- regular physical education class activities
- intramural activities/clubs
- interschool sport activities
- reading and screen time (computer, TV, personal device)

Physician signature: _____ **Date:** _____

Comments:

OR

- Concussion - no physical activity until symptoms and signs have gone**
- Concussion - no physical activity or long periods of screen time (computer, TV, personal device)**

Physician signature: _____ **Date:** _____

Comments:

Parent/Guardian Responsibility:

Note: A procedure must be established to inform all relevant personnel (teachers, coach of interschool team and intramural supervisor) 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 and parent/guardian throughout Steps 1-6. It is very important that a student not do any physical activity if he/she has any signs or symptoms. The 'return to learn, return to play' process is gradual and must follow the steps as outlined below. **Note: Each step must take a minimum of 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. Once a student is able to 'return to learn' they can continue through the 'return to play' 6-Step process. A student should **never** 'return to learn, return to play' if symptoms persist.

RETURN TO LEARN, RETURN TO PLAY – 6 STEP PROCESS

Step	Description	Signatures
1. Rest	<ul style="list-style-type: none"> No activity, complete physical and cognitive rest <u>Duration</u>: until asymptomatic (min. 24 hours) 	None required.
2. Modified Classroom Instruction/ Light Activity	<p>Return to Learn</p> <ul style="list-style-type: none"> Requires individualized classroom strategies and/or approaches which gradually increase cognitive activity <p>Return to Play</p> <ul style="list-style-type: none"> Individual activity only, no resistance/weight training, no equipment, no competition with or without other students Light aerobic exercise (e.g., walking or stationary cycling) <u>Duration</u>: max. 10- 15 minutes over 24 hour period 	<p>My signature below indicates that my son/daughter is symptom free after Steps 1 and 2 and I give permission to proceed to Steps 3 & 4</p> <p>Signature: _____</p> <p>Date: _____</p>
3. Resumption of Regular Classroom Instruction/ Sport-specific exercise	<p>Return to Learn</p> <ul style="list-style-type: none"> Student continues with regular learning activities <p>Return to Play</p> <ul style="list-style-type: none"> Individual activity only, no resistance/weight training, no competition, no body contact, head impact activities (e.g. heading a ball in soccer) and other jarring motions (e.g., high speed stops, hitting a baseball with a bat) Sport specific exercise (e.g., running drills, ball drills, shooting drills). <u>Duration</u>: max. 20 – 30 minutes over a 24 hour period 	None required.
4. Non-contact training	<p>Return to Play</p> <ul style="list-style-type: none"> Activities where there are no opportunities for body contact or head impact (e.g. badminton, dance) Reviewing offensive and defensive plays at a slower speed Light resistance weight training 	<p>Student has successfully completed Steps 3 & 4 and is symptom free.</p> <p>Teacher/coach Signature: _____ Date: _____</p>
<p>Physician Visit #2: Medical Examination</p> <p>I _____ (medical doctor/ nurse practitioner) have examined _____ (student name) and confirm he/she continues to be symptom free and is able to return to regular physical education class/intramural activities/inter-school teams in non-contact sports and full training/practices (excluding contact drills) for contact sports.</p> <p>Medical Doctor / Nurse Practitioner Signature: _____ Date: _____</p> <p>Comments: _____</p> <p>_____</p>		
5. Full non-contact participation	<p>Return to Play</p> <ul style="list-style-type: none"> Student may resume regular physical education/intramural activities/inter-school teams in non-contact sports and full training/practices (excluding contact drills) for inter-school teams that involve body contact 	See above.
6. Full resumption of all physical activity	<ul style="list-style-type: none"> Student may resume full participation in contact sports with no restrictions 	None required.

HOW TO IDENTIFY A SUSPECTED CONCUSSIONⁱ

This is a quick reference tool Trillium Lakelands District School Board staff may choose to use.

Identification of Suspected Concussion

Following a blow to the head, face or neck, or a blow to the body that transmits a force to the head, a concussion must be suspected in the presence of **any one or more** of the signs or symptoms outlined in the chart below and/or the failure of the Quick Memory Function Assessment.

1. Check appropriate box

An incident occurred involving _____ (student name) on _____ (date).

He/she was observed for signs and symptoms of a concussion.

- No signs or symptoms described below were noted at the time. **Note:** *Continued monitoring of the student is important as signs and symptoms of a concussion may appear hours or days later (refer to #4 below).*
- The following signs were observed or symptoms reported:

Signs and Symptoms of Suspected Concussion	
Possible Signs Observed <i>A sign is something that is observed by another person (e.g., parent/guardian, teacher, coach, supervisor, peer)</i>	Possible Symptoms Reported <i>A symptom is something the student will feel/report.</i>
<p>Physical</p> <ul style="list-style-type: none"> <input type="checkbox"/> vomiting <input type="checkbox"/> slurred speech <input type="checkbox"/> slowed reaction time <input type="checkbox"/> poor coordination or balance <input type="checkbox"/> blank stare/glassy-eyed/dazed or vacant look <input type="checkbox"/> decreased playing ability <input type="checkbox"/> loss of consciousness or lack of responsiveness <input type="checkbox"/> lying motionless on the ground or slow to get up <input type="checkbox"/> amnesia <input type="checkbox"/> seizure or convulsion <input type="checkbox"/> grabbing or clutching head <p>Cognitive</p> <ul style="list-style-type: none"> <input type="checkbox"/> difficulty concentrating <input type="checkbox"/> easily distracted <input type="checkbox"/> general confusion <input type="checkbox"/> cannot remember things that happened before and after the injury (<i>see Quick Memory Function Assessment on page 2</i>) <input type="checkbox"/> does not know time, date, place, class, type of activity in which he/she was participating <input type="checkbox"/> slowed reaction time (e.g., answering questions or following directions) <p>Emotional/Behavioural</p> <ul style="list-style-type: none"> <input type="checkbox"/> strange or inappropriate emotions (e.g., laughing, crying, getting angry easily) <p>Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> _____ 	<p>Physical</p> <ul style="list-style-type: none"> <input type="checkbox"/> headache <input type="checkbox"/> pressure in head <input type="checkbox"/> neck pain <input type="checkbox"/> feeling off/not right <input type="checkbox"/> ringing in the ears <input type="checkbox"/> seeing double or blurry/loss of vision <input type="checkbox"/> seeing stars, flashing lights <input type="checkbox"/> pain at physical site of injury <input type="checkbox"/> nausea/stomach ache/pain <input type="checkbox"/> balance problems or dizziness <input type="checkbox"/> fatigue or feeling tired <input type="checkbox"/> sensitivity to light or noise <p>Cognitive</p> <ul style="list-style-type: none"> <input type="checkbox"/> difficulty concentrating or remembering <input type="checkbox"/> slowed down, fatigue or lower energy <input type="checkbox"/> dazed or in a fog <p>Emotional/Behavioural</p> <ul style="list-style-type: none"> <input type="checkbox"/> irritable, sad, more emotional than usual <input type="checkbox"/> nervous, anxious, depressed <p>Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> _____
<p>If any observed signs or symptoms worsen, call 911.</p>	

2. Perform Quick Memory Function Assessment

Ask the student the following questions, recording 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 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: _____

3. Action to be Taken

If there are **any** signs observed or symptoms report, or if the student fails to answer any of the above questions correctly:

- a concussion should be suspected;
- the student must be immediately removed from play and must not be allowed to return to play that day even if the student states that he/she is feeling better; and
- the student must not leave the premises without parent/guardian (or emergency contact) supervision

In all cases of a suspected concussion, the student must be examined by a medical doctor or nurse practitioner for diagnosis and must follow "Appendix A: Steps and Responsibilities".

4. Continued Monitoring by Parent/Guardian

- Students should be monitored for 24 – 48 hours following the incident as signs and symptoms can appear immediately after the injury **or may take hours or days to emerge**.
- 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.

5. Coach name: _____

Coach signature: _____ Date: _____

This completed form must be copied, with the original filed as per school board policy and the copy provided to parent/guardian.

¹ Adapted from McCroy et. al, *Consensus Statement on Concussion in Sport. Br J Sports Med* 47 (5), 2013

STEP-WISE RETURN TO PLAY

With the step-wise return to play progression, the injured student should continue to proceed to the next level if asymptomatic at the current level. Generally, each step should take 24 hours or more so that the injured student would take approximately one week to proceed through the full rehabilitation protocol once they are asymptomatic at rest and with stimulating exercise. If any post-concussion symptoms occur while in the stepwise program, then the student should drop back to the previous asymptomatic level and try to progress again after a further 24-hour period of rest has passed.

Rehabilitation Stage	Functional Exercise at Each Stage of Rehabilitation	Objective of Each Stage
1. Rest	Complete physical and cognitive rest	Recovery
2. Light activity	Walking, swimming or stationary cycling keeping intensity; no resistance training	Increase heart rate
3. Sport-specific exercise	Skating drills in ice hockey, running drills in soccer; no head impact activities	Add movement
4. Non-contact training	Progression to more complex training drills, eg, passing drills in football and ice hockey; may start progressive resistance training	Exercise, coordination, and cognitive load
5. Full non-contact participation	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6. Full resumption of all physical activity	Normal game play	

TYPICAL SIGNS AND SYMPTOMS OF CONCUSSION

SIGNS OBSERVED BY SCHOOL STAFF

- a) Appears dazed or stunned
- b) Is confused about events
- c) Answers questions slowly or incorrectly
- d) Repeats questions
- e) Can't recall events prior to the hit, bump, or fall
- f) Loses consciousness (even briefly)
- g) Shows behaviour or personality changes
- h) Forgets class schedule or assignments

SYMPTOMS REPORTED BY THE STUDENT

- a) Physical:
 - Headache or “pressure” in head
 - Nausea or vomiting
 - Balance problems or dizziness
 - Fatigue or feeling tired
 - Blurry or double vision
 - Sensitivity to light or noise
 - Numbness or tingling
 - Does not “feel right”
- b) Emotional:
 - Irritable
 - Sad
 - More emotional than usual
 - Nervous
- c) Sleep:
 - Drowsy
 - Has trouble falling asleep
 - Sleeps less than usual
 - Sleeps more than usual

WHY IS A CONCUSSION SERIOUS?

1. Impact damage (primary injury)
2. Secondary injury
 - a. Develops after the impact
 - b. Progression of haemorrhage, cerebral swelling, decreased brain perfusion because of shock
 - c. Injury causes increased energy demand
 - d. Restricted blood flow and oxygen debt causes an energy crisis
 - e. Exhausted neurons lead to mental confusion and failed memory
 - f. Brain may take days to weeks to restore the chemical balance that constitutes recovery

EXTRA HELP OR SUPPORT FOR A STUDENT RECOVERING FROM CONCUSSION

COGNITIVE

- a) Concentrate first on general cognitive skills, such as flexible thinking and organization, rather than academic content.
- b) Focus on what the student does well and expand the curriculum to more challenging content as concussion symptoms subside.
- c) Adjust the student's schedule as needed to avoid fatigue: shorten day, time most challenging classes when student is most alert, allow for rest breaks, reduced course load.
- d) Adjust the learning environment to reduce identified distractions or protect the student from irritations such as too-bright light or loud noises.
- e) Use self-paced, computer-assisted, or audio learning systems if student has reading comprehension problems.
- f) Allow extra time for test/in-class assignment completion.
- g) Help the student create a list of tasks and/or daily organizer.
- h) Assign a peer to take notes for the student.
- i) Allow the student to record classes.
- j) Increase repetition in assignments to reinforce learning.
- k) Break assignments down into smaller chunks and offer recognition cues.
- l) Provide alternate methods for the student to demonstrate mastery, such as multiple-choice or allowing for spoken responses to questions rather than long essay responses.

BEHAVIOUR/SOCIAL EMOTIONAL

- a) If the student is frustrated with failure in one area, redirect him/her to other elements of the curriculum associated with success.
- b) Provide reinforcement for positive behaviour as well as for academic achievements.
- c) Acknowledge and empathize with the student's sense of frustration, anger or emotional outburst: "I know it must be hard dealing with some things right now."
- d) Provide structure and consistency; make sure all teachers are using the same strategies.
- e) Remove a student from a problem situation, but avoid characterizing it as a punishment and keep it as brief as possible.
- f) Establish a cooperative relationship with the student, engaging him/her in any decisions regarding schedule changes or task priority setting.
- g) Involve the family in any Positive Behaviour Support Plan.
- h) Set reasonable expectations.
- i) Arrange preferential seating, such as moving the student away from the window (e.g. bright light), away from talkative peers, or closer to the teacher.

PHYSICAL

- a) Allow the student to go to the health room to rest (if available) if headache returns.
 - b) Allow to go home if headaches persist.
 - c) Use the elevator in the school (if available).
 - d) If photophobic, use of sunglasses or hat as needed.
 - e) May allow student to leave early from class to avoid crowded or noisy hallways.
 - f) No Physical Education class.
 - g) Eat somewhere other than a noisy cafeteria
-