

## Administration Procedure 319 – Concussion Protocols

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### Background

The Division has produced these concussion procedures as part of its operating guidelines. These procedures contain information on concussion prevention, symptoms and signs of a concussion, response procedures for a suspected concussion, and management procedures for a diagnosed concussion, including a plan to help a student return to learning and to physical activity.

The contents of these concussion procedures are the minimum standard that must be implemented and followed by administrators, educators, school staff, students, parents and school volunteers.

### Definitions

*A concussion:*

- is a brain injury that causes changes in how the brain functions, leading to symptoms that can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty concentrating or remembering), emotional/behavioural (e.g., depression, irritability) and/or related to sleep (e.g., drowsiness, difficulty falling asleep);
- may be caused either by a direct 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;
- can occur even if there has been no loss of consciousness (in fact most concussions occur without a loss of consciousness); and,
- cannot normally be seen on X-rays, standard CT scans or MRIs.

### Procedures

#### 1. Diagnosis

- 1.1. *Concussion* is the term for a clinical diagnosis that is made by a medical doctor, physiotherapist or a nurse practitioner. Since a medical doctor, physiotherapist, or nurse practitioners are the only health professionals able to diagnose concussions, educators, school staff, or volunteers cannot make the diagnosis of concussion. In the best interest of the child it is critical that a medical doctor, physiotherapist, or nurse practitioner examine a student with a suspected concussion. Without medical documentation the student's participation in learning or physical activities will be restricted. This decision resides with the Principal.
- 1.2. It is to be noted that injuries that result from a second 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 they are free from symptoms sustained from the first concussion.

## 2. Prevention and Minimizing the Risk of Concussions

- 2.1. Education is the prime factor in supporting the prevention of a concussion. Any time a student/athlete is involved in physical activity there is a chance of sustaining a concussion. Therefore, it is important to take a preventative approach when dealing with concussions.
- 2.2. Prior to any activity school staff (includes administration staff, teaching staff, support staff, coaches, volunteers, etc.) must meet with participants to provide instruction on strategies for preventing and minimizing the risk of sustaining a concussion and other head injuries.

## 3. Summary of Return to Learn/Return to Physical Activity Plan

- 3.1. The Return to Learn/Return to Physical Activity Plan is a collaborative effort between home and school to support the student's progress through the plan following a diagnosed concussion. Table 1 shows a summary of this plan. Refer to the form *Documentation for a Diagnosed Concussion – Return to Learn & Return to Physical Activity Plan* ([Appendix 319-1](#)) for detailed directions.
- 3.2. The 7 Step Plan is necessary and identifies the sequence of supporting a Return to Learn priority prior to a Return to Physical Activity focus.
- 3.3. A minimum of 24 hours is necessary for EACH step. There is no set timeline for a student's progression through each of the steps.

## 4. Table 1: Summary of Steps for Return to Learn/Return to Physical Activity

<b>Step 1: Return to Learn/Return to Physical Activity – Step 1</b> Completed at home; student requires cognitive <b>and</b> physical rest If symptom free, student may go directly to Return to Learn Step 2b and Return to Physical Activity Step 3
<b>Step 2a: Return to Learn</b> Symptoms improving Return to school with monitored re-integration to classroom and cognitive effort; and Physical Rest
<b>Step 2b: Return to Learn</b> Symptom free Return to regular school routine and learning activities
<b>Step 3: Return to Physical Activity</b> Light aerobic physical activity and regular learning activities
<b>Step 4: Return to Physical Activity</b> Begin sport specific type of physical activities

<p><b>Step 5: Return to Physical Activity</b> Greater range of physical activity options permitted, but no body contact</p>
<p><b>Step 6: Return to Physical Activity</b> Full participation in all non-contact type physical activities, and return to training in contact sports</p>
<p><b>Step 7: Return to Physical Activity</b> Full participation, no restrictions</p>
<p><b>BUT</b> If after Return to Learn Step 2a, concussion symptoms return, the student will return to the designated step as directed by the physician – this may include return to step 1.</p>

## 5. Responsibilities

### 5.1. The Superintendent will:

- 5.1.1. Perform a regular review of this Administrative Procedure to ensure guidelines align with current best practice recommendations;
- 5.1.2. Ensure that information on this Administrative Procedure is shared with the greater school community, including organizations that use the school facilities, such as community sports organizations and licensed child-care providers operating in schools of the Division;
- 5.1.3. Share concussion prevention, identification and management information with students and their parents;

### 5.2. The Principal shall:

- 5.2.1. Abide by this Administrative Procedure;
- 5.2.2. Ensure staff, volunteers, parents and students are aware of this Administrative Procedure and understand their roles and responsibilities;
- 5.2.3. Ensure this Administrative Procedure is followed by all school staff (including occasional staff/support staff, recess supervisors), parents, students, and volunteers;
- 5.2.4. Facilitate attendance and/or completion of concussion in-servicing/training for staff and coaching volunteers, and repeat as necessary;
- 5.2.5. Ensure Administrative Procedure documentation is readily available to all school staff and volunteers;
- 5.2.6. Ensure that appropriate off-site guidelines and procedures are followed;
- 5.2.7. Oversee that the Physical Activity Letter to Parents ([Appendix 319-3](#)), the Medical Information Form ([Appendix 319-1](#)), and the appropriate Permission and Acknowledgement of Risk Form ([Appendix 319-4](#)) is distributed to all parents, collected by the Principal and remind all staff the form must be completed prior to student participation in any physical activity, physical education class, off-site activity, school intramural program, or interschool program;
- 5.2.8. Ensure that all incidents are recorded, reported and filled as required by this Administrative Procedure, as appropriate through PublicSchoolWorks;

- 5.2.9. Prior to student return to school, ensure completion and collection of the following documentation (forms can be found on the website):
    - 5.2.9.1. Documentation of Monitoring/Medical Examination Form ([Appendix 319-2](#))
    - 5.2.9.2. Documentation for a Diagnosed Concussion - Return to Learn / Return to Physical Activity Plan Form ([Appendix 319-5](#)) is completed and signed by Parents/Medical Doctor/Physiotherapist/Nurse Practitioner as needed, as student progresses through each step
  - 5.2.10. File the above documents in the student's file and provide copy to appropriate school staff;
  - 5.2.11. Alert appropriate staff about students with a suspected or diagnosed concussion;
  - 5.2.12. Work as closely as possible with students, parents, staff, volunteers, and health professionals to support concussed students with their recovery and academic success;
  - 5.2.13. For students who are experiencing difficulty in their learning environment as a result of a concussion, coordinate the development of an Individual Learning Plan, using Table 1: Return to Learn Strategies/Return to Physical Activity and approve any adjustments to the student's schedule as required;
  - 5.2.14. Attempt to obtain parent cooperation in reporting all non-school related concussions.
- 5.3. School Staff (Includes administration staff, teaching staff, support staff, coaches, volunteers, etc.) shall:
- 5.3.1. Understand and follow this Administrative Procedure;
  - 5.3.2. Attend and complete concussion training (e.g. staff meeting, online, workshop, read this Administrative Procedure
  - 5.3.3. Prior to students participation in school, physical education, off-site activities, or intramural programs ensure the following documentation has been adequately administered and signed by parents where required:
    - 5.3.3.1. Physical Activity Letter to Parents ([Appendix 319-3](#))
    - 5.3.3.2. Medical Information Form ([Appendix 319-1](#)) and Acknowledgement of Risk for School/Physical Education/ Intramurals and Clubs ([Appendix 319-4](#)).
  - 5.3.4. Prior to students participating in interschool athletics ensure the following documentation has been adequately administered and signed by parents where required, for each athletic season:
    - 5.3.4.1. Physical Activity Letter to Parents ([Appendix 319-3](#))
    - 5.3.4.2. Permission and Acknowledgement of Risk – Interschool Athletics ([Appendix 319-4](#))
  - 5.3.5. Ensure that the school's Off-site Guidelines and Procedures Manual is being followed and implement risk management and injury prevention strategies specific to each sport/activity;
  - 5.3.6. Provide concussion educational materials to students and athletes;
  - 5.3.7. Be able to recognize signs, symptoms and respond appropriately in the event of a suspected concussion;
  - 5.3.8. Be familiar with the resources:

- 5.3.8.1. Concussion Guidelines for Teachers [\(Appendix 319-4\)](#)
    - 5.3.8.2. Concussion Guidelines for Coaches [\(Appendix 319-2\)](#)
    - 5.3.8.3. Concussion Recognition Tool [\(Appendix 319-5\)](#)
  - 5.3.9. Be able to use the Concussion Recognition Tool [\(Appendix 319-5\)](#);
  - 5.3.10. If a concussion is suspected, fill out and send the Documentation of Concussion Monitoring-Medical Examination form [\(Appendix 319-2\)](#) home to the parent. This form [\(Appendix 319-2\)](#) must be returned to the school signed by the parent prior to a student re-engaging in physical activity;
  - 5.3.11. When a student concussion has occurred, implement and track the Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity form [\(Appendix 319-2\)](#). This is to be done in conjunction with the Principal;
  - 5.3.12. Provide the following resources to parents and students as educational and treatment information as required:
    - 5.3.12.1. Concussion Recognition Tool [\(Appendix 319-5\)](#)
    - 5.3.12.2. Concussion Guidelines for Athletes [\(Appendix 319-1\)](#)
    - 5.3.12.3. Concussion Guidelines for Parents [\(Appendix 319-3\)](#)
    - 5.3.12.4. Parent Guide to Dealing with Concussions [\(Appendix 319-6\)](#);
  - 5.3.13. Ensure the appropriate content from this Administrative Procedure is included in teacher lesson plans and that the appropriate forms are carried on field trips and athletic events;
  - 5.3.14. Make sure that the occasional teaching staff is updated on concussed student's condition.
- 5.4. Parents shall:
- 5.4.1. Reinforce concussion prevention strategies with their child (e.g. following rules of fair play, playground safety rules, wearing properly fitted helmets, using equipment safely);
  - 5.4.2. Understand and follow parents/guardian roles and responsibilities in this Administrative Procedure;
  - 5.4.3. In the event of a suspected concussion, ensure child is assessed as soon as possible by medical doctor/physiotherapist/nurse practitioner;
  - 5.4.4. Be responsible for the completion of all required documentation;
  - 5.4.5. Collaborate with the Principal to manage suspected or diagnosed concussions appropriately;
  - 5.4.6. Follow physician/physiotherapist/nurse practitioner recommendations to promote recovery;
  - 5.4.7. Cooperate with the Principal to facilitate concussion diagnosis and treatment and support their child's progress through the Documentation for Diagnosed Concussion – Return to Learn /Return to Physical Activity Form [\(Appendix 319-5\)](#);
  - 5.4.8. Report non-school related concussion to the Principal (Documentation for Diagnosed Concussion Return to Learn/Return to Physical Activity plan forms [\(Appendix 319-5\)](#) will apply);
- 5.5. Students shall:
- 5.5.1. Learn about concussions, including prevention strategies, signs and symptoms, concussion management and student roles and responsibilities,

throughout applicable curriculum, coaches modules, and safety lessons connected to personal safety and injury prevention;

- 5.5.2. Immediately inform school staff of suspected or diagnosed concussions occurring during or outside of school;
- 5.5.3. Inform school staff if they experience any concussion related symptoms (immediate, delayed or reoccurring);
- 5.5.4. Remain on school premises until parent arrives if concussion is suspected;
- 5.5.5. Follow concussion management strategies as per medical doctor/nurse practitioner direction and Diagnosed Concussion Return to Learn / Return to Physical Activity plan ([Appendix 319-5](#));
- 5.5.6. Communicate concerns and challenges during the recovery process with school lead, school staff, parents, and health care providers.

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Reference:	Section 31, 32, 33, 52, 53, 196, 197, 204, 222, 225 Education Act
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