



Northeastern Catholic District School Board

STUDENT CONCUSSION

Administrative Procedure Number: APE038

POLICY STATEMENT

The Northeastern Catholic District School Board (NCDSB) is committed to protecting students engaging in school activities, sports and health and physical education classes from the potentially serious, long-term and harmful effects of concussions. The Board will also ensure that students who sustain concussions are not returning to play or learn too soon, risking further complications.

REFERENCES

Education Act

Ontario Physical & Health Education Association (OPHEA) Concussion Protocol

Ministry of Education – Concussion Awareness Resources

Policy Program Memorandum (PPM)

158 School Board Policies on Concussion

NCDSB Retention Schedule

NCDSB Policy

E-24 Personal Information Management

E-38 Student Concussion

DEFINITIONS

Concussion

A brain injury that causes changes in the way in which the brain functions and that can lead to symptoms that can be physical (*headache, dizziness*), cognitive (*difficulty in concentrating or remembering*), emotional/behavioural (*depression, irritability*) and/or related to sleep (*drowsiness, difficulty falling sleep*).

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 br 727 AND TRAINING

e in annual training requirements using the Board's online training

to review the approved resources for concussions, along with the
ndant procedures.

3.0 IDENTIFICATION OF A SUSPECTED CONCUSSION

3.1 When a student is suspected of having suffered a concussion at school or during a school-organized activity, the teacher/coach/supervisor will manage the incident as outlined below:

- a) Stop the activity immediately and when safe to do so, remove the student from the activity or game;
- b) Assess the student for signs and symptoms of a concussion and perform a Quick Memory Function Assessment (Appendix C);
- c) If signs of concussion are not observed, no symptom(s) are reported and the student passes the Quick Memory Function Assessment;
 - i) The student may return to physical activity at the discretion of the teacher/coach/supervisor.
 - ii) The parent/guardian (or emergency contact) must be informed of the incident by the teacher/coach/supervisor on the day of the incident.
- d) If sign(s) of concussion are observed and/or symptom(s) are reported and/or the student fails the Quick Memory Function Assessment (Appendix C), medical attention may be required. The teacher/coach/supervisory will:
 - i) Determine whether medical attention is needed immediately;
 - ii) Contact the parent/guardian (or emergency contact) to inform them of the incident, request that the student be picked up immediately and encourage them to have the student examined by a medical doctor or nurse practitioner as soon as possible;
 - iii) Monitor and document any changes in the student (physical, emotional, behavioural, cognitive);

- e) Do not administer any medications related to the suspected concussion, unless required for another condition.
- f) Once the immediate medical needs of the student have been met, inform the School Principal, and ensure the completion of an Ontario School Boards' Insurance Exchange (OSBIE) Incident Report.

3.3 When a student has incurred a concussion or a suspected concussion, they must be seen by a physician or nurse practitioner prior to returning to school.

3.4 Active and ongoing communication strategies must be employed between the school, the parents/guardians, and student throughout all stages of student concussion.

4.0 RETURN TO LEARN / RETURN TO PLAY

4.1 The NCDSB will use the following Return to School strategy, a multi-step process as established by OPHEA and outlined below.

4.2 The process is individualized and gradual to meet the particular needs of the student. There is no pre-set formula for developing strategies to assist a student with a concussion to return to learning/play.

4.3 Each step must take a minimum of at least 24 hours and the length of time to complete each step will vary based on the severity of the concussion and the student.

5.0 RELATED FORMS AND DOCUMENTS

FORM: Student-Athlete and Parent/Guardian Review of Concussion Awareness Resources

FORM: Concussion Code of Conduct

FORM: Quick Memory Function Assessment

FORM: Documentation of Medical Examination

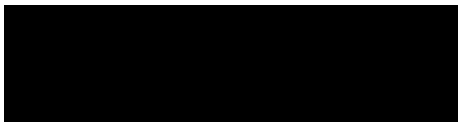
FORM: Return to Learn and Return to Play Activity Plan

FORM: Concussion Return to Work/Play Graphic

Director of Education:

Date: November 2022

RETURN TO LEARN	
Step 1	<p>Rest, with limited cognitive and physical activity. This means limited television, computer use, texting, video games, or reading. The student does not attend school during Step 1. Step 1 continues for a minimum of 24 hours and until the student's symptoms/signs begin to improve or the student is symptom/sign free. Step 1 for a student with a diagnosed concussion is the same for Return to Learn and Return to Play.</p>
Step 2	<p><i>Symptoms of Concussion are improving.</i></p> <ul style="list-style-type: none"> i) During this step, the student requires individualized classroom strategies and/or approaches to return to full learning activities. These will need to be adjusted as recovery occurs. ii) At this step, the student's cognitive activity should be increased slowly (both at school and at home) because the concussion may affect his/her academic performance. <p>NOTE: Cognitive activities can cause a student's concussion symptoms to reappear, or worsen.</p>
Step 3	<p><i>Student is symptom-free</i></p> <p>Student begins regular learning activities without any individualized classroom strategies and/or approaches. Even when students are symptom-free, they should continue to be closely monitored to see if symptoms/signs return and/or there is a deterioration or work habits or performance.</p>



- e) In consultation with the school-based team, when appropriate, the Principal may direct further supports for the student or that an Individual Education Plan be developed for a student who is suffering from a concussion.
- f) The Principal or designate shall liaise with the student, staff, and parents to monitor the Return to School Plan and adjust accommodations as required until the student has successfully resumed normal activity.
- g) At any time during the Return to School Plan, the student and/or parent/guardian must advise the school if the student experiences a return of any concussion symptoms so that the plan may be modified accordingly and where appropriate, a medical examination may be required.

6.0 CONCUSSION TRACKING AND REPORTING

- 6.1 Principals will be responsible to ensure that staff document and track a student's progress, from removal from an activity due to a suspected concussion, to the return, through gradual steps, to learning and physical activity.
- 6.2 The above will include but is not limited to, proper collection and retention of all related documents of this procedure, medical notes, and return to learn/play plans are stored in the Documentation File of the Ontario Student Record (OSR) in accordance with the appropriate personal information retention policy and procedure.
- 6.3 Information may be stored on the student information system of the NCDSB as well, in accordance with the provisions of personal information management.

7.0 RELATED FORMS AND DOCUMENTS

- FORM: Student-Athlete and Parent/Guardian Review of Concussion Awareness Resources
- FORM: Concussion Code of Conduct
- FORM: Quick Memory Function Assessment
- FORM: Documentation of Medical Examination
- FORM: Return to Learn/Return to Play Activity Plan
- GRAPHIC/POSTER: Concussion Return to Work/Play Protocol - Graphic

Director of Education: **Tricia Stefanic Weltz**

Date: **March 2020**