

# **PEEL DISTRICT SCHOOL BOARD PROCEDURE**

## **Concussion Procedures: Awareness, Prevention, and Management**

**PROCEDURE ID:** TBD

**PARENT POLICY:** Concussion Prevention and Intervention

**RESPONSIBILITY:** Curriculum, Instruction and Assessment

**APPROVAL:** Director's Council

**APPROVAL DATE:** 3/28/2023

**EFFECTIVE DATE:** 3/30/2023

**PROJECTED REVIEW DATE:** 2023-2024 school year

**REVIEW SCHEDULE:** Annually

### **1. Introduction**

The Peel District School Board (PDSB) recognizes the importance of the health, safety, and overall well-being of its students and staff and that these are essential preconditions for effective learning. PDSB is committed to promoting awareness of safety in schools and reducing the risk of injury and specifically awareness of the signs and symptoms of concussions and knowledge of how to properly manage a diagnosed concussion.

### **2. Purpose**

This procedure complies with and is in accordance with the *Education Act*, *Rowan's Law (Concussion Safety)* and the Ministry Policy/Program Memorandum (PPM) No 158. This procedure is aligned with and supports the principles and expectations of PDSB's Human Rights Policy (Policy 51), the Equity and Inclusive Education Policy (Policy 54) and the Anti-Racism Policy. At all times, this procedure is to be interpreted to be consistent with the *Ontario Human Rights Code*, the *Accessibilities for Ontarians with Disabilities Act (AODA)* and relevant Board policies and procedures.

### **3. Application and Scope**

This procedure applies to all employees, students, parents/guardians, coaches, team trainers, officials, and volunteers. This procedure applies to all interschool activities, intramural activities whether on school site or off school site, self-injurious behaviours, as well as any activities where collisions can occur such as during physical education classes, playground

time or school-based sports activities. This procedure also applies to students who incur a concussion outside of school activities.

## **4. Definitions**

### **4.1 A concussion:**

- a) Is a brain injury that causes changes in the way in which the brain functions and that can lead to symptoms that can be physical (e.g. headache, dizziness), cognitive (e.g. difficulty in concentrating or remembering), emotional/behavioural (e.g. depression, irritability) and/or related to sleep (e.g. drowsiness, difficulty in falling asleep)
- b) May be caused either by a direct blow to the head, face, or neck or by a blow to the body that transmits a force to the head that causes the brain to move rapidly within the skull
- c) Can occur even if there has been no loss of consciousness (most concussions occur without a loss of consciousness)
- d) 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.
- e) It should also be noted that if an individual suffers a second concussion before they are free from symptoms sustained from the first concussion, this may lead to “second impact syndrome”, which is a rare condition that causes rapid and severe brain swelling and often has catastrophic results. Since concussions can only be diagnosed by a physician or a nurse practitioner, educators, school staff, or volunteers cannot make the diagnosis of a concussion.

### **4.2 PDSB is the Peel District School Board.**

## **5. Procedure**

### **5.1 Awareness**

The first step to responding to suspected concussions is being able to recognize common signs and symptoms. A concussion should be suspected following a blow to the head, face or neck, or a blow to the body that transmits a force to the head. It is important to observe for one

or more of the signs or symptoms of a concussion, which may take hours or days to appear after an injury.

### Signs and Symptoms of a Concussion

Red Flag Signs and Symptoms	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Deteriorating conscious state</li> <li><input type="checkbox"/> Double vision</li> <li><input type="checkbox"/> Increasingly restless, agitated, or combative</li> <li><input type="checkbox"/> Loss of consciousness</li> <li><input type="checkbox"/> Neck pain or tenderness</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Seizure or convulsion</li> <li><input type="checkbox"/> Severe or increasing headache</li> <li><input type="checkbox"/> Vomiting</li> <li><input type="checkbox"/> Weakness or tingling/burning in arms or legs</li> </ul>
<b>Note: “Red Flag” may mean the person has a more serious injury. If any one or more of the “Red Flag” signs and symptoms above are observed, treat as an emergency, and call 911 immediately, followed by a call to student’s parents/guardians.</b>	
Other Concussion Signs	Other Concussion Symptoms
<ul style="list-style-type: none"> <li>• Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements</li> <li>• Blank or vacant look</li> <li>• Disorientation or confusion, or an inability to respond appropriately to questions</li> <li>• Facial injury after head trauma</li> <li>• Lying motionless on the playing surface (no loss of consciousness)</li> <li>• Slow to get up after a direct or indirect hit to the head</li> <li>• slurred speech</li> <li>• slowed reaction time</li> <li>• poor coordination or balance</li> <li>• blank stare/glassy-eyed/dazed or vacant look</li> <li>• decreased playing ability</li> <li>• amnesia</li> <li>• grabbing or clutching of head</li> <li>• easily distracted</li> <li>• general confusion</li> <li>• cannot remember things that happened before and after the injury</li> <li>• does not know time, date, place, class, type of activity in which he/she was participating</li> <li>• drowsiness</li> <li>• insomnia</li> </ul>	<ul style="list-style-type: none"> <li>• “Don’t feel right”</li> <li>• “Pressure in head”</li> <li>• Balance problems</li> <li>• Blurred vision</li> <li>• Difficulty concentrating</li> <li>• Difficulty remembering</li> <li>• Dizziness</li> <li>• Drowsiness/Fatigue or low energy</li> <li>• Feeling like “in a fog”</li> <li>• Feeling slowed down</li> <li>• Headache</li> <li>• More emotional</li> <li>• More irritable</li> <li>• Nausea</li> <li>• Nervous or anxious</li> <li>• Sadness</li> <li>• Sensitivity to light</li> <li>• Sensitivity to noise</li> <li>• ringing in the ears</li> <li>• seeing stars, flashing lights</li> <li>• pain at physical site of injury</li> <li>• sleeping more/less than usual</li> <li>• difficulty falling asleep</li> </ul>

## 5.2 Prevention and Strategies

Education is the prime factor in supporting the prevention of 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, whereby education for staff, students

and families is paramount to ensure all stakeholders are informed to support students who potentially have a concussion and to mitigate the severity of further injury.

#### Information for Staff/Students/Athletes/Parents - Concussion Code of Conduct

Communication with students, athletes, parents, staff, coaches, and trainers is an ongoing requirement. Awareness and procedures must be shared at key points of the school year (beginning of the school year/semester/intramural activity/interschool sport, curricular units, and activities). It is important that the teacher/intramural supervisor/coach/trainer emphasize the following information with students/athletes:

1. 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.
2. The risks associated with the activity/sport for a concussion and how to minimize those risks.
3. The importance of immediately informing the teacher/coach of any signs or symptoms of a concussion and removing themselves from the activity.
4. The importance of respecting the rules of the game and practicing fair play. (e.g., respect of others, safe play, no hits to the head of others, no hits from behind to others, etc.)
5. How to minimize the risk of concussion by adhering to the safety rules of the sport/ activity and using effective strategies to maximize safe participation (e.g., effective positioning in soccer, avoiding over-crowding when using the playground equipment).
6. Why it is essential to wear protective equipment that is properly fitted, well maintained, worn correctly, adheres to safety standards (e.g., CSA approved) and is replaced when damaged or past its expiry date (e.g., Football helmets).
7. An explanation of the uses and limitations of helmets. 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.
8. The fact that a suspected concussion needs to be evaluated by a physician/nurse practitioner.
9. An outline of the necessary steps in recuperating from a concussion.

#### Teaching/Coaching Strategies:

1. Adhere to the Ontario Physical Activity Safety Standards in Education (OPASSE).
2. Review and return the Coaches' Concussion Code of Conduct (which includes approved Concussion Awareness resources) prior to participation in board-sponsored interschool sports.
3. Outline the risks associated with the activity/sport for concussion.

4. Demonstrate how the risks can be minimized e.g., teaching 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 student/athletes on previously taught safety skills, prior to the next activity session.
5. Document safety lessons – date, time, brief content, list of students in attendance.
6. Teach skills in proper progression.
7. Enforce the rules of the sport.
8. Emphasize the principles of head injury prevention e.g., keeping the head up and avoiding collision.
9. Make efforts to reduce checks to the head and hits from behind.
10. Check that protective equipment is properly fitted and worn.
11. Check that protective equipment is visually inspected prior to any activity and is well maintained.
12. Ensure that protective equipment (where applicable) is inspected by a certified re-conditioner as required e.g., football helmets.
13. Enforce the principles of respect for the rules of the game and practice fair play.
14. Teaching that return to learning accommodations are important to concussion recovery;
15. Adhere to PDSB Return to Learn and Play Plan (Appendix C).

### 5.3 Dealing with an Injury

If a student/athlete receives a blow to the head, face or neck, or a blow to the body that transmits a force to the head that causes the brain to move rapidly within the skull, and as a result may have suffered a concussion, the individual (e.g., teacher/coach) responsible for that student/athlete must take immediate action as follows:

#### **Unconscious Student/Athlete (or where there was any loss of consciousness):**

##### Teacher/Coach/Supervisor Response:

- Stop the activity immediately – assume there is a concussion.
- Call 911. Do not move the student.
- Assume there is a possible neck injury. \*Do not remove athletic equipment (e.g., helmet) unless there is difficulty breathing.
- Stay with the student/athlete until emergency medical services arrive.
- Contact the student's/athlete's parent/guardian (or emergency contact) immediately to inform them of the incident and that emergency medical services have been contacted.
- Provide the parent/guardian with a completed copy of Tool to Identify a Suspected Concussion Form (Appendix A) and Documentation of Monitoring/Medical Examination (Appendices B, C)
- Monitor and document any changes (i.e., physical, cognitive,

emotional/behavioural) in the student.

- If the student/athlete regains consciousness, encourage them to remain calm and to lie still. Do not administer medication (unless the student/athlete requires medication for other conditions – e.g., insulin for a student/athlete with diabetes or inhaler for student with asthma).
- Inform the principal of the name of student/athlete who was taken to hospital with a suspected concussion.

### Once a student/athlete has been identified as having a suspected concussion:

Responsibilities of the School Principal:

The school principal (or designate) must:

- inform all school staff (e.g., guidance counsellor, classroom teachers, physical education teachers, intramural supervisors, coaches) and volunteers who work with the student/athlete of the suspected concussion; and,
- ensure that parents/guardians have been notified by phone as soon as possible
- indicate that the student/athlete cannot participate in any learning or physical activities until the parent/guardian communicates the results of the medical examination (i.e., the student does not have a diagnosed concussion, or the student has a diagnosed concussion) using Documentation of Monitoring/Medical Examination (Appendix B) to be returned to the school.
- Provide parents/guardians with a copy of the Documentation of Monitoring/Medical Examination forms (Appendices B, C)
- Ensure parents/guardians understand they are to ensure above forms are completed or a note signed and dated by a physician/nurse practitioner is returned to the school.

Responsibilities of the Parent/Guardian:

- take the student to be examined by a medical doctor or nurse practitioner as soon as possible that day.
- communicate to the school principal the results of the medical examination (i.e., the student does not have a diagnosed concussion, or the student has a diagnosed concussion) prior to the child's returning to school.
- Return Documentation of Monitoring/Medical Examination form (Appendix B) to the school.

**If no concussion is diagnosed:** the student may resume regular learning and physical activities, only if Documentation of Monitoring/Medical Exam (Appendix B) is signed by a physician/nurse practitioner.

**If a concussion is diagnosed:** the student follows a medically supervised, individualized, and gradual Return to Learn/Return to Physical Activity Plan (Appendix A) that must be approved and signed by a physician or nurse practitioner. If a modified school day is required, please also complete the PDSB Modified School Day form.

## **When a Student/Athlete Suffers an Injury but Remains Conscious:**

### **Teacher/Coach/Supervisor Initial Response:**

- Stop the activity if necessary, so that the student/athlete can be safely moved.
- Remove them from the current activity or game.
- Conduct an initial concussion assessment of the student/athlete (i.e., using the Tool to Identify a Suspected Concussion (Appendix A).

### **If sign(s) ARE OBSERVED, symptom(s) ARE REPORTED and/or the student/athlete fails the Quick Memory Function Assessment (APPENDIX A):**

1. A concussion should be suspected – do not allow the student/athlete to return to play in the activity, game or practice that day even if the student/athlete states that they are feeling better.
2. If at any time during the assessment or afterwards, if any RED FLAG symptoms present, call 911 immediately.
3. Contact the student's/athlete's parent/guardian (or emergency contact) immediately to inform them:
  - i. of the incident;
  - ii. that they need to come and pick up their child; and,
  - iii. that their child needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.
4. Monitor and document any changes (i.e., physical, cognitive, emotional/behavioural) in the student/athlete. If any signs or symptoms worsen, call 911.
5. Do not administer medication (unless the student/athlete requires medication for other conditions – e.g., insulin for a student/athlete with diabetes).
6. Stay with the student/athlete until their parent/guardian (or emergency contact) arrives.
7. IMPORTANT: The student/athlete must not leave the premises without parent/guardian (or emergency contact) supervision.
8. Inform principal of the name of student who was removed from the activity with a suspected concussion.

### **If signs ARE NOT OBSERVED, symptoms are NOT REPORTED, and the student/athlete passes the Quick Memory Function Assessment (see APPENDIX A):**

1. Since signs and symptoms of a concussion can occur hours or days after the incident, the Student/Athlete is removed from physical activity and monitored for 24 hours.
2. Student's/Athlete's parent/guardian (or emergency contact) must be contacted and informed of the incident verbally as soon as it safe for the student to do so.
3. Inform the principal of the name of student/athlete who was removed from the activity with no signs or symptoms of a suspected concussion, as a precautionary action.



## Information to be Provided to Parent/Guardian

**If sign(s) ARE OBSERVED, symptom(s) ARE REPORTED and/or the student/athlete fails the Quick Memory Function Assessment (APPENDIX A):**

Parent/Guardian must be provided with:

1. a copy of Tool to Identify a Suspected Concussion (Appendix A) – both pages)
2. a copy of Documentation of Monitoring/Medical Examination Form (Appendix B)

Parent/Guardian must be:

1. promptly informed verbally that their child needs to be examined by a physician or nurse practitioner as soon as possible in that day; this should be done by the person supervising the activity and if not possible a member of the administrative team, and;
  2. informed that they need to communicate to the school principal the results of the medical examination (i.e., the student does not have a diagnosed concussion, or the student has a diagnosed concussion) prior to the child's returning to school. Documentation of Monitoring/Medical Examination Form (Appendix B) must be used and signed by physician/nurse practitioner.
- **Upon receipt of the Documentation of Monitoring/Medical Examination Form (Appendix B), if no concussion is diagnosed:** the student may resume regular learning and physical activities.
  - **Upon receipt of the Documentation of Monitoring/Medical Examination Form (Appendix B), if a concussion is diagnosed:** the student follows a medically supervised, individualized, and gradual Appendix C - Return to Learn/Return to Physical Activity Plan which is approved and signed by a physician/nurse practitioner.
  - If a modified school day is required, please also complete the PDSB Modified School Day form.

**If signs ARE NOT OBSERVED, symptoms are NOT REPORTED, and the student/athlete passes the Quick Memory Function Assessment (APPENDIX A):**

Parent/Guardian must be provided with:

1. a copy of Tool to Identify a Suspected Concussion (Appendix A)
2. a copy of Documentation of Monitoring/Medical Examination Form (Appendix B)

Parent/Guardian must be:

1. promptly informed verbally that signs and symptoms did not appear immediately and may take hours or days to emerge.
2. informed their child can continue to attend school and is to be monitored for 24 hours following the incident: **however, the student will be removed from physical activity for 24 hours.**



3. informed to monitor the student at home using Tool to Identify a Suspected Concussion ([Appendix A](#))
4. informed the student will be monitored by school staff when attending school.
5. informed that if any signs or symptoms emerge, the child needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.
6. Results of this medical examination are to be documented on Documentation of Monitoring/Medical Examination Form (Appendix B) and results brought to the principal.

## **6. Roles and Responsibilities**

### **6.1 Director of Education**

- a) The Director of Education holds primary responsibility, through their designate(s) for implementation of this Procedure. Responsibility for the coordination and day to day management of this Procedure and related appendices is assigned to the Associate Director of School Improvement & Equity, Curriculum & Instruction, Student & Community Engagement.

### **6.2 Superintendent of Curriculum, Instruction and Assessment**

- a) Ensure Policies, Protocols, Training are up-to-date and in place
- b) Develop system for informing parents and students regarding concussion awareness.
- c) Develop system for tracking compliance with the Concussion Prevention and Intervention Policy and this Procedure.
- d) Work with Purchasing department to ensure external vendor awareness and compliance with the Concussion Prevention and Intervention Policy and this Procedure.

### **6.3 Communications**

- a) Ensure system wide awareness – schools, students, parents/guardians and community through board website, intranet and social media
- b) Planning of Rowan's Law Day event

### **6.4 Field Office Superintendents**

- a) Ensure that Principals et al. are monitoring policies and protocols and training with staff as per duties and responsibilities below.

### **6.5 Principal/Vice-Principal/Designate**

- a) Abide by the Concussion Prevention and Intervention Policy and this Procedure.

- b) Ensure staff, volunteers, parents/guardians, and students are aware of the Policy and Procedures and understand their roles and responsibilities.
- c) Ensure the Policy and Procedures are followed by all school staff (including occasional staff/support staff, recess supervisors), parents/guardians, students, and volunteers.
- d) Alert the teachers of the student who has suffered a neck/head injury, so they are aware and monitor for signs of concussion.
- e) Facilitate attendance and/or completion of concussion in-servicing/ training for staff and coaching volunteers and repeat as necessary.
- f) Share concussion information with students and their parents/guardians.
- g) Work as closely as possible with students, parents/guardians, staff, volunteers, and health professionals to support concussed students with their recovery and academic success.
- h) Report suspected concussions with details regarding steps that were taken in SIS notes.
- i) If a modified school day is required, please also complete the PDSB Modified School Day form

#### 6.6 School Staff & Coaches

- a) Understand and follow the Concussion Prevention and Intervention Policy and Procedures and implement risk management and injury prevention strategies.
- b) Attend and complete concussion training (e.g., staff meetings, online workshops, read concussion package, etc.).
- c) Review the Concussion Code of Conduct (secondary staff/elementary staff) and Concussion Awareness Resources and return signed letter prior to participation in school board sponsored interschool sports.
- d) Ensure that all appropriate forms (secondary staff/elementary staff) are completed. (e.g., Coaches Concussion Code of Conduct, Concussion Awareness Resources, training completion forms, and incident reports/concussion protocol forms as needed)
- e) Ensure age and ability appropriate concussion education, including prevention, is included for all students participating in activities that could result in a concussion.

- f) Be able to recognize signs, symptoms and respond appropriately in the event of a concussion.
- g) Ensure the Tool to Identify a Suspected Concussion (Appendix A) is included in occasional teacher lesson plans and field trip folders.
- h) Make sure that occasional teaching staff is updated on a concussed student's condition.
- i) Be familiar with the Possible Return to Learn Strategies and Approaches (Appendix D).
- j) Inform principal of the name of student who was removed from the activity with a suspected or confirmed concussion.

#### 6.7 Parents/Guardians

- a) Review the Concussion Code of Conduct (Appendix F) and Concussion Awareness Resources and return signed letter indicating completion prior to student participation in board-sponsored interschool sports.
- b) Reinforce concussion prevention strategies with your student (e.g., following rules of fair play, playground safety rules, wearing properly fitted helmets, using equipment safely).
- c) In the event of a suspected concussion, regardless of where the suspected concussion was incurred, ensure the student is assessed as soon as possible by a physician/nurse practitioner.
- d) If student is suspected of a concussion, regardless of where the suspected concussion was incurred, provide the school with Documentation of Monitoring/Medical Examination Form Appendix B & After Concussion is Diagnosed: Return to Learn/Return to Physical Activity Plan (Appendix C), or a note signed by a medical practitioner before the student returns to learn and play.
- e) Work with the school to facilitate the Appendix C: Return to Learn and Return to Physical Activity plan.
- f) Follow physician/nurse practitioner recommendations to promote recovery.
- g) Be responsible for the completion of all required documentation.
- h) Collaborate with the school to manage suspected or diagnosed concussions appropriately, regardless of where the concussion was incurred.
- i) Report any non-school related concussion to principal.

## 6.8 Coaches/Team Trainers/Officials/Volunteers

- a) Review the Concussion Code of Conduct (Coaches Code of Conduct and Appendix F) and Concussion Awareness Resources and return signed letter indicating completion prior to participation in board-sponsored interschool and/or intramural sports.
- b) Learn about concussions, including prevention strategies, signs and symptoms, concussion management and student roles and responsibilities.

## 6.9 Students

- a) Review the Concussion Code of Conduct (Appendix F) and Concussion Awareness Resources and return signed letter indicating completion prior to student participation in board-sponsored interschool sports.
- b) Learn about concussions, including prevention strategies, signs and symptoms, concussion management and student roles and responsibilities. Immediately inform school staff of suspected or diagnosed concussions occurring during or outside of school. Inform school staff if experiencing any concussion related symptoms (immediate, delayed, or recurring).
- c) Remain on school premises until a parent/guardian arrives if concussion is suspected.
- d) Communicate concerns and challenges during the recovery process with school staff, parents/guardians, and health care provider.
- e) Follow concussion management strategies as per physician/nurse practitioner direction.

## 7. Resources and Links

1. Flow Chart for schools – [Concussion Management Procedures \(From Injury to Return to Learn and Play\)](#)
2. Ontario Physical Activity Safety Standards in Education (OPASSE) - <https://safety.ophea.net>
3. [www.ontario.ca/concussions](http://www.ontario.ca/concussions) (Includes an online video by Dr. Mike Evans and several resources for parents, teachers, coaches, and athletes)
4. <http://safety.ophea.net/concussions> OPASSE - (Updated annually)
5. <https://www.ophea.net/node/6944> (Ophea's Identification, Management and Prevention for Schools e-Learning Module – (Updated annually)
6. <http://www.edu.gov.on.ca/extra/eng/ppm/ppm-158-jan-2020.pdf> (Ministry of Education PPM 158: School Board Policies on Concussions)

## Coaches' Concussion Code of Conducts

7. [Elementary Coaches' Concussion Code of Conduct Form](#)
8. [ROPSSAA Concussion Code Of Conduct](#)
9. [Secondary Interschool Sport Parent Information and Permission form - includes concussion codes of conduct](#)

## **8. Appendices**

- 8.1 Appendix A – Tool to Identify a Suspected Concussion
- 8.2 Appendix B – Documentation of Monitoring/Medical Exam
- 8.3 Appendix C – After Concussion is Diagnosed: Return to Learn/Return to Physical Activity Plan
- 8.4 Appendix D – Possible Return to Learn Strategies and Approaches
- 8.5 Appendix E - Concussion Management Procedures – (At A Glance)
- 8.6 Appendix F – Concussion Code of Conduct

## APPENDIX A - Tool to Identify a Suspected Concussion

This tool is a quick reference, to be completed by school staff, to help identify a suspected concussion and to communicate this information to parent/guardian immediately and as soon as possible.

This tool does not constitute or replace the opinion of a medical professional. Staff are to inform parent/guardian that the student needs urgent Medical Assessment (as soon as possible on the same day) by a medical doctor or nurse practitioner. Medical doctors and nurse practitioners are the only healthcare professionals in Canada with licensed training and expertise to diagnose a concussion; therefore, all students with a suspected concussion should undergo evaluation by a medical doctor or nurse practitioner as soon as possible.

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

**Student  
Number:** \_\_\_\_\_

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

Red Flag Signs and Symptoms	
<input type="checkbox"/> Deteriorating conscious state <input type="checkbox"/> Double vision <input type="checkbox"/> Increasingly restless, agitated, or combative <input type="checkbox"/> Loss of consciousness <input type="checkbox"/> Neck pain or tenderness	<input type="checkbox"/> Seizure or convulsion <input type="checkbox"/> Severe or increasing headache <input type="checkbox"/> Vomiting <input type="checkbox"/> Weakness or tingling/burning in arms or legs
<b>Note: If any one or more of the "Red Flag" signs and symptoms above are observed a 911 should be called, followed by a call to student's parents/guardians. If "Red Flags" are not identified continue with the steps below.</b>	
Other Concussion Signs	Other Concussion Symptoms
<input type="checkbox"/> Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements <input type="checkbox"/> Blank or vacant look <input type="checkbox"/> Disorientation or confusion, or an inability to respond appropriately to questions <input type="checkbox"/> Facial injury after head trauma <input type="checkbox"/> Lying motionless on the playing surface (no loss of consciousness)  <input type="checkbox"/> Slow to get up after a direct or indirect hit to the head <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"/> amnesia <input type="checkbox"/> grabbing or clutching of head <input type="checkbox"/> easily distracted <input type="checkbox"/> general confusion <input type="checkbox"/> cannot remember things that happened before and after the injury <input type="checkbox"/> does not know time, date, place, class, type of activity in which he/she was participating <input type="checkbox"/> drowsiness <input type="checkbox"/> insomnia	<input type="checkbox"/> "Don't feel right" <input type="checkbox"/> "Pressure in head" <input type="checkbox"/> Balance problems <input type="checkbox"/> Blurred vision <input type="checkbox"/> Difficulty concentrating <input type="checkbox"/> Difficulty remembering <input type="checkbox"/> Dizziness <input type="checkbox"/> Drowsiness/Fatigue or low energy <input type="checkbox"/> Feeling like "in a fog"  <input type="checkbox"/> Feeling slowed down <input type="checkbox"/> Headache <input type="checkbox"/> More emotional <input type="checkbox"/> More irritable <input type="checkbox"/> Nausea <input type="checkbox"/> Nervous or anxious <input type="checkbox"/> Sadness <input type="checkbox"/> Sensitivity to light <input type="checkbox"/> Sensitivity to noise <input type="checkbox"/> ringing in the ears <input type="checkbox"/> seeing stars, flashing lights <input type="checkbox"/> pain at physical site of injury <input type="checkbox"/> drowsy <input type="checkbox"/> sleeping more/less than usual <input type="checkbox"/> difficulty falling asleep

## APPENDIX A - Tool to Identify a Suspected Concussion (cont'd)

**If any observed signs or symptoms worsen, call 911**

### Perform Quick Memory Function Assessment

Ask the student the following questions, recording the answers below. Questions may need to be modified for very young students, the situation/activity/sport and/or students receiving special education programs and services.

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: \_\_\_\_\_

- ☐ No signs observed, no symptoms reported and student answers all questions in Quick Memory Function Check correctly, but a possible concussion event was recognized by teacher/coach.

### Action to be Taken

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

- a concussion should be suspected, information entered in SIS notes and Accident/Injury Reporting module.
- 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 they are feeling better.
- and the student must not leave the premises without parent/guardian (or emergency contact) supervision; drive a motor vehicle until cleared to do so by a physician or a nurse practitioner; take medications except for life threatening medical conditions (for example, diabetes, asthma).

In all cases of a suspected concussion, the student must be examined by a medical doctor or nurse practitioner for diagnosis and for clearance to Return to Learn. Appendix B must be signed by a physician and/or nurse practitioner.

### 3. 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.

Staff Member's name: \_\_\_\_\_ Signature: \_\_\_\_\_

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



## APPENDIX B - Documentation of Monitoring/Medical Exam

*This form is provided to the parent/guardian, in conjunction with Tool to Identify a Suspected Concussion (APPENDIX A).*

\_\_\_\_\_(student/athlete name)\_\_\_\_\_ (date), sustained a blow to the head, face or neck or a blow to the body that transmits a force to the head, and as a result may have suffered a concussion.

### Results of initial assessment using Tool to Identify a Suspected Concussion:

☐ **NO SIGNS OR SYMPTOMS OBSERVED AT TIME OF INCIDENT.**

However, signs or symptoms can occur later within a 24-hour period. Your child is not to participate in physical activity for a 24-hour period. While at home parent/guardian is to monitor their child using the Tool to Identify a Suspected Concussion (**APPENDIX A**). School Staff will monitor the student/athlete while at school and student will be removed from physical activities at school for 24 hours.

**Actions:** If no signs/symptoms occur during the monitoring period, parent/guardian is to complete the following Results of Monitoring section prior to the student returning to school.

### Results of Monitoring

- ☐ As the parent/guardian, my child has been observed for the 24-hour period, and no signs/symptoms have been observed.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Comments: \_\_\_\_\_

- 
- ☐ **SIGNS OR SYMPTOMS OBSERVED: \_\_\_\_\_ AT TIME OF INCIDENT  
\_\_\_\_\_ DURING THE 24-HOUR MONITORING PERIOD**

For the signs and/or symptoms observed at the time of incident/during the 24-hour monitoring period, refer to the Tool to Identify a Suspected Concussion (**APPENDIX A**) provided by teacher/coach/supervisor

**Actions:** If signs or symptoms are observed, your child must be seen by a medical doctor or nurse practitioner as soon as possible with the Results of Medical Examination form (below) returned to the school principal after medical examination with the physician's/nurse practitioner's signature.

### Results of Medical Examination

- ☐ The child has been examined and **no concussion** has been diagnosed and therefore may resume full participation in learning and physical activity with no restrictions.
- ☐ The child has been examined and **a concussion has been diagnosed** and therefore must begin a medically supervised, individualized, and gradual Return to Learn/Return to Physical Activity Plan (Appendix C).

Physician/Nurse Practitioner's signature: \_\_\_\_\_ Office Stamp: \_\_\_\_\_  
Date: \_\_\_\_\_

Provide a completed copy to Parent/Guardian/Caregiver

## APPENDIX C – After Concussion is Diagnosed: Return to Learn/Return to Physical Activity Plan

Student Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

If at any time during the following stages, signs and/or symptoms of a concussion return, an examination of the student by a medical doctor/nurse practitioner is recommended. The student will resume the plan at an appropriate stage as needed. This is a “working document” to be used for communication between medical practitioner, parent/guardian, and the school. The original shall be retained by the school and a copy provided to the student.

Each stage must take a minimum of 24 hours and a student must be symptom free to proceed to the next stage.

Stage	Stage Description	Date Completed	Parent Initials	Student Initials	Doctor Initials
1. Total Rest at Home	Cognitive (limit reading, texting, TV, music, etc.) and physical rest (no recreational & competitive activities) Concussion symptoms have shown improvement—go to Stage 2a Concussion symptoms are no longer present—go to Stage 2b				
2a. Return to Learn with Accommodations	Student returns to school and receives individualized classroom strategies which gradually increase cognitive load. Physical rest continues. No return of symptoms.				
2b. Return to Learn	Student returns to school and regular learning activities with no individualized strategies. Physical rest continues. No return of symptoms				
A student not involved in any physical activities (curricular or extra-curricular) at school may end the plan after 2b. A student must avoid physical activities (Physical Education class/DPA/extra-curricular, etc.) until they progress through the remaining stages.					

Upon examination, the student no longer shows signs or symptoms of concussion as of \_\_\_\_\_ (insert date) and can resume all activities as indicated above.

## APPENDIX C – (Continued)

Stage	Stage Description	Date Completed	Parent Initials	Student Initials	Doctor Initials
<b>Additional Medical Examination(s) REQUIRED:</b> Prior to returning to physical activities, it is mandatory that a student have a doctor's/nurse practitioner's approval to confirm the student is ready to change levels of physical intensity. Doctor/Nurse Practitioner must indicate approval by initialing the boxes below beside each activity level. Doctor/Nurse Practitioner should only sign the bottom once student can resume all activities (#3 - 7).					
3. Return to Light Physical Activity	Student returns to light aerobic activity (walking, swimming etc.) keeping heart rate at 70% or less. No weight training/drills or contact. <b>No return of symptoms.</b>				
4. Return to Individual Sport-Specific Physical Activity	Student returns to individual sport specific activities (shooting drill in basketball, skating drill in hockey etc.). No weight training/drills or contact. <b>No return of symptoms.</b>				
5. Return to Non-Contact Practice	Student returns to activities where there is no body contact (badminton, dance etc.) and non-contact practices and progressions of skills (passing drill in hockey). Weight training may be started. <b>No return of symptoms.</b>				
6. Return to Physical Activity with Contact	Student returns to regular participation in all physical education classes and full training/practices for contact sports. No competition. <b>No return of symptoms.</b>				
7. Return to Competition	Student returns to full participation in all sports including contact sports and competitions. <b>No return of symptoms.</b>				

\_\_\_\_\_ (Physician's/Nurse Practitioner's Signature, date and stamp).

## APPENDIX D – Possible Return to Learn Strategies and Approaches

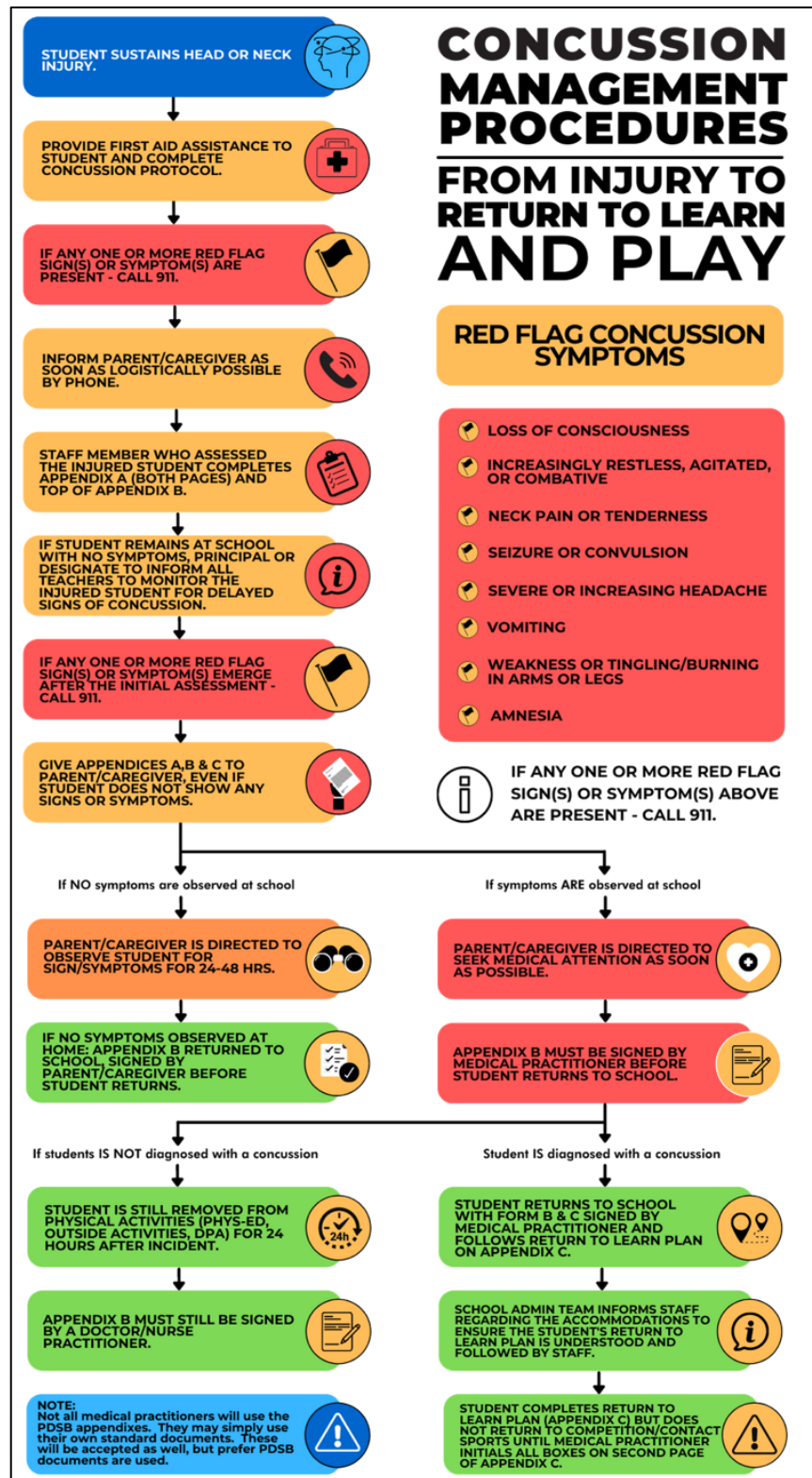
COGNITIVE DIFFICULTIES		
Post-Concussion	Impact on Student	Potential Strategies and/or Approaches
Headache and Fatigue	Difficulty concentrating, paying attention or multitasking	<ul style="list-style-type: none"> <li>ensure instructions are clear (e.g., simplify directions, have the student repeat directions 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 advance 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/concentrating	<p>Limited/short-term focus on schoolwork</p> <p>Difficulty maintaining a regular academic workload or keeping pace with work demands</p>	<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>
EMOTIONAL/BEHAVIOURAL DIFFICULTIES		
Anxiety	<p>Decreased attention and or concentration</p> <p>Overexertion to avoid falling behind</p>	<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>

## APPENDIX D – Possible Return to Learn Strategies and Approaches

EMOTIONAL/BEHAVIOURAL DIFFICULTIES CONTINUED		
Post-Concussion	Impact on Student	Potential Strategies and/or Approaches
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 daily</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/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 workspace, 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>

Adapted from Davis GA, Purcell LK. The evaluation and management of acute concussion differs in young children. Br J Sports Med. Published Online First 23 April 2013 doi:10.1136/bjsports-2012-09213

## APPENDIX E – Concussion Management Procedures – (At A Glance)



## Appendix F – Concussion Code of Conduct

### Overview

The Concussion Code of Conduct outlines Peel District School Board's principles and values related to the Concussion Prevention and Intervention Policy and its implementation. The Code of Conduct provides a foundation for informed decision-making within the PDSB as it relates to concussions. Through this Code of Conduct, all stakeholders will have a better understanding of their responsibilities, expectations, and associated behaviours.

### As a Teacher/Coach/Trainer/Athletic Supervisor/Supervisor, I will:

- ☐ commit to continuous training and education on concussions;
- ☐ commit to concussion recognition and reporting of suspected concussions;
- ☐ educate students about the seriousness of concussions and the signs and symptoms of concussions;
- ☐ educate students about the importance of speaking up when experiencing any signs or symptoms of a concussion;
- ☐ never ask a student to play any sports if they are injured and/or experiencing signs or symptoms of concussion;
- ☐ encourage students to inform me if they suspect a teammate or other student of having a concussion;
- ☐ support taking the time needed to recover from a concussion;
- ☐ take all efforts to ensure that student athletes wear the proper equipment and wear it correctly;
- ☐ teach safe contact skills during practices and during competition;
- ☐ demonstrate respect for the mutual safety of all students;
- ☐ be a role model for students by respecting and enforcing the rules, being committed to fair play and respect for all.

### As a Student, I will:

- ☐ learn the signs and symptoms of concussions;
- ☐ speak up if experiencing any signs or symptoms of concussions and tell a teacher/coach/parent/guardian/trainer/athletic supervisor/supervisor;
- ☐ speak up if a student/teammate is experiencing any signs or symptoms of a concussion;
- ☐ not play injured or return to play from an injury too soon;
- ☐ never pressure a student/teammate to play injured or to return to play from an injury too soon;
- ☐ demonstrate respect for the mutual safety of all;
- ☐ be committed to fair play and respect for all.

### As a Parent/Guardian/Caregiver, I will:

- ☐ learn the signs and symptoms of concussions;
- ☐ encourage my student to speak up if they are experiencing any signs or symptoms of concussion and to tell their teacher/coach/trainer/athletic supervisor/supervisor;



- 
- encourage my student to speak up if another student/teammate is experiencing any signs or symptoms of concussion;
  - remove my student from the game/activity if they are showing signs or symptoms of concussion;
  - regardless of where the concussion occurred, report any student concussion to the school;
  - provide medical documentation as required for a safe return to learn/play plan;
  - never pressure my student to return to play from an injury too soon;
  - demonstrate respect for the mutual safety of all;
  - be committed to fair play and respect for all.