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**MOOSE FACTORY ISLAND  
DISTRICT SCHOOL AREA BOARD**

<b>ADMINISTRATIVE PROCEDURE NO. 317</b>	
Effective	
Revision Date	

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**STUDENT CONCUSSION**


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**PURPOSE**

The Moose Factory Island District School Area Board is committed to the safety of all students while participating in school activities and athletic events as part of the school program.

These administrative procedures have been developed to educate students, parents, and the staff about concussions and prevention strategies. The procedures are intended to provide supports for students suffering from concussion and to lessen the occurrence of concussion and second impact syndrome. The procedures provide for concussion management and support students in returning to class and sports activities.

**DEFINITIONS**

**Concussion:** 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). Concussion 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. It 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.

**Second Impact Syndrome:** Second impact syndrome is rare but serious. It occurs when an individual experiences a second concussion before the symptoms of the initial concussion have resolved. Second impact syndrome can result in rapid, potentially fatal brain swelling.

**Sign:** A sign is outward, objective evidence of illness, injury or disease, such as loss of consciousness.

**Symptom:** Subjective and unseen symptoms can only be detected or sensed by the injured or ill party. Headache is one example of a symptom.

**Return to Learn:** Return to learn is a four-step process to support/accommodate students, as needed, when returning to the classroom after a concussion.

**Return to Play:** Return to play is a six-step process to reintroduce students to activities and/or athletics after a concussion.

## PROCEDURES

### 1. Background Information

- 1.1. Children and adolescents are at the greatest risk for concussions and take longer to recover than adults.
- 1.2. The risk of concussion is highest during activities with the potential for collisions:
  - during physical education classes and activities;
  - during outdoor play;
  - at school sports activities.
- 1.3. Concussions can occur, however, any time a person's brain impacts with the skull. Examples include when the head connects with a surface or object (i.e. desk, floor), another student, or when the head moves rapidly back and forth.
- 1.4. Concussions are serious because of the impact damage (primary injury) but also due to the secondary injuries that can develop after the impact. These include hemorrhage, cerebral swelling, decreased circulation, increased fatigue, mental confusion and failed memory, among other symptoms. The brain may take days, weeks, or months to be restored to normal activity.
- 1.5. Once an individual has had a concussion, the individual is at increased risk for another concussion. Repeat concussions that occur before the brain recovers from the first incident can slow recovery or increase the likelihood of long-term problems. Repeat concussions may result in second impact syndrome.
- 1.6. Most concussions do NOT result in a loss of consciousness.
- 1.7. Proper recognition and response to a concussion can prevent further injury and help with recovery.

### 2. Support for Staff Members

- 2.1. This procedure is intended to assist the administrator, teacher, supervisor, and coach in:
  - understanding concussion, its causes, the symptoms and signs;
  - minimizing the occurrence of a concussion from happening through teacher, supervisor, and coach implementation of instructional strategies including providing students with information on the risks of a concussion and how to minimize those risks;
  - assessing a suspected concussion at the activity/practice/game site;
  - responding to a suspected concussion appropriately;
  - informing parents of the suspected concussed student and providing resources;

- applying the proper steps in the recovery process before the student returns to school classes or physical activities.

### 3. Response to Unconscious Student

If the student is unconscious or where there was any loss of consciousness, the staff person, supervisor, or coach will follow these procedures:

- Stop the activity immediately. Assume there is a concussion.
- Initiate emergency action and call 705-658-1111 emergency services. Do not move the student.
- Assume there is a possible neck injury and, only if trained, immobilize the student before emergency medical services arrive.
- Do not remove athletic equipment (e.g., helmet) unless the student has difficulty breathing.
- Stay with the student until emergency medical services arrive.
- Contact the student's parent/guardian (or emergency contact) to inform them of the incident and that emergency medical services have been contacted.
- Monitor and document any changes (i.e., physical, cognitive, emotional or behavioural) in the student.
- If the student regains consciousness, encourage him/her to remain calm and to lie still. Do not administer medication (unless the student requires medication for other conditions—e.g., insulin for a student with diabetes).

### 4. Response to Conscious Student

If the student is conscious:

- Stop the activity immediately.
- Initiate emergency action.
- When the student can be safely moved, remove him/her from the current activity or game.
- Observe the student for signs of concussion. Seek immediate emergency medical assistance if the student exhibits one or more of the following signs of concussion:
  - One pupil is larger than the other.
  - The student is drowsy or cannot be awakened.
  - Headache gets worse and does not go away.
  - The student experiences: feelings of weakness, numbness, or decreased coordination; repeated vomiting or nausea; slurred speech; convulsions or seizures; difficulty recognizing people or places; increasing confusion, restlessness, or agitation.
- Contact the student's parent/guardian (or emergency contact) to inform them of the incident; that they need to come and pick up the student; and, that the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.
- Monitor and document any changes (i.e., physical, cognitive, emotional or behavioural) in the student. If any signs or symptoms worsen, call 705-658-1111 emergency services
- Do not administer medication (unless the student requires medication for other conditions—e.g., insulin for a student with diabetes).

- Stay with the student until her/his parent/guardian (or emergency contact) arrives.
- The student must not leave the premises without parent/guardian (or emergency contact) supervision.

## 5. Staff Responsibilities

5.1. System and school staff members of Moose Factory Island District School Area Board are responsible for:

- 5.1.1. ensuring staff is aware of the signs and symptoms of concussions;
- 5.1.2. ensuring appropriate first aid is provided to a student experiencing a head injury;
- 5.1.3. establishing procedures for the reintegration of students into school classes and the exclusion of students with diagnosed concussions from athletics and physical education until cleared by a physician;
- 5.1.4. ensuring an appropriate Return to Learn and/or Return to Play plan is developed, implemented, and communicated to all involved to meet the student's needs;
- 5.1.5. initiating the writing of an Individual Education Plan (IEP), if necessary, to support reasonable adjustments to a student's program or schedule;
- 5.1.6. considering the option of home schooling, in consultation with the superintendent;
- 5.1.7. updating the student's medical information records;
- 5.1.8. making any provisions for transportation that are required;
- 5.1.9. interacting with the student's parents or guardians to obtain and share information about progress and challenges;
- 5.1.10. providing Form ADMIN 317-01 Student Medical Clearance following Suspected Concussion to a medical doctor and the parent or guardian as appropriate.

## 6. Return to Learn

- 6.1. Concussion symptoms can create a variety of challenges to learning that can affect overall school performance. Symptoms may lead to difficulty with learning, including lack of attention and distractibility. Physical symptoms such as headache, light and/or noise sensitivity may impair the effectiveness of learning. Emotional control issues may lead to irritation, agitation, or feeling overwhelmed.
- 6.2. It is important to identify the symptoms the student is experiencing, and to identify specific factors that may worsen student's symptoms so steps can be taken to modify those factors. The staff will talk to the student about options, offering support and encouragement.

6.3. In consultation with the student's health care professionals, and as the student's symptoms decrease, extra help or support can be decreased and/or removed gradually.

## 7. Graduated Return to Learn Procedures

Students should be symptom-free for 24 hours to move to the next stage of the process. Symptom-free means NO lingering headaches, sensitivity to light/noise, foginess, drowsiness, etc.

Stage of Recovery			Objective
1.	Complete physical and cognitive rest until medical clearance	No school Strict limits on technology usage Rest	Time to heal before return to school
2.	Return to school with academic accommodations	Continue technology limits Avoid heavy backpacks No tests, physical education, or other co-curricular activities Rest at home	Return to school with academic accommodations
3.	Continue academic accommodations	Attend school full time, if possible Increase workload gradually Monitor symptoms Incorporate light aerobic activity Rest at home	Full recovery to academic activities
4.	Full recovery to academics	Attend school full-time Resume normal activities Resume sports, following graduated Return to Play procedures	Full recovery, including graduated return to sports activities

## 8. Graduated Return to Play Procedures

8.1. With each stage of the return to play procedures, the student can continue to the next stage if no symptoms occur at the current level. Each stage should take approximately 24 hours or more, so the full return to play program should take no less than one week.

8.2. If symptoms arise during any of the stages of the procedure, the student should move back to the last asymptomatic level and try to progress again after a 24 hour rest period.

Stage of Recovery	Rehabilitation Activities	Functional Exercise	Objective
1.	No activity	Complete physical and cognitive rest	Recovery
2.	Light aerobic exercise	Walking, swimming or stationary cycling, low intensity; no resistance training	Increase heart rate
3.	Sport-specific exercise	Skating drills in hockey, running drills in soccer, No head impact activities	Add movement
4.	Non-contact activities	Progression to more complex training drills May start progressive resistance training	Increase exercise, coordination, and cognitive load
5	Full contact activities	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills by staff
6	Return to normal game play	Resumption of all activities	

## 9. Reducing the Risk

- 9.1. Regardless of the steps taken to reduce injuries, some students will continue to be injured. The severity of the injury can be mitigated by education for the staff, coaches, parents, and students.
- 9.2. Teachers need to reinforce proper sport techniques and enforce rules for safety, the rules of the sport, and fair play practices.

## REFERENCE DOCUMENTS

### **Legal References:**

*Education Act, section 264 Duties of Teacher*

*Education Act, section 265 Duties of Principal*

*Education Act, Part XIII Behaviour, Discipline and Safety*

Ontario Regulation 298 Operation of Schools—General

Policy/Program Memorandum No. 158 School Board Policies on Concussions

Ontario Physical Education Safety Guidelines <http://safety.ophea.net>

Ontario Physical Education Safety Guidelines—Concussion Package 2013

### **Board References:**

Form ADMIN 317-01 Student Medical Clearance following Suspected Concussion

Administrative Procedure 368 Student Discipline and Supervision