

Toronto District School Board

Operational Procedure: PR712

Title: **CONCUSSIONS**

Adopted: May 10, 2016
Effected: May 10, 2016
Revised: April 2016
Reviewed: April 2016
Authorization: Executive Council

1.0 RATIONALE

This procedure is developed to support implementation of the Board's Concussions Policy (P087).

2.0 OBJECTIVE

1. To set out the process for preventing and minimizing the risk of sustaining concussion (and other brain injuries) in schools and at off-site events.
2. To outline the protocol for initial concussion assessment strategies, steps to take following an initial assessment and safe removal of student from activity.
3. To provide management procedures for students with a diagnosed concussion including the development of an individualized and gradual return to learning and/or return to physical activity plan.

3.0 DEFINITIONS

Concussion is the term for a clinical diagnosis that is made by a medical doctor. The definition of concussion below is adapted from the definition provided in the concussion protocol in the Ontario Physical Education Safety Guidelines. Definitions quoted from Ministry of Education Policy/Program Memorandum No.158, School Board Policies on Concussions, March 19, 2014)

A concussion:

- 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 focusing, irritability), and/or related to sleep (e.g. drowsiness, difficulty falling asleep); and/or social (e.g. isolation, inappropriate behavior) and/or emotional (e.g. depression, anxiety);
- may be caused either by a direct blow to the head, face or neck or by a blow to the

body that transmits force to the head that causes the brain to move rapidly within the skull;

- most often occurs without a loss of consciousness;
- cannot normally be seen by a means of medical imaging tests, such as X-rays, standard computed tomography (CT) scans, or magnetic resonance imaging (MRI) scans; and
- is an invisible injury and due to the complexity of the brain is unique to each individual.

Emergency Action Plan is the emergency checklist located online on OPHEA.net called Ontario Physical Education Safety Guidelines Elementary - Interschool *Appendix E – Emergency Action Plan* September 2014.

Pocket Concussion Recognition Tool Parachute Canada is a tool used by educators, volunteers and community partners to help identify potential concussions in children, youth and adults.

Return to Learn is a process/plan developed to assist a student with his or her return to learning activities with individualized classroom strategies and/or approaches. (Adapted from Ontario Physical Education Safety Guidelines from OPHEA: Appendix C-1 – Concussion Protocol: Prevention, Identification and Management Procedures).

Return to Physical Activity is an internationally recognized graduated stepwise approach to return to physical activity. (Adapted from Ontario Physical Education Safety Guidelines from OPHEA: Appendix C-1 – Concussion Protocol: Prevention, Identification and Management Procedures).

Second Impact Syndrome is a rare condition that causes rapid and severe brain swelling and often catastrophic results, if an individual suffers a second concussion before he or she is free from symptoms sustained from the first concussion.

Concussion Signs/Symptoms

Any one of or more of the following symptoms and signs may suggest a concussion:

<ul style="list-style-type: none"> • Attention deficits, difficulty sustaining mental effort • Fatigue and tiredness • Difficulty falling asleep • Impulsivity, irritability • Low frustration threshold • Temper outbursts and changes in mood • Socially inappropriate behaviours • Headache • Neck pain • Pressure in head 	<ul style="list-style-type: none"> • Learning and memory problems • Impaired planning and problem solving • Inflexibility, concrete thinking • Lack of initiative • Dissociation between thought and action • Poor coordination/balance • Slowed reaction time • Stomach ache • Blurred vision pressure • Dizziness 	<ul style="list-style-type: none"> • Communication difficulties • Self-centeredness and lack of insight • Poor self-awareness • Sensitivity to bright lights • Sensitivity to loud sounds • Depression • Anxiety • Difficulty concentrating • Difficulty remembering • Nausea /vomiting
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4.0 RESPONSIBILITY

Associate Director, Equity and Achievement

5.0 APPLICATION AND SCOPE

This procedure applies to:

- (a) all staff,
- (b) volunteers; and

- (c) community partners such as officials, referees and partners with formal agreements with the TDSB Central Partnership Office that involve physical activity.

Students and parents/guardians are encouraged to carry out functions as outlined in the respective roles/responsibilities sections.

Where it is indicated that the Principal is responsible for an action, a designate may be appointed by the Principal.

6.0 PROCEDURES

6.1 Concussion Awareness

(a) Responsibility of Principal, Supervisor or Designate

- Ensure that all staff, including volunteers and community partners are trained to recognize signs and symptoms of a suspected concussion and what immediate action to take.
- Implement concussion awareness and education strategies for students and their parents/guardians.
- Arrange for concussion information sessions for all staff and coaching volunteers and repeat as necessary.
- Share concussion information with students and their parents/guardians.
- Ensure the Ontario Safety Guidelines are being followed.
- Ensure school staff and volunteers are familiar with the Ontario School Boards' Insurance Exchange (OSBIE) report and when it is to be completed.
- Attempt to obtain parent/guardian cooperation in reporting all non-school related concussions
- Discuss parental concerns surrounding the process for reporting concussions sustained outside of the school day, during non-school activities, and attempt to address these concerns.
- Ensure that school staff and volunteers are familiar with the Return to Learn (Appendix A) and Return to Physical Activity (Appendix B) multi-step plans.

(b) Responsibility of Teacher, Staff, Volunteer, Community Partner

- Attend and complete concussion awareness training (via Health and Physical Education Department meetings, sport specific meetings and community evening

seminars).

- Ensure that appropriate Excursion Operational Procedure (PR. 511) forms are completed prior to participation in any school activities.
- Ensure age appropriate concussion education is included for all students participating in health and physical education classes, intramurals, athletics and/or other activities that may result in a concussion (one-pagers on the web site).
- Be able to recognize the signs and symptoms of a concussion and respond appropriately using the Pocket Concussion Recognition Tool Parachute Canada.
- Implement the Ontario Safety Guidelines, risk management and injury prevention strategies. Complete OSBIE form where applicable.

(c) Responsibility of Student

- Acquire concussion awareness information distributed by the school and learn the signs and symptoms of concussions.
- Inform the school staff or volunteer of a suspected or diagnosed concussion occurring in or outside of the school.
- Remove themselves from an activity if there are any signs or symptoms of a suspected concussion.
- Report to school staff and/or volunteer if signs/symptoms of a concussion are recognized in another student.
- Follow Return to Learn and Return to Physical Activity strategies as developed by the concussion management team (administrator/parent/teacher).
- Communicate concerns and challenges during the recover process to the Principal, teachers, coach, parents/guardians, physician and other pertinent school staff.

(d) Responsibility of Parent/Guardian

- Review concussion information distributed by the school with the student.
- Seek medical attention/diagnosis in the event of a suspected concussion.
- Inform the Principal/school of any concussions or suspected concussions.
- Inform school as to expected date of student's return and collaborate with school to manage the concussion appropriately.
- Follow medical recommendations to support recovery.
- Support student's progress through Return to Learn and Return to Physical Activity process.
- Keep Principal/designate up to date on changes in student's physical (e.g. headache, dizziness), cognitive (e.g. difficulty in concentrating or remembering) and emotional behavior.

6.2 Concussion Prevention

Anytime a student is involved in physical activity, there is a chance of sustaining a concussion. As such, the Board provides the following strategies to assist with the prevention of concussions.

Before beginning a physical activity with students, the teacher, staff, volunteer or community partner will:

- Ensure all students receive instruction, understand and follow the sport/activity specific safety rules and skills prior to participating.
- Provide proper safety equipment to the student.

The Principal will:

- Ensure awareness training for teachers, staff, volunteers, community partners, students and parents to support concussion prevention.

The parent/guardian will:

- Report concussion history on school medical form changes.

When engaging in a physical activity, the teacher, staff, volunteer or community partner will:

- Ensure students wear sport specific protective equipment.
- Teach skills related to physical activity and sports in proper progression.
- Outline the concussion risks associated with the activity/sport and demonstrate how they can be minimized.
- Follow OPHEA sport specific safety guidelines and ensure fair play code of conduct.

The parent/guardian will:

- Reinforce with the student the importance of following the school’s safety procedures.

6.3 Concussion Identification

(a) Suspected Concussion Sustained in School

If the Student is Unconscious:

Action	Responsibility
Stop the activity immediately – assume concussion.	Teacher, Staff, Volunteer, Community Partner
Initiate an Emergency Action Plan and call 911.	Teacher, Staff, Volunteer, Community Partner
Wait for Emergency Medical Services (EMS) to arrive.	Teacher, Staff, Volunteer, Community Partner
Do not move the student or remove athletic equipment; wait for EMS to arrive.	Teacher, Staff, Volunteer, Community Partner
Contact the student’s parent/guardian to inform of incident and that EMS has been contacted.	Teacher, Staff, Volunteer, Community Partner
Contact the Principal.	Teacher, Staff, Volunteer, Community Partner
Inform the parent/guardian that the student needs to be examined by a medical professional/doctor as soon as possible and provide them with the Return to Physical Activity form.	Principal, Teacher, Staff, Volunteer

<p>Inform all school staff and volunteers who work with the student of the suspected concussion.</p> <p>Indicate that the student shall not participate in learning or physical activities until the parent/guardian communicates the result of the medical examination to the school.</p>	Principal
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If the Student is Conscious:

Action	Responsibility
Stop the activity immediately. Initiate an emergency action plan.	Teacher, Staff, Volunteer, Community Partner
When the student can be safely moved, remove them from the activity.	Teacher, Staff, Volunteer, Community Partner
Conduct an initial concussion assessment, review signs and symptoms using the Pocket Concussion Recognition Tool card.	Teacher, Staff, Volunteer, Community Partner
Contact the student's parent/guardian and arrange for safe arrival home.	Teacher, Staff, Volunteer, Community Partner
If signs and symptoms worsen, call 911.	Teacher, Staff, Volunteer, Community Partner
Inform the parent/guardian that the student needs to be examined by a medical professional/doctor as soon as possible and provide them with the Return to Physical Activity form.	Teacher, Staff, Volunteer, Community Partner

(b) Suspected Concussion Sustained out of School

Action	Responsibility
Report suspected concussion sustained outside of the school to the Principal.	Supervising staff, Parent/Guardian
Inform the parent/guardian that the student needs to be examined by a medical professional/physician as soon as possible and provide them with the Return to Physical Activity form.	Principal
Attach/copy medical documentation to the Return to Physical Activity form.	Principal

(c) Diagnosed/Suspected Concussion

Action	Responsibility
Inform school Principal of the diagnosis.	Parent/Guardian
Obtain medical documentation and/or Return to Physical Activity form	Principal

Inform all school staff and volunteers who work with the student	Principal
Collaborate with parent/guardian and appropriate school team to develop individualized Return to Physical Activity and Return to Learn Plans	Principal
Meet with concussion management team to review on an as needed basis.	Principal

6.4 Concussion Management Procedures - Return to Learn and Return to Physical Activity

(a) Return to Learn

Educators and school staff play a crucial role in the identification of a suspected concussion as well as the ongoing monitoring and management of a student with a concussion. Awareness of the signs and symptoms of concussion and knowledge of how to properly manage a diagnosed concussion is critical in a student's recovery and is essential in helping prevent further complications. Ultimately, this awareness and knowledge could help contribute to the student's long term health and academic success. (Adapted from OPHEA 2013, Appendix C-1)

Action	Responsibility
The student does not attend school/classes once a suspected concussion has occurred, as the most important treatment is rest. This continues for a minimum of 24 hours.	Student, Parent/Guardian
Prior to returning to school, the parent/guardian must communicate to the school Principal that the student's symptoms are improving and that the student will proceed to the Return to Learn process or that the student is symptom free and will return to full/regular learning.	Parent/Guardian
Provide parent/guardian with Return to Learn plan and indicate that the student must be symptom free or improved and form needs to be completed and signed before the student can return to school. Ensure parent understands the plan, addressing questions and concerns.	Principal
Once symptoms start to improve, gradually increase cognitive activity.	Parent/Guardian and Student
If moderate symptoms return, stop activity and allow the student to resolve symptoms. If symptoms do not resolve, return to complete cognitive rest.	Parent/Guardian and Student

Continue to gradually increase cognitive activity and monitor symptoms.	Parent/Guardian and Student
Inform all school staff and volunteers who work with the student of diagnosis.	Principal
Concussion management team at the school monitors student learning and makes accommodations as needed, as referenced on the Return to Learn form.	Principal
Weekly follow-up or as needed with teachers/staff to adjust plan for learning.	Principal
Communication with parent(s)/guardian(s) is ongoing based on student needs.	Principal
Follow individualized approaches until the student is symptom free.	Teachers, Staff
Return to Learn form to be filed in student's OSR.	Principal

(b) Return to Physical Activity

Action	Responsibility
A student with a diagnosed concussion is to follow the medically supervised six (6) step Return to Physical Activity process as outlined in the form (attached in Appendix B). All steps must be completed.	Teacher, Parent/Guardian, Student
The Return to Physical Activity form is to be followed throughout the six (6) step process to track the attainment of each step including necessary signatures by the medical doctor, parent/guardian and teacher/coach.	Principal, Teacher
Inform all school staff and volunteers of the student's diagnosis.	Principal
Monitor the student's progress which may include identification of the student's symptoms and how he/she responds to various activities.	Principal in consultation with concussion management team
If signs and symptoms return during any one of the steps the student must: <ul style="list-style-type: none"> • Stop all physical activities immediately • Rest for a minimum of 24 hours (physical and cognitive rest) • Return to step one (1) 	Student, Parent/Guardian, Teacher

(c) The student is symptom free

Action	Responsibility
Return to Learn and Return to Physical Activity forms are completed and signed by a medical practitioner and returned to the school	Parent/Guardian
The Return to Learn and Return to Physical Activity forms are placed in OSR.	Principal
Inform school staff, volunteers and community partners who work with the student that he or she is symptom free and can return to regular learning activities.	Principal
Monitor the student for the return of symptoms and/or change in work habits/performance.	Principal and concussion management team
Continue regular learning activities.	Student
Report any return of symptoms to Principal and parent/guardian.	Student
Have student examined by medical doctor.	Parent/Guardian
Re-initiate Return to Learn or Return to Physical Activity forms as required.	Principal, Parent/Guardian

6.5 Training

Concussion information, identification and management procedures will be part of annual compliance training for employees, school volunteers and community partners, with emphasis on staff roles and responsibilities.

7.0 EVALUATION

This operational procedure will be reviewed as required, but at a minimum every four (4) years after the effective date.

8.0 APPENDICES

Appendix A: Return to Learn: Concussion/Brain Injury

Appendix B: Return to Physical Activity: Concussion

9.0 REFERENCE DOCUMENTS

Policies and Procedures:

- Concussion Policy (P087)

Other Documents:

- Concussion Guidelines for the Athlete (www.parachutecanada.org)
- Concussion Guidelines for Coaches and Trainers (www.parachutecanada.org)
- Concussion Guidelines for Parents and Caregivers (www.parachutecanada.org)
- Concussion Guidelines for Teachers (www.parachutecanada.org)
- Concussion Tool for Coaches, Teachers, Parents, Students and Athletic Therapists
- Ontario Physical Education Safety Guidelines (OPHEA)
- Ontario Physical Education Safety Guidelines (OPHEA): [Appendix E - Emergency Action Plan](#)
- Ontario School Board's Insurance Exchange (OSBIE): Incident Report
- Parachute: Preventing Injuries. Saving Lives: A National Charitable Organization Dedicated to Preventing Injuries and Saving Lives
- Pocket Concussion Recognition Tool ([Parachute Canada](#))
- Policy Program Memorandum No. 158: School Board Policies on Concussion

Return to Learn Concussion/Brain Injury

Student Name:

OEN:

Date: [Click here to enter a date.](#)

Date of Injury: [Click here to enter a date.](#)

Date of Doctor's Visit: [Click here to enter a date.](#)

Date of Next Doctor's Visit: [Click here to enter a date.](#)

Review by: [Click here to enter a date.](#)

This student has been diagnosed with a concussion/brain injury by a medical doctor. The following accommodations are in place for the student where applicable as indicated below. The student will be monitored on an ongoing basis by the Principal. Please contact **Principal/Designate Name** if you have any questions.

Accommodations

Instructional Accommodations	Environmental Accommodations	Assessment Accommodations
<input type="checkbox"/> Buddy/peer tutoring <input type="checkbox"/> Note taking assistance <input type="checkbox"/> Duplicated notes <input type="checkbox"/> Organization coaching <input type="checkbox"/> Time management aids <input type="checkbox"/> More frequent breaks <input type="checkbox"/> Visual cueing <input type="checkbox"/> Reduced/uncluttered format <input type="checkbox"/> Repetition of information <input type="checkbox"/> Rewording/rephrasing <input type="checkbox"/> Extra time for processing <input type="checkbox"/> Taped texts <input type="checkbox"/> Computer options	<input type="checkbox"/> Alternative work space <input type="checkbox"/> Strategic seating <input type="checkbox"/> Proximity to instructor <input type="checkbox"/> Reduction of audio/visual stimuli <input type="checkbox"/> Study carrel <input type="checkbox"/> Minimizing background noise <input type="checkbox"/> Quiet setting <input type="checkbox"/> Use of headphones <input type="checkbox"/> Special lighting (low intensity is usually preferred)	<input type="checkbox"/> Extended time limits <input type="checkbox"/> Verbatim scribing <input type="checkbox"/> Oral responses, including audio tapes <input type="checkbox"/> More frequent breaks <input type="checkbox"/> Prompts to return student's attention to task <input type="checkbox"/> Reduced uncluttered format <input type="checkbox"/> Extra time for processing <input type="checkbox"/> Reduction in the number of tasks used to assess a concept or skill <input type="checkbox"/> Computer options

Intervention Supports

<input type="checkbox"/> Providing class assistance <input type="checkbox"/> Providing extra help <input type="checkbox"/> Involving parent/guardian <input type="checkbox"/> Counseling in school <input type="checkbox"/> Withdrawal support	<input type="checkbox"/> TDSB Social Worker <input type="checkbox"/> Daily tracking sheet <input type="checkbox"/> Referral to school support team <input type="checkbox"/> Focus on Success
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Adapted from Ontario Ministry of Education, The Individual Education Plan (IEP) A Resource Guide 2004 and in consultation with Dr. Charles Tator founder of Think First Canada.

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<input type="checkbox"/> Vice Principal <input type="checkbox"/> Teacher(s) <input type="checkbox"/> Guidance <input type="checkbox"/> ISST <input type="checkbox"/> Special Education/MART <input type="checkbox"/> Special Education Consultant <input type="checkbox"/> Social Worker	<input type="checkbox"/> Focus on Success <input type="checkbox"/> Itinerant Teacher(s) <input type="checkbox"/> Health and Physical Education Department (CL/ACL/Chair) <input type="checkbox"/> TDSSAA/TDESAA Representative <input type="checkbox"/> Parent/Guardian/Caregiver <input type="checkbox"/> OSR
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Principal's Signature :

Return to Physical Activity Concussion/Brain Injury

If a student has been/is suspected of having a concussion, a medical doctor must sign this form.

Student's Name: _____

The student must complete the following 2 visits with the medical doctor and follow the medical doctor's instructions below:

Medical Doctor Visit #1

No concussion – student may return to:

- regular classroom activities
- regular physical education class activities
- intramural activities/clubs
- interschool sport activities

Medical Doctor's signature: _____ Date: _____

Comments:

OR

Concussion - no physical activity until symptoms and signs have gone

Medical Doctor's signature: _____ Date: _____

Comments:

Note:

The student/parent/guardian must provide this form to the school administrator/Principal who will inform all relevant personnel whether the student can participate in all activities OR a concussion has been diagnosed and no physical activity is permitted until signs and symptoms have gone.

When a concussion is diagnosed, the student and parents/guardians monitor symptoms and signs of a concussion throughout the Return to Physical Activity Process. As a part of this monitoring, ongoing communication must occur between the administration (Principal) and parent/guardian throughout Steps 1-4 of the Return to Physical Activity Process (6 Step Approach)

Return to Physical Activity Process (6 Step Approach)

A student with a diagnosed concussion is to follow the medically supervised six step Return to Physical Activity Process below. All steps must be completed. The form is to be used throughout the six step Return to Physical Activity Process to track the attainment of each step, including the necessary signatures by the medical doctor, parent/guardian and teacher/coach.

The student may proceed to the next step only when he or she is asymptomatic at the current step.

Procedures

- Steps are not days - each step must take a minimum of 24 hours.
- The length of time needed to complete each step will vary based on the severity of the concussion and on the student.
- If signs and symptoms return during any one of the steps the student must:
 - stop all physical activities immediately
 - rest for a minimum of 24 hours (i.e., physical and cognitive rest)
 - return to Step 1

Parent/Guardian Responsibilities

Step 1:

Rest: No activity, complete physical rest and cognitive rest, limiting activities that require concentration and attention (reading, texting, television, computer, video/electronic games)

Duration: Until asymptomatic for a minimum of 24 hours.

My signature below indicates that my child/ward had completed Step 1 of the Return to Physical Activity Plan (cognitive and physical rest at home) and his/her symptoms have shown improvement. My child/ward will proceed to Step 2.

Parent/Guardian Signature: _____ Date: _____

Step 2:

Activity: Individual activity only. Light aerobic exercise (e.g., walking or stationary cycling).

Duration: Maximum of 10-15 minutes over a 24 hour period.

Restrictions: No resistance/weight training. No competition (including practices, scrimmages). No participation with equipment or with other students.

My signature below indicates that my child/ward is symptom free after Steps 1 and 2 and I give permission for my child/ward to proceed to Step 3 and participate in physical activities as described.

Parent/Guardian Signature: _____ Date: _____

School Responsibilities

Step 3:

Activity: Individual activity only. Sport specific exercise (e.g., running drills, ball drills, shooting drills).

Duration: Maximum of 20-30 minutes over a 24 hour period.

Restrictions: No resistance/weight training. No competition (including practices, scrimmages). 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).

Step 4:

Activity: Activities where there are minimal opportunities for body contact (e.g., dance, badminton, volleyball). Reviewing offensive and defensive plays at a slower speed. Light resistance/weight training. Non-contact practice and non-contact sport specific drills.

Restrictions: No activities that involve body contact or head impact (e.g., “heading the ball” in soccer).

School Communication with Parent/Guardian:

The teacher's/coach's signature indicates that your child/ward has successfully completed Steps 3 and 4 and now requires a medical doctor's check-up prior to being permitted to engage in physical education class, intramural activities, interschool activities in non-contact sports and full training/practices interschool activities.

Teacher/Coach signature: _____ Date _____

Parent/Guardian Responsibility

Note: After Step 4 and before Step 5 (return to full contact training/practice), the student must return to the medical doctor for final approval to engage in interschool activities.

Medical Doctor Visit #2

Concussion symptoms and signs have gone – the student may return to:

- regular physical education class activities;
- intramural activities/clubs;
- interschool sport activities. (see restrictions)

Medical Doctor’s signature: _____ Date: _____

Comments:

Note: This form must be returned to the school administrator (Principal) who will inform all relevant personnel when the student can participate in all activities with no restrictions.

Step 5:

Activity: Full participation in regular physical education/intramural activities/interschool teams with no body contact. Full contact training/practices for interschool teams that involve body contact.

Restrictions: No competition (e.g., games, meets, events) that involve body contact.

Note: After Step 4 is completed and the Medical Doctor Visit #2 has taken place, school staff will determine when to proceed to Step 6.

Step 6:

Activity: Full participation in all physical activities, including full contact games.

Restrictions: None.

Return of Symptoms

If at any time the student experiences concussion related sign and/or symptoms, please contact the school administration (Principal) immediately.