



York Catholic District School Board

PROCEDURE: CONCUSSIONS

**ADAPTED FROM: ONTARIO PHYSICAL AND HEALTH EDUCATION
ASSOCIATION SAFETY GUIDELINES**

Addendum to: Policy 212 Concussions

Effective: June 21, 2023
Updated: June 20, 2023

PURPOSE

These procedures are designed in conjunction with Policy 212: *Concussions* and outlines the process for developing an awareness of the signs and symptoms of a concussion, the prevention of concussions, the identification of a suspected concussion as well as the ongoing monitoring and management of a student with a diagnosed concussion.

Prior to participating in any board-sponsored interschool sports the [Concussion Code of Conduct Athletes, Parents/Guardians and Coaches](#) must be reviewed and signed accordingly.

These procedures are also cross referenced with Policy 208: *Student Disability Accommodation* which outlines processes to support a student with a diagnosed brain injury, of which concussion is one type.

1. Development of Awareness

Awareness of the signs and symptoms of a concussion and knowledge of how to properly manage a diagnosed concussion is critical in a student's recovery and is essential in helping to prevent the student from returning to learning or physical activities too soon and risking further complications. Ultimately, this awareness and knowledge could help contribute to the student's long-term health and academic success.

Resources and annual training will be provided under the direction of the Superintendent of Curriculum and Assessment to ensure the appropriate implementation of this Policy and Procedures. Please review the [Concussion Awareness Resources](#) by the Ministry of Education.

2. Prevention

Any time a student is involved in physical activity there is a chance of sustaining a concussion. Therefore, it is important to take a preventative approach encouraging a culture of safety mindedness when students are physically active.

2.1 All School Staff who have direct and ongoing contact with students shall:

- 2.1.1 Be knowledgeable about *Policy 212: Concussions* and the procedures for the prevention, identification and management (return to learn and return to play) of student concussions.
- 2.1.2 Attend training sessions on concussion prevention or identification as required.
- 2.1.3 Be knowledgeable about safe practices for sports/activities, i.e.: rules and regulations pertaining to the specific sport or physical activity; relevant/pertinent "activity" pages in the *Ontario Physical Activity Safety Standards in Education*
- 2.1.4 Distribute and collect completed Admin 72: *Informed Consent/Permission Form for Sports Team* as required which includes Concussion Guidelines for Parents/Guardians and Caregivers (**Appendix A**).
- 2.1.5 Complete the Admin 73: *Informed Consent/Permission For Education Trips - Elements of Risk: Activity Specific* form as required (**Appendix B**).
- 2.1.6 Review the York Catholic District School Board's Concussion Code of Conduct.

3. Identification Procedures for Suspected Concussion

3.1 Safe Removal of an Injured Unconscious Student

Follow Accident/Personal Injury - School Guidelines included in the YCDSB Crisis Response Manual

3.1.1 When a serious accident occurs it is essential that:

- (a) an ambulance should be called if considered necessary;
- (b) the injured person is immobilized;
- (c) where practical, someone should remain with the injured person and send a messenger for assistance;

- (d) every care of the injured person be taken;
 - (e) the Principal should communicate promptly with the Parent(s)/Guardian(s), or next of kin;
 - (f) the Board's Insurance/Risk Management Administrator and Health & Safety Manager be notified immediately.
- 3.1.2 **In the case of a student, where it is impossible to contact the Parent(s)/Guardian(s) immediately:**
- (a) it is the duty of the Principal to obtain prompt medical aid for the pupil;
 - (b) it should be made clear to the physician that the principal is acting for the Parent(s)/Guardian(s);
 - (c) continued efforts should be made to communicate with the Parent(s)/Guardian(s).
- 3.1.3 **In the case of students, an up-to-date record (S2 Contacts/Emergency & Consent Form) of the following information shall be available in each school office. All school personnel need to be aware of the exact location of this data:**
- (a) contact information of the Parent(s)/Guardian(s) both for home and for places of business;
 - (b) alternate contact and telephone number in case Parent(s)/Guardian(s) cannot be reached;
 - (c) name and telephone number of family physician.
- 3.14 **It is recommended that, to avoid unnecessary delay** injured persons be taken directly to the emergency ward of the nearest hospital accompanied by a member of staff or appropriate guardian. The Contacts/Emergency & Consent Form should accompany the student to the hospital. The person accompanying the student should remain with the student until the Parent(s)/Guardian(s) arrives. The Management of Concussion Form (Appendix C) should accompany the student to the hospital.
- 3.1.5 **Reports on accidents which occur on school premises** should be sent promptly to the Insurance/Risk Management Administrator - Corporate Services on an S3 *OSBIE Report Form* filed online.
- 3.2 Safe removal of a student who has sustained 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 and has not lost conscious;**
- 3.2.1 Remove student from activity or game immediately
 - 3.2.2 Monitor student for signs and symptoms –Concussion Management (Appendix C)
 - 3.2.3 Student must not return to activity/game (second impact syndrome)
- 3.3 Steps to take following initial assessment**
- 3.3.1 Do not leave the student alone
 - 3.3.2 Monitor student for worsening signs and symptoms, if they worsen call 911 immediately and follow Identification Procedures for Suspected Concussion listed above.
 - 3.3.3 Signs or symptoms of concussion present: Contact the Parents/Guardians and have them seek medical attention immediately – give Parents/Guardians the Concussion Management package (Appendix C)

Signs and Symptoms of Concussion

Signs and symptoms can appear immediately after the injury or may take hours or days to emerge. Signs and symptoms may be different for everyone. A student may be reluctant to report symptoms because of a fear that they will be removed from the activity, their status on a team or in a game could be jeopardized or academics could be impacted. Students should be encouraged to report any signs and/or

symptoms of a suspected concussion immediately to school staff and their Parent(s)/Guardian(s).

4. Management Procedures for a Diagnosed Concussion

4.1 Return to Learn

4.1.1 Concussion signs and symptoms can create a variety of challenges to learning that can affect overall school performance (**Concussion Management Appendix C**).

- i. **Cognitive** symptoms may lead to difficulty with learning, including lack of attention and distractibility.
- ii. **Physical** symptoms such as headache, light and/or noise sensitivity may impair the effectiveness of learning.
- iii. **Emotional** control issues may lead to irritation, agitation or feeling overwhelmed.

4.1.2 Continue to monitor student signs and symptoms. Report any changes in the student's ability to participate in learning / physical activity to the Principal and Parents/Guardians in order to determine if the student's Return to Learn/Return to Play Plan (Student Disability Accommodation Plan Appendix D) is in need of revision.

4.1.3 In consultation with the student's Parent(s)/Guardian(s) and supported by the student's physician or Nurse Practitioner, accommodations may be decreased and/or removed gradually.

4.2 Return to Learn - Students should be symptom-free for 24 hours to move from one stage to the next. Symptom-free means **NO** lingering headaches, sensitivity to light/noise, foginess, drowsiness, etc.

	Recovery Stage	Activity Level	Objective of Stage
1.	Complete physical and cognitive rest until medical clearance	<ul style="list-style-type: none"> ● No school ● Strict limits on technology usage ● Rest 	<ul style="list-style-type: none"> ● Return to school with academic accommodations
2.	Return to school with academic accommodations	<ul style="list-style-type: none"> ● Continue technology limits ● Avoid heavy backpacks ● No tests, Physical Education, band or chorus ● Rest at home 	<ul style="list-style-type: none"> ● Continue academic accommodations
3.	Continue academic accommodations	<ul style="list-style-type: none"> ● Attend school full time, if possible ● Increase workload gradually monitor symptoms ● Incorporate light aerobic activity ● Rest at home 	<ul style="list-style-type: none"> ● Full recovery to academics

4.	Full recovery to academics	<ul style="list-style-type: none"> • Attend school full-time • Self-advocate in school • Resume normal activities • Resume sports following graduated Return to Play 	<ul style="list-style-type: none"> • Full recovery
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4.3 Return to Play

With each stage, the student can continue to the next stage if asymptomatic at the current level. **Each stage should take approximately 24 hours** or more, so the full return to play should take no less than 1 week. If symptoms arise during the stages of the protocol, the Principal will contact the Parent(s)/Guardian(s) to discuss observations and/or reported behaviour to determine if the student should move back to the last asymptomatic level and try to progress again after a **24 hour rest period**.

	Rehabilitation Stage	Functional Exercise at each Stage	Objective of Stage
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 Training	Progression to more complex training drills, may start progressive resistance training	Exercise, coordination and cognitive load
5,	Full Contact Practice	Following medical clearance, participate in normal training activities	Restore confidence and assess function skills by coaching staff
6.	Return to Play	Normal Game Play	

5. Training

Annual training will be provided for employees and school volunteers who have ongoing and direct contact with students to develop an awareness of the signs and symptoms of a suspected concussion, as well as gain knowledge related to the prevention, identification and management of a concussion.

Resources for staff training will be provided under the direction of the Superintendent of Curriculum and Assessment. Training for employees and volunteers include, but is not limited to, face-to-face in-services, on-line tutorials and curriculum resource packages for teachers to support the implementation of this Policy and procedure.

6. Emergency Response

“Emergency” is defined by the Health Care Consent Act, 1996 to include a situation where the individual is experiencing severe suffering, or is at risk of sustaining serious bodily harm, if the treatment is not administered promptly. All staff are required to be trained annually in the emergency response to a suspected or diagnosed concussion.

- a. **Suspected Concussion:** An emergency relating to a suspected concussion could be the result of an event, either witnessed or reported, that may have caused a jarring impact to the head, face, neck or body that caused the brain to move rapidly within the skull.

Generally, in the event of an emergency, staff shall:

- (i) Remove the student immediately from the activity or sport, if this can be done safely. The student is not to return to play, even if they indicate they are feeling better. If there is loss of consciousness, do not attempt to move the student.
- (ii) Initiate the Suspected Concussion Form (Appendix C)
- (iii) Red Flag Signs or Symptoms:
Suspect a concussion if one or more signs or symptoms present (i.e. deteriorating conscious state, double vision, increasingly restless, agitated or combative, loss of consciousness, neck pain or tenderness, seizure or convulsion, severe or increasing headache, vomiting, weakness or tingling/burning in arms or legs)
 - Call 9-1-1 immediately
 - Remain with the student until Emergency Medical Services (EMS) and/or parent(s)/guardian(s) arrives, and document any physical, cognitive or behavioural changes in this time.
 - Recommend the student be transported to the hospital by ambulance and provide a copy of the Suspected Concussion Form to EMS.
 - Call, or direct another adult to call, the parent(s)/guardian(s) to inform them of the event and the location of the hospital.
 - Inform parent(s)/guardian(s) that student requires an emergency medical examination.
- (iv) Other Signs or Symptoms:
Suspect a concussion if one or more other signs or symptoms present (i.e. balance, gait difficulties, motor incoordination, stumbling, slow laboured movements, blank or vacant look, disorientation or confusion, or an inability to respond appropriately to questions, facial injury after head trauma, Lying motionless on the playing surface, slow to get up after a direct or indirect hit to the head)
 - Call, or direct another adult to call the parent(s)/guardian(s) to inform them of the event and that the student requires to be picked up and taken for an urgent medical examination by a physician or nurse practitioner.
 - If any signs or symptoms worsen, and EMS has not already been called, call 9-1-1. Recommend the student is transported to the hospital by ambulance.
 - Provide the Suspected Concussion Form to the parent(s)/guardian(s) or EMS, as applicable.
- (v) No Signs or Symptoms:
 - Call, or direct another adult to call, the parent(s)/guardian(s) to inform them of the event and that the student requires a minimum of 24 hours of monitoring.
 - Student may remain at school but cannot participate in any physical activity, including outdoor nutrition break activities.
 - Inform relevant staff of the event and provide the Suspected Concussion Form for monitoring.
 - Provide the Suspected Concussion Form to the parent(s)/guardian(s) for

- monitoring after school hours.
 - Advise parent(s)/guardian(s) the student must be seen by a physician or nurse practitioner if signs or symptoms develop.
 - Advise the student and/or parent(s)/guardian(s) that the student may not operate a motor vehicle, ride the bus and/or walk home alone.
- (vi) Communicate with parent(s)/guardian(s) and ensure the process for concussion identification, using the Suspected Concussion Form, is understood and followed.
- (vii) Inform the principal of the event and emergency response.
- (viii) Advise parent(s)/guardian(s) the student should remain at home pending the outcome of a medical examination and/or the subsiding of signs or symptoms.
- (ix) File the completed Suspected Concussion Form in the student's Health Management Plan.

7. Liability

The Good Samaritan Act, passed in 2001, protects individuals from liability with respect to voluntary emergency medical or first aid services. Subsections 2(1) and (2) of this act state the following with regard to individuals:

2. (1) Despite the rules of common law, a person described in subsection (2) who voluntarily and without reasonable expectation of compensation or reward provides the services described in that subsection is not liable for damages that result from the person's negligence in acting or failing to act while providing the services, unless it is established that the damages were caused by the gross negligence of the person.

(2) Subsection (1) applies to, ... (b) an individual... who provides emergency first aid to a person who is ill, injured or unconscious as a result of an accident or other emergency, if the individual provides assistance at the immediate scene of the accident or emergency.

8. Cross References

Legislation

Education Act, R.S.O. 1990, c. E.2., 27.1 Subsection 8(1)

Policy/Program Memorandum 158, School Board Policies on Concussion, Ministry of Education

Ontario Physical Activity Safety Standards in Education, 2019

Rowan's Law: Concussion Awareness Resources, Government of Ontario

York Catholic District School Board
INFORMED CONSENT/PERMISSION FORM FOR SPORTS TEAMS

_____ School is arranging to have its
_____ team participate in a variety of exhibition
(name of Sports Team, eg., Intermediate Boys' Volleyball Team)

games/matches and tournaments during the months of: _____, 20
(list the months; i.e.: from October to December)

Cost per student \$ _____ (Please attach a cheque payable to the name of the school)

Cost covers _____

THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE, AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT.

ELEMENTS OF RISK:

Educational activity programs, such as participation in this team sport involve certain elements of risk. Falls, collisions and other incidents may occur, causing injury. The following list includes, but is not limited to, examples of the types of injury which may result from participating in _____

(describe sport)

1. **Bumps & bruising; muscle sprain & strain**
2. **Fainting; shortness of breath; dehydration**
3. **Cuts & scrapes; broken bones; dental injuries**
4. **Head, neck and back injuries**
5. **Concussion**

The risk of sustaining these types of injuries result from the nature of the activity and can occur without any fault of either the student, or the school board, its' employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured. The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity. If you choose to participate in this team sport during the months indicated above, be advised you accept full responsibility for any injury that might occur.

The York Catholic District School Board does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity.

POLICY 212: CONCUSSIONS:

Policy 212: Concussions will be followed if a student has sustained a hit or blow to the head or body and shows signs or symptoms of concussion. Management of concussion is key to supporting the student during recovery. Please be advised that your child will be asked to seek medical attention if signs and symptoms of concussion arise. You are advised to view the Ministry of Education's approved and recommended resources link, <https://www.ontario.ca/page/rowans-law-concussion-awareness-resources>.

ACKNOWLEDGEMENT:

- WE HAVE READ THE ABOVE REGARDING: 1) ELEMENTS OF RISK AND 2) **POLICY 212: CONCUSSIONS**
- WE HAVE ALSO DISCUSSED THE SIGNS AND SYMPTOMS OF CONCUSSION AND MANAGEMENT OF CONCUSSION WITH OUR CHILD BASED ON CONCUSSION **GUIDELINES FOR PARENTS & CAREGIVERS** AND/OR DR. EVANS YOUTUBE VIDEO.
- WE UNDERSTAND THAT PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

PERMISSION

I give _____ permission to participate on the _____
(name of Team, e.g., Intermediate Boys' Volleyball Team)

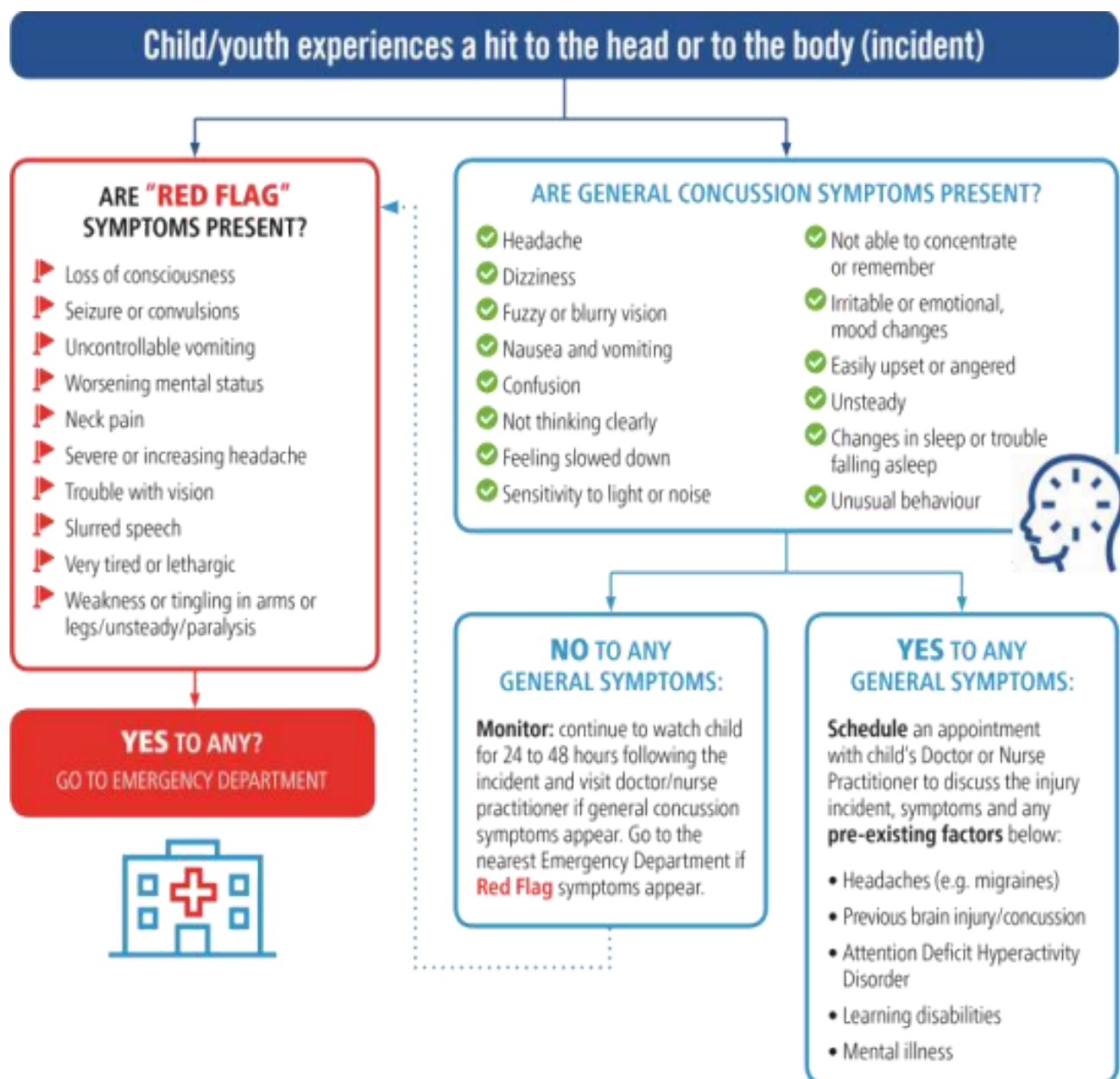
Team in a variety of exhibition games/matches and tournament during the months of: _____, 20
(list the months; e.g., from October to December)

Signature of Parent/Guardian: _____ Date: _____

(Students Under 18 Years)

PARENT'S PATHWAY FOR CHILD AND YOUTH CONCUSSION

FOR USE BY PARENTS AND CAREGIVERS | APPROPRIATE FOR AGES 5 TO 18 YEARS Every child/youth suspected of a concussion should be seen by a medical doctor or nurse practitioner



PUBLIC HEALTH
1-877-464-9675
TTY: 1-866-512-6228
york.ca/concussion

19-5388



MANAGING YOUR CHILD'S CONCUSSION RECOVERY

Rest is most important for the first 24 to 48 hours. Following the 24 hour period of rest, encourage light activity only as tolerated.

Get informed about concussion injury recovery:

- Check for symptom changes regularly (at least once a day)
- Child will need physical and mental rest with regular naps and sleep
- Limit activities that require concentration like reading, computer use, video gaming, playing musical instruments and driving if applicable

Tell the child's school if a concussion is suspected or diagnosed.

School boards have concussion policies to manage students with a concussion. Coaches, trainers and activity leaders outside of school also need to be informed.

Return to Doctor/Nurse Practitioner if general concussion symptoms last more than one to two weeks to reassess and monitor for any signs of ongoing, persistent symptoms. Ask for a referral to a concussion specialist if symptoms last more than four weeks.

Return to learn and play: Children and youth should not return to play or activities until they have successfully returned to school.

If child has pre-existing factor(s):

Be aware that recovery may take longer — weeks to months

Watch for anxiety, depression and risky behaviour and, where necessary, immediately seek referral for mental health services

Monitor closely and take child to a concussion specialist if symptoms last for more than four week

BRAIN INJURY MANAGEMENT SUPPORT SERVICES IN YORK REGION

Emergency Room Departments

TRIAGE, TREATMENT, ADMITTANCE AND REFERRAL

Mackenzie Health:

10 Trench Street, Richmond Hill. Tel: 905-883-1212

Mackenzie Health Urgent Care Centre:

9401 Jane Street, Vaughan Tel: 905-832-4554

Markham-Stouffville Hospital: 381

Church Street, Markham. Tel: 905-472-7000

Southlake Regional Health Centre: 596

Davis Drive, Newmarket. Tel: 905-895-4521

Finding Concussion Programs

Holland Bloorview Kids Rehabilitation Hospital

Concussion Clinical Services (18 years and under)

hollandbloorview.ca/programsandservices/Concussioncentre/Concussionservices

Canadian Academy of Sport and Exercise Medicine

(Sport-related concussion) casem-acmse.org/physiciandirectory/find-a-sport-medicine-doctor

Return to Learn/Return to Play

SCHOOL BOARD POLICIES AND RESOURCES FOR MANAGING

STUDENTS WITH CONCUSSION

York Region District School Board

yrdsb.ca/Parents/Pages/concussion-Management.aspx

York Catholic District School Board Policy 212 – Concussions

drive.google.com/file/d/0B0-HXDw45sKAVkNhX1hsVVFVGVE/view

Resources

York Region Public Health

Injury prevention resources, including concussion york.ca/concussion

Holland Bloorview Kids: Concussion Handbook for Parents and Kids

Resource to help with concussion management and recovery

hollandbloorview.ca/programsandservices/Concussioncentre/Concussioneducation/Handbook

Concussion Awareness Training

Tool Online course cattonline.com

Ontario Government Concussion Web Portal

Resources for students, parents, educators and coaches ontario.ca/concussions

Parachute Concussion resources

parachutecanada.org/concussion

Ontario Brain Injury Association (OBIA)

Support for people living with the effects of acquired brain injury (ABI) obia.ca

York Catholic District School Board

INFORMED CONSENT/PERMISSION FOR EDUCATION TRIPS ELEMENTS OF RISK: ACTIVITY SPECIFIC

(name of school) _____, _____
(description of activity and dates)

THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE, AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT.

ELEMENTS OF RISK:

Educational activity programs, such as involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury which may result from participating in :

(describe activity)

1.	Concussion
2.	
3.	
4.	

The risk of sustaining these types of injuries result from the nature of the activity and can occur without any fault of either the student, or the school board, its employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured.

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

The York Catholic District School Board does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity. If you do not have this type of coverage, you may purchase Student Accident Insurance through the Board's provider at www.insuremykids.com, or by calling toll free at 1-800-463-5437.

ACKNOWLEDGEMENT:

WE HAVE READ THE ABOVE. WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Signature of Student:	Date:
Signature of Parent/Guardian:	Date:

PERMISSION:

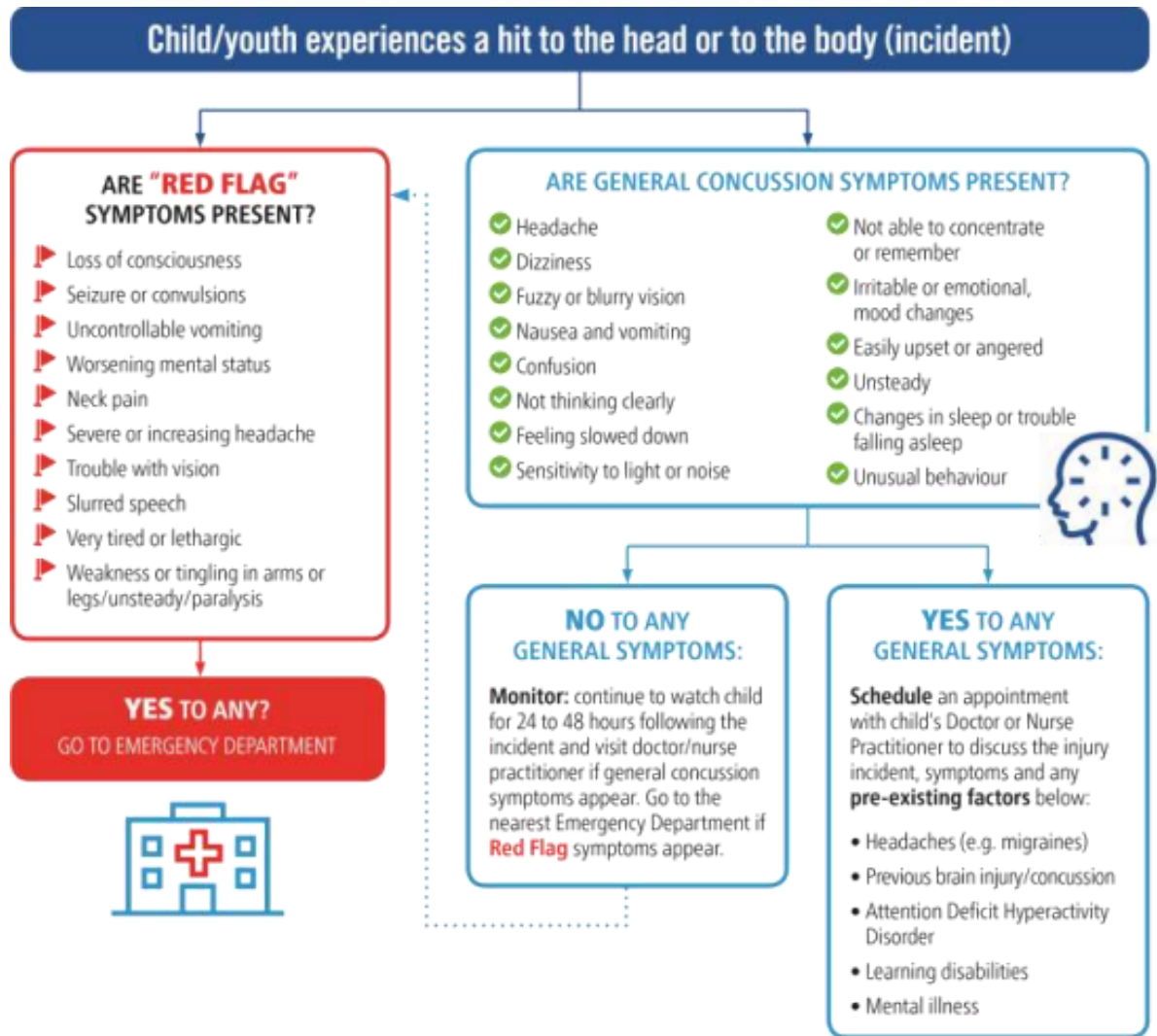
I give _____ permission to participate in the
_____ (name of student) (description of activity)

To be held on or about _____ (date).

Signature of Parent/Guardian _____ Date:
_____ **(Students Under 18 Years)**

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Get informed about concussion injury recovery: • Check for symptom changes regularly (at least once a day)

- Child will need physical and mental rest with regular naps and sleep
- Limit activities that require concentration like reading, computer use, video gaming, playing musical instruments and driving if applicable

Tell the child's school if a concussion is suspected or diagnosed. School boards have concussion policies to manage students with a concussion. Coaches, trainers and activity leaders outside of school also need to be informed.

Return to Doctor/Nurse Practitioner if general concussion symptoms last more than one to two weeks to reassess and monitor for any signs of ongoing, persistent symptoms. Ask for a referral to a concussion specialist if symptoms last more than four weeks.

Return to learn and play: Children and youth should not return to play or activities until they have successfully returned to school.

If child has pre-existing factor(s):

Be aware that recovery may take longer — weeks to months

Watch for anxiety, depression and risky behaviour and, where necessary, immediately seek referral for mental health services

Monitor closely and take child to a concussion specialist if symptoms last for more than four weeks

BRAIN INJURY MANAGEMENT SUPPORT SERVICES IN YORK REGION

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Mackenzie Health Urgent Care Centre: 9401

Jane Street, Vaughan Tel: 905-832-4554

Markham-Stouffville Hospital: 381 Church

Street, Markham. Tel: 905-472-7000

Southlake Regional Health Centre: 596 Davis

Drive, Newmarket. Tel: 905-895-4521

Finding Concussion Programs

Holland Bloorview Kids Rehabilitation Hospital Concussion

Clinical Services (18 years and under)

hollandbloorview.ca/programsandservices/Concussioncentre/Concussionservices

Canadian Academy of Sport and Exercise Medicine

(Sport-related concussion) casem-acmse.org/physician/directory/find-a-sport-medicine-doctor

Return to Learn/Return to Play

SCHOOL BOARD POLICIES AND RESOURCES FOR MANAGING STUDENTS WITH CONCUSSION

York Region District School Board

yrdsb.ca/Parents/Pages/concussion-Management.aspx

York Catholic District School Board Policy 212 – Concussions
drive.google.com/file/d/0B0-HXDw45sKAVkNhX1hsVVFVGVVE/view

Resources

York Region Public Health

Injury prevention resources, including concussion
york.ca/concussion

Holland Bloorview Kids: Concussion Handbook for Parents and Kids

Resource to help with concussion management and recovery
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Concussion Awareness Training Tool

Online course cattonline.com

Ontario Government Concussion Web Portal

Resources for students, parents, educators and coaches
ontario.ca/concussions

Parachute Concussion

resources
parachutecanada.org/concussion

Ontario Brain Injury Association (OBIA)

Support for people living with the effects of acquired brain injury (ABI) obia.ca

York Catholic District School Board Concussion Management Student Medical Clearance following Suspected Concussion

_____ has demonstrated signs of a concussion and
(Student Name)

according to York Catholic District School Board *Policy 212: Concussions* and related *Procedure* must be seen by a physician or Nurse Practitioner prior to returning to play and to establish the need for return to learn accommodations.

Stage 1: Identification

RESULTS OF INITIAL MEDICAL EXAMINATION

- NO** concussion has been diagnosed (**Student resumes normal learning and physical activity routines**)
- Concussion **HAS** been diagnosed and therefore the student must begin medically supervised, individualized and gradual return to learn/return to play Procedures (**below**).

Stage 2A: Management of Return to Learn (Limitations)

Stage 2B: Management of Return to Play (Limitations)

(Physician/Nurse Practitioner Name - Please Print)

(Date)

(Physician/Nurse Practitioner Signature)

(Date)

Students should be symptom free for 24 hours to progress to the next stage, see pg.3 (Attach any documentation received from the Physician/Nurse Practitioner to this form) Copy to Student's O.S.R.

Stage 3 Clearance: Light

Aerobic Exercise and Sport-Specific Exercise

APPENDIX C

I, _____ Parent/Guardian of _____

confirm that they continue to be symptom free and is able to progress to Stage 3 Clearance: Light Aerobic Exercise (rehabilitation stage #2) and Sport-Specific Exercise (rehabilitation stage #3) at school.

(Parent/Guardian or Student over 18 Signature)

(Date)

Stage 4 Clearance: Non-Contact Training

I Parent/Guardian of

(Parent/Guardian or Student over 18 Name) (Student Name)

confirm that (s)he continues to be symptom free and is able to progress to Stage 4 Clearance: Non-Contact Training (rehabilitation stage #4) at school.

(Parent/Guardian or Student over 18 Signature) (Date)

Stage 5 Clearance: Full Contact Practice

I, have examined (Physician/Nurse Practitioner Signature) (Student Name)

and confirm (s)he continues to be symptom free and is able to transition to Stage 5- Full Contact Practice, followed by Stage 6- Normal Game Play, provided (s)he remains symptom free.

(Physician/Nurse Practitioner Signature) (Date)

(Attach any documentation received from the Physician/Nurse Practitioner to this form)

Copy to Student's O.S.R

Students should be symptom free for 24 hours to progress to the next stage.

RETURN TO LEARN PROTOCOL		
Recovery Stage	Activity Level	Objective of Stage
1. Complete physical and cognitive rest until medical clearance	<ul style="list-style-type: none"> • No school • Strict limits on technology usage • Rest 	Return to school with academic accommodations
2. Return to school with academic accommodations	<ul style="list-style-type: none"> • Continue technology limits • Avoid heavy backpacks • No tests, PE, band or chorus, shop/tech • Rest at home 	Continue academic accommodations
3. Continue academic accommodations	<ul style="list-style-type: none"> • Attend school full time, if possible • Increase workload gradually • Monitor symptoms • Incorporate light aerobic activity • Rest at home 	Full recovery to academics
4. Full recovery to academics	<ul style="list-style-type: none"> • Attend school full time • Self- advocate in school • Resume normal activities • Resume sports following graduated Return to Play 	Full recovery
RETURN TO PLAY PROTOCOL		
Rehabilitation Stage	Functional Exercise at each Stage	Objective of Stage
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 Training	Progression to more complex training drills, may start progressive resistance training	Exercise, coordination and Cognitive load
5. Full Contact Practice	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6. Return to Play	Normal Game Play	

YORK CATHOLIC DISTRICT SCHOOL BOARD

STUDENT DISABILITY ACCOMMODATION PLAN

Student Name: _____

Date: _____

Student Number: _____

School: _____

Objectives	Action	Person Responsible for Actions	Who needs to be aware of Action	Review Date	Updates

Freedom of Information

Personal information contained on this form is collected pursuant to the *Education Act* and the *Municipal Freedom of Information and Protection of Privacy Act*. Questions about the collection and the use of this personal information should be directed to the Freedom of Information Coordinator, York Catholic District School Board, 320 Bloomington Rd. W., Aurora, Ontario, L4G 3G8 or (905) 713-2711.

Place Copy in Student O.S.R. (Ontario Student Record)

cc:Parent/Guardian

YORK CATHOLIC DISTRICT SCHOOL BOARD

SAMPLE ACCOMMODATIONS FOR STUDENTS WITH CONCUSSIONS

Cognitive

- Concentrate first on general cognitive skills, such as flexible thinking and organization, rather than academic content.
- Focus on what the student does well and expand the curriculum to more challenging content as concussion symptoms subside.
- Adjust students' schedules as needed to avoid fatigue: shorten days, schedule challenging classes when student is most alert, allow for rest breaks, and reduce course load.
- Adjust the learning environment to reduce identified distractions or protect the student from irritations such as 'too bright' light or loud noises.
- If appropriate, use self-paced, computer-assisted, or audio learning systems for the students having difficulty with reading comprehension.
- Allow extra time for test/assignment completion.
- Assist the student with organizational strategies (e.g., daily organizer).
- Provide students with lesson notes.
- Allow increased repetition to support student learning.
- Break assignments down into smaller chunks and offer recognition cues.
- Provide alternate methods for students to demonstrate learning, such as multiple-choice or allowing for oral responses.
- Develop a Student Disability Accommodation Plan (SE30) where required.

Behaviour/Social/Emotional

- If a student is frustrated with failure in one area, redirect him/her them to other elements of the curriculum associated with success.
- Provide reinforcement for positive behavior, as well as for academic achievements.
- Acknowledge and empathize with a student's sense of frustration, anger or emotional outbursts: "I know it must be hard dealing with things right now."
- Provide structure and consistency; make sure all teachers are using the same strategies. • Remove a student from a problem situation, but avoid characterizing it as a punishment and keep it as brief as possible.
- Establish a cooperative relationship with the student, engaging them in any decisions regarding schedule changes or task priority setting.
- Involve families in any positive behavior support plans.
- Set reasonable expectations.
- Arrange preferential seating, such as moving the student away from windows (e.g. bright light), away from talkative peers, or closer to the teacher.

Physical

- Allow the student to rest and eat in a quiet area, as needed.
- Encourage the use of the elevator (if available).
- If the student is light sensitive, allow the use of sunglasses or hats, as needed.
- Allow the student to leave early from class to avoid crowded or noisy hallways.
- Participation in Physical Activity including physical education, sports, and recess, should be guided by Student Medical Clearance following Suspected Concussion (S39 Form; Appendix C)