

**THE PROTESTANT SEPARATE SCHOOL BOARD
OF THE TOWN OF PENETANGUISHENE**

POLICY MANUAL

POLICY TITLE:

SECTION/CODE:

Student Concussion Protocol

School Operations D – 26

APPROVAL DATE:

SUPERSEDES:

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POLICY STATEMENT

The Ministry of Education expects all school boards in Ontario to develop and maintain a policy on concussion as outlined in *Policy/Program Memorandum No. 158: School Board Policies on Concussion*. PPM 158 requires school boards to incorporate the following areas into their policies:

- Concussion Awareness Strategies
- Concussion Awareness Training
- Prevention Strategies
- Codes of Conduct
- Identification of a Suspected Concussion
- Return to School Plan
- Concussion Tracking

The Protestant Separate School Board of the Town of Penetanguishene (PSSBP) is committed to reviewing this Protocol annually to remain current with the newest information and procedures regarding Concussion Protocol.

POLICY PURPOSE

To provide school administration, school staff, coaches, volunteers and parents/guardians with information, requirements and resources in the training, awareness, prevention, identification and management of concussions, in accordance with PPM 158: School Board Policies on Concussion: Rowan's Law (Concussion Safety) 2018 and amended Education Act (Part Xiii. 1, Subsection 321) July 1, 2019.

The PSSBP accepts that the principal, educators (including occasional teachers), school staff, students, parents and school volunteers play an important role in the prevention of concussion, identification of a suspected concussion, as well as the ongoing monitoring and management of a student with a concussion.

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CONCUSSION DEFINITION

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 concentrating or remembering), emotional/behavioural (e.g., depression, irritability) and/or related to sleep (e.g., drowsiness, difficulty falling asleep);
- 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;
- 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 by means of medical imaging tests, such as X-rays, standard computed tomography (CT) scans or magnetic imaging MRI scans.

CONCUSSION AWARENESS STRATEGIES

PSSBP requires annual training around concussion awareness strategies for the following individuals:

Students

Ages 10 and Under EBOOK or Ages 10 and Under Video

Ages 11-14 EBOOK or Ages 11-14 Video

Staff/Coaches

[E-Learning Portal](#)

Parents/Guardians

Parent/Guardian Resource

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These resources will be available on the school/board website.

The school will develop specific processes to ensure that each participant completes the concussion awareness strategies and training.

The Before and After school program employees will be made aware of the Concussion Awareness strategies and will be provided with the ability to access them as well.

CONCUSSION AWARENESS TRAINING

On or before the last Wednesday of September, all staff will be trained on Concussion Identification, Management and Prevention for schools (eLearning module through OPHEA)

All students will receive training before the end of September through OPHEA. These resources are listed above.

CONCUSSION PREVENTION STRATEGIES

The concussion prevention approach includes primary, secondary, and tertiary strategies:

- Primary: information/actions that prevent concussions from happening (for example, rules and regulations, minimizing slips and falls by checking that classroom floor and activity environments provide for safe traction and are obstacle free);
- Secondary: management of a concussion (for example, identification and management - Return to School Plan) that is designed to prevent the worsening of a concussion;
- Tertiary: strategies to help prevent long-term complications of a concussion (chronic traumatic encephalopathy) by advising the participant to permanently discontinue a physical activity/sport based on evidence-based guidelines.

[OPHEA Prevention Strategies](#)

CONCUSSION CODE OF CONDUCTS

The board will use the OPHEA Concussion Codes of Conduct for students, parents and coaches.

The school will develop processes to confirm that the codes of conduct has been received. This information will also be shared and posted on the board website

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The following are links to each Code of Conduct - [Coach](#), [Student](#), [Parents](#)

IDENTIFICATION OF A SUSPECTED CONCUSSION

PSSBP will follow OPHEAs protocol when identifying a concussion, which includes:

[Initial Response](#) for safe removal of an injured student with a suspected concussion from the activity;

[Initial Identification of a Suspected Concussion](#);

[Following the Initial Identification of a Suspected Concussion](#); and

[A Possible Concussion Event is Recognized but No Signs and/or Symptoms are Identified](#)

INITIAL RESPONSE

If there is a suspected concussion, the following must be followed:

- Student stops participation and is prohibited from physical activity;
Initiate the Emergency First Aid Response

INITIAL CONCUSSION ASSESSMENT

Once the activity has ceased and the student can be safely assessed, Appendix C, Tool to Identify Suspected Concussion, is used to determine if the student has any signs or symptoms of a concussion.

[Appendix C](#) – Tool to Identify Suspected Concussion

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STEPS TO TAKE FOLLOWING AN INITIAL ASSESSMENT

If sign(s) are observed and/or symptom(s) are reported and/or the student fails the Quick Memory Function Check

- Do not allow the student to return to physical activity/practice/competition that day even if the student states that they are feeling better.
- Do not leave the student alone until a parent/guardian arrives.
- Monitor and document any changes in the student. If any signs or symptoms worsen, call 911.
- Consult your school board's injury report form (OSBIE) for documentation procedures.
- Do not administer medication unless the student requires medication for other conditions (for example, insulin for a student with diabetes, inhaler for asthma)
- Contact the student's parents/guardians (or emergency contact) to inform them:
 - of the incident;
 - of the reported concussion sign(s) and symptom(s) and the results of the Quick Memory Function Check (consult the Sample Tool to Identify a Suspected Concussion);
 - that the student must be accompanied home by a responsible adult; and
 - that the student needs an urgent medical assessment as soon as possible
 - that same day by a medical doctor or nurse practitioner. Provide parents with a Medical Concussion Assessment Form.

Provide parents with a tool to identify a suspected concussion (**Appendix C) A Tool to Identify**

STEPS TO TAKE FOLLOWING A MEDICAL ASSESSMENT

- Parents/guardians must communicate the results of the medical assessment (that is, the student has a diagnosed concussion, the student does not have a diagnosed concussion) to the school principal/designate prior to the student returning to school. Consult the Sample Medical Concussion Assessment Form - **Appendix D.**

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- Parents are encouraged to complete a medical examination and provide confirmation that the student has undergone a medical assessment by a doctor or nurse practitioner and if applicable, confirmation that the student is medically clear to fully participate in physical activity.
the teacher must complete incident report (**Appendix B** – Ontario School Boards' Insurance Exchange, Incident Report Form)

RETURN TO SCHOOL PLAN (Return to Learn/Return to Physical Activity)

The PSSBP is committed to working with families in creating and following a return to school/return to physical activity plan.

Appendix D must be returned initially in order to begin the plan for Return to School - Medical Concussion Assessment Form

Upon medical diagnosis, families and the school will work collaboratively together to implement the Return to School Plan

Responsibilities of the School Principal

Once a student has been identified as having a suspected concussion, the school principal must:

- inform all school staff (e.g., classroom teachers, intramural supervisors, coaches) and volunteers who work with the student with the suspected concussion.
- indicate that the student shall not 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) to the school principal (by completing Appendix D – Medical Concussion Assessment Form Documentation of Medical Examination or by returning a note signed and dated by the parent/guardian).
- file written documentation (e.g., Appendix D – Medical Concussion Assessment Documentation Form or medical practitioner's note) of the results of the medical examination in the Documentation File of the student's OSR.
- Principal/designate provides parent/guardian with a form to record documentation of the student's progress through the Return to School Plan, Appendix E1 – Home

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Concussion Management Form (Return to School) and Appendix E2 School Concussion Management Form (Return to School) Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan.

OPHEA's concussion protocol will be used to support the plan.

See **Appendix E** for the complete breakdown of the Return to Learn/Return to Physical Activity Plan.

Depending upon the needs and accommodations for the student, the need for other staff such as special education teachers may be required.

Completion of the Steps within the Plan:

The school and parents must ensure that steps 1-4 of the Return to School Plan are completed.

When the student returns to school, the designated school staff lead will monitor the student's progress through the Return to School Plan. This may include identification of the student's symptoms and how they respond to various activities in order to develop and/or modify appropriate strategies and approaches that meet the changing needs of the student.

It is important for all involved, to identify the student's symptoms and how they respond to various learning activities in order to develop appropriate strategies and/or approaches that meet the needs of the student. School staff and volunteers who work with the student need to be aware of the possible difficulties (i.e., cognitive, emotional/behavioral) a student may encounter when returning to learning activities following a concussion. These difficulties may be subtle and temporary, but may significantly impact a student's performance.

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OPHEA's concussion protocol will be used to support the plan.

See **Appendix E** for the complete breakdown of the Return to Learn/Return to Physical Activity Plan.

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Return to Learn Strategies/Approaches

COGNITIVE DIFFICULTIES		
Post Concussion Symptoms	Impact on Student's Learning	Potential Strategies and/or Approaches
Headache and Fatigue	Difficulty concentrating, paying attention of multitasking	<ul style="list-style-type: none">• ensure instructions are clear (e.g., simplify directions, have the student repeat directions back to the teacher)• allow the student to have frequent breaks, or return to school gradually (e.g., 1-2 hours, half-days, late starts)• keep distractions to a minimum (e.g., move the student away from bright lights or noisy areas)• limit materials on the student's desk or in their work area to avoid distractions• provide alternative assessment opportunities (e.g., give tests orally, allow the student to dictate responses to tests or assignments, provide access to technology)
Difficulty remembering or processing speed	Difficulty retaining new information, remembering	<ul style="list-style-type: none">• provide a daily organizer and prioritize tasks• provide visual aids/cues and/or advance organizers (e.g., visual cueing, non-verbal signs)

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	instructions, accessing learned information	<ul style="list-style-type: none"> • divide larger assignments/assessments into smaller tasks • provide the student with a copy of class notes • provide access to technology • repeat instructions • provide alternative methods for the student to demonstrate mastery
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"> • coordinate assignments and projects among all teachers • use a planner/organizer to manage and record daily/weekly homework and assignments • reduce and/or prioritize homework, assignments and projects • extend deadlines or break down tasks • facilitate the use of a peer note taker • provide alternate assignments and/or tests • check frequently for comprehension • consider limiting tests to one per day and student may need extra time or a quiet environment
EMOTIONAL/BEHAVIOURAL DIFFICULTIES		
Post Concussion Symptoms	Impact on Student's Learning	Potential Strategies and/or Approaches
Anxiety	<p>Decreased attention/concentration</p> <p>Overexertion to avoid falling behind</p>	<ul style="list-style-type: none"> • inform the student of any changes in the daily timetable/schedule • adjust the student's timetable/schedule as needed to avoid fatigue (e.g., 1-2 hours/periods, half-days, full-days) • build in more frequent breaks during the school day • provide the student with preparation time to respond to Questions
Irritable or Frustrated	Inappropriate or impulsive behavior during class	<ul style="list-style-type: none"> • encourage teachers to use consistent strategies and approaches • acknowledge and empathize with the student's frustration, anger or emotional outburst if and as they occur • reinforce positive behavior • provide structure and consistency on a daily basis

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		<ul style="list-style-type: none">• prepare the student for change and transitions• set reasonable expectations• anticipate and remove the student from a problem situation (without characterizing it as punishment)
Light/Noise Sensitivity	Difficulties working in classroom environment (e.g., lights, noise, etc.)	<ul style="list-style-type: none">• arrange strategic seating (e.g., move the student away from window or talkative peers, proximity to the teacher or peer support, quiet setting)• where possible provide access to special lighting (e.g., task lighting, darker room)• minimize background noise• provide alternative settings (e.g., alternative work space, study carrel)• avoid noisy crowded environments such as assemblies and hallways during high traffic times• allow the student to eat lunch in a quiet area with a few friends• where possible provide ear plugs/headphones, sunglasses
Depression/Withdrawal	Withdrawal from participation in school activities or friends	<ul style="list-style-type: none">• build time into class/school day for socialization with peers• partner student with a “buddy” for assignments or activities

1. CONCUSSION TRACKING

- In accordance with PPM 158, School Board Policies on Concussions; tracking of additional information is required to provide information to assist in updating the concussion policy.

Concussion documents will be maintained in the students OSR. Multiple concussions will provide school staff with the required information to monitor and identify ways in which future plans and actions need to be taken for the specific student and for overall student safety.