

SMS: Concussion Policy and Protocols

Purpose

SMS (the “School”) recognizes the educational value of learning experiences in intramural and inter-school athletics, the health and physical education curriculum and our academic programming. The School is committed to the safety of all students while participating in physical, academic and social activities at the school.

Policy

To protect the safety of students from concussions and head injuries, this policy sets out policies and guidelines:

- Respecting the distribution of information to students, parents, guardians, employees and volunteers about the prevention of head injuries, the identification of symptoms of concussions and the management of concussions;
- Respecting when a student who is suspected of having sustained a concussion is to be removed from or prevented from further participating in intramural or inter-school athletics, any part of the health and physical education curriculum, and from participating in academic programming;
- Respecting the return of a student who has or may have sustained a concussion to intramural or inter-school athletics or to any part of the health and physical education curriculum, or his or her return to learning; and
- Respecting the responsibilities of employees and other persons who are involved in intramural or inter-school athletics or any part of the health and physical education curriculum in relation to the prevention of head injuries, the identification of symptoms of concussions and the management of concussions.

The School’s Concussions and Head Injuries Policy has five components:

1. Development of Awareness;
2. Prevention;
3. Identification of Concussions;
4. Management Procedures for a Diagnosed Concussion;
5. Training.

This policy has been developed in accordance with the Ministry of Education's Policy/Program Memorandum No. 158, "School Board Policies on Concussion" issued on March 19, 2014, as well as the Physical Education Safety Guidelines of the Ontario Physical and Health Education Association (OPHEA). This policy has adapted materials from the Physical Education Safety Guidelines and ThinkFirst.

Concussion

Concussion is the term for a clinical diagnosis that is made by a medical doctor or a nurse practitioner.

A concussion:

1. Is a brain injury that changes in the way in which the brain functions and that can lead to symptoms that can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty in concentrating or remembering), emotional/behavioural (e.g., depression, irritability), and/or related to sleep (e.g., drowsiness, difficulty in falling asleep);
2. May be caused by either 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;
3. Can occur even if there has been no loss of consciousness (in fact more concussions occur without a loss of consciousness); and/or
4. Cannot normally be seen by means of medical imaging tests, such as X-rays, standard computed tomography (CT) scans, or magnetic resonance imaging (MRI) scans.

It should also be noted that injuries that result from a concussion may lead to "second impact syndrome", which 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.

Since concussions can only be diagnosed by a medical doctor or a nurse practitioner, employees or volunteers cannot make the diagnosis of concussion.

Curricular

School-sponsored physical/recreation activities that are a component of classroom instruction and are part of the School's physical education core program.

Interschool

School-sponsored competitive programs which occur outside the student's instructional time, involve a selected school team/group, and involve a competition against another outside team/group.

Intramural

School-sponsored physical/recreation activities outside the student's instructional time, not a selected school team/group, and not a competition against another outside team/group.

Academic

School core and non-core courses, all curricular instructions and assessment.

The Five Components of SMS's Concussion Policy

1. DEVELOPMENT OF AWARENESS

Ensuring the safety of students relating to concussions and head injuries in the school setting depends on the co-operation of the school community. To reduce the risk of concussions and head injuries, and to ensure rapid response to an emergency, parents, students, employees and any other persons who are involved in intramural or inter-school athletics or any part of the health and physical education curriculum should all understand and fulfill their responsibilities.

Employees

- Develops strategies for sharing information on the seriousness of concussions and on concussion prevention, identification, and management with the school community.
- Ensures regular training on dealing with concussions and head injuries for all employees and others who are involved in intramural or inter-school athletics, any part of the health and physical education curriculum, or academic programming.
- Develops a communication plan for the distribution of information on concussions and head injuries to parents, students, and employees,
- Ensures relevant personnel (teacher/coaches/supervisors) distributes information on concussions and head injuries to parents, students, and employees.
- Develops and maintains protocols for responding to and removing a student who is suspected of having sustained a concussion and for return of a student to learn and play, who has or may have sustained a concussion.
- Conducts concussions and head injuries discussions with all students at beginning of year and at intervals throughout the year as applicable.
- Works with the parent community to increase awareness of concussions and head injuries including prevention, identification and management of such conditions.

- Works closely with the students who have or may have sustained a concussion and with their parents/guardians.
- Distributes information on concussions and head injuries to parents, students, and employees.

Parents or Guardians of a Student Suspected of Having Sustained a Concussion

- Informs the school of any previous concussions sustained by the student.
- Ensures that the medical information in the student's file is kept up-to-date.
- Follows protocols with respect to return of the student.
- Teaches the student:
 - I. (i) about the prevention of head injuries, the identification of symptoms of concussions and
 - II. the management of concussions;
 - (ii) to recognize the first symptoms of a concussion;
 - (iii) to communicate clearly when he or she suspects a concussion; and
 - (iv) to take as much responsibility as possible for his/her own safety.

All Parents or Guardians

- Inform the School of any previous concussions sustained by their child.
- Ensure that the medical information in their child's student file is kept up-to-date.
- Will respond co-operatively to requests from the school with regard to concussions.
- Participate in parent information sessions.
- Encourage students to respect students who have or are suspected of having sustained a concussion and follow school plans on prevention of head injuries, and the identification and management of concussions.

All Students

- Learn to recognize symptoms and signs of concussions and understand the dangers of concussions.

2. PREVENTION

In addition to prevention-related points in the section on Development of Awareness, the school has developed the following strategies for preventing and minimizing the risk of sustaining concussions (and other head injuries) in schools and at off-site events.

Teacher/Coach/Supervisor

- Prior to the activity, meets with students to go over the following information on concussion:
 - (a) The definition and causes of a concussion, signs and symptoms, and dangers of participating in an activity while experiencing the signs and symptoms of a concussion;
 - (b) The risks associated with the activity/sport for a concussion and how to minimize those risks;
 - (c) The importance of immediately informing the teacher/coach of any signs or symptoms of a concussion, and removing themselves from the activity;
 - (d) The importance of not allowing a student suspected of a concussion to be alone;
 - (e) The importance of notifying the parent or guardian about a suspected concussion;
 - (f) The importance of a suspected concussion being evaluated by a medical doctor;
 - (g) The importance of respecting the rules of the game and practising fair play;
 - (h) The importance of wearing protective equipment that is properly fitted (e.g., with chin straps done up according to the one-finger rule [only one finger should fit between the strap and chin]); and
 - (i) Where helmets are worn, inform students that there is no such thing as a concussion-proof helmet. Helmets are designed to prevent major brain injuries such as bruises to the brain, blood clots, facial injury and skull fractures. However, helmets do not prevent all concussions.

- Prior to the activity and during the activity:
 - (a) Teaches the correct sport training techniques in proper progression. Have students demonstrate and practise correct body contact techniques.

- (b) Instructs absent student on previously taught safety skills prior to next activity session.
- (c) Enforces the rules of the sport. Emphasize the principles of head-injury prevention (e.g., keeping the head up and avoiding collision).
 - Eliminate all hits to the head
 - Eliminate all hits from behind
- (d) Checks protective equipment is approved by a recognized Equipment Standards Association (e.g. CSA, NOCSAE) and is visually inspected prior to activity and well maintained.
- (e) Checks (where applicable) that protective equipment is inspected by a certified re-conditioner as required by manufacturer (e.g., football helmet).
- (f) Documents safety lessons (e.g., date, time, brief content, student attendance).
- (g) Encourages employees, students and parents to learn as much as possible about concussions.
- Informs parents and guardians of students who are suspected of having sustained a concussion as soon as practicable.

Student Suspected of Having Sustained a Concussion or With Concussion

- Promptly informs the employee(s) as soon as he or she suspects that he or she has sustained a concussion, even if it the concussion did not occur at a school-sponsored activity.
- Immediately removes himself or herself from the activity that he or she is participating in.
- Follows protocols with respect to return of the student.

All Students

- Follows all school safety rules to reduce the risk of concussions.
- Immediately reports a suspected concussion of any student to employees.

3. IDENTIFICATION OF CONCUSSIONS

Common Symptoms and Signs of Concussion

It is important to know that a student does not need to be “knocked out” (lose consciousness) to have had a concussion. After the concussion, the student may experience many different kinds of symptoms, and it is important to remember that some symptoms may appear immediately and others later. Students may be reluctant to report symptoms of concussion because of a fear that they will be removed from the activity, or jeopardize their status on a team or in a game. But it is important to consider the permanent repercussions of a concussion. **Without proper management, a concussion can result in permanent problems and even death.**

Initial Concussion-Assessment Strategies

Concussion should be suspected in the presence of any one or more of the following symptoms and signs:

Thinking Problems

- Does not know time, date, place, class, type of activity in which he/she was participating
- General confusion
- Cannot remember things that happened before and after the injury
- Knocked out

Student’s Complaints

- Headache
- Dizziness
- Feels dazed
- Feels “dinged” or stunned
- “Having my bell rung”
- Sees stars, flashing lights
- Ringing in the ears
- Sleepiness
- Loss of vision
- Sees double or blurry

Other Problems

- Poor coordination or balance
- Blank stare/glassyeyed
- Vomiting

- Slurred speech
- Slow to answer questions or follow directions
- Easily distracted
- Poor concentration
- Strange or inappropriate emotions (e.g., laughing, crying, getting mad easily)
- Stomach ache/pain/nausea
- Not playing as well

The signs and symptoms of a concussion often last for 7 – 10 days, but may last much longer. The exact length of this period is unclear, but the brain temporarily does not function normally, and during this time, it is more vulnerable to a **second head injury**. In some cases, students may take many weeks or months to heal. Significant cognitive symptoms may result from concussion including: poor attention and concentration, reduced speed of information processing and impaired memory and learning. There may also be a significant negative effect on educational and social attainment, as these functions are critical for learning new skills and attending to schoolwork.

Safe Removal of an Injured Student

There is no danger of reacting too quickly, but there is potential danger in reacting too slowly.

1. If there is a loss of consciousness, call 911. Assume there is a possible neck injury. Only if the employee has been trained, immobilize the student before ambulance transportation to hospital. Do not remove athletic equipment (e.g. helmet).
2. If there is not a loss of consciousness, but a concussion is suspected due to a direct blow to the head or a major physical trauma to other parts of the body (causing a whiplash effect on the head and neck):
 - (a) remove the student from the current activity or game;
 - (i) do not administer medication;
 - (ii) the student needs to be evaluated by a medical doctor;
 - (b) the student must not return to play in the game or practice that day; and
 - (c) inform the parent/guardian about the injury and of the importance of an evaluation by a medical doctor.
3. All students with a suspected concussion, even if there was no loss of consciousness, need to be evaluated by a physician as soon as possible.

4. Parents/guardians must be informed of the importance of the head injury being evaluated by a physician.

Steps to Take Following an Initial Assessment

All students need to consult a physician after a suspected concussion. The student must seek medical attention before they return to learn/play. The Management Procedures for a Diagnosed Concussion, below, set out the procedure for returning students to school activities.

4. MANAGEMENT PROCEDURES FOR A DIAGNOSED CONCUSSION

Students are not permitted to return to learn/play until they have sought medical attention from a doctor. Generally:

- (a) Following the medical examination, the student must be monitored by a responsible adult for the next 24-48 hours for signs of deterioration. If any signs of deterioration occur, the student needs to be immediately re-evaluated by a physician.
- (b) After the student has been symptom-free for several days and has received medical clearance, he/she can begin supervised steps to return-to-learn/play protocol.
- (c) Return to physical activity/sport following a sport-related concussion must only occur after medical clearance (in writing) by a physician.

An individualized and gradual “return to learning and/or return to physical activity” plan should be developed for each student (see Return to Learn/Play Concussion Checklist). The following steps may form the basis of an individualized plan:

I. Mandatory Physician Visit #1

No Concussion (*determined by a doctor*):

- (a) Using the Request to Resume Physical Education/Activity and/or Athletic Participation and Return to Learn: Concussion Related Injuries Form (Appendix A):
 - (i) Doctor checks the box “**No Concussion student may return to:**” plus the other appropriate activity boxes and signs and dates the form.
 - (ii) The student/parent/guardian must show this form to the school administrator and/or employee who will inform all relevant personnel and provide each with a copy of this form.

Note: School administrator files the completed form from the doctor in student's O.S.R.

Concussion *(determined by a doctor):*

- (a) Using the Request to Resume Physical Education/Activity and/or Athletic Participation and Return to Learn: Concussion Related Injuries Form (Appendix A):
 - (i) Doctor checks the box **“Concussion no activity (physical or academic) until symptoms and signs have gone”** and signs and dates the form.
 - (ii) The student/parent/guardian must show this form to the School administrator and/or employee who will inform all relevant personnel and provide each with a copy of this form.
- Form is returned to the student as this form is to be used for the parent permission and second doctor assessment.

The student and parents/guardians monitor symptoms and signs of a concussion. As a part of this monitoring, ongoing communication must occur between the teacher/coach/supervisor and parent/guardian throughout Steps 14. It is very important that a student not do vigorous physical activity if he/she has any signs or symptoms. The 'return to play' process is gradual and must follow the steps as outlined below. Similarly, the Return to Learn protocol must also be followed. **Note: Each step must take a minimum of one day.** An individual must progress through the physical, cognitive and social stages at an equal pace. If symptoms or signs of the concussion return (e.g. headache, feeling nauseated) either with activity or later that day, the student needs to rest for 24 hours, and return to the previous step. A student should never return to play if symptoms persist.

Step 1:

Step	Physical	Cognitive	Screen & Social
1	No attendance at school No field trips or sports No working out	No assignments No studying, tests, etc.	No screen No group work/meetings Avoid noisy environments

Once the student is asymptomatic (concussion symptoms and signs have stopped), proceed to Step 2.

Step 2:

Step	Physical	Cognitive	Screen & Social
2	No activity in PE, no bouncing No field trips	Some classes Assisted notes No studying, tests, etc.	Min. screen time (<2hr/day) Limited group work/brief mtgs Min. social interaction

Using the Request to Resume Physical Education/Activity and/or Athletic Participation and Return to Learn: Concussion Related Injuries Form (Appendix A):

- the parent/guardian signs and dates the form to give permission for the student to proceed to Step 3.

Step 3:

Step	Physical	Cognitive	Screen & Social
3	Light activity in PE (no contact) No field trips	Attendance at most classes Increased participation, note taking Some studying, no tests, etc.	Increased screen time Increased group work/interaction

Step 4:

Step	Physical	Cognitive	Screen & Social
4	Limited PE / sport participation Brief, easy field trips No opportunity for contact	Full attendance at classes Full participation, increased studying Some assignments, no tests	Near normal screen time Increased participation in group assignments Attend practices and games

***Note:** The time needed to progress from “in-class activities/intramural activities/clubs” to “regular physical education activity” will vary with the severity of the concussion and the student. For interschool activities, the time needed to progress from non-contact to contact exercise will vary with the severity of the concussion and the student. After step 4 and before step 5, the student must return to the physician for final approval to engage in regular physical education activity and/or full contact activity, as applicable.

II. Mandatory Physician Visit #2

Doctor assesses that all Cognitive, Screen/Social symptoms and signs of a concussion are gone after Step 4:

Request to Resume Physical Education/Activity and/or Athletic Participation:
Concussion Related Injuries Form (Appendix A):

- Doctor checks the box ‘**Concussion symptoms and signs have gone**’ and checks the other appropriate activity boxes and signs and dates the form.
- This form must be returned to the office. The Administrator approves the student to progress to Step 5.

Step 5:

Step	Physical	Cognitive	Screen & Social
5	Full PE & Sport participation Field trips permitted	Full attendance at classes Tests, assignments allowed	Normal screen time Normal group work

Note: Each step must take a minimum of one day. If symptoms or signs of the concussion return (e.g. headache, feeling nauseated) either with the activity or later that day, the student

needs to rest for 24 hours, be reevaluated by a physician, and return to the previous step. A student should **never** return to learn/play if symptoms persist.

Note: School administrator files the completed form Request to Resume Physical Education/Activity and/or Athletic Participation and Return to Learn/Play Concussion-Related Injuries Form.

5. TRAINING

The school will provide regular training on concussion awareness, prevention, identification, and management for all employees and others who are involved in intramural or inter-school athletics or any part of the health and physical education curriculum.