



ELMWOOD
SCHOOL

CONCUSSION GUIDELINES



This policy has referenced the OPHEA (Ontario Physical Education Safety Guidelines) concussion policy, whose Concussion Protocol was developed in partnership with Parachute and aligns with the Berlin Consensus Statement on Concussion in Sport and the Canadian Guidelines on Concussion in Sport. [Concussions | Ontario Physical Activity Safety Standards in Education](#)

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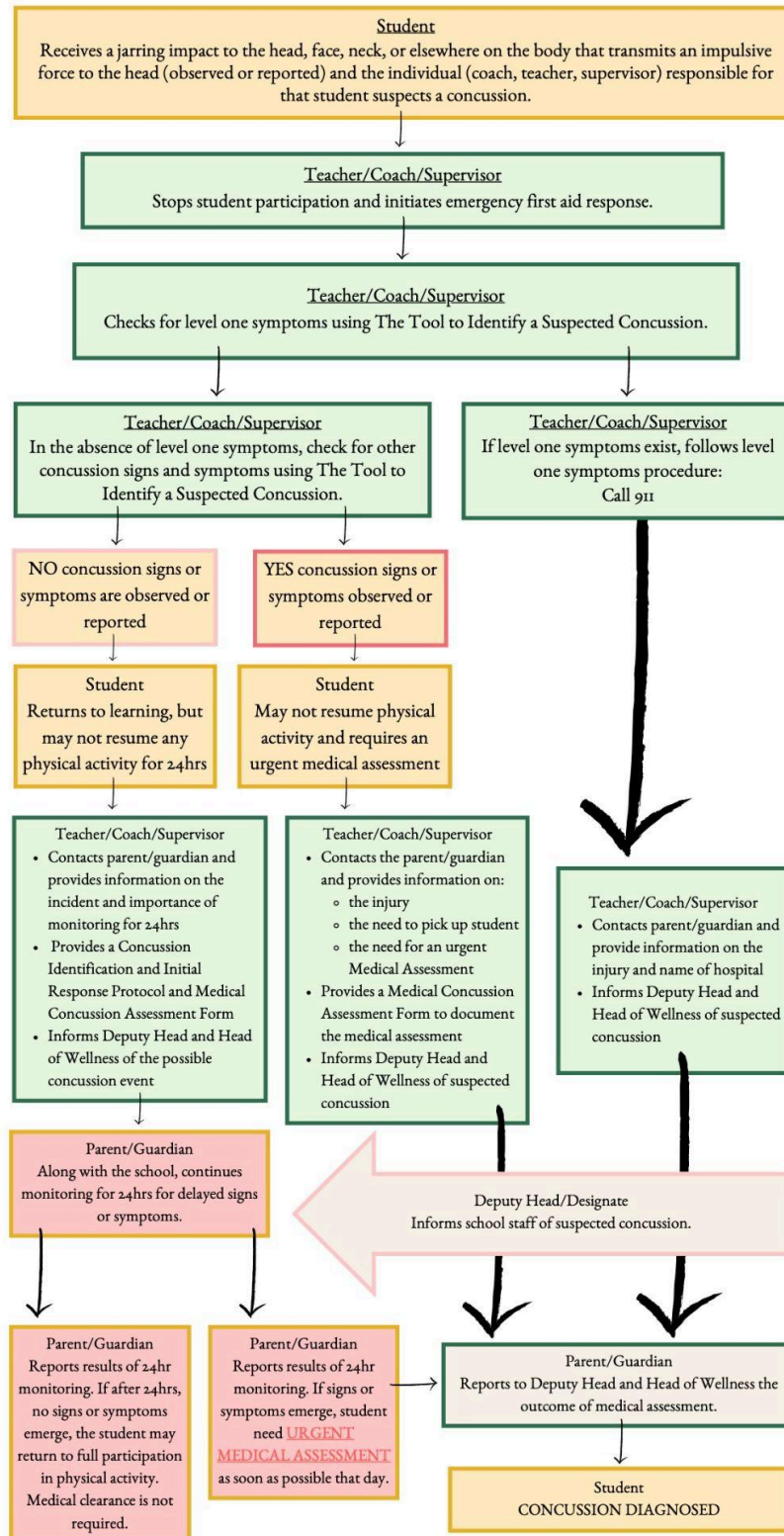
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Identifying a Suspected Concussion:

Identifying a Suspected Concussion - Steps and Responsibilities



Parent Declaration Form of Pre-existing Concussion History

- [Concussion Declaration Form](#)

Student-Athlete Concussion Module

- [E-pamphlet](#)

Coach/Student Concussion Modules

- [Ages 10 and Under](#)
- [Ages 11 to 14](#)
- [Ages 15 and Up](#)

WHAT IS A CONCUSSION?

At Elmwood School, we recognize that concussion/acute traumatic brain injury presents in a unique manner to each individual. We understand that while sometimes the injury presents in obvious ways, at other times, symptoms are subtle and/or vague, and we know that most injuries can have a detrimental impact on student success. We believe brain injuries must be treated with the utmost care, and the responsibility for the care extends from the parents to the faculty and administration. We recognize the need for a proactive, educative approach involving all interested parties, and we wish to ensure that a student who has experienced a brain injury can return to play and/or classroom safely and with the opportunity to meet with success as a result of the support provided by all stakeholders.

Definition:

A concussion is a traumatic brain injury that causes changes in how the brain functions, leading to signs and symptoms that can emerge immediately or in the hours or days after the injury. Symptoms can take up to 7 days to appear.

Concussion signs and symptoms can be physical (for example, headache, dizziness), cognitive (for example, difficulty concentrating or remembering), emotional/behavioural (for example, depression, irritability) and/or related to sleep (for example, drowsiness, difficulty falling asleep).

Concussions may be caused by a jarring impact to the head, face, neck or body, with an impulsive force transmitted to the head that causes the brain to move rapidly within the skull. Concussions can occur even if there has been no loss of consciousness (in fact, most concussions occur without a loss of consciousness). Concussions cannot normally be seen on X-rays, standard CT scans or MRIs. A

concussion is typically expected to result in symptoms lasting 1-4 weeks in children and youth (18 years or under), but symptoms may be prolonged in some cases.

In Canada, only medical doctors and nurse practitioners are qualified to provide a concussion diagnosis. Medical doctors and nurse practitioners are the only healthcare professionals in Canada with licensed training and expertise to diagnose a concussion; therefore, all students with a suspected concussion should undergo evaluation by one of these professionals. In rural or northern regions, a nurse with pre-arranged access to **a medical doctor or nurse practitioner may complete the Appendix B - Medical Concussion Assessment Form.**

THE CONCUSSION IDENTIFICATION AND THE INITIAL RESPONSE PROTOCOL

Step 1: Initial Response (Teachers, Coaches, Trainers, Officials, Students)

Following a significant impact to the head, face, neck, or body that is either observed or reported and where the individual (for example, teacher/coach) responsible for that student suspects a concussion, the following immediate actions must be taken:

- Student stops participation and is prohibited from physical activity for a minimum of 24 hours
- Initiate First Aid Response (this may include calling 911)

Check for [Level 1 Symptoms](#) (**Urgent/Red Flag**) - All require emergency medical intervention.

(Do **NOT** move the student from the playing field.)

- 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

Remove the student from the activity or game **ONLY** if there are no Level 1 symptoms and the student can be safely moved.

Step 2: Assess for other signs and symptoms

Other Concussion Signs

- Difficulties with balance and gait, motor incoordination, stumbling, slow labored movements
- Blank or vacant look
- Disorientation, confusion, or an inability to respond appropriately to questions
- Facial injury after head trauma
- Lying motionless on the playing surface (no loss of consciousness)
- Slow to get up after a direct or indirect hit to the head

Other Concussion Symptoms

- “Don’t feel right”
- “Pressure in the head”
- Balance problems
- Blurred vision
- Difficulty concentrating
- Difficulty remembering
- Dizziness
- Drowsiness
- Fatigue or low-energy
- Feeling like “in a fog”
- Feeling slowed down
- Headache
- More emotional
- More irritable
- Nausea
- Nervous or anxious
- Sadness
- Sensitivity to light
- Sensitivity to noise

A concussion should be suspected if one or more signs (s) and/or symptoms (s) are present.

Step 3: Complete a [Quick Memory Function Check](#)

Complete a Quick Memory Function Check to provide comprehensive information to parents/guardians and medical doctors/nurse practitioners.

Failure to answer any one of these questions correctly indicates a suspected concussion.

- What room are we in right now?
- What field are we playing on today?
- Is it before or after lunch?
- What is the name of your teacher/coach?
- What school do you go to?

Questions may need to be modified for very young students, the situation/activity/sport, and/or students receiving special education programs and services.

Consult [Appendix A: Tool to Identify a Suspected Concussion for School Staff /Coaches](#) and complete the checklist therein that school staff will use to identify a suspected concussion, respond to, and communicate the results to parents/guardians.

Please note:

- Signs and/or symptoms can appear immediately after the injury or may take hours or days to emerge.
- Signs and symptoms may be different for everyone.
- Students may be reluctant to report symptoms because they fear being removed from the activity, their status on a team or in a game could be jeopardized, or academics could be impacted.
- It may be difficult for younger students (under the age of 10), students with special needs, or students for whom English/French is not their first language to communicate their feelings.
- Signs for younger students (under the age of 10) may not be as obvious as in older students.

FOLLOWING CONCUSSION IDENTIFICATION AND INITIAL RESPONSE

The instructions and responsibilities identified within this section must be followed if other concussion sign(s) and/or concussion symptom(s) are observed or reported and/or the student does not answer all the Quick Memory Function Check questions correctly.

Responsibilities of the Teacher/Coach

- 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.
- Complete [Appendix A: Tool to Identify a Suspected Concussion](#)
- 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
 - 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](#) (Appendix B)
- Monitor and document any changes in the student. If any signs or symptoms worsen, call 911.
- Complete an incident report
- Send a follow-up [email](#), using the linked template, to parents with the Concussion Policy (this document) and [Medical Concussion Assessment form \(Appendix B\)](#) on the same day of the incident.
- Do not administer medication unless the student requires medication for other conditions (for example, insulin for a student with diabetes or an inhaler for asthma).
- Do not allow the student to operate a motor vehicle.

Responsibilities of Parents/Guardians

- Review and follow the guidance outlined in the [Tool to Identify a Suspected Concussion](#) (Appendix A).
- Communicate the results of the medical assessment (that is, “the student has a diagnosed concussion” or “the student does not have a diagnosed concussion”) to the Director of Wellness prior to the student returning to school. ([Appendix B Medical Concussion Assessment Form](#)).
- If required, complete the [Home Concussion Management Form](#).

Responsibilities of the Director of Wellness

- Inform all school staff (for example, classroom/homeroom teachers, physical education teachers, coaches, learning support team) who work with the student that the student must not participate in any learning or physical activities until the parents/guardian communicates the results of the medical assessment to the Director of Wellness (consult the [Medical Concussion Assessment Form](#)).
- Monitor the student's physical symptoms,
- Work with the Director of Learning Support and Team to support the Return to Learn plan.

POSSIBLE CONCUSSION EVENT WITH NO SIGNS/SYMPTOMS

In the event that a possible concussion event is recognized but no signs and/or symptoms are identified, the following are required:

- a. Activity or sport will be stopped immediately
- b. The supervisor/coach will assess with first aid and the student for [Level 1](#) symptoms
- c. If no Level 1 symptoms are indicated, the student will be assessed for other signs and symptoms/quick memory test
- d. If no other signs or symptoms are indicated, the student is not allowed to participate in activities and/or play sports for at least 24 hours.
- e. The Supervisor/Coach will phone the parent/guardian/emergency contact and advise them to:
 - i. monitor the student for 24 hours
 - ii. take them to a doctor if they show signs or symptoms from the Level 2 checklist or
 - iii. CALL 911 /go to emergency if there are any signs from Level 1 within 24 hours.
- f. If the parent/guardian decides to take the student to the hospital or doctor, they must secure a medical note with steps for return to sport and learning OR an all-clear if there is no concussion.
- g. The Supervisor/Coach will email the concussion package to the parent/guardian ASAP.
- h. Parent/Guardian will follow up with Supervisor/designate with a medical note regardless of whether there is a diagnosis or all-clear (“concussion” or “no concussion” must be stated on the note)
- i. If the students show no signs or symptoms after the 24-hour monitoring period, parents must still follow up with the school designate to declare the outcome.

A Possible Concussion Event is Recognized or Sustained Outside of School Time

- a. Parents must disclose to the school designate that an injury has occurred.
- b. Designate will email the concussion package to the parent/guardian ASAP and inform the parent/guardian that activities/sports must be stopped for at least 24 hours.
- c. Parent/Guardian will follow up with Supervisor/designate with either a medical note regardless of diagnosis (concussion/no concussion must be declared on medical note)
- d. Parent/Guardian must follow up with the school designate after 24 hours of monitoring to resume activities and sports if the student shows no signs or symptoms.

CONCUSSION RETURN TO SCHOOL PLAN

After a suspected concussion has been identified (that is, sign(s) and/or symptom(s) are observed or reported), the student must be assessed by a medical doctor or nurse practitioner as soon as reasonably possible. The parent/guardian must communicate to the school the results of the [Medical Concussion Assessment Form](#).

If a concussion is not diagnosed, the student may resume full participation in learning and physical activity with no restrictions.

If a medical doctor or nurse practitioner diagnoses a concussion, the student follows a medically supervised, individualized, and gradual [Return to Learning Plan \(RTL\)](#) and [Return to Physical Activity Plan \(RTPA\)](#). The RTL and RTPA plans are interrelated; however, they are not interdependent. A student's progress through the stages of RTL is independent of their progression through the RTPA stages.

Knowledge of how to properly manage a diagnosed concussion is critical in a student's recovery. It is essential in helping to prevent the student from returning to school or unrestricted 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.

The management of a student's concussion is a shared responsibility, requiring regular communication between the home, school (Collaborative Team) and sports organizations with which a student is involved and registered, with consultation from the student's medical doctor or nurse practitioner. Other licensed healthcare providers (a healthcare provider who is licensed by a national professional regulatory body to provide concussion-related healthcare services that fall within their licensed scope of practice) may play a role in the management of a diagnosed

concussion but cannot diagnose a concussion or clear a student to return to sport/activity. Examples include nurses, physiotherapists, chiropractors, and athletic therapists.

Before the commencement of a student's [RTL](#) and [RTPA](#) Plans, there is an at-home stage of the concussion plan, which prepares the student for the part of the plan that occurs at school.

The Home Plan

The home stages of the [RTL](#) and [RTPA](#) plan occur under the supervision of the parent/guardian in consultation with the medical doctor, nurse practitioner or other licensed healthcare provider. The rationale is as follows: initially, the student requires cognitive and physical rest followed by stages of cognitive and physical activity, which are best accommodated in the home environment. Complete the [Home Concussion Management Form](#).

Concussion Return to School Plan Responsibilities

Led by the Director of Wellness/designate, the team should include:

- The concussed student;
- The student's parents/guardians;
- Learning Support Services and teachers who work with the student; and
- The medical doctor or nurse practitioner and/or appropriate licensed healthcare provider.

The management of a student concussion is a shared responsibility, requiring regular communication between the home, school (Collaborative Team), and sports organizations with which the student is involved and registered, with consultation from the student's medical doctor or nurse practitioner and/or other licensed healthcare providers (for example, nurses, physiotherapists, chiropractors, and athletic therapists).

APPENDICES

Appendix A - [Tool to Identify a Suspected Concussion for School Staff /Coaches](#)

Appendix B - [Medical Concussion Assessment Form](#)

Appendix C - [Concussion Declaration Form](#)

Appendix D - Students and Staff Training Pamphlets

- [Ages 10 and Under](#)

- [Ages 11 to 14](#)

- [Ages 15 and Up](#)

Appendix E - [Level 1/OTHER SIGNS AND SYMPTOMS /Quick memory test signs and symptoms](#)

Appendix G - [Concussion Flowchart](#)

Appendix H- [Home Concussion Management Form](#)

CONCUSSION RESOURCES

[Rowans Law](#)

[OPHEA](#)

[CHEO Website](#)

[Return to Learn Plan](#)

[Return to Physical Activity Plan](#)