

# CONCUSSION

## Background

The Division believes the health, safety and overall well-being of its students, staff, parents, volunteers and visitors is important and is taking steps to reduce the risk of injury. These procedures, based on current research evidence and knowledge, deal with concussion prevention, symptoms and signs of a concussion, response for a suspected concussion, and management for a diagnosed concussion, including a plan to help a student return to learning and physical activity. These procedures are the **minimum standard** that must be implemented and followed by school staff, students, parents/guardians, coaches and school volunteers.

## Definition

### *Concussion:*

- A brain injury that causes changes in how the brain functions, leading to symptoms that can be physical (ie. headache, dizziness), cognitive (ie. difficulty concentrating or remembering), emotional/behavioral (ie. depression, irritability) and/or relates to sleep (ie. 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 on x-rays, standard CT scans or MRIs.

## Diagnosis

*Concussion* is the term for a clinical diagnosis that is made by a medical professional. Since a medical professional is the only person qualified to diagnose concussions, no one else can make the diagnosis of concussion. In the best interest of the student it is critical that a medical professional examine a student with a suspected concussion. Without medical documentation the student's participation in learning or physical activities will be restricted. This decision resides with the School Administrator(s).

**Note:** Injuries that result from a second 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.

## Procedures

### 1. **Prevention and Minimizing the Risk of Concussions**

Education is the prime factor in supporting the prevention of a concussion. Any time a student/athlete is involved in physical activity, there is a chance of sustaining a concussion, therefore, it is important to take a preventative approach. Prior to any activity, administration, teachers, school support staff, coaches, volunteers, etc. must meet with participants to provide instruction on strategies for preventing and minimizing the risk of sustaining a concussion and other head injuries.

Safety guidelines in **School Physical Activity, Health & Education Resource for Safety** ([myspheres.ca/en](http://myspheres.ca/en)) should always be adhered to in the interests of preventing student injuries.

## 2. Potential Concussion Injury Response

- 2.1 School staff shall follow the procedures outlined in the **Concussion Recognition Tool** (Appendix A) and **Concussion Emergency Action Plan** (Appendix B) to ensure an appropriate response to any injury that could result in a concussion.
- 2.2 Prior to student return to school/activity after a suspected concussion, ensure completion and collection of the following documentation:
  - 2.2.1 **Concussion Protocol - No Observed Signs or Symptoms** (Form 314-2) must be completed.
  - 2.2.2 In the event of a diagnosed concussion, **Concussion Protocol - Observed Signs or Symptoms** (Form 314-3) must be completed and signed by a medical doctor or nurse practitioner; and **Concussion - Plan for Return to Learn / Return to Physical Activity Plan** (Appendix C) is followed. A final note signed by a medical doctor/nurse practitioner must be presented before the student participates fully in physical activity/play.

## 3. Post Concussion Response

The **Concussion - Plan for Return to Learn / Return to Physical Activity** (Appendix C) is a collaborative effort between home and school to support the student's progress through a documented plan following a diagnosed concussion. This 6 Step Plan is necessary and identifies the sequence of supporting a *Return to Learn*. A minimum of 24 hours is necessary for EACH step. There is no set timeline for a student's progression through each of the steps.

## 4. Responsibilities of the School Administrator(s):

- 4.1 Ensure school staff (including substitutes), volunteers, parents/guardians, and students are aware of and follow these procedures and understand their roles/responsibilities.
- 4.2 Facilitate attendance and/or completion of concussion in-servicing/training for necessary school staff (School Administrators, PE/Gym Teachers and Coaches) and coaching volunteers, and repeat as necessary. Acceptable training includes that completed through recognized coaching groups and associations and the CATT (Concussion Awareness Training Tool) 'School Professional Course' or 'School Administrator Course' made available free online by the BC Injury Research and Prevention Unit. <https://cattonline.com/course/concussion-awareness-training-tool-for-school-professionals>
- 4.3 Ensure these procedures are available to all school staff, coaches and volunteers.
- 4.4 Ensure that the **School Physical Activity, Health & Education Resource for Safety** is being followed and implement risk management and injury prevention strategies specific to each sport/activity. <https://myspheres.ca/en/>
- 4.5 Oversee that the **Concussion Protocol - Parental Authorization to Participate in Extracurricular Sports** (Rycor Form 314-1) is distributed to all parents/guardians, is collected by the school staff; and remind staff that this form must be completed prior to student participation in any "school-based school intramural or club" or "interschool athletics" on an annual basis.
- 4.6 Ensure that all incidents are recorded, reported and filed as required.

- 4.7 Prior to student return to school after a concussion, ensure completion and collection of:
- **Concussion Protocol - No Observed Signs or Symptoms** (Form 314-2)
  - **Concussion Protocol - Observed Signs or Symptoms** (Form 314-3)
- 4.8 File above documents in student record.
- 4.9 Alert appropriate staff about students with a suspected or diagnosed concussion.
- 4.10 Work closely with students, parents/guardians, staff, coaches, volunteers, and medical professionals to support concussed students with their recovery and academic success.
- 4.11 Coordinate the development of an individual learning plan for students with a diagnosed concussion using the **Concussion - Plan for Return to Learn / Return to Physical Activity** (Appendix C) and approve any adjustments to the student's schedule as required.
- 4.12 Attempt to obtain parent/guardian cooperation in reporting all non-school related concussions.
5. **Responsibilities of School Staff:**  
(administration, teachers, support staff, coaches, volunteers, etc)
- 5.1 Complete concussion training (ie. staff meeting, online, workshop, read Administrative Procedure for Concussion package, etc.) and read the attached resources.
- 5.2 Prior to students participating in any "school-based school intramural or club" or "interschool athletics" (per each athletic season), ensure the **Concussion Protocol - Parental Authorization to Participate in Extracurricular Sports** (Rycor Form 314-1) has been adequately administered and signed by parents/guardians (required at the start of each school year).
- 5.3 Provide concussion resources/guidelines to parents/guardians, students and coaches.
- 5.4 Be able to recognize signs, symptoms and respond appropriately in the event of a suspected concussion, using the **Concussion Recognition Tool** (Appendix A).
- 5.5 If a concussion is suspected:
- 5.5.1 Follow **Concussion - Emergency Action Plan** (Appendix B); and
- 5.5.2 Fill out and send these forms home to parent/guardian:
- **Concussion Protocol - No Observed Signs or Symptoms** (314-2)
  - **Concussion Protocol - Observed Signs or Symptoms** (314-3)
  - **Concussion Recognition Tool (Appendix A)**
  - **Plan for Return to Learn / Return to Physical Activity (Appendix C)**
- Form(s) must be returned to the School Administrator(s), signed by the parent/guardian, prior to a student re-engaging in physical activity.
- 5.6 When a diagnosed student concussion has occurred, implement and track the **Concussion - Return to Learn / Return to Physical Activity Plan** (Appendix C). This should be done in conjunction with the School Administrator(s).

Reference: School Physical Activity, Health & Education Resource for Safety ([myspheres.ca](http://myspheres.ca))

Related APs: 315 Student Accidents  
320 Student Records

Forms: Concussion Protocol - Parental Authorization to Participate in Extracurricular Sports 314-1 (Rycor)  
Concussion Protocol - No Observed Signs or Symptoms 314-2  
Concussion Protocol - Observed Signs or Symptoms (Medical) 314-3  
Student Accident Report 315-1

Appendix: 314 Appendix A - Concussion Recognition Tool  
314 Appendix B - Concussion Emergency Action Plan  
314 Appendix C - Concussion Plan for Return to Learn / Return to Physical Activity

Resources: 314 Concussion Resource - Guidelines - Athlete  
314 Concussion Resource - Guidelines - Coach/Trainer  
314 Concussion Resource - Guidelines - Teacher  
314 Concussion Resource - Guidelines - Parent/Caregiver  
314 Concussion Resource - Parent's Guide to Dealing with Concussions