

SUPERIOR-GREENSTONE DISTRICT SCHOOL BOARD

Section	SCHOOLS AND STUDENTS	
Management Guideline	CONCUSSIONS	
Applicable Policy	CONCUSSIONS	541
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Board Approved: February 23, 2016	Reviewed: February 2, 2016 February 2, 2015 November 4, 2014	Review By: December 2021

RATIONALE:

These procedures set out the roles and responsibilities of the Senior Administration, Principals/Vice-Principals, and all school staff including teachers, coaches, support staff, volunteer coaches, and school volunteers. The responsibilities of students, parents/guardians and the role of medical practitioners are also included. Information for Community Users is also provided.

Specific procedures on the identification and management of concussion, including the Return to Learn and Return to Physical Activity are outlined in the Guides. Information for parents and students can be located on the Government of Ontario, www.ontario.ca/concussions. The awareness and training strategies for all school staff/volunteers, students and parents/guardians is also addressed.

DEFINITIONS

“Concussion” - is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow or jolt to the head. Concussion can also occur from a fall or blow to the body that causes the head and brain to move rapidly. Concussion is the term for a clinical diagnosis that is made by a medical doctor or a nurse practitioner.

“Concussion Signs and Symptoms” - a concussion sign is something an individual will feel. A concussion symptom is something others may notice. There is no single indicator for concussion; the signs and/or symptoms can take time to appear. A concussion cannot be seen and some individuals may not experience or report symptoms until hours or days after the injury; these can become more noticeable during activities requiring concentration or during physical activities.

“Ontario School Boards’ Insurance Exchange (OSBIE)” - OSBIE is the company that insures Superior-Greenstone DSB. It is self-funded by its member school boards. A concussion procedure is an insurance requirement.

“OSBIE Incident Report” - is a form that is completed by the Site Administrator/Teacher in Charge when an incident occurs involving bodily injury to anyone other than an employee, or property damage occurs. If a person has been admitted to hospital or fatally injured the OSBIE claims department, the administrator and the board office must be immediately notified. Completed forms are submitted electronically by the school to OSBIE. The incident report is retained by OSBIE for insurance purposes.

Types of Guides

“Concussion Fact Sheet for Schools” - is designed for all school staff, parents and community users. Subtitled Know Your Concussion ABCs, it provides an overview of concussion: what it is, how concussions can happen, the signs and symptoms and danger signs for concussion, a What to Do? flow chart for staff, an overview of the Return to Learn and Return to Physical Activity process, links to additional information and online training programs approved by the Board, prevention strategies for concussion and the long term problems associated with concussions.

“Administrator’s Guide to Concussion” - is for Principals/Vice-principals/designates. It includes a brief overview of the concussion documents and Administrator’s responsibilities, a *What to do?* flow chart for staff, the *Signs and Symptoms Form*, the *Concussion Passport* which includes a *Return to Learn/Physical Activity Plan* and *Concussion Card*, *Letter to Parents* about a possible concussion, *Collaborative Plan for Return to Learn*, *Return to Learn Accommodations*, *Informed Consent/Permission Form for School Teams*, and an *Emergency Action Plan*.

“Offsite Guide to Concussion” - is designed for staff and volunteer coaches who are taking students to offsite events, including practices. It includes a brief overview of the concussion documents and teacher’s responsibilities, a *Possible Concussion Offsite flow chart*, *First Aid Measures for Possible Concussion*, *Concussion Signs and Symptoms Form*, the *Concussion Passport* which includes a *Return to Learn/Physical Activity Plan*, and *Concussion Card*, the *OSBIE Incident Report Form*, *Letter to Parents* about a possible concussion, *Informed Consent/Permission for Sports Teams* and an *Emergency Action Plan*.

“Educator’s Guide to Return to Learn and Return to Physical Activity” - is designed to guide staff who are assisting a student with a concussion. It contains questions and answers for teachers on the management of *Return to Learn* program of the Board, age appropriate activity suggestions for *Return to Learn*, a sample collaborative plan for *Return to Learn*, *Return to Learn Accommodations for Students*, and *Graduated Return to Physical Activity Plan* for students with a concussion with age appropriate activity suggestions.

“Concussion Guide for Community Users” - contains information on what a concussion is, how it can be recognized and how concussions happen. Observed and reported signs and symptoms of concussion and the danger signs are included, as well as links to online learning.

Types of Forms

“Informed Consent/Permission Form for School Teams” - is a document that must be read and signed by a parent/guardian or student who is 18 years of age or older for participation by a student on a school team. It outlines the elements of risk involved and provides notification of the availability of Student Accident Insurance. This form is required for both elementary and secondary school teams. It is retained for one year only.

“Concussion Signs and Symptoms Form” - is used to monitor a student with a possible concussion, and is completed as soon as possible after the incident. The form is filled in by the Principal or designate, or Teacher in Charge if offsite, and filed and retained for life in the student’s Ontario Student Record (OSR) and a copy is provided to parents for the medical professional to review.

“Concussion Card (bookmark)” - is introductory information for students, parents and staff about concussions. Posters for schools (three formats) are also available (First Class, Public Conferences, Concussions).

“Letter to Parents About Suspected Concussion” - a letter prepared and signed by the principal and given to the parent/guardian indicating that an incident occurred that may have caused a concussion and indicates that the Board has a concussion program. It explains what a concussion is, provides and explains the *Signs and Symptoms* form and the *Concussion Passport* which are attached to the letter.

“Concussion Passport” - is a document that is given to the student or parent/guardian to determine when or if a medical examination of the student is undertaken to see if there has been a concussion diagnosed. It is to be returned to the school as soon as possible. It also includes a copy of the *Return to Learn/Return to Physical Activity Plan* (left blank) to inform parents and to be used by the school, parents and student if a concussion is diagnosed. The completed form is filed and retained for life in the student’s Ontario Student Record (OSR).

Note: only a medical doctor or a nurse practitioner can make a medical diagnosis of a concussion.

“Emergency Action Plan” - is a document that is completed and taken with staff participating in a sporting event or an offsite activity including practices. It assists staff to respond to an emergency situation and is completed at the start of the sport season or prior to any offsite activity. The plan is retained for the school year.

2.0 Role and Responsibilities of Senior Administration

The appropriate Senior Administrator(s) will:

- 2.1 Conduct an annual review of the Concussion Procedures and Board supporting documents to ensure that they align with the current best practices, and at a minimum, the OPHEA Concussion guidelines and OSBIE requirements;
- 2.2 Ensure that concussion training is made available to all school staff and volunteers including the signs and symptoms of concussion, and immediate action to take if a concussion is suspected, prevention strategies and other information as appropriate to their roles;
- 2.3 Ensure that concussion awareness and education strategies are made available to students and parents (websites, hand-outs, newsletters, team meetings, curriculum, etc.);
- 2.4 Provide support to school administrators and staff to ensure enforcement of these Concussion Procedures and the *Return to Learn and Return to Physical Activity Plan*;
- 2.5 Ensure that information on the Concussion Procedures is provided to community users of school facilities and licensed third-party care providers not operating Extended Day programs.

3.0 Role and Responsibilities of Principals/Vice-Principals

Principals and Vice-Principals (or designates) will:

- 3.1 Ensure that up-to-date students’ emergency contact information is maintained;
- 3.2 Abide by the Concussion Procedures and read and *understand An Administrator’s Guide to Concussion*;

- 3.3 Ensure that the *SGDSB Informed Consent/Permission Form for School Teams* is provided to parents/guardians or students over the age of 18 before any student participation in sports teams each year;
- 3.4 Ensure all OPHEA Safety Guidelines are being followed;
- 3.5 Ensure that all staff and volunteers understand their responsibilities, are aware of and follow the Concussion Procedures as appropriate to their roles;
- 3.6 Ensure additional training is provided to those staff/volunteers that are attending sports events/activities or offsite activities, as required and repeat as necessary;
- 3.7 Ensure that forms are available to all staff;
- 3.8 Ensure the Fact Sheet for School Staff is included in all occasional teacher lesson plans and *An Offsite Guide to Concussion* is included in all field trip folders;
- 3.9 Ensure an *Emergency Action Plan Checklist* is completed at the start of each season of activity for sports teams and for all offsite activities including field trips;
- 3.10 Communicate and share concussion information *Concussion Signs and Symptoms* and information on the roles and responsibility with students and parents/guardians (e.g. curriculum, class time, team meetings, handouts, newsletters, websites etc.);
- 3.11 Develop a tracking system in the school for students with a possible concussion each term or semester and ensure that the *Concussion Signs and Symptoms* and the *Concussion Passport* are filed in the student's OSR;
- 3.12 Inform staff who have contact with the student when the student has a diagnosed concussion;
- 3.13 Approve any adjustments to the student schedule as necessary;
- 3.14 Designate a *Return to Learn School* staff lead;
- 3.15 Organize a collaborative team for students who need that level of support;
- 3.16 Request and ensure that additional assistance is available for students with ongoing problems (development of an IEP, etc.) and communicate concerns to appropriate senior administrators and senior board staff;
- 3.17 Attempt to get students' and parents'/guardians' cooperation in reporting any non-school related concussions;
- 3.18 Ensure that the school works as closely as possible with parents/guardians to support students with a concussion with their recovery and academic success.
- 3.19 Encourage medical practitioners to support students with a concussion with their recovery.

4.0 Role of School Staff, Support Staff, Coaches and Volunteers

School staff, support staff, coaches and volunteers will:

- 4.1 Know what to do in the event of a concussion;
- 4.2 Participate in required training and understand and follow Concussion Procedures as outlined in the *Fact Sheet for School Staff* and *An Offsite Guide to Concussion*, as appropriate to their roles;
- 4.3 Ensure that the *SGDSB Informed Consent/Permission Form for School Teams* is completed, returned by the student and is on file prior to the student participating in any onsite or offsite sports or activities;
- 4.4 Participate only in activities for which they are qualified;
- 4.5 Follow all OPHEA Safety Guidelines;
- 4.6 Check to see that all equipment is certified (if applicable), in good condition, worn properly and is appropriate for the activity;
- 4.7 Plan age appropriate activities and supervise students at all times;
- 4.8 Provide students with appropriate safety/concussion training prior to participating in the activity;
- 4.9 Be aware of the methods of preventing concussion applicable to a specific activity and communicate these to students;
- 4.10 Be aware of the management protocol in the event of a concussion, including *Return to Learn and Return to Physical Activity*;
- 4.11 Fill in an *Emergency Action Plan* before any sporting event or offsite activity including practices.

5.0 The Role and Responsibility of Students

Students will:

- 5.1 Complete (students over the age of 18 years and parents/guardians) and return the *Informed Consent/Permission Form for School Teams* before participating in a school team activity;
- 5.2 Participate in all safety training and learn to recognize the signs/symptoms of concussion;
- 5.3 Wear any required equipment in the correct manner;
- 5.4 Follow all rules and regulations of the activity;
- 5.5 Immediately report any concussion symptoms to staff/coaches;
- 5.6 Inform staff/coaches if they notice/observe concussion signs in any of their peers;

- 5.7 Follow concussion management strategies of their medical practitioner;
- 5.8 Understand and follow the *Return to Learn* and *Return to Physical Activity Guidelines* as directed by school staff.

6.0 The Role and Responsibility of Parents/Guardians

Parents/Guardians will:

- 6.1 Learn the signs and symptoms of concussion and review them with students;
- 6.2 Have a student assessed by a medical doctor or nurse practitioner as soon as possible in the event that a concussion is possible.
- 6.3 Collaborate with the school and medical doctor or nurse practitioner to manage possible or diagnosed concussions appropriately;
- 6.4 Support concussed students with their recovery;
- 6.5 Cooperate with school staff and support a student on the *Return to Learn* and *Return to Physical Activity Program*;
- 6.6 Report any non-school related concussion to the school principal so the *Return to Learn* and *Return to Physical Activity Program* can be followed.

7.0 The Role and Responsibility of Medical Doctor or Nurse Practitioner

Medical Doctors and Nurse Practitioners may:

- 7.1 Review the *Concussion Signs and Symptoms Form* completed by the School;
- 7.2 Provide support and medical assistance to the student's recovery process;
- 7.3 Participate with the school in the recovery process and in the development or review of an individualized *Return to Learn* and *Return to Physical Activity Plan*.

8.0 Training Requirements (See Administrator's Guide)

- 8.1 Develop and implement procedures to train school staff and volunteers on concussion, including signs and symptoms, prevention, identification and management as appropriate to their roles.
- 8.2 Develop strategies to raise awareness and inform students on concussion, their roles and responsibilities and create or use curriculum strands/resources as available.
- 8.3 Develop strategies to raise awareness of concussion in parents/guardians and inform them of their roles and responsibilities.

LIST OF APPENDICES

APPENDIX A: An Administrator's Guide to Concussion

APPENDIX B: Concussion Signs and Symptoms Form

APPENDIX C: Concussion Passport for SGDSB

APPENDIX D: Return to Learn/Return to Physical Activity Plan

APPENDIX E: Concussion Signs and Symptoms Poster

APPENDIX F: Sample Letter to Parents

APPENDIX G: Collaborative Plan for Return to Learn

APPENDIX H: Inform Consent/Permission Form for School Team

An Administrator's Guide to Concussion



Administrator Summary
& Flowcharts

Concussion Signs and
Symptoms Form

Concussion Passport

Concussion Card

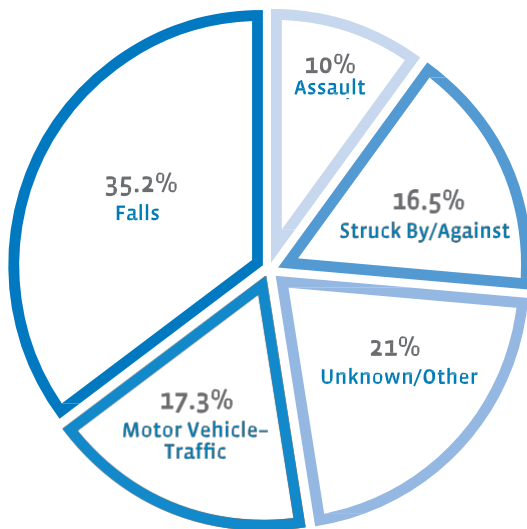
Letter to Parents

Collaborative Return to
Learn Plan template

Informed Consent for
School Teams

Emergency Action Plan

Causes of Concussion



What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a fall or blow to the body that causes the head and brain to move rapidly.

THE FACTS:

- All concussions are serious.
- Most concussions occur without loss of consciousness.
- Recognition and proper response to concussions when they first occur can help aid recovery and prevent further injury, or even death.

Administrator Summary

SGDSB has developed documents, based on the OPHEA Guidelines, to assist staff. These documents and an explanation of each are contained in this guide. As a quick reference, the chart below summarizes the documents.

Document	Purpose of Document	When filled out	Who fills it out	Record Retention
Concussion Fact Sheet for Schools	Provides basic information about concussion and the return to learn and return to physical activity process.	N/A	N/A	N/A
Concussion Signs and Symptoms form	Document the occurrence of a possible concussion, inform parents and provide next steps for parents	Any time there is a possibility or risk of concussion	Principal or designate as determined by the school	Filed in OSR, retained for life of OSR
Concussion Passport	Provide documentation to confirm concussion and progress through Return Plan	When a concussion is possible	Parent or guardian and student	Filed in OSR, retained for life of OSR
Concussion Card	Introductory information for parents and staff about concussion's key points	N/A	N/A	N/A
Return to Learn Plan	More specific information for staff who have a student with a concussion or who want to learn more	N/A	N/A	N/A
Return to Physical Activity Plan	More specific information for staff who have a student with a concussion or who want to learn more	N/A	N/A	N/A
SGDSB letter to Parents – possible concussion	Inform parent/guardian about the occurrence of a possible concussion and explain attached forms	Created at the start of the school year and kept on file	N/A	N/A
Informed Consent - Permission Form for School Teams	Inform parent/guardian about participation on a school team	Prior to a student participating on a school team	Parent or guardian and student	1 year retention
Emergency Action Plan Checklist (EAP)	Assist staff in responding to emergency situations during a sporting event or an offsite activity	Start of the sport season or prior to any offsite activity	Staff responsible for a sport/offsite activity	School year

Responsibilities of Administrators [Video: http://www.youtube.com/watch?feature=player_embedded&v=_55YmblG9YM](http://www.youtube.com/watch?feature=player_embedded&v=_55YmblG9YM)

- ensure staff are trained on concussion awareness and what to do if a student is hurt; consider the need for additional training for staff and volunteer coaches and physical education teachers etc.*
- ensure forms are available to staff (print copies, First Class, etc.)
- provide coaches with “An Offsite Guide to Concussion”
- communicate to parents via newsletter, school website, etc.
- develop tracking system in the school for students with a possible concussion including filing Concussion Signs and Symptoms Form and the Concussion Passport in the OSR and sending forms to the board office as per board procedure
- inform staff, who have contact with the student, when a student has a confirmed concussion
- organize the Collaborative Team for students who need that level of support
- designate a Return to Learn School Staff Lead
- request additional assistance for students with ongoing problems and communicate concerns to appropriate senior level board staff

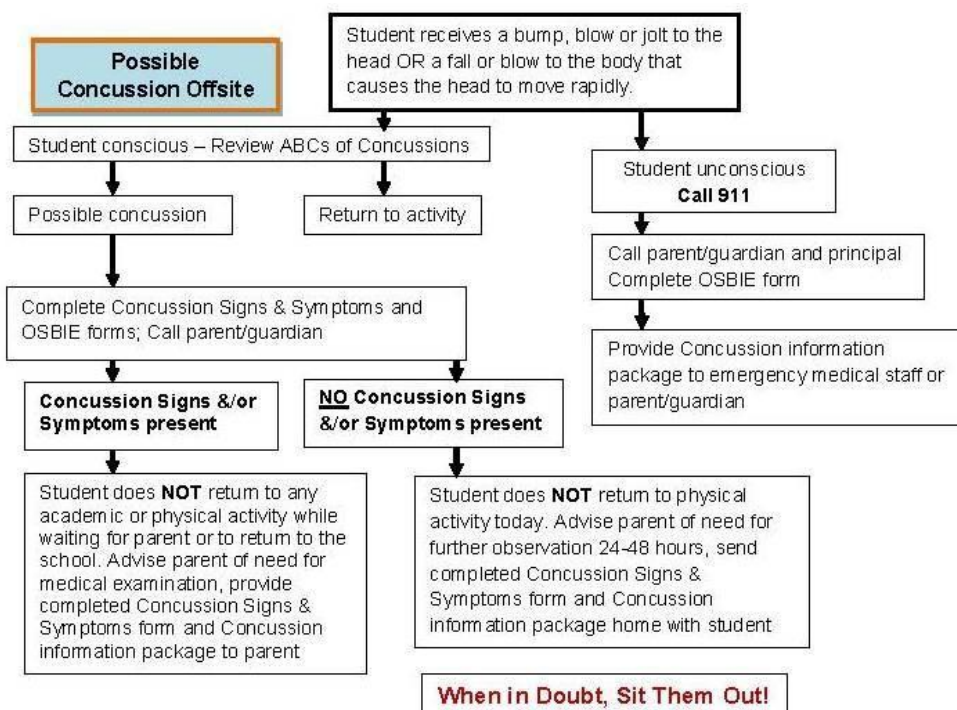
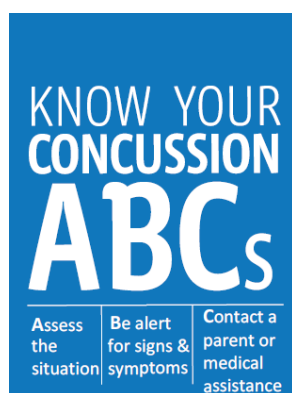
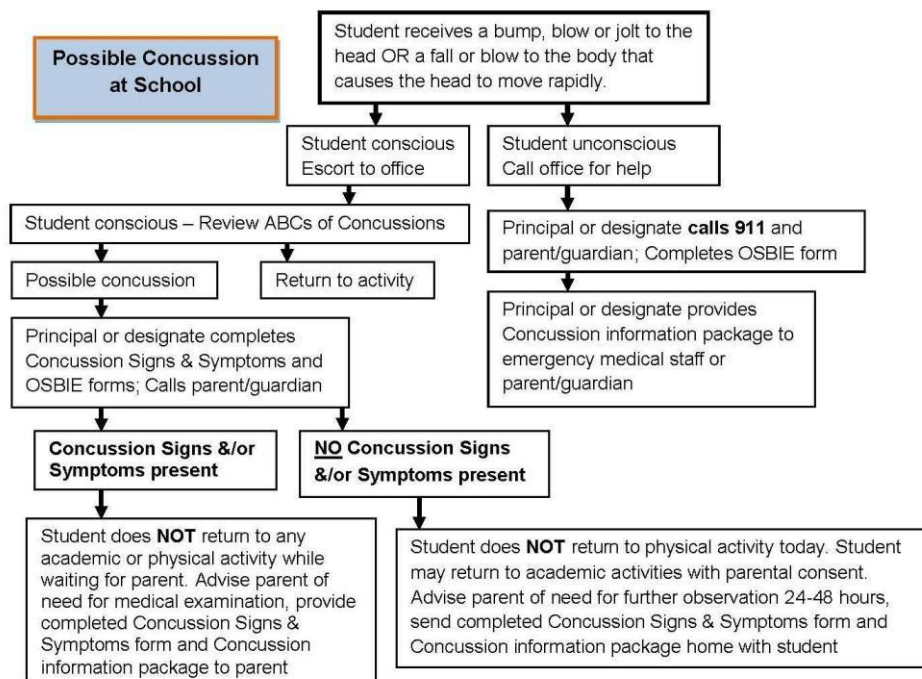
*Additional training consists of completion of one of the following:

- 1) CDC Heads Up online training course (free) - http://www.cdc.gov/concussion/HeadsUp/online_training.html
- 2) National Coaching Certification Program (free) - <http://www.coach.ca/-p153487>

3) a nationally recognized concussion training program such as Parachute Canada or concussion program by a national sports organization such as Hockey Canada (may be subject to board approval)

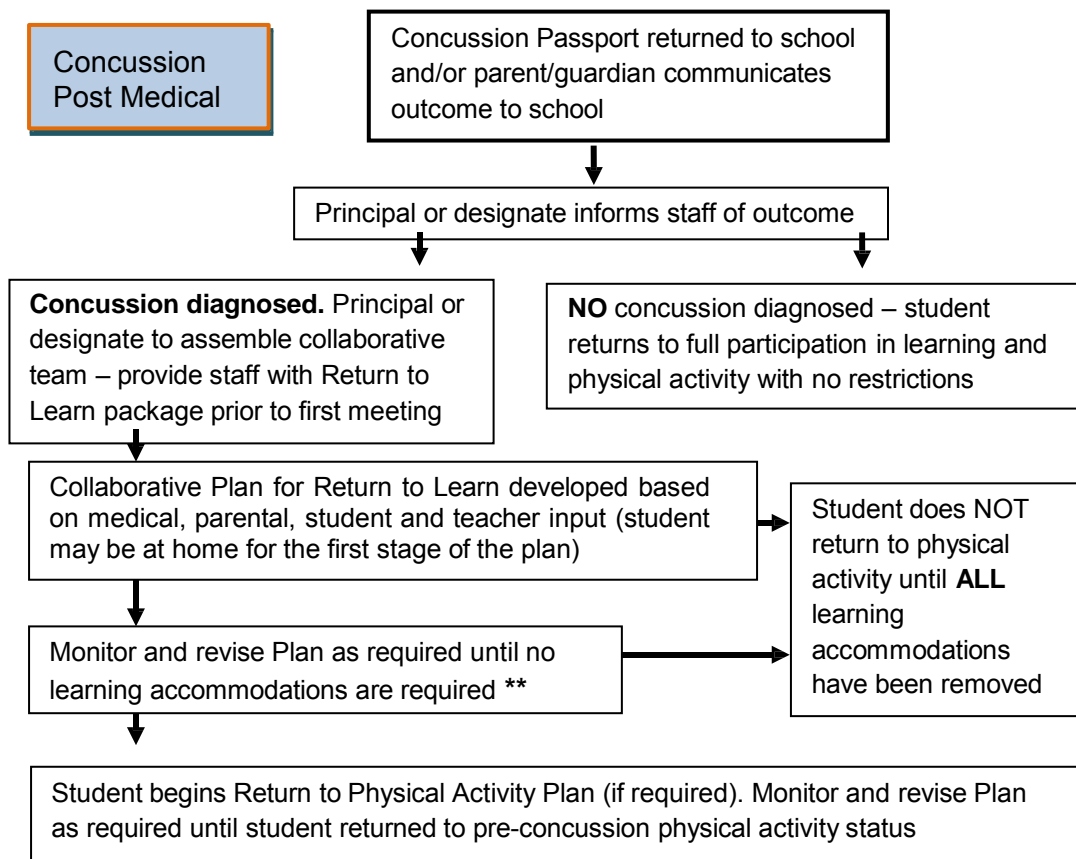
The principal has to be provided with a copy of the current (completed within the last year) certification which must have the coach/teacher/leader's name on it.

What should school staff do?



Note: Concussion Signs and Symptoms form is filed in the student's OSR when complete. The form is retained for the life of the OSR.

See Concussion Passport Returned to School (post-medical) flowchart on the next page →



Note: Return to Learn/Return to Physical Activity plan is filed in the student's OSR when completed. The Plan is retained for the life of the OSR. The Plan should be filed with the Concussion Signs and Symptoms form linked to this Plan.

****If at any time during the stages of the Plan, signs or symptoms of a concussion return, an examination of the student by a medical doctor/nurse practitioner is recommended. The student will resume the Plan at an appropriate stage as needed.**

Concussion Signs and Symptoms Form

Student's Name:

Student's Grade:

Date/Time of Incident:

Where and How Incident occurred: *(Be sure to include description of the bump or blow to the head or body.)*

Description of Incident: *(Be sure to include information about any loss of consciousness and for how long, memory loss, or seizures following the incident, or previous concussions, if any. See the section on **Danger Signs** on the back of this form.)*

Any student involved in an incident requiring this form does NOT return to physical activity that day.

Further observation by a parent/guardian and/or medical professional is required.

DIRECTIONS:

Use this form to monitor a student with a possible concussion. Check for signs or symptoms as soon as possible after the incident.

A student who is experiencing one or more of the signs or symptoms of concussion should:

- 1) **sit out academic and physical activities (rest)**
- 2) **have a parent/guardian contacted**
- 3) **be seen by a medical doctor or nurse practitioner as soon as possible**

Send a copy of this form, along with the concussion information package, with the student/parent for the medical professional to review. Original to be retained by the school and filed in the OSR.



To learn more about concussion please visit:

www.ontario.ca/concussions

OBSERVED SIGNS OR REPORTED SYMPTOMS

Appears dazed or stunned

Is confused about events

Repeats questions

Answers questions slowly

Can't recall events *prior* to the hit, bump, or fallCan't recall events *after* the hit, bump, or fall

Loses consciousness (even briefly)

Shows behavior or personality changes

Forgets class schedule or assignments

PHYSICAL

Headache or "pressure" in head

Nausea or vomiting

Balance problems or dizziness

Fatigue or feeling tired

Blurry or double vision

Sensitivity to light

Sensitivity to noise

Numbness or tingling

Does not "feel right"

COGNITIVE

Difficulty thinking clearly

Difficulty concentrating

Difficulty remembering

Feeling more slowed down

Feeling sluggish, hazy, foggy, or groggy

EMOTIONAL

Irritable

Sad

More emotional than usual

Nervous

Danger Signs:

The student should be seen in an emergency department right away if s/he has:

- *One pupil (the black part in the middle of the eye) larger than the other
- *Drowsiness or cannot be awakened
- *A headache that gets worse and does not go away
- *Weakness, numbness, or decreased coordination
- *Repeated vomiting or nausea
- *Slurred speech
- *Convulsions or seizures
- *Difficulty recognizing people or places
- *Increasing confusion, restlessness, or agitation
- *Unusual behavior
- *Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Additional Information

A concussion is a brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, hit or jolt to the head OR a fall or blow to the body that causes the head to move rapidly.

A student should be monitored by a parent/guardian for 24 to 48 hours following an incident as the signs and symptoms of a concussion can take time to emerge and a medical professional may need to be consulted.

Parents should ask the student about possible sleep symptoms. Drowsiness, sleeping more or less than usual, or difficulty falling asleep may indicate a concussion.

Resolution of Incident - in all instances a copy of the checklist is provided to parent and/or medical professional

- ☐ **NO** signs or symptoms - parent informed, student returned to class with parental consent, student does **NOT** participate in any physical activity
- ☐ Signs and/or symptoms present - parent informed, student picked up or left school with parental permission
- ☐ Signs or symptoms present prompted the decision to call 911, parent informed

Name of school staff completing this form: _

Job title: _

School _

COMMENTS:

To maintain confidentiality and ensure privacy, this form is intended only for use by appropriate school staff, medical professionals, and the student's parent/ guardian(s).

This information is collected pursuant to the Board's responsibilities as set out in the Education Act. The information will be used for educational purposes and securely stored and retained in accordance with the Board's Records Management Policy. Questions about this collection should be directed to principal. Revised October 2014. Form 505 Concussion Signs and Symptoms



Appendix C

Concussion Passport for SGDSB

_____ (student name) sustained a possible concussion on _____ (date).

It is recommended that this student be seen by a medical doctor or nurse practitioner and this form be completed and returned to _____ (school name).

Results of Medical Examination

- ☐ Student has been examined and **no concussion** has been diagnosed and therefore may resume full participation in learning and physical activity with no restrictions.
- ☐ Student has been examined and **a concussion has been diagnosed** and therefore should begin a Return to Learn/Return to Physical Activity Plan (see next page). The Plan is an individualized, gradual, approach to assist a student to return to both learning and physical activity. Each stage must take a minimum of 24 hours. The student must return to regular learning activities, without any learning accommodations, prior to the student returning to physical activity.
- ☐ I have been informed of the school's concern and decline to have my student assessed by a medical professional.

Parent/Guardian name: _____ (please print)

Parent/Guardian signature: _____ Date: _____

Comments: _____

This information is collected pursuant to the Board's responsibilities as set out in the Education Act. The information will be used for educational purposes and securely stored and retained in accordance with the Board's Records Management Policy. The original of this form will be retained by the school and filed in the OSR. Questions about this collection should be directed to the principal. Revised July 2014. Form 505 Concussion Passport




Appendix D

Return to Learn/Return to Physical Activity Plan

Student Name _____ Start Date _____

If at any time during the following stages of the Plan, signs and/or symptoms of a concussion return, an examination of the student by a medical doctor/nurse practitioner is recommended. The student will resume the plan at an appropriate stage as needed.

Each stage must take a minimum of 24 hours and a student must be symptom free to proceed to the next stage.

Stage	Stage Description	Date Completed	Parent Initials	Student Initials	Notes
1. Total Rest at Home	Cognitive (limiting reading, texting, TV, music, etc) and physical rest (no recreational & competitive activities) <input type="checkbox"/> Concussion symptoms have shown improvement – go to Stage 2a <input type="checkbox"/> Concussion symptoms are no longer present – go to Stage 2b				
2a. Return to Learn with Accommodations	Student returns to school and receives individualized classroom strategies which gradually increase cognitive load. Physical rest continues. <input type="checkbox"/> No return of symptoms				
2b. Return to Learn	Student returns to school and regular learning activities with no individualized strategies. Physical rest continues. <input type="checkbox"/> No return of symptoms				
A student not involved in any physical activities at school may end the plan after 2b. Parent/guardian and student initial here to close the plan after 2b.  Otherwise the student progresses through the rest of the stages to return to full physical activity.					

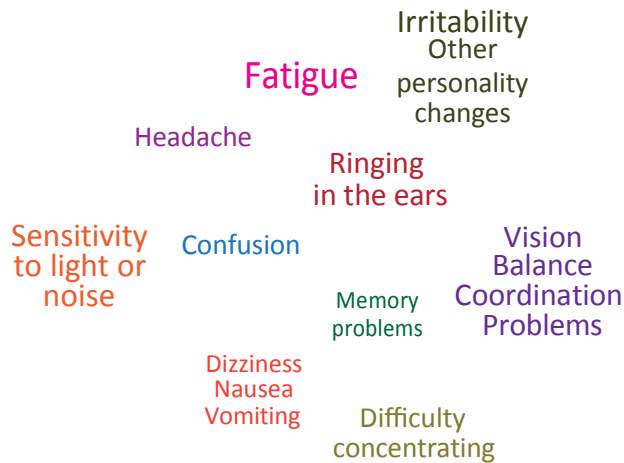


Stage	Stage Description	Date Completed	Parent Initials	Student Initials	Notes
3. Return to Light Physical Activity	<p>Student returns to light aerobic activity (walking, swimming etc) keeping heart rate at 70% or less. No weight training/drills or contact.</p> <p><input type="checkbox"/> No return of symptoms</p>				
4. Return to Individual Sport Specific Physical Activity	<p>Student returns to individual sport specific activities (shooting drill in basketball, skating drill in hockey etc). No weight training/drills or contact.</p> <p><input type="checkbox"/> No return of symptoms</p>				
5. Return to Non-Contact Practice	<p>Student returns to activities where there is no body contact (badminton, dance etc) and non-contact practices and progressions of skills (passing drill in hockey). Weight training may be started.</p> <p><input type="checkbox"/> No return of symptoms</p>				
Medical Examination	<p>Prior to returning to physical activities with contact, it is recommended that a student have a medical exam to confirm the student is ready for physical activities that involve contact.</p>				
6. Return to Physical Activity with Contact	<p>Student returns to regular participation in all physical education classes and full training/practices for contact sports. No competition.</p> <p><input type="checkbox"/> No return of symptoms</p>				
7. Return to Competition	<p>Student returns to full participation in all sports including contact sports and all competitions.</p> <p><input type="checkbox"/> No return of symptoms</p>				

Concussion

Appendix E

Signs & Symptoms



A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head.

Concussions can also occur from a fall or blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

It is extremely important to seek medical attention immediately if signs or symptoms of a concussion are present.

No two concussions are exactly the same. Brains are unique, so signs and symptoms can vary.

When in Doubt, Sit Them Out!

**Only rest will heal a concussion.
That means limiting:**

- Exercising
- Playing video games
- Reading
- Working on the computer
- Watching TV
- Listening to music
- Screen time

Rest is very important after a concussion because it helps the brain heal.

Anyone with a suspected concussion should not return to school, work or play until he or she has seen a medical doctor or nurse practitioner.

If not treated appropriately, a concussion can result in lifelong problems. For a successful recovery follow a medically supervised program.

Notify the school if your student has a concussion

For more information on concussion and injury prevention please visit:

www.ontario.ca/concussions

When in Doubt, Sit Them Out!

Appendix F



Dear Parent/Guardian,

The Superior Greenstone District School Board is committed to keeping all of our students safe. In response to the implementation of the Ontario Physical and Health Education Association (OPHEA) Safety Guidelines and following the direction of the Ministry of Education, the Board has developed and implemented a concussion program.

While participating in a school activity, an event occurred, that may cause a concussion. A concussion is a brain injury that causes changes in how the brain functions, leading 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). Since a concussion can only be diagnosed by a medical doctor or a nurse practitioner, educators, school staff or volunteers cannot make the diagnosis of concussion. The Boards' concussion program indicates that if a concussion is possible, information is provided to ensure appropriate actions are taken.

You are being provided with the following information adapted from OPHEA:

- Concussion Signs and Symptoms Form
- Concussion Passport

Please return the Concussion Passport prior to/or when your student returns to school.

If a concussion is diagnosed by a medical doctor or nurse practitioner, the Concussion Passport will assist the school team to work with you in facilitating an individualized Return to Learn/Return to Physical Activity Plan for your student.

If you have any questions, please do not hesitate to contact the undersigned.

Name of School Principal

Name of School

Appendix G



Collaborative Plan for Return to Learn

Name of Student: _____ Developed on _____ (date)

- Developed with “Return to Learn Accommodations” chart or similar resource
- Common Accommodations for all classes listed below
- Specific class accommodations and time line listed in chart below

Subject/Class	Teacher	Accommodations	Time line



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Return to Learn Accommodations*

COGNITIVE DIFFICULTIES		
Concussion Symptoms	Impact on Student's Learning	Potential Accommodations
Headache and Fatigue	Difficulty concentrating, paying attention or 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 instructions, accessing learned information	<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) 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

*Adapted from Davis GA, Purcell LK. The evaluation and management of acute concussion differs in young children. Br J Sports Med. Published Online First 23 April 2013 doi:10.1136/bjsports-2012-092132

EMOTIONAL/BEHAVIOURAL DIFFICULTIES		
Concussion Symptoms	Impact on Student's Learning	Potential Accommodations
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 behaviour 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 behaviour provide structure and consistency on a daily basis 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



INFORMED CONSENT/PERMISSION FORM FOR SCHOOL TEAMS

_____ is arranging _____ on _____
(Name of School) (Description of activity) (Date (s))

THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT IF THE STUDENT IS UNDER 18 YEARS OF AGE.

ELEMENTS OF RISK:

School activities involve certain elements of risk. Injuries may occur while participating in these activities. The following includes, but is not limited to, examples of the types of injury which may result during an activity: fracture, laceration, sprain, strain, contusion, concussion, etc.

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 student may be injured.

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

If you choose to participate, you must understand that you bear the responsibility for any injury that might occur.

Please indicate if your student has been diagnosed as having any medical conditions and provide pertinent details.

If your student is presently diagnosed with a concussion by a medical doctor/nurse practitioner, that was sustained outside of school physical activity, the Concussion Passport must be completed before the student returns to physical education classes, DPA, intramural activities and interschool practices and competitions. Request the form from the school administrator.

The **Superior Greenstone District School Board** does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity. All students participating in extra-curricular athletic activities are encouraged to have **Student Accident Insurance** made available by the school to parents at the beginning of the school year **or have private coverage** in effect. Student accident insurance is available all year, not just at the beginning of the school year. Parents can go to www.insuremykids.com to purchase the insurance.

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: _____
(if student under 18 years of age)

PERMISSION

I give _____ permission to participate in the activity described above.
(Name of Student)

Signature of Parent/Guardian _____ Date _____
(or student if over 18 years of age)

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Emergency Action Plan

Access to Telephone	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cell phone, battery well charged Practices Home venues Away venues List of emergency phone numbers (home competitions) List of emergency phone numbers (away competitions)
Directions to access the site	<input type="checkbox"/> <input type="checkbox"/>	Accurate directions to the site (practice) Accurate directions to the site (home competitions) Accurate directions to the site (away competitions)
Participant Information	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> —	Personal profile forms Location of student medication Emergency contacts Medical profiles Location of First Aid Kit
Personnel Information	<input type="checkbox"/>	Person in charge is identified

The medical profile of each participant should be up to date and located with the first aid kit. A first aid kit must be accessible at all times and must be checked regularly.

Emergency phone number: 911 for all emergencies.

In-Charge Person: _____

Cell phone number of coach/volunteer: _____

Cell phone number of assistant coach/volunteer: _____

Phone number of home facility: _____

Designated school contact (name and phone number): _____

Address and location of facility:

Facility Name: _____

Address: _____

Telephone Number: _____

Main Entrance: _____

Secondary Entrance: _____

****Bring all required board forms including Concussion package and OSBIE incident report form****

This information is collected pursuant to the Board's responsibilities as set out in the Education Act. The information will be used for educational purposes and securely stored and retained in accordance with the Board's Records Management Policy. Questions about this collection should be directed to the principal. Revised October 2014. Form 505 Emergency Action Plan