

**JAMES BAY LOWLANDS  
SECONDARY SCHOOL BOARD**

**ADMINISTRATIVE PROCEDURE  
STUDENTS: NO. 318**

Effective	August 21, 2019
Last Revised	August 15, 2023

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## STUDENT CONCUSSION

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### PURPOSE

The James Bay Lowlands Secondary School Board is committed to the safety of all students while participating in school activities and athletic events as part of the school program.

These administrative procedures have been developed to educate students, parents, and the staff about concussions and prevention strategies. The procedures are intended to provide supports for students suffering from concussion and to lessen the occurrence of concussion and second impact syndrome. The procedures provide for concussion management and support students in returning to class and sports activities.

### DEFINITIONS

**Concussion:** 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). Concussion 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. It 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.

**Second Impact Syndrome:** Second impact syndrome is rare but serious. It occurs when an individual experiences a second concussion before the symptoms of the initial concussion have resolved. Second impact syndrome can result in rapid, potentially fatal brain swelling.

**Sign:** A sign is outward, objective evidence of illness, injury or disease, such as loss of consciousness.

**Symptom:** Subjective and unseen symptoms can only be detected or sensed by the injured or ill party. Headache is one example of a symptom.

**Return to Learn:** Return to learn is a four-step process to support/accommodate students, as needed, when returning to the classroom after a concussion.

**Return to Play:** Return to play is a six-step process to reintroduce students to activities and/or athletics after a concussion.

## **ADMINISTRATIVE PROCEDURES**

### **1. Information about Concussions**

- 1.1. Children and adolescents are at the greatest risk for concussions and take longer to recover than adults.
- 1.2. The risk of concussion is highest during activities with the potential for collisions:
  - during physical education classes and activities;
  - during outdoor play;
  - at school sports activities.
- 1.3. Concussions can occur, however, any time a person's brain impacts with the skull. Examples include when the head connects with a surface or object (i.e. desk, floor), another student, or when the head moves rapidly back and forth.
- 1.4. Concussions are serious because of the impact damage (primary injury) but also due to the secondary injuries that can develop after the impact. These include hemorrhage, cerebral swelling, decreased circulation, increased fatigue, mental confusion, and failed memory, among other symptoms. The brain may take days, weeks, or months to be restored to normal activity.
- 1.5. Once an individual has had a concussion, the individual is at increased risk for another concussion. Repeat concussions that occur before the brain recovers from the first incident can slow recovery or increase the likelihood of long-term problems. Repeat concussions may result in second impact syndrome.
- 1.6. Most concussions do NOT result in a loss of consciousness.
- 1.7. Proper recognition and response to a concussion can prevent further injury and help with recovery.

### **2. Support for Staff Members**

This procedure is intended to assist the administrator, teacher, supervisor, and coach in:

- understanding concussion, its causes, the symptoms and signs;  
[See Appendix A.]
- minimizing the occurrence of a concussion from happening through teacher, supervisor, and coach implementation of instructional strategies including providing students with information on the risks of a concussion and how to minimize those risks;
- assessing a suspected concussion at the activity/practice/game site;

- responding to a suspected concussion appropriately;
- understanding that a student may be reluctant to report symptoms because of a fear that he or she will be removed from the activity, that his or her status on a team or in a game could be jeopardized, or academics could be impacted;
- informing parents of the suspected concussed student and providing resources;
- applying the proper steps in the recovery process before the student returns to school classes or physical activities.

### 3. Response to Unconscious Student

If the student is unconscious or where there was any loss of consciousness, the staff person, supervisor, or coach will follow these procedures:

- Stop the activity immediately. Assume there is a concussion.
- Initiate emergency action and call 911. **Do not move the student.**
- Assume there is a possible neck injury and, only if trained, immobilize the student before emergency medical services arrive.
- Do not remove athletic equipment (e.g., helmet) unless the student has difficulty breathing.
- Stay with the student until emergency medical services arrive.
- Contact the student's parent/guardian (or emergency contact) to inform them of the incident and that emergency medical services have been contacted.
- Monitor and document any changes (i.e., physical, cognitive, emotional or behavioural) in the student.
- If the student regains consciousness, encourage him/her to remain calm and to lie still. Do not administer medication (unless the student requires medication for other conditions—e.g., insulin for a student with diabetes).

### 4. Response to Conscious Student

If the student is conscious:

- Stop the activity immediately.
- Initiate emergency action.
- When the student can be safely moved, remove him or her from the current activity or game.
- Observe the student for signs of concussion. Seek immediate emergency medical assistance if the student exhibits one or more of the following signs of concussion:
  - One pupil is larger than the other.
  - The student is drowsy or cannot be awakened.
  - Headache gets worse and does not go away.
  - The student experiences: feelings of weakness, numbness, or decreased coordination; repeated vomiting or nausea; slurred speech; convulsions or seizures; difficulty recognizing people or places; increasing confusion, restlessness, or agitation.
- Contact the student's parent/guardian (or emergency contact) to inform them of the incident; that they need to come and pick up the student; and, that the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.
- Monitor and document any changes (i.e., physical, cognitive, emotional or behavioural) in the student. If any signs or symptoms worsen, call 911.

- Do not administer medication (unless the student requires medication for other conditions—e.g., insulin for a student with diabetes).
- Stay with the student until her/his parent/guardian (or emergency contact) arrives.
- The student must not leave the premises without parent/guardian (or emergency contact) supervision.

## 5. Administrator Responsibilities

School administrators of James Bay Lowlands Secondary School Board are responsible for:

- 5.1. ensuring the staff is aware of the signs and symptoms of concussions;  
[See Appendix A.]
- 5.2. ensuring appropriate first aid is provided to a student experiencing a head injury;
- 5.3. establishing procedures for the reintegration of students into school classes and the exclusion of students with diagnosed concussions from athletics and physical education until cleared by a physician; [See Appendix C.]
- 5.4. ensuring an appropriate Return to Learn and/or Return to Play plan is developed, implemented, and communicated to all involved to meet the student's needs;  
[See Appendix B.]
- 5.5. overseeing the writing of an Individual Education Plan (IEP), if necessary, to support reasonable adjustments to a student's program or schedule; [Appendix B]
- 5.6. considering the option of home schooling, in consultation with the supervisory officer or designate;
- 5.7. ensuring that the student's medical information records are updated;
- 5.8. making any provisions for transportation that are required; and
- 5.9. interacting with the student's parents or guardians to obtain and share information about progress and challenges.

## 6. Responsibilities of Staff and Coaches

Teachers, coaches, and other Board staff are responsible for:

- 6.1. following the Response to Suspected Concussion (Sections 3 and 4 above);
- 6.2. accommodating student learning needs, and referring to the Individual Education Plan (IEP) if one is developed; [See Appendix B.]

- 6.3. observing the student for changes, including worsening signs and notifying parents and principal or designate of observed changes;
- 6.4. interacting with the student's parents or guardians to obtain and share information about progress and challenges, when possible.

## **7. Responsibilities of Health Care Professionals**

Physicians and/or other health care professionals are responsible for:

- 7.1. providing an individualized plan for returning to learning to assist in managing cognitive and physical exertion following a concussion; and
- 7.2. guiding the gradual removal of adjustments or supports that may have been instituted as part of the recovery process.

## **8. Parent and Student Responsibilities**

Parents are responsible for:

- 8.1. informing the school administration of concussions sustained by students on and off school property;
- 8.2. monitoring their child's progress through return to play and return to learn processes;
- 8.3. interacting with school staff to obtain and share information about progress and challenges; and
- 8.4. providing initial diagnosis/accommodations and final physician clearance to school for return to learn and play [See the sample forms in Appendix C.]
- 8.5. Students are responsible for sharing information about their progress with respect to ongoing or worsening symptoms of concussion.

## **9. Return to Learn**

- 9.1. Concussion symptoms can create a variety of challenges to learning that can affect overall school performance. [See Appendix A.]
- 9.2. Symptoms may lead to difficulty with learning, including lack of attention and distractibility. Physical symptoms such as headache, light and/or noise sensitivity may impair the effectiveness of learning. Emotional control issues may lead to irritation, agitation, or feeling overwhelmed.
- 9.3. It is important to identify the symptoms the student is experiencing, and to identify specific factors that may worsen student's symptoms so steps can be taken to modify those factors. The staff will talk to the student about options, offering support and encouragement. [See Appendix B.]

9.4. In consultation with the student's health care professionals, and as the student's symptoms decrease, extra help or support can be decreased and/or removed gradually. [See Appendix C.]

## 10. Graduated Return to Learn Procedures

Students should be symptom-free for 24 hours to move to the next stage of the process. Symptom-free means NO lingering headaches, sensitivity to light/noise, foginess, drowsiness, etc.

Stage of Recovery			Objective
1.	Complete physical and cognitive rest until medical clearance	No school Strict limits on technology usage Rest	Time to heal before return to school
2.	Return to school with academic accommodations	Continue technology limits Avoid heavy backpacks No tests, physical education, or other co-curricular activities Rest at home	Return to school with academic accommodations
3.	Continue academic accommodations	Attend school full time, if possible Increase workload gradually Monitor symptoms Incorporate light aerobic activity Rest at home	Full recovery to academic activities
4.	Full recovery to academics	Attend school full-time Resume normal activities Resume sports, following graduated Return to Play procedures	Full recovery, including graduated return to sports activities

## 11. Graduated Return to Play Procedures

11.1. With each stage of the return to play procedures, the student can continue to the next stage if no symptoms occur at the current level.

- 11.2. Each stage should take approximately 24 hours or more, so the full return to play program should take no less than one week.
- 11.3. If symptoms arise during any of the stages of the procedure, the student should move back to the last asymptomatic level and try to progress again after a 24-hour rest period.

Stage of Recovery	Rehabilitation Activities	Functional Exercise	Objective
1.	No activity	Complete physical and cognitive rest	Recovery
2.	Light aerobic exercise	Walking, swimming or stationary cycling, low intensity; no resistance training	Increase heart rate
3.	Sport-specific exercise	Skating drills in hockey, running drills in soccer, No head impact activities	Add movement
4.	Non-contact activities	Progression to more complex training drills May start progressive resistance training	Increase exercise, coordination, and cognitive load
5	Full contact activities	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills by staff
6	Return to normal game play	Resumption of all activities	

## 12. Reducing the Risk

- 12.1. Regardless of the steps taken to reduce injuries, some students will continue to be injured. The severity of the injury can be mitigated by education for the staff, coaches, parents, and students.
- 12.2. Teachers need to reinforce proper sport techniques and enforce rules for safety, the rules of the sport, and fair play practices.
- 12.3. Teachers need to:
- ensure that sports equipment fits properly, is well-maintained and visually inspected prior to use, and is worn consistently and correctly;
  - teach proper sport techniques in proper progression;
  - document safety lessons (date, time, brief content, and list of students in attendance) so that absent students can be taught safety skills prior to the next activity session;

- reduce impact that could lead to concussion;
- teach students that it is not smart or a “badge of honour” to continue playing with a head injury;
- avoid telling injured players they are fine and discourage others from pressuring the student to continue to play; and
- teach that return to learn accommodations are equally important to concussion recovery.

12.4. Reducing the risk requires education for coaches, staff, parents, and students to:

- ensure that proper protective equipment, appropriate to the sport, is worn;
- recognize the signs and symptoms of concussion; [Appendix A]
- remove students from the activity; and
- refer students to a physician.

## REFERENCE DOCUMENTS

### **Legal:**

*Education Act, Section 265 Duties of Principal: Care of Pupils*

Ontario Regulation 298 Operation of Schools, section 20 Duties of Teachers: Ensure all reasonable safety procedures are carried out

Policy/Program Memorandum No. 158 School Board Policies on Concussions

Ontario Physical Education Safety Guidelines: Concussion Protocols Elementary and Secondary <http://safety.ophea.net>

### **Board:**

Board Policy GOV-01 Values, Vision, and Mission

Board Policy GOV-23 Emergency Response Plans

Administrative Procedure 143 Student Accidents and Illness

### **Resource:**

*Ontario Ministry of Health and Long-Term Care. Concussions. Educator-specific resources on prevention, identification, management, and treatment.*

[www.ontario.ca/concussions](http://www.ontario.ca/concussions)



## APPENDIX A

Common Signs and Symptoms of Concussion

<b>Possible Signs Observed</b>	<b>Possible Symptoms Reported</b>
<p>A sign is something that will be observed by another person (e.g., parent/guardian, teacher, coach, supervisor, peer)</p> <p><u>Physical</u></p> <ul style="list-style-type: none"> <li>• vomiting</li> <li>• slurred speech</li> <li>• slowed reaction time</li> <li>• poor coordination or balance</li> <li>• blank stare/glassy eyed/dazed or vacant look</li> <li>• decreased playing ability</li> <li>• loss of consciousness or lack of responsiveness</li> <li>• lying motionless on the ground or slow to get up</li> <li>• amnesia</li> <li>• seizure or convulsion</li> <li>• grabbing or clutching of head</li> </ul> <p><u>Cognitive</u></p> <ul style="list-style-type: none"> <li>• difficulty concentrating</li> <li>• easily distracted</li> <li>• general confusion</li> <li>• cannot remember things that happened before and after the injury</li> <li>• does not know the time, date, place, class, type of activity in which he or she was participating</li> <li>• slowed reaction time (e.g., answering questions or following directions)</li> </ul> <p><u>Emotional/Behavioural</u></p> <ul style="list-style-type: none"> <li>• strange or inappropriate emotions (e.g., laughing, crying, getting angry easily)</li> </ul> <p><u>Sleep Disturbance</u></p> <ul style="list-style-type: none"> <li>• drowsiness</li> <li>• insomnia</li> </ul>	<p>A symptom is something the student will feel/report</p> <p><u>Physical</u></p> <ul style="list-style-type: none"> <li>• headache</li> <li>• pressure in head</li> <li>• neck pain</li> <li>• feeling off/not right</li> <li>• ringing in the ears</li> <li>• seeing double or blurry/loss of vision</li> <li>• seeing stars, flashing lights</li> <li>• pain at physical site of injury</li> <li>• nausea/stomach ache/pain</li> <li>• balance problems or dizziness</li> <li>• fatigue or feeling tired</li> <li>• sensitivity to light or noise</li> </ul> <p><u>Cognitive</u></p> <ul style="list-style-type: none"> <li>• difficulty concentrating or remembering</li> <li>• slowed down, fatigue or low energy</li> <li>• dazed or in a fog</li> </ul> <p><u>Emotional/Behavioural</u></p> <ul style="list-style-type: none"> <li>• irritable, sad, more emotional than usual</li> <li>• nervous, anxious, depressed</li> </ul> <p><u>Sleep Disturbance</u></p> <ul style="list-style-type: none"> <li>• drowsy</li> <li>• sleeping more/less than usual</li> <li>• difficulty falling asleep</li> </ul>

**References:** Ontario Physical Education Safety Guidelines

Appendix C-1 – Concussion Management Procedures: Return to Learn and Return to Physical Activity

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**APPENDIX B****Examples of Different Supports for Students with Concussion**Cognitive

- Concentrate first on general cognitive skills, such as flexible thinking and organization, rather than academic content.
- Focus on what the student does well and expand the curriculum to more challenging content as concussion symptoms subside.
- Adjust students' schedules as needed to avoid fatigue: shorten day, schedule challenging classes when student is most alert, allow for rest breaks, reduced course load.
- Adjust the learning environment to reduce identified distractions or protect the student from irritations such as 'too bright' light or loud noises.
- If appropriate, use self-paced, computer-assisted, or audio learning systems for the students having difficulty with reading comprehension.
- Allow extra time for test/assignment completion.
- Assist the student with organizational strategies—e.g., daily organizer.
- Provide student with lesson notes.
- Allow increased repetition to support student learning.
- Break assignments down into smaller chunks and offer recognition cues.
- Provide alternate methods for students to demonstrate learning, such as multiple-choice or allowing for oral responses.
- Develop an Individual Education Plan (IEP) and Individual Student Transportation Plan (ISTP) where needed.

Behaviour/Social/Emotional

- If a student is frustrated with failure in one area, redirect him/her to other elements of the curriculum associated with success.
- Provide reinforcement for positive behavior, as well as for academic achievements
- Acknowledge and empathize with student's sense of frustration, anger or emotional outbursts: "I know it must be hard dealing with things right now."
- Provide structure and consistency; make sure all teachers are using the same strategies.
- Remove a student from a problem situation, but avoid characterizing it as a punishment and keep it as brief as possible.
- Establish a cooperative relationship with the student, engaging him/her in any decisions regarding schedule changes or task priority setting.
- Involve families in any positive behavior support plans.
- Set reasonable expectations.
- Arrange preferential seating, such as moving the student away from windows (e.g. bright light), away from talkative peers, or closer to the teacher.

Physical

- Allow the student to rest and eat in a quiet area, as needed.
- Encourage the use of the elevator (if available).
- If the student is light sensitive, allow the use of sunglasses or hats, as needed.
- Allow the student to leave early from class to avoid crowded or noisy hallways.
- Participation in physical activity including physical education, sports, and recess, should be guided by the student's response to the situation.

**APPENDIX C**

**Student Medical Clearance following Suspected Concussion**

[Sample Form 1]

\_\_\_\_\_ (student's name) has demonstrated signs of a concussion and according to the James Bay Lowlands Secondary School Board Concussion Protocol must be seen by a physician prior to returning to play, and to establish the need for return to learn accommodations.

RESULTS OF INITIAL MEDICAL EXAMINATION

\_\_\_ No concussion had been diagnosed

\_\_\_ Concussion HAS been diagnosed and therefore the student must begin a medically supervised, individualized, and gradual return to learn/return to play protocol.

\_\_\_\_\_  
(Physician name – please print)

\_\_\_\_\_

(Physician signature)

\_\_\_\_\_  
(Date)

Comments: (Return to Learn/Return to Play Accommodations)

**STAGE 3 CLEARANCE: [Sample Form 2]**

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_  
(Parent/Guardian or student over 18) (Student name)

confirm that s/he continues to be symptom-free and is able to progress to Stage 3 – sport specific exercise.

\_\_\_\_\_  
(Parent/Guardian or student over 18)

\_\_\_\_\_  
(Date)

**STAGE 5 CLEARANCE [Sample Form 3]**

I \_\_\_\_\_ have examined \_\_\_\_\_  
(Medical doctor/nurse practitioner signature) (Student name)

and confirm s/he continues to be symptom free and is able to transition to Stage 5 – full contact practice, followed by Stage 6 – normal game play, provided s/he remains symptom free.

\_\_\_\_\_  
(Medical doctor/nurse practitioner signature)

\_\_\_\_\_  
(Date)

Comments: (Return to Learn/Return to Play Accommodations)