

Background

Pembina Hills School Division is committed to the health, safety and overall well-being of its students and staff. Students and staff who are supported in a healthy environment are better able to fulfill the division education goals.

Research demonstrates that a concussion can have a significant impact on a student – cognitively, physically, emotionally, and socially. A concussion may be caused by a blow to the head, face or neck that causes the brain to move rapidly within the skull. A concussion can occur even if there has been no loss of consciousness. Awareness of the signs and symptoms of concussion and knowledge of how to properly manage a diagnosed concussion is critical in a student's recovery and is essential in helping to prevent the student from returning to learning or physical activities too soon, risking further complications.

The components of this Administrative Procedure (AP) includes:

- strategies to develop awareness of the seriousness of concussions;
- strategies for the prevention and identification of concussions;
- management procedures for diagnosed concussions; and
- training for school staff.

Definitions

Concussion:

- 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);
- 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.

Note: It should be noted that if an individual suffers a second concussion before he or she is free from symptoms sustained from the first concussion, it may lead to **“Second Impact Syndrome.”** “Second Impact Syndrome” is a rare condition that causes rapid and severe brain swelling and possibly death.

School Staff: school staff includes administration staff, teaching staff, support staff, coaches, volunteers, etc. who are responsible for supervising student activities.

Procedures

1. Prevention and Minimizing the Risk of Concussions:

- 1.1 All staff and volunteers will take a preventative approach when dealing with concussions.

- 1.2 Prior to any activity, school staff and volunteers must meet with participants to provide instruction on strategies for preventing and minimizing the risk of sustaining a concussion and other head injuries.

2. Responsibilities

2.1 Superintendent or designate will:

- 2.1.1 Ensure that this AP is available to the schools, including organizations that use the school facilities, such as community sports organizations and licensed child-care providers operating in schools of the Division.
- 2.1.2 Distribute concussion prevention, identification and management information to schools.
- 2.1.3 Organize concussion in-servicing/training for staff and volunteer coaches, as part of a professional development schedule.

2.2 Principal will:

- 2.2.1 Oversee that the student's registration records are complete and reviewed prior to student participation in any physical activity, physical education class, off-site activity, school intramural program, or interschool program.
- 2.2.2 Ensure staff, volunteers, parents/guardians, and students are aware of this AP for Concussion, and understand their roles and responsibilities (see Administrator's Work Plan).
 - 2.2.2.1 Distribute to parents the following information annually:
 - Concussion Recognition Tool
 - Concussion Guidelines for Parents
 - Parent Guide to Dealing with Concussions
- 2.2.3 Ensure this AP is followed by all school staff (including substitute staff/support staff, recess supervisors), parents/guardians, students, and volunteers.
- 2.2.4 Facilitate attendance and/or completion of concussion in-servicing/training for staff and coaching volunteers, and repeat as necessary.
- 2.2.5 In the event of an incident involving head trauma:
 - 2.2.5.1 Ensure that all incidents are recorded, reported and filed as required by this AP.
 - 2.2.5.2 Prior to students return to school, ensure completion and collection of the following documentation:
 - Form 6-08C - Documentation of Concussion Monitoring/Medical Examination
 - Form 6-08D - Documentation for a Diagnosed Concussion - Return to Learn / Return to Physical Activity Plan
 - 2.2.5.3 Monitor to ensure **each step** is completed and signed by Parents/Medical Doctor as needed.
 - 2.2.5.4 File the above documents in the student's file and provide copy to appropriate school staff.
 - 2.2.5.5 Alert appropriate staff about students with a suspected or diagnosed concussion.
 - 2.2.5.6 Work as closely as possible with students, parents/guardians, staff, volunteers, and health professionals to support concussed students with their recovery and academic success.
- 2.2.6 For students who are experiencing difficulty in their learning environment as a result of a concussion, coordinate the development of an Individual Learning Plan, using Appendix C: Summary of Return to Learn /Return to

- Physical Activity and approve any adjustments to the student's schedule as required.
- 2.2.7 Attempt to obtain parental/guardian cooperation in reporting all non-school related concussions.
- 2.3 **School Staff will:**
- 2.3.1 Understand and follow this AP for Concussion.
- 2.3.2 Attend and complete concussion training (e.g. staff meeting, online, workshop, read AP for Concussion package, etc.).
- 2.3.3 Ensure that the ASBIE Off-site Guidelines and Procedures Manual is being followed and implement risk management and injury prevention strategies specific to each sport/activity.
- 2.3.4 Be able to recognize signs, symptoms and respond appropriately in the event of a suspected concussion.
- 2.3.5 Be familiar with the resources:
- Concussion Guidelines for Teachers
 - Concussion Guidelines for Coaches
 - Concussion Recognition Tool
- 2.3.6 If a concussion is suspected:
- 2.3.6.1 Fill out and send Form 6-08C Documentation of Concussion Monitoring-Medical Examination home to parent/guardian.
- 2.3.6.2 This form must be returned to the school signed by the parent/guardian prior to a student re-engaging in physical activity.
- 2.3.7 When a student concussion has occurred
- 2.3.7.1 Implement and track Form 6-08D Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan.
- 2.3.7.2 This should be done in conjunction with the principal.
- 2.3.8 Ensure the appropriate content from this AP is included in teacher lesson plans and that the appropriate forms are carried on field trips and athletic events.
- 2.3.8.1 Provide concussion educational materials to students and athletes.
- 2.3.9 Make sure that substitute teaching staff is updated on concussed student's condition.
- 2.4 **In addition to the above, coaches, whether school staff or community volunteers, will:**
- 2.4.1 Ensure the following documentation has been adequately administered and signed by parents where required, for each athletic season, prior to students participating in Interschool Athletics:
- Form 6-08A Permission and Acknowledgement of Risk – School, Physical Education, Off Site Activities, Intramurals and Clubs
 - Form 6-08B Permission and Acknowledgement of Risk – Interschool Athletics
- 2.4.2 Provide the following resources to parents and students as educational and treatment information as required:
- Concussion Guidelines for Athletes
 - Concussion Recognition Tool
 - Concussion Guidelines for Parents
 - Parent Guide to Dealing with Concussions

- 2.5 **Parents/Guardians will be expected to:**
 - 2.5.1 Reinforce concussion prevention strategies with their child (e.g. following rules of fair play, playground safety rules, wearing properly fitted helmets, using equipment safely).
 - 2.5.2 Understand and follow parent/guardian roles and responsibilities in this AP.
 - 2.5.3 In the event of a suspected concussion:
 - 2.5.3.1 Ensure child is assessed as soon as possible by medical doctor.
 - 2.5.3.2 Be responsible for the completion of all required documentation.
 - 2.5.3.3 Collaborate with the school to manage suspected or diagnosed concussions.
 - 2.5.3.4 Follow physician recommendations to promote recovery.
 - 2.5.4 Cooperate with school to facilitate concussion diagnosis and treatment and support their child's progress through Form F6-08D Documentation for Diagnosed Concussion – Return to Learn /Return to Physical Activity Plan;
 - 2.5.5 Report non-school related concussion to principal through Form F6-08D Documentation for Diagnosed Concussion Return to Learn/Return to Physical Activity Plan.
 - 2.6 **Students will be expected to:**
 - 2.6.1 Learn about concussions, including prevention strategies, signs and symptoms, concussion management and student roles and responsibilities, through applicable curriculum, coaches' modules, and safety lessons connected to personal safety and injury prevention.
 - 2.6.2 Immediately inform school staff of suspected or diagnosed concussions occurring during or outside of school.
 - 2.6.3 Inform school staff if they experience any concussion related symptoms (immediate, delayed or reoccurring).
 - 2.6.4 Remain on school premises until parent/guardian arrives if concussion is suspected.
 - 2.6.5 Follow concussion management strategies as per medical doctor direction and Form 6-08D Diagnosed Concussion Return to Learn / Return to Physical Activity Plan.
 - 2.6.6 Communicate concerns and challenges during recovery process with school lead, school staff, parents/guardians, and health care providers.
- 3. Summary of Return to Learn/Return to Physical Activity Plan:**
- 3.1 The Return to Learn/Return to Physical Activity Plan is a collaborative effort between home and school to support the student's progress through the plan following a diagnosed concussion.
 - 3.2 Appendix C shows a summary of this plan. Refer to Form 6-08D Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan for detailed directions.
 - 3.3 This six (6) Step Plan is necessary and identifies the sequence of supporting a Return to Learn priority prior to a Return to Physical Activity focus.
 - 3.4 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.

References

[Alberta School Boards' Insurance Exchange \(ASBIE\) Bulletin July 2016 – Concussion Incidents ASBIE Off-Site Guidelines and Procedures Manual AP 50-17 Student Health and Safety](#)

[AP 60-16 Extracurricular Activities, Supervision and Coaching](#)

Forms

- [F 6-08A Permission and Acknowledgement of Risk Form – School, Physical Education, Off Site Activities, Intramurals and Clubs](#)
- [F 6-08B Permission and Acknowledgement of Risk Form – Interschool Athletics](#)
- [F 6-08C Documentation of Concussion Monitoring – Medical Examination](#)
- [F 6-08D Documentation for a Diagnosed Concussion – Return to Learn and Return to Physical Activity Plan](#)

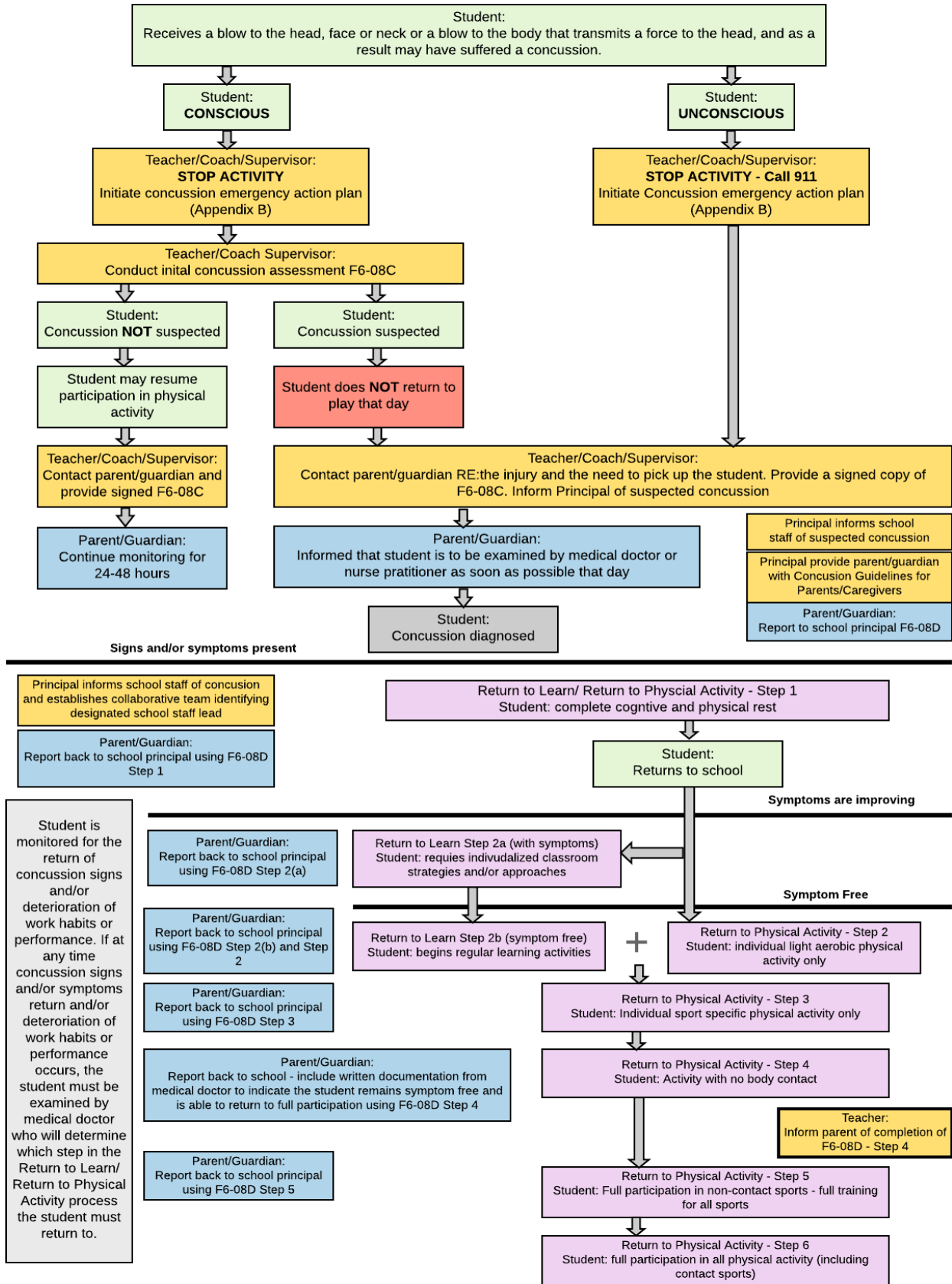
Handouts

- [Concussion Guidelines for the Athlete](#)
- [Concussion Guidelines for Coaches & Trainers](#)
- [Concussion Guidelines for Teachers](#)
- [Concussion Guidelines for Parents & Caregivers](#)
- [A parent's guide to dealing with concussions](#)
- [Pocket Concussion Recognition Tool](#)

Video

- [Concussion Management and return to learn](#)

APPENDIX A STEPS AND RESPONSIBILITIES FOR POSSIBLE CONCUSSION INJURIES



APPENDIX B

Concussion Emergency Action Plan

CONCUSSION EMERGENCY ACTION PLAN	
<p>If a student receives a bump, blow or jolt to the head, face, neck or body that may have resulted in a concussion, the individual (i.e.) teacher/coach responsible for that student must take immediate action as follows:</p>	
UNCONSCIOUS STUDENT (or where there was any loss of consciousness)	CONSCIOUS STUDENT
<ul style="list-style-type: none"> • Stop activity immediately – assume there is a concussion • CALL 911 • Assume there is a possible neck injury – only if trained, immobilize the student before emergency medical personnel arrive <ul style="list-style-type: none"> ○ DO NOT remove athletic equipment unless there is difficulty breathing • Stay with the student until emergency medical personnel arrive • Contact the student’s parent/guardian/emergency contact to inform them of the incident • Monitor and document any changes. Use form F6-08C • If the student regains consciousness, encourage him/ her to remain calm and still. • Do not administer medication (unless needed for other condition (i.e.) insulin for diabetes) 	<ul style="list-style-type: none"> • Stop activity immediately • When the student can be safely moved, remove him/her from the current activity or game • Conduct a concussion assessment of the student using form F6-08C • Follow steps regarding signs and symptoms
IF SIGNS ARE OBSERVED OR SYMPTOMS REPORTED	
<ul style="list-style-type: none"> • A concussion should be suspected – do not allow the student to return to play in the activity, game or practice that day even if the student states that he/she is feeling better • Contact the student’s parents/guardian/emergency contact to inform them: <ul style="list-style-type: none"> ○ 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 as soon as possible that day. • Monitor and document any changes in the student. If any signs or symptoms worsen, call 911. • Do not administer medication (unless needed for other condition (ie) insulin for diabetes) • Stay with the student until their parent/guardian/emergency contact arrives • The student CAN NOT leave the premises without parent/guardian/emergency contact supervision 	
IF SIGNS ARE NOT OBSERVED OR SYMPTOMS NOT REPORTED	
<ul style="list-style-type: none"> • A concussion is not suspected – precautionary removal from physical activity is recommended • The student’s parent/guardian/emergency contact must be contacted and informed of the incident 	
IF IN DOUBT SIT THEM OUT	

APPENDIX C
Summary of Return to Learn/ Return to Physical Activity Plan

SUMMARY OF STEPS	
<ul style="list-style-type: none"> • Each step must take a minimum of 24 hours • The Return to Learn/ Return to Physical Activity Plan is a collaborative effort between home and school to support the student's progress 	
STEP 1: RETURN TO LEARN/ RETURN TO PHYSICAL ACTIVITY	
<ul style="list-style-type: none"> • Completed at home • Cognitive Rest – includes limiting activities that require concentration and attention • Physical Rest – includes restricting recreational/ leisure and competitive physical activities • Return to Learn must be completed prior to the student returning to physical activity <p style="text-align: center;">IF SYMPTOM FREE, student may go directly to Return to Learn Step 2(b) and Return to Physical Activity Step 2</p>	
Return to Learn	Return to Physical Activity
Step 2(a) <ul style="list-style-type: none"> • Symptoms Improving but still present • Student returns to school with monitored re-integration to classroom and learning activities • Learning activities may need to be adjusted as recovery occurs • Physical rest – includes restricting recreational/ leisure and competitive physical activities 	
Return to Learn Step 2(b) and Return to Physical Activity Step 2 occur CONCURRENTLY <ul style="list-style-type: none"> • Even when students are symptom free, they should continue to be closely monitored to see if symptoms/ signs return and/or there is a deterioration of work habits or performance 	
Step 2(b) <ul style="list-style-type: none"> • Symptom free • Return to regular routine and regular learning activities 	Step 2 <ul style="list-style-type: none"> • Symptom free • Student may participate in individual light aerobic physical activity
	Step 3 <ul style="list-style-type: none"> • The student may begin individual sport-specific physical activity with no body contact (i.e.) skating in hockey or running in soccer

	<p>Step 4</p> <ul style="list-style-type: none"> • The student may begin a greater range of physical activities but still no body contact (i.e.) non-contact practice, light weight training
<p style="text-align: center;">Clearance by a medical doctor is required prior to Step 5</p> <ul style="list-style-type: none"> • If at any time concussion signs and/or symptoms return and/ or deterioration of work habits or performance occurs, the student needs to be examined by a medical doctor 	
	<p>Step 5</p> <ul style="list-style-type: none"> • The student may participate in all non-contact type physical activities following medical clearance • Return to training in contact sports
	<p>Step 6</p> <ul style="list-style-type: none"> • The student may return to full participation in all sports • No restrictions