

CONCUSSION PROTOCOL

Background

Elk Island Catholic Schools is committed to the safety of students and staff in a Christ-centered, safe and caring school learning environment. Students and staff who are supported in a healthy environment are better able to achieve the goals of education. The Board and Division employees will work cooperatively with medical experts, regional health authorities and local partners to promote student health and safety in maintaining a healthy and safe environment where students can learn.

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. A concussion is a brain injury that causes change in the way the brain functions and can have a significant impact on a student – cognitively, physically, emotionally and socially. Schools must know how to recognize concussions and work with staff, parents/guardians and partners to manage suspected concussions and help students return safely to school and play after experiencing a concussion.

Procedures

1. The Division will convey the seriousness of concussions to staff, students, parents/guardians and other stakeholders.
2. Prevention will be at the core of concussion awareness.
 - 2.1 Students participating in extracurricular athletics and other activities will follow safety guidelines.
 - 2.2 Teacher and coaches are expected to follow safety guidelines and work with students to reduce the risk of serious injury, including concussions.
 - 2.3 Supervision must be provided in any activity that has a risk of concussion to provide vigilant oversight of the activity.
3. Schools must follow the Safety Guidelines for Secondary Interscholar Athletics in Alberta and the Safety Guidelines for Physical Activities in Alberta.
4. It is the responsibility of the coaches, officials, parents/guardians and student athletes to adhere to the minimum required standards for safety of equipment.
5. Where, in the judgment of the student him/herself, a witness (being another student or an employee of the Division) there is reason to believe that a student is exhibiting signs and symptoms of a concussion as a result of an impact, then the employee must immediately remove the student from potential further harm and begin the Concussion Protocol (Appendix 1 – Signs and Symptoms of a Concussion). Notification to the principal will occur as soon as possible. The well-being of the student is the priority and the student shall not be left without supervision

- 5.1 Concussions can only be diagnosed by a medical doctor.
- 5.2 To return to a sport or activity after a concussion, the student must be re- examined by a medical doctor.
- 5.3 After permission has been granted to return to a sport or activity, the Return to Play Guidelines (Appendix 1) must be followed.
6. Training will be provided for coaches and school personal who are in contact with students who participate in activities that may have athletic injuries including concussions.

Prior to the start of any sports season, coaches are required to show that they have completed the following free, on-line course “*Concussions in Sports – What you Need to Know*” located on the website of The Alberta Schools Athletic Association (ASAA) at <https://www.schoolcoach.ca/courses.aspx>

Additional information is available on-line through Coaching Association of Canada’s (CAC) website at <http://www.coach.ca/>

7. Teachers or coaches are responsible for student safety and for educating students/players about concussions.
 - 7.1 Teachers or coaches are responsible to educate students about the signs and symptoms of a concussion; and that if a student him/herself, or a witness has reason to believe that a student is exhibiting signs and symptoms of a concussion as a result of an impact, that student will immediately be removed from play to protect him/her from further harm.

The teacher or coach will immediately begin the Concussion Protocol (Appendix 1 – Signs and Symptoms of a Concussion). Notification to the principal will occur as soon as possible. The well-being of the student is the priority and the student shall not be left without supervision. The student athlete will not be permitted to return until he or she has received written medical clearance from a doctor.
 - 7.2 The teacher supervisor/ coach or principal must summon an ambulance if a student appears to be seriously injured and cannot be moved.
8. The principal is responsible to ensure that appropriate concussion protocols are followed, including the development of the plan for a student with a confirmed concussion.
 - 8.1 The principal will inform staff of a student with a confirmed concussion.
9. Students are responsible for abiding by the rules and regulations of the sport or activity and to abide by the principles of fair and safe play.
 - 9.1 Students who experience an impact such as a blow to the head, face or neck and must disclose this information to the teachers/coach so that the student can be monitored for any potential symptoms of concussion.

- 9.2 Students who witness a peer receiving an impact such as a blow to the head, face or neck or observing a peer who may be exhibiting symptoms associated with a concussion must disclose this information to the supervising teacher or coach immediately.
10. Each student who has been diagnosed with a concussion will have an individualized Return to Learn plan (Appendix 2) developed in consultation with the school team and the parent/guardian.
 - 10.1 The Return to Learn plan will include individual recommendations to be implemented immediately as part of the recovery process.
 - 10.2 Accommodations may need to be varied by course.
11. Parents are to put the health and safety of their child first.
 - 11.1 Parents/legal guardians will be required to read and sign an Authorization to Participate in Competitive Sports form before their child attends a try out, a practice or a competitive sports activity. (Appendix 3)
 - 11.2 Parents/guardians are responsible for cooperating with school personnel when they are informed of a possible concussion to their child.
 - 11.3 Parents/guardians are responsible for acting on information provided by the teacher supervisor/coach and for monitoring their child after a suspected concussion.

References:

Ontario Ministry of Education
University of Alberta Glen Sather Sports Medicine Clinic
Alberta Health Services

Administrative Procedure 314 – Appendix 1

CONCUSSION PROTOCOL SIGNS AND SYMPTOMS OF A CONCUSSION

When an employee or coach has reason to believe that a student is exhibiting signs and symptoms of a concussion, it must be reported to the principal. The principal or concussion team will discuss the student's suspected concussion and contact the parents.

The following information reflects signs and symptoms of a concussion.

Student Complaints:

- Headache
- Feels dazed
- Sees stars or flashing lights
- Sees double or blurry
- Loss of vision
- Dizziness
- Feels "dinged" or "stunned"
- Ringing in the ears
- Sleepiness
- Stomach ache/pain/nausea

Thinking Problems:

- Does not know time, date, place, period of game, opposing team, score of game
- Cannot remember things that happened before or after the injury
- General confusion
- Knocked out

Other Problems:

- Poor coordination or balance
- Blank stare/glassy eyed
- Slow to answer questions
- Poor concentration
- Strange or inappropriate emotions
- Vomiting
- Slurred speech
- Easily distracted
- Not playing as well

A recommendation to have the student consult a physician must be made if a concussion is suspected. Return to physical activity can only occur after clearance in writing from a doctor. The written notice must be given and approved by the principal. Once a student has been approved to Return to Play, the following Guidelines must be followed. Each step must take a minimum of one day.

Return to Play Guidelines (after physician approval):

- 1) Light aerobic exercise
- 2) Sport specific exercises (i.e. running, throwing) with no jarring motion for 20-30 minutes.
- 3) On court/field/ice activities such as ball drills, shooting drills and other NO CONTACT drills.
- 4) Begin drills with body contact.
- 5) Game play.
- 6) If symptoms persist, the student must consult a physician.

Administrative Procedure 314 – Appendix 2

CONCUSSION PROTOCOL RETURN TO LEARN PROTOCOL

When a student has been diagnosed with a concussion and is undergoing treatment, an individualized academic program must be developed. Academic accommodations help in reducing cognitive and brain stimulus minimizing post-concussion symptoms. Accommodations will vary by student and subject area. The following recommendations should be part of an individualized recovery plan.

When a physician has approved that a student can return to school following a concussion, they will often recommend accommodations be put in place (e.g., reduced work load, extra time to complete assignments, reduced physical activity).

If the student is writing diploma examinations in the near future, accommodations can be provided during the exam if the physician fills out the form: [Confirmation of Acute Medical Condition or Illness Affecting the Writing of A Diploma Exam](#).

Attendance: No school or part-time attendance may be required.

Breaks: Students should be allowed to take breaks to control symptoms. This may require leaving the classroom for a quieter location.

Workload Reduction: The student may need a reduced workload such as no homework, a smaller workload, longer time to complete an assignment, a prorated workload, or being allowed to catch up on missed work. A rest time may need to be included during classroom work.

Extra Time: Students may require extra time to complete work and do tests.

Testing: Memory and attention difficulty may make testing difficult. No tests, extra time, open book or oral tests may be required. A separate, quiet room may benefit the student.

School Environment:

- Visual and auditory stimulus may have an effect on a student who had a concussion.
- Loud and noisy rooms or hallways may be of concern.
- Audible learning may be required (discussion not text).
- Halogen lights and Smart Board projectors may exacerbate symptoms and require the student to wear sunglasses in the school/classroom.
- Pre-printed notes for class material will assist learning.
- Computer screen time (using / looking at a computer monitor) may exacerbate symptoms and may need to be reduced or removed completely during the student's recovery time.

Physical Exertion: No physical activity/PE/sports/recess may be required.

Additional Recommendations: Additional recommendations may be required depending on the individual student needs.

Administrative Procedure 314 – Appendix 3 – Parental Authorization Form

**CONCUSSION PROTOCOL
PARENTAL AUTHORIZATION TO PARTICIPATE
IN COMPETITIVE SPORTS**

This form shall be completed by the custodial parent/legal guardian of every aspiring player before participation in any competitive sport under the jurisdiction of Elk Island Catholic Schools' athletic association(s) before a practice or game is permitted. Parents are advised that there exists an element of risk or injury that is inherent in sport participation.

ACCIDENT INSURANCE NOTICE

The school division does not provide any accidental death, disability, dismemberment/medical/ dental expenses insurance on behalf of students participating in competitive sport activities. The school may offer for purchase by parents a variety of enhanced accidental insurance packages. Parents are encouraged to consider purchasing additional student accident insurance.

ELEMENTS OF RISK NOTICE

The risk of injury exists in every athletic activity. Falls, collisions and other incidents may occur and cause injury. Due to the very nature of some activities, injuries may range from minor sprains and strains to more serious injuries affecting the head, neck and back. While the Board does require appropriate supervision, parents should be aware that there may be an element of risk injury in trying out or taking part in competitive sporting activities.

AUTHORIZATION TO PARTICIPATE

I/we hereby grant permission for my son/daughter (name) _____
registered in (school) _____ to participate in competitive sports
for the _____ school year.

I/we understand there exists an element of risk of injury inherent in competitive sports participation and therefore acknowledge, by signing this form, that the division recommends, but does not require additional accident insurance coverage for participation in competitive sports activities. I agree the school board or its employees shall not be liable for any injury to my child or loss or damage to personal property arising from participating in school athletic events. I/we have read and understand the notices of accident insurance and elements of risk.

Name: _____
Custodial Parent(s) / Legal Guardian (s)

Signature: _____
Custodial Parent(s) / Legal Guardian (s)

Witness: _____ Date: _____