

Title	<b>STUDENT CONCUSSION PROTOCOL</b>	Procedure No. 4004a
Department	<b>LEARNING SUPPORT SERVICES</b>	
Reference(s)	<i>Ministry of Education PPM No. 158</i> OPHEA – Ontario Physical and Health Education Association Safety Guidelines, 2013-14 OPHEA concussion protocol <a href="http://safety.ophea.net">http://safety.ophea.net</a> <a href="http://www.ontario.ca/concussions">www.ontario.ca/concussions</a> Ontario Government web portal <a href="http://www.ontario.ca/concussions">www.ontario.ca/concussions</a>	Effective Date: 2015 Feb 10

## Overview

Research demonstrates that brain injuries, such as concussions, can have a significant impact on all aspects of student participation in school – cognitive, physical, emotional, and social. The implementation of a policy and supporting procedures on concussion in each school board advances the work of creating healthier schools in Ontario, as well as reinforces the knowledge, skills, and attitudes regarding injury prevention that are developed through the various subjects and disciplines in the Ontario curriculum (*Ministry of Education Policy/Program Memorandum No. 158, Page 1*).

The parent/guardian has the primary responsibility to inform school authorities about their child's medical/health conditions and to transmit relevant information. The school's concussion management team will work collaboratively to provide a differentiated plan that is responsive to individual student needs.

This procedure includes the following elements:

- a definition of concussion as referenced in policy and procedures;
- guidelines to develop awareness of the seriousness of concussions, by sharing information on their seriousness and on concussion prevention, identification and management;
- strategies for preventing and minimizing risk of sustaining concussions;
- a process for the identification and assessment of a suspected concussion and the steps to follow upon a suspected concussion being identified;
- management and communication procedures that support the safe return to learning and physical activity for any student diagnosed with a concussion;
- ongoing training and monitoring strategies for school administration, staff, and volunteers.

Administered By	<b>LEARNING SUPPORT SERVICES</b>
Amendment Date(s).	

## Definition

*Concussion* is the term for a clinical diagnosis that is made by a medical doctor or a nurse practitioner. The definition of concussion used in this policy is the one provided by the *Ministry of Education, PPM No. 158*.

A concussion:

- is a brain injury that causes changes in the way in which the brain functions and that can lead to symptoms that can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty in concentrating or remembering), emotional/behavioural (e.g., depression, irritability), and/or related to sleep (e.g., drowsiness, difficulty in falling asleep);
- may be caused either by a direct blow to the head, face, or neck or by 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);
- cannot normally be seen by means of medical imaging tests, such as X-rays, standard computed tomography (CT) scans, or magnetic resonance imaging (MRI) scans.

## 2.0 Concussion Guidelines

### 2.1 Awareness

Schools will share information on the seriousness of concussions, and on concussion prevention, identification, and management, using a variety of methods (e.g. school newsletters, staff meetings, web sites, electronic communication, print materials, and curricular connections). Such communication shall begin early in the school year. Target audiences shall include students, parents, board employees, administrators, educators, school staff, volunteer coaches, doctors and nurse practitioners, and community- based organizations (including licensed child care providers operating in board schools).

### 2.2 Prevention/Minimizing Risk of Concussion

Concussion is not an “athletics only” injury. Any time that a student is involved in activity, whether the student is at school or in the community, there is a chance of sustaining a concussion. As with all aspects of student safety, schools shall take a preventative approach, using education as an important tool to prevent and minimize risk of injury. Schools will include a range of strategies for minimizing the risk of sustaining concussions (and other head injuries) in schools and at off-site school events, promoting a culture of “safety-mindedness” for all.

An overview for prevention and minimizing risk of concussion is provided in **Appendix C-5 Sample Concussion Prevention Strategies** in *OPHEA - Ontario Physical Education Association Safety Guidelines* @ [www.http//safety.ophea.net](http://safety.ophea.net).

For activity/sport specific information, schools should refer to the *Activity/Sport pages* in *OPHEA - Ontario Physical Education Association Safety Guidelines* @ [www.http//safety.ophea.net](http://safety.ophea.net).

## 2.3 Identification

Only a doctor or a nurse practitioner can diagnose a concussion.

The role of school personnel is to identify a suspected concussion. When a concussion is suspected, the individual (teacher/coach) responsible for the student must respond in the following manner:

### 2.3.1 Initial Response: Identification

If a student receives a 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, and as a result may have suffered a concussion, the individual (e.g., teacher/coach) responsible for that student must take immediate action. The individual may not defer to another adult or designate for follow up action, but must respond as follows:

### 2.3.2 Unconscious Student (or where there was any loss of consciousness)

- Stop the activity immediately – assume there is a concussion;
- 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 there is difficulty breathing;
- Stay with the student until emergency medical services arrive;
- Contact the student's parent / guardian or emergency contact (with student's prior permission, if student is over 18 years of age), to inform them of the incident and that emergency medical services have been contacted;
- Monitor and document any changes (i.e. physical, cognitive, emotional / behavioural) in the student;
- Refer to the board's injury report form for documentation procedures.

If the student regains consciousness, encourage the student 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).

### 2.3.3 Conscious Student

- Stop the activity immediately;
- When the student can be safely moved, remove the student from the current activity or game;
- Conduct an initial concussion assessment of the student (i.e. using "Form C-2- Tool to Identify a Suspected Concussion").

***If sign(s) are observed and/or symptom(s) are reported and/or the student fails the Quick Memory Function Assessment (see Form C-2):***

**Teacher Response:**

- 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 parent/guardian or emergency contact (with student's prior permission, if student is over 18 years of age) 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 / behavioural) in the student. If any signs or symptoms worsen, call 911;
- Refer to your board's injury report for documentation procedures;
- 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 the student's parent/guardian (or emergency contact) arrives;
- The student must not leave the premises without parent/guardian or emergency contact supervision.

**Information to be Provided to Parent/Guardian:**

- Parent/Guardian must be provided with a copy of 'Form C-2 – Tool to Identify a Suspected Concussion' signed by the teacher;
- Informed that the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day; and,
- Informed that they need to communicate to the school principal the results of the medical examination (i.e., the student does not have a diagnosed concussion or the student has a diagnosed concussion) prior to the student returning to school (see the reporting form "Form C-3 – Documentation of Medical Examination").
- If no concussion is diagnosed, the student may resume regular learning and physical activities.
- If a concussion is diagnosed, the student follows a medically supervised, individualized and gradual Return to Learn / Return to Physical Activity Plan.

***If signs are NOT observed, symptoms are NOT reported AND the student passes the Quick Memory Function Assessment (see Form C-2):***

**Teacher response:**

- A concussion is not suspected - the student may return to physical activity. **NOTE: Continued monitoring of the student is important as signs and symptoms of a concussion may appear hours or days later.** The student's parent/guardian (or emergency contact) must be contacted and informed of the incident.

**Information to be Provided to Parent/Guardian:**

- Parent/Guardian must be provided with a copy of “Form C-2 – Tool to Identify a Suspected Concussion” signed by the teacher; and,
- Informed that:
  - Signs and symptoms may not appear immediately and may take hours or days to emerge;
  - The student should be monitored for 24 -48 hours following the incident; and,
  - If any signs or symptoms emerge, the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.

**2.3.4 Responsibilities of the School Principal:**

Once a student has been identified as having a suspected concussion, the school principal must:

- Inform all school staff (e.g., classroom teachers, E-learning and other itinerant staff, physical education teachers, intramural supervisors, coaches) and volunteers who work with the student of the suspected concussion; and,
- indicate that the student shall not participate in any learning or physical activities until the parent/guardian communicates the results of the medical examination (i.e., the student does not have a diagnosed concussion or the student has a diagnosed concussion) to the school principal (e.g., by completing “Form C-3 - Documentation of Medical Examination” or by returning a note signed and dated by the parent/guardian).

**2.3.5 Documentation of Medical Examination:**

Prior to a student with a suspected concussion returning to school, the parent/guardian must communicate the results of the medical examination (i.e., student does not have a diagnosed concussion or the student has a diagnosed concussion) to the school principal (see the reporting form “Form C-3 - Documentation of Medical Examination”).

- If no concussion is diagnosed: the student may resume regular learning and physical activities;
- If a concussion is diagnosed: the student follows a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan (see section below: Management Procedures for a Diagnosed Concussion).

**2.3.6 Responsibilities of the School Principal:**

Once the parent/guardian has informed the school principal of the results of the medical examination, the school principal must:

- Inform all school staff (e.g., classroom teachers, physical education teachers, intramural supervisors, coaches) and volunteers who work with the student of the diagnosis; and,

- File written documentation (e.g., “Form C-3 - Documentation of Medical Examination”, parent’s note) of the results of the medical examination in the student’s OSR.

*(The foregoing has been adapted from the OPHEA Ontario Physical Education Guidelines-Concussion Package Appendix C-1)*

## **2.4 Management**

Schools need to provide support to any student who has been diagnosed with a concussion, whether on board or school site, or at home or in the community. For a student with a diagnosed concussion, schools must develop an individualized and gradual “return to learn and/or return to physical activity” plan. There is no pre-set formula or timeline for individual student plans; as with any school response to a student medical/physical need, **Return to Learn/Return to Physical Activity Plans** need to be differentiated to reflect the individual nature of student injury/recovery process.

### **2.4.1 Collaborative Team**

The principal will be responsible for a collaborative team, comprised of a school administrator, staff lead, parent/guardian for students under 18, student, relevant staff and medical contacts. It is recommended that the school LST be a member of the collaborative team. The school principal or principal designate will supervise and monitor the collaborative team.

Depending on the nature of the injury and individual student’s recovery processes, the activity of school teams will differ and the development of the student **Return to Learn/Return to Physical Activity Plan** will be differentiated.

### **2.4.2 The Student Return to Learn/Return to Physical Activity Plan**

When a student is diagnosed as having a concussion, the collaborative team shall work together to help the student to follow a medically supervised, individualized and gradual **Return to Learn/Return to Physical Activity Plan**. The collaborative team must ensure that steps 1-4 of the Return to Learn/Return to Physical Activity Plan are completed, following which written documentation from a medical doctor or nurse practitioner (“Form C-4 - Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan”) that indicates the student is symptom free and able to return to full participation in physical activity must be provided by the student’s parent/guardian to the school principal and kept on file in the student’s OSR.

### **Step 1 – Return to Learn/Return to Physical Activity:**

The student does not attend school during Step 1. The most important treatment for concussion is rest (i.e., cognitive and physical).

- Cognitive rest includes limiting activities that require concentration and attention (e.g., reading, texting, television, computer, video/electronic games);
- Physical rest includes restricting recreational/leisure and competitive physical activities.

Step 1 continues for a minimum of 24 hours and until:

- The student's symptoms begin to improve; OR,
- The student is symptom free, as determined by the parents/guardians and the concussed student.

### **Parent/Guardian:**

Before the student can return to school, the parent/guardian must communicate to the school principal (see "Form C-4 - Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan") either that:

- The student's symptoms are improving (and the student will proceed to Step 2a – Return to Learn); OR,
- The student is symptom free (and the student will proceed directly to Step 2b – Return to Learn and Step 2 – Return to Physical Activity).

### **Return to Learn – Designated School Staff Lead:**

Once the student has completed Step 1 (as communicated to the school principal by the parent/guardian) and is therefore able to return to school (and begins either Step 2a – Return to Learn or Step 2b – Return to Learn, as appropriate), the school Principal or designated staff member of the collaborative team needs to serve as the **main point of contact** for the student, the parents/guardians, other school staff and volunteers who work with the student, and the medical doctor or nurse practitioner.

The designated school staff lead will monitor the student's progress through the Return to Learn/Return to Physical Activity Plan. This may include identification of the student's symptoms and how the student responds to various activities in order to develop and/or modify appropriate strategies and approaches that meet the changing needs of the student.

### **Step 2a – Return to Learn**

A student with symptoms that are improving, but who is not yet symptom free, may return to school and begin Step 2a – Return to Learn.

During this step, the student requires individualized classroom strategies and/or approaches to return to learning activities - these will need to be adjusted as recovery occurs (see Table 2 - Return to Learn Strategies). At this step, the student's cognitive activity should be increased slowly (both at school and at home), since the concussion may still affect his/her academic performance. Cognitive activities can cause a student's concussion symptoms to reappear or worsen.

It is important for the designated school staff lead, in consultation with other members of the collaborative team, to identify the student's symptoms and how the student responds to various learning activities in order to develop appropriate strategies and/or

approaches that meet the needs of the student. School staff and volunteers who work with the student need to be aware of the possible difficulties (i.e., cognitive, emotional / behavioural) a student may encounter when returning to learning activities following a concussion. These difficulties may be subtle and temporary, but may significantly impact a student's performance.



TABLE 2: Return to Learn Strategies/Approaches<sup>1</sup>

COGNITIVE DIFFICULTIES		
Post Concussion Symptoms	Impact on Student's Learning	Potential Strategies and/or Approaches
Headache and Fatigue	Difficulty concentrating, paying attention or multitasking	<ul style="list-style-type: none"> <li>ensure instructions are clear (e.g., simplify directions, have the student repeat directions back to the teacher)</li> <li>allow the student to have frequent breaks, or return to school gradually (e.g., 1-2 hours, half-days, late starts)</li> <li>keep distractions to a minimum (e.g., move the student away from bright lights or noisy areas)</li> <li>limit materials on the student's desk or in their work area to avoid distractions</li> <li>provide alternative assessment opportunities (e.g., give tests orally, allow the student to dictate responses to tests or assignments, provide access to technology)</li> </ul>
Difficulty remembering or processing speed	Difficulty retaining new information, remembering instructions, accessing learned information	<ul style="list-style-type: none"> <li>provide a daily organizer and prioritize tasks</li> <li>provide visual aids/cues and/or advance organizers (e.g., visual cueing, non-verbal signs)</li> <li>divide larger assignments/assessments into smaller tasks</li> <li>provide the student with a copy of class notes</li> <li>provide access to technology</li> <li>repeat instructions</li> <li>provide alternative methods for the student to demonstrate mastery</li> </ul>
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"> <li>coordinate assignments and projects among all teachers</li> <li>use a planner/organizer to manage and record daily/weekly homework and assignments</li> <li>reduce and/or prioritize homework, assignments and projects</li> <li>extend deadlines or break down tasks</li> <li>facilitate the use of a peer note taker</li> <li>provide alternate assignments and/or tests</li> <li>check frequently for comprehension</li> <li>consider limiting tests to one per day and student may need extra time or a quiet environment</li> </ul>

<sup>1</sup> 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

<b>EMOTIONAL/BEHAVIOURAL DIFFICULTIES</b>		
<b>Post Concussion Symptoms</b>	<b>Impact on Student's Learning</b>	<b>Potential Strategies and/or Approaches</b>
Anxiety	Decreased attention/concentration  Overexertion to avoid falling behind	<ul style="list-style-type: none"> <li>inform the student of any changes in the daily timetable/schedule</li> <li>adjust the student's timetable/schedule as needed to avoid fatigue (e.g., 1-2 hours/periods, half-days, full-days)</li> <li>build in more frequent breaks during the school day</li> <li>provide the student with preparation time to respond to questions</li> </ul>
Irritable or Frustrated	Inappropriate or impulsive behaviour during class	<ul style="list-style-type: none"> <li>encourage teachers to use consistent strategies and approaches</li> <li>acknowledge and empathize with the student's frustration, anger or emotional outburst if and as they occur</li> <li>reinforce positive behaviour</li> <li>provide structure and consistency on a daily basis</li> <li>prepare the student for change and transitions</li> <li>set reasonable expectations</li> <li>anticipate and remove the student from a problem situation (without characterizing it as punishment)</li> </ul>
Light/Noise Sensitivity	Difficulties working in classroom environment (e.g., lights, noise, etc.)	<ul style="list-style-type: none"> <li>arrange strategic seating (e.g., move the student away from window or talkative peers, proximity to the teacher or peer support, quiet setting)</li> <li>where possible provide access to special lighting (e.g., task lighting, darker room)</li> <li>minimize background noise</li> <li>provide alternative settings (e.g., alternative work space, study carrel)</li> <li>avoid noisy crowded environments such as assemblies and hallways during high traffic times</li> <li>allow the student to eat lunch in a quiet area with a few friends</li> <li>where possible provide ear plugs/headphones, sunglasses</li> </ul>
Depression/Withdrawal	Withdrawal from participation in school activities or friends	<ul style="list-style-type: none"> <li>build time into class/school day for socialization with peers</li> <li>partner student with a "buddy" for assignments or activities</li> </ul>

Note: “Compared to older students, elementary school children are more likely to complain of physical problems or misbehave in response to cognitive overload, fatigue, and other concussion symptoms.”<sup>2</sup>

**Parent/Guardian:**

Must communicate to the school principal (see “Form C-4 - Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan”) that the student is symptom free before the student can proceed to Step 2b – Return to Learn and Step 2 – Return to Physical Activity.

**Step 2b – Return to Learn (occurs concurrently with Step 2 – Return to Physical Activity)**

A student who:

- Has progressed through Step 2a – Return to Learn and is now symptom free may proceed to Step 2b – Return to Learn; or,
- Becomes symptom free soon after the concussion may begin at Step 2b – Return to Learn (and may return to school if previously at Step 1). At this step, the student begins regular learning activities without any individualized classroom strategies and/or approaches.
- This step occurs concurrently with Step 2 – Return to Physical Activity.

Note: Since concussion symptoms can reoccur during cognitive and physical activities, students at Step 2b – Return to Learn or any of the following return to physical activity steps must continue to be closely monitored by the designated school staff lead and collaborative team for the return of any concussion symptoms and/or a deterioration of work habits and performance.

If, at any time, concussion signs and/or symptoms return and/or deterioration of work habits or performance occur, the student must be examined by a medical doctor or nurse practitioner.

The parent/guardian must communicate the results and the appropriate step to resume the Return to Learn/Return to Physical Activity Plan to the school principal (see “Form C-4 - Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan”) before the student can return to school.

**Step 2 – Return to Physical Activity**

**Activity:** Individual light aerobic physical activity only (e.g., walking, swimming or stationary cycling keeping intensity below 70% of maximum permitted heart rate).

**Restrictions:** No resistance or weight training. No competition (including practices, scrimmages). No participation with equipment or with other students. No drills. No body contact.

<sup>2</sup> Concussion in the Classroom. (n.d.). Upstate University Hospital Concussion Management Program. Retrieved from <http://www.upstate.edu/pmr/healthcare/programs/concussion/pdf/classroom.pdf>

**Objective:** To increase heart rate.

**Parent/Guardian:**

Must report back to the school principal (see “Form C-4 - Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan”) that the student continues to be symptom free in order for the student to proceed to Step 3.

**Step 3 – Return to Physical Activity**

**Activity:** Individual sport-specific physical activity only (e.g., running drills in soccer, skating drills in hockey, shooting drills in basketball).

**Restrictions:** No resistance/weight training. No competition (including practices, scrimmages). No body contact, no head impact activities (e.g., heading a ball in soccer) or other jarring motions (e.g., high speed stops, hitting a baseball with a bat).

**Objective:** To add movement.

**Step 4 – Return to Physical Activity**

**Activity:** Activities where there is no body contact (e.g., dance, badminton).

Progressive resistance training may be started. Non-contact practice and progression to more complex training drills (e.g., passing drills in football and ice hockey).

**Restrictions:** No activities that involve body contact, head impact (e.g., heading the ball in soccer) or other jarring motions (e.g., high speed stops, hitting a baseball with a bat).

**Objective:** To increase exercise, coordination and cognitive load.

**Teacher:**

Communicates with parents/guardians that the student has successfully completed Steps 3 and 4 (see “Form C-4 - Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan”).

**Parent/Guardian:**

Must provide the school principal with written documentation from a medical doctor or nurse practitioner (completed “Form C-4 - Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan”) that indicates the student is symptom free and able to return to full participation in physical activity in order for the student to proceed to Step 5 – Return to Physical Activity.

**School Principal:**

Written documentation ( “Form C-4 - Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan”) is then filed in the student’s OSR.

**Step 5 – Return to Physical Activity**

**Activity:** Full participation in regular physical education/intramural/interschool activities in non-contact sports. Full training/practices for contact sports.

**Restrictions:** No competition (e.g., games, meets, events) that involve body contact.

**Objective:** To restore confidence and assess functional skills by teacher/coach.

## **Step 6 – Return to Physical Activity (Contact Sports only)**

**Activity:** Full participation in contact sports.

**Restrictions:** None.

(The foregoing has been adapted from the *OPEHA Ontario Physical Education Guidelines-Concussion Package Appendix C-1*)

### **2.5 Training**

The Thames Valley District School Board supports the regular and ongoing training on concussion awareness, prevention, identification and management to relevant school board employees and school volunteer coaches through the following strategies:

#### **2.5.1 All School Staff and Volunteer Coaches**

Annual completion of on-line training in “Awareness, Prevention, Identification and Management of Concussion and Suspected Concussion.”

#### **2.5.2 Principals, Vice-Principals and Staff Lead**

Annual review of policy and procedure.

#### **2.5.3 New Administrators**

Include concussion policy and procedures information in new administrators’ orientation.

#### **2.5.4. Students and Parents**

The Board will provide opportunities for students and parents to participate in concussion awareness presentations.

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## Appendix C-5

### Sample Concussion Prevention Strategies

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PPM 158 (Policy/Program Memorandum #158: School Board Policies on Concussion) recognizes the importance of prevention and states that every board policy should include strategies for preventing and minimizing the risk of sustaining concussions (and other head injuries) in schools and at off-site school events.

The prevention strategies have been organized into two main sections according to when they should be implemented:

- those strategies that should be used prior to physical activity (at the beginning of the school year) and/or prior to the sport season (e.g., interschool teams, intramural/house league activities);
- those strategies that should be used during a unit of physical activity, and/or sport season or intramural activities.

#### 1. Prior to the sport season/beginning of the school year

##### a) Teachers/coaches/supervisors should:

- be knowledgeable of school board's concussion policy and procedures for prevention, identification, and management (return to learn and return to physical activity);
  - be knowledgeable about safe practices in the sport/activity e.g., the rules and regulations and the specific sport/activity pages in the Ontario Physical Education Safety Guidelines;
  - be familiar with the risks of a concussion or other potential injuries associated with the activity/sport and how to minimize those risks;
  - be up to date and enforce school board/Athletic Association/Referee rule changes associated with minimizing the risks of concussion.
  - be up to date with current body contact skills and techniques (e.g., safe tackling in tackle football), when coaching/supervising contact activities;
  - be knowledgeable (when applicable) with the requirements for wearing helmets. (To date there is no evidence that helmets protect against concussions.) For more information on helmets please see the Generic Section.
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- determine that protective equipment is approved by a recognized equipment standards association (e.g., CSA, NOCSAE), is well maintained, and is visually inspected prior to activity; and
- determine (where applicable) that protective equipment is inspected within approved timelines, by a certified re-conditioner as required by manufacturer (e.g., football helmet)

**b) Boards, Athletic Associations and Referee Associations should:**

- Consider rule changes to the activity, to reduce the head injury incidence or severity, where a clear-cut mechanism is implicated in a particular sport.
- Consider rule enforcement to minimize the risk of head injuries.

It is important for students/athletes and their parents/guardians to be provided information about the prevention of concussions. This concussion information must be as activity/sport specific as possible.

If students/athletes are permitted to bring their own protective equipment (e.g., helmets), student/athletes and parents/guardians must be informed of the importance of determining that the equipment is properly fitted and in good working order and suitable for personal use.

**c) Parents/guardians to be informed of the:**

- risks and possible mitigations of the activity/sport;
- dangers of participating with a concussion;
- signs and symptoms of a concussion;
- board's identification, diagnosis and management procedures; and
- importance of encouraging the ethical values of fair play and respect for opponents.

**d) Student/athletes to be informed about:**

- concussions;
  - definition & causes
  - seriousness of concussions

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- signs and symptoms, and
  - the board's Identification and management procedure
  - the risks of a concussion associated with the activity/sport and how to minimize those risks;
  - the importance of respecting the rules of the game and practising Fair Play (e.g., to follow the rules and ethics of play, to practice good sportsmanship at all times and to respect their opponents and officials);
  - the dangers of participating in an activity while experiencing the signs and symptoms of a concussion and potential long-term consequences.
  - the importance of:
    - immediately informing the teacher/coach of any signs or symptoms of a concussion, and removing themselves from the activity;
    - encouraging a teammate with signs or symptoms to remove themselves from the activity and to inform the teacher/coach; and
    - informing the teacher/coach when a classmate/teammate has signs or symptoms of a concussion.
  - the use of helmet when they are required for a sport/activity:
    - helmets do not prevent concussions. They are designed to protect against skull fractures, major brain injuries (including bleeding into or around the brain), brain contusions and lacerations;
    - helmets are to be properly fitted and worn correctly (e.g., only one finger should fit between the strap and the chin when strap is done up).

**Sample strategies/tools to educate students/athletes about concussion prevention information:**

- hold a preseason/activity group/team meeting on concussion education;
- develop and distribute an information checklist for students/athletes about prevention strategies;
- post concussion information to inform/reinforce symptoms and signs and what to do if a concussion is suspected;
- post information posters on prevention of concussions (e.g., encouraging students to report concussion symptoms) in high traffic student areas (e.g., change room/locker area/classroom/gymnasium);



- implement concussion classroom learning modules aligned with the curriculum expectations;
- distribute concussion fact sheets (prevention, signs and symptoms) for each student/athlete on school teams;
- Distribute and collect completed student concussion contract or pledge (signed *by* student/athlete and parents/guardians).

## **2. During the physical activity unit/sport season/intramural activity**

### **a) teachers/coaches /supervisors should:**

- teach skills and techniques in the proper progression;
- provide activity/sport-specific concussion information when possible;
- teach and enforce the rules and regulations of the sport/activity during practices and games/competition (particularly those that limit or eliminate body contact, or equipment on body contact);
- reinforce the principles of head-injury prevention (e.g., keeping the head up and avoiding collision);
- teach students/athletes involved in body contact activities:
  - o sport-specific rules and regulations of body contact e.g., no hits to the head.
  - o body contact skills and techniques and require the successful demonstration of these skills in practice prior to competition.
- discourage others from pressuring injured students/athletes to play/participate;
- demonstrate and role model the ethical values of fair play and respect for opponents;
- encourage students/athletes to follow the rules of play, and to practice fair play;
- use game/match officials in higher-risk interschool sports that are knowledgeable, certified and/or experienced in officiating the sport; and
- inform students about the importance of protective equipment fitting correctly (e.g., helmets, padding, guards).

### **b) During the physical activity unit/sport season/intramural activity students/athletes should:**

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- attend safety clinics/information sessions on concussions for the activity/sport;
  - be familiar with the seriousness of concussion and the signs and symptoms of concussion;
  - demonstrate safe contact skills during controlled practice sessions prior to competition;
  - demonstrate respect for the mutual safety of fellow athletes e.g., no hits to the head, follow the rules and regulations of the activity;
  - wear properly fitted protective equipment;
  - report any sign or symptom of a concussion immediately to teacher/coach from a hit, fall or collision;
  - encourage team mates/fellow students to report sign(s) or symptom(s) of a concussion and to refrain from pressuring injured students/athletes to play.

## **RESOURCES**

- Ontario portal: [www.Ontario.ca/concussions](http://www.Ontario.ca/concussions)

**Students/athletes who are absent for safety lessons (e.g. information, skills, techniques) must be provided with the information and training prior to the next activity sessions.**