



Office of the Director

Jim McCuaig Education Centre
2135 Sills Street Thunder Bay ON P7E 5T2
Telephone (807) 625-5131 Fax (807) 622-0961

STANDING COMMITTEE
Tuesday, January 13, 2015
Jim McCuaig Education Centre

Ian MacRae
Director of Education

George Saarinen
Chair

AGENDA

PUBLIC SESSION
7:30 P.M. – in the Board Room

	<u>Resource Person</u>	<u>Pages</u>
1. Call to Order		
2. Disclosure of Conflict of Interest		
3. Approval of the Agenda		
4. Resolve into Committee of the Whole – Closed Session		
5. COMMITTEE OF THE WHOLE - Closed Session – 6:00 p.m. (SEE ATTACHED AGENDA)		
6. Delegations/Presentations		
7. Confirmation of Minutes		
7.1 Standing Committee Meeting - November 11, 2014	G. Saarinen	1-3
8. Business Arising from the Minutes		

Trustees (Chair and Vice-Chair) and presenters of reports will be available
for comment after the Board Meeting.

LAKEHEAD DISTRICT SCHOOL BOARD

		<u>Resource Person</u>	<u>Pages</u>
<u>MATTERS NOT REQUIRING A DECISION</u>			
9.	Information Reports		
9.1	Health and Safety Program – Semi-Annual Report (010-15)	D. Wright	4-8
9.2	Information Technology Plan – Update (014-15)	S. Pharand	9-15
9.3	Aboriginal Education Advisory Committee Meeting Minutes - November 13, 2014	S. Pharand	16-19
10.	First Reports		

MATTERS FOR DECISION:

11.	Postponed Reports		
12.	Ad Hoc and Special Committee Reports		
13.	New Reports		
13.1	Policy Review - 1011 Access to System Programs (009-15)	S. Pharand	20-23
	<i>It is recommended that Lakehead District School Board approve 1011 Access to System Programs Policy, Appendix A to Report No. 009-15.</i>		
13.2	Policy Development – 8074 Student Concussion Management (013-15)	I. MacRae	24-59
	<i>It is recommended that Lakehead District School Board approve 8074 Student Concussion Management Policy, Appendix A to Report No. 013-15.</i>		
13.3	Appointment to the Thunder Bay Public Library Board (008-15)	I. MacRae	60
	<i>It is recommended that Lakehead District School Board appoint Pat Johansen as its representative on the Thunder Bay Public Library Board for a four-year term ending November 30, 2018.</i>		

Trustees (Chair and Vice-Chair) and presenters of reports will be available
for comment after the Board Meeting.

LAKEHEAD DISTRICT SCHOOL BOARD

		<u>Resource Person</u>	<u>Pages</u>
14.	New Business		
15.	Notices of Motion		
16.	Information and Inquiries		
17.	Adjournment		

Trustees (Chair and Vice-Chair) and presenters of reports will be available
for comment after the Board Meeting.

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AGENDA

COMMITTEE OF THE WHOLE – Closed Session
6:00 P.M. – in the Sibley Room

	<u>Resource Person</u>	<u>Pages</u>
5.1 Confirmation of Committee of the Whole - Closed Session Minutes		
5.1.1 Standing Committee Meeting - November 11, 2014	G. Saarinen	1-2
5.2 Business Arising from the Minutes		
5.3 Consideration of Reports		
5.3.1 Negotiations Update	I. MacRae	Verbal
5.3.2 Personnel Matter	S. Pharand	Verbal
5.3.3 Legal Matter	D. Wright	Verbal
5.3.4 Legal Matter	I. MacRae	Verbal
5.4 Information and Inquiries		
5.5 Rise and Ask Leave to Sit in Public Session		

Trustees (Chair and Vice-Chair) and presenters of reports will be available
for comment after the Board Meeting.

LAKEHEAD DISTRICT SCHOOL BOARD

LAKEHEAD DISTRICT SCHOOL BOARD

MINUTES OF STANDING COMMITTEE

Board Room
Jim McCuaig Education Centre

2014 NOV 11
7:30 p.m.

TRUSTEES PRESENT:

Karen Wilson (Chair)
Pat Johansen
Lori Lukinuk

Deborah Massaro
Ron Oikonen
Jack Playford
Hannah Smith (Student Trustee)

TRUSTEES ABSENT, WITH REGRET:

Marg Arnone
George Saarinen

SENIOR ADMINISTRATION:

Ian MacRae, Director of Education
Colleen Kappel, Superintendent of Education
Sherri-Lynne Pharand, Superintendent of Education
David Wright, Superintendent of Business

FEDERATION/UNION REPRESENTATIVES:

Rod Bessel, Managers

PUBLIC SESSION:

1. **Approval of Agenda**

Moved by Trustee Johansen

Seconded by Trustee Massaro

"THAT the Agenda for Standing Committee Meeting, November 11, 2014 be approved."

CARRIED

2. **Resolve Into Committee of the Whole – Closed Session**

Moved by Trustee Playford

Seconded by Trustee Lukinuk

"THAT we resolve into Committee of the Whole – Closed Session with Trustee Wilson in the Chair to consider the following:

- *Confirmation of Committee of the Whole – Closed Session Minutes*
 - *June 10, 2014*

- *Legal Matter*

and that this meeting shall not be open to the public pursuant to Section 207 (2) of the Education Act as amended."

CARRIED

COMMITTEE OF THE WHOLE – CLOSED SESSION:

- 3. Committee of the Whole – Closed Session items were dealt with in their entirety.

PUBLIC SESSION:

- 4. Confirmation of Minutes

Moved by Trustee Massaro

Seconded by Trustee Johansen

"THAT the Standing Committee approve the Minutes of the Standing Committee Meeting, June 10, 2014."

CARRIED

- 5. Environment: Multi-Year Capital Plan (111-14)

David Wright, Superintendent of Business, introduced Mark Hakala, Capital Projects Coordinator, and Rod Bessel, Manager of Property Services and Transportation, who presented the report. All Trustees' questions were addressed.

- 6. Legal Representation for 2013-2014 (100-14)

Ian MacRae, Director of Education, presented this information report.

MATTERS FOR DECISION:

- 7. Education Centre Mechanical Systems and Site Update (124-14)

Moved by Trustee Oikonen

Seconded by Trustee Massaro

"THAT Lakehead District School Board approve the use of other capital reserve funds up to \$1,000,000 to support the renovations and site improvements of the Jim McCuaig Education Centre as outlined in Report No. 124-14, Education Centre Mechanical Systems and Site Update."

CARRIED

8. Information and Inquiries

- 8.1 Trustee Johansen informed the Board that she attended the Remembrance Day Services at the Waverly Park Cenotaph on November 11 and presented the wreath on behalf of the Board.

9. Adjournment

Moved by Trustee Lukinuk

Seconded by Trustee Oikonen

"THAT we do now adjourn at 8:31 p.m."

CARRIED

LAKEHEAD PUBLIC SCHOOLS
OFFICE OF THE DIRECTOR OF EDUCATION

2015 JAN 13
Report No. 010-15

TO THE CHAIR AND MEMBERS
OF THE STANDING COMMITTEE – Public Session

RE: HEALTH AND SAFETY PROGRAM – SEMI-ANNUAL REPORT

1. Background

This semi-annual report is to inform the Board of the current status of the Board's Health and Safety program and significant related activities. The Occupational Health and Safety Act require Directors and Officers of corporations to take all reasonable care to ensure that the corporation complies with the Act and its regulations. This report will include the accident statistics for all employee groups during the 2013-2014 year and a brief update to ensure compliance with the various acts and regulations such as but not restricted to the Occupational Health and Safety Act (OHSA), Ontario Fire Code and Health Protection and Promotion Act.

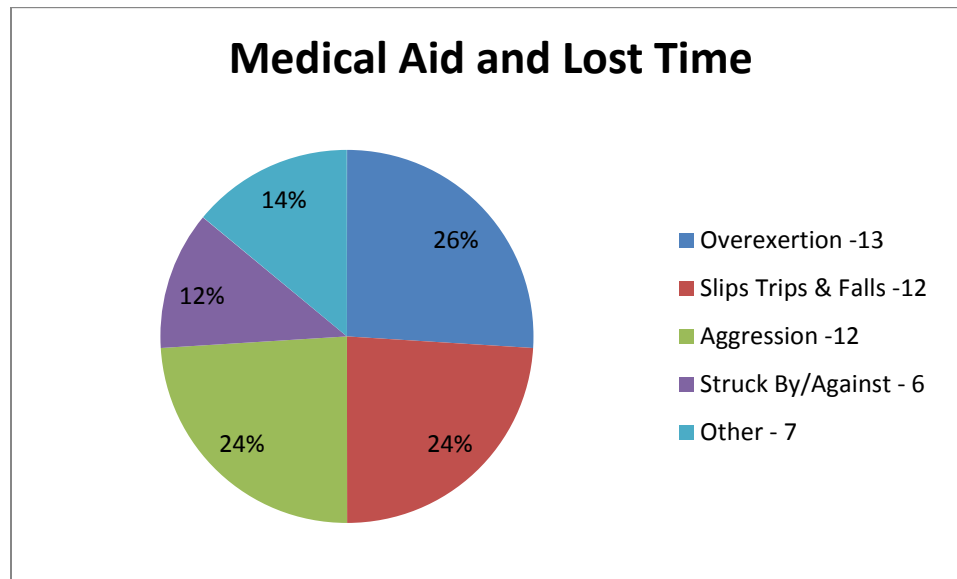
2. Situation

2.1 Accident Statistics

2.1.1 Over the 2013-2014 school year, employees recorded a total of 187 work related incidents. This was up from the 129 reported the previous year. The number of incidents requiring first aid was 121, as opposed to 84 from the previous year. The number of incidents requiring medical care was 40 which is an increase from last year's rate of 27 and the number of lost time incidents was 17, down from 18 the previous year. The reportable injuries had an increase of 11%. Reportable injuries are defined as incidents that required medical aid or resulted in lost time.

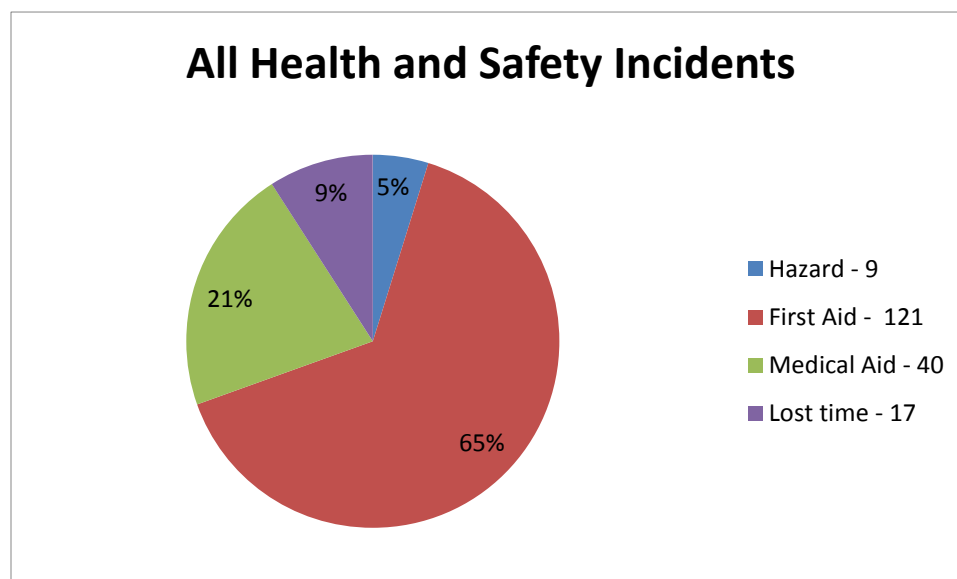
2.1.2 The total reportable injury frequency reflects the combined medical aid and lost time claim frequency of the Board compared to the educational peer group across the province, and is based on claims per 100 staff. Lakehead District School Board's frequency rate is 4.42 compared with other Boards in Ontario with a frequency rating of 4.08.

2.2 The graph below displays the cause of the injury, the total incidents per category and percent distribution of reportable injuries:



Lakehead District School Board saw a decrease in the total number of lost time claims in 2013-2014. Although overexertion and slips, trips and falls still remain the highest lost time categories of types of injury for the Board, it is important to note that the rates are at the lowest levels when compared to the previous five years. The medical aid totals for struck by/against are significantly lower than previous years. Slip, trips and falls have not seen any significant decrease and the number of aggression claims have reached the highest level in the past five years.

The graph below displays the cause of the injury, the total incidents per category and percent distribution of all health and safety incidents (Includes all reportable injuries):



3. Health and Safety Initiatives

To decrease our injury rate, the focus is on employee training, signage, equipment testing and hazardous waste disposal.

3.1 Employee Training

Health and Safety department continues to provide a number of important training sessions throughout the year. The cost for training, including supply staff coverage, is supplied by the Health and Safety department budget.

Classroom Based Learning

3.1.1 First Aid Training

Standard First Aid, CPR/AED training certificates are only valid for three years at which time re-certification is required. First Aid courses were held and a total of 64 employees completed training in the 2013-2014 school year. Most of the sessions this year were one day re-certification courses. Each school is well staffed with individuals certified in First Aid.

3.1.2 Joint Health and Safety Committee Certification Training

Each site in the Board is required to have a Joint Health and Safety Committee comprised of management and worker members as per the Occupational Health and Safety Act. At least one management and one worker member must be certified. To become certified, staff must complete a three day course divided into two parts covering a variety of topics. This past year, eight staff successfully completed the certification course which brings the Board total to 75.

Online Training

3.1.3 Workplace Violence

Canadian employers have a legal responsibility to ensure their employees work in an environment free from harassment and violence. This online training program instructs employees on the harassment and violence component of the OHSA and also provides education on how to prevent harassment and violence from occurring. Since the start of the program, 1,585 employees have completed the training, with 336 completing the training in 2014.

3.1.4 Occupational Health and Safety Awareness Training

This easy to use online training program explains workplace rights and responsibilities for employees, supervisors and employers. Topics covered include: common physical, ergonomic, chemical and biological workplace hazards; joint health and safety committees; safety policies and procedures; refusing unsafe work, protective equipment and devices; and the role of the Ministry of Labour. The course was launched on February 11, 2014, with 1,265 employees completing the training to date.

3.1.5 Workplace Hazardous Material Information System (WHMIS) Training

Canadian employers are responsible for educating their employees about WHMIS and training employees in safe work procedures, including safe use, storage, handling and disposal of a controlled product. This easy to use online course covers supplier and workplace labels, Material Safety Data Sheets (MSDS), hazard symbols and a comprehensive test. Online WHMIS training was started in 2013 and has provided training to 691 individuals to date.

3.2 Signage

One of the biggest tasks faced in ensuring good health and safety practice is the communication of information. It is vital that everyone concerned understands risks and how they should be dealt with. For this reason, the proper signage in a workplace is essential, as it is one of the main points of reference and contact for staff and workplace visitors.

3.3 Equipment Testing

To ensure compliance with the Occupational Health and Safety Act, the Health and Safety Officer coordinates the annual testing and certification of 44 overhead cranes, hoists and floor jacks as well as three aerial lift platforms. Nine mechanical lifts and related equipment used in special needs and multi needs classrooms are also inspected on an annual basis. Inspection of stage and drama room rigging and lighting in each secondary school has been completed, as well as minor repairs. Chemical fume hoods in the science areas have also been tested for proper operation.

3.4 Hazardous Waste Disposal

The management of hazardous waste remains under the control of the Health and Safety department. During the past year, Lakehead District School Board has shipped 330 litres of solvents and science lab products as well as 44 Kg of science lab chemicals. All waste is transported by a licensed handler to a registered disposal facility. Alternative hazardous waste management strategies have been instituted as a result of Ontario Regulation 347 and the drive for greener product use in curriculums.

4. Conclusion

Lakehead District School Board continues to promote a safe working and learning environment for all staff and students. A continuing commitment to education, training, and health and safety promotion will ensure that the Board remains compliant with all acts and regulations, and in turn reduce operating costs. This commitment to safety will also make our schools and facilities the best place for students and staff to work and learn.

Respectfully submitted,

KYLE ULVANG
Health and Safety Officer

DAVID WRIGHT
Superintendent of Business

IAN MACRAE
Director of Education

LAKEHEAD PUBLIC SCHOOLS
OFFICE OF THE DIRECTOR OF EDUCATION

2015 JAN 13
Report No. 014-15

TO THE CHAIR AND MEMBERS OF
THE STANDING COMMITTEE – Public Session

RE: INFORMATION TECHNOLOGY PLAN – UPDATE

1. Background

- 1.1 Lakehead District School Board is committed to the success of every student. Report No. 017-13 recommended a significant investment to support a comprehensive Information Technology Plan to support student learning.
- 1.2 Lakehead District School Board's investment of \$3.71 million is grounded in the three pillars of the Strategic Plan.

Learning

Children need the skills that will prepare them for living and contributing to a digital society – Creativity and Innovation, Critical Thinking and Problem Solving, Collaboration and Communication.

Environment

Students must experience learning environments that foster equity, enable access, allow for mobility and build a sense of community.

Engagement

The future demands schools engage students and staff through anytime, anywhere learning, connectedness to the global community, innovation and efficacy, and strong connections with parents/guardians.

- 1.3 Lakehead District School Board revised Information/Communication Technology Use Policy 3096 on September 24, 2013 to recognize the use of information and communication technologies as productivity enhancement tools by students and staff in support of teaching and learning. Policy and Procedures 3096 also outline the rationale and guiding principles for using technology resources responsibly within schools.

2. Situation

- 2.1 The technology infusion at Lakehead District School Board has enhanced the learning environment where students are invited to engage in their learning with leading-edge technologies in addition to their own personal devices.

- 2.1.2 Earlier this year, the Education Quality and Accountability Office (EQAO) released an overview of the results from the first-ever International Computer and Information Literacy Study. Ontario students scored significantly above the international average. The results affirm the commitment and vision of Lakehead District School Board to prepare students with the skills and experiences needed for life in a digital age.
- 2.2 In elementary schools, a standard of student access to technology has been developed at both the school and classroom level. Currently,
 - 2.2.1 every elementary school has student access to personal computers, either in a lab setting, via a laptop cart or a combination of the two;
 - 2.2.2 school computers in lab settings are being replaced with laptops to allow for more responsive and dynamic learning situations;
 - 2.2.3 all elementary schools have a SMART board in every classroom from Grades 1 to 8;
 - 2.2.4 all Grades 1 to 8 classroom teachers have received training sessions on how to best incorporate SMART technology into the learning environment; and
 - 2.2.5 all schools have a minimum of one portable SMART board for the Kindergarten program. All Kindergarten classrooms have been provided with an iPad to incorporate the use of educational apps and create portfolios to document and share student learning.
- 2.3 In secondary schools, a standard of student access to technology has been developed at both the school and classroom level. Currently,
 - 2.3.1 secondary schools maintain multiple computer labs for specialized courses;
 - 2.3.2 department specific SMART boards have been installed in all secondary schools. All academic classrooms have LCD projectors, screens and speakers; and
 - 2.3.3 all secondary schools have received sets of laptops for students and teachers to use to support learning across all subject areas.
- 2.4 In addition to the standards identified above, there have been a number of K-12 enhancements to the integration of technology. Currently,
 - 2.4.1 teachers and students have access to exciting, curriculum-linked video resources through an investment in video streaming software available in all schools;
 - 2.4.2 all students at Lakehead Public Schools have access to a 24 hour online virtual eBook and audio book library that is accessible through smartphones, tablets and computers;
 - 2.4.3 all schools have received sets of iPads to support student learning and engagement; and

- 2.4.4 wireless technology is available at all schools with increased bandwidth.
- 2.5 School and Board operations continue to evolve through the use of technology, enabling both greater efficiency and access to information by students, parents/guardians and staff.
 - 2.5.1 All schools are using online attendance with the exception of Armstrong and Bernier-Stokes Public Schools.
 - 2.5.2 Many elementary schools continue to offer parents/guardians the option of electronic delivery of newsletters and school notices.
 - 2.5.3 School and classroom websites continue to provide important information for students and/or parents/guardians regarding school events, academic assignments, etc.
 - 2.5.4 – Social media, and digital communication are playing an increasingly vital role in school operations, parent communication, community engagement and empowering student voice.
- 2.6 Classroom Learning Opportunities

Targeted investments in resources and training, as well as continued commitment to information and communication technology, have resulted in significant benefits for students.

 - 2.6.1 Over 400 classrooms are utilizing blended learning websites at Lakehead District School Board. These websites are learning tools, as well as a means of connecting parents, guardians and community partners to the learning in our classrooms. Use of classroom websites encourages a new model for delivering learning experiences that is dynamic, engaging and that honours differentiation. Recently, a shift in the use of these sites expanded beyond information dispersal to include learning opportunities that incorporate the skills of collaboration and critical thinking.
 - 2.6.2 All high schools and elementary schools have implemented a Bring Your Own Device (BYOD) policy and program. BYOD encourages all students to be engaged, self-motivated, independent, creative, collaborative and critical thinkers.
 - 2.6.3 eBooks and audio books provide students with reading materials that meet individual interests and accommodate different levels. The Lakehead Public Schools online library hosts over 800 eBook and audio book titles. The multimedia features available in eBooks support students with reading and comprehension of the text.
 - 2.6.4 Assistive Technology in the classrooms, such as iPads and laptops, ensure that all students are able to access the curriculum, reach their full potential and develop independence.

- 2.6.5 The increased usage of modern web 2.0 tools and applications to engage students in new ways of sharing, collaborating, learning and creating, allow for greater engagement and differentiation that can have a positive effect on learning.

2.7 Training and Professional Development

The Program Department is committed to training and supporting staff as changes in pedagogy are embraced. Some examples of this training include:

- 2.7.1 Integration of IT - The IT team works in tandem with the Program and Special Education departments to ensure cohesive training and professional development. Technology training continues to be integrated into all professional development. To support integration of IT, all IT representatives and Program staff have received training on the use of mobile devices to enhance instructional practice.
- 2.7.2 Inspire Training Program – These technology-focused workshop series provide teachers and administrators with individualized training opportunities. Participants who complete this voluntary program receive a laptop or iPad for professional use. As of January 14, 2015, 240 staff have enrolled in the program.
- 2.7.3 IT Representatives - These leaders in each school continue to model the use of new technologies and showcase instructional benefits to staff and students. IT representatives meet regularly with Program staff to learn, collaborate and share their progress on integrating technology into the classroom. This year, each IT representative has been provided with two iPads to support their school in using mobile devices to enhance teaching and learning.
- 2.7.4 BYOD Training - All classroom teachers from Grades 4 to 12 have received training that focuses on BYOD, Web 2.0 tools and new learning technologies. IT representatives continue to support staff in the move to 21st century teaching and learning.
- 2.7.5 Learning Portfolio - Teachers will be provided with professional development to document and share student learning. Technology will enable students to develop goal setting skills and track their learning and engage parents and the broader community.

3. Technology Priorities

3.1 The investment to support the three year plan has been substantial and includes the following technology enhancements at Lakehead Public Schools:

Project	Year 1 and 2 2012-2014 Investment	Devices	Year 3 2014-2015 Investment*	Devices	Total Investment
Full wireless coverage	\$350,000				\$350,000
Secondary desktops	\$290,000	240	\$90,000	120	\$380,000
Secondary netbooks	\$160,000	240	\$95,000	120	\$255,000
Portable SMART board for Kindergarten	\$90,000	24			\$90,000
Elementary laptops	\$630,000	505	\$300,000	240	\$930,000
iPad tablets	\$320,000	650	\$160,000	250	\$480,000
Server replacement/ infrastructure	\$145,000				\$145,000
Consultant	\$75,000				\$75,000
School Bandwidth	\$350,000		\$185,000		\$535,000
Teacher training	\$60,000		\$30,000		\$90,000
Laptop training program	\$205,000	225	\$175,000	150	\$380,000
Total		1884		880	\$3,710,000

(estimated)

3.2 These investments in technology enable teachers to differentiate content to ensure students' learning needs and preferences are met while taking advantage of students' comfort with technology to motivate and engage them in new and exciting ways. Wireless access will allow students to seamlessly extend their learning beyond classroom walls; building their collaboration, research, synthesis, analysis and evaluation skills. Infrastructure enhancements safeguard reliability, security and privacy for students and staff. Investments in consulting and professional development will continue to ensure the highest and best use of these enhancements, and will support enhanced learning experiences and environments for student learning and achievement.

4. Next Steps

4.2 The Information Technology Committee, with assistance from the Program department, will:

- Begin training (January 2015) on Office 365, a new cloud collaboration software available to all students and staff. This software will encourage student and staff collaboration and communication and the creation of online learning communities.
- Provide training to support all Grade 1 teachers in the implementation of creating Student Learning Portfolios. These will enable students and staff to share interests, strengths and accomplishments. All Grade 1 teachers will receive an iPad to do this documentation.
- Support staff as they transition to 21st century teaching technologies and blended learning that emphasizes communication, collaboration, creativity, problem solving, critical thinking and digital literacy.
- Model the use of new technologies and their instructional benefits to staff and students.
- Mentor staff on the effective use of IT to support student success, student engagement, as well as effective assessment and evaluation practices.
- Survey students, staff and parents/guardians in order to determine the impact technology has on engagement, achievement and practice and to ensure equitable access to technology for all students.

5. Conclusion

The investments in information and communication technology have resulted in exciting changes at Lakehead Public Schools. Increased access to technology assists staff as the focus shifts to 21st century teaching and learning with an emphasis on communication, collaboration, creativity, problem solving, critical thinking and digital literacy. A supportive welcoming learning environment, where students are invited to engage in their learning with their personal devices, as well as Board-owned leading-edge technologies, will ensure students are prepared for the future.

Respectfully submitted,

A.J. KEENE

Chair

Information Technology Committee

GINO RUSSO

IT Resource Teacher

CORRINE RUSSELL-PRITOUULA

Resource Teacher

DAVE COVELLO

Manager of Technology and Corporate Planning

SHERRI LYNNE PHARAND

Superintendent of Education

DAVID WRIGHT

Superintendent of Business

IAN MACRAE

Director of Education



ABORIGINAL EDUCATION ADVISORY COMMITTEE MINUTES

DATE: Thursday, November 13, 2014, Board Room, Education Centre

MEMBERS PRESENT: Lawrence Baxter, Elliott Cromarty, Serena Essex, Katrina Fiddler, Pauline Fontaine, Pat Johansen, Sylvia O'Meara, Sherri-Lynne Pharand, Dolores Wawia, Beverley White-Kokeza

ALTERNATES PRESENT: Robin Haliuk

ABSENT WITH REGRET: Kathy Beardy, Mike Judge, Sharon Kanutski, Senator Robert McKay, Ron Oikonen, Jason Pilot, George Saarinen, Suzanne Tardif

RESOURCE: Amy Farrell-Morneau, Cathy Ferrazzo, JoJo Guillet, Isabelle Mercier, Nicole Walter-Rowan

GUESTS: Diana Lidemark, Crystal Nielsen, Lori Lukinuk

	AGENDA ITEM	DISCUSSION	ACTION
1.	Opening Ceremonies	<ul style="list-style-type: none"> Sherri-Lynne Pharand called the meeting to order and called upon Elder Isabelle Mercier to conduct the opening. 	
2.	Welcome and Introductions	<ul style="list-style-type: none"> Sherri welcomed everyone to the meeting and thanked Isabelle Mercier for the opening. Sherri read an e-mail from Senator McKay's wife on the status of his health. 	Card will be sent to Senator McKay from the group.
3.1	Approval of Agenda – November 13, 2014	<ul style="list-style-type: none"> Moved by Pauline Fontaine, seconded by Beverley White-Kokeza that the agenda for the November 13, 2014 meeting be approved. Carried. 	
3.2	Approval of Minutes – September 18, 2014	<ul style="list-style-type: none"> Moved by Trustee Pat Johansen, seconded by Serena Essex that the minutes of the September 18, 2014 meeting be approved. Carried. 	
4.	Correspondence	<ul style="list-style-type: none"> The correspondence file was circulated. 	
5.	Presentations:		
5.1	Learning Through the Arts Cultural Artist and	<ul style="list-style-type: none"> Crystal Nielsen, Regional Manager for Learning Through the Arts (LTTA) and Diana Lidemark, Artist, provided an update on the work 	

	AGENDA ITEM	DISCUSSION	ACTION
	Elder Program	<p>they have been doing with students at Armstrong Public School. Armstrong Public School's November newsletter was shared with the group.</p> <ul style="list-style-type: none"> • Felicia Waboose is the Elder working with LTTA this year and the Board has purchased four programs of the Elder Program for this school year. • Diana Lidemark gave a brief synopsis of the work she has done with the students and shared some of the crafts she has made to use in her teachings. • The Royal Conservatory of Music is very pleased with the work that LTTA is doing with Lakehead District School Board. • Sherri thanked Crystal and Diana for their presentation and the work they are doing with our schools. 	
5.2	Collaborative Inquiry	<ul style="list-style-type: none"> • Nicole Walter Rowan and JoJo Guillet provided an update on this item. • Collaborative Inquiry was an initiative funded by the Ministry of Education. A number of Boards came together to make this initiative viable. • Six school teams participated again this year—Algonquin and McKellar Park Elementary and the four secondary schools. • This inquiry is a true embedding of indigenous knowledge into the curriculum. • Elder Felicia Waboose has been an integral part of this initiative, sharing her experience with residential schools. • Questions from the group were addressed. 	
6.	New Business:		
6.1	Operational Plan	<ul style="list-style-type: none"> • Sherri introduced Ian MacRae, Director, to the group. • Sherri walked the group through the Operational Plan highlighting the 3 pillars of the plan: Learning, Environment and Engagement. • She indicated that the focus will be on literacy. • The Ministry will publish a five year graduation rate in March of 2015. If students started with Lakehead Public Schools but graduate elsewhere, their data will be included in our Board's graduation rate. • Staff training for all staff will be occurring this year. • Welcoming environments for all schools. 	

	AGENDA ITEM	DISCUSSION	ACTION
		<ul style="list-style-type: none"> Engagement of parents – personal note from the teacher about your child. 	
6.2	AEAC Annual Report	<ul style="list-style-type: none"> Sherri asked for a volunteer to present the AEAC Annual Report at the Inaugural meeting of the Board on December 2. 	Judy to contact Suzanne Tardif.
6.3	Student Achievement Board Report	<ul style="list-style-type: none"> Nicole Walter Rowan provided a power point presentation on the Student Achievement report that was presented at the Board meeting on October 14, 2014. The Ontario Secondary School Literacy Test (OSSLT) data will be provided at the December meeting. 	
6.4	Math Research Project	<ul style="list-style-type: none"> Nicole Walter-Rowan provided an update on this research project. 	
7.	Information Reports:		
7.1	Honourees from OPSBA	<ul style="list-style-type: none"> Senator McKay was the recipient of the 2014 OPSBA Award of Excellence and Suzanne Tardif was the recipient of the OPSBA Achievement Award. Both individuals were featured in the publication, Education Today. 	
8.0	Updates	<ul style="list-style-type: none"> Amy Farrell-Morneau provided the following updates: Elder's gathering was held on October 31. Mental health and well being of students is of paramount importance and how we can help students. ie after school programs. Community visits took place on October 22, 2014 to Summer Beaver and October 27, 2014 to Sachigo Lake. The Fall Harvest was well attended. Over the course of three days, 1600 students attended and there were 20 stations. Spirit of Winter will be held February 5, 2015. There will be a variety of activities. National Aboriginal Day will be held on Friday, June 19, 2015. Aboriginal Youth Awards – tentatively set for sometime in February 2015. 	
9.0	Information and Inquiries		
9.1	Grants	<ul style="list-style-type: none"> JoJo Guillet provided an update on the Board's Action Plan. Funding will be allocated on self identification numbers in addition to money already granted. The 2014 FNMI Framework document is available on line and can be accessed at the following link: 	

	AGENDA ITEM	DISCUSSION	ACTION
		http://www.edu.gov.on.ca/eng/aboriginal/OFNImplementationPlan.pdf <ul style="list-style-type: none"> • Copies of the document will be provided at the December meeting. 	
9.2	Trustee Recognition	<ul style="list-style-type: none"> • On behalf of AEAC, Sherri thanked Trustee Lori Lukinuk for her commitment to AEAC for the past 11 years whether it be as the Trustee representative, alternate or attendee. • As well, Sherri thanked Trustee Pat Johansen for her commitment to AEAC for the past 4 years. 	
9.3	EQAO Consultation	<ul style="list-style-type: none"> • Sherri-Lynne, Deborah Massaro and Katrina Fiddler attended an Education Quality and Accountability Office (EQAO) Regional Strategic Planning Session on October 29, 2014. Sherri thanked Katrina for her input at the session related to student voice. 	
10.	Closing Ceremonies	<ul style="list-style-type: none"> • Isabelle Mercier conducted the closing ceremonies. 	
11.	Next Meeting:	<ul style="list-style-type: none"> • Thursday, December 18, 2014. 	
12.	Adjournment:	<ul style="list-style-type: none"> • The meeting adjourned at 12:00 p.m. 	

LAKEHEAD PUBLIC SCHOOLS
OFFICE OF THE DIRECTOR OF EDUCATION

2015 JAN 13
Report No. 009-15

TO THE CHAIR AND MEMBERS OF
THE STANDING COMMITTEE – Public Session

RE: POLICY REVIEW - 1011 ACCESS TO SYSTEM PROGRAMS

1. Background

- 1.1 Lakehead District School Board is committed to offering specialized system programs of choice for students.
- 1.2 Lakehead District School Board is dedicated to having equal access to recognized system programs within the Board.
- 1.3 The Access to System Programs policy was first created in 2003.

2. Situation

- 2.1 The policy was sent to stakeholders and placed on the Board website for feedback and input on November 12, 2014.
- 2.2 The policy was presented to the Success Advisory Committee at the November 13, 2014 meeting.
- 2.3 The policy was removed from the Board's website on December 10, 2014.
- 2.4 Some feedback received from constituent groups was not applicable to the policy. Other feedback has been incorporated into the amended policy attached as Appendix A.

3. Next Steps

The policy will continue to be used to inform program planning and delivery of system programs within the Board.

4. Conclusion

The Access to System Programs policy is an effective tool that allows the Board to support and plan for innovative, exciting and specialized system programs within Lakehead District School Board.

RECOMMENDATION

It is recommended that Lakehead District School Board approve 1011 Access to System Programs Policy, Appendix A to Report No. 009-15.

Respectfully submitted,

PAUL TSEKOURAS
Student Success Lead

SHERRI-LYNNE PHARAND
Superintendent of Education

IAN MACRAE
Director of Education

PHILOSOPHY AND GOALS

JANUARY 13, 2015 - DRAFT

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Appendix A to
Report No.
009-15

ACCESS TO SYSTEM PROGRAMS POLICY

1011

1. Rationale

Lakehead District School Board is committed to offering specialized system programs of choice for students.

2. Policy

All students of Lakehead District School Board shall have equal access to recognized system programs of the Board.

3. Definitions

3.1 System Programs - Programs which are identified by formal Board resolution.

3.1.1 Certificates of Accomplishment may be issued by the school to a student who has successfully completed the specific program as laid out by the school.

3.1.2 The opportunity to meet the prescribed standards of an external accredited program may be an optional component of a system program.

3.2 Equal Access - The opportunity for all **qualified** students to register for system programs.

4. Guidelines

4.1 System programs:

- will be offered at designated schools;
- may require that a student meet established ~~entrance~~ **entry** criteria;
- may or may not require specialized facilities;
- are normally, but not necessarily, offered over a number of years; or
- do not include Special Education programs.

4.2 In the event that registration must be limited, specific criteria will be clearly outlined in determining entrance.

4.3 Transportation to system programs shall be provided according to the 3040 Transportation Policy.

PHILOSOPHY AND GOALS

JANUARY 13, 2015 - DRAFT

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Appendix A to
Report No.
009-15

ACCESS TO SYSTEM PROGRAMS POLICY

1011

5. Review

This policy shall be reviewed according to Policy Development and Review Policy 2010.

<u>Cross Reference</u>	<u>Date Approved</u> June 24, 2003 <u>Date Revised</u> Reviewed by _____	<u>Legal Reference</u>

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LAKEHEAD PUBLIC SCHOOLS
OFFICE OF THE DIRECTOR OF EDUCATION

2015 JAN 13
Report No. 013-15

TO THE CHAIR AND MEMBERS OF
THE STANDING COMMITTEE - Public Session

RE: POLICY DEVELOPMENT – 8074 STUDENT CONCUSSION MANAGEMENT

1. Background

- 1.1 At the May 27, 2014 Regular Board Meeting, the Board approved the 2014 to 2022 Policy Review Schedule.
- 1.2 At the June 24, 2014 Regular Board Meeting, the Student Concussion Management Policy was placed on the 2014-2015 Policy Review schedule.

2. Situation

- 2.1 In March of 2014, the Government of Ontario issued Policy/Program Memorandum (PPM) No. 158, School Board Policies on Concussions.
- 2.2 In April of 2014, Administration, following the guidelines as issued in PPM No.158, continued to investigate and determine best policy, procedures and practices as it relates to students in an educational setting working with a number of stakeholders and representatives both provincially and locally:
 - Ontario Physical and Health Education Association (OPHEA) PPM 158 Collaboration Group;
 - Concussions Ontario;
 - Ontario School Boards' Insurance Exchange (OSBIE);
 - Parachute Canada;
 - various Ontario School Boards (Consortium and non Consortium);
 - Thunder Bay District Health Unit;
 - Physicians;
 - Nurse Practitioners;
 - Superior Secondary Schools Athletic Association (SSSAA);
 - Thunder Bay Catholic District School Board;
 - Lakehead District School Board Steering Committee; and
 - Director's Council.
- 2.3 Administration created a draft policy and procedures which were placed on the Board's website and sent out for stakeholder input on November 12, 2014, with input due by December 10, 2014.

- 2.4 The 8074 Student Concussion Management policy is attached as Appendix A and the procedures as Appendix B.

RECOMMENDATION

It is recommended that Lakehead District School Board approve 8074 Student Concussion Management Policy, Appendix A to Report No. 013-15.

Respectfully submitted,

JEFF UPTON
Education Officer

DAVID PINEAU
Activities Director

IAN MACRAE
Director of Education

JANUARY 13, 2015 - DRAFT**STUDENT CONCUSSION MANAGEMENT
POLICY****8074**

1. Rationale

- 1.1** *Lakehead District School Board is committed to promoting awareness of safety in schools and recognizes that the health and safety of students are essential preconditions for effective learning and participation in physical activity.*
- 1.2** *All partners in education, including the Ministry of Education, other Ontario ministries, school boards, administrators, educators, school staff, students, parents, school volunteers, and community-based organizations, have important roles to play in promoting student health and safety, and in fostering and maintaining healthy and safe environments in which students can learn.*
- 1.3** *Concussions can have a serious effect on a young, developing brain. Proper prevention, recognition, and response to concussion in the school environment can prevent further injury and can help with recovery. A concussion can have a significant impact on a student; cognitively, physically, emotionally, and socially.*

2. Policy

It is the policy of the Lakehead District School Board to ensure the provision of minimized risk in elementary and secondary schools and to provide a safe environment that takes steps to reduce the risk of injury and promotes the overall well-being of students.

3. Guiding Principles

- 3.1** *Children and adolescents are among those at greater risk for concussions due to body trauma at any time. Although falls and motor vehicle accidents are the leading causes of concussion, there is a heightened risk due to concussion during physical activity which includes physical education classes, playground time, or sports activities.*
- 3.2** *To address this increased risk of concussions and to prevent and identify the signs and symptoms of concussion, the Board is committed to increasing awareness for all students, staff, parents, volunteers, and health care practitioners to support the proper prevention and management of concussions.*

SCHOOL-COMMUNITY RELATIONS

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STUDENT CONCUSSION MANAGEMENT POLICY

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Appendix A to
Report No. 013-15

8074

3.3 *It is very important to students' long-term health and academic success that individuals in schools have information on appropriate strategies to minimize risk of concussion, steps to follow if they suspect that a student may have a concussion, and effective management procedures to guide students' return to learning and physical activity after a diagnosed concussion.*

3.4 *In accordance with Policy Program Memorandum (PPM) 158 (School Board Policies on Concussion), Lakehead District School Board will develop and implement concussion management strategies. These strategies must include: development of awareness, prevention, identification, training, and management procedures for a diagnosed concussion.*

4. Review

This policy shall be reviewed in accordance with Policy Development and Review Policy 2010.

<u>Cross Reference</u>	<u>Date Approved</u>	<u>Legal Reference</u>
<hr/>	<hr/>	<hr/>
<hr/>	<u>Date Revised</u>	<hr/>

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JANUARY 13, 2015 - DRAFT

**STUDENT CONCUSSION MANAGEMENT
PROCEDURES****8074****1. Policy Statement:**

It is the policy of the Lakehead District School Board to ensure the provision of minimized risk in elementary and secondary schools and to provide a safe environment that takes steps to reduce the risk of injury and promotes the overall well-being of students.

2. Purpose

The purpose of these procedures are:

- 2.1 To educate students, parents, and staff about concussions, signs and symptoms, and prevention.*
- 2.2 To improve supports for students suffering from concussions and to lessen the occurrence of second impact syndrome.*
- 2.3 To minimize long term health problems associated with untreated concussions (CTE: Chronic Traumatic Encephalopathy).*
- 2.4 The development of awareness, prevention, identification, training, and management procedures for a diagnosed concussion (including return to learn and return to play protocols).*

3. Definitions

- 3.1 Chronic Traumatic Encephalopathy (CTE) - A form of encephalopathy that is a progressive degenerative disease, which can currently only be definitively diagnosed postmortem, in individuals with a history of multiple concussions and other forms of head injury.*
- 3.2 Concussion - 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). It should also be noted that injuries that result from a concussion may lead to "second impact syndrome", which is a rare condition that causes rapid and severe brain swelling and often catastrophic results, if an individual suffers a second concussion before they are free from symptoms sustained from the first concussion.*
 - a concussion 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;*

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PROCEDURES****8074**

- *a concussion can occur even if there has been no loss of consciousness (in fact most concussions occur without a loss of consciousness); and/or*
- *a concussion 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.*

3.3 **Encephalopathy** - *Disorder or disease of the brain.*

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

3.5 **Return to Play** - *A six-step process to reintroduce students to activities and/or athletics after a concussion.*

3.6 **Second Impact Syndrome** - *a rare condition that causes rapid and severe brain swelling and often catastrophic results, if an individual suffers a second concussion before they are free from symptoms sustained from the first concussion.*

3.7 **Sign** - *Outward, objective evidence of illness, injury, or disease. i.e. loss of consciousness.*

3.8 **Symptom** - *Subjective and unseen symptoms can only be detected or sensed by the injured or ill party. i.e. headache.*

4. **Concussions**

4.1 *Children and adolescents are at the greatest risk for concussions and take longer to recover than adults. Traumatic brain injuries affect up to 2% of the population each year.*

4.2 *The risk of concussion is highest during activities with the potential for collisions:*

- *during physical education;*
- *during outdoor play; and/or*
- *during inter-school sports or intramurals.*

4.3 *Concussions can however occur any time a person's brain impacts with their skull, for example, when the head connects with a surface or object (i.e. desk, floor), with another student, or when the head moves rapidly back and forth.*

4.4 *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*

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PROCEDURES****8074**

confusion, and failed memory, among other symptoms. The brain may take days, weeks, or months to be restored to normal activity.

4.5 *Once an individual has had a concussion, they are 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.*

4.6 *Most concussions do not result in a loss of consciousness.*

4.7 *Proper recognition and response to a concussion can prevent further injury and help with recovery.*

5. Response to Suspected Concussion

The following are steps to take when a concussion is suspected:

5.1 *Observe student for signs of concussion (see Appendix A and B & Form 7).*

5.2 *Seek immediate emergency medical assistance if student exhibits one or more of the following signs of concussion:*

- *one pupil (the black part in the middle of the eye) is larger than the other;*
- *double vision;*
- *severe or increasing headache;*
- *complains of neck pain;*
- *feelings of weakness, numbness, or decreased coordination;*
- *vomiting or nausea;*
- *slurred speech;*
- *convulsions or seizures;*
- *difficulty recognizing people or places;*
- *increasing confusion, restlessness, or irritability;*
- *unusual behavior change;*
- *deteriorating conscious state;*
- *drowsiness is experienced or cannot be awakened; and/or*
- *loss of consciousness (even if brief).*

5.3 *When a head injury is suspected:*

- *administer first aid, following the basic principles of first aid (danger, response, airway, breathing, circulation);*
- *do not attempt to move the student (other than required for airway support) unless trained to do so;*
- *do not remove helmet (if present) unless trained to do so;*
- *do not administer medication;*

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**STUDENT CONCUSSION MANAGEMENT
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- *monitor student and be alert for symptoms that deteriorate or worsen over time;*
- *contact parent/guardian;*
- *it is recommended that in all cases of suspected concussion, the student is referred to a medical professional for diagnosis and guidance;*
- *if student is reporting signs of concussion and no qualified medical professional is available, then transport student by ambulance for urgent medical assessment; and*
- *provide Form 1 – ‘Documentation of Medical Examination Suspected Concussion’ to parent or guardian.*

6. Signs and Symptoms of Concussion

Signs and symptoms can appear immediately after the injury or may take hours or days to emerge. Signs and symptoms may be different for everyone. A student may be reluctant to report symptoms because of a fear that they will be removed from the activity, their status on a team or in a game could be jeopardized, or academics could be impacted. It may be difficult for a student to communicate how they are feeling.

7. Responsibilities**7.1 Principals or designates are responsible for:**

- 7.1.1** *Ensuring first aid is provided to a student experiencing a head injury;*
- 7.1.2** *Ensuring staff is aware of the signs and symptoms of concussions;*
- 7.1.3** *Enforcing the procedure that excludes concussed students from athletics, physical education, and learning until cleared by a physician;*
- 7.1.4** *Ensuring an appropriate Return to Learn Plan is developed and implemented to meet the student’s academic needs by:*
 - *appointing staff members to monitor and ensure adequate communication to meet student’s needs (including the communication of information to the appropriate staff members);*
 - *initiating the writing of an Individual Education Plan (IEP), if necessary, to support reasonable adjustments to student’s schedules;*
 - *consider the option of home instruction, in consultation with the Superintendent;*
 - *update medical information in Trillium; and*
 - *review student’s transportation plan and develop an Individual Student Transportation Plan (ISTP) if necessary to support learning, in consultation with the Superintendent.*

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PROCEDURES****8074**

7.1.5 *Communicating with parents/guardians and students about concussion awareness and their responsibilities regarding concussion management.*

7.2 *Teachers, Coaches and other Board staff are responsible for:*

- *following Response to Suspected Concussion (see Section 5 above);*
- *accommodating student learning needs; refer to IEP if one is developed;*
- *observing student for changes, including worsening signs, and notifying parents and Principal or designate of observed changes; and*
- *interacting with the student's parents/guardians to obtain and share information about progress and challenges, when possible.*

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

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

7.4 *Parents are responsible for:*

- *informing the school administration of concussions sustained by students on and off of school property;*
- *monitoring their child's progress through return to play and return to learn processes;*
- *interacting with school staff to obtain and share information about progress and challenges; and*
- *providing initial diagnosis/accommodations and final physician clearance to school for return to learn and play (see Appendix C & D & Form 1, 2, 3, and 4).*

7.5 *Students are responsible for sharing information about their progress with respect to ongoing or worsening symptoms of concussion.*

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**STUDENT CONCUSSION MANAGEMENT
PROCEDURES****8074****8. Return to Learn**

8.1 Concussion symptoms can create a variety of challenges to learning that can affect overall school performance (see Appendix C).

8.1.1 Cognitive symptoms may lead to difficulty with learning, including lack of attention and distractibility.

8.1.2 Physical symptoms such as headache, light and/or noise sensitivity may impair the effectiveness of learning.

8.1.3 Emotional control issues may lead to irritation, agitation, or feeling overwhelmed.

8.2 Identify the symptoms the student is experiencing. Try to identify specific factors that may worsen student's symptoms so steps can be taken to modify those factors (see Appendix C). Talk to the student about options, offer support and encouragement.

8.3 In consultation with the student's health care professionals, and as student's symptoms decrease, extra help or support can be decreased and/or removed gradually.

8.4 Graduated Return to Learn - Students should be symptom-free for 24 hours to move to the next stage. Symptom-free means NO lingering headaches, sensitivity to light/noise, foginess, drowsiness, etc. (see Appendix D).

	Recovery Stage	Accommodations	Objective of Stage
1.	Complete physical and cognitive rest until medical clearance	No school; Strict limits on technology usage; Rest.	Return to school with academic accommodations
2.	Return to school with academic accommodations	Continue technology limits; Avoid heavy backpacks; No tests, Physical Education, band, choir, shop/tech; Rest at home.	Continue 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 academics
4.	Full recovery to academics	Attend school full-time; Self-advocate in school; Resume normal activities; Resume sports following graduated Return to Play Protocol.	Full recovery

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9. Return to Play

With each stage, the student can continue to the next stage if asymptomatic at the current level. Each stage should take approximately 24 hours or more, so the full return to play should take no less than one week. If symptoms arise during the stages of the protocol, the student should move back to the last asymptomatic level and try to progress again after a 24 hour rest period (see Form 2).

	Rehabilitation Stage	Functional Exercise at each Stage	Objective of Stage
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	Running drills in soccer, basketball, volleyball, football; skating drills in hockey; no head impact activities.	Add movement
4.	Non-contact Training	Progression to more complex training drills; may start progressive resistance training.	Exercise, coordination, and cognitive load
5.	Full contact Practice	Following medical clearance, participate in normal training activities.	Restore confidence and assess functional skills by coaching staff
6.	Return to Play	Normal game play.	

10. Prevention Strategies

10.1 Regardless of the steps taken to reduce injuries, some students will continue to be injured. The severity of the injury can be mitigated by the following:

10.1.1 Education for coaches, staff, parents, and students to:

- **recognize the signs and symptoms of concussions;**
- **remove students from activity;**
- **refer students to a physician for baseline assessments; and**
- **increase awareness of concussion prevention.**

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10.1.2 *Wearing the proper protective equipment appropriate to the sport equipment should:*

- *fit properly;*
- *be well maintained and visually inspected prior to use; and*
- *be worn consistently and correctly.*

10.1.3 *Students should follow and teachers should enforce rules for safety, the rules of the sport, and fair play practices.*

10.1.4 *Educate stakeholders about how risks can be minimized.*

10.1.4.1 *Teach proper sport techniques and encourage physical preparedness in proper progression.*

10.1.4.2 *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.*

10.1.4.3 *Reduce impact that could lead to concussion.*

10.1.4.4 *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 play.*

10.1.4.5 *Teach that return to learn accommodations are equally important to concussion recovery.*

10.1.4.5 *Refer to Forms 5, 6, 7, and 8 for guidelines and information.*

11. Review

These procedures shall be reviewed in accordance with Policy Development and Review Policy 2010.

<u>Cross Reference</u>	<u>Date Received</u>	<u>Legal Reference</u>
<hr/>	<hr/>	<hr/>
<hr/>	<u>Date Revised</u>	<hr/>

Pocket CONCUSSION RECOGNITION TOOL™

To help identify concussion in children, youth and adults



RECOGNIZE & REMOVE

Concussion should be suspected **if one or more** of the following visible clues, signs, symptoms or errors in memory questions are present.

1. Visible clues of suspected concussion

Any one or more of the following visual clues can indicate a possible concussion:

- Loss of consciousness or responsiveness
- Lying motionless on ground/Slow to get up
- Unsteady on feet / Balance problems or falling over/Incoordination
- Grabbing/Clutching of head
- Dazed, blank or vacant look
- Confused/Not aware of plays or events

2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

- | | |
|--------------------------|----------------------------|
| - Loss of consciousness | - Headache |
| - Seizure or convulsion | - Dizziness |
| - Balance problems | - Confusion |
| - Nausea or vomiting | - Feeling slowed down |
| - Drowsiness | - "Pressure in head" |
| - More emotional | - Blurred vision |
| - Irritability | - Sensitivity to light |
| - Sadness | - Amnesia |
| - Fatigue or low energy | - Feeling like "in a fog" |
| - Nervous or anxious | - Neck Pain |
| - "Don't feel right" | - Sensitivity to noise |
| - Difficulty remembering | - Difficulty concentrating |

3. Memory function

Failure to answer any of these questions correctly may suggest a concussion.

"What venue are we at today?"

"Which half is it now?"

"Who scored last in this game?"

"What team did you play last week/game?"

"Did your team win the last game?"

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

RED FLAGS

If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

- Athlete complains of neck pain
- Increasing confusion or irritability
- Repeated vomiting
- Seizure or convulsion
- Weakness or tingling/burning in arms or legs
- Deteriorating conscious state
- Severe or increasing headache
- Unusual behaviour change
- Double vision

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to do so
- Do not remove helmet (if present) unless trained to do so.

from McCrory et. al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013

Common Signs and Symptoms of Concussion*

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

*Ontario Physical Education Safety Guidelines – Appendix C-1 Concussion Management Procedures: Return to Learn and Return to Physical Activity

Examples of Optional Help or Support for Students with Concussions

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, reduce 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 – i.e. 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 IEP where needed.

Behavioural/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 behaviour, 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 behaviour support plans.
- Set reasonable expectations.
- Arrange preferential seating, such as moving the student away from windows (ie 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 Student Medical Clearance following Suspected Concussion (FORM 7216-1).

RETURN TO LEARN PROTOCOL

Recovery Stage	Accommodations	Objective of Stage
Complete physical and cognitive rest until medical clearance	No school; Strict limits on technology usage; Rest.	Return to school with academic accommodations.
Return to school with academic accommodations	Continue technology limits; Avoid heavy backpacks; No tests, Physical Education, band, choir, shop/tech; Rest at home.	Continue academic accommodations.
Continue academic accommodations	Attend school full time if possible; Increase workload gradually; Monitor symptoms; Incorporate light aerobic activity; Rest at home.	Full recovery to academics.
Full recovery to academics	Attend school full time; Self-advocate in school; Resume normal activities; Resume sports following graduated Return to Play Protocol.	Full recovery.

RETURN TO PLAY PROTOCOL

Rehabilitation Stage	Functional Exercise at each Stage	Objective of Stage
No Activity	Complete physical and cognitive rest.	Recovery
Light Aerobic Exercise	Walking, swimming or stationary cycling; low intensity; no resistance training.	Increase heart rate
Sport-specific exercise	Running drills in soccer, basketball, volleyball, football; skating drills in hockey; no head impact activities.	Add movement
Non-contact Training	Progression to more complex training drills; may start progressive resistance training.	Exercise, coordination and cognitive load
Full contact Practice	Following medical clearance, participate in normal training activities.	Restore confidence and assess functional skills by coaching staff
Return to Play	Normal Game Play.	

Note: Students should be symptom free for 24 hours to progress to the next stage.

References

Concussion Web Portal, Government of Ontario, www.ontario.ca/concussion

Canadian Paediatric Society (CPS) position paper on concussion, 2014, www.cps.ca/en

Ontario Physical Education Safety Guidelines, managed by OPHEA (Ontario Physical and Health Education Association) <http://safety.ophea.net/>

Ontario School Boards' Insurance Exchange (OSBIE) incident reporting procedures and insurance audit conditions <http://osbie.on.ca/>

Parachute Canada <http://www.parachutecanada.org/>

Policy/Program Memorandum 158, School Board Policy on Concussion, Ministry of Education, March 19, 2014 <http://www.edu.gov.on.ca/extra/eng/ppm/158.pdf>

Policies and Procedures from the following: Consortium of Provincial School Boards, Grand Erie District School Board, District School Board of Niagara, District School Board Ontario North East, Simcoe County District School Board, and Upper Grand District School Board.



Documentation of Medical Examination
SUSPECTED CONCUSSION

_____ (athlete name) sustained a suspected concussion
on _____ (date).

As a result, this athlete must be seen by a medical doctor or nurse practitioner. Prior to returning to school, the parent/guardian must inform the school principal of the results of the medical examination by completing the following:

This form to be provided to all students suspected of having a concussion.

Results of Medical Examination

- ☐ My child/ward has been examined and no concussion has been diagnosed and therefore may resume full participation in learning and physical activity with no restrictions.
- ☐ My child/ward has been examined and a concussion has been diagnosed and therefore must begin a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan.

Parent/Guardian signature:

_____ Date: _____

Comments:



**Documentation for a Diagnosed Concussion
- Return to Learn/Return to Physical Activity Plan-**

This form is to be used by parents/guardians to communicate their child's progress through the plan and is to be used with "Concussion Management Procedures: Return to Learn and Return to Physical Activity".

The Return to Learn/Return to Physical Activity Plan is a combined approach. Step 2a - Return to Learn must be completed prior to the athlete returning to physical activity.

Each step must take a minimum of 24 hours

Note: Step 2b - Return to Learn and Step 2 - Return to Physical Activity occurs concurrently.

Step 1 - Return to Learn/Return to Physical Activity

- Completed at home.
- 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.

☐ My child/ward has completed Step 1 of the Return to Learn/Return to Physical Activity Plan (cognitive and physical rest at home) and his/her symptoms have shown improvement. My child/ward will proceed to Step 2a - Return to Learn.

☐ My child/ward has completed Step 1 of the Return to Learn/Return to Physical Activity Plan (cognitive and physical rest at home) and is symptom free. My child/ward will proceed directly to Step 2b - Return to Learn and Step 2 - Return to Physical Activity.

Parent/Guardian signature: _____ Date: _____

Comments:

If at any time during the following steps symptoms return, please refer to the “Return of Symptoms” section on page 4 of this form.

Step 2a - Return to Learn

- Athlete returns to school.
- Requires individualized classroom strategies and/or approaches which gradually increase cognitive activity.
- Physical rest- includes restricting recreational/leisure and competitive physical activities.

☐ My child/ward has been receiving individualized classroom strategies and/or approaches and is symptom free. My child will proceed to Step 2b - Return to Learn and Step 2 - Return to Physical Activity.

Parent/Guardian signature: _____ Date: _____

Comments:

Step 2b - Return to Learn

- Athlete returns to regular learning activities at school.

Step 2 - Return to Physical Activity

- Athlete can participate in individual light aerobic physical activity only.
- Athlete continues with regular learning activities.

☐ My child/ward is symptom free after participating in light aerobic physical activity. My child/ward will proceed to Step 3 - Return to Physical Activity.

☐ This form will be returned to the teacher to record progress through Steps 3 and 4.

Parent/Guardian signature: _____ Date: _____

Comments:

Step 3 - Return to Physical Activity

- Athlete may begin individual sport-specific physical activity only.

Step 4 - Return to Physical Activity

- Athlete may begin activities where there is no body contact (e.g., dance, badminton); light resistance/weight training; non-contact practice; and non-contact sport-specific drills.

- ☐ Athlete has successfully completed Steps 3 and 4 and is symptom free.
- ☐ Appendix G4 will be returned to parent/guardian to obtain medical doctor/nurse practitioner diagnosis and signature.

Teacher/coach signature: _____

Medical Examination

- ☐ I, _____ (medical doctor/nurse practitioner name) have examined _____ (athlete name) and confirm he/she continues to be symptom free and is able to return to regular physical education class/intramural activities/interschool activities in non-contact sports and full training/practices for contact sports.

Medical Doctor/Nurse Practitioner Signature: _____

Date: _____

Comments:

Step 5 - Return to Physical Activity

- Athlete may resume regular physical education/intramural activities/interschool activities in non-contact sports and full training/practices for contact sports.

Step 6 - Return to Physical Activity

- Athlete may resume full participation in contact sports with no restrictions.

Return of Symptoms

- ☐ My child/ward has experienced a return of concussion signs and/or symptoms and has been examined by a medical doctor/nurse practitioner, who has advised a return to:
Step _____ of the Return to Learn/Return to Physical Activity Plan

Parent/Guardian signature: _____ Date: _____

Comments:



**Documentation of Medical Examination
SUSPECTED CONCUSSION**

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

As a result, this student must be seen by a medical doctor or nurse practitioner. Prior to returning to school, the parent/guardian must inform the school principal of the results of the medical examination by completing the following:

This form to be provided to all students suspected of having a concussion.

Results of Medical Examination

- ☐ My child/ward has been examined and no concussion has been diagnosed and therefore may resume full participation in learning and physical activity with no restrictions.
- ☐ My child/ward has been examined and a concussion has been diagnosed and therefore must begin a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan.

Parent/Guardian signature:

_____ Date: _____

Comments:



Documentation for a Diagnosed Concussion
- Return to Learn/Return to Physical Activity Plan-

This form is to be used by parents/guardians to communicate their child's progress through the plan and is to be used with "Concussion Management Procedures: Return to Learn and Return to Physical Activity".

The Return to Learn/Return to Physical Activity Plan is a combined approach.

Step 2a - Return to Learn must be completed prior to the student returning to physical activity.

Each step must take a minimum of 24 hours

Note: Step 2b - Return to Learn and Step 2 - Return to Physical Activity occurs concurrently.

Step 1 - Return to Learn/Return to Physical Activity

- Completed at home.
 - 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.
- ☐ My child/ward has completed Step 1 of the Return to Learn/Return to Physical Activity Plan (cognitive and physical rest at home) and his/her symptoms have shown improvement. My child/ward will proceed to Step 2a - Return to Learn.
- ☐ My child/ward has completed Step 1 of the Return to Learn/Return to Physical Activity Plan (cognitive and physical rest at home) and is symptom free. My child/ward will proceed directly to Step 2b - Return to Learn and Step 2 - Return to Physical Activity.

Parent/Guardian signature: _____ Date: _____

Comments:

If at any time during the following steps symptoms return, please refer to the "Return of Symptoms" section on page 4 of this form.

Step 2a - Return to Learn

- Student returns to school.
 - Requires individualized classroom strategies and/or approaches which gradually increase cognitive activity.
 - Physical rest- includes restricting recreational/leisure and competitive physical activities.
- ☐ My child/ward has been receiving individualized classroom strategies and/or approaches and is symptom free. My child will proceed to Step 2b - Return to Learn and Step 2 - Return to Physical Activity.

Parent/Guardian signature: _____ Date: _____

Comments:

Step 2b - Return to Learn

- Student returns to regular learning activities at school.

Step 2 - Return to Physical Activity

- Student can participate in individual light aerobic physical activity only.
 - Student continues with regular learning activities.
- ☐ My child/ward is symptom free after participating in light aerobic physical activity. My child/ward will proceed to Step 3 - Return to Physical Activity.
- ☐ This form will be returned to the teacher to record progress through Steps 3 and 4.

Parent/Guardian signature: _____ Date: _____

Comments:

Step 3 - Return to Physical Activity

- Student may begin individual sport-specific physical activity only.

Step 4 - Return to Physical Activity

- Student may begin activities where there is no body contact (e.g., dance, badminton); light resistance/weight training; non-contact practice; and non-contact sport-specific drills.

- ☐ Student has successfully completed Steps 3 and 4 and is symptom free.
- ☐ Appendix G4 will be returned to parent/guardian to obtain medical doctor/nurse practitioner diagnosis and signature.

Teacher/coach signature: _____

Medical Examination

- ☐ I, _____ (medical doctor/nurse practitioner name) have examined _____ (student name) and confirm he/she continues to be symptom free and is able to return to regular physical education class/intramural activities/interschool activities in non-contact sports and full training/practices for contact sports.

Medical Doctor/Nurse Practitioner Signature: _____

Date: _____

Comments:

Step 5 - Return to Physical Activity

- Student may resume regular physical education/intramural activities/interschool activities in non-contact sports and full training/practices for contact sports.

Step 6 - Return to Physical Activity

- Student may resume full participation in contact sports with no restrictions.

Return of Symptoms

- ☐ My child/ward has experienced a return of concussion signs and/or symptoms and has been examined by a medical doctor/nurse practitioner, who has advised a return to:

Step _____ of the Return to Learn/Return to Physical Activity Plan

Parent/Guardian signature: _____ Date: _____

Comments:

RETURN TO PLAY GUIDELINES

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A concussion is a serious event, but you can recover fully from such an injury if the brain is given enough time to rest and recuperate. Returning to normal activities, including sport participation, is a step-wise process that requires patience, attention, and caution.

STEP 1: NO ACTIVITY, ONLY COMPLETE REST.

Limit school, work and tasks requiring concentration. Refrain from physical activity until symptoms are gone. Once symptoms are gone, a physician, preferably one with experience managing concussions, should be consulted before beginning a step wise return to play process.

STEP 2: LIGHT AEROBIC EXERCISE.

Activities such as walking or stationary cycling. The player should be supervised by someone who can help monitor for symptoms and signs. No resistance training or weight lifting. The duration and intensity of the aerobic exercise can be gradually increased over time if no symptoms or signs return during the exercise or the next day.

SYMPTOMS? Return to rest until symptoms have resolved.

If symptoms persist, consult a physician.

NO SYMPTOMS? Proceed to **Step 3** the next day.

STEP 3: SPORT SPECIFIC ACTIVITIES.

Activities such as skating or throwing can begin at step 3. There should be no body contact or other jarring motions such as high speed stops or hitting a baseball with a bat.

SYMPTOMS? Return to rest until symptoms have resolved.

If symptoms persist, consult a physician.

NO SYMPTOMS? Proceed to **Step 4** the next day.

STEP 4: BEGIN DRILLS WITHOUT BODY CONTACT.

SYMPTOMS? Return to rest until symptoms have resolved.

If symptoms persist, consult a physician.

NO SYMPTOMS? The time needed to progress from non-contact exercise will vary with the severity of the concussion and with the player. **Proceed to Step 5 only after medical clearance.**

STEP 5: BEGIN DRILLS WITH BODY CONTACT.

SYMPTOMS? Return to rest until symptoms have resolved.

If symptoms persist, consult a physician.

NO SYMPTOMS? Proceed to **Step 6** the next day.

STEP 6: GAME PLAY.

RETURN TO PLAY GUIDELINES

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NEVER RETURN TO PLAY IF YOU STILL HAVE SYMPTOMS!

A player who returns to active play before full recovery from the first concussion is at high risk of sustaining another concussion, with symptoms that may be increased and prolonged.

HOW LONG DOES THIS PROCESS TAKE?

These steps do not correspond to days! It may take many days to progress through one step, especially if the concussion is severe. As soon as symptoms appear, the player should return to rest until symptoms have resolved and wait at least one more day before attempting any activity. The only way to heal a brain is to rest it.

HOW DO I FIND THE RIGHT DOCTOR?

When dealing with concussions, it is important to see a doctor who is knowledgeable in concussion management. This might include your physician or someone such as a sports medicine specialist. Your family doctor maybe required to submit a referral to see a specialist. Contact the Canadian Academy of Sport and Exercise Medicine (CASEM) to find a sports medical physician in your area. Visit www.casm-acms.org for more information. You can also refer your doctor to www.parachutecanada.org/activeandsafe for more information.

WHO DO THESE GUIDELINES APPLY TO?

These guidelines were developed for children over the age of 10; those younger may require special guidelines, and more conservative treatment and care. Return to Play Guidelines should be at the discretion of the physician.

WHAT IF MY SYMPTOMS RETURN DURING THIS PROCESS?

Sometimes these steps can cause symptoms of a concussion to return. This means that the brain has not yet healed, and needs more rest. If any signs or symptoms return during the Return To Play process, they should stop the activity and rest until symptoms have resolved. The player must be re-evaluated by a physician before trying any activity again. Remember, symptoms may return later that day or the next, not necessarily during the activity!

CONCUSSION GUIDELINES FOR THE ATHLETE



WHAT IS A CONCUSSION?

A concussion is a brain injury that cannot be seen on routine x-rays, CT scans, or MRIs. It affects the way a person may think and remember things for a short time, and can cause a variety of symptoms.

WHAT ARE THE SYMPTOMS AND SIGNS OF CONCUSSION?

**YOU DON'T NEED TO BE KNOCKED OUT
(LOSE CONSCIOUSNESS) TO HAVE HAD A CONCUSSION.**

THINKING PROBLEMS	ATHLETE'S COMPLAINTS	OTHER PROBLEMS
<ul style="list-style-type: none"> Does not know time, date, place, period of game, opposing team, score of game General confusion Cannot remember things that happened before and after the injury Knocked out 	<ul style="list-style-type: none"> Headache Dizziness Feels dazed Feels "dinged" or stunned; "having my bell rung" Sees stars, flashing lights Ringing in the ears Sleepiness Loss of vision Sees double or blurry Stomachache, stomach pain, nausea 	<ul style="list-style-type: none"> Poor coordination or balance Blank stare/glassy eyed Vomiting Slurred speech Slow to answer questions or follow directions Easily distracted Poor concentration Strange or inappropriate emotions (ie. laughing, crying, getting mad easily) Not playing as well

WHAT CAUSES A CONCUSSION?

Any blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion (ie. a ball to the head, being checked into the boards in hockey).

WHAT SHOULD YOU DO IF YOU GET A CONCUSSION?

YOU SHOULD STOP PLAYING THE SPORT RIGHT AWAY. Continuing to play increases your risk of more severe, longer lasting concussion symptoms, as well as increases your risk of other injury. You should tell your coach, trainer, parent or other responsible person that you are concerned you have had a concussion, and should not return to play that day. You should not be left alone and should be seen by a doctor as soon as possible that day. You should not drive. If someone is knocked out, call an ambulance to take them to a hospital immediately. Do not move them or remove athletic equipment such as a helmet until the paramedics arrive.

HOW LONG WILL IT TAKE TO GET BETTER?

The signs and symptoms of a concussion often last for 7-10 days but may last much longer. In some cases, athletes may take many weeks or months to heal. Having had previous concussions may increase the chance that a person may take longer to heal.

CONCUSSION GUIDELINES FOR THE ATHLETE

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HOW IS A CONCUSSION TREATED?

CONCUSSION SYMPTOMS ARE MADE WORSE BY EXERTION, BOTH PHYSICAL AND MENTAL.

THE MOST IMPORTANT TREATMENT FOR A

CONCUSSION IS REST. You should not exercise or do any activities that may make you worse, like driving a car, reading, working on the computer or playing video games. No snow shoveling, cutting the lawn, moving heavy objects, etc. If mental activities (eg: reading, concentrating, using the computer) worsen your symptoms, you may have to stay home from school. You may also have to miss work, depending on what type of job you have, and whether it worsens your symptoms. If you go back to activities before you are completely better, you are more likely to get worse, and to have symptoms last longer. Even though it is very hard for an active person to rest, this is the most important step.

Return to school should not happen until you feel better, and these activities do not aggravate your symptoms. It is best to return to school part-time at first, moving to full time if you have no problems. Once you are completely better at rest, you can start a step-wise increase in activities (see "When can I return to sport?") It is important that you are seen by a doctor before you begin the steps needed to return to activity, to make sure you are completely better. If possible, you should be seen by a doctor with experience in treating concussions.

WHEN SHOULD I GO TO THE DOCTOR?

Anyone who gets a head injury should be seen by a doctor as soon as possible. You should go back to the doctor IMMEDIATELY if, after being told you have a concussion, you have worsening of symptoms like:

1. being more confused
2. headache that is getting worse
3. vomiting more than twice
4. not waking up
5. having any trouble walking
6. having a seizure
7. strange behaviour

WHEN CAN I RETURN TO SPORT?

It is very important that you do not go back to sports if you have any concussion symptoms or signs. Return to sport and activity must follow a step-wise approach:

- STEP 1)** No activity, complete rest. Once back to normal and cleared by a doctor, go to step 2.
- STEP 2)** Light exercise such as walking or stationary cycling, for 10-15 minutes.
- STEP 3)** Sport specific aerobic activity (ie. skating in hockey, running in soccer), for 20-30 minutes. **NO CONTACT.**
- STEP 4)** "On field" practice such as ball drills, shooting drills, and other activities with **NO CONTACT** (ie. no checking, no heading the ball, etc.).
- STEP 5)** "On field" practice with body contact, once cleared by a doctor.
- STEP 6)** Game play.

NOTE: EACH STEP MUST TAKE A MINIMUM OF ONE DAY. If you have any symptoms of a concussion (e.g. headache, feeling sick to his/her stomach) that come back either with activity, or later that day, stop the activity immediately and rest until symptoms resolve, for a minimum of 24 hours. See a doctor and be cleared before starting the step wise protocol again.

YOU SHOULD NOT GO BACK TO SPORT UNTIL YOU HAVE BEEN CLEARED TO DO SO BY A DOCTOR.

CONCUSSION GUIDELINES FOR THE COACH/TRAINER



WHAT IS A CONCUSSION?

A concussion is a brain injury that cannot be seen on routine x-rays, CT scans, or MRIs. It affects the way a person may think and remember things for a short time and can cause a variety of symptoms.

WHAT ARE THE SYMPTOMS AND SIGNS OF CONCUSSION?

AN ATHLETE DOES NOT NEED TO BE KNOCKED OUT (LOSE CONSCIOUSNESS) TO HAVE HAD A CONCUSSION.

THINKING PROBLEMS	ATHLETE'S COMPLAINTS	OTHER PROBLEMS
<ul style="list-style-type: none"> Does not know time, date, place, period of game, opposing team, score of game General confusion Cannot remember things that happened before and after the injury Knocked out 	<ul style="list-style-type: none"> Headache Dizziness Feels dazed Feels "dinged" or stunned; "having my bell rung" Sees stars, flashing lights Ringing in the ears Sleepiness Loss of vision Sees double or blurry Stomachache, stomach pain, nausea 	<ul style="list-style-type: none"> Poor coordination or balance Blank stare/glassy eyed Vomiting Slurred speech Slow to answer questions or follow directions Easily distracted Poor concentration Strange or inappropriate emotions (ie. laughing, crying, getting mad easily) Not playing as well

WHAT CAUSES A CONCUSSION?

Any blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion (ie. a ball to the head, being checked into the boards in hockey).

WHAT SHOULD YOU DO IF AN ATHLETE GETS A CONCUSSION?

THE ATHLETE SHOULD STOP PLAYING THE SPORT RIGHT AWAY. They should not be left alone and should be seen by a doctor as soon as possible that day. If an athlete is knocked out, call an ambulance to take them to a hospital immediately. Do not move the athlete or remove athletic equipment like a helmet as there may also be a cervical spine injury; wait for paramedics to arrive.

AN ATHLETE WITH A CONCUSSION SHOULD NOT GO BACK TO PLAY THAT DAY, EVEN IF THEY SAY THEY ARE FEELING BETTER. Problems caused by a head injury can get worse later that day or night. They should not return to sports until he/she has been seen by a doctor.

HOW LONG WILL IT TAKE FOR THE ATHLETE TO GET BETTER?

The signs and symptoms of a concussion often last for 7-10 days but may last much longer. In some cases, athletes may take many weeks or months to heal. Having had previous concussions may increase the chance that a person may take longer to heal.

CONCUSSION GUIDELINES FOR THE COACH/TRAINER



HOW IS A CONCUSSION TREATED?

IT IS VERY IMPORTANT THAT AN ATHLETE DOES NOT GO BACK TO SPORTS IF THEY HAVE ANY CONCUSSION SYMPTOMS OR SIGNS.

Return to sport and activity must follow a step-wise approach:

- STEP 1)** No activity, complete rest. Once back to normal and cleared by a doctor, go to step 2.
- STEP 2)** Light exercise such as walking or stationary cycling, for 10-15 minutes.
- STEP 3)** Sport specific aerobic activity (ie. skating in hockey, running in soccer), for 20-30 minutes. NO CONTACT.
- STEP 4)** “On field” practice such as ball drills, shooting drills, and other activities with NO CONTACT (ie. no checking, no heading the ball, etc.).
- STEP 5)** “On field” practice with body contact, once cleared by a doctor.
- STEP 6)** Game play.

NOTE: EACH STEP MUST TAKE A MINIMUM OF ONE DAY. If an athlete has any symptoms of a concussion (e.g. headache, feeling sick to his/her stomach) that come back either with activity, or later that day, he/she should stop the activity immediately and rest until symptoms resolve, for a minimum of 24 hours. The athlete should be seen by a doctor and cleared before starting the step wise protocol again. This protocol must be individualized to the athlete, their injury and the sport they are returning to.

WHEN CAN AN ATHLETE WITH A CONCUSSION RETURN TO SPORT?

It is very important that an athlete not play any sports if they have any signs or symptoms of concussion. The athlete must rest until he/she is completely back to normal. When he/she is back to normal and has been seen by a doctor, he/she can then go through the steps of increasing activity described above. When the athlete has progressed through these steps with no symptoms or problems, and has received clearance from a doctor, he/she may return to play. If you are unsure if an athlete should play, remember...**when in doubt, sit them out!**

CONCUSSION GUIDELINES FOR THE PARENTS/CAREGIVERS



WHAT IS A CONCUSSION?

A concussion is a brain injury that cannot be seen on routine x-rays, CT scans, or MRIs. It affects the way your child may think and remember things, and can cause a variety of symptoms.

WHAT ARE THE SYMPTOMS AND SIGNS OF CONCUSSION?

YOUR CHILD DOES NOT NEED TO BE KNOCKED OUT (LOSE CONSCIOUSNESS) TO HAVE HAD A CONCUSSION.

THINKING PROBLEMS	CHILD'S COMPLAINTS	OTHER PROBLEMS
<ul style="list-style-type: none"> Does not know time, date, place, period of game, opposing team, score of game General confusion Cannot remember things that happened before and after the injury Knocked out 	<ul style="list-style-type: none"> Headache Dizziness Feels dazed Feels "dinged" or stunned; "having my bell rung" Sees stars, flashing lights Ringing in the ears Sleepiness Loss of vision Sees double or blurry Stomachache, stomach pain, nausea 	<ul style="list-style-type: none"> Poor coordination or balance Blank stare/glassy eyed Vomiting Slurred speech Slow to answer questions or follow directions Easily distracted Poor concentration Strange or inappropriate emotions (ie. laughing, crying, getting mad easily) Not playing as well

WHAT CAUSES A CONCUSSION?

Any blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion (ie. a ball to the head, being checked into the boards in hockey).

WHAT SHOULD YOU DO IF YOUR CHILD GETS A CONCUSSION?

YOUR CHILD SHOULD STOP PLAYING THE SPORT RIGHT AWAY. They should not be left alone and should be seen by a doctor as soon as possible that day. If your child is knocked out, call an ambulance to take him/her to a hospital immediately. Do not move your child or remove any equipment such as helmets until the paramedics arrive.

HOW LONG WILL IT TAKE FOR MY CHILD TO GET BETTER?

The signs and symptoms of a concussion often last for 7-10 days but may last much longer. In some cases, athletes may take many weeks or months to heal. Having had previous concussions may increase the chance that a person may take longer to heal.

HOW IS A CONCUSSION TREATED?

THE MOST IMPORTANT TREATMENT FOR A CONCUSSION IS REST.

The child should not exercise, go to school or do any activities that may make them worse, like riding a bike, play wrestling, reading, working on the computer or playing video games. If your child goes back to activities before they are completely better, they are more likely to get worse, and to have symptoms longer. Even though it is very hard for an active child to rest, this is the most important step.

CONCUSSION GUIDELINES FOR THE PARENTS/CAREGIVERS

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Once your child is completely better at rest (all symptoms have resolved), they can start a step-wise increase in activities. It is important that your child is seen by a doctor before he/she begins the steps needed to return to activity, to make sure he/she is completely better. If possible, your child should be seen by a doctor with experience in treating concussions.

WHEN CAN MY CHILD RETURN TO SCHOOL?

Sometimes children who have a concussion may find it hard to concentrate in school and may get a worse headache or feel sick to their stomach if they are in school. Children should stay home from school if their symptoms get worse while they are in class. Once they feel better, they can try going back to school part time to start (eg. for half days initially) and if they are okay with that, then they can go back full time.

WHEN CAN MY CHILD RETURN TO SPORT?

IT IS VERY IMPORTANT THAT YOUR CHILD NOT GO BACK TO SPORTS IF HE/SHE HAS ANY CONCUSSION SYMPTOMS OR SIGNS. Return to sport and activity must follow a step-wise approach:

STEP 1) No activity, complete rest. Once back to normal and cleared by a doctor, go to step 2.

STEP 2) Light exercise such as walking or stationary cycling, for 10-15 minutes.

STEP 3) Sport specific aerobic activity (ie. skating in hockey, running in soccer), for 20-30 minutes. **NO CONTACT.**

STEP 4) “On field” practice such as ball drills, shooting drills, and other activities with **NO CONTACT** (ie. no checking, no heading the ball, etc.).

STEP 5) “On field” practice with body contact, once cleared by a doctor.

STEP 6) Game play.

NOTE: **EACH STEP MUST TAKE A MINIMUM OF ONE DAY.** If your child has any symptoms of a concussion (e.g. headache, feeling sick to his/her stomach) that come back either during activity, or later that day, your child should stop the activity immediately and rest until symptoms resolve, for a minimum of 24 hours. Your child should be seen by a doctor and cleared again before starting the step wise protocol again.

WHEN SHOULD I TAKE MY CHILD TO THE DOCTOR?

Every child who gets a head injury should be seen by a doctor as soon as possible. Your child should go back to the doctor **IMMEDIATELY** if, after being told he/she has a concussion, he/she has worsening of symptoms such as:

- | | |
|-----------------------------------|-------------------------------|
| 1. being more confused | 5. not waking up |
| 2. headache that is getting worse | 6. having any trouble walking |
| 3. vomiting more than twice | 7. having a seizure |
| 4. strange behaviour | |

Problems caused by a head injury can get worse later that day or night. The child should not be left alone and should be checked throughout the night. If you have any concerns about the child's breathing or how they are sleeping, wake them up. Otherwise, let them sleep. If they seem to be getting worse, you should see your doctor immediately. **NO CHILD SHOULD GO BACK TO SPORT UNTIL THEY HAVE BEEN CLEARED TO DO SO BY A DOCTOR.**

LAKEHEAD PUBLIC SCHOOLS
OFFICE OF THE DIRECTOR OF EDUCATION

2015 JAN 13
Report No. 008-15

TO THE CHAIR AND MEMBERS OF
STANDING COMMITTEE – Public Session

RE: APPOINTMENT TO THE THUNDER BAY PUBLIC LIBRARY BOARD

1. Background

1.1 In October 2014, an advertisement was placed via email to Principals and Vice Principals and on the Board's website inviting applications for a four-year term on the Thunder Bay Public Library Board. Lakehead District School Board can appoint one representative to serve on the Library Board.

1.2 The deadline for applications was November 24, 2014.

2. Situation

Correspondence will be sent to the Thunder Bay Public Library advising of the Lakehead District School Board appointee to its Board. A copy of the letter will be sent to the City of Thunder Bay for the City Clerk's information.

RECOMMENDATION

It is recommended that Lakehead District School Board appoint Pat Johansen as its representative on the Thunder Bay Public Library Board for a four-year term ending November 30, 2018.

Respectfully submitted,

IAN MACRAE
Director of Education