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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, tracking and management procedures for a diagnosed concussion (including return to learn and return to play planning).

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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- A concussion can occur even if there has been no loss of consciousness (in fact most concussions occur without a loss of consciousness).
- 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 Awareness

4.1 Research indicates that a concussion can have a significant impact on a student's cognitive and physical abilities and shows that activities that require concentration can cause a student's concussion symptoms to reappear or worsen.

4.2 It is important to develop strategies to assist students as they "return to school" (Appendix A) in the classroom, as it is to develop strategies to assist them as they "return to physical activity".

4.3 The most recent research now indicates that prolonged rest until all symptoms resolve is no longer recommended.

4.4 Without addressing identification and proper management, a concussion can result in permanent brain damage and, in rare occasions, even death.

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- 4.5 Once an individual has had a concussion, they are at increased risk for another concussion. Research suggests that a student who suffers a second concussion before they are symptom free from the first concussion is susceptible to a prolonged period of recovery, and possibly Second Impact Syndrome (a rare condition that causes rapid and severe brain swelling and often catastrophic results).
- 4.6 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.
- 4.7 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.
- 4.8 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.
- 4.9 Concussions are serious because of the impact damage (primary injury) but also due to the secondary injuries that can develop after the impact. These include hemorrhage, cerebral swelling, decreased circulation, increased fatigue, mental confusion and failed memory, among other symptoms. The brain may take days, weeks or months to be restored to normal activity.
- 4.10 Due to the seriousness of a concussion, school administrators, educators (including occasional teachers), school staff, students, parents/guardians and identified school volunteers all have important roles to play in implementing the Board's concussion protocols, that is prevention, identification, and ongoing monitoring and management of a student with a concussion.
- 4.11 Most concussions do not result in a loss of consciousness.
- 4.12 Proper recognition and response to a concussion can prevent further injury and help with recovery.

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5. Concussion Awareness Strategies

- 5.1 To establish consistency of concussion awareness across the province, the government of Ontario has developed a set of Concussion Awareness Resources. These resources were developed by leading experts in injury prevention and are available on the government’s concussion website (see references). The use of these resources will ensure that the information students receive regarding concussions at school is consistent with the information they receive from sport organizations.
- 5.2 Confirmation (via use of the Safe School Training Program), from each of the following individuals, that an approved Concussion Awareness Resource was reviewed every school year prior to participation in Board-sponsored interschool sports will occur (an approved Concussion Awareness Resource is one made available on the Ontario government’s concussion website. It may also refer to resources that have been approved by the Lakehead District School Board, that are consistent with the government’s Concussion Awareness Resources):
- students participating in Board-sponsored interschool sports;
 - parents of students under 18 years of age who are participating in Board-sponsored interschool sports;
 - coaches participating in Board-sponsored interschool sports team (a coach includes any type of coach, including a head coach or assistant coach);
 - trainers participating in Board-sponsored interschool sports (a team trainer is an individual who is assigned by a school board to respond to athlete injuries. Students who are acting as team trainers under the supervision of a coach or teacher are not included in this definition);
 - officials participating in Board-sponsored interschool sports (an official includes an umpire, a referee or a judge, but only if the official presides over the field of play. Students who are acting as officials under the supervision of a coach or teacher are not included in this definition).
- 5.3 Concussion Awareness Resources will be made available – for example, through letters or emails, in a student handbook, and/or on the Board’s website – to students; parents; school and Board staff; volunteers; Indigenous communities, partners, and organizations; organizations that use school facilities such as community sport organizations and licensed child-care providers operating in the Board’s schools; as well as relevant community-based organizations, as appropriate.
- 5.4 Provisions for connecting student learning about concussions with the curriculum, will occur, where relevant. Also, to further support awareness among students, an annual concussion awareness event for students will be held on or around Rowan’s Law Day, which occurs on the last Wednesday in September.

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6. Concussion Awareness Training

6.1 Annual concussion training for relevant school staff about the policy itself and the content of the approved Concussion Awareness Resources will occur. The training will occur by the last Wednesday in September, Rowan’s Law Day, every school year. New Board staff will complete training as part of the new hire orientation. Training is available through the Safe School Training Program that is mandatory for all relevant school staff.

7. Concussion Prevention Strategies

Anytime a student is involved in physical activity, there is a chance of sustaining a concussion. Therefore, it is important to encourage a culture of safety mindedness and take a preventative approach when students are physically active. Concussion prevention is important. Evidence indicates that education about concussion leads to a reduction in the incidence of concussion and improved outcomes from concussion strategies, as appropriate, will be implemented for preventing and minimizing the risk of sustaining concussions at school.

7.1 Concussion Codes of Conduct

7.1.1 Concussion Codes of Conduct (Appendix B) are established for several groups participating in Board-sponsored interschool sports – students and parents of students under 18 years of age, as well as coaches and team trainers. A review of the Concussion Codes of Conduct will occur whenever the concussion policy is reviewed or updated, at a minimum.

7.1.2 The Concussion Codes of Conduct include the following requirements, and depending on their roles and responsibilities, individuals involved in Board-sponsored interschool sports must commit to the relevant requirements below:

- maintaining a safe learning environment;
- teaching and/or learning and applying the rules of a physical activity/sport;
- implementing the skills and strategies for a physical activity in a proper progression;
- fair play and respect for all;
- acknowledging and respecting the consequences for prohibited play that is considered high-risk for causing concussions;
- providing opportunities to discuss potential issues related to concussions recognizing and reporting concussions;
- acknowledging the importance of communication between the student, parents, school staff and any sport organization with which the student is registered;

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- supporting the implementation of a Return to School Plan for students who have a concussion diagnosis; and
- prioritizing a student’s return to learning as part of the Return to School Plan.

7.1.3 Refer to Appendix B for Concussion Codes of Conduct templates, that are specific to the roles and responsibilities of the individuals involved in Board-sponsored interschool sports.

7.1.4 Every school year, confirmation will occur from each of the following individuals, that the relevant Concussion Code of Conduct was reviewed prior to participation in Board-sponsored interschool sports:

- students participating in Board-sponsored interschool sports;
- parents of students under 18 years of age who are participating in Board-sponsored interschool sports;
- coaches participating in Board-sponsored interschool sports team; and
- trainers participating in Board-sponsored interschool sports.

7.1.5 The Concussion Codes of Conduct will be made available – for example, through letters or emails, in a student handbook, and/or on the Board’s website – to students; parents; school and Board staff; volunteers; Indigenous communities, partners and organizations; organizations that use school facilities such as community sport organizations and licensed childcare providers operating in the Board’s schools; as well as relevant community-based organizations, as appropriate.

7.2 Other Preventative Considerations

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

- recognize the signs and symptoms of concussions;
- remove injured students from activity;
- increase awareness of concussion prevention;
- teach proper sport techniques and encourage physical preparedness in proper progression;
- document safety lessons (date, time, brief content, and list of students in attendance) so that absent students can be taught safety skills prior to the next activity session;
- reduce impact that could lead to concussion;
- teach students that it is not smart or a “badge of honour” to continue playing with a head injury. Avoid telling injured players they are fine and discourage others from pressuring the student to continue play;

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- teach that return to learn accommodations are equally important to concussion recovery; and
- refer to Appendix C for guidelines and information.

7.2.2 Ensuring the proper protective equipment is worn that is appropriate to the sport and that it:

- fits properly;
- is well maintained and visually inspected prior to use; and
- is worn consistently and correctly.

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

7.3 Further strategies, as appropriate, will be identified and developed for preventing and minimizing the risk of sustaining concussions at school.

8. Identification of a Suspected Concussion

Refer to the Concussion Signs and Symptoms (Appendix D) and the Tool to Identify a Suspected Concussion (Appendix E) created by OPHEA. These forms should be readily available in print copy for all teachers, coaches and staff to access when there is a suspected concussion.

8.1 Stakeholders identified by the Board/school (for example, school administrators, teachers, coaches, school first aiders) who have been trained to identify signs and symptoms of a suspected concussion are responsible for the identification and reporting of students who demonstrate observable signs of a head injury or who report concussion symptoms and to put the following process in place when there is a suspected concussion:

- immediately and safely remove a student who is suspected of having sustained a concussion from an activity, regardless of whether the concussion was sustained or is suspected to have been sustained at school or elsewhere;
- refer to Concussion Signs and Symptoms (Appendix D);
- complete the Tool to Identify a Suspected Concussion (Appendix E) on paper;
- call emergency medical services if a student has any “red flag” signs and/or symptoms (Appendix D, E);
- inform the student and the student’s parents, if the student is under 18 years of age, that removal from the activity was necessary due to a suspected concussion;
- advise the student who is suspected of having sustained a concussion and the student’s parents, if the student is under 18 years of age, that the student should undergo a medical assessment by a physician or nurse practitioner;

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- send the form, Tool to Identify a Suspected Concussion (Appendix E), filled out by the staff member or coach, with the student and the student’s parents, if the student is under 18, to the medical assessment;
- the student and the student’s parents, if the student is under 18, will be provided with Concussion Assessment and Diagnosis/Return to Physical Activity Form (Appendix F) to be completed by a medical practitioner and return the first page to the school; and
- refer the student and the student’s parents, if the student is under 18, to the following website: <https://safety.ophea.net/concussions> which provides information about the Board’s process for supporting a student with a suspected concussion, and the Board’s Return to School plan (Appendix A).

In some instances, the stakeholder may not observe any signs, or have any symptoms reported, but because of the nature of the impact, will suspect a concussion. This suspected concussion/concussion event must be reported for 24-hour monitoring.

8.1.1 Please note:

- signs and/or 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 younger students (under the age of 10), students with special needs, or students for whom English/French is not their first language to communicate how they are feeling; and
- signs for younger students (under the age of 10) may not be as obvious as in older students.

8.2 For clarification please note that:

- a student who is suspected of having sustained a concussion, or the student’s parents, if the student is under 18 years of age, should be encouraged to provide confirmation (Appendix F) that the student has undergone a medical assessment by a physician or nurse practitioner to support the student’s return to learning (Appendix G); and

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- a student who is suspected of having sustained a concussion, or the student's parents, if the student is under 18 years of age, must provide confirmation that the student has undergone a medical assessment by a physician or nurse practitioner and has not been diagnosed with a concussion, along with confirmation that the student has been medically cleared, before the student can return to full participation in physical activity (Appendix F).

8.3 Following the Initial Identification of a Suspected Concussion

The instructions and responsibilities identified within this section must be followed if other concussion sign(s) and/or other concussion symptom(s) are observed, reported, and/or the student does not answer all the Quick Memory Function Check (Appendix E) questions correctly.

8.3.1 Teacher/Coach Response

- do not allow the student to return to physical activity/practice/competition that day even if the student states that they are feeling better;
- do not leave the student alone until a parent/guardian arrives;
- contact the student's parents/guardians (or emergency contact) to inform them:
 - of the incident;
 - of the reported concussion sign(s) and symptom(s) and the results of the Quick Memory Function Check (consult the Tool to Identify a Suspected Concussion – Appendix E);
 - that the student must be accompanied home by a responsible adult; and
 - that the student needs an urgent medical assessment as soon as possible that same day by a medical doctor or nurse practitioner.
- provide parents with a medical concussion assessment form (Appendix F);
- monitor and document any changes in the student;
- if any signs or symptoms worsen, call 911;
- consult the Board's injury report form for documentation procedures;
- do not administer medication unless the student requires medication for other conditions (for example, insulin for a student with diabetes, inhaler for asthma); and
- the student must not operate a motor vehicle.

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8.3.2 Information for Parents/Guardians

- a tool to identify a suspected concussion (Appendix E);
- the student needs an urgent medical assessment as soon as possible that same day by a medical doctor or nurse practitioner (consult the Concussion Assessment & Diagnosis Form Appendix F);
- the student must be accompanied home by a responsible adult;
- the student must not be left alone; and
- parents/guardians must communicate the results of the medical assessment (that is, the student has a diagnosed concussion, the student does not have a diagnosed concussion) to the school principal/designate prior to the student returning to school. Consult the Concussion Assessment & Diagnosis Form (Appendix F).

8.3.3 Responsibilities of the School Principal/Designate

- the school principal/designate must inform all school staff (for example, classroom teachers, physical education teachers, intramural supervisors, coaches) and volunteers (prior to communicating with volunteers, consult the Board's protocol for sharing of student information) who work with the student that the student must not participate in any learning or physical activities until the parents/guardians communicates the results of the medical assessment to the school principal/designate (consult the Medical Concussion Assessment Form).

8.4 A Possible Concussion Event is Recognized but No Sign(s) and/or Symptom(s) are Identified

- please note that concussion sign(s) and/or symptom(s) can occur hours to days later;
- if a teacher/coach recognizes that a suspected concussion event occurred (due to the jarring impact) but no concussion sign(s) and/or symptom(s) were observed or reported and the student correctly answers all the Quick Memory Function Check, the Teacher/Coach Response must be followed; and
- in addition, the steps in Responsibilities of the School Principal/Designate must be taken and the information identified in Information/Tools for Parents/Guardians must be communicated to parents/guardians.

9. Return to School Plan

After a suspected concussion has been identified (that is, sign(s) and/or symptom(s) are observed or reported), the student must be assessed by a medical doctor or nurse practitioner as soon as reasonably possible. The parent/guardian must communicate to the school the results of the medical concussion assessment.

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A Return to School Plan (Appendix A) will be developed for students who have been diagnosed with a concussion, regardless of whether the concussion was sustained at school or elsewhere. The Return to School Plan includes both the student's return to learning and their return to physical activity. If a concussion is diagnosed:

- principals and staff will engage student and the student's parents, if the student is under 18, in a Return to School Plan for Return to Learning (Appendix G) which contains a form to be filled in together and shared with all relevant staff. The return to learning process is unique to each student;
- principals and staff will engage student and the student's parents, if the student is under 18, in a Return to Physical Activity Process (Six Step Approach - Appendix F) at an appropriate time as identified by a medical practitioner and the student or student's parent if student is under 18. All six steps must be completed before the student with a concussion is able to return to full participation in physical activity. These forms must be provided to parents once a concussion is diagnosed.

9.1 The Return to School Plan will:

- establish a process outlining the graduated steps that a student is expected to follow in order to return to learning and to physical activity;
- require that the student and the student's parents, if the student is under 18 years of age, be informed of the importance of sharing with the school any medical advice or recommendations received in relation to the student's concussion diagnosis and their return to learning and physical activity;
- require that the student and the student's parents, if the student is under 18 years of age, be informed of the importance of disclosing the concussion diagnosis to any relevant organizations with which the student is involved or registered (e.g., sport organizations); and
- require that the student or the student's parents, if the student is under 18 years of age, provide confirmation of medical clearance by a physician or nurse practitioner as a prerequisite for the student's return to full participation in physical activity.

9.2 When these requirements are met, schools can rely on the information received from a student or the student's parents, if the student is under 18 years of age, in carrying out the Board's responsibilities as part of the Return to School Plan.

9.3 When developing the Return to School Plan (Appendix A), those developing the plan should note that the return to learning process is designed to meet the particular needs of the student, so there is no preset plan of strategies and/or approaches to assist with the return to learning activities. The return -to-physical activity process follows an internationally recognized graduated approach.

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- 9.4 If a student who is recovering from a concussion is experiencing long-term difficulties that begin to affect their learning, the school should follow established processes for identifying and documenting instructional approaches and resources that may be required for responding to the student’s ongoing learning needs (e.g., individualized classroom accommodations). Please refer to Appendix G for a list of sample strategies to support students experiencing long-term difficulties that begin to affect their learning.
- 9.5 The management of a student’s concussion is a shared responsibility, requiring regular communication between the home, school (Collaborative Team) and sport organizations with which a student is involved and registered, with consultation from the student’s medical doctor or nurse practitioner. Other licensed healthcare providers (a healthcare provider who is licensed by a national professional regulatory body to provide concussion-related healthcare services that fall within their licensed scope of practice) may play a role in the management of a diagnosed concussion. Examples include nurses, physiotherapists, chiropractors and athletic therapists.

10. Concussion Tracking

- 10.1 In accordance with relevant privacy legislation, a student’s progress, from removal from an activity due to a suspected concussion, to the return, through graduated steps, to learning and to physical activity will be documented and tracked (note that diagnostic and/or clinical information meets the definition of personal health information under the Personal Health Information Protection Act, 2004).
- 10.2 The Ministry of Education and the Lakehead District School Board recognizes the sensitive nature of personal health information and reminds schools to collect, use, and disclose only the relevant diagnostic information needed to fulfil the requirements of this policy and to disclose it only to the parties identified in this policy.
- 10.3 The schools and/or Board must limit the collection, use, access, and disclosure of personal and health information to that which is reasonably necessary to carry out the Board’s concussion identification procedures and Return to School Plan. Personal and health information collected by the school and/or Board must be retained, disclosed, and disposed of in accordance with the Board’s personal information retention policy.

11. Responsibilities

- 11.1 Principals or designates are responsible for:
- 11.1.1 Ensuring first aid is provided to a student experiencing a head injury.

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11.1.2 Ensuring staff is aware of the signs and symptoms of concussions.

11.1.3 Enforcing the procedure that excludes concussed students from athletics, physical education, and learning until cleared by a physician.

11.1.4 Once the parent/guardian has informed the school principal/designate of the results of the Medical Assessment, the school principal/designate must inform all school staff (for example, classroom teachers, physical education teachers, intramural supervisors, coaches) and volunteers who work with the student of the results.

11.1.5 Ensuring an appropriate Return to School Plan (Appendix A) 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;
- review student's transportation plan and develop an Individual Student Transportation Plan (ISTP), if necessary, to support learning, in consultation with the superintendent; and
- ensure all documentation is filed as per the Board's 8074 Student Concussion Management Policy.

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

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

- following Response to Suspected Concussion (see Appendix D and E);
- 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.

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- 11.3 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.
- 11.4 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 (Appendix F).
- 11.5 Students are responsible for:
- sharing information about their progress with respect to ongoing or worsening symptoms of concussion.

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12. Review

Concussion information and procedures for the components of prevention, identification and Return to School Plan are always evolving with new research and consensus guidelines. In order to keep users, current with information and procedures the Concussion Protocol will be reviewed and revised where necessary. An annual consult every September for the current Ontario Physical Activity Safety Standards in Education Concussion Protocol will occur.

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

<u>Cross Reference</u>	<u>Date Approved</u>	<u>Legal Reference</u>
	January 27, 2015	
	<u>Date Revised</u> February 25, 2020	Policy/Program Memorandum No. 158 Issue Date September 25, 2019 Rowan's Law (Concussion Safety), 2018