

Part 1: IDENTIFYING A SUSPECTED CONCUSSION – STEPS AND RESPONSIBILITIES ADMINISTRATIVE PROCEDURE

Student

Receives a jarring impact to the head, face, or neck or elsewhere on the body that transmits an impulsive force to the head (observed or reported), and as a result may have suffered a concussion.

Administrator/Teacher/Coach

STOP student participation and initiates emergency first aid response.

Administrator/Teacher/Coach

Check for RED FLAGS using Appendix D "Tool to Identify a Suspected Concussion".

Administrator/Teacher/Coach

In the absence of red flags, check for other signs and symptoms of concussion by continuing to use Appendix D.

NO concussion signs or symptoms are observed or reported.

Student returns to learning but may not resume any physical activity for 24 hours.

YES concussion signs or symptoms are observed or reported.

Student may not resume physical activity and requires an urgent medical assessment.

Administrator/Teacher/Coach:

If RED FLAGS exist - CALL 911

- neck pain or tenderness;
- double vision;
- weakness or tingling/burning in arms or legs;
- severe or increasing headache;
- seizure or convulsion;
- loss of consciousness state;
- vomiting; or
- increasingly restless agitated or combative.

Administrator/Teacher/Coach:

- contact parent/ guardian/ caregiver and provide information on the incident and explain the importance of monitoring for 24 hours;
- parent/guardian/caregiver given a signed Appendix D & attach Appendix D Part 2 (if a medical assessment becomes necessary) and Appendix E if needed; and
- inform administrator of possible concussion event.

Administrator/Teacher/Coach:

- contact parent/guardian and provide information on:
 - the injury;
 - the need to pick up student; and
 - the need for an urgent medical assessment;
- parent/guardian/caregiver given Appendix D Part 1 & 2 and E; and
- Inform an administrator of suspected concussion.

Administrator/Teacher/Coach

- Contact parent/guardian/caregiver and provide information on:
 - the injury; and
 - name of hospital.
- Informs administrator of suspected concussion.
- Send with student Appendix D (Part 1 and 2) and E.

Parent/Guardian/Caregiver

Along with the school, continues to monitor for 24 hours for delayed signs or symptoms.

Parent/Guardian/Caregiver

 Reports results of 24 hour monitoring to administrator. If after 24 hours, no signs or symptoms emerge, the student may return to full participation in physical activity.

Medical clearance is NOT required

Parent/Guardian/Caregiver

 Reports results of 24 hour monitoring. If signs or symptoms emerge, the student needs a MEDICAL ASSESSMENT (use Appendix D – Part 2) as soon as possible

that day.

Administrator/Designate:

- informs school staff of suspected concussion; and
- informs Health and Safety department if critical injury (loss of consciousness).

Parent/Guardian/Caregiver

 Reports to administrator/designate outcome of medical assessment, using Appendix D Part 2.

Student

NO CONCUSSION Return to Learn/Physical Activity.

Student

CONCUSION DIAGNOSED Process continued on Appendix C Part 2



Part 2: IDENTIFYING A SUSPECTED CONCUSSION – STEPS AND RESPONSIBILITIES **ADMINISTRATIVE PROCEDURE**

Student

CONCUSSION DIAGNOSED (Stages and Responsibilities continued from Appendix C Part 1)

Administrator/Designated

Informs appropriate school staff of the diagnosis and prepare to meet with parent/guardian to provide and explain the Return to School (RTS) Plan, which includes: Return to Learning (RTL) and Return to Physical Activity (RTPA).

Appendix F

Parent/Guardian/Caregiver

Reports to administrator/designate when completed Appendix E "Home **Concussion Management Plan"**

Administrator/Designate

Meets with parent/guardian/caregiver to:

- Provide and explain the purpose of the required Return to School Plan Appendix F
- Explain the collaborative team approach and their role on the team.

Return to Learning - Step 3a

Student attends school (2-hours) with adaptations of learning strategies and/or approaches.

Return to Learning - Step 3b

Student attends school (half time) with moderate workload.

Return to Learning - Step 4a

Student attends full day school with adaptations of learning strategies or approaches.

Return to Learning - Step 4b

Student attends full day school without adaptations of learning strategies or approaches. RTL COMPLETE-Appendix F

- At each stage, student is monitored for return of symptoms, new symptoms, or worsening symptoms.
- During RTS Steps 1-4, if the student exhibits/reports return of symptoms or new symptoms, student must return to the previous stage for a minimum of 24hours.
- If during any stage, the student exhibits or reports worsening symptoms, they must return to a medical doctor/nurse practitioner.

At the completion of each step, student progress is documented, with results shared between school and home. Parent/guardian/ caregiver) a confirm completion of each step by returning Appendix F with a signature.

Return to Physical Activity - Step 3

Student may participate in simple locomotor activities/sport-specific exercise to add movement.

Return to Physical Activity - Step 4

Student may participate in increased physical activity, non-contact training drills (for coordination and increased thinking).

Collaborative Team lead/Designate

Reports to parents/guardian completion of Step 4b RTL and Step4 RTPA and provides medical clearance using forms included in Appendix F **Return to School Plan**

Parent/Guardian/Caregiver

Provides administrator with signed/completed form Medical Clearance Form included in Appendix F

Return to Physical Activity - Step 5

Student may return to participation in physical activities, including physical education, intramurals, non-contact interschool sports and full contact training/practice in contact sports.

Return to Physical Activity - Step 6 Student may return to full participation in physical activity. RTPA COMPLETE-Appendix F & filed in OSR for 3 years

During Step 5 and Step 6, a return of symptoms, or development of new symptoms, requires medical clearance.