

CONCUSSION PROTOCOL

Background

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

A concussion may be caused by a blow to the head, face or neck that causes the brain to move rapidly within the skull. A concussion can occur even if there has been no loss of consciousness. A concussion is a brain injury that causes change in the way the brain functions and can have a significant impact on a student – cognitively, physically, emotionally and socially. Schools must know how to recognize concussions and work with staff, parents/guardians and partners to manage suspected concussions and help students return safely to school and play after experiencing a concussion.

Procedures

1. The Division will convey the seriousness of concussions to staff, students, parents/guardians and other stakeholders.
2. Prevention will be at the fore of concussion awareness.
 - 2.1 Students participating in extracurricular athletics and other activities will follow safety guidelines.
 - 2.2 Teacher and coaches are expected to follow safety guidelines and work with students to reduce the risk of serious injury, including concussions.
 - 2.3 Supervision must be provided in any activity that has a risk of concussion to provide vigilant oversight of the activity.
3. Schools must follow the Safety Guidelines for Secondary Interschool Athletics in Alberta and the Safety Guidelines for Physical Activities in Alberta.
4. It is the responsibility of the coaches, officials, parents/guardians and student athletes to adhere to the minimum required standards for safety of equipment.
5. If an employee has reason to believe that a student is exhibiting signs and symptoms of a concussion, then the employee must report to the principal who

will begin the concussion protocol (Appendix 1 – Signs and Symptoms of a Concussion).

5.1 Concussions can only be diagnosed by a medical doctor.

5.2 To return to a sport or activity after a concussion, the student must be re-examined by a medical doctor.

5.3 After permission has been granted to return to a sport or activity, the Return to Play Guidelines (Appendix 1) must be followed.

6. Training will be provided for coaches and school personal who are in contact with students who participate in activities that may have athletic injuries including concussions.

7. Teachers or coaches are responsible for student safety and for educating students/players about concussions.

7.1 The teacher supervisor/coach will be required to remove from play, any athlete who exhibits signs or symptoms of concussion. The athlete will not be permitted to return until he or she has received written medical clearance from a doctor.

7.2 The teacher supervisor/ coach or principal must summon an ambulance if a student appears to be seriously injured and cannot be moved.

8. The principal is responsible to ensure that appropriate concussion protocols are followed, including the development of the plan for a student with a confirmed concussion.

8.1 The principal will inform staff of a student with a confirmed concussion.

9. Students are responsible for abiding by the rules and regulations of the sport or activity and to abide by the principles of fair and safe play.

9.1 Students are required to report any blows to the head, face or neck and any symptoms that they might be experiencing to the teachers/coaches.

9.2 Students who have witnessed a peer receiving a blow to the head, face or neck or observing a peer who may be exhibiting symptoms associated with a concussion will report this to the supervising teacher or coach.

10. Each student who has been diagnosed with a concussion will have an individualized Return to Learn plan (Appendix 2) developed in consultation with the school team and the parent/guardian.

10.1 The Return to Learn plan will include individual recommendations to be implemented immediately as part of the recovery process.

10.2 Accommodations may need to be varied by course.

11. Parents are to put the health and safety of their child first.

11.1 Parents/legal guardians will be required to read and sign an Authorization to Participate in Competitive Sports form before their child attends a try out, a practice or a competitive sports activity. (Appendix 3)

11.2 Parents/guardians are responsible for cooperating with school personnel when they are informed of a possible concussion to their child.

11.3 Parents/guardians are responsible for acting on information provided by the teacher supervisor/coach and for monitoring their child after a suspected concussion.

References:

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

APPENDIX 1
Signs and Symptoms of a Concussion

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

The following information are signs and symptoms of a concussion.

Student Complaints:

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

Thinking Problems:

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

Other Problems:

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

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

Return to Play Guidelines (after physician approval):

- 1) Light aerobic exercise
- 2) Sport specific exercises (i.e. running, throwing) with no jarring motion for 20-30 minutes.
- 3) On court/field/ice activities such as ball drills, shooting drills and other NO CONTACT drills.
- 4) Begin drills with body contact.

- 5) Game play
- 6) If symptoms persist, the student must consult a physician.

APPENDIX 2
Return to Learn Protocol

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

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

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

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

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

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

School Environment: Visual and auditory stimulus may have an effect on a student who had a concussion. Loud and noisy rooms or hallways may be of concern. Audible learning may be required (discussion not text). Halogen lights and Smart Board projectors may exacerbate symptoms and require the student to wear sunglasses in the school/classroom. Pre-printed notes for class material will assist learning.

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

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



**PARENTAL AUTHORIZATION TO PARTICIPATE
In COMPETITIVE SPORTS**

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

ACCIDENT INSURANCE NOTICE

The school division provides basic accident insurance for students participating in competitive sport activities. The school may offer for purchase by parent's enhanced accidental insurance packages. Parents are encouraged to consider purchasing additional enhanced student accident insurance.

ELEMENTS OF RISK NOTICE

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

AUTHORIZATION TO PARTICIPATE

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

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

Name: _____
Custodial Parent/Legal Guardian

Name: _____
Witness

Name: _____
Custodial Parent/Legal Guardian

Name: _____
Witness

Date: _____