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<b>Topic:</b>	<b>Concussion Prevention, Identification and Management</b>
<b>Effective:</b>	<b>January 2015</b>
<b>Revision Date:</b>	<b>January 2015, November 2020</b>
<b>Review Date:</b>	<b>November 2024</b>
<b>Cross-Reference:</b>	<b>PPM 158; OPASSE Concussion Protocol; HDSB Localized Minimum Standards;-<i>Good Samaritan Act, 2001, SO 2001, c 2 Health Care Consent Act, 1996, SO 1996, c 2, Sch A Health Promotion and Protection Act, RSO 1990, c H.7. Municipal Freedom of Information and Protection of Privacy Act, RSO 1990, c.M56; Personal Health Information Protection Act, 2004, SO 2004, c 3, Sch A HDSB Administrative Procedures: <i>Day Field Trips and In-School Presentations; Student Excursions; Head Protection in Physical Activity for Students, Staff and Volunteers; Risk Management for Interscholar Athletics</i></i></b>
<b>Responsibility:</b>	<b>Superintendent of Education, Student Health</b>

**INTENDED PURPOSE:**

The Halton District School Board is committed to providing direction to school administrators, staff, students, parents/guardians and community partners about the appropriate preventative and responsive measures for identification and management of concussions.

The Ministry of Education expects all school boards in Ontario to develop and maintain a policy on concussion (PPM 158).

**DEFINITIONS:****1. Concussion:**

- a traumatic brain injury that causes changes in how the brain functions, leading to signs and symptoms that can emerge immediately or in the hours or even up to 7 days after the injury;
  - may be caused by a jarring impact to the head, face, neck or body, that transmits a force to the head that caused the brain to move rapidly within the skull
  - occur usually without any loss of consciousness;
  - cannot normally be seen on X-rays, standard CT scans or MRIs; and
  - results in symptoms lasting approximately 1-4 weeks in children and youth but, in some cases, symptoms may be prolonged;
  - diagnosed by a physician or nurse practitioner.
- a. **Suspected Concussion:** when there is an incident that caused a jarring impact to the head, face, neck or body, either witnessed or reported, that caused the brain to move rapidly within the skull; a student may or may not show the signs and symptoms of a concussion following an injury but the concussion has not yet been confirmed by a physician or nurse practitioner.
- b. **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.
- c. **Ontario Physical Safety Standards in Education and HDSB Localized Minimum Standards:** the Ontario Physical Activity Safety Standards in Education (OPASSE), managed by Ophea, represent the minimum standard for risk management practice for school boards in Ontario. They

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focus the attention of teachers, intramural supervisors, coaches and administrators on safe practices in every physical activity from a curricular, intramural and interschool perspective, in order to minimize the element of risk. School boards are able to raise the standards and, as such, the HDSB Localized Minimum Standards should be consulted prior to the OPASSE activity page specific to the activity/sport.

## **PROCEDURES**

### **1. Roles and Responsibilities**

#### **a. School Board**

The Halton District School Board will:

- i. Post the Concussion Prevention, Identification and Management Administrative Procedure, and related forms and resources, on the HDSB public website and myHDSB employee site.
- ii. Provide annual staff awareness training on the prevention, identification and management of a concussion.
- iii. Provide prevention strategies that increase awareness and reduce the risk of injury to a student.
- iv. Require an annual review and implementation of the HDSB Concussion Prevention, Awareness Resources and Concussion Codes of Conduct for all school staff, students and their parents/guardians.
- v. Develop expectations for schools to support students with a suspected and/or diagnosed concussion.
- vi. Ensure that students' personal health information is safely and confidentially stored and destroyed as necessary.
- vii. Ensure service providers are aware of the HDSB Concussion Prevention and Awareness Resources and Codes of Conduct, as appropriate.

#### **b. School Staff**

School staff play a key role in supporting the student's safe participation in all school activities.

School staff will:

- i. Educate all students about the seriousness of concussions, signs and symptoms of a concussion, students' role in injury prevention, advocacy and reporting.
- ii. Adhere to the HDSB Localized Minimum Standards and Ontario Physical Activity Safety Standards in Education, as applicable, for curricular, intramural and interschool activities including providing information on concussion prevention specific to the activity, inherent risks of the activity, and procedures and rules for safe play.
- iii. Implement school and board strategies that promote injury prevention and concussion awareness.
- iv. Complete the awareness training annually, and as otherwise required by the school board.
- v. Review, promote and follow the HDSB Student Concussion Prevention and Awareness Resources and Concussion Codes of Conduct. Confirm to principal that this training has been provided to students at a pre-season athletes' meeting for the given interschool sport.
- vi. Review the student's history of concussions on both the HDSB Interschool Athletics Package and PE/Intramural Acknowledgement of Risk, Consent to Participate and Medical Form and update the student health information with the school office, as appropriate.
- vii. Use the Suspected Concussion Form (Appendix A ) following an incident that caused a jarring impact to the head, face, neck or body, either witnessed or reported, that caused the brain to move rapidly within the skull (a student may or may not show the signs and symptoms of a concussion following an injury).
- viii. Respond to medical emergencies in accordance with Board procedures.
- ix. Communicate with parents/guardians in the event of a suspected concussion and ensure the process for concussion identification and management is understood.

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- x. Review and implement the Home and School Concussion Management Plan (Appendix B) as supported by a physician or nurse practitioner.
  - xi. Participate on the School Care Team, as appropriate.
  - xii. Ensure the student's Home and School Concussion Management Plan is carried and/or followed including on school trips, excursions, co-curricular activities and co-operative education placements.
  - xiii. As authorized by parents/guardians, share child-specific information regarding the Home and School Concussion Management Plan.
  - xiv. Identify a student with a suspected or diagnosed concussion to occasional staff through the absent educator's supply plans, and ensure that the occasional teacher is aware of the limitations of the student's participation in the learning and/or physical activity.
  - xv. Monitor students for signs and symptoms of a suspected or diagnosed concussion using the Suspected Concussion Form and/or Home and School Concussion Management Plan.
  - xvi. Ensure the Concussion Medical Clearance Form (Appendix C) is completed by a physician or nurse practitioner prior to participation in physical activities, including curricular, intramural and interschool athletics

**c. The Principal**

In addition to the responsibilities outlined under "School Staff", the principal (or designate) will:

- i. Provide ongoing communication to the school community regarding concussion awareness and injury prevention.
- ii. Ensure adherence to the HDSB Localized Minimum Standards and Ontario Physical Activity Safety Standards in Education, as applicable, for curricular, intramural and interschool activities.
- iii. Ensure that staff complete the necessary awareness training, annually and as otherwise required by the school board.
- iv. Ensure there is a process in place for appropriate staff to review the student's history of concussions and update the student health information with the school office, as appropriate.
- v. Communicate to staff their roles and responsibilities to support a student with a suspected or diagnosed concussion.
- vi. Communicate and collaborate with parents/guardians in the event of a suspected and/or diagnosed concussion, and ensure the process for concussion identification and management is understood.
- vii. Remind parents/guardians of their duty to notify the school of the results of their child's medical examination and any changes to their child's condition, as well as their responsibilities in this Administrative Procedure.
- viii. Determine whether a student's activity requires further restrictions based on the signs and/or symptoms of a suspected or diagnosed concussion.
- ix. Ensure the appropriate forms are used, signed and filed, including but not limited to: Suspected Concussion Form; Home and School Concussion Management Plan; Concussion Medical Clearance Form; PE/Intramural Acknowledgement of Risk, Consent to Participate and Medical Form and the HDSB Interschool Athletics Package.
- x. Alert appropriate staff and volunteers about students with a suspected concussion that require monitoring, as authorized by parent/guardian.
- xi. Ensure that a process is in place by which all parties identified as part of the School Care Team, as authorized by the parent/guardian, are informed of the student's concussion and provided a copy of the Home and School Concussion Management Plan, as appropriate.
- xii. Ensure there is a process in place to support students on a Home and School Concussion Management Plan, including on school trips, excursions, co-curricular activities, and co-operative education placements.

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- xiii. Maintain a Student Medical File for each student with a suspected or diagnosed concussion and include information such as the Suspected Concussion Form, Home and School Concussion Management Plan, Concussion Medical Clearance Form and OSBIE Student Incident Reports.
  - xiv. Track parent/guardian confirmation of the review of HDSB Concussion Prevention and Awareness Resources and Concussion Codes of Conduct through the Interschool Athletics Package.
  - xv. Ensure coaches have confirmed their review of the HDSB Student Concussion Prevention and Awareness Resources and Concussion Code of Conduct with student athletes in a preseason meeting for the given sport.
  - xvi. Ensure that personal health information is safely and confidentially stored and destroyed as necessary.

**d. Parents/Guardians**

As primary caregivers of their child, parents/guardians are expected to be active participants in supporting the prevention, identification and management of their child's concussion. Parents/guardians are expected to:

- i. Review and follow the HDSB Concussion Prevention and Awareness Resources and Codes of Conduct.
- ii. Educate their child about concussion prevention, identification and management.
- iii. Notify the school of any prior concussions through the Student Registration process, the annual Verification Form and/or PE/Intramural Acknowledgement of Risk, Consent to Participate and Medical Form and the HDSB Interschool Athletics Package.
- iv. Communicate and collaborate with the school in the event of a suspected and/or diagnosed concussion that may have occurred at or outside the school, and adhere to the process for concussion identification and management outlined in this Administrative Procedure.
- v. Notify the school office of any changes in the student's condition.
- vi. Seek a medical examination from a physician or nurse practitioner for a suspected concussion and follow recommendations to promote recovery.
- vii. Follow and/or complete the appropriate forms, including but not limited to: Suspected Concussion Form; Home and School Concussion Management Plan; Concussion Medical Clearance Form; PE/Intramural Acknowledgement of Risk, Consent to Participate and Medical Form and the HDSB Interschool Athletics Package.
- viii. Participate on the School Care Team.
- ix. Encourage their child to monitor signs and symptoms of a suspected or worsening concussion, and promptly inform a responsible adult of any changes in their condition.
- x. Communicate with school staff about arrangements and considerations for field trips, excursions, co-curricular activities and co-operative education placements, as appropriate.
- xi. Communicate with healthcare providers and community sports/activity providers to monitor concussion management and recovery.
- xii. Seek medical clearance from a physician or nurse practitioner, using the Concussion Medical Clearance Form, prior to the student's participation in curricular, co-curricular and interschool athletics.
- xiii. Present a signed Concussion Medical Clearance Form to the Principal upon return to school in September for concussion management that was completed over the summer holidays.

**e. Students**

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Depending on their cognitive, emotional, social and physical stage of development, and their capacity for self-management, students are expected to actively support the prevention, identification and management of a concussion. Students are expected to:

- i. Review and follow the HDSB Student Concussion Prevention and Awareness Resources and Concussion Code of Conduct.
- ii. Participate actively in their own injury prevention as outlined in the HDSB Concussion Prevention and Awareness Resource and the Student Concussion Code of Conduct, as well as reviewed by teachers and coaches specific to the activity.
- iii. Take responsibility for advocating for the personal safety and well-being of themselves and their peers.
- iv. Report to a responsible adult any event that may have caused a jarring impact to the head, face, neck or body, either witnessed or reported, that caused the brain to move rapidly within the skull.
- v. Notify school staff of any prior concussions, a new diagnosis and any changes to their condition.
- vi. Monitor signs and symptoms of a suspected or worsening concussion, and promptly inform a responsible adult of any changes in their condition.
- vii. Follow the steps of the Home and School Concussion Management Plan and the strategies provided by a physician or nurse practitioner.
- viii. Communicate with healthcare providers and community sports/activity providers to monitor concussion management and recovery.
- ix. Participate on the School Care Team.
- x. Seek a medical clearance from a physician or nurse practitioner, using the Concussion Medical Clearance Form, prior to full participation in curricular, co-curricular and interschool athletics.

## **2. Concussion Prevention and Awareness**

### **a. Concussion Prevention and Awareness Resource**

The HDSB Concussion Prevention and Awareness Resource is a video resource that details the signs and symptoms of a concussion, as well as the prevention, identification and management of a concussion. This resource must be reviewed annually by a parent/guardian and signed acknowledgement through the PE/Intramural Acknowledgement of Risk, Consent to Participate and Medical Form and the HDSB Interschool Athletics Package. All students in Physical Education will review the Concussion Prevention and Awareness Resource as part of the curriculum, and students who participate in interschool athletics will review this resource with their coach as part of a preseason meeting for the given sport.

In addition to annual online awareness training, relevant staff are required to review the HDSB Localized Minimum Standards and the OPASSE activity page for the specific activity or sport. These resources provide strategies for injury prevention, equipment requirements, fair and safe play, and rules of the activity or sport.

### **b. Concussion Codes of Conduct**

The Parent/Guardian Concussion Code of Conduct, the Student Concussion Code of Conduct and the Staff Concussion Code of Conduct outline the overall commitment to prevent concussions and advocate for a safe environment to report concussions.

The Concussion Codes of Conduct prioritize:

- a safe learning environment
- fair play and respect for all
- teaching the rules of the physical activity
- implementing the skills and strategies in proper progression
- open communication about concerns and risks
- identification and management of a concussion

This Parent/Guardian Concussion Code of Conduct must be reviewed annually and signed acknowledgement through the PE/Intramural Acknowledgement of Risk, Consent to Participate and Medical Form and the HDSB Interschool Athletics Package. All students participating in interschool athletics will review the Student Concussion Code of Conduct with their coach as part of a preseason meeting for the given sport. Finally, the Staff Concussion Code of Conduct will be reviewed through the annual online awareness training.

### **3. Suspected Concussion Form**

The Suspected Concussion Form is used when there is an event, either witnessed or reported, that may have caused a jarring impact to the head, face, neck or bod that caused the brain to move rapidly within the skull.

Staff will complete and indicate with a check mark any signs and/or symptoms on the Suspected Concussion Form that are reported by the student or observed by the staff, and initiate an Emergency Response if any signs or symptoms are checked (see Section 5).

#### **a. Step 1 - Red Flag Signs or Symptoms**

Step 1 of the Suspected Concussion Form assesses for Red Flag Signs or Symptoms. If any are checked, staff will immediately cease the assessment and call 9-1-1. Staff will complete Step 1 and 3 only of the Suspected Concussion Form when Red Flag signs or symptoms are present.

#### **b. Step 2 - Other Signs or Symptoms**

Step 2 of the Suspected Concussion Form assesses for Other Signs or Symptoms (not Red Flag). Staff will complete Step 1 through 3 of the Suspected Concussion Form. The school must contact the parent/guardian to pick-up the student and recommend an urgent medical examination when other signs or symptoms are checked. The student should remain at home pending the outcome of a medical examination and the subsiding of signs or symptoms.

When there are no signs or symptoms at the time of the assessment, the Principal will inform the appropriate staff and parent/guardian that a Suspected Concussion Form is activated for a student so that they may monitor the development of signs and symptoms for a minimum of 24 hours at home and school. The Principal should attempt to confirm authorization from parents/guardians to share this information with relevant staff.

#### **c. Step 3 - Communication to Parent/Guardian**

Step 3 of the Suspected Concussion Form confirms the communication to the parent/guardian and required next steps. Specifically, whether the student requires an urgent medical examination or monitoring for a minimum of 24 hours.

#### **d. Step 4 - Medical Examination / Monitoring**

Parent/guardian will complete Step 4 of the Suspected Concussion Form by either:

1. seeking an emergency medical assessment when Red Flag Signs or Symptoms are present and student is transported to a hospital with Emergency Medical Services;
2. seeking an urgent medical examination by a physician or nurse practitioner when Other Signs and Symptoms are present at time of the school's assessment or if they develop following the event; or
3. monitoring their child for a minimum of 24 hours if the school does not identify any signs or symptoms. If no signs and symptoms develop over that time, the child may return to school and physical activity.

When a concussion is diagnosed by a physician or nurse practitioner, a Home and School Concussion Management Plan is implemented (see Section 6).

#### 4. Emergency Response

“Emergency” is defined by the *Health Care Consent Act, 1996* to include a situation where the individual is experiencing severe suffering, or is at risk of sustaining serious bodily harm, if the treatment is not administered promptly.

All staff are required to be trained annually in the emergency response to a suspected or diagnosed concussion.

- a. **Suspected Concussion:** An emergency relating to a suspected concussion could be the result of an event, either witnessed or reported, that may have caused a jarring impact to the head, face, neck or body that caused the brain to move rapidly within the skull.

Generally, in the event of an emergency, staff shall:

- i. Remove the student immediately from the activity or sport, if this can be done safely. The student is not to return to play, even if they indicate they are feeling better. If there is loss of consciousness, do not attempt to move the student.
- ii. Initiate the Suspected Concussion Form.
- iii. Red Flag Signs or Symptoms:
  - Suspect a concussion if one or more Red Flag signs or symptoms present
  - Call 9-1-1 immediately
  - Remain with the student until Emergency Medical Services (EMS) and/or parent/guardian arrives, and document any physical, cognitive or behavioural changes in this time.
  - Recommend the student be transported to the hospital by ambulance and provide a copy of the Suspected Concussion Form to EMS.
  - Call, or direct another adult to call, the parent/guardian to inform them of the event and the location of the hospital.
  - Inform parent/guardian that student requires an emergency medical examination.
- iv. Other Signs or Symptoms:
  - Suspect a concussion if one or more other signs or symptoms present
  - Call, or direct another adult to call the parent/guardian to inform them of the event and that the student requires to be picked up and taken for an urgent medical examination by a physician or nurse practitioner.
  - If any signs or symptoms worsen, and EMS has not already been called, call 9-1-1. Recommend the student is transported to the hospital by ambulance.
  - Provide the Suspected Concussion Form to the parent/guardian or EMS, as applicable.
- v. No Signs or Symptoms:
  - Call, or direct another adult to call, the parent/guardian to inform them of the event and that the student requires a minimum of 24 hours of monitoring.
  - Student may remain at school but cannot participate in any physical activity, including outdoor nutrition break activities.
  - Inform relevant staff of the event and provide the Suspected Concussion Form for monitoring.
  - Provide the Suspected Concussion Form to the parent/guardian for monitoring after school hours.
  - Advise parent/guardian the student must be seen by a physician or nurse practitioner if signs or symptoms develop.
  - Advise the student and/or parent/guardian that the student may not operate a motor vehicle, ride the bus and/or walk home alone.
  - Seek permission to share information with staff and the Before and After School care provider, as applicable.

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- vi. Communicate with parents/guardians and ensure the process for concussion identification, using the Suspected Concussion Form, is understood and followed.
  - vii. Inform the principal of the event and emergency response.
  - viii. Complete an OSBIE Student Incident Report and file in the student's Medical File.
  - ix. Advise parent/guardian the student should remain at home pending the outcome of a medical examination and/or the subsiding of signs or symptoms.
  - x. File the completed Suspected Concussion Form in the student's Medical File.

**b. Diagnosed Concussion:** An emergency relating to a diagnosed concussion is defined as the continuation or worsening of signs and symptoms.

Generally, in the event of an emergency, staff shall:

- i. Participate on the School Care Team and develop a Home and School Concussion Management Plan.
- ii. Follow the steps in the Home and School Concussion Management Plan.
- iii. Communicate with parent/guardian and ensure the process for concussion management, using the Home and School Concussion Management Plan, is understood and followed.
- iv. Monitor for the return or worsening of the signs and symptoms of a concussion, and advise the parent/guardian to seek a medical re-examination if they appear.
- v. Follow the recommendations of the physician or nurse practitioner.

## **5. Home and School Concussion Management Plan**

The Home and School Concussion Management Plan is used collaboratively between home and school when a student has a concussion diagnosed by a physician or nurse practitioner.

Parents/guardians have the authority to designate who is provided access to the Home and School Concussion Management Plan. With authorization from the parent/guardian, the Home and School Concussion Management Plan will be shared with:

- i. School staff who provide direct support to the student.
- ii. Occasional staff, as appropriate.
- iii. Volunteer coach and other volunteers, as appropriate.
- iv. Classmates and/or teammates.
- v. Service providers, such as transportation and childcare

In addition, the parent/guardian and student are advised to share the Home and School Concussion Management Plan with community sport/activity providers to ensure the stages of concussion management are followed.

The Home and School Concussion Management Plan - Part A details the permissible cognitive and physical activities at each stage of recovery. Each stage must last a minimum of 24 or 48 hours and there is no set timeline for progression through all of the stages. The student must demonstrate tolerance of the activities in each stage, without worsening or new signs and symptoms, in order to progress to the next stage of the Plan.

The Home and School Concussion Management Plan - Part B is for tracking the completion of each of the following stages:

### **a. Initial Rest, Stage 1 and 2**

Initial Rest and Stage 1 and 2 of the Plan are required to be completed at home. The parent/guardian indicates the completion of each of these stages by checking the criteria boxes and signing.

### **b. Stage 3 and 4**

Prior to the student returning to school part-time in Stage 3, a School Care Team meets to develop a plan for the required accommodations, modifications and restrictions to support the student's transition to increased cognitive and physical activity. The School Care Team is comprised of the student, parent, administrator and staff as required. The School Care Team will have responsibility in



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supporting, monitoring, implementing and tracking the Home and School Concussion Management Plan, with one member selected as the lead to communicate with home.

Stages 3 and 4 are completed at home and school, and require ongoing communication between the parent/guardian and the School Care Team lead. The School Care Team lead and the parent/guardian indicate the completion of each of these stages by discussing the student's progress, checking the criteria boxes and jointly signing off on the stages of the Plan.

If, at any time through Stages 3 and 4, symptoms return, worsen or new symptoms appear, the student returns to the previous stage of the Plan and must seek a medical re-examination by a physician or nurse practitioner.

### **c. Stage 5 and 6**

Prior to the student returning to full participation in physical activity including curricular, co-curricular and interschool athletics in Stage 5, the Concussion Medical Clearance Form must be signed by a physician or nurse practitioner.

Stages 5 and 6 are completed at home and school, and require ongoing communication between the parent/guardian and the School Care Team lead. The School Care Team lead and the parent/guardian indicate the completion of each of these stages by discussing the student's progress, checking the criteria boxes and jointly signing off on the stages of the Plan.

If, at any time through Stages 5 and 6, symptoms return or new symptoms appear, the student must seek a medical re-examination for a concussion and/or Second Impact Syndrome and a re-assessment of the Concussion Medical Clearance.

## **6. Documentation**

The Principal shall maintain the following for each student with a concussion:

- i. A Student Medical File containing all relevant documentation
- ii. A signed Suspected Concussion Form
- iii. A signed Home and School Concussion Management Plan - Part B for each concussion
- iv. Concussion Medical Clearance Form
- v. Accurate data entry in the Student Information System that tracks prior and newly diagnosed concussions
- vi. An OSBIE Student Incident Report for any event that initiates a Suspected Concussion Form

The Principal must also retain all signed Suspected Concussion Forms that did not result in a diagnosed concussion for a minimum of 12 months.

## **7. Liability**

The Good Samaritan Act, passed in 2001, protects individuals from liability with respect to voluntary emergency medical or first aid services. Subsections 2(1) and (2) of this act state the following with regard to individuals:

2. (1) Despite the rules of common law, a person described in subsection (2) who voluntarily and without reasonable expectation of compensation or reward provides the services described in that subsection is not liable for damages that result from the person's negligence in acting or failing to act while providing the services, unless it is established that the damages were caused by the gross negligence of the person.

(2) Subsection (1) applies to, ... (b) an individual... who provides emergency first aid to a person who is ill, injured or unconscious as a result of an accident or other emergency, if the individual provides the assistance at the immediate scene of the accident or emergency.