



# Learning Environment

## Student Health Care:

### Appendix C: Concussion Management

Policy Number LE-02.4

#### 1.0 PURPOSE

To provide school personnel in the Simcoe Muskoka Catholic District School Board with information and guidelines regarding the requirements of care for students with concussions as per Bill 193 'Rowan's Law' (Concussion Safety), 2018.

To develop a Concussion Management Procedure which includes: Concussion Awareness Resources, a Concussion Code of Conduct, a Removal From Activity Protocol, and a Return to Activity Protocol to inform school personnel about the management of concussions in school children.

#### 2.0 GUIDING PRINCIPLES

The Simcoe Muskoka Catholic District School Board is committed to promoting the school attendance of students including accommodating those with unique health concerns.

The Board is also committed to protecting and promoting student health and safety while in its care. To this end, in matters pertaining to significant public health issues, such as a pandemic, the Board will seek direction from local Health Units.

The Board believes that the ongoing provision of relevant health information and health care needs of students is primarily the responsibility of the parents and guardians.

#### Procedural Guidelines Follow

*Approved: May 2014*

*Revised: December 2018*

# Procedures and Guidelines Supporting Student Health Care: Appendix C: Concussion Management

Policy Number LE-02.4

## 3.0 TERMS AND DEFINITIONS

### 3.1. A concussion:

- is 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);
- concussions can only be diagnosed by a medical doctor or nurse practitioner;
- 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;
- can occur even if there has been no loss of consciousness (in fact most concussions occur without a loss of consciousness);
- 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;
- injuries that result from a concussion may lead to “second impact syndrome.” This is a rare condition that causes rapid and severe brain swelling and often catastrophic results, when an individual suffers a second concussion before he or she is free from symptoms sustained from the first concussion.

## 4.0 ROLES AND RESPONSIBILITIES

### 4.1. Principal

The principal of each school shall be responsible for the adherence Concussion Management Procedures (Section LE-02.4.) In the case of the principal’s absence, the vice-principal or the teacher designated to be in charge shall assume this responsibility.

The Principal shall ensure that:

- all staff are made aware of the Concussion Management Procedures (through covering the Compliance Items at the beginning of each school year);
- daily occasional staff will be made aware of Concussion Management Procedures within the Occasional Teacher Binder;
- School Activity Participation Form (Appendix C5) has been distributed, reviewed, and signed by all applicable parents;

- an OSBIE report will be completed when a concussion is sustained through a school activity;
- Documentation of a Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan (Appendix C4) has been signed, returned, and filed in the OSR.

#### 4.2. Staff

The staff member shall ensure that:

- prior to supervising/coaching a school sport/activity, they will review the Concussion Management Protocol (Appendix C-1);
- prior to allowing a student to participate on a school team/activity, provide parents/guardians with the School Activity Permission Form (Appendix C-5) and ensure that it has been reviewed, signed and collected;
- adhere to the Concussion Management Protocol (Appendix C-1 Part B Concussion Code of Conduct) should there be a suspected concussion;
- have in their possession a working copy of Appendix C-2 when they are with students on an off-site location or not within the normal school site hours;
- the Staff shall enforce the rules of the sport/activity and demonstrate correct body contact techniques (Ophea Guidelines);
- the Staff shall teach the proper skill progressions and sport training techniques and explain how risks can be minimized, including proper use of mouth guards and helmets. (Ophea Guidelines).

#### 4.3. Parent(s)/Guardians(s)

The Parent(s)/Guardians(s) shall ensure that:

- prior to allowing their child to participate on a school team/activity, they will review and sign the School Activity Permission Form (Appendix C5);
- if a concussion is ever suspected, they should ensure that medical attention is sought and prompt notification to the school occurs. This includes making sure that the necessary forms are completed, signed, and returned to the school;
- they continue to follow the Removal from/Return to Activity Protocol, and communicate regularly with the school.

## 5.0 REFERENCES

[Bill 193 - Rowan's Law \(Concussion Safety\), 2018](#)

[www.ophea.net](http://www.ophea.net)

[Policy/Program Memorandum 158](#)



SIMCOE MUSKOKA CATHOLIC  
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## 6.0 RELATED FORMS (elementary & secondary)

[Appendix C-1 - Concussion Management: Protocol](#)

[Appendix C-2 - Tool to Identify a Suspected Concussion](#)

[Appendix C-3 - Documentation of Medical Examination](#)

[Appendix C-4 - Documentation for a Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan](#)

[Appendix C-5 - School Activity Permission Form](#)