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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 LDSB 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.

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 (see references Appendix G

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- 5.3 Concussion Awareness Resources will be made available for example, through social media, letters or emails, in a student handbook, and/or on LDSB website to students; parents; school and LDSB 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 LDSB t 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

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7.2 Other Preventative Considerations

7.2.1 Education for coaches, staff, parents/guardians/caregivers 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 encour

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- 8.1 Stakeholders identified by LDSB/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;
 complete the Tool to Identify a Suspected Concussion

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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/caregiver arrives;
c /caregivers (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 D);

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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 LDSB 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 Appendix D Part 2).

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 parents/guardians/caregivers must communicate to the school the results of the medical concussion assessment.

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9.3 When developing the Return to School Plan (Appendix F), 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.

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 (e.g., classroom accommodations). A list of sample strategies to support students experiencing long-term difficulties that begin to affect their learning can be found in Appendix F.

9.5 regular communication between the home, school (Collaborative Team) and sport organizations with which a student is involved and registered, with consultation from 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, 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 LDSB 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 LDSB must limit the collection, use, access, and disclosure of personal and health information to that which is reasonably necessary to carry out LDSB Personal and health information collected by the school and/or LDSB must be retained, disclosed, and disposed of in accordance with LDSB policy.

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