

ADMINISTRATIVE PROCEDURE NO. 325

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, Alberta Health Services, and local partners to promote student health and safety in maintaining a healthy and safe environment where students can learn.

School staff and coaches must be trained in 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.

Definitions

For this Administrative Procedure:

- A. "Concussion" - is a brain injury that causes changes in the way in which the brain functions and that can lead to symptoms that be can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty in concentrating or remembering), emotional / behavioral (e.g., depression, irritability), and/or related to sleep (e.g., drowsiness, difficulty in falling asleep). Concussions 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.
- B. "Division" means the entity that operates schools in Red Deer Catholic Regional Schools;
- C. "Principal" includes a principal's designate when the principal is unavailable;
- D. "Student" means an individual who is enrolled in Kindergarten or any Grades 1 to 12 in a Division school; and
- E. "Student's parent" means (1) the student's parent or legal guardian if the student is not an independent student under the Education Act; and (2) the student and not the student's parent or legal guardian if the student is an independent student under the Education Act.

Procedures

1. The Division will convey the seriousness of concussions to staff, students, parent and other stakeholders.

2. Prevention will be at the forefront of concussion awareness.
 - 2.1 Students participating in extracurricular athletics and other activities will follow safety guidelines.
 - 2.2 Teachers 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, the Safety Guidelines for Physical Activities in Alberta and Peds Concussion.
4. It is the responsibility of the coaches, officials, parent 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 and given written medical clearance to return to the sport or activity.
 - 5.3 After written medical clearance has been granted to return to a sport or activity, the Return to Activity/Sport Protocol (Appendix 2) must be followed.
6. Training will be provided for coaches and school personnel 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 medical 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, neck, or body 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, neck, or body or observes a peer who may be exhibiting signs or symptoms associated with a concussion are required to 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 Protocol (Appendix 3) developed in consultation with the school team and the parent.
 - 10.1 The Return to School/Learn Protocol 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. The parent is to put the health and safety of their child first.
 - 11.1 The parent 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 4)
 - 11.2 The Parent is responsible for cooperating with school personnel when they are informed of a possible concussion to their child.
 - 11.3 The parent is 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
Peds Concussion - Living Guideline for Pediatric Concussion

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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 parent.

If a student has a significant impact to the head, face, neck or body, and reports or shows any of the visual signs of a concussion, you should suspect a concussion. The following information are signs and symptoms of a concussion:

Concussion Signs:

- Lying still on the ground or ice
- Slow to get up
- Confusion or can't answer questions
- Blank stare
- Difficulty standing or walking
- Injury to the face or holding their head

Concussion Symptoms:

- Headaches or head pressure
- Blurred or fuzzy vision
- Dizziness
- Sensitivity to light or sound
- Nausea and vomiting
- Balance problems
- Easily upset or angered
- Feeling more emotional
- Nervous or anxious
- Sadness
- Sleeping more or less
- Having a hard time falling asleep
- Feeling slow, tired or having no energy
- Difficulty working on a computer
- Not thinking clearly
- Difficulty reading or remembering

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APPENDIX 2

Return to Activity/Sport Protocol

A recommendation to have the student consult a medical doctor must be made if a concussion is suspected. Return to physical activity/sport can only occur after medical clearance in writing from a doctor has been received. The written notice must be given and approved by the principal.

Once a student has been approved to Return to an Activity/Sport, the following Living Guideline Return to Activity/Sport Protocol must be followed.

Living Guideline Return to Activity/Sports Protocol		
Step	Activity	Examples of activities
1	Activities of daily living and relative rest* (Maximum of 24-48 hours)	Activities at home such as social interactions and light walking that do not result in more than mild and brief** exacerbation (worsening) of concussion symptoms. Minimize screentime.
2	Aerobic exercise Step 2A: Light effort (up to approx 55% of maximum heart rate) Step 2B: Moderate effort (up to approx 70% of maximum heart rate)	Start with stationary cycling or walking at slow to medium pace. Take a break and modify activities as needed with the aim of gradually increasing tolerance and the intensity of aerobic activities. Light resistance training that does not result in more than mild and brief** exacerbation (worsening) of concussion symptoms. Goal: increase the heart rate.
3	Individual sport-specific activities that do not have a risk of inadvertent head impact	Sport-specific training away from the team sport environment (e.g., running, change of direction, and/or individual training drills and individual gym class activities that do not have a risk of head impact and are supervised by a teacher or coach). Goal: Increase the intensity of aerobic activities and introduce low-risk sport-specific movements and changing of directions.
Medical clearance and a full return to school are required to progress to Step 4		

4	Non-contact training drills and activities	Exercise to high intensity including more challenging training drills and activities (e.g., passing drills, multiplayer training, high-intensity exercises, supervised non-contact gym class activities, and practices without body contact). Goal: Resume usual intensity of exercise, coordination, and activity-related cognitive skills
5	Return to all non-competitive activities, all gym class activities, and full-contact practices	Participate in higher-risk activities including normal training activities, all school gym-class activities, and full-contact sports practices and scrimmages. Avoid competitive gameplay. Goal: return to activities that have a risk of falling or body contact, restore game-play confidence, and have coaches assess functional skills.
6	Return to sport	Normal, unrestricted competitive gameplay, school gym class, and physical activities

This return-to-activity/sport table was modified with permission from the [Amsterdam International Consensus Statement on Concussion in Sport](#)

Instructions:

Begin Step 1 (i.e., relative rest) within 24 hours of injury, with progression through each subsequent step taking a minimum of 24 hours. If more than mild exacerbation (worsening) of symptoms (i.e., more than 2 points on a 0-10 scale^{***}) occurs during Steps 1-3, stop the activity and attempt to exercise the next day. People experiencing concussion-related symptoms during Steps 4-6 should return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities. Written determination of medical clearance should be provided before unrestricted Return to Sport as directed by local laws and/or sporting regulations.

Definitions:

- *Relative rest: activities of daily living including walking and other light physical and cognitive activities are permitted as tolerated.
- **Mild exacerbation (worsening) of symptoms: No more than a 2-point increase when compared with the pre-activity value on a 0-10-point symptom severity scale^{***}. "Brief" exacerbation of symptoms: Worsening of symptoms for up to 1 hour.
- ***0-10 point symptom severity scale: Please see the [Visual analog scale](#) for an example of a 0-10 symptom severity scale. *These definitions were harmonized with and modified with permission from the [Amsterdam International Consensus Statement on Concussion in Sport](#)*

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APPENDIX 3

Return to School/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 Living Guideline Return to School/Learn Protocol should be followed as part of an individualized recovery plan.

Living Guideline Return to School/Learn Protocol

Step	Activity	Examples of activities
1	Activities of daily living and relative rest* (Maximum of 24-48 hours)	Activities at home such as social interactions and light walking that do not result in more than mild and brief** exacerbation (worsening) of concussion symptoms. Minimize screentime.
2	School activities with encouragement to return to school as soon as possible (as tolerated)	Reading or other cognitive activities at school or at home. Goal: Increase tolerance to cognitive work, and connect socially with peers. Take breaks and adapt activities if concussion symptom exacerbation (worsening) is more than mild and brief**. Clearance from your doctor is not required to return to low-risk in-person or at-home school activities. A complete absence from the school environment for more than one week is not generally recommended.
3	Part-time or full days at school with academic accommodations if needed	Gradual reintroduction of school work. May require partial school days with access to breaks throughout the day, or with academic accommodations to tolerate the classroom or school environment. Gradually reduce accommodations and increase workload until full days without concussion-related accommodations are tolerated.
4	Return to school full-time. No academic accommodations (related to concussion)	Return to full days at school and academic activities without requiring concussion-related accommodations. Medical clearance is NOT required to return to school.

Instructions:

Students should begin a gradual increase in their cognitive load with the goal of minimizing time away from the school environment. The return to school should not be restricted if the student is tolerating full days. Progression through the strategy may be slowed when there is more than a mild and brief symptom exacerbation**; however, missing more than one week of school is not generally recommended.

Definitions:

- *Relative rest: activities of daily living including walking and other light physical and cognitive activities are permitted as tolerated.
- **Mild exacerbation (worsening) of symptoms: No more than a 2-point increase when compared with the pre-activity value on a 0-10-point symptom severity scale***. "Brief" exacerbation of symptoms: Worsening of symptoms for up to 1 hour.
- ***0-10 point symptom severity scale: Please see the [Visual analog scale](#) for an example of a 0-10 symptom severity scale.

These definitions and instructions were harmonized with and modified with permission from the [Amsterdam International Consensus Statement on Concussion in Sport](#)

Date Updated: Sept 2023

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PARENTAL AUTHORIZATION TO PARTICIPATE In COMPETITIVE SPORTS Page 1 of 2

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 sports participation.

ACCIDENT INSURANCE NOTICE

The school division does not provide any accidental death, disability, dismemberment/medical/dental expenses insurance on behalf of students participating in competitive sport activities. The school may offer for purchase by parents a variety of enhanced accidental insurance packages. Parents are encouraged to consider purchasing additional 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 of 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 additional accident insurance coverage for participation in competitive sports activities. I/we have read and understand the notices of accident insurance and elements of risk. I hereby give my informed consent for my child to participate in school sport activities, acknowledging that I have been provided with the information regarding the potential risks involved. I understand that my child's safety is a priority, and I agree to follow the guidelines set forth by the school division.

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Name: _____ Name: _____
Custodial Parent/Legal Guardian Witness

Signature: _____ Signature: _____

Date: _____ Date: _____