

Date of Issue: March 19, 2014**Effective:** Until revoked or modified**Subject:** SCHOOL BOARD POLICIES ON CONCUSSION**Application:** Directors of Education
Supervisory Officers and Secretary-Treasurers of School Authorities
Principals of Elementary Schools
Principals of Secondary Schools
Principals of Provincial and Demonstration Schools

INTRODUCTION

The Ministry of Education expects all school boards¹ in Ontario to develop and maintain a policy on concussion. The purpose of this memorandum is to provide direction to school boards on the development and implementation of their policy. This memorandum outlines the ministry's expectations regarding the components of a board's policy on concussion. The components include strategies to develop awareness of the seriousness of concussions; strategies for the prevention and identification of concussions; management procedures for diagnosed concussions; and training for board and school staff.

This memorandum applies to all publicly funded elementary and secondary schools, including extended-day programs operated by school boards for full-day kindergarten. However, this memorandum does not apply to licensed child-care providers, including those operating on the premises of publicly funded schools.

CONTEXT

The Ministry of Education is committed to promoting awareness of safety in schools and recognizes that the health and safety of students are essential preconditions for effective learning. All partners in education, including the Ministry of Education, other Ontario ministries, school boards, administrators, educators, school staff, students, parents, school volunteers, and community-based organizations, have important roles to play in promoting student health and safety and in fostering and maintaining healthy and safe environments in which students can learn.

Research demonstrates that a concussion can have a significant impact on a student – cognitively, physically, emotionally, and socially. The implementation of a policy on concussion in each school board is therefore another important step in creating healthier schools in Ontario. It also reinforces the knowledge, skills, and attitudes regarding injury prevention that are developed through the various subjects and disciplines in the Ontario curriculum.

1. In this memorandum, *school board(s)* and *board(s)* refer to district school boards and school authorities.

It is very important to students' long-term health and academic success that individuals in schools have information on appropriate strategies to minimize risk of concussion, steps to follow if they suspect that a student may have a concussion, and effective management procedures to guide students' return to learning and physical activity after a diagnosed concussion.

In partnership with the Ministry of Education, the Ministry of Health and Long-Term Care, the Ministry of Tourism, Culture and Sport, medical professionals, sport and recreation organizations, health organizations, and educational organizations, the Ontario Physical and Health Education Association has released a concussion protocol as part of the Ontario Physical Education Safety Guidelines (available at <http://safety.ophea.net>). The protocol, which is based on current research evidence and knowledge, contains information on concussion prevention, symptoms and signs of a concussion, initial response procedures for a suspected concussion, and management procedures for a diagnosed concussion, including a plan to help a student return to learning and to physical activity.

The Ministry of Education considers the concussion protocol outlined in the Ontario Physical Education Safety Guidelines to be the minimum standard.

DEFINITION AND DIAGNOSIS OF *CONCUSSION*

Concussion is the term for a clinical diagnosis that is made by a medical doctor or a nurse practitioner. The definition of *concussion* given below is adapted from the definition provided in the concussion protocol in the Ontario Physical Education Safety Guidelines.

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);
- 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.

It should also be noted that injuries that result from a concussion may lead to “second impact syndrome”, which is a rare condition that causes rapid and severe brain swelling and often catastrophic results, if an individual suffers a second concussion before he or she is free from symptoms sustained from the first concussion.

Since concussions can only be diagnosed by a medical doctor or a nurse practitioner, educators, school staff, or volunteers cannot make the diagnosis of concussion.

DEVELOPMENT OF THE SCHOOL BOARD POLICY ON CONCUSSION

When developing their policy on concussion, school boards are encouraged to consult with school staff, students, parents, teacher federations, education support staff unions, and other education partners, as appropriate.

The roles and responsibilities of administrators, educators, school staff, students, parents, and school volunteers should be clearly articulated throughout the policy.

Each school board's policy on concussion is expected to contain, at a minimum, the following components:

Development of Awareness. The school board policy should include strategies for sharing information on the seriousness of concussions, and on concussion prevention, identification, and management, with students, parents, board employees, administrators, educators, school staff, volunteers, doctors and nurse practitioners, and community-based organizations. The policy should also contain provisions for making connections with the curriculum, where relevant. In addition, the policy should include strategies for sharing information with organizations that use the school facilities, such as community sports organizations and licensed child-care providers operating in schools of the board.

Prevention. The policy should include strategies for preventing and minimizing the risk of sustaining concussions (and other head injuries) in schools and at off-site school events.

Identification. The policy should include the following:

- information on the safe removal of an injured student from activity (for example, initial emergency response strategies following a blow to a student's head, face, or neck, or a blow to a student's body that transmits a force to the student's head)
- initial concussion-assessment strategies (for example, use of common symptoms and signs of a concussion)
- steps to take following an initial assessment

Management Procedures for a Diagnosed Concussion. Information should be included on the development of an individualized and gradual "return to learning and/or return to physical activity" plan for every student with a diagnosed concussion. There is no preset formula for developing strategies to assist a student with a concussion to return to learning activities, since the recovery process will vary for each student. If a student who is recovering from a concussion is experiencing long-term difficulties that begin to affect his or her learning, the school board should follow established processes for identifying and documenting instructional approaches and resources that may be required for responding to the student's ongoing learning needs (for example, individualized classroom accommodations).

Training. The policy should also include strategies for providing regular and ongoing training on concussion awareness, prevention, identification, and management to relevant school board employees and school volunteers. When developing these strategies, school boards should consider basing the timing and intensity of training on staff roles and responsibilities.

IMPLEMENTATION

School boards should fully implement their policy on concussion as soon as possible, but are expected to have their concussion policy fully implemented no later than January 30, 2015.

School boards should ensure that a process is in place to support ongoing implementation and compliance with the board policy at the school level.

SCHOOL BOARD REPORTING

In accordance with paragraph 27.1 of subsection 8(1) of the Education Act, school boards will be required to report to the Ministry of Education upon implementation and, upon request thereafter, on their activities to achieve the expectations outlined in this memorandum.

SUPPORT FOR BOARDS

The Ontario government has established a web portal with key partners, which is available at www.ontario.ca/concussions. This web portal has been developed to provide reliable, evidence-based information on preventing, identifying, and managing concussions to parents, children and youth, educators, coaches, athletes, and health care providers.

In accordance with Ontario Public Health Standards, boards of health are required to work with community partners on the development and implementation of healthy policies and programs and on the creation or enhancement of safe and supportive environments. School boards are encouraged to consult with their local board of health as they develop and implement their concussion policy.