

CONCUSSIONS

Background:

The Division recognizes the importance of the health, safety and overall well-being of its students. It also recognizes children and adolescents are among those at greatest risk for concussions, and while there is potential for a concussion any time there is body trauma, the risk is greatest during activities where collisions can occur, such as during physical education classes, playground time, school-based sports activities or field trips. Teachers and other school staff play a crucial role in the identification of a suspected concussion if they are aware of the signs and symptoms, because they can prevent the student from engaging in further activity and make appropriate medical referrals.

Definitions:

Concussion:

is a brain injury that:

- is caused by trauma and results in changes to brain functions, leading to symptoms that can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty concentrating or remembering), emotional/behavioural (e.g., depression, irritability) and/or related to sleep (e.g., drowsiness, difficulty falling asleep);
- may be caused either by a direct blow to the head, face or neck, or 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 is no loss of consciousness (in fact most concussions occur without a loss of consciousness); and
- cannot normally be seen on X-rays, standard CT scans or MRIs.

Concussion Diagnosis:

is the term for a clinical diagnosis made by a medical doctor or a nurse practitioner. Educators, school staff or volunteers cannot make the diagnosis of concussion.

Procedures:

1. The Superintendent shall share concussion prevention, identification and management information with principals and directors for distribution to staff, students and parents/guardians.
2. The Principal shall:
 - 2.1. facilitate attendance at and/or completion of concussion in-servicing/training for staff and coaching volunteers;
 - 2.2. provide the following resources to school staff, parents/guardians, students and volunteers as required:
 - 2.2.1. [Concussion Guidelines for Teachers](#),
 - 2.2.2. [Concussion Guidelines for Coaches and Trainers](#), and
 - 2.2.3. [Concussion Recognition Tool](#);

- 2.3. make concussion information and documentation available to all school staff and volunteers, where appropriate;
- 2.4. confirm all incidents involving head trauma are reported to parents/guardians;
- 2.5. ensure all incidents involving head trauma are reported and addressed as required using the [Student Incident and Injury Report](#) (Form 160-4) and [Concussion Recognition Tool](#);
- 2.6. ensure, prior to a student's return to physical activities following a diagnosis of concussion, the school obtains a note from the student's doctor indicating what activities can be undertaken and what precautions, if any, need to be taken;
- 2.7. keep on file the above documents and provide a copy to the appropriate staff member(s);
- 2.8. alert staff about students with a suspected or diagnosed concussion;
- 2.9. work with students, parents/guardians, staff, volunteers and health professionals to support concussed students with their recovery and academic success;
- 2.10. for students who are experiencing difficulty in their learning environment as a result of concussion, co-ordinate the development of an Instructional Support Plan (ISP) with written guidance from the student's doctor;
- 2.11. communicate with the school community to encourage parent/guardian co-operation in reporting all non-school-related concussions; and
- 2.12. ensure the appropriate information related to concussions is included in teacher training and lesson plans, and the appropriate forms are available on field trips and at athletic events.

Reference:

Section 11, 52, 53, 196, 197, 256 *Education Act*
Emergency Medical Aid Act
Freedom of Information and Protection of Privacy Act
Health Information Act
Public Health Act
[Safety Guidelines for Alberta Schools](#)