

Extra-Curricular Athletics Safety Guidelines

JUNE 11, 2019

School District 73 Kamloops- Thompson

**Appendix D – Concussion Management Procedures
(Context, Definition, Signs/Symptoms
(Management Procedures for a Diagnosed Concussion)
(Return to Learn/Return to Physical Activity Steps)**

Appendix E – Tool to Identify a Suspected Concussion

Appendix F – Documentation of Medical Examination (Concussion)

**Appendix G – Documentation for a Diagnosed Concussion
(Return to Learn/Return to Physical Activity Plan)**

APPENDIX D

CONCUSSION MANAGEMENT PROCEDURES: RETURN TO LEARN AND RETURN TO PHYSICAL ACTIVITY

CONTEXT

Recent research has made it clear that a concussion can have a significant impact on an athlete's cognitive and physical abilities. Activities that require concentration can cause an athlete's concussion symptoms to reappear or worsen. It is equally important to help athletes as they "return to learn" in the classroom as it is to help them "return to physical activity".

Coaches and school staff play a crucial role in the identification of a suspected concussion as well as the ongoing monitoring and management of an athlete with a concussion. Awareness of the signs and symptoms of concussion and knowledge of how to properly manage a diagnosed concussion is critical in an athlete's recovery and is essential in helping to prevent the athlete from returning to learning or physical activities too soon and risking further complications.

THE INFORMATION PROVIDED IN APPENDIX D IS GENERAL BASED UPON STANDARDS GENERALLY ACCEPTED IN THE MEDICAL PROFESSION. PARENTS WITH SPECIFIC CONCERNS ARE ADVISED TO SEEK ADVICE FROM THEIR OWN MEDICAL PROFESSIONALS.

CONCUSSION DEFINITION

A concussion

- Is a brain injury that causes changes in how the brain functions, leading to symptoms that can be physical (e.g. headache, dizziness), cognitive (e.g. difficulty concentrating or remembering), emotional/behavioral (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 has been 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

A concussion is a clinical diagnosis made by a medical doctor or nurse practitioner. It is critical that an athlete with a suspected concussion be examined by a medical doctor or nurse practitioner.

CONCUSSION COMMON SIGNS AND SYMPTOMS

Following a blow to the head, face or neck, or a blow to the body that transmits a force to the head, a concussion should be suspected in the presence of any one or more of the following signs or symptoms.

Possible Observed Signs

Physical: Vomiting, slurred speech, slowed reaction time, poor coordination or balance, amnesia, blank stare/glassy-eyes/dazed or vacant look, decreased playing ability, seizure or convulsion grabbing or clutching head, lying motionless on the ground or slow to get up, loss of consciousness

Cognitive: Difficulty concentrating, easily distracted, general confusion, slowed reaction time, cannot remember things that happened before and after the injury, does not know time/date/place/class and/or type of activity in which they were participating

Emotional/Behavioral: Strange or inappropriate emotions (e.g. laughing, crying, getting angry easily)

Sleep Disturbance: Drowsiness, insomnia

Possible Symptoms Reported

Physical: Headache, pressure in head, neck pain, feeling off/not right, ringing in the ears, double vision, blurry/loss of vision, seeing stars/flashing lights, pain at physical site of injury, balance problems, nausea/stomach ache, fatigue or feeling tired, sensitivity to light or noise.

Cognitive: Difficulty concentrating or remembering, dazed or in a fog, slowed down, fatigue or low energy

Emotional/Behavioral: Irritable, sad, more emotional than usual, nervous, anxious, depressed

Sleep Disturbance: Drowsy, sleeping more/less than usual, difficulty falling asleep

NOTE:

- Signs and symptoms can appear immediately after the injury or may take hours or days to emerge
- Signs and symptoms may be different for everyone
- An athlete may be reluctant to report symptoms because of a fear that they will be removed from the activity, or their status on a team or in a game could be jeopardized.
- It may be difficult for younger athletes, athletes with special needs or athletes for whom English is not their first language to communicate how they are feeling
- Signs for younger athletes (under the age of 10), may not be as obvious as in older athletes.

INITIAL RESPONSE IDENTIFICATION

If an athlete receives a 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, and as a result may have suffered a concussion, the individual responsible (e.g. coach) for that athlete must take immediate action as follows.

Unconscious Athlete (or where there was any loss of consciousness)

- Stop the activity immediately – assume there is a concussion
- Initiate Emergency Action Plan (see Appendix I) and call 911. Do not move the athlete.
- Assume there is a possible neck injury and, only if trained, immobilize the athlete before emergency medical services arrive. Do not remove athletic equipment unless there is difficulty breathing.
- Stay with the athlete until emergency medical services arrive
- Contact the athlete's parent/guardian (or emergency contact) to inform them of the incident and that emergency medical services have been contacted.
- Monitor and document any changes (e.g. physical, cognitive, emotional/behavioral), in the athlete
- If the athlete regains consciousness, encourage them to remain calm and lie still. Do not administer medication (unless the athlete requires medication for other conditions – e.g. insulin for an athlete with diabetes).

Conscious Athlete

- Stop the activity immediately
- Initiate Emergency Action Plan (see Appendix H).
- When the athlete can be safely moved, remove them from the current activity or game
- Conduct an initial concussion assessment of the athlete (e.g. see Appendix E – Tool to Identify a Suspected Concussion)

If signs are observed and/or symptoms are reported and/or the athlete fails the Quick Memory Function Assessment (see Appendix E), the Coaches response is as follows:

- A concussion should be suspected – do not allow the athlete to return to play in the activity even if the athlete states that they are feeling better
- Contact the athlete's parent/guardian (or emergency contact) to inform them of the incident, that they need to come and pick up the athlete and that the athlete needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.
- Monitor and document any changes (e.g. physical, cognitive, emotional/behavioral) in the athlete. If any signs worsen call 911.
- Do not administer medication unless the athlete requires medication for other conditions (e.g. insulin for diabetes)
- Stay with the athlete until their parent/guardian (or emergency contact) arrives. The

athlete must not leave the premises without the parent/guardian/emergency contact supervision.

Information to be provided to the parent/guardian. The parent/guardian must be:

- Provided with a copy of Appendix E – Tool to Identify a Suspected Concussion, signed by the coach.
- Informed that the athlete needs to be examined by a medical doctor or nurse practitioner as soon as possible that day, and
- Informed that they need to communicate to the school principal the results of the medical examination prior to the athlete returning to school (refer to Appendices F and G)
- If no concussion is diagnosed the athlete may resume regular learning and physical activities
- If a concussion is diagnosed the athlete follows a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan.

If signs are NOT observed, symptoms are NOT reported AND the athlete passes the Quick Memory Function Assessment the following actions are to be taken:

- A concussion is not suspected and the coach may let the athlete return to physical activity
- The coach must contact the athlete's parent/guardian and inform them of the incident
- The parent/guardian must be provided with a copy of Appendix E – Tool to Identify a Suspected Concussion, signed by the coach and informed that the signs and symptoms may not appear immediately and may take hours or days to emerge, and that the athlete should be monitored for 24-48 hours following the incident. If any signs or symptoms emerge, the athlete needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.

Responsibilities of the School Principal

- Once the parent/guardian has informed the principal of the results of the medical examination, the principal must inform all appropriate school staff and file written documentation of the results of the medical examination in the athlete's file.

MANAGEMENT PROCEDURES FOR A DIAGNOSED CONCUSSION

Plan to Learn/Return to Physical Activity Plan

An athlete with a diagnosed concussion needs to follow a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan. The athlete must be symptom free prior to returning to regular learning activities.

In developing the Plan, the return to learn process is individualized to meet the particular needs of the athlete. There is no preset formula for developing strategies to assist an athlete with a concussion to return to their learning activities.

Collaborative Team Approach

The Plan, led by the school principal, needs to be collaborative in nature and include:

- The concussed athlete and his/her parents/guardian
- School staff and volunteers who work with the athlete and, where possible
- The medical doctor or nurse practitioner

Ongoing communication and monitoring by all members of the team is essential for the successful recovery of the athlete.

Completion of the Steps within the Plan

- The steps of the Plan may occur at home or at school
- The Team must factor in special circumstances which may affect the setting in which the steps may occur (e.g. if the athlete has a diagnosed concussion just prior to winter, spring or summer break or if the athlete is neither enrolled in a physical education class nor participating on a school team)
- The Team must ensure that steps 1-4 of the Return to Learn/Return to Physical Activity Plan are completed. Written documentation from a medical doctor or nurse practitioner that indicates the athlete is symptom free and able to return to full participation in physical activity must be provided by the athlete's parent/guardian to the school principal and kept on file.
- **It is important to note that cognitive or physical activities can cause symptoms to reappear**
- **Steps are not days – each step must take a minimum of 24 hours and the length of time needed to complete each step will vary based on the severity of the concussion and the athlete. The signs and symptoms often last for 7-10 days, but may last longer in children and adolescents.**

RETURN TO LEARN/RETURN TO PHYSICAL ACTIVITY

STEP 1 – RETURN TO LEARN/RETURN TO PHYSICAL ACTIVITY

- **The athlete does not attend school during Step 1**
- The most important treatment is cognitive and physical rest. Activities that require concentration and attention (e.g. reading, texting, television, etc.) and physical activity (leisure and competitive) should be eliminated or severely restricted.
- Step 1 continues for a minimum of 24 hours and until the athlete's symptoms begin to improve OR the athlete is symptom free as determined by the parent/guardian and the concussed athlete.
- **Before the athlete can return to school, the parent/guardian must communicate to the principal (see Appendix G) either that the athlete's symptoms are improving (and the athlete will proceed to Step 2a) OR the athlete is symptom free (and will proceed directly to Step 2b)**

Return to Learn – Designated School Staff Lead:

Once the athlete has completed Step 1 and is therefore able to return to school (and begins either Step 2a or Step 2b), one school staff (e.g. a member of the collaborative team), needs to serve as the main point of contact for the athlete, the parent/guardian, other school staff and volunteers who work with the athlete and the medical doctor or nurse practitioner.

The school staff lead will monitor the athlete's progress through the Plan. This may include monitoring how the athlete responds to various activities in order to develop and/or modify appropriate strategies and approaches that meet the changing needs of the athlete.

STEP 2a – RETURN TO LEARN

An athlete with symptoms that are improving, but who is not yet symptom free, may return to school and begin Step 2a. During this step, the athlete requires individualized classroom strategies and/or approaches to return to learning activities. These will need to be adjusted as recovery occurs. At this step, the athlete's cognitive activity should be increased slowly as cognitive activities can cause an athlete's symptoms to reappear or worsen.

It is important for the school staff lead, in consultation with other members of the collaborative team, put in place strategies and approaches that meet the needs of the athlete. The following identifies examples of post-concussion symptoms, the impact these symptoms have on learning and potential strategies and approaches that can help support an athlete in recovery.

COGNITIVE DIFFICULTIES:

- Headache/Fatigue. Athlete has difficulty concentrating, paying attention or multitasking. Strategies:
 - ✓ Simplify instructions. Have the athlete repeat directions back orally.
 - ✓ Allow the athlete frequent breaks, or return to school gradually (e.g. 1-2 hours, half-days....)
 - ✓ Keep distractions to a minimum (e.g. move away from bright lights or noisy areas)
 - ✓ Limit materials on the desk or work space to avoid distractions
 - ✓ Provide alternative assessment opportunities (e.g. give tests orally, allow a scribe to write answers)

- Difficulty remembering or processing speed. Athlete has difficulty retaining new information, remembering instructions, accessing learned information. Strategies:
 - ✓ Provide a daily organizer and prioritize tasks
 - ✓ Provide visual aids and advance organizers
 - ✓ Divide larger assignments into smaller tasks
 - ✓ Provide copies of class notes/instructions
 - ✓ Provide access to assistive technology
 - ✓ Repeat instructions
 - ✓ Provide alternative methods for athlete to demonstrate mastery

- Difficulty paying attention/concentrating. Limited/short-term focus on schoolwork and/or difficulty maintaining a regular academic workload. Strategies:
 - ✓ Coordinate assignments among all teachers
 - ✓ Use a planner/organizer to manage/record assignments
 - ✓ Reduce/prioritize assignments ✓ Extend deadlines
 - ✓ Break down tasks and/or provide alternate assignments/tests
 - ✓ Check frequently for comprehension
 - ✓ Provide athlete with a quiet environment

EMOTIONAL/BEHAVIORAL DIFFICULTIES

- Anxiety, decreased attention/concentration and/or overexertion to avoid falling behind. Strategies:
 - ✓ Give athlete notice of change in the daily schedule
 - ✓ Adjust schedule as needed to avoid fatigue
 - ✓ Build in more frequent breaks during the school day
 - ✓ Provide preparation time to respond to questions

- Irritable or frustrated. Inappropriate or impulsive behavior during class. Strategies:
 - ✓ Acknowledge and empathize with the athlete's frustration or emotional outburst as they occur
 - ✓ Reinforce positive behavior
 - ✓ Provide structure and consistency, and prepare the athlete for changes and transitions
 - ✓ Set reasonable expectations
 - ✓ Anticipate and remove the athlete from problem situations in a non-punitive way

- Light and/or noise sensitivity. Difficulty working in a classroom environment due to light, noise, etc. Strategies:
 - ✓ Arrange strategic seating (e.g. away from window or talkative peers)
 - ✓ Where possible provide special lighting (e.g. task lighting, darker room)
 - ✓ Minimize background noise ✓ Provide alternative settings
 - ✓ Avoid noisy crowded environments such as assemblies and hallways during high traffic times
 - ✓ Allow the athlete to eat lunch in a quiet area with a few friends ✓ Allow athlete to use ear plugs/headphones and sunglasses

PARENT/GUARDIAN MUST COMMUNICATE TO PRINCIPAL (SEE APPENDIX G), THAT THE ATHLETE IS SYMPTOM FREE BEFORE THE ATHLETE CAN PROCEED TO STEP 2b.

STEP 2b – RETURN TO LEARN (OCCURS CONCURRENTLY WITH STEP 2c – RETURN TO PHYSICAL ACTIVITY)

An athlete who has progressed through Step 2a and is now symptom free may proceed to Step 2b. At this step, the athlete begins regular learning activities without any individualized classroom strategies or approaches as per Step 2a. This Step occurs concurrently with Step 2c – Return to Physical Activity. Since concussion symptoms can reoccur the athlete must continue to be closely monitored by the designated school staff lead and collaborative team for the return of concussion symptoms and/or a deterioration of work habits and performance.

If at any time, concussion signs return, the athlete must be examined by a medical doctor or nurse practitioner. The parent/guardian must communicate the results and the appropriate step to resume the Plan to the school principal (see Appendix H), before the athlete can return to school.

STEP 2c – RETURN TO PHYSICAL ACTIVITY

- Individual light aerobic physical activity (e.g. walking, stationary cycling, swimming)
- No resistance or weight training. No competition, including practices. No drills. No body contact.
- No participation with equipment or with other athletes
- **Parent/guardian must report back to principal (see Appendix H), that the athlete continues to be symptom free in order for the athlete to proceed to Step 3.**

STEP 3 – RETURN TO PHYSICAL ACTIVITY

- Individual sport-specific physical activity only (e.g. running drills in soccer, shooting drills in basketball)
- No resistance/weight training. No competition, practices or scrimmages. No body contact.
- No head impact activities or other jarring motions (e.g. high speed stops, hitting a baseball with a bat)

STEP 4 – RETURN TO PHYSICAL ACTIVITY

- Activities where there is no body contact. Progressive resistance training may be started.
- Non-contact practice and progression to more complex drills (e.g. passing drills)
- No activities that involve head impact or other jarring motions
- Coach/School staff lead communicates with parent/guardian that the athlete has successfully completed Steps 3 and 4.
- **Parent/guardian must provide the principal with written documentation from a medical doctor or nurse practitioner that indicates the athlete is symptom free and able to return to full participation in order for athlete to proceed to Step 5.**
- Principal will keep written documentation in student file.

STEP 5 – RETURN TO PHYSICAL ACTIVITY

- Full participation in regular physical activity in non-contact sports. Full training/practice for contact sports
- No competition that involves body contact

STEP 6 – RETURN TO PHYSICAL ACTIVITY (CONTACT SPORTS)

- Full participation in contact sports

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APPENDIX E

TOOL TO IDENTIFY A SUSPECTED CONCUSSION

This tool is a quick reference, to be completed by teachers/coaches, to help identify a suspected concussion and to communicate this information to parent/guardian.

IDENTIFICATION OF SUSPECTED CONCUSSION

Following a blow to the head, face or neck, or blow to the body that transmits a force to the head, a concussion must be suspected in the presence of any one or more of the signs or symptoms outlined in the checklist below and/or the failure of the Quick Memory Function Assessment.

1. An incident occurred involving _____
(athlete name) on _____(date). They were observed for signs
and symptoms of a concussion.

___ No signs or symptoms described below were noted at the time.
Continued monitoring is important as signs and symptoms of a
concussion may appear hours or days later.

___ The following signs were observed or symptoms reported.
Circle all that apply

Possible Signs Observed (something observed by another person):

Vomiting	Slurred Speech
Slowed reaction time	Poor coordination/balance
Blank stare/dazed/vacant look	Decreased playing ability
Loss of consciousness	Lack of responsiveness
Seizure or convulsion	Lying motionless/slow to get up
Amnesia	Grabbing or clutching of head
Difficulty concentrating	Easily distracted
General confusion	Strange or inappropriate emotions
Slow reaction time answering questions or following directions	
Cannot remember things that happened before and after the injury	
Does not know time, date, place, class, type of activity in which they were participating	

Possible Symptoms Reported (something the athlete will feel/report):

Headache	Pressure in head
Neck pain	Feeling off/not right
Ringing in the ears	Seeing double Blurry/loss of vision
Seeing stars/flashing lights	Pain at physical site of injury
Nausea/stomach ache	Balance problems/dizziness
Fatigue or feeling tired	Sensitive to light/noise
Difficulty concentrating	Difficulty remembering Dazed or in a fog
More emotional than usual	Nervous/Anxious/Depressed

IF ANY OBSERVED SIGNS WORSEN, CALL 911

Perform Quick Memory Function Assessment

Ask the athlete the following questions, recording the answers below. Failure to answer any one of these questions correctly may indicate a concussion.

- What room/location are we in right now? _____
- What sport/game are we playing now? _____
- What part of the day is it? _____
- What is the name of your coach? _____
- What school do you go to? _____

Action to be Taken

If there are any signs observed or symptoms reported, or if the athlete fails to answer any of the above questions correctly, a concussion should be suspected.

The athlete must be removed from play and must not be allowed to return to play that day even if the athlete states that they are feeling better. The athlete must not leave the premises without parent/guardian (or emergency contact) supervision. In all cases of a suspected concussion, the athlete must be examined by a medical doctor or nurse practitioner for diagnosis and must follow Appendix E.

Continued Monitoring by Parent/Guardian

Athletes should be monitored for 24-48 hours following the incident as signs and symptoms can appear immediately or may take hours or days to emerge. If any signs or symptoms emerge, the athlete needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.

Coach/Teacher name: _____

Coach/Teacher signature: _____

Date: _____

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APPENDIX F

DOCUMENTATION OF MEDICAL EXAMINATION

This form is to be provided to all athletes suspected of having a concussion. For more information see Appendix D – Concussion Management Procedures: Return to Learn and Return to Physical Activity

_____ (athlete name) sustained a suspected
concussion on _____ (date)

As a result, this athlete must be seen by a medical doctor or nurse practitioner. Prior to returning to school the parent/guardian must inform the school principal of the results of the medical examination by completing the following:
Results of Medical Examination

_____ My child has been examined and no concussion has been diagnosed and therefore may resume full participation in learning and physical activity with no restrictions.

_____ My child has been examined and a concussion has been diagnosed and therefore must begin a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan

Parent/Guardian name: _____

Date: _____

Parent/Guardian signature: _____

Comments:

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APPENDIX G

DOCUMENTATION FOR A DIAGNOSED CONCUSSION RETURN TO LEARN/RETURN TO PHYSICAL ACTIVITY PLAN

This form is to be used by parent/guardian to communicate their child's progress through the plan and is to be used with Appendix E – Concussion Management Procedures: Return to Learn and Return to Physical Activity.

The Return to Learn/Return to Physical Activity Plan is a combined approach. Step 2a – Return to Learn must be completed prior to the athlete returning to physical activity. Each step must take a minimum of 24 hours. Step 2b and Step 2 occur concurrently.

Step 1 – Return to Learn/Return to Physical Activity

- Completed at home
- Cognitive Rest – includes limiting activities that require concentration and attention (e.g. reading, texting, television, video games)
- Physical Rest – includes restricting recreational/leisure and competitive physical activities.

_____ My child has completed Step 1 and their symptoms have shown improvement and will proceed to Step 2a

_____ My child has completed Step 1 and is symptom free and will proceed directly to Step 2b and Step 2.

Parent/Guardian name: _____

Date: _____

Parent/Guardian signature: _____

Comments:

If at any time during the following steps symptoms return, please refer to the “Return of Symptoms” section at the end of this Appendix.

Step 2a – Return to Learn

- Athlete returns to school and requires individualized classroom strategies/approaches which gradually increase cognitive activity.
- Athlete requires physical rest, including restricting recreational/leisure and competitive activities.

_____ My child has been receiving individualized classroom strategies/approaches and is symptom free. My child will proceed to Step 2b and Step 2c.

Parent/Guardian signature: _____

Date: _____

Comments:

Step 2b – Return to Learn

- Athlete returns to regular learning activities at school

Step 2c – Return to Physical Activity

- Athlete can participate in individual light aerobic physical activity only
- Athlete continues with regular learning activities.

_____ My child is symptom free after participating in light aerobic physical activity and will proceed to Steps 3 and 4.

Parent/Guardian signature: _____

Date: _____

Comments:

Step 3 – Return to Physical Activity

- Athlete may begin individual sport-specific physical activity only

Step 4 – Return to Physical Activity

- Athlete may begin activities where there is no body contact

_____ My child is symptom free after participating in individual sport-specific physical activity only and activities where there is no body contact

Parent/Guardian signature: _____

Date: _____

The parent/guardian will be provided with the following section to obtain medical doctor/nurse practitioner diagnosis and signature.

Medical Examination

I, _____ (medical doctor/nurse practitioner name)
have examined _____ (athlete name) and confirm
they continue to be symptom free and are able to return to physical activities in
non-contact sports and full training/practices for contact sports.

Medical Doctor/Nurse Practitioner signature:

Step 5 – Return to Physical Activity

- Athlete may resume regular physical activities in non-contact sports and full training/practices for contact sports.

Step 6 – Return to Physical Activity

- Athlete may resume full participation in contact sports with no restrictions

Return of Symptoms:

_____ My child has experienced a return of concussion signs and/or symptoms and has been examined by a medical doctor/nurse practitioner, who has advised a return to Step _____ of the Return to Learn/Return to Physical Activity Plan.

Parent/Guardian signature: _____

Date: _____

Comments:

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