

RETSD Concussion Protocol

November 2018



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CONCUSSION PROTOCOL

INTRODUCTION

In November 2017, the Government of Manitoba passed Bill 37: The Concussion in Youth Sport Act. The Bill required school boards to adopt return-to-play-and-learn protocols. It is River East Transcona School Division's responsibility to ensure the physical and emotional safety of all students. This protocol recognizes that head injury may occur during school events, but may also take place outside of the school jurisdiction but may still affect play and learning during the school day. This protocol, developed in conjunction with the six metro school divisions in Winnipeg, outlines the proactive educational processes and the responsive safety processes for students, parents, coaches, and staff.

POLICY: JLC HEAD INJURY-CONCUSSION

The River East Transcona School Division recognizes that some students may sustain a head injury at school that results in a concussion, or may be attending school after a recent head injury that results in a concussion. The River East Transcona School Division acknowledges the serious nature of a concussion and how physical activity and cognitive activity during the recovery period may impact the student.

Staff or volunteers who become aware of a student who has suffered a head injury shall notify the parents/guardians as described in the concussion protocols. Parents should then have a medical practitioner examine the student and determine the extent of the injury. School administration shall also be informed immediately so that the protocols for Return to Learn/Return to Play can be implemented after medical notification is received.

In the absence of a note from a medical practitioner, school staff will exercise caution. This may include limiting or removing recess, active physical education time, school sports events, etc. until a doctor's note is produced clearing the student for full school activity involvement.

HEAD INJURY RECOGNITION

Diagnosis of concussion should be made by a medical practitioner. Staff, coaches, volunteers, administrators should recognize and report any students who incur a head injury and/or demonstrate or report concussion related symptoms.

Signs and symptoms may include:

- Headache
- Dizziness
- Ringing in the ears
- Sleepiness
- Loss of vision
- Stomachache, nausea
- Poor coordination or balance
- Easily distracted Poor concentration
- Strange or inappropriate emotions (e. laughing, crying, getting made easily)

COMMUNICATION AND EDUCATION

Concussion education of all sports stakeholders within RETSD will occur on an annual basis. This will include communication to students, parents, coaches, officials, teachers, and trainers on:

- Definition of concussion
- Possible mechanisms of injury
- Common signs and symptoms
- Preventative steps
- Point of injury procedures
- Review of RETSD policy and protocols

The following information sheets will be accessible to schools to provide to the stakeholder groups. The RETSD Physical Education/Health consultants will provide an annual reminder to school administration and physical education staff to communicate the information to students, parents, coaches, officials, and trainers.

The attached information will be accessible to schools to provide to the stakeholder groups. The RETSD Physical Education/Health consultants will provide an annual reminder to school administration and physical education staff to communicate the information.

Coaches of high impact sports will review the pre-season concussion education sheet and will maintain signed copies from all athletes and parents.

Pre-Season Concussion Education Sheet

WHAT IS A CONCUSSION?

A concussion is a brain injury that can't be seen on x-rays, CT or MRI scans. It affects the way an athlete thinks and can cause a variety of symptoms.

WHAT CAUSES A CONCUSSION?

Any blow to the head, face or neck, or somewhere else on the body that causes a sudden jarring of the head may cause a concussion. Examples include getting body-checked in hockey or hitting one's head on the floor in gym class.

WHEN SHOULD I SUSPECT A CONCUSSION?

A concussion should be suspected in any athlete who sustains a significant impact to the head, face, neck, or body and reports *ANY* symptoms or demonstrates *ANY* visual signs of a concussion. A concussion should also be suspected if an athlete reports *ANY* concussion symptoms to one of their peers, parents, teachers, or coaches or if anyone witnesses an athlete exhibiting *ANY* of the visual signs of concussion. Some athletes will develop symptoms immediately while others will develop delayed symptoms (beginning 24-48 hours after the injury).

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

A person does not need to be knocked out (lose consciousness) to have had a concussion. Common symptoms include:

- ▶ Headaches or head pressure
- ▶ Dizziness
- ▶ Nausea and vomiting
- ▶ Blurred or fuzzy vision
- ▶ Sensitivity to light or sound
- ▶ Balance problems
- ▶ Feeling tired or having no energy
- ▶ Not thinking clearly
- ▶ Feeling slowed down
- ▶ Easily upset or angered
- ▶ Sadness
- ▶ Nervousness or anxiety
- ▶ Feeling more emotional
- ▶ Sleeping more or sleeping less
- ▶ Having a hard time falling asleep
- ▶ Difficulty working on a computer
- ▶ Difficulty reading
- ▶ Difficulty learning new information

WHAT ARE THE VISUAL SIGNS OF A CONCUSSION?

Visual signs of a concussion may include:

- ▶ Lying motionless on the playing surface
- ▶ Slow to get up after a direct or indirect hit to the head
- ▶ Disorientation or confusion or inability to respond appropriately to questions
- ▶ Blank or vacant stare
- ▶ Balance, gait difficulties, motor incoordination, stumbling, slow labored movements
- ▶ Facial injury after head trauma
- ▶ Clutching head

WHAT SHOULD I DO IF I SUSPECT A CONCUSSION?

If any athlete is suspected of sustaining a concussion during sports they should be immediately removed from play. Any athlete who is suspected of having sustained a concussion during sports must not be allowed to return to the same game or practice.

It is important that ALL athletes with a suspected concussion undergo medical assessment by a medical doctor or nurse practitioner, as soon as possible. It is also important that ALL athletes with a suspected concussion receive written medical clearance from a medical doctor or nurse practitioner before returning to sport activities.

WHEN CAN THE ATHLETE RETURN TO SCHOOL AND SPORTS?

It is important that all athletes diagnosed with a concussion follow a step-wise return to school and sports-related activities that includes the following Return-to-School and Return-to-Sport Strategies. It is important that youth and adult student-athletes return to full-time school activities before progressing to stage 5 and 6 of the Return-to-Sport Strategy.

Return-to-School Strategy¹

Stage	Aim	Activity	Goal of each step
1	Daily activities at home that do not give the student-athlete symptoms	Typical activities during the day as long as they do not increase symptoms (i.e. reading, texting, screen time). Start at 5-15 minutes at a time and gradually build up.	Gradual return to typical activities.
2	School activities	Homework, reading or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work.
3	Return to school part-time	Gradual introduction of schoolwork. May need to start with a partial school day or with increased breaks during the day.	Increase academic activities.
4	Return to school full-time	Gradually progress.	Return to full academic activities and catch up on missed school work.

Sport-Specific Return-to-Sport Strategy¹

Stage	Aim	Activity	Goal of each step
1	Symptom-limiting activity	Daily activities that do not provoke symptoms.	Gradual re-introduction of work/school activities.
2	Light aerobic activity	Walking or stationary cycling at slow to medium pace. No resistance training.	Increase heart rate.
3	Sport-specific exercise	Running or skating drills. No head impact activities.	Add movement.
4	Non-contact training drills	Harder training drills, e.g. passing drills. May start progressive resistance training.	Exercise, coordination and increased thinking.
5	Full contact practice	Following medical clearance and complete return to school.	Restore confidence and assess functional skills by coaching staff.
6	Return to sport	Normal game play.	

HOW LONG WILL IT TAKE FOR THE ATHLETE TO RECOVER?

Most athletes who sustain a concussion will make a complete recovery within 1-2 weeks while most youth athletes will recover within 1-4 weeks. Approximately 15-30% of patients will experience persistent symptoms (>2 weeks for adults; >4 weeks for youth) that may require additional medical assessment and management.

¹Source: McCrory et al. (2017). Consensus statement on concussion in sport – the 5th international conference on concussion in sport held in Berlin, October 2016. *British Journal of Sports Medicine*, 51(11), 838-847. <http://dx.doi.org/10.1136/bjsports-2017->

HOW CAN I HELP PREVENT CONCUSSIONS AND THEIR CONSEQUENCES?

Concussion prevention, recognition and management require athletes to follow the rules and regulations of their sport, respect their opponents, avoid head contact, and report suspected concussions.

TO LEARN MORE ABOUT CONCUSSIONS PLEASE VISIT:

Parachute Canada: www.parachutecanada.org/concussion

SIGNATURES (OPTIONAL): The following signatures certify that the athlete and his/her parent or legal guardian have reviewed the above information related to concussion.

Printed name of athlete

Signature of athlete

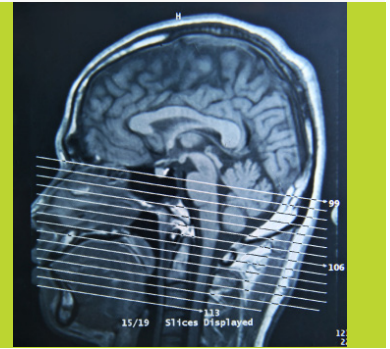
Date

Printed name of parent

Signature of parent

Date

Concussion Guidelines for COACHES & TRAINERS



WHAT IS A CONCUSSION?

A concussion is a brain injury that cannot be seen on routine x-rays, CT scans, or MRIs. It affects the way a person may think and remember things, and can cause a variety of symptoms.

WHAT ARE THE SYMPTOMS AND SIGNS OF CONCUSSION?

A STUDENT DOES NOT NEED TO BE KNOCKED OUT (LOSE CONSCIOUSNESS) TO HAVE HAD A CONCUSSION.

THINKING PROBLEMS	ATHLETE'S COMPLAINTS	OTHER PROBLEMS
<ul style="list-style-type: none"> • Does not know time, date, place, period of game, opposing team, score of game • General confusion • Cannot remember things that happened before and after the injury • Knocked out 	<ul style="list-style-type: none"> • Headache • Dizziness • Feels dazed • Feels "dinged" or stunned; "having my bell rung" • Sees stars, flashing lights • Ringing in the ears • Sleepiness • Loss of vision • Sees double or blurry • Stomachache, stomach pain, nausea 	<ul style="list-style-type: none"> • Poor coordination or balance • Blank stare/glassy eyed • Vomiting • Slurred speech • Slow to answer questions or follow directions • Easily distracted • Poor concentration • Strange or inappropriate emotions (ie. laughing, crying, getting mad easily) • Not playing as well

WHAT CAUSES A CONCUSSION?

Any blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion (ie. a ball to the head, being checked into the boards in hockey).

WHAT SHOULD YOU DO IF AN ATHLETE GETS A CONCUSSION?

The athlete should stop playing the sport right away. They should not be left alone and should be seen by a doctor as soon as possible that day. If an athlete is knocked out, call an ambulance to take them to a

hospital immediately. Do not move the athlete or remove athletic equipment like a helmet as there may also be a cervical spine injury; wait for paramedics to arrive.

An athlete with a concussion should not go back to play that day, even if they say they are feeling better. Problems caused by a head injury can get worse later that day or night. They should not return to sports until he/she has been seen by a doctor.

HOW LONG WILL IT TAKE FOR THE ATHLETE TO GET BETTER?

The signs and symptoms of a concussion often last for 10-14 days but may last much longer. In some cases, athletes may take many weeks or months to heal. If symptoms are persistent (e.g, more than 10–14 days in adults or more than 1 month in children), the athlete should be referred to a healthcare professional who is an expert in the management of concussion. Having had previous concussions may increase the chance that a person may take longer to heal.

HOW IS A CONCUSSION TREATED?

IT IS VERY IMPORTANT THAT AN ATHLETE DOES NOT GO BACK TO SPORTS IF THEY HAVE ANY CONCUSSION SYMPTOMS OR SIGNS.

Return to sport and activity must follow a step-wise approach:

STEP 1) After an initial short period of rest of 24-48 hours, light cognitive and physical activity can be initiated as long as they don't worsen symptoms. A physician, preferably one with experience managing concussions, should be consulted before beginning a step-wise [return to learn](#) and sport strategy.

STEP 2) Light exercise such as walking or stationary cycling, for 10-15 minutes.

STEP 3) Sport specific aerobic activity (ie. skating in hockey, running in soccer), for about 20-30 minutes. NO CONTACT.

STEP 4) "On field" practice such as ball drills, shooting drills, and other activities with NO CONTACT

(ie. no checking, no heading the ball, etc.).

STEP 5) "On field" practice with body contact, once cleared by a doctor.

STEP 6) Game play.

There should be at least 24 hours (or longer) for each step of the progression. If any symptoms worsen during exercise, STOP activity and go back to the previous step. Resistance training should be added only in the later stages (Step 4 or 5 at the earliest). If symptoms are persistent (e.g, more than 10–14 days in adults or more than 1 month in children), the athlete should be referred to a healthcare professional who is an expert in the management of concussion.

WHEN CAN AN ATHLETE WITH A CONCUSSION RETURN TO SPORT?

It is very important that an athlete not play any sports if they have any signs or symptoms of concussion. When he/she is back to normal and has been seen by a doctor, he/she can then go through the steps of increasing activity described above. When the athlete has progressed through these steps with no symptoms or problems, and has received clearance from a doctor, he/she may return to the sport.

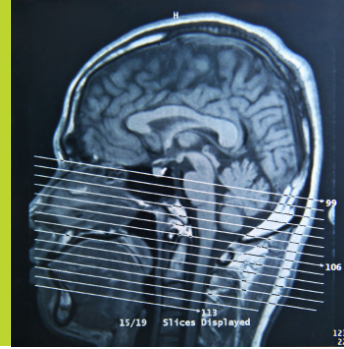
RESOURCES

Return to Learn Protocol

<http://horizon.parachutecanada.org/en/article/parachutes-return-to-learn-protocol/>

To learn more visit www.parachutecanada.org/concussion

Concussion Guidelines for TEACHERS



WHAT IS A CONCUSSION?

A concussion is a brain injury that cannot be seen on routine x-rays, CT scans, or MRIs. It affects the way a person may think and remember things, and can cause a variety of symptoms.

WHAT ARE THE SYMPTOMS AND SIGNS OF CONCUSSION?

A STUDENT DOES NOT NEED TO BE KNOCKED OUT (LOSE CONSCIOUSNESS) TO HAVE HAD A CONCUSSION.

THINKING PROBLEMS	STUDENT'S COMPLAINTS	OTHER PROBLEMS
<ul style="list-style-type: none"> • Does not know time, date, place, period of game, opposing team, score of game • General confusion • Cannot remember things that happened before and after the injury • Knocked out 	<ul style="list-style-type: none"> • Headache • Dizziness • Feels dazed • Feels "dinged" or stunned; "having my bell rung" • Sees stars, flashing lights • Ringing in the ears • Sleepiness • Loss of vision • Sees double or blurry • Stomachache, stomach pain, nausea 	<ul style="list-style-type: none"> • Poor coordination or balance • Blank stare/glassy eyed • Vomiting • Slurred speech • Slow to answer questions or follow directions • Easily distracted • Poor concentration • Strange or inappropriate emotions (ie. laughing, crying, getting mad easily) • Not playing as well

WHAT CAUSES A CONCUSSION?

Any blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion (ie. a ball to the head, being checked into the boards in hockey).

WHAT SHOULD YOU DO IF YOU SUSPECT A CONCUSSION IN A STUDENT?

It is important to know how to deal with a student whom you suspect has sustained a concussion while participating in a sport or activity at school. **IF YOU SUSPECT A CONCUSSION, THE STUDENT SHOULD STOP PLAYING THE SPORT OR ACTIVITY RIGHT AWAY.** He/she should not be left alone and should be seen by a doctor as soon as possible that day. If a student is knocked out for more than a minute, call an ambulance to take him/her to a hospital immediately. Do not move him/her or remove athletic equipment like a helmet; wait for paramedics to arrive. The [sport concussion recognition tool 5](#) (CRT5), can be used by anyone to help identify suspected concussion in children, youth, and adults.

This tool should be kept and used at the point of play: field, rink, school yard, etc. It is helpful in identifying how to recognize symptoms related to concussion, as well as when to remove an athlete from play. The signs and symptoms of concussion are covered, and the tool also provides memory function tests to use with athletes.

Anyone suspected of having sustained a concussion should not go back to play that day, even if he/she says he/she is feeling better. Problems caused by a head injury can get worse later that day or night. He/she should not return to activity until he/she has been seen by a doctor.

HOW LONG WILL IT TAKE FOR THE STUDENT TO GET BETTER?

The signs and symptoms of a concussion often last for 10-14 days but may last much longer. In some cases, children may take many weeks or months to heal. If symptoms are persistent (e.g, more than 10–14 days in

adults or more than 1 month in children), the individual should be referred to a healthcare professional who is an expert in the management of concussion. Having had previous concussions may increase the chance that a person may take longer to heal.

HOW IS A CONCUSSION TREATED?

The general recommendation is a brief 24-48 hour period of rest followed by a gradual return to light cognitive and physical activities as tolerated by the student. It is important to remember to not push too hard, and only indulge in those activities that do not worsen symptoms while progressing through the stages of recovery.

Many students find that attending school aggravates their symptoms, and may have to stay home and rest. It is not possible to know when symptoms will improve, as each concussion is unique. Therefore, a specific return date to school may not initially be possible for the student, their parents, or doctor to provide. Once they feel better, they can try going back to school, initially part time (e.g. half days at first) and, if their symptoms do not return, full time. Remember that mental exertion can make symptoms worse, so the student's workload may need to be adjusted accordingly.

It is very important that a student does not engage in any activity that worsens the symptoms. [PARACHUTE'S RETURN TO LEARN PROTOCOL](#) is an easy to use tool that can help you understand the various stages of the progression in returning to school safety.

Return to sport and activity must follow a step-wise approach:

STEP 1) After an initial short period of rest of 24-48 hours, light cognitive and physical activity can be initiated as long as they don't worsen symptoms. A physician, preferably one with experience managing concussions, should be consulted before beginning a step-wise [return to learn](#) and sport strategy.

STEP 2) Light exercise such as walking or stationary cycling, for 10-15 minutes.

STEP 3) Sport specific aerobic activity (ie. skating in hockey, running in soccer), for about 20-30 minutes. **NO CONTACT.**

STEP 4) “On field” practice such as ball drills, shooting drills, and other activities with **NO CONTACT** (ie. no checking, no heading the ball, etc.).

STEP 5) “On field” practice with body contact, once cleared by a doctor.

STEP 6) Game play.

There should be at least 24 hours (or longer) for each step of the progression. If any symptoms worsen during exercise, you should go back to the previous step. Resistance training should be added only in the later stages (Step 4 or 5 at the earliest). If symptoms are persistent (e.g, more than 10–14 days in adults or more than 1 month in children), the athlete should be referred to a healthcare professional who is an expert in the management of concussion.

WHEN CAN A STUDENT WITH A CONCUSSION RETURN TO SPORT?

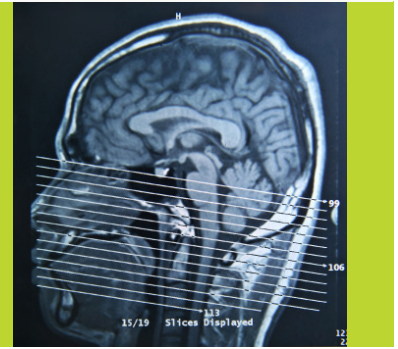
It is very important that a student not play any sports, including P.E. class activities. When he/she has been seen by a doctor, he/she can then go through the steps of increasing activity described above. When the student has progressed through these steps with no symptoms or problems, and has received clearance from a doctor, he/she may return to playing sports.

RESOURCES

Return to Learn Protocol - <http://horizon.parachutecanada.org/en/article/parachutes-return-to-learn-protocol/>

To learn more visit www.parachutecanada.org/concussion

Concussion Guidelines for PARENTS & CAREGIVERS



WHAT IS A CONCUSSION?

A concussion is a brain injury that cannot be seen on routine x-rays, CT scans, or MRIs. It affects the way a child may think and remember things, and can cause a variety of symptoms.

WHAT ARE THE SYMPTOMS AND SIGNS OF CONCUSSION?

A CHILD DOES NOT NEED TO BE KNOCKED OUT (LOSE CONSCIOUSNESS) TO HAVE HAD A CONCUSSION.

THINKING PROBLEMS	CHILD'S COMPLAINTS	OTHER PROBLEMS
<ul style="list-style-type: none"> • Does not know time, date, place, period of game, opposing team, score of game • General confusion • Cannot remember things that happened before and after the injury • Knocked out 	<ul style="list-style-type: none"> • Headache • Dizziness • Feels dazed • Feels "dinged" or stunned; "having my bell rung" • Sees stars, flashing lights • Ringing in the ears • Sleepiness • Loss of vision • Sees double or blurry • Stomachache, stomach pain, nausea 	<ul style="list-style-type: none"> • Poor coordination or balance • Blank stare/glassy eyed • Vomiting • Slurred speech • Slow to answer questions or follow directions • Easily distracted • Poor concentration • Strange or inappropriate emotions (ie. laughing, crying, getting mad easily) • Not playing as well

WHAT CAUSES A CONCUSSION?

Any blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion (ie. a ball to the head, being checked into the boards in hockey).

WHAT SHOULD YOU DO IF YOUR CHILD GETS A CONCUSSION?

Your child should stop playing the sport right away.

They should not be left alone and should be seen by a doctor as soon as possible that day. If your child is knocked out, call an ambulance to take him/her to the hospital immediately. Do not move your child or remove any equipment such as helmet, in case of a cervical spine injury.

Wait for paramedics to arrive.

WHAT TO DO IF YOU SUSPECT YOUR CHILD HAS A CONCUSSION ?

In all suspected cases of concussion, the child should STOP the activity immediately and removed from the activity.

The [sport concussion recognition tool 5](#) (CRT5), can be used by anyone to help identify suspected concussion in children, youth, and adults. It is helpful in identifying how to recognize symptoms related to concussion.

HOW LONG WILL IT TAKE FOR MY CHILD TO GET BETTER?

The signs and symptoms of a concussion often last for 10-14 days but may last much longer. In some cases, children may take many weeks or months to heal. If symptoms are persistent (e.g. more than 1 month in children), the child should be referred to a healthcare professional who is an expert in the management of concussion. Having had previous concussions may increase the chance that a person may take longer to heal.

HOW IS A CONCUSSION TREATED?

After an initial short period of rest of 24-48 hours, light cognitive and physical activity can be initiated as long as they don't worsen symptoms. A physician, preferably one with experience managing concussions, should be consulted before beginning a step-wise [return to learn](#) and sport strategy.

The child should not exercise, go to school or do any activities that may make them worse, like riding a bike, play wrestling, reading, working on the computer or playing video games. If your child goes back to activities before they are completely better, they are more likely to get worse, and to have symptoms longer.

Beyond the initial period of 24-48 hours of rest, they can start a step-wise increase in activities. It is important that your child is seen by a doctor before he/she begins the steps needed to return to activity, to make sure he/she is completely better. If possible, your child should be seen by a doctor with experience in treating concussions.

WHEN CAN MY CHILD RETURN TO SCHOOL?

Sometimes children who have a concussion may find it hard to concentrate in school and may get a worse headache or feel sick to their stomach if they are in school. Children should stay home from school if their symptoms get worse while they are in class. Once they feel better, they can try going back to school part time to start (eg. for half days initially) and if they are okay with that, then they can go back full time.

Parachute's [Return to Learn protocol](#) provides easy and useful information on the different stages of returning to learn. A Return to Learn strategy must occur before returning to sport.

WHEN CAN MY CHILD RETURN TO SPORT?

It is very important that your child not go back to sports if he/she has any concussion symptoms or signs. Return to sport and activity must follow a step-wise approach:

STEP 1) After an initial short period of rest of 24-48 hours, light cognitive and physical activity can be initiated as long as they don't worsen symptoms. A physician, preferably one with experience managing concussions, should be consulted before beginning a step-wise [return to learn](#) and sport strategy.

STEP 2) Light exercise such as walking or stationary cycling, for 10-15 minutes. As long as these activities don't make symptoms worse, move on to step 3.

STEP 3) Individual sport-specific exercise with NO CONTACT (i.e., skating in hockey, running in soccer), for 20-30 minutes. When your child has no more symptoms and is back to full-time school activities, move on to step 4.

STEP 4) "On field" practice with NO CONTACT (i.e., ball drills, shooting drills. No checking, no heading the ball, etc.).

STEP 5) "On field" practice with body contact, once cleared by a doctor.

STEP 6) Normal game play.

Note: There should be at least 24 hours (or longer) for each step of the progression. If any symptoms worsen during exercise, STOP activity and go back to the previous step. Resistance training should be added only in the later stages (Step 4 or 5 at the earliest). If symptoms are persistent (e.g, more than 10–14 days in adults or more than 1 month in children), the athlete should be referred to a healthcare professional who is an expert in the management of concussion.

WHEN SHOULD I TAKE MY CHILD TO THE DOCTOR?

Every child who gets a head injury should be seen by a doctor as soon as possible. Your child should go back to the doctor IMMEDIATELY if, after being told he/she has a concussion, he/she has worsening of symptoms such as:

1. being more confused
2. headache that is getting worse
3. vomiting more than twice
4. strange behaviour
5. not waking up
6. having any trouble walking
7. having a seizure

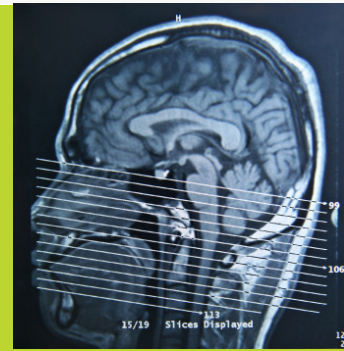
Problems caused by a head injury can get worse later that day or night. The child should not be left alone and should be checked throughout the night. If you have any concerns about the child's breathing or how they are sleeping, wake them up. Otherwise, let them sleep. If they seem to be getting worse, you should see your doctor immediately. **NO CHILD SHOULD GO BACK TO SPORT UNTIL THEY HAVE BEEN CLEARED TO DO SO BY A DOCTOR.**

RESOURCES

Return to Learn Protocol

<http://horizon.parachutecanada.org/en/article/parachutes-return-to-learn-protocol/>

Concussion Guidelines for THE ATHLETE



WHAT IS A CONCUSSION?

A concussion is a brain injury that cannot be seen on routine x-rays, CT scans, or MRIs. It affects the way a person may think and remember things for a short time, and can cause a variety of symptoms.

WHAT ARE THE SYMPTOMS AND SIGNS OF CONCUSSION?

YOU DON'T NEED TO BE KNOCKED OUT (LOSE CONSCIOUSNESS) TO HAVE HAD A CONCUSSION.

THINKING PROBLEMS	CHILD'S COMPLAINTS	OTHER PROBLEMS
<ul style="list-style-type: none"> • Does not know time, date, place, period of game, opposing team, score of game • General confusion • Cannot remember things that happened before and after the injury • Knocked out 	<ul style="list-style-type: none"> • Headache • Dizziness • Feels dazed • Feels "dinged" or stunned; "having my bell rung" • Sees stars, flashing lights • Ringing in the ears • Sleepiness • Loss of vision • Sees double or blurry • Stomachache, stomach pain, nausea 	<ul style="list-style-type: none"> • Poor coordination or balance • Blank stare/glassy eyed • Vomiting • Slurred speech • Slow to answer questions or follow directions • Easily distracted • Poor concentration • Strange or inappropriate emotions (ie. laughing, crying, getting mad easily) • Not playing as well

WHAT CAUSES A CONCUSSION?

Any blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion (ie. a ball to the head, being checked into the boards in hockey).

WHAT SHOULD YOU DO IF YOU GET A CONCUSSION?

You should stop playing the sport right away.

Continuing to play increases your risk of more severe, longer lasting concussion symptoms, as well as increases your risk of other injury. You should tell your coach, trainer, parent or other responsible person that you are concerned you have had a concussion, and should not return to play that day. You should not be left alone and should be seen by a doctor as soon as possible that day. You should not drive. If someone is knocked out, call an ambulance to take them to a hospital immediately.

Do not move them or remove athletic equipment such as a helmet until the paramedics arrive.

HOW LONG WILL IT TAKE TO GET BETTER?

The signs and symptoms of a concussion often last for 10-14 days but may last much longer. In some cases, athletes may take many weeks or months to heal. If symptoms are persistent (e.g, more than 10–14 days in adults or more than 1 month in children), the athlete should be referred to a healthcare professional who is an expert in the management of concussion. Having had previous concussions may increase the chance that a person may take longer to heal.

HOW IS A CONCUSSION TREATED?

THE GENERAL RECOMMENDATION IS A BRIEF 24-48 HOUR PERIOD OF REST FOLLOWED BY A GRADUAL RETURN TO LIGHT PHYSICAL AND COGNITIVE ACTIVITIES AS TOLERATED BY THE INDIVIDUAL. IT IS IMPORTANT TO REMEMBER TO NOT PUSH TOO HARD, AND ONLY INDULGE IN THOSE ACTIVITIES THAT DO NOT WORSEN SYMPTOMS WHILE PROGRESSING THROUGH THE STAGES OF RECOVERY.

You should not exercise or do any activities that may make you worse, like driving a car, reading, working on the computer or playing video games. No snow shoveling, cutting the lawn, moving heavy objects, etc. If mental activities (eg: reading, concentrating, using the computer) worsen your symptoms, you may have to stay home from school. You may also have to miss work, depending on what type of job you have, and whether it worsens your symptoms. If you go back to activities before you are completely better, you are more likely to get worse, and to have symptoms last longer. If symptoms are persistent (e.g, more than 10–14 days in adults or more than 1 month in children), the athlete should be referred to a healthcare professional who is an expert in the management of concussion.

Return to school should not happen until you feel better, and these activities do not aggravate your symptoms. It is best to return to school part-time at first, moving to full time if you have no problems. Once you are completely better at rest, you can start a step-wise increase in activities (see “When can I return to sport?”) It is important that you are seen by a doctor before you begin the steps needed to return to activity, to make sure you are completely better. If possible, you should be seen by a doctor with experience in treating concussions.

WHEN SHOULD I GO TO THE DOCTOR?

Anyone who gets a head injury should be seen by a doctor as soon as possible. You should go back to the doctor IMMEDIATELY if, after being told you have a concussion, you have worsening of symptoms like:

1. being more confused
2. headache that is getting worse
3. vomiting more than twice
4. not waking up
5. having any trouble walking
6. having a seizure
7. strange behaviour

WHEN CAN I RETURN TO SPORT?

It is very important that you do not go back to sports if you have any concussion symptoms or signs. Return to sport and activity must follow a step-wise approach:

STEP 1) After an initial short period of rest of 24-48 hours, light cognitive and physical activity can be initiated as long as they don't worsen symptoms. A physician, preferably one with experience managing concussions, should be consulted before beginning a step-wise [return to learn](#) and sport strategy.

STEP 2) Light exercise such as walking or stationary cycling, for 10-15 minutes.

STEP 3) Sport specific aerobic activity (ie. skating in hockey, running in soccer), for 20-30 minutes. NO CONTACT.

STEP 4) “On field” practice such as ball drills, shooting drills, and other activities with NO CONTACT (ie. no checking, no heading the ball, etc.).

STEP 5) “On field” practice with body contact, once cleared by a doctor.

STEP 6) Game play.

There should be at least 24 hours (or longer) for each step of the progression. If any symptoms worsen during exercise, you should go back to the previous step. Resistance training should be added only in the later stages (Step 4 or 5 at the earliest). If symptoms are persistent (e.g, more than 10–14 days in adults or more than 1 month in children), the athlete should be referred to a healthcare professional who is an expert in the management of concussion.

You should not go back to sport until you have been cleared to do so by a doctor.

RESOURCES

Return to Learn Protocol

<http://horizon.parachutecanada.org/en/article/parachutes-return-to-learn-protocol/>

To learn more visit www.parachutecanada.org/concussion

MEDICAL ASSESSMENT

When a staff member, volunteer, or administrator becomes aware of a student who has suffered a head injury with any symptoms of a concussion, the parents/guardians shall receive an Advisory of Head Injury and a Medical Assessment Letter. Parents should then have a medical practitioner examine the student and determine the extent of the injury. The Medical Assessment Letter should be completed by the medical practitioner and returned to the school.

Students who are cleared for physical activities by a medical practitioner should provide a copy of the Medical Clearance Letter to the school.

ADVISORY NOTICE OF HEAD INJURY

To: _____

On _____ at _____, your child experienced a head injury. This notice is to inform you of the injury and advise seeking a medical assessment. It is further advised that your child remain at rest until a medical assessment can be made.

OR

We understand that your child experienced a head injury that may be impacting their activity at school.

Your child may be experiencing some or all of the following symptoms:

- Blurred vision
- Concentration or memory problems
- Confusion
- Dizziness
- Feeling sluggish, hazy or groggy
- Headache
- Loss of concentration
- Nausea/vomiting
- Sensitivity to light or noise
- Slowed reaction time

This notice is to request that you consult with a medical practitioner. When a medical practitioner has determined the extent of the injury, please have them complete and sign the attached form and return it to the school.

Sincerely,

Medical Assessment Letter

Date: _____ Athlete's Name: _____

To whom it may concern,

Athletes who sustain a suspected concussion should be managed according to the *Canadian Guideline on Concussion in Sport*. Accordingly, I have personally completed a Medical Assessment on this patient.

Results of Medical Assessment

- This patient has not been diagnosed with a concussion and can resume full participation in school, work, and sport activities without restriction.
- This patient has not been diagnosed with a concussion but the assessment led to the following diagnosis and recommendations:

- This patient has been diagnosed with a concussion.

The goal of concussion management is to allow complete recovery of the patient's concussion by promoting a safe and gradual return to school and sport activities. The patient has been instructed to avoid all recreational and organized sports or activities that could potentially place them at risk of another concussion or head injury. Starting on _____ (date), I would ask that the patient be allowed to participate in school and low-risk physical activities as tolerated and only at a level that does not bring on or worsen their concussion symptoms. The above patient should not return to any full contact practices or games until the coach has been provided with a *Medical Clearance Letter* provided by a medical doctor or nurse practitioner in accordance with the *Canadian Guideline on Concussion in Sport*.

Other comments:

Thank-you very much in advance for your understanding.

Yours Sincerely,

Signature/print _____ M.D. / N.P. (circle appropriate designation)*

**In rural or northern regions, the Medical Assessment Letter may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner. Forms completed by other licensed healthcare professionals should not otherwise be accepted.*

We recommend that this document be provided to the athlete without charge.

Return-to-School Strategy¹

The following is an outline of the *Return-to-School Strategy* that should be used to help student-athletes, parents, and teachers to partner in allowing the athlete to make a gradual return to school activities. Depending on the severity and type of the symptoms present, student-athletes will progress through the following stages at different rates. If the student-athlete experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage.

Stage	Aim	Activity	Goal of each step
1	Daily activities at home that do not give the student-athlete symptoms	Typical activities during the day as long as they do not increase symptoms (i.e. reading, texting, screen time). Start at 5-15 minutes at a time and gradually build up.	Gradual return to typical activities.
2	School activities	Homework, reading or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work.
3	Return to school part-time	Gradual introduction of schoolwork. May need to start with a partial school day or with increased breaks during the day.	Increase academic activities.
4	Return to school full-time	Gradually progress.	Return to full academic activities and catch up on missed school work.

Sport-Specific Return-to-Sport Strategy¹

The following is an outline of the *Return-to-Sport Strategy* that should be used to help athletes, coaches, trainers, and medical professionals to partner in allowing the athlete to make a gradual return to sport activities. Activities should be tailored to create a sport-specific strategy that helps the athlete return to their respective sport.

An initial period of 24-48 hours of rest is recommended before starting their *Sport-Specific Return-to-Sport Strategy*. If the athlete experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage. It is important that youth and adult student-athletes return to full-time school activities before progressing to stage 5 and 6 of the *Sport-Specific Return-to-Sport Strategy*. It is also important that all athletes provide their coach with a *Medical Clearance Letter* prior to returning to full contact sport activities.

Stage	Aim	Activity	Goal of each step
1	Symptom-limiting activity	Daily activities that do not provoke symptoms.	Gradual re-introduction of work/school activities.
2	Light aerobic activity	Walking or stationary cycling at slow to medium pace. No resistance training.	Increase heart rate.
3	Sport-specific exercise	Running or skating drills. No head impact activities.	Add movement.
4	Non-contact training drills	Harder training drills, e.g. passing drills. May start progressive resistance training.	Exercise, coordination and increased thinking.
5	Full contact practice	Following medical clearance and complete return to school.	Restore confidence and assess functional skills by coaching staff.
6	Return to sport	Normal game play.	

¹Source: McCrory et al. (2017). Consensus statement on concussion in sport – the 5th international conference on concussion in sport held in Berlin, October 2016. *British Journal of Sports Medicine*, 51(11), 838-847. <http://dx.doi.org/10.1136/bjsports-2017->

Medical Clearance Letter

Date: _____ Athlete's Name: _____

To whom it may concern,

Athletes who are diagnosed with a concussion should be managed according to the *Canadian Guideline on Concussion in Sport* including the *Return-to-School* and *Return-to-Sport Strategies* (see page 2 of this letter). Accordingly, the above athlete has been medically cleared to participate in the following activities as tolerated effective the date stated above (please check all that apply):

- Symptom-limiting activity (cognitive and physical activities that don't provoke symptoms)**
- Light aerobic activity (Walking or stationary cycling at slow to medium pace. No resistance training)**
- Sport-specific exercise (Running or skating drills. No head impact activities)**
- Non-contact practice (Harder training drills, e.g. passing drills. May start progressive resistance training. Including gym class activities without a risk of contact, e.g. tennis, running, swimming)**
- Full-contact practice (Including gym class activities with risk of contact and head impact, e.g. soccer, dodgeball, basketball)**
- Full game play**

What if symptoms recur? Any athlete who has been cleared for physical activities, gym class or non-contact practice, and who has a recurrence of symptoms, should immediately remove himself or herself from the activity and inform the teacher or coach. If the symptoms subside, the athlete may continue to participate in these activities as tolerated.

Athletes who have been cleared for full contact practice or game play must be able to participate in full-time school (or normal cognitive activity) as well as high intensity resistance and endurance exercise (including non-contact practice) without symptom recurrence. Any athlete who has been cleared for full-contact practice or full game play and has a recurrence of symptoms, should immediately remove himself or herself from play, inform their teacher or coach, and undergo medical assessment by a medical doctor or nurse practitioner before returning to full-contact practice or games.

Any athlete who returns to practices or games and sustains a new suspected concussion should be managed according to the *Canadian Guideline on Concussion in Sport*.

Other comments:

Thank-you very much in advance for your understanding.

Yours Sincerely,

Signature/print _____ M.D. / N.P. (circle appropriate designation)*

**In rural or northern regions, the Medical Clearance Letter may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner. Forms completed by other licensed healthcare professionals should not otherwise be accepted.*

We recommend that this document be provided to the athlete without charge.

Return-to-School Strategy¹

The following is an outline of the *Return-to-School Strategy* that should be used to help student-athletes, parents, and teachers to partner in allowing the athlete to make a gradual return to school activities. Depending on the severity and type of the symptoms present, student-athletes will progress through the following stages at different rates. If the student-athlete experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage.

Stage	Aim	Activity	Goal of each step
1	Daily activities at home that do not give the student-athlete symptoms	Typical activities during the day as long as they do not increase symptoms (i.e. reading, texting, screen time). Start at 5-15 minutes at a time and gradually build up.	Gradual return to typical activities.
2	School activities	Homework, reading or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work.
3	Return to school part-time	Gradual introduction of schoolwork. May need to start with a partial school day or with increased breaks during the day.	Increase academic activities.
4	Return to school full-time	Gradually progress.	Return to full academic activities and catch up on missed school work.

Sport-Specific Return-to-Sport Strategy¹

The following is an outline of the *Return-to-Sport Strategy* that should be used to help athletes, coaches, trainers, and medical professionals to partner in allowing the athlete to make a gradual return to sport activities. Activities should be tailored to create a sport-specific strategy that helps the athlete return to their respective sport.

An initial period of 24-48 hours of rest is recommended before starting their *Sport-Specific Return-to-Sport Strategy*. If the athlete experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage. It is important that youth and adult student-athletes return to full-time school activities before progressing to stage 5 and 6 of the *Sport-Specific Return-to-Sport Strategy*. It is also important that all athletes provide their coach with a *Medical Clearance Letter* prior to returning to full contact sport activities.

Stage	Aim	Activity	Goal of each step
1	Symptom-limiting activity	Daily activities that do not provoke symptoms.	Gradual re-introduction of work/school activities.
2	Light aerobic activity	Walking or stationary cycling at slow to medium pace. No resistance training.	Increase heart rate.
3	Sport-specific exercise	Running or skating drills. No head impact activities.	Add movement.
4	Non-contact training drills	Harder training drills, e.g. passing drills. May start progressive resistance training.	Exercise, coordination and increased thinking.
5	Full contact practice	Following medical clearance and complete return to school.	Restore confidence and assess functional skills by coaching staff.
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¹Source: McCrory et al. (2017). Consensus statement on concussion in sport – the 5th international conference on concussion in sport held in Berlin, October 2016. *British Journal of Sports Medicine*, 51(11), 838-847. <http://dx.doi.org/10.1136/bjsports-2017-096494>

CONCUSSION MANAGEMENT

Upon receipt of the Advisory notice or other documentation from a medical practitioner, the school will implement the Return to Learn/Return to Play protocol as recommended by the practitioner.

The protocol should be used to help students make a gradual return to school/sport activities. Depending on the severity and type of the injury, students will progress through the stages at different rates. If the student experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage.

MANITOBA SCHOOL BOARDS ASSOCIATION/MANITOBA HIGH SCHOOLS ATHLETIC ASSOCIATION CONCUSSION PROTOCOL

In the event that a Manitoba School Boards Association/Manitoba High Schools Athletic Association student/athlete is suspected to have sustained a concussion or experiences concussion-like symptoms following a collision or head injury, the following procedures must be followed:

- 1.) When a student/athlete is suspected of sustaining a serious head or spine injury during a sports- or non-sports-related activity, an ambulance should be called immediately to transfer the student/athlete to the Children's Hospital Emergency Department or the nearest emergency department for further evaluation. If the student/athlete is diagnosed with a concussion, the student/athlete should seek follow-up care by a medical doctor (M.D.) or they can be referred to the Pan Am Concussion Program.
- 2.) If a student/athlete develops symptoms of a concussion during a sports- or non-sports-related activity and the symptoms are deemed to be non life-threatening, the student/athlete should be evaluated immediately at the Children's Hospital Emergency Department or the nearest emergency room. If the student/athlete is diagnosed with a concussion, the patient should seek follow-up care by a medical doctor (M.D.) or they can be referred to the Pan Am Concussion Program.
- 3.) If a student/athlete develops delayed concussion symptoms (several hours to several days later), the student/athlete should be evaluated by their pediatrician, family doctor or an emergency department doctor (M.D.). If the student/athlete is diagnosed with a concussion, the patient can be managed by their pediatrician, family doctor, or be referred to the Pan Am Concussion Program for follow-up care.

In the event that a Manitoba School Boards Association/Manitoba High Schools Athletic Association student/athlete sustains a suspected concussion, and a trained athletic therapist or medical doctor (M.D.) is present, the initial sideline concussion evaluation should be carried out using the Sport Concussion Assessment Tool 3 (SCAT3) to document initial neurological status. Regardless of SCAT3 testing results, all student/athletes with a suspected concussion must be evaluated by a medical doctor (M.D.).

Regardless of the setting of the injury, no student/athlete with a suspected concussion should be permitted to return to any sports activities on the same day of injury. All student/athletes with a suspected concussion must receive written medical clearance by a medical doctor (M.D.) prior to returning to full-contact practices and competitive sports. In geographic areas of Manitoba with poor access to medical doctors (i.e rural or northern regions), select student/athletes with a suspected concussion should undergo initial evaluation and obtain medical clearance to return to full-contact practices and competitive sports from a licensed healthcare professional such as a nurse or nurse practitioner.

If you have any other concerns or questions, please visit the following websites www.mbschoolboards.ca, www.mhssa.ca, www.sportmanitoba.ca and www.panamclinic.org. Further contact information and instructions about how pediatricians, family doctors, and emergency room doctors can refer patients to the Pan Am Concussion Program is available at www.panamclinic.org.