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**THE ONTARIO SCHOOL BOARDS' INSURANCE EXCHANGE**

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# Special Edition – Concussions

## New Focus on Harmful Effects

Over the past few years, there has been increased media focus on the long-term harmful effects of multiple concussions. With high profile professional sports figures experiencing death, mental diseases and other disabilities in their post career years now being linked to multiple head traumas, the risk of concussion needs to be acknowledged and addressed through all school activities.

While the risk of head injury is inherent to many common sports and daily school activities, the message is not necessarily to say “no”. The overall health benefits of being physically active have also been in the media spotlight as being one of the most effective ways to prevent health issues arising from the growing problem of obesity in today’s sedentary society. This topic illustrates the classic discussion on weighing the risk of head injuries versus the benefit of healthy, active living.

One of the problems being faced by school boards is that the true impact of head injuries arising from school programs are sometimes difficult to measure, as what appear to be minor head bumps during normal play or activities can later be diagnosed as a concussion without the school ever being notified. On the other side of the equation are the children who are active in sports or other physical activities outside of school and may be attending classes while recovering from a concussion without the knowledge of school staff. As recent medical information suggests, a person is more susceptible to experience a second concussion while recovering from an initial concussion, from even a minor bump. This makes allowing participation in normal activities (such as physical education classes or recess activities) a high risk for further brain injury.

While the diagnosis of a concussion may occur several days after the injury took place, it is important for the school staff to have taken all reasonable precautions whenever there is a head injury to a child. It is important to understand that a person does not have to be knocked out or lose consciousness for a concussion to have taken place. Because the student may appear “normal” after an incident, this makes spotting a concussion very difficult.

As with any school activity, injury prevention is always the preferred approach. While wearing helmets during conventional sporting activities may be required, helmets cannot prevent all head injuries that lead to concussions. In addition, many non-sport activities where falls or collisions with other participants or fixed objects can occur can also expose students to concussions.

In the Fall of 2012, the Education Amendment Act (Concussions) 2012 is expected to come into effect in Ontario which places responsibilities on school

boards to take steps to promote awareness of the seriousness of concussions and to develop policies and guidelines to respond to concussions and to educate staff.

The contents of this Special Edition of the Oracle are dedicated to promoting an understanding of the seriousness of concussions, and to increase awareness of what risk management steps school boards can take to respond to situations where concussions occur.

**David Beal**  
Director of Risk Management



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# Return to Play Protocol Reduces Risk of Further Injury

**R**ecent media focus has been on concussion injuries and how returning to play too early could expose a player to a repeat concussion, even from a relatively minor bump. This susceptibility to a repeat injury demonstrates the need to follow a systematic process of returning to play after a concussion, such as the procedure that is available through the Opeha Guidelines, and which is recommended by OSBIE.

But head injuries aren't the only reason such a protocol is necessary – other serious injuries arising from sports as well as non-sporting injuries should also fall under a gradual and systematic return to play plan. Like concussions, many other types of injuries, such as spinal injuries, fractures and even torn ligaments, need time to heal properly and should also have a gradual, progressive plan to returning to normal play. Further damage to

an existing injury is much more likely if a student resumes play too soon, and OSBIE has even seen cases where it has been suggested that a new injury was caused because the student was still recovering from the original injury and played too soon.

Each sport has its own unique set of physical demands, so a return to play plan will have to vary from sport to sport, but all plans should have a similar structure that sets consistent, progressive milestones (or steps) that an injured player must meet before moving to the next level. Many sport governing bodies or medical practitioners have such protocols available which can be adopted by the school. The best plans will involve a medical professional who is involved in the player's treatment/recovery and who can validate in writing that he/she is ready to move to the next level,

and ultimately return to play. The involvement of a medical professional can offset the temptation or pressure to return to an activity or a game before the student's injury has properly healed.

One of the complications that can occur is if the injury took place outside of school during a personal activity, and a coach or supervisor is unaware of the injury. School staff would not be held responsible for allowing someone to play if an injury occurred outside school and the staff had not been told. However, once the staff becomes aware of the injury, then applying a return to play protocol would be a good risk management strategy to minimize further injury and reduce the risk of a law suit against the school board.

**David Beal**  
*Director of Risk Management*

## Prevention is the optimum solution to concussions

**W**e should all agree that the best way to deal with a concussion is to prevent it from ever happening in the first place. Through the three Es: engineering, education and enforcement/legislation, we can make progress in increasing awareness and knowledge of concussions and reducing the incidence of this potentially serious brain injury.

To prevent concussions, we need to prevent blows to the head, face, neck or blows to the body, which cause a sudden jarring of the head, any of which may cause a concussion. Some examples include: a playground fall, a ball to the head, the head coming into contact with a hard object such as a floor, desk or another student and, of course,

playing sports. Preventing such falls and blows, while still staying active, will go a long way to preventing concussions and keeping kids healthy.

### HERE ARE A FEW TIPS TO HELP PREVENT CONCUSSIONS IN SCHOOLS:

**In the school building.** Just having students walk, not run, and pay attention while they are moving through the halls and on school walkways can reduce injuries. That means no roughhousing, throwing objects and only using electronic mobile devices (if allowed) when not moving – that goes for teachers and administrators too! Supervision is required to enforce such student standard safety initiatives. Schools should deal swiftly with school repairs and maintenance that could result in falls: tripping hazards, stair handrails, ice clearing, etc.

**In the playground.** The Canadian Standards Association (CSA) developed the nationally recognized standard for children's play spaces and equipment. This standard specifies numerous design and maintenance criteria to reduce the risk and severity of injury, such as handrails and barriers, age-appropriate fall heights, and a deep, soft surface under equipment. Supervision of younger students on playground equipment and enforcing safe behaviour is critical. More detailed information about playground safety is available at [www.safekidscanada.ca](http://www.safekidscanada.ca).

**Sports and concussion prevention.** Prevention of concussion and head injury is most successful when students (along with parents, coaches, trainers and referees) are properly educated and

the safety rules of the sporting environment are enforced. There is evidence that education about concussion leads to a reduction in the incidence of concussion and improved outcomes from concussion. While 90 per cent of concussion education content is common to every sport, the balance should be as sport-specific as possible. Some coaches make concussion education into a pre-season team meeting, inviting players, parents, trainers and referees.

Protective equipment can reduce the risk and severity of injuries to the face and skull, but there is no concussion-proof helmet, nor is there research to support that mouth guards prevent concussions. It is important that helmets are of high quality and properly fitted for collision sports to prevent other head injuries. The enforcement and introduction of regulations and rules that limit the risk of head injuries are also necessary if we are to reduce the incidence of concussion. Detailed concussion information, as well as school-based programs and teaching resources are available at: [www.thinkfirst.ca](http://www.thinkfirst.ca).

*This information is provided by the national injury-prevention organization Parachute. Parachute unites the former organizations ThinkFirst Canada, Safe Kids Canada, Safe Communities Canada and SMARTRISK. Parachute is currently working with sport-based partners on new concussion education resources with the support of the Public Health Agency of Canada. These will be available soon under the Active and Safe banner at [www.parachutecanada.org](http://www.parachutecanada.org).*

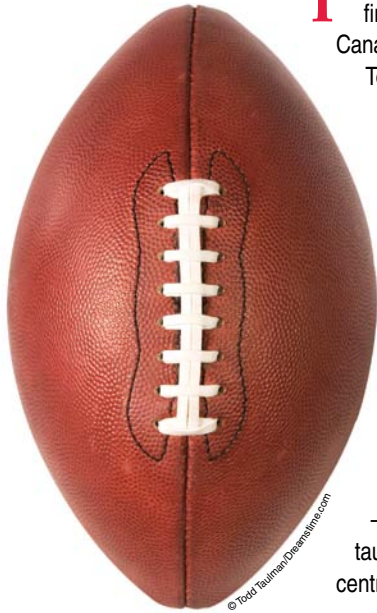


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# Head Injuries in Sports

By Christopher Guly

(This article appeared in the December 2011 edition of *Living Safety*, a publication of the Canada Safety Council, and is reprinted with permission. For further information, see [www.safety-council.org](http://www.safety-council.org))



In July 2011, preliminary results from the first four human brains donated to the Canadian Sports Concussion Project at Toronto Western Hospital's Krembil Neuroscience Centre revealed that two of four former Canadian Football League players who donated their brains for research suffered from a brain disease known as chronic traumatic encephalopathy (CTE). The two players – former Toronto Argonaut and Hamilton Tiger-Cat, Bobby Kuntz and Jay Roberts, a former Ottawa Rough Rider – suffered repeated concussions during their CFL careers. They both showed the characteristic signs of CTE – an abnormal build-up of the protein, tau, which appears in the neurons of the central nervous system.

CTE can result in memory impairment, emotional instability, erratic behaviour, depression and problems with impulse control, and may eventually progress to full-blown dementia.

Kuntz died in February 2011 at the age of 79 following a long battle with Parkinson's disease and diffuse Lewy body disease, a condition that overlaps with Parkinson's and Alzheimer's. Roberts, who died in October 2010 at the age of 67, suffered from dementia.

While only two of the four players developed CTE, the Sports Concussion Project aims to determine the number of concussions that lead to the onset of this degenerative brain disease, and develop tests to detect this condition at the early stage and discover treatments, according to one of the project's coordinators, neurosurgeon Dr. Charles Tator, a pioneer in spinal cord injury research. He is also the founder of *ThinkFirst*, a national non-profit organization established in 1992 to prevent brain and spinal cord injuries. Its mandate is to emphasize the importance of safety in sports and recreation.

According to Tator, sports and recreational activities contribute to a significant amount of brain, spinal cord and other catastrophic injuries. He explains that along gender lines, males are more likely to suffer a catastrophic injury that can result in lifelong injury or death by an eight-to-one ratio. Men, especially younger ones, typically engage in more risk-taking behaviour.

For instance, neck injuries resulting from diving accidents typically affect males under 20 years of age. However for certain activities, such as snowmobiling, men who sustain head trauma are usually in their 40s.

There are only a few sporting activities, such as horseback riding, in which there is a higher percentage of female participation, and thus, a higher incidence of catastrophic injuries suffered by women.

"Often, head injuries sustained result in concussion, which is not by itself considered catastrophic," says Dr. Tator. "However, when concussions are repeated, they can have catastrophic effects, such as degenerative brain conditions."

A recent Canadian Medical Association Journal (CMAJ) editorial stated that the annual incidence of catastrophic injury related to sports or recreational activities is 6.9 per 100,000 participants, and a substantial proportion of those injured are athletes less than 21 years old.

"Reducing lifelong disability from sports injuries in children and youth demands a public health solution similar to that used to combat smoking and drunk driving" said the editorial, co-written by physicians Alun Ackery of the University of Toronto's emergency medicine division and Allan Detsky of the U of T's department of health policy, management and evaluation, and the CMAJ editorial team.

The editorial goes on to state that another solution would be to get sports organizations to "change with rules," with parents and former professional athletes, whose careers ended by major injuries, championing the cause. "The medical profession can contribute by providing evidence on what works in primary and secondary prevention of injury and by developing guidelines for practitioners and coaches on mandatory recovery times before allowing players to return to play." Tracking rates and long-term consequences of sports injuries will be essential.

Children and youth can still be pushed to succeed in sports, but with fewer risks and less physical contact, the goal is not to change the behaviour and practices of professional and Olympic athletes. Rather, it is to keep our young players healthy to enjoy the rest of their lives.

Each year in Ontario, nearly 500 people are admitted to hospital because of a hockey-related injury, with thousands more seeking acute medical care. Children between the ages of 11 and 12 who play in hockey leagues that allow bodychecking have more than a threefold increased risk of concussion or other injury. In youth hockey, concussions are underreported by team players and personnel: a maximum of 24.3 concussions per 1,000 players' game hours was estimated from a survey of non-elite male youth hockey players, as compared with a maximum of 0.61 per 1,000 based on official injury reports.



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## Changes have been made

The Ontario Hockey Federation recently banned bodychecking in house leagues and Hockey Canada is exploring the possibility of imposing a similar ban. Currently, bodychecking is introduced at the peewee level, for players as young as 11, except in Quebec, where hitting is only allowed in bantam for 13 to 14 year-olds.

Hockey Canada has imposed a zero-tolerance policy toward contact to a player's head or neck. Regardless of the power behind it, it resulted in an automatic penalty.

Meanwhile, over the past summer, the Canadian Paediatric Society and the American Academy of Paediatrics called for a ban on boxing for children and teens under the age of 19. "Participants in boxing are at risk of head, face, and neck injuries, including chronic and even fatal neurologic injuries," said the joint statement. "Concussions are one of the most common injuries occurring in boxing." The paediatric organizations said there was no evidence that head guards and mouth guards prevent or protect against concussions.

While the overall risk of injury in amateur boxing is lower than in other contact sports, such as football and hockey, boxing "encourages and rewards direct blows to the head and face."

The statement pointed to the data collected by the Public Health Agency of Canada's Canadian Hospitals Injury Reporting and Prevention Program in which the prevalence of injury from combat sports requiring hospital admission from 1990 to 2007 was highest for boxing. Nearly 70 per cent of the 273 injured boxers were under 19.

However, boxing doesn't appear on a list of sports categorized by number of head injuries, compiled by the Canadian Institute for Health Information (CIHI) in 2009. Out of 1,297 injuries listed – identified by such criteria as hospital admissions or treated at a hospital – the top three, in reverse, were baseball at 86, skiing and snowboarding at 99 and cycling at a whopping 665. While the number of cycling-related head injuries decreased from 907, in 2001-2002, to 665, in 2009-2010, 78 per cent of those hospitalized over the past decade were not wearing a helmet when they sustained a head injury, according to CIHI.

Dr. Tator (of Thinkfirst) points out that not all provinces, such as Manitoba, have laws requiring helmet use, and some, such as Ontario, only have such a requirement for cyclists under the age of 18. "I would like to see all jurisdictions follow the lead of Nova Scotia and British Columbia, which have the most comprehensive bike-helmet legislation – that all cyclists must wear a helmet."

## Concussions

As Thinkfirst explains, a concussion is a common form of brain injury, and can be caused by a direct or indirect hit to the head or body that causes a change in brain function, which results in a variety of symptoms and usually occurs without a loss of consciousness.

Symptoms may include:

- nausea and vomiting (accompanied by inappropriate behaviour);
- dizziness, with decreased activity;
- confusion and an inability to perform daily activities;
- fatigue and light headedness, accompanied by signs of cognitive and memory dysfunction (such as reduced attention and difficulty concentrating);
- headaches and sleep disturbances;
- irritability (with vacant stares);
- seeing bright lights or stars, resulting in poor balance;
- a feeling of being stunned; and/or
- depression



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Other symptoms include experiencing a "head rush," lack of focus, mood changes, feeling "slowed down" and "not myself."

Most concussions occur as a result of a collision with another object while the object or person is moving at a high rate of speed. Forces such as these can result in deceleration and rotational concussive injuries.

If these are signs or symptoms of a concussion upon receiving a blow to the head or body, it is extremely important to seek medical advice. Often, concussions can go untreated (and even unnoticed by others) because few symptoms are visible to casual observers. Many times, the symptoms of a concussion may not be identified until the person recovers to the point where increased exertion causes symptoms to worsen. In fact, four out of five professional athletes do not even know that they have been concussed, according to the research published in the *Clinical Journal of Sports Medicine* in 2001.

Although symptoms may not be immediately apparent, it is important to be aware of possible physical, cognitive and emotional changes. Symptoms may actually worsen throughout the day of the injury or even the next day. Without proper management, a concussion can result in permanent problems and seriously affect one's quality of life.

It is also important to tell a family member, friend, co-worker, teammate, employer, trainer or coach if you think you have had a concussion. Memory loss or amnesia associated with the trauma is one hallmark of a concussion and some people may forget that they were injured until after the diagnosis

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is established. However, if the person is aware of the signs of concussion, informing someone will help assure proper medical care. If you think you have had a concussion you should immediately remove yourself from the current activity, whether it is while playing a sport, at work or at school.

The best medical management for a concussion is rest, both physical and mental. A person who has suffered a concussion may often feel lethargic and tired. It is important to admit to feeling fatigue. The brain is signalling that it needs rest and it is extremely important to listen to it. If the person continues to push and struggle, it will make the symptoms worse.

Other symptoms, such as dizziness and clumsiness, appear because the brain is reacting slowly and less efficiently. Concussions can upset balance organs in the ear resulting in vertigo. One way to deal with these types of symptoms is to take special care in actions and movements, which means walking slowly and being aware of your surroundings.

Other problems such as noise sensitivity and visual changes are also the result of a concussion. Putting up with noise and bright lights needs brain energy and energy levels may be too low to do so. A loud radio, bright lights or a stimulating environment may trigger headaches. One answer to coping with this is to avoid loud noise and bright lights as much as possible. Many people find it helpful to wear sunglasses everywhere, even indoors.

When dealing with other symptoms it is crucial to only take medications that the doctor has prescribed or approved. Also, do not drink alcohol or take any drugs not prescribed by a medical doctor, as it may hinder recovery and increase risk for further injury.

When coping with a concussion it is not uncommon for the person to become overwhelmed by a variety of emotions. Often times the patient feels concerned, anxious and sometimes depressed. The first part of the healing process is to understand that these emotions are normal. After an injury, most people go through an initial stage of denial. A person may refuse to believe that they are injured or are unable to participate in selected work, activities or sports. It is extremely tough to realize that after sustaining a concussion, the body may not be able to respond as it did before.

Lastly, it is important to be patient. A concussion can result in permanent damage and seriously affect your quality of life. Do not rush recovery because it will only lead to negative results. Follow the advice of the doctor and trust in the healing process.



## Education Amendment Act (Concussions)

*(This article appeared in the July 2012 edition of Education Law, a publication of The Ontario Bar Association, and reprinted with permission. For further information, see: [www.oba.org](http://www.oba.org))*

Concussions, their causes, signs, symptoms, and proper treatment have become top of mind in the last year, due in part to the media attention following Sidney Crosby's temporary hiatus from the NHL as a result of concussions he has suffered. The government of Ontario has introduced Bill 39 "An Act to amend the Education Act with respect to concussions", which, should it successfully proceed through the Legislature and there is no indication it will be opposed, will become an Act entitled The Education Act (Concussions), 2012 (the "Act"). Currently the Act has passed first reading, as of March 6, 2012, and will proceed next to the Committee stage. From a legal perspective the Act will alter the standard of care required from school boards, their employees, and volunteers where a student is, or is at the minimum suspected of, suffering a concussion or has suffered a concussion. While the Act contains an exemption from civil liability for volunteers and employees, this exemption is not extended to school boards.

The Act was introduced, as described by the Minister of Education, Laurel Broten, at the First Reading, not a result of the media focus on



concussions but as a response to the "...almost 20,000 emergency hospital visits in Ontario [in 2009] due to concussions [and the fact that] some experts have estimated that as many as one in three high school students will sustain a concussion." Further, the Act is a component of the government's strategy to be an 'Education Government' and seeks to:

"...help protect students engaging in school sports and health and physical education classes from the potentially serious, long-term and harmful effects of concussions. It would also ensure that students who sustain concussions are not returning to play or learn too soon, risking further complications."<sup>1</sup>

From a legal perspective the Act amends the Education Act, at Part XIII by giving the Minister of Education, as delegated to the Ministry of Education, the power to establish policies and guidelines respecting head injuries and concussions in pupils, policies and guidelines that school boards are required to follow, implement, and respond to. These policies cover a number of

<sup>1</sup> Protecting Student Athletes <http://news.ontario.ca/edu/en/2012/03/protecting-student-athletes.html>

enumerated categories in the proposed Section 321, including: information distribution; removal of students with suspected concussions from activities; prevention of students who may have had a concussion from returning to any part of the athletic curriculum or indeed school; and the responsibilities of school board employees or other persons involved in school sports, such as volunteer coaches. Further, each school board is required to establish policies and guidelines that are consistent with those articulated by the Ministry and address all the enumerated categories.

### Modification of the Standard of Care

Recently in the British Columbia case of *Hussack v. Chilliwack School District No. 33*,<sup>2</sup> where a 13 year old student was hit in the face with a field hockey stick and suffered a concussion and resulting serious complications, the British Columbia Court of Appeal reiterated the standard of care for teachers in physical education situation, from the earlier case of *Thornton v. Board of School Trustees of School District No. 57 (Prince George)*.<sup>3</sup>

...the standard of care is that of a “reasonable and careful parent, taking into account the judicial modification of the reasonable-and-careful parent test to allow for the larger-than-family size of the physical education class and the supraparental expertise commanded of [the teacher].”

Furthermore, the Court held that permitting a student to participate in a physical activity is not negligent:

- (a) if it is suitable to his age and condition (mental and physical);
- (b) if he is progressively trained and coached to do it properly and avoid the danger;

(c) if the equipment is adequate and suitably arranged; and

(d) if the performance, having regard to its inherently dangerous nature, is properly supervised.

While not an Ontario case, *Hussack* crystallizes a common law standard of care required of teachers in a school physical education setting where a student has suffered a head injury.

The Act increases the standard of care required from a school board, its employees, and volunteers when a student is at the minimum suspected of suffering a concussion. The Act would modify the common law standard, articulated above, requiring a school board employee or volunteer to be more than a “reasonable and careful parent.” The employee or volunteer would have to act immediately on any possible head injury suffered during an activity as permitting a student to continue to engage in physical activity will be negligent where, even if the above factors are given regard, if, per Section 321(2)(b), the student is “suspected” of having sustained a concussion during ongoing physical activity. Per Section 321(1)(c), if a student “has or may have sustained a concussion”, whether within or outside the school setting, that student must be prevented from participating in physical activity or may be prevented from a “return to learning” and the school board employee or volunteer would be required to identify this student and take any necessary steps.

Further, school boards have an increased duty of care to ensure they have formulated policies in accordance with the Act and the Ministry’s policies, per Section 321(3), and taken all necessary steps to educate and otherwise train their staff and volunteers; this may include

establishing the necessary feedback systems to ensure any concussions, suspected or otherwise, are tracked. Specifically with respect to the school board employees and volunteers involved in the physical education curriculum the school board is required to educate these employees and volunteers, per Section 321(1)(d), as to the prevention of head injuries, the identification of concussions, and management of concussions. Any failure to properly effect this education or develop and implement these policies will be a failure to meet the duty of care required of the school board, a failure for which school boards do not have statutory relief.

### Relief from Liability, but not for School Boards

Section 321(7) of the Act exempts any school board employee or volunteer involved in athletics or the physical education curriculum from personal liability for negligence in a civil proceeding if that person acts reasonably in the circumstances, in good faith, and in accordance with the Act, regulations, policies, and guidelines. School boards are notably not covered by this liability exemption and therefore must be absolutely attentive in complying with the Act, lest they fail to meet their duties under the Act, opening themselves to a negligence claim.

### Summary

Any lawyer whose clients include school boards, teachers unions, or student athletic associations should consider raising the Act, and the new responsibilities devolving there from, with clients.

\*Gareth Stackhouse

written while a Student-at-Law, Fogler, Rubinoff LLP

<sup>2</sup> 2011 BCCA 258.

<sup>3</sup> 73 D.L.R. (3d) 35 at 57-58 (B.C.C.A.).



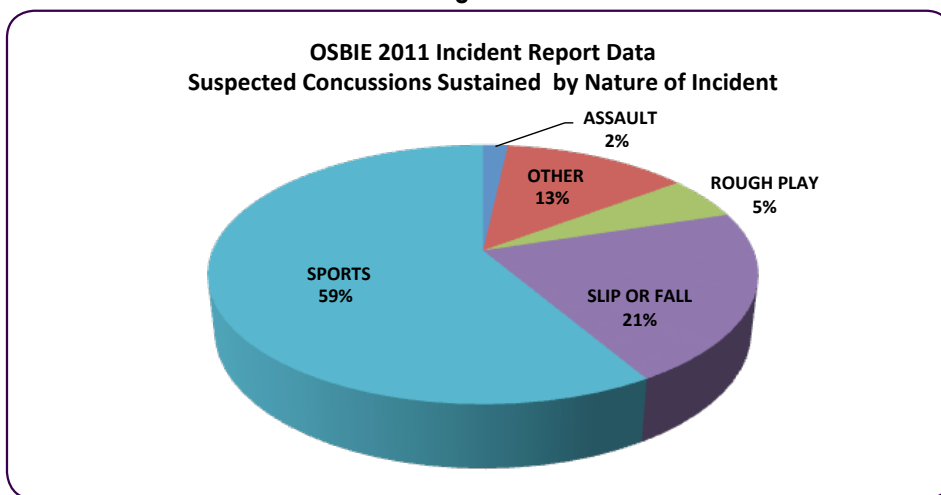
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# Concussion Data from OSBIE Incident Reports

The incident report data collected by OSBIE will offer a partial picture as to where concussions or possible concussion are happening during school programs. The incident report normally records the first details of the incident and could be labelled as a concussion or possible concussion. This encompasses a wide range of injuries varying in degrees of severity (very minor to potentially very serious). Normally, it isn't known if an actual concussion has been sustained until later, after a proper medical examination. For this reason, it is suspected that many concussions may not be reported or may be simply label as "injury or bump to head" at the time of the incident.

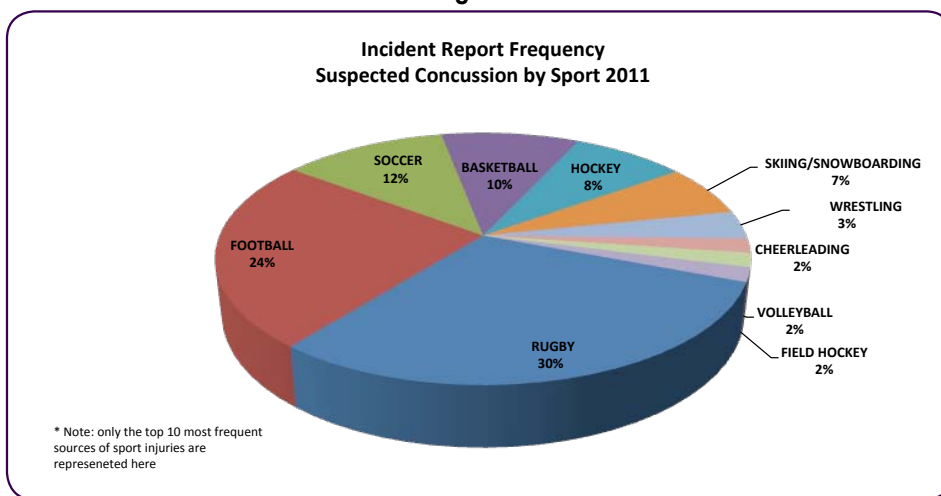
According to our database of the 84,706 incident reports submitted in 2011 by our member school boards, 634 were labelled as concussions or possible concussions. It was no surprise that the largest area of concussion frequency was occurring during sporting activities – See Figure 1

Figure 1



The top 10 most frequent sources concussions or possible concussion by type of sport are show in Figure 2 – Incident Report Frequency Suspected Concussion by Sport 2011. Sports such as Rugby and Football are the leading cause of concussions or suspected concussion, simply by the nature of these contact sports.

Figure 2



## Safety Guidelines

The Ontario Physical Education Safety Guidelines represent the minimum level of conduct for risk management practice for physical education, physical activities and sports within school boards. They outline safe practices for activities in order to minimize the risk of accidents or injuries. Most School Boards in Ontario have subscribed to the online Safety Guidelines and their related services. OSBIE recommends that schools/boards follow the Ophea guidelines for any sporting activity as a minimum safety requirement.

To assist school boards in implementing a return to play protocol as required under the Education Amendment Act (Concussions) 2012, Ophea has made available a Concussion Response Protocol which forms part of their safety guidelines (Appendix D-1). OSBIE recommends the use of the Ophea Concussion Response Protocol, which may be an example of the type of response school boards may be required to implement under the legislation.

\*\* The Ophea's Ontario Safety Guidelines can be found here: <http://safety.ophea.net/>

# Risk Management Tips for Concussion Response

## BE INFORMED ABOUT NEW CONCUSSION POLICIES AT YOUR SCHOOL BOARD

**A**lthough the Education Amendment Act (Concussions) 2012 amendments are imminent at the time of printing, school boards should prepare for the introduction of new policies and procedures for concussion response, education and awareness at your school board. Be informed and ensure that all policy updates have been implemented at your school. OSBIE has recommended the use of the *Ophea Concussion Response Protocol*, which may be an example of the type of response school boards may be required to implement under the new legislation. This protocol should be seen as a minimum guideline in establishing the steps to be taken to address this issue at the school level.

## EDUCATE STUDENTS, VOLUNTEERS, PARENTS ABOUT CONCUSSIONS

Discuss the signs, symptoms and the long term effects of a concussion with students. Remember that some concussion symptoms may take days or longer to appear. Remind all students, volunteers, and parents about the importance of reporting a possible concussion to the coach and to seek medical evaluation as soon as possible. Teach the correct sport training techniques in proper progression and enforce the rules of the sport. In addition, OSBIE recommends that schools/boards follow the Ophea Guidelines for any sporting activity as a minimum safety requirement.

## MONITOR THE HEALTH OF STUDENT ATHLETES

If you have a student who has recently sustained a concussion, gaining documented medical evaluation and clearance prior to play is recommended. Ask students about concussions that may have been sustained in other leagues, from non-school activities or from a previous season of play. It is important to keep track of concussions over the long term including the off season as well. Concussion recovery should not be rushed; those who have sustained a concussion need rest and proper follow up with their medical practitioner to ensure a full recovery.

## REVIEW AND MONITOR RESULTS OF THE CONCUSSION RESPONSE PROTOCOL

As with any new program, policy and/or procedure, it is important to monitor the program and track results. Evaluating the benefits and improvements needed in the program are essential to its long-term success.

Julie Welsh  
Risk Management Program Coordinator

