Concussion Awareness for Parents

Presented by:

Michael Langlois, Health & Safety Officer
A concussion can have a significant impact on a student’s well-being, including their ability to learn. Increased awareness of the signs and symptoms of a concussion and knowledge of how to properly manage a concussion is critical in a child or youth’s recovery.
What is a concussion?

A concussion:

a) 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/behavioural (e.g., depression, irritability) and/or related to sleep (e.g., drowsiness, difficulty falling asleep).

b) 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.

c) Can occur even if there has been no loss of consciousness (in fact most concussions occur without a loss of consciousness).

d) Cannot normally be seen on X-rays, standard CT scans or MRIs.
What Happens with a Brain Injury?

Most Imaging available today will **not** show signs of a concussion. The injury happens at the “small wiring areas of the brain”.

Mechanism can involve a direct blow to head or helmet, but often is simply violent back and forth movement or rotation of the brain.
Younger athletes are vulnerable!

- Larger heads in proportion to the body
- Late development of neck muscles
- Brain is maturing
Risks of poorly managing a concussion—
“The FACTS”

1. Repeated Injuries lower threshold for additional, more serious concussions
2. RTPA too early increases likelihood for re-injury with new head trauma
3. Repeated concussions require longer to “heal”
4. Higher risk with < 18 years (♀ & ♂)

HEADSTRONG
PLAYING SAFE • STAYING HEALTHY
What causes a concussion?

- Concussions 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.
- Concussions can occur even if there has been no loss of consciousness (in fact most concussions occur without a loss of consciousness).
Delayed Symptoms

- Many concussions are not apparent until after a game or even the next day
- Concussions can be missed if there are other associated injuries
What are the signs of a concussion?

- **Signs are recognized by others and may include:**
  - Confusion about events
  - Appearing dazed or stunned
  - Answering questions slowly
  - Repeating questions
  - Difficulty recalling events prior to or after a hit, bump or fall
  - Loss of consciousness (even briefly)
  - Showing mood, behaviour or personality changes
  - Forgetting class schedule or assignments
What are the symptoms of a concussion?

- Symptoms are reported by the student and may include:
  - **Physical**
    - Headache or “pressure” in head
    - Nausea or vomiting
    - Balance problems or dizziness
    - Fatigue or feeling tired
    - Blurry or double vision
    - Sensitivity to light or noise
    - Numbness or tingling
Symptoms continued:

- **Emotional/Behavioural**
  - Irritable
  - Sad
  - More emotional than usual
  - Nervous
  - Anxious
Symptoms continued:

- Problems Thinking
  - Confused
  - Slowed reaction times
  - Difficulty concentrating
  - Feeling dazed
  - Difficulty remembering
Symptoms continued:

- **Sleep**
  - Drowsy
  - Has trouble falling asleep
  - Sleeps less than usual
  - Sleeps more than usual
Danger Signs

Call 911 immediately if the signs or symptoms worsen or if the student has:

- One pupil larger than the other
- Drowsiness or cannot be awakened
- A severe or worsening headache Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behaviour
- Loss of consciousness (even a brief loss of consciousness must be taken seriously)
How can concussions be prevented?

- Concussions can be prevented by wearing the correct protective equipment for each activity e.g. wear an approved safety helmet at all times when cycling, skiing, and skating.
- All protective equipment should fit properly, be well maintained and be worn consistently and correctly.
- Students should practice good sportsmanship at all times.
- Students should know the risks associated with the activity/sport for a concussion and how to minimize those risks.
What should you do if you suspect a concussion?

- Seek medical attention right away. Only a medical doctor or nurse practitioner can correctly diagnose a concussion.
- Do not leave the child alone
- Keep the child in a calm environment
- Do not allow the child to return to physical activity the day of the injury.
- Keep the child away from physical activity until a medical doctor or nurse practitioner recommends it.
- Notify the school of all suspected or diagnosed concussions.
What should you do if you suspect a concussion?

- Complete and submit required forms to the school:
  Concussion Medical Examination Documentation Request Form, Letter of Accommodation for Suspected/Diagnosed Concussions and Final Medical Documentation Form.

- Follow guidance from the child’s medical doctor/nurse practitioner in order to ensure the most rapid and complete recovery is possible.

- Follow guidance from the child’s school in order to ensure the most rapid and complete recovery possible.
What should you do if you suspect a concussion?

- Following the guidance from the school may include:
  - Supporting the school’s decision to not return the student to a Return to Learn Plan until the student has been cleared by a medical doctor/nurse practitioner.
  - Accepting the exclusion of a symptomatic student who arrives at the school less than 24 hours after a concussion.
  - Supporting the school’s decision to continue or initiate a Return to Physical Activity Plan until the student has been cleared by a medical doctor/nurse practitioner.
How is a suspected/diagnosed concussion treated?

- The most important treatment for a concussion is rest!
- During the first 24 hours after the injury, student must rest at home and all physical activities must be restricted. Cognitive activities such as reading, playing video games and using the computer should be restricted. The student should rest until all symptoms are gone.
- If the student is symptom free after this period, regular cognitive/learning activities may resume with very light physical activity lasting a maximum of 10-15 minutes over a 24 hour period.
- During the next few days, physical activity may be gradually increased but student must be monitored at all times to ensure there are no signs or symptoms.
- Return to normal sporting activities should be done only when cleared by a medical doctor.
Concussion Facts:

The biggest risk to the student is going back to regular physical activity before the brain heals and getting another concussion!

<table>
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<th>Studies show higher risk of prolonged recovery with:</th>
<th>The percentage of children who are symptom free in:</th>
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</thead>
<tbody>
<tr>
<td>➢ Multiple concussions</td>
<td>➢ 15 days= 25%</td>
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<tr>
<td>➢ History of learning/ behaviour problems</td>
<td>➢ 26 days= 50%</td>
</tr>
<tr>
<td>➢ History of migraines</td>
<td>➢ 45 days= 75%</td>
</tr>
<tr>
<td>➢ Symptoms of amnesia, fogginess or dizziness</td>
<td>➢ 92 days= 90%</td>
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Questions to ask your doctor:

- **Caring for my child:**
  1. What type of medication is allowed?
  2. Does someone need to stay with my child at all times?
  3. Is it okay for my child to go to sleep?
  4. Does my child need to be awakened occasionally while sleeping?
  5. Will my child have an upset stomach if they eat?

- **Symptoms:**
  1. What symptoms should I be watching for?
  2. How soon will symptoms begin to improve?
  3. How long will these problems last?
  4. Will all the problems and symptoms eventually go away?
Questions to ask your doctor:

- What type of activity can my child do?
  1. Does my child need to stay in bed or lie down?
  2. Can my child play around the house?
  3. Can my child read/use the computer/play video games at this time?
  4. When can my child return to school?

- What can my child return to school?
  1. Can my child stay for a full day of school?
  2. Will my child need to rest during school hours?
  3. Can my child take part in recess and gym class?
  4. How will the concussion affect my child’s schoolwork?
Questions to ask your doctor:

- Follow up with the doctor:
  1. When should we come back to see you?
  2. Under what circumstances should I call you?
  3. Should a specialist be consulted?
  4. Are there any resources you recommend?

- The risks:
  1. What is the risk of a future concussion?
  2. What is the risk of long term complications?
The Days That Follow...

Health Professional visit- “for clearance”

Who should be referred to a “Concussion Clinic”?

• Unusual duration of Symptoms (> 2 weeks)
• Unusual severity of Symptoms- ? Additional imaging
• Repeated injuries
• Ongoing Cognitive or Mental Health issues
Playing Safe, Staying Healthy

Our Goal: To Protect DSBN students’ brains

Our Strategy: Create a multi-pronged approach to managing concussions at the DSBN

Our Headstrong Program:

1. *Policy* - Implement policy and procedures to make concussion management a priority at the DSBN

2. *Education* - Coaches, Teachers, Support Staff, Parents and Students

3. *Community* - Connect with community members to share and gain expertise
New Concussion Policy

Proactive Systems and Procedures in place for dealing with concussions and suspected concussions at the DSBN

*Includes:*

- Commitment from Senior Leadership
- Commitment from Trustees
- Supports the New Concussion Administrative Procedure
New Concussion Administrative Procedure

It addresses such things as:

• What happens when a parent does not take their child to see a medical doctor/nurse practitioner
• What happens when a doctor misdiagnoses
• What happens when a student arrives at school and a minimum of 24 hours of rest at home has not occurred
• What happens when a doctor allows the student to return to play when a minimum of 6 days for the 6 steps in the Return to Learn/Return to Physical Activity doesn’t occur
New Concussion Administrative Procedure

What happens when a parent does not take their child to see a medical doctor/nurse practitioner?
New Concussion Administrative Procedure

What happens when a doctor misdiagnoses?
New Concussion Administrative Procedure

What happens when a student arrives at school and a minimum of 24 hours of rest at home has not occurred?
New Concussion Administrative Procedure

What happens when a doctor allows the student to return to play when a minimum of 6 days for the 6 steps in the Return to Learn/Return to Physical Activity doesn’t occur?
New Concussion Administrative Procedure

Appendices

• **Appendix A** - Suspected Concussion Identification Tool
• **Appendix B** - Concussion Medical Examination Documentation Request Form
• **Appendix C** - Letter of Accommodation for Suspected/Diagnosed Concussions
• **Appendix D** - Final Medical Examination Documentation Form
New Concussion Administrative Procedure

Appendices

Appendix E - Return to Learn/Return to Physical Activity Plan

Appendix F - Sample Return to Learn/Return to Physical Activity Plan
DSBN Proactive Measures

Tracking of DSBN student Concussions through our DSBN OSBIE program.
## DSBN Proactive Measures

### Previous Reports

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<th>ID</th>
<th>INCIDENT DATE</th>
<th>SCHOOL</th>
<th>GRADE</th>
<th>CAUSE</th>
<th>DATE REPORTED</th>
<th>SENT TO OSBIE</th>
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DSBN Proactive Measures

Tracking of DSBN student Concussions in Trillium.
### Individual Attendance: Wright

#### DSBN Proactive Measures

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<tr>
<th>Name:</th>
<th>Grade</th>
<th>Age</th>
<th>Gender</th>
<th>Status</th>
<th>Track</th>
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<th>Late</th>
<th>F Late</th>
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<td>ENG3U1-03</td>
<td>1</td>
<td>17 yrs 2 mth</td>
<td>Male</td>
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<td>Regular</td>
<td>3.5</td>
<td>1</td>
<td></td>
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**Report as**
- Absent
- G day
- N day

**Entry Mode**
- All Day
- Period:
- Sign In:
- Sign Out:

**Reason:**
- In School Concussion

**Communication Details**
- Phoned
- Note Received
- Comment:
DSBN Proactive Measures

• Past Concussion Reporting Forms (AP1-14) to Parents during registration
• Tracking of previous student Concussions in Trillium
DSBN Proactive Measures

Post the completed forms: Concussion Medical Examination Documentation Request Form (Appendix B), Letter of Accommodation for Suspected/Diagnosed Concussion (Appendix C) and Final Medical Examination Documentation form (Appendix D) in the Student’s OSR for suspected/diagnosed concussions.
DSBN Proactive Measures

*Includes:*

- Concussion Team at every school
- Designated Member Collaborative Team (DMCT) is the lead member of the team
- Tools for staff and parents
- Return to Learn and Accommodation resources
Concussion Education For All

Administrators, Coaches and Teachers:
• Training of DSBN Concussion Administrative Procedure
• Workshops after school
• Self-directed resources such as the Step-by-Step instructions for suspected concussion
• Online training module

In progress: Head Strong website with resources
Concussion Education For All

Support Staff, Volunteers:

• Training of DSBN Concussion Administrative Procedure
• Online training module

In progress: Head Strong website with resources
Concussion Education For All
Concussion Education For All

Parents/Guardians and Students:
• Concussion awareness for parents/guardians and students hosted on our external website coming January 2016
• Online training module

In progress: Head Strong website with resources linked from school websites
Concussion Education For All

Students: Grades 1, 4, 8 and 9

• Developed Lessons based on Ontario Health and Physical Education curriculum

Grade 1: Living Skills 1.5 & Healthy Living C3.1
Grade 4: Living Skills 1.5 & Healthy Living C2.2
Grade 8: Healthy Living C1.2
Grade 9 - PPL10: Active Living and Healthy Living
Concussion Education For All

Oliver’s BIG Bump

- Couldn’t find a picture book for a Grade 1 audience, so we wrote our own!
Concussion Education For All

Students: Grades 1, 4, 8 and 9
- Piloted the Lessons with students for Feedback and Review
Any questions
Thank You
Michael Langlois, CES, CHSC, CRSP