

602.15AP – Student Illness/Injury/Concussion

Purpose

Care must be exercised when incidents to students occur. Wherever possible, personnel with first aid training are encouraged to examine the student to determine the nature and extent of the illness or injury before proceeding further. Where no such person is immediately available, a staff member or Administrator shall act as a reasonable parent in using their own judgment in what is best for the child.

Procedures

1. Before treating minor injuries in school, school personnel are to check verbally or from the child's student verification whether there are any health considerations that may affect the child's treatment.
2. Where the illness/injury appears to warrant further medical attention, in particular head injuries, the parent/caregiver is to be phoned, and in collaboration with the parent/caregiver, school staff will determine the most appropriate next step; Where a parent is unavailable, the principal shall act in loco parentis.
3. Where a parent authorizes it, or in their absence, the principal deems it necessary; the principal may authorize transportation of the student to a doctor or hospital.
4. If a child, upon initial examination, is suspected of having a serious injury, the child shall not be moved except where required by external dangers. Someone with first aid training or a medical practitioner is to be called to the scene. The injured person is to be made as comfortable as possible and is not to be left unattended during this period.
5. Where the injury is determined to be severe, the attending staff member is to call 911 for Emergency Medical Services and a staff member may be assigned to accompany the ambulance.
6. In all cases where medical treatment is administered to a child on or off the school premises, the parents are to be informed by phone as soon as possible.
 - Incidents which might possibly require the service of a doctor, nurse or other trained person shall be reported to the appropriate Assistant Superintendent as soon as possible after the incident, and an online School Protection Plan Incident Report Form completed providing full particulars. Whenever possible, the Incident Report Form should be submitted on the same day as the incident.
7. Procedures regarding student accidents and injuries should be reviewed annually with all school personnel.

CONCUSSION PROTOCOL

Concussion awareness is the joint responsibility of parents, students, school staff, and the community. A concussion is a clinical diagnosis made by a medical doctor or nurse practitioner. It is critical that a student with a suspected concussion be examined by a medical professional.

Procedures (see attached flow chart)

1. If a student receives a blow to the head, face or neck, or a blow to the body that transmits a force to the head that causes the brain to move rapidly within the skull, and as a result may have suffered a concussion, the individual (e.g., teacher/coach) responsible for that student must take immediate action.
2. If you suspect a student may have a concussion, the student should stop playing the sport or activity right away.
3. They should not be left alone and should be seen by a doctor as soon as possible on that day.
4. If a student loses consciousness for more than a minute, call an ambulance to take them to the hospital immediately. Do not move them or remove athletic equipment like a helmet. If the responder has first aid training, stabilize head and neck if possible; wait for paramedics to arrive.
5. Anyone with a suspected concussion should not engage in physical activity that day, even if they say they are feeling better. Problems caused by a head injury can get worse later that day or night.
6. They should not return to the sport or activity until they have been seen by a doctor or other medical professional with concussion certification.
7. If an individual has a suspected concussion, their parents should be contacted and advised of the potential concussion and advised that the individual should see a doctor that day.
8. If an individual has experienced a concussion or suspected concussion while participating in activities in the community, the parent/guardian needs to advise school staff of the concussion or suspected concussion.

Created:

Amended:

References: <https://www.healthlinkbc.ca/illnesses-conditions/injuries/concussion>, <https://cattonline.com/>, <https://www.bcspp.org/>



If a significant impact or motion to the head or body occurs that can cause the brain to move inside the skull that leads one to suspect a concussion

STOP

CALL FOR ON-SITE FIRST AID, REMOVE FROM ACTIVITY IMMEDIATELY AND ASSESS FOR RED FLAGS

RED FLAGS

- Neck pain or tenderness
- Seizure, 'fits', or convulsion
- Loss of vision or double vision

- Loss of consciousness
- Increased confusion or deteriorating conscious state (becoming less responsive, drowsy)
- Weakness or numbness/tingling in more than one arm or leg

- Repeated vomiting
- Severe or increasing headache
- Increasingly restless, agitated, or combative

IF YES TO ANY OF THE ABOVE:
Call an ambulance or seek immediate medical care

FOLLOW MEDICAL ADVICE, AND:

Follow initial period of relative rest (i.e., activities of daily living including walking and other light physical and cognitive activities are permitted as tolerated) for a maximum of 24-48 hours post-injury.

Engage in light physical and cognitive activity that does not result in more than mild and brief* exacerbation (worsening) of concussion symptoms.

- Limit screen time for the first 24-48 hours (smartphones, computers, TV)
- Engage in light cognitive activities (e.g. reading)
- Engage in light physical activity (e.g. walking)

Note: Sleep is important! Do not wake during the night if sleeping comfortably

*Mild exacerbation (worsening) of symptoms: No more than a 2-point increase when compared with the pre-activity value on a 0-10-point symptom severity scale. "Brief" exacerbation of symptoms: Worsening of symptoms for up to 1 hour.

AFTER 48 HOURS:

- Follow Return to Work strategy
- Follow Return to Activity strategy
- Follow Return to School strategy
- Follow Return to Sport strategy

IF NO TO ALL RED FLAGS:
Assess for signs and symptoms of concussion

INCREASED RISK OF CONCUSSION IF:

- Currently recovering from a concussion
- Previous history of concussion
- Experiencing persistent concussion symptoms

CONCUSSION SIGNS AND SYMPTOMS

<input type="checkbox"/> Headache / Pressure in the head	<input type="checkbox"/> "Don't feel right"	<input type="checkbox"/> Difficulty concentrating
<input type="checkbox"/> Balance problems / Dizziness	<input type="checkbox"/> Neck pain	<input type="checkbox"/> Difficulty remembering
<input type="checkbox"/> Nausea or vomiting	<input type="checkbox"/> More emotional	<input type="checkbox"/> Feeling slowed down
<input type="checkbox"/> Blurred vision	<input type="checkbox"/> More irritable	<input type="checkbox"/> Feeling like "in a fog"
<input type="checkbox"/> Light / Sound sensitivity	<input type="checkbox"/> Sadness	<input type="checkbox"/> Trouble falling asleep
<input type="checkbox"/> Fatigue or low energy	<input type="checkbox"/> Nervous or anxious	

IF YES TO ANY OF THE ABOVE:
SEEK MEDICAL ATTENTION from a doctor, nurse practitioner, or licensed healthcare professional with relevant training

IF NO SYMPTOMS:
PERFORMERS: Refrain from repeating actions that caused initial impact and/or repetitive jarring motions
ALL WORKERS: Limit physical activity and advise worker to watch for signs and symptoms for 48 hours

IF SYMPTOMS OBSERVED WITHIN 48 HOURS

MENTAL HEALTH

During the course of recovery from a concussion, seek medical attention for mental health challenges as needed, such as:

- More emotional
- Irritability
- Sadness
- Nervousness or anxiousness
- Trouble falling asleep
- Depression

IF NO SYMPTOMS OBSERVED AFTER 48 HOURS

RESUME NORMAL ACTIVITY