

Decision-Making Pathway for Concussions

Steps and Responsibilities: Identifying a Suspected Concussion



Student:

- Receives a blow to the head, face, neck or a blow to the body that transmits a force to the head.
- As a result, the responsible adult (e.g., teacher/coach/supervisor) suspects a concussion.

Teacher/Coach/Supervisor

- Stops student participation.
- Initiates Emergency Action Plan (Use the school's Emergency Action Plan).

Teacher/Coach/Supervisor

- Check for RED FLAG sign(s) and/or symptom(s) (Use the Tool to identify a suspected concussion or the Concussion Recognition Tool 5).

Is this a medical emergency?

Yes

No

Teacher/Coach/Supervisor

- Remove the student from the current activity or game if the student can be safely moved.

Is a licensed healthcare professional present?

Yes

No

Medical doctor/nurse practitioner

- Complete a sideline medical assessment. (Use the Sport Concussion Assessment Tool 5 (SCAT5) or the Child-SCAT5).

Teacher/Coach/Supervisor

- Check for other concussion sign(s) and/or symptom(s) (Use the Tool to identify a suspected concussion or the Concussion Recognition Tool 5).

Is a concussion suspected?

No

Yes

Student

- A concussion is NOT suspected (No concussion sign(s) and/or symptom(s) are observed or reported).
- May not resume physical activity for at least 24 hours even if the student states that they are feeling better.

Student

- A concussion is suspected (Concussion sign(s) and/or symptom(s) are observed and/or reported).
- Require urgent medical assessment from a medical doctor or nurse practitioner.

Teacher/Coach/Supervisor

- Call 911 for emergency medical assessment and immediate ambulance transport to the nearest emergency department for further medical assessment.
- The student must not be left alone until emergency medical services arrive.
- Provide a copy of the completed Tool to identify a suspected concussion to emergency medical services.
- Follow the other RED FLAG Procedures.

Teacher/Coach/Supervisor

- Contact the parent/guardian in order to provide information about the incident and the importance of continued monitoring.
- Student can attend school but must not return to physical activity for 24 hours as signs and/or symptoms can take hours to days to emerge.
- Inform principal of the incident.

Teacher/Coach/Supervisor

- Contact the parent/guardian in order to provide information about the incident.
- Provide information to parent/guardian about the need to come and pick up the student for a medical assessment as soon as possible.
- Monitor and document any changes in the student's presenting sign(s) and/or symptom(s) until their parent/guardian arrive.
- Provide a completed copy of the Tool to identify a suspected concussion along with a copy of the Documentation of medical examination form.
- Inform principal of suspected concussion.

Teacher/Coach/Supervisor

- Contact parent/guardian and provide information about the incident and name of hospital.
- Inform principal of suspected concussion.

Parent/guardian/school

- Continue monitoring the student for at least 24 hours for the emergence of delayed sign(s) and/or symptom(s).

Principal/Designate

- Inform school staff of suspected concussion.

Parent/guardian/school

- Student is permitted to resume physical activity if no signs or symptoms emerge after 24 hours.
- Medical Clearance is not required.

Parent/guardian/school

- If sign(s) and/or symptom(s) emerge, the student needs a medical assessment as soon as possible on that day.

Medical doctor/nurse practitioner

- Complete a Medical Assessment (Use the Sport Concussion Assessment Tool 5 (SCAT5) or the Child-SCAT5).

Parent/guardian

- Complete the Documentation of medical examination form.
- Report to the principal the outcome of the Medical Assessment.
- Schedule an appointment with the student's primary care provider (family physician or nurse practitioner) to ensure a continuous medical follow-up during their progressive Return-to-School and Return-to-Sport/Physical Activity Strategy.

Student

- A concussion has been diagnosed by a medical doctor or nurse practitioner.

- Student
- Parent/Guardian/School
- Principal/Designate
- Parent/Guardian
- Teacher/Coach/Supervisor
- Medical Doctor/Nurse Practitioner

CONTINUED ON OTHER SIDE

Decision-Making Pathway for Concussions

Steps and Responsibilities: Diagnosed Concussion



Student

- Begins the medically supervised gradual Return-to-School and Return-to-Sport/Physical Activity Strategy.

Principal/Designate

- Inform all school staff who works with the concussed student of the diagnosis.
- Establish the collaborative team along with a designated lead.
- Meet with the parent/guardian to:
 - Receive a completed copy of the Documentation of Medical Examination form.
 - Explain the importance of completing home preparations before returning to school.
 - Provide a copy of the Return-to-School Strategy, Return-to-Sport Strategy and Return of Symptoms forms.

Student

- Begins medically supervised gradual Return to School and Return to Sport/Physical Activity Strategy.

Parent/guardian

- Contact the principal/designate once the student has:
 - Completed Stage A and Stage B of the Return to School Strategy and;
 - Completed at least Stage 1 of the Return to Sport/Physical Activity Strategy.

Principal/Designate

- Meet with the parent/guardian to:
 - Explain the school's role in supporting the student's progression through each step of the Return-to-School and Return-to-Sport/Physical Activity Strategy.
 - Provide a copy of the Individualized Learning Accommodations Following a Concussion form.
 - Inform them of the Collaborative Team participants and the parent/guardian role on the team.
 - Encourage open communication to help complete the remaining steps with a Collaborative Team approach.

Student

- Returns to school.
- Conference with the designate to identify which learning accommodations are required based on post-concussion symptoms.

Return-to-School - Stage C

- The student attends school part-time as an observer with maximum usage of learning accommodations.

The student may proceed directly to Stage D, unless advised otherwise.

Return-to-School - Stage D

- The student attends school part-time with moderate usage of learning accommodations.
- The student may gradually increase their academic activities.

Return-to-School - Stage E

- The student may work towards a full day at school with minimal usage of learning accommodations.

The student may proceed directly to Stage F, unless advised otherwise.

Return-to-School - Stage F

- The student attends school full-time with no learning accommodations.
- The student may gradually resume their regular academic activities and catch up on missed school work.
- The Return-to-School Strategy is complete.

Student

- Continues to progress gradually through the remaining stages of the Return to Sport/Physical Activity Strategy.

Return-to-Sport/Physical Activity - Stage 2

- The student may complete individual light aerobic physical activity to increase their heart rate.

Return-to-Sport/Physical Activity - Stage 3

- The student may complete individual sport-specific physical activity to add movement.

Return-to-Sport/Physical Activity - Stage 4

- The student may complete non-contact training drills to add coordination and increased cognitive load.

Principal/Designate

- Report to a parent/guardian the student's completion of Return to School - Stage F and Return to Sport/Physical Activity - Stage 4.

Parent/guardian

- Provide the principal with a Return-to-Sport/Physical Activity Strategy form with the Medical Examination section signed by a parent/guardian.

Return-to-Sport/Physical Activity - Stage 5

- The student may engage in full participation in physical activity (physical education, intramurals or interschool) during contact practice and/or non-contact sport competition.

Return-to-Sport/Physical Activity - Stage 6

- The student may fully participate in any physical activity, practice or sport competition with or without contact
- The Return-to-Sport Strategy is complete.

If the student exhibits or reports any new or worsening signs or symptoms, the student must obtain a Medical Clearance reassessment.

- The student is monitored for any new or worsening signs and/or symptoms by both school and parent/guardian.
- The student is monitored for any deterioration of work habits or academic performance by both school and parent/guardian.
- If the student is unable to tolerate recommended activities at any specific stage, they should go back to the previous stage for at least 24 hours.
- The student may need to move back a stage more than once during their recovery process.
- The student's progress is documented with results shared between school and home at the completion of each stage.