



HURON-PERTH CATHOLIC

District School Board

Concussion Management

Adopted:	April 27, 2015	Policy #:	P 2.1.19.
Revised:	March 23, 2026	Policy Category:	2.1. School Operations

BELIEF STATEMENT:

The Huron-Perth Catholic District School Board (the Board) believes that all persons are created in the image and likeness of God and are entitled to dignity, respect, and compassionate care.

The Board believes that student well-being is foundational to learning, and that safe, healthy, and supportive school environments are essential for students to flourish academically, socially, emotionally, spiritually, and physically.

The Board believes that concussions are a significant health concern and must be addressed through awareness, prevention, timely identification, and responsible management. The Board is committed to ensuring that students who sustain a suspected or diagnosed concussion are supported through a safe and gradual return to learning and physical activity, guided by current research and provincial expectations.

The Board believes that the health care needs of students are primarily the responsibility of parents and guardians, and that effective concussion management depends on strong collaboration between families, schools, and medical professionals. Through shared responsibility and clear communication, the Board seeks to protect student safety and promote recovery in a manner that reflects our Catholic commitment to care, stewardship, and the common good.

PROPOSED POLICY STATEMENT:

The Huron-Perth Catholic District School Board is committed to promoting student well-being and ensuring safe, healthy, and supportive learning environments. The Board recognizes that concussions are a significant health concern and is committed to concussion awareness, prevention, identification, and appropriate management in all schools and Board-sponsored activities.

The Board is committed to protecting and promoting student health and safety while in its care. In matters pertaining to significant public health issues, the Board will seek direction from Huron Perth Public Health and other relevant authorities as appropriate.

The Board believes that the ongoing provision of relevant health information and health care needs of students is primarily the responsibility of parents and guardians.

RESPONSIBILITIES:

The Director of Education shall ensure that administrative procedures are in place to support the implementation of this policy, including requirements related to training, reporting, documentation, and safe return-to-learn and return-to-physical-activity protocols. Administrative procedures shall include requirements for a safe and graduated Return to Learn and Return to Physical This policy and the corresponding administrative procedures shall align with applicable legislation and Ministry of Education direction, including Rowan's Law (2018) and Policy/Program Memorandum 158, and the Ontario Physical Safety Standards in Education (OPHEA).

The Director of Education shall also ensure that appropriate data related to suspected and confirmed concussions is collected and reviewed periodically in order to support risk awareness, prevention strategies, and continuous improvement in student safety. Each school shall submit an annual summary report of concussion-related incidents to the Safe Schools Superintendent by May 1 of each school year. This information will support the monitoring of aggregate data across the system. An aggregate report summarizing concussion-related data and trends shall be presented to the Board annually at the June Board meeting in order to assist in identifying patterns, areas of risk, and opportunities for preventative action.

Principals are responsible for ensuring that concussion management procedures are implemented consistently within their schools and that staff are aware of their roles and responsibilities.

School staff share responsibility for supporting concussion awareness, prevention, and identification. Staff are expected to follow established concussion management procedures, including recognizing potential signs and symptoms of a concussion, responding appropriately when a concussion is suspected, and supporting students through the return-to-learn and return-to-physical-activity process in collaboration with school administration, parents/guardians, and medical professionals.

DEFINITIONS:

Concussion is the term for a clinical diagnosis that is communicated by a physician or a nurse practitioner. School staff, board staff, or volunteers cannot make a concussion diagnosis, but must advise students who are suspected of having sustained a concussion and their parents to seek a medical assessment by a physician or a nurse practitioner. The definition of concussion given below is adapted from the definition provided in the concussion protocol in the Ontario Physical Activity Safety Standards in Education.

A concussion:

- is a brain injury that causes changes in the way in which the brain functions and that can lead to symptoms that can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty in concentrating or remembering), emotional/behavioural (e.g., depression, irritability), and/or related to sleep (e.g., drowsiness, difficulty in falling asleep)
- may be caused either by a direct blow to the head, face, or neck or by a blow to the body that transmits a force to the head that causes the brain to move rapidly within the skull
- can occur even if there has been no loss of consciousness (in fact, most concussions occur without a loss of consciousness)
- cannot normally be seen by means of medical imaging tests, such as X-rays, standard computed tomography (CT) scans, or magnetic resonance imaging (MRI) scans

Research demonstrates that a concussion can have a significant impact on an individual – cognitively, physically, emotionally, and/or socially. Most individuals with a concussion get better in one to four weeks, but, for some, the healing process may take longer. It is possible for a concussion to have long-term effects. Individuals may experience symptoms that last for months or even years – symptoms such as headaches, neck pain, or vision problems. Some individuals may even experience lasting changes in their brain that lead to issues such as memory loss, difficulty concentrating, or depression. It should also be noted that if an individual suffers a second concussion before they are free from symptoms sustained from the first concussion, this may lead to “second impact syndrome”, a rare condition that causes rapid and severe brain swelling and often has catastrophic results.

REFERENCES:

- www.ophea.net
- Policy/Program Memorandum 158
- Rowan’s Law, 2018

RESOURCES, APPENDICES AND FORMS:

- Administrative Procedure: Concussion Management 2.1.14