



BOYS & GIRLS CLUB OF EAST SCARBOROUGH

HEAD INJURIES / CONCUSSIONS POLICY

Purpose

The Boys & Girls Club of East Scarborough is committed to supporting the safety and well-being of its staff and members. As a result the following was developed for the protection and benefit of our participants involved with programming.

The purpose of this policy is to insure Club staff are aware of the procedures for responding to Head Injuries/Concussions.

Scope

This policy applies to all employees, volunteers and student interns of the Boys & Girls Club of East Scarborough.

Failure to comply with any Club policies and procedures will result in disciplinary action in accordance with the agency's Human Resources Manual.

Boys & Girls Club of East Scarborough has reviewed significant literature re: concussion policy and as a result developed this policy for the protection and benefit of our participants involved with programming at the Club.

Policy

General Injury Protocol

Should a volunteer or student intern is aware of a medical emergency, he/she must immediately notify a staff to access the situation.

Should a medical emergency arise for a child or youth while participating in a Club program, staff will immediately respond in keeping with their First Aid and CPR training. Staff should always attempt to utilize Universal Precautions when responding to a medical emergency.

The senior most staff available in the program will:

- make emergency 911 calls as necessary
- make calls to the child/youth's parent/guardian
- alert their Program Supervisor/Manager to the situation
- insure that the appropriate incident/illness form is completed

Dependent on the nature of the medical emergency, staff may need to insure the proper protocols, including reporting and documentation, are followed for Serious Occurrences and/or Serious Incidents, or Reporting Child Abuse.

The Club will insure that fully stocked first aid kits are available at every program site and will also be carried with each program group while on field trips.

The Club will insure that there is immediate access to a phone or reliable communication device for the purpose of accessing emergency support services at all times within any Club program.

Concussion Protocol

Definition: A concussion 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); 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; can occur even if there has been no loss of consciousness (in fact most concussions occur without a loss of consciousness); and, cannot normally be seen on X-rays, standard CT scans or MRIs. (OPHEA Concussion Management Procedures)

Minimizing the Risk of Concussions

Education is a prime factor in supporting the prevention of concussion. Any time a program participant is involved in a physical activity there is a chance of sustaining a concussion. Therefore it is important to take a preventative approach when dealing with concussions. Prior to an activity the program staff should consider the following information on concussion:

- The definition and causes of a concussion, signs and symptoms, and dangers of participating in an activity while experiencing the signs and symptoms of a concussion.
- The risks associated with the activity/sport for a concussion and how to minimize those risks.
- The importance of immediately informing the program staff of any signs or symptoms of a concussion, and removing themselves from the activity.
- The importance of respecting the rules of the game and practising fair play.
- The importance of wearing protective equipment that is properly fitted (e.g. with chin straps done up according to the one-finger rule [only one finger should fit between the strap and chin]).
- Where helmets are worn, inform students that there is no such thing as a concussion-proof helmet. Helmets are designed to prevent major brain injuries such as bruises to the brain, blood clots, facial injury and skull fractures. However, helmets do not prevent all concussions.

Initial Response: Identification

If a member 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 staff responsible for that member must take immediate action as follows:

Unconscious Member (or where there was any loss of consciousness)

- Stop the activity immediately – assume there is a concussion.
- Follow Standard First Aid procedures and call 911. Do not move the member.
- Inform direct supervisor or manager of incident
- Assume there is a possible neck injury and, only if trained, immobilize the member before emergency medical services arrive.
- Do not remove athletic equipment (i.e. helmet) unless there is difficulty breathing.
- Stay with the member until emergency medical services arrive.
- Manager or supervisor will contact the member's parent/guardian (or emergency contact) to inform them of the incident and that emergency medical services have been contacted.
- Monitor and document any changes (e.g. physical, cognitive, emotional/behavioural) in the member.
- Complete a Serious Occurrence/Accident Report form for documentation procedures.
- If the member regains consciousness, encourage him/her to remain calm and to lie still. Do not administer medication (unless the member requires medication for other conditions – i.e. insulin for a member with diabetes).

Conscious Member

- Stop the activity immediately.
- Follow standard first aid procedures.
- When the member can be safely moved, remove him/her from the current activity or game.
- Conduct an initial concussion assessment of the member (i.e. using “Appendix C-2 - Tool to Identify a Suspected Concussion”).

*If **NO** sign(s) are observed and/or symptom(s) are reported and/or the member passes the Quick Memory Function Assessment:*

No Suspected Concussion

- Provide standard first aid to the member; continue observing member for signs and symptoms of concussion.
- Member may return to program/ physical activity.
- Complete the Accident / Incident Report.
- Contact Supervisor/Manager.
- Contact Parent to inform them of the incident, recommend that the parent or guardian that they continue monitoring their child for the signs and symptoms of

a concussion provide the parent with a copy of Appendix C-2 and have them sign Accident/ incident report.

If sign(s) are observed and/or symptom(s) are reported and/or the member fails the Quick Memory Function Assessment (see Appendix C-2):

Suspected Concussion - Staff Response

- Do not allow the member to return to play in the activity, game or practice that day even if the member states that he/she is feeling better.
- Inform Supervisor/ manager of incident.
- Contact the member's parent/guardian (or emergency contact) to inform them: of the incident; that they need to come and pick up the member; and, that the member needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.
- Monitor and document any changes (e.g. physical, cognitive, emotional/behavioural) in the member. If any signs or symptoms worsen, call 911.
- Complete the Serious Occurrence/ Accident report form for documentation procedures.
- Do not administer medication (unless the member requires medication for other conditions – i.e. insulin for a member with diabetes).
- Stay with the member until her/his parent/guardian (or emergency contact) arrives.
- The member must not leave the premises without parent/guardian (or emergency contact) supervision.
- Provide parent a copy of the appendix C-2

Parent/Guardian must be:

- provided with a copy of "Appendix C-2 - Tool to Identify a Suspected Concussion" signed by the teacher; and,
- informed that:
 - signs and symptoms may not appear immediately and may take hours or days to emerge;
 - the student should be monitored for 24-48 hours following the incident; and, if any signs or symptoms emerge, the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.

In case of head injury/concussion please follow the attached procedures as outlined by OPHEA. These procedures can be found in the appendices.

Upon return to program of a member having sustained a concussion:

Responsibilities of the Manager/ Supervisor

Once the parent/guardian has informed the manager/ supervisor of the results of the medical examination, the manager/supervisor must:

- inform all staff in the member's program and volunteers who work with the member of the diagnosis; and, file written documentation (e.g. "Appendix C-3 - Documentation of Medical Examination", parent's note) of the results of the medical examination

Return to Program Plan

A member with a diagnosed concussion needs to follow a medically supervised, individualized and gradual Return to Program Plan. While Return to Program, learning and physical activity processes are combined within the Plan, a student with a diagnosed concussion must be symptom free prior to returning to regular activities (i.e., Step 2b – Return to Learn) and beginning Step 2 – Return to Physical Activity.

In developing the Plan, the return to regular activities process is individualized to meet the particular needs of the member. There is no pre-set formula for developing strategies to assist a member with a concussion to return to his/her regular activities. In contrast, the return to physical activity process follows an internationally recognized graduated stepwise approach.

Collaborative Team Approach

It is critical to a member's recovery that the Return to Program Plan be developed through a collaborative team approach. Led by the manager/supervisor, the team should include:

- the concussed member;
- her/his parents/guardians;
- program staff and volunteers who work with the member; and,
- the medical doctor or nurse practitioner.

Ongoing communication and monitoring by all members of the team is essential for the successful recovery of the member.

Completion of the Steps within the Plan

The steps of the Return to Program Plan may occur at home or at the Club.

The collaborative team must ensure that steps 1-4 of the Return to Program Plan are completed. As such, written documentation from a medical doctor or nurse practitioner (e.g., "Appendix C-4 - Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan") that indicates the member is symptom free and able to return to full participation in physical activity must be provided by the member's parent/guardian to the Club and kept on file.

It is important to note:

- Cognitive or physical activities can cause a member's symptoms to reappear.
- Steps are not days – each step must take a minimum of 24 hours and the length of time needed to complete each step will vary based on the severity of the concussion and the member.
- The signs and symptoms of a concussion often last for 7 – 10 days, but may last longer in children and adolescents.