

Administrative Procedures Manual	Administrative Procedure 160
	Appendix I
	Management of Concussion
	APPROVED: March 2025
Page 1 of 9	AMENDED/REVIEWED: August 2025
LEGAL REFERENCE:	Section 11, 52, 53, 196, 197, 222 Education Act Occupational Health and Safety Act Worker's Compensation Act Occupational Health and Safety Code Occupational Health and Safety Regulation

Background:

The Grande Prairie Public School Division (GPPSD) has developed this Concussion Protocol to help guide the management of students who sustain a suspected concussion because of participation in Division activities.

Purpose:

This protocol covers the recognition, medical diagnosis, and management of students who may sustain a suspected concussion during school activity. It aims to ensure that students with a suspected concussion receive timely and appropriate care and proper management to allow them to return to the school activities and sports safely.

The Division recognizes the importance of health, safety, and overall well-being of its students. It also recognizes children and adolescents are among those at greatest risk for concussions, and while there is a potential for a concussion any time there is body trauma, the risk is greatest during activities where collisions can occur such as during physical education classes, playground time, school-based sports activities, or field trips. Teachers and other school staff play a crucial role in the identification of a suspected concussion if they are aware of the signs and symptoms because they can prevent the student from engaging in further activity and make appropriate medical referrals.

Definitions:

Concussion: is a brain injury that cannot be seen on routine X-rays, CT scans or MRIs. It affects the way a person may think and remember things and can cause a variety of symptoms. Any blow to the head, face or neck, or a blow to the body that jars the head, could cause a concussion.

Signs (*observed by others*) & Symptoms (reported by the injured person):

Physical	<ul style="list-style-type: none"> • Headache • Pressure in the head • Dizziness • Nausea or Vomiting • Blurred Vision • Drowsiness 	<ul style="list-style-type: none"> • Sensitivity to light or sound • Ringing in the ears • Balance problems • Feeling Tired or low energy • "Don't feel right"
Cognitive	<ul style="list-style-type: none"> • Not thinking clearly • Feeling slowed down • Feeling like "in a fog" 	<ul style="list-style-type: none"> • Problems concentrating • Memory Problems
Emotional	<ul style="list-style-type: none"> • Easily upset or angered • Sadness 	<ul style="list-style-type: none"> • Nervous or anxious • Feeling more emotional
Sleep-related	<ul style="list-style-type: none"> • Sleeping more or less than usual 	<ul style="list-style-type: none"> • Having a hard time falling asleep

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These signs and symptoms following a witnessed or suspected blow to the head or body are indicative of probable concussion. Any student with exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the activity and shall not return to play until cleared by an appropriate health care professional.

1. Concussion Awareness:

1.1. Prevention and Minimizing the Risk of Concussion:

Education can support the prevention of concussion. Any time a student / athlete is involved in physical activity there is a chance of sustaining a concussion; therefore, it is important to take a preventative approach.

- 1.1.1. [School Physical Activity, Health & Education Resource for Safety \(SPHEREs\)](#) will always be adhered to in the interest of supporting student injuries.

Note: SPHEREs is a resource intended for use by Alberta Schools, staff, and administrators to focus teacher attention on safe instructional practices to minimize risk and to encourage school authorities to develop policies, plans, and procedures for safety of students.

1.2. Training:

1.2.1. Coaching Requirements for Alberta High School Coaches:

- 1.2.1.1. Every team official (Head Coach, Assistant Coach, Teacher Sponsor) in all Alberta School's Athletic Association (ASAA) sports must complete the **CAC (Coaching Association of Canada) Making Headway** concussion course available on [The Locker](#) one month into their respective Season of Play, this includes every team official who is regularly present with the team during competition.
- 1.2.1.2. At least one team official (Head Coach, Assistant Coach, Teacher Sponsor) must complete the **ASAA Bylaws and Policies** courses available in [The Locker](#) prior to being involved with his / her team games.
- 1.2.1.3. All member schools must have at least one teacher-coach or Agent of the Board on staff complete the **Coaching School**

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Sport Redefining Winning course in [The Locker](#) by Oct 10 of the current school year.

1.2.1.4. Review this Concussion Best Practice

1.2.2. All other School Based Staff:

1.2.2.1. Review this Concussion Best Practice

2. Responsibilities

2.1. The Superintendent or designate shall share concussion prevention, identification and management information to principals and directors for distribution to staff, students, and parents / guardians

2.2. The principal shall:

2.2.1. Ensure the completion of concussion training for staff and coaching volunteers

2.2.2. Provide the following resources to school staff, parents / guardians, students, and volunteers as required

2.2.2.1. [Concussion Recognition Tool 5](#). (SCAT5) (Attachment A)

2.2.2.2. [Concussion Guidelines for Staff](#) (Attachment B)

2.2.2.3. [Concussion Guidelines for Coaches](#) (Attachment C), and

2.2.2.4. [Concussion Guidelines for Parents / Guardians](#) (Attachment D)

2.2.3. Confirm all incidents involving head trauma are reported to parents / guardians

2.2.4. Ensure all incidents involving head trauma are reported and addressed as required using the HZ Student Accident Report and the [Concussion Recognition Tool 5](#). (Attachment A).

2.2.5. Ensure, prior to a student's return to physical activities following a diagnosis of concussion, the school obtains a note from the student's doctor indicating what activities can be undertaken and what precautions, if any, need to be taken

2.2.6. Keep the above documents on file and provide copies to appropriate staff member(s).

2.2.7. Alert staff about students with a suspected or diagnosed concussion

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- 2.2.8. Work with students, parents / guardians, staff, volunteers, and health professionals to support concussed students with their recovery and academic success; and
- 2.2.9. Communicate with the school Community to encourage parent / guardian co-operation in reporting all non-school related concussions.

2.3. Division staff shall:

- 2.3.1. Complete concussion training.
- 2.3.2. Review this Concussion Protocol and read all linked documents / attachments.
- 2.3.3. Provide concussion resources (Attachments) to parents / guardians, students and coaches
- 2.3.4. Be able to recognize signs and symptoms and respond appropriately for a suspected concussion, using the [Concussion Recognition Tool 5](#). (Attachment A)
- 2.3.5. If a concussion is suspected:
 - 2.3.5.1. Follow the response guidelines (Section 4) of this document
 - 2.3.5.2. Advise school administrators, parents / guardians
 - 2.3.5.2.1. Provide parents with a [Concussion Recognition Tool 5](#).
- 2.3.6. When a diagnosed concussion has occurred, implement, and track the Concussion strategies to return the student to school and to sport (in conjunction with school administration).

3. Head Injury Recognition

Although the formal diagnosis of concussion should be made following a medical assessment, all school and sport stakeholders including students, parents/ guardians, teachers, administrators, coaches' officials, trainers are responsible for the recognition and reporting of students who may demonstrate visual signs of a head injury or who report concussion-related symptoms.

3.1. **A concussion should be suspected:**

- 3.1.1. In any student who sustains a significant impact to the head, face, neck, or body and demonstrates **ANY** of the visual signs of a suspected concussion or reports ANY symptoms of a suspected concussion as detailed in the [Concussion Recognition Tool 5](#).

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- 3.1.2. If any student reports **ANY** concussion symptoms to one of their peers, parents / guardians, teachers, or coaches or if anyone witnesses a student exhibiting any of the visual signs of concussion.

In some cases, a student may demonstrate signs or symptoms of a more severe head or spine injury including convulsions, worsening headache, vomiting or neck pain. If a student demonstrates any of the “**Red Flags**” indicated on the [Concussion Recognition Tool 5](#), a more severe head or spinal injury should be suspected.

4. Responding to Head Trauma / Suspected Concussion

Depending on the suspected severity of the injury, an initial assessment may be completed by a first aider or emergency medical professionals.

4.1. Emergency Response (Red Flag Procedure)

- 4.1.1. If a student is suspected of sustaining a more severe head injury or spine injury during a game, practice, or other school activity, an ambulance should be called immediately to transfer the student to the nearest emergency department for further medical assessment.
- 4.1.2. Coaches, teachers, administrators, parents/guardians, officials, and trainers should not try to remove equipment or move the student until an ambulance arrives.
- 4.1.3. The student must not be left alone until the ambulance arrives.
- 4.1.4. The student's parents / guardians (or emergency contact) should be contacted immediately to inform them of the student's injury and that emergency medical services have been contacted.

4.2. If no 'Reg Flags' are present

- 4.2.1. If a student is suspected of sustaining a concussion and there is no concern for a more serious head or spine injury:
- 4.2.2. The student should be immediately removed from the setting in which the injury occurred.
- 4.2.3. Any student suspected of sustaining a concussion must not return to the activity (game, practice, physical education, playground, etc.) and must be

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referred to a medical doctor or nurse practitioner for medical assessment. The student must not be left alone until a parent / guardian arrives.

- 4.2.4. Students with suspected head injuries should not be permitted to drive home.
- 4.2.5. Any student who is removed from activity following a significant impact but there are NO visual signs of a concussion, and the student reports NO concussion symptoms, the student can remain at school but should not participate in physical activity and should be monitored for delayed symptoms. The students' parents / guardians should be informed of the incident, and that the student should be monitored for emerging symptoms

- PROVIDE PARENTS with the following documents:
 - [Concussion Guidelines for Parents / Guardians](#) (Attachment D), and
 - [Concussion Recognition Tool 5.](#)

4.3. Diagnosis

Concussion is the term for a clinical diagnosis made by a medical professional. In the best interests of the student, it is best that staff refer a suspected concussion to a medical professional for a proper diagnosis. Without medical documentation, the student's participation in learning or physical activities may be restricted. This decision resides with the School Administrator(s) or appointed designate in consultation with parents.

5. Concussion Management

- 5.1. When a student is diagnosed with concussion, the student parents / guardians should be provided with education about the signs and symptoms of concussion, strategies about how to manage their symptoms, the risks of returning to sport without medical clearance and recommendations regarding a gradual return to school and physical activities.
- 5.2. Students diagnosed with concussion are to be managed according to their Return-to-School and Return-to-Sport Strategy under the supervision of a medical professional.

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- 5.3. Once students have completed their Return-to-School and Return-to-Sport Strategies and are deemed to be clinically recovered from their concussion, the medical professional can consider the student for a return to full sports activities.

6. Return to School Strategy

The following is an outline of the [Return to School Strategy](#) (Attachment E) that should be used to help students, parents / guardians, the school, and healthcare professionals to collaborate in allowing the student to make a gradual return to school activities. Each stage is a minimum of 24 hours. Depending on the severity of and type of symptoms present, students will progress through the stages at different rates.

If the student experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage. An initial period of 24-hours of rest is recommended before starting the Return-to-School Strategy

Review the full Strategy here: Return to School Strategy (Attachment E)				
	Stage	Aim	Activity	Goal of each step
At Home	1	Daily activities that do not give the student symptoms	Typical activities during the day if they do not increase symptoms. Start 5-15 minutes at a time gradually build up.	Gradual return to typical activities
	2	School activities	Homework, reading or other cognitive activities outside the classroom.	Increase tolerance to cognitive work
At School	3	Return to School part-time	Gradual introduction of schoolwork. May need to start with a partial school day or with increased breaks during the day	Increase academic activities
	4	Return to School full-time	Gradually progress, reduce modifications or adaptations until the student can handle a full day with no modifications or adaptations	Return to full academic activities and catch up on missed schoolwork.

7. Return to Sport Strategy

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The following is an outline of the [Return to Sport Strategy](#) (Attachment F) that should be used to help students, parents / guardians, the school, and healthcare professionals to collaborate in allowing the student to make a gradual return to school activities to partner in allowing the student to make a gradual return to sport and physical activities. Each stage is a minimum of 24 hours. Depending on the severity of and type of symptoms present, students will progress through the stages at different rates.

If the student experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage. It is important that students return to full-time school activities before progressing to stage 5 and 6 of the Return to Sport Strategy. All students must provide the school with a Medical Clearance Letter before returning to full sports activities.

An initial period of 24-hours of rest is recommended before starting the Return-to-Sport Strategy

Review the full Strategy here: Return to Sport Strategy (Attachment F)			
Stage	Aim	Activity	Goal of each step
1	Symptom Limiting activity	Daily activities that do not provoke symptoms	Gradual reintroduction of work / school activities
2	Light aerobic activity	Walking or stationary cycling at slow to medium pace. No resistance or weight training. No physical activities with others or using equipment.	Increase heart rate
3	Sport-specific exercise, simple locomotor activities	Simple individual drills (e.g., running / throwing drills, shooting drills) in predictable and controlled environments with no risk or re-injury. No resistance or weight training	Add movement
4	Non-contact training drills	Progressively increase physical activities. More complete training drills (e.g., passing drills). May start progressive resistance training	Exercise, coordination and increased thinking
5	Full contact practice	Following return to full-time school and medical clearance.	Restore confidence and assess functional skills by supervising staff.
6	Return to sport	Full participation in sports and physical activity with no restrictions.	

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8. Multidisciplinary Concussion Care

Most students who sustain a concussion will make a complete recovery and be able to return to full school and physical activities within one to four weeks of injury. However, 15 – 30% of individuals will experience symptoms that persist beyond this time.

Students who experience persistent post-concussion symptoms (>4 weeks) may benefit from their doctor making a referral to a medically supervised multidisciplinary concussion clinic that has access to professionals with licensed training in traumatic brain injury.

9. Medical Clearance to Return to Sport

- 9.1. Students diagnosed with a concussion and successfully completed their Return-to-School and Return-to-Sport Strategies can be considered for returning to full sports and physical activities. The final decision to medically clear a student to return to unrestricted activities will be based on judgment of their health care professional considering the students past medical history, clinical history, physical examination findings and the results of other tests and clinical consultations.
- 9.2. Prior to returning to full contact practice and games / competition, the student or parent / guardian must provide the school with a Medical Clearance Letter specifying that the medical professional has evaluated the student and has cleared them for return to sports.
- 9.3. Students who have been provided with a Medical Clearance Letter may return to full sport and physical activities as tolerated. If the student experiences any new concussion like symptoms while returning to play, they should be instructed to stop playing immediately, notify their parents / guardians, teachers, administrators, or coaches and undergo a follow-up medical assessment.
- 9.4. If a student sustains a new suspected concussion, the GPPSD Concussion Protocol should be followed as outlined here.

10. Attachments

- Attachment A: [Concussion Recognition Tool 5](#) (SCAT5)
- Attachment B: [Concussion Guidelines for Staff](#)
- Attachment C: [Concussion Guidelines for Coaches](#)
- Attachment D: [Concussion Guidelines for Parents / Guardians](#)

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- Attachment E: [Return to School Strategy](#)
- Attachment F: [Return to Sport Strategy](#)

Additional Resources

For more detailed concussion procedures for the school setting, please visit:

[Concussions](#) (Parachute)

[Canadian Guideline on Concussion in Sport](#) (Parachute)

[Resources for Families, Schools and Sports Organizations](#) (Ontario Neurotrauma Foundation)

[Concussion and You: A Handbook for Parents and Kids](#) (Holland Bloorview Kids Rehabilitation Hospital)

[Alberta Schools Athletic Association](#)

[The Locker](#)