

Students 9321 Concussion Prevention and Intervention	Administrative Application)	
	Last Reviewed /Approved on:	February 20, 2026
	References:	The Education Act, 1995, Sec. 175 (1)(a); 190 A Safety Handbook for Physical Education and Inter-School Sports Parachute Canada The Concussion Action Plan Policy 12 – Role of the Director
	Status:	Operational

Preamble

The Regina Catholic School Division (RCSD) recognizes the importance of the health, safety and overall well-being of its students and is committed to taking steps to reduce the risk of injury. Recent research indicates that a concussion can have a significant impact on a student's cognitive, emotional and physical abilities.

It is also recognized that children and adolescents are among those at greatest risk for concussions and that while there is 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, on the playground or school-based sports activities.

It is a joint effort by all stakeholders, including, parents, students, administrators, educators, school staff, and school volunteers who all play an important role in the prevention of a concussion, identification of a suspected concussion, as well as the ongoing monitoring and management of a student with a concussion. However, it is also recognized that concussions can only be diagnosed by a medical doctor and therefore the support of a medical practitioner is a necessary requirement.

It is equally important to help students as they “return to learn” in the classroom as it is to help them “return to physical activity”. Therefore, the following information is intended to assist school personnel as they respond to students’ safety and well-being around concussion prevention and intervention.

Definition

1. **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., difficult concentrating or remembering), emotional/behavioral (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 MRI's

2. **Suspected Concussion**

A suspected concussion means that an individual appears to have either experienced an injury or impact that may result in a concussion or is exhibiting unusual behavior that may be the result of a concussion.

3. **Concussion Diagnosis**

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 doctor or nurse practitioner as soon as possible.

The signs and symptoms of a concussion often last seven (7) to ten (10) days in adults but may last much longer in young children and adolescents. In some cases, athletes may take many weeks or months to heal. A history of previous concussions, learning disabilities, attention deficit disorder, migraine problems, sleep disorders and psychiatric disorders (e.g. anxiety or depression) may increase the time to and complicate recovery.

4. **Prevention**

Given that there are few, if any, effective treatments for concussion, prevention through increased awareness and education is important for ensuring student safety and well-being.

Any time a student is involved in physical activity there is a chance of sustaining a concussion. Therefore, it is important to take a preventative approach encouraging a culture of safety when students are physically active.

The following three (3) strategies for concussion injury prevention should be considered:

a. Primary

Information, including actions that prevent concussions from happening, such as following the rules and regulations of the game and that the rules will be consistently enforced to effectively ensure safe play. This also includes environmental scanning, such as minimizing slips and falls by checking that classroom floors and activity environments provide for safe traction and are obstacle free.

b. Secondary

Management of a concussion when one has occurred to prevent the worsening of a concussion.

c. Tertiary

Strategies that help prevent long-term complications of a concussion by advising individuals to seek advice from a medical practitioner with respect to participation in future physical activity and/or sport.

5. **Identification – Concussion Action Plan**

The Concussion Action Plan is accessible to teachers and parents on the RCSD website to assist in the identification, management and proper care for students suspected of a concussion due to a head, neck or facial injury. *The Concussion Action Plan* will provide appropriate direction to all individuals.

6. **Documentation of Incident – RCSD School Incident Form**

In case of all accidents within RCSD, administrators are required to complete an incident form outlining the particulars of the injury and the signs and symptoms with respect to the student's injury.

7. **Return to Learn – See Return to Learn Protocol**

The incremental stepwise program starts with cognitive and physical rest and consideration for the accommodations within the learning environment.

8. **Return to Play – See Return to Play Protocol**

There are a number of factors that need to be considered prior to a student starting a return to play. These considerations are outlined in the *Concussion Action Plan* document.