

Concussion guide for TEACHERS



What is a concussion?

A concussion is a brain injury that cannot be seen on routine X-rays, CT scans, or MRIs. It affects the way a student may think and remember things, and can cause a variety of symptoms.

What are the signs and symptoms of a concussion?

A student does not need to be knocked out (lose consciousness) to have had a concussion. The student might experience one or more of the following. When watching for signs or symptoms of a potential concussion, consider how the student typically feels and behaves.

| Cognitive (thinking) | Physical | Emotional/ behavioural |
|--|--|--|
| <ul style="list-style-type: none">• Does not know time, date, place, details about a recent activity• Difficulty remembering things that happened before and after the injury• Difficulty concentrating• Not thinking clearly• Feeling like “in a fog” | <ul style="list-style-type: none">• Headache or head pressure• Dizziness• Stomachache, nausea, vomiting• Blank or vacant stare• Blurred or fuzzy vision• Sensitive to light or sound• Sees stars, flashing lights• Ringing in the ears• Problems with balance or co-ordination• Feels tired or no energy• “Don’t feel right” | <ul style="list-style-type: none">• Nervousness or anxiety• Strange or inappropriate emotions (i.e., laughing, crying, getting mad easily)• Slow to answer questions or follow directions• Easily distracted• Not participating well• Changes in sleep patterns |

Some students may take more time to communicate how they are feeling or communicate non-verbally. After an impact, watch for changes in the student, such as crying more than usual or lack of interest in things they typically like. If appropriate, you can use non-verbal communication strategies, such as asking the student to point to anywhere that hurts.

Get medical help immediately if a student has any “red flag” symptoms such as neck pain, repeated vomiting, growing confusion, seizures and weakness or tingling in their arms or legs. These may be signs of a more serious injury.



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What causes a concussion?

Any blow to the head, face or neck, or a blow to the body that causes a sudden jarring of the head, may cause a concussion (e.g., a ball to the head, colliding with another person).

What should I do if I suspect a student has a concussion?

In all suspected cases of concussion, the student should stop the activity right away. Continuing increases their risk of more severe, longer-lasting concussion symptoms, as well as increases their risk of other injury.

The Concussion Recognition Tool 6 (CRT6) can be used by anyone to help recognize the signs and symptoms of a possible concussion.

The student should not be left alone and should be seen by a doctor as soon as possible. They should not drive.

If the student loses consciousness, call an ambulance to take them to the hospital right away. Follow basic principles of first aid. Do not move the student or remove any equipment such as a helmet.

The student should not return to play the same day.

How long will it take for the student to get better?

The signs and symptoms of a concussion often last for up to four weeks but may last longer. In some cases, students may take many weeks or months to heal. If the student has had a concussion before, they may take longer to heal.

If the student's symptoms are persisting (i.e., last longer than four weeks) they should be referred to a licensed healthcare professional who is an expert in the management of concussion.

How is concussion treated?

For the first 24 to 48 hours after the injury, the student can engage in activities of daily living, such as light walking and preparing meals, and social interactions at home. Screen time should be minimized in the first 48 hours. Then, school and sport activities can be introduced and increased gradually.

As the student is returning to activities, their symptoms may feel a little worse. This is common and OK as long as it is mild and brief. "Brief" means their symptoms should settle back down within an hour. If activities make their symptoms worsen more than this, they should take a break and adapt activities.

Recovering from concussion is a process that takes patience. If the student goes back to activities before they are ready, it is likely to make their symptoms worse, and their recovery might take longer.

When should the student go to the doctor?

Anyone with a possible head injury should be seen by a doctor as soon as possible.

The student should go back to the doctor immediately if, after being told they have a concussion, they have worsening symptoms, such as:

- being more confused
- headache that is getting worse
- vomiting more than twice
- not waking up
- having any trouble walking
- having a seizure
- strange behaviour

When can the student return to school?

A student with a concussion may miss one or more days of school. Generally, more than one week of complete absence from the school environment is not recommended. Medical clearance is not required to return to school.

The student may find it hard to concentrate in class, get a worse headache or feel sick to their stomach. They may need to begin with partial days at school and may need accommodations to help them tolerate their workload and the school environment. Examples include access to breaks, extra time to complete work, permission to wear sunglasses in class or a quiet place to eat lunch.

Each concussion is unique, so the student may progress at a different rate than others. Students should not be rushed through their return to activities. At the same time, if a student can tolerate being at school, they should not be restricted from attending.

What are the steps for return to school?

The Return-to-School Strategy is a tool to help guide a student's return to schoolwork and the school environment. As the student progresses, the goal is to increase their tolerance and decrease concussion-related accommodations.

Step 1: Activities of daily living and relative rest at home (first 24-48 hours). Minimize screen time.

Step 2: School activities with encouragement to return to school (as tolerated). Homework, reading or other light cognitive activities at school or home. Take breaks and adapt activities as needed. Gradually resume screen time, as tolerated.

Step 3: Part-time or full days at school with accommodations. Gradually reintroduce schoolwork. Gradually reduce accommodations related to the concussion and increase workload.

Step 4: Return to school full-time, with full academic activities and no concussion-related accommodations.

When can the student return to sport and physical activity?

The Return-to-Sport Strategy provides more information on the steps for gradually returning to sport and physical activity, including participation in physical education class. As the student is recovering from concussion, they should avoid activities that put them at risk of contact, collisions or falls. Return to school should be completed before the student seeks medical clearance for full return to unrestricted sport activities.

The student should never return to activities with risk of contact until cleared by a doctor!

Returning before full recovery from concussion puts the student at higher risk of sustaining another concussion, with symptoms that may be more severe and last longer.

Additional resources

Scan the QR code or visit parachute.ca/concussion

