

STUDENT ACCIDENTS / INJURIES

Background

Injury prevention must be a priority at all times. Care must be exercised when a student is injured.

- A *serious injury* may involve the head, back, dental or other injury, seizure, anaphylactic reaction, or illness.
- A *superficial injury* is an injury that can often be remedied with the supplies in a basic first aid kit or ice pack and requires minimal staff time to address.

Wherever possible, personnel with first aid training may examine the student to determine the nature and extent of the injury before proceeding further. Where no such person is immediately available, the staff member will use reasonable judgement as to what is best for the student.

The following procedures also apply:

Procedures

- 1) All accidents involving injury to students shall be reported to the school office and principal.
- 2) Student injuries shall be treated as promptly as possible.
- 3) Parents/guardians must be advised of serious injuries or concerns that may require further medical attention as observed by the principal or designate.
 - a) In cases of superficial injury, consider informing parents/guardians of the injury and encourage them to obtain further treatment if they consider it necessary.
 - b) School personnel should also take into consideration the needs of the student, even if it is a superficial injury, when making the determination to notify parents/guardians.
- 4) Students and witnesses may need assistance when providing details of the mishap, enabling school personnel to gauge the seriousness of the accident and the extent of any possible internal injuries.
- 5) The Schools Protection Plan "Incident Report Form" shall be completed on-line by the school personnel with the greatest knowledge of the incident. Whenever possible, the Incident Report Form should be submitted on the same day as the incident.
- 6) Parents/guardians or an alternate must be contacted to transport the student for emergency medical attention in a hospital or by the family doctor. Where this is not feasible, and with agreement from the parent/guardian, staff members or taxis may transport the student. If the nature of the injury is severe, the school should contact emergency services (911 for Fire Rescue or Ambulance service). Costs will be assumed by the district (AP 317) where they are not covered by family medical coverage.
- 7) Procedures regarding student accidents and injuries should be reviewed annually with all school personnel.

- 8) Special requirements for injuries in the workplace of work experience students are provided in Administrative Procedure 215.
- 9) Student injuries that occur during fieldtrips should be reported to the school principal or vice principal as soon as practicable. All other steps in this protocol should be followed.

Schools can call **811** to speak with a registered nurse anytime if they have concerns about a minor head, neck, or back injury.

Parents/guardians need to be contacted if a minor head, neck, or back injury is suspected. When contacted, parents should be informed to seek medical advice.

Anytime a neck or back injury could be more serious, contact 911 and do not move patient.

HEAD (POSSIBLE CONCUSSION), NECK, AND BACK INJURY SYMPTOMS

Symptoms of a concussion fit into four main categories:

Thinking and Remembering

- Not thinking clearly
- Feeling slowed down
- Not being able to concentrate
- Not being able to remember new information

Emotional and Mood

- Easily upset or angered
- Sad
- Nervous or anxious
- More emotional

Physical

- Nausea and vomiting
- Headache
- Fuzzy or blurry vision
- Dizziness
- Sensitivity to light or noise
- Balance problems
- Feeling tired or having no energy

Sleep

- Sleeping more than usual
- Sleeping less than usual
- Having a hard time falling asleep

Young children can have the same symptoms of a concussion as older children and adults. But sometimes it can be hard to tell if a child has a concussion. Young children may also have symptoms like:

- Crying more than usual
- Headache that does not go away
- Changes in the way they play or act
- Changes in the way they nurse, eat, or sleep
- Being upset easily or having more temper tantrums
- A sad mood
- Loss of new skills, such as toilet training
- Loss of balance and trouble walking
- Not being able to pay attention
- Lack of interest in their usual activities or favourite toys

How is a concussion diagnosed?

Any person who is suspected of having a concussion needs to see a doctor.

Concussion and Sports

A person who might have a concussion needs to immediately stop any kind of activity or sport. Being active again too soon increases the person's risk of having a more serious brain injury. Individuals should follow the advice of their doctor.

Someone with a neck or back injury may have:

- Localized pain
- Localized tenderness
- Stiffness
- Muscles may spasm immediately after injury or up to 24 hours later
- Numbness or tingling in extremities
- Paralysis of extremities

Numbness, tingling or paralysis of extremities indicates a more serious injury (spinal injury).

The possibility of a spinal injury must be considered anytime an accident involves the head, face, neck, or back. Permanent paralysis maybe avoided if the injured person is kept from moving (immobilized) and is transported correctly.

- **Do not move the person** if you think he or she may have a spinal injury unless there is an immediate threat to his or her life, such as a fire. If there is immediate danger, keep the person's head and neck supported and in a straight line while you move him or her to a safe place.
- **Do not remove the person** from the water if he or she has been in a diving accident. Float the person face up in the water until help arrives.

Call 911 to transport the injured person if you think he or she may have a spinal injury. This will reduce the risk of more injury to the spinal cord.

Reference: Section 65, 85, School Act

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