

- What is a concussion? It is a complex process affecting the brain – could be a result of contact to the body, that affects the brain....not necessarily a straight hit to the head. It can disrupt different processes, therefore there are a wide range of symptoms. It is known as the invisible injury. It can be hard for the child to know he's injured and hard for parents/coaches as well. If you sprain your ankle, you are not going to go for a walk. If you get a concussion, you need to decrease stimulation to give it time to heal. There is a big list of symptoms – physical, cognitive, mood changes, short or long-term in length. Every injury is different. Some symptoms come right away and last 7-10 days (but can be longer). They all don't recover in the same amount of time. Signs may be missed early....create an open environment where kids tell everyone around them. Even if just one symptom, you should treat as a concussion and use the proper Return to School or Play procedure.
- To give an example, an 11 year old female plays dodge ball – is hit in the head and feeling dizzy.....stop playing, seek immediate medical care, to get diagnosed right away, and to ensure nothing more severe, perhaps needing a scan. She will need rest – with both physical and brain activity. Limit these activities, but don't completely shut them out from all activity. There was an older piece of advice that you shouldn't allow them to sleep. That tends to be with more severe concussions, or if matters are getting worse, or if you see something concerning while they were sleeping.
- How is it diagnosed? Is it easy to miss? Different doctors have different training. Many go by symptoms and how they're feeling, eye testing, etc. We always are on side of concussion. If you have any symptoms, treat as a concussion and follow the steps to get back to play. We are promoting return to school/return to play steps. We're making sure kids/parents have the right information, and are on the side of caution.
- Screen time? Need to decrease cognitive stimulation...should cut out screen time in beginning and gradually increase over time. What about audio stimulus? There is a list of activities that are appropriate for each stage. Audio books tend to be better in early stages. Will need gradual entry into school, and then into sports.
- Returning to sports – there are stages published through CanChild. Initially, no activity (complete physical and cognitive rest), until symptoms go away. Then light aerobic activity (walking, biking) to see how body reacts. If good for 24 hours, go to sport activities (hockey drills, etc), and then non-contact sports. If you have symptoms after any steps, go back . Finally, move back into sports. Don't jump right back into competitive sports....get a few practices in before playing a game, so they're just as alert and not exhausted as they re-enter.
- Resources we use: NRF, CanChild – good guidelines on their websites. Is there anything showing the chance of getting hit again immediately will cause a concussion? We look in our study at repeat concussions, but it is hard to track. We stress that they have to feel comfortable and confident before getting back to "normal". Nothing in our research says they are more pre-disposed to getting a concussion. We want them to progress through the return to school steps first, and then make sure they are ready for return to sports. Reading, studying, texting can also strain their brain....so gradual approach back to all activities.
- Return to daily activity/school: Brain rest – no school for the first few days – noises can hinder recovery and make symptoms worse. If they get homework, start it in a quiet, non-

stimulated environment and see how their body reacts. If successful, go back for ½ day of school, then full day, but modified program. May restrict music and gym because of noise/activity. Eventually back to school completely. Then, they should think about ability to get back to sports.

- Step-wise process.....don't try to jump steps - one step at a time, using the 24 hour rule. The role of parent with teacher and coach - make concussion information available, so they understand how to help them with modified approach. Be aware of signs/symptoms in case they come and complain about experiencing headaches. They need to be comfortable telling anyone. Follow return to play and return to activity protocols.
- At Holland Bloorview, we can identify, assess and then properly manage their situation. We get kids back to school and sports with confidence. We have the baseline study available, free for 10-18 years old. We have some appointments still available. If you want to bring your kids in, please take my card and call me.
- In the summer, we will offer concussion services to anyone and will use this validated approach with the kids. If kids understand it, then they'll have a better experience with recovering. There are weekly/bi-weekly concussion sessions for kids under 18 – typically 4-5 different families at one time. For kids who sustained a concussion but are not part of the study, we will go through self-management steps and return to school steps. We will discuss and answer questions they may have. It is important for them to see other kids who have been affected. If you have friends or family members, you should send them to us. For more information or if you have questions, email James, or get a business card and call.
- Opinion on mouth guards? They will not stop concussions. They are good to protect teeth and support some shock. It is the same with helmets. They will absorb some shock but that force is still moving around in the brain.
- When kids are learning to skate, they fall down a lot. Do you just make yourself aware of how they are feeling? Helmets help with hits. They're not producing as much force when little, as the force isn't as strong. You should watch for symptoms with all kids though. Every hit will not produce a concussion, but you should still watch, as we don't know how much force causes it. It is important to go to a hospital to be diagnosed, and rule out something more severe.
- David - Kids bump their heads at school. School will call home and let parents know. If the child has a headache, they will go home. If the child continues to have symptoms, they should be seen. You want to assess in the first 24 hours. Best if the kids are aware of symptoms and what they should be looking for. They can tell their parent or teacher.
- How often do kids need to be baseline tested? For our research, doing 10-18 years old, there is no baseline test that can diagnose a concussion after the fact- still guided by symptoms. We are doing research about what to look at. We look at cognitive tests (not under 10) and we suggest retesting at beginning of each hockey season, as things change with age. We will have the services to do it every year, but once we reach the goal of the research funding, it will not be for free. We have only budgeted for 2 years, so once that recruitment period is done, we will have to charge for that service. We are trying to make them OHIP covered.

- What is the longevity of the research center? It has been there 2 years and this summer will open up the clinic with concussion testing and services at Bloorview, with social workers, etc.
- If someone had a baseline, what would you look at after a concussion? Heart rate components, cognitive testing, and validating certain tests for these kids and seeing if they help with recovery. We want research validated measures that we know are good.
- How many baselined kids have come back with a concussion? Tested 800 kids and have seen 43 kids with a concussion. The causes are skiing, hockey, slipping on ice, hitting head in a variety of ways, synchro swimming, soccer, etc.
- In data collection, is there a difference in gender? We've seen more girls than boys (ratio of 6 to 4). There is different speculation about neck strength in females. It could be reporting issues. It could even out over time. We think there are all sorts of different factors.
- Is baseline helping with diagnosing? Using baseline measures and comparing after, especially cognitive testing, it should show different impairments in cognitive ability. This is something for parents to be aware of. For balance and agility measures, there can be deficits after a concussion.
- Do you see any certain hits on the head that more commonly lead to concussions? We did a study with sensors in helmets, but didn't see any trends. In our research we also don't see specific zones that cause concussions more often. It's more force – both directional and rotational factors.
- Any long term research on concussions in kids and adult affects? There are longitudinal studies in the works. CTE research is in a preliminary phase. We only know by cautiously going through the steps, which we know the effects are going away. Research tells us that is the best approach. Getting the right information is key. Baseline tests make it easier to assess once kids are back to regular functioning. Key is being symptom-free at each stage. The longer you're symptom free, the less likelihood that you'll have a repeated concussion. You can't return too soon, as that has higher risks.
- Can you talk about cumulative affect? Is there a certain number where they shouldn't be playing anymore? Every opinion differs. We want to avoid repeat concussions while still having symptoms. There is no way of knowing the longer term affect. If after a second concussion, you are seeing affects in different areas, you may want to think about a change. It is up to the parents as there is no magic number. There are so many social benefits to playing sports, so you really need to make that decision seriously.
- Do kids ever hide symptoms? Kids rate their symptoms, so it's hard to do anything but believe what they say. Parents typically know if they are acting differently. We create an open environment where they can be honest.
- If you go back and still have symptoms, it will make it worse and for a longer period of time. The brain is still healing. If they still have symptoms, they won't be as ready to return and won't be as sharp, so could easily get hurt again.

5. TDSB CONCUSSION POLICY & PROCESS - DAVID EHRLICH

- David mentioned that his child had a concussion. He encouraged parents to reach out for knowledge or baseline assessment, as it is very helpful.
 - TDSB has a process to return to play – there is no set policy or protocol but it is in the works. It is going to programming and health related committee in the next few weeks. This document comes from OFEA which oversees athletics in Ontario.
 - Kids bump their heads all the time. They will come to the office and get ice. If they are quite young, we keep them there and assess them and will let parents know. We don't diagnose concussions, but if they are not getting better quickly, we will call the parents, and ask for parents to let the school know how they are doing and to take them to doctor if need be. We will probably start a process where if staff is concerned about a head injury, we will make follow-up calls to ensure everything is fine. We expect parents to call and let us know how they are.
 - If you have concussion, there is a 5 step return to play process. There is also a return to regular activity at the school. They must be able to do many activities at home...walking around the house, playing quietly. Coming back to school means friends, lights, noise, which isn't good. Don't send your child back too early. There is no set guideline for what we will do. If they are not at school, we will not send homework home. Schools are very accommodating if they know what is going on. There is a very clear process that you need to follow and have your doctor sign off on. If you're in the situation, we will go through it with you. If they're not feeling great, keep them home. You need to slowly integrate them back to school. If we know, we can figure out how to integrate them well back into school. It is also good for kids to recognize the symptoms so they can help other kids at school.
 - If a child hits their head, and comes to the office for ice, would you always tell the parent? In cases where they've bumped their head, we will always let parents know. Teachers also encourage kids to tell them if something happens. We will keep them in the office and monitor them as well.
 - Lisa – there is a group trying to take body checking out of A level hockey. We want parents to tell GTHL to eliminate hitting. We are looking to influence GTHL as they are studying this. For anyone interested, there is a copy of the email sent around. It has all GTHL club presidents and coaches listed. Parents need to tell them if they want it out. If you would like to be sent more information, please leave your name and email and we will share as much as we can...if you have a player in the GTHL. What is the validation for keeping the hitting in? Across Ontario, there is hitting at that level, so would limit the number of tournaments they could compete at, or at the Provincial levels.
6. **NEXT MEETING** - We don't yet have a date for next meeting in April – will be about the School Model. We also have a speaker booked for Mar 31 – Janice Beach – a social worker – coming in to talk about anxiety in the home. Anxiety can be a good thing or not so good. Instead of putting her into the H&S meeting, we will have a separate speaker

night. She is the former head of Social Work for North Toronto. It will be at 6:30-8pm, and we encourage you to come – she’s very knowledgeable and engaging.

Thanks to James for coming to present to us tonight.

MOTION Sue Gray, Doug McCormick
TO ADJOURN THE MEETING CARRIED

The meeting was adjourned at 7:56pm.

MINUTES NORTHLEA HOME & SCHOOL ASSOCIATION MEETING

The meeting was called to order at 7:56pm.

1. **MOTION** Sue Gray, Nicole Cooper
Approval of the H&S Association Agenda CARRIED

2. **MOTION** Nicole Cooper, Sue Gray
Approval of H&S Association Minutes, Nov. 27, 2014 CARRIED

3. CHAIR’S REPORT – RACHEL CHERNOS-LIN

- There is a project we’re starting at Northlea – an organization called Green Communities Canada approached us about doing a Safe Travel plan for our school. We met with them before and after Christmas. We are signing on to do this. Green Communities Canada encourages active travel (as opposed to inactive travel)...walking, biking to school, etc. They want to make getting to school safe. They have taken a model done in the UK and are using it in Toronto. The method they are using is to bring together a variety of stakeholders – police, public health nurse, parents, administration, teachers, city councillors or gov’t officials, trustee, urban planner, engineers, Metrolinx or other transportation companies, and a student from U of T doing their PHD. A variety of people come together and are coordinated by Green Communities Canada. There would be a walk-about in the neighborhood, looking at routes kids take to school, and looking at impediments to safe travel... like places that aren’t visible, places we need a cross-walk, crossing guard, etc. The idea is that if you get everyone together, you can have a brainstorming session about how to solve the problems, and actions are taken. It’s a challenge to get things done individually. This would provide a process to do it.

- It comes with work on our part. One of the requirements is that we agree to do 2 surveys – one at the beginning of the project and another a year later. It will be required to poll students for a week, each morning, asking them for data about their travel. They collect that data and assess once we have our safe travel plan, if there is any positive change. We will pass around a study done for another school. Rolph Road has also been chosen as a Leaside school, to have the study done.
- This comes with 2 grants - \$500 at the beginning and \$500 at the end, to be used by the Home & School, for anything health-related. Green Communities Canada are funded by the Heart & Stroke foundation, which is in turn, funded by RioCan. RioCan funds the Heart &Stroke foundation \$250K-500K/year and donate to other hospitals as well. We've asked whether plans coming from this can be used for data requirements for RioCan. We've asked if this gets them out of doing traffic assessments if doing work in the neighbourhood. Seems like good PR for RioCan in the neighbourhood. Benefits could be substantial for the school. If anyone wants to be a part of it, would welcome parents.
- Have we ever considered changing the crosswalk at the front of the school? It was there before a stop sign was put in, and hasn't been changed since the stop sign went in. It is something that could be looked at during a walk-about. There would actually be 2 walk-abouts....by the adults and also by children, as they would see different potential issues. There may be ideas about things we haven't even thought about.
- This initiative doesn't preclude us from advocating for individual things. If there are safety concerns, we will address them as they come up. They will do a project plan with anything that comes up, and we expect that there will be both short and long term ideas. They are overseeing the organizational aspect of it. It will also provide us contacts to deal with in future.
- Councillor Burnside is planning two working groups – one for North and South Leaside – roundtables for the neighborhood, regarding traffic.
- Comment - Can't see much downside for us. Rachel spoke to Heart &Stroke. When they were contacted by Riocan, they were offered several projects to get involved in and someone really liked this project. They may fund other things at Heart &Stroke, beyond this.
- There could be recommendations out of this that need parental involvement. There is a walk-about scheduled for Jan 29th starting at 8:15am, which is a busy time. Is there an education part to this? These are the kind of ideas that would come from this. Walkabout can go anywhere in the neighbourhood that we choose. We may split it into 2 groups to do walk-abouts. Should also look at accessibility issues based on the need in the community. We've made a lot of great improvements but still a lot to do.
- Many kids cross Bayview on their way to school. We are open to discussion regarding where we go. We can talk to them about the catchment area. We should also talk to other city councillors.
- Comment - Think the kindergarten kids should be included in the survey. They suggested Grade 1-8. We should make sure we get broadest representations and views.

- Another component is an optional parent survey, which can be done online.
- The program has been approved by TDSB and the ministry for green school – it is a vetted program that we should feel good about. This is about changing people’s minds and behaviours.
- We will put info on the website – we would like to know in advance who is coming, so please let us know.
- We have 2 new chairs for grad – Claude Lukawesky and Val Campbell.
- Family Fun Night: Thanks to Sue Gray and Arti Panday for taking on FFN. They have a lot planned and it will be a great night. March 5th is the date – they are looking for volunteers.
- Date Knight has been booked for May 8th, at the Amsterdam Brewery.
- There are no updates on Mr. Yates and the security issues of last year. It will be in courts on Feb 2 – he is still incarcerated.

4. ADMINISTRATOR’S UPDATE – DAVID EHRLICH, JANE WADDEN, SOPHIA DANISH

- David – most people are aware of the passing of Cassidy Sheng. It is a very sad day for staff and students. Many have outreached to the family and attended the service. Thanks for the support of students and the family. There is a discussion around how to honor her. We need to give the family some time and then engage students and parents regarding what to do, that is appropriate.
- We are still sorting out our graduation trip – will be able to give an update soon.
- Jane – ipads have been in full use. The Chrome books arrived before Christmas, with a warning of limitations. There are s/w limitations with the app purchases – extensive and expensive. They run on google apps with everything in the cloud. You have to sign in with a TDSB google id – grades 3 and up will have an ID, in order to get into google docs. They are wireless only and you can’t print from them. We went with them because of price. TDSB now has a deal for used HP laptops with a 5 year warranty. TDSB services them and uploads the s/w to them for us. The Home & School gave us the money to purchase 32 chrome books. We’d like to bring the technology committee together to give a recommendation, as we want to keep the best interest of the school in mind. The technology committee has suggested we buy the used laptops. We cut the cheque to the school and the technology committee decides on how the money is spent.
- What is difference in numbers? Maybe 2. Question about warranty on Chrome book – 1 year exchange/swap. No camera in the HP laptop, which isn’t necessarily a problem.
- How quickly can we get them? Probably 2-3 weeks to wait for them to be ordered and imaged. Sounds like an easy decision to go with the HPs. What was the changing

factor? We bought on price, based on what was available. This deal between HP and TDSB was not in place at that time. We want to be upfront about the change in direction.

- Kids can still bring computers to school, starting in grade 6. It has been working well.
- With chrome books, did each child need their own google id? Yes. TDSB also requires students to change passwords every month.
- Sophia – parent information session is tomorrow night starting at 7pm, about use of ipad apps to strengthen children's use for school.
- Report cards go home on Feb 9th. These are different than progress cards in that it has marks. Parent teacher interviews will take place on Feb 12 and 13.
- Started house system – grade 1-8 in team activities.
- Playground in kindergarten area - playscape is up and will be ready in a few weeks.
- Pathways – about PD for teachers, focusing on a specific area, based on report cards or EQAO data. Focus last year was writing, and now linking oral language skills with writing. We are developing a plan to improve kids vocabulary and assess based on what they produce in writing. The Kindergarten to grade 8's are doing this.
- There is a staff meeting each month – to do PD – focusing on strategies for teachers and what we can do to improve and also focusing on tasks we give to students. We are asking teachers to think about level of tasks they are giving students to do. There is common understanding about rich tasks – tap into thinking skills and the application. The more of that they do, the better their achievement tends to be.
- House league: There were 80 grade 5-6 on Monday, and 30 grade 7-8 yesterday. They're having a lot of fun. Comments we've heard are that people love it – parents and kids really enjoy the non-competitive element. It is a great program for Northlea. This is evolving – some things will work and others not, but this is just the beginning. It is creating more positive feelings for everyone.
- Question: Are we starting the boy's reading club? David will check.
- Grade 8 trip - are any parents involved in the discussion? Happy to have some parent discussions. We're looking at options. Kids are feeling left out as they're not aware we're going to do anything. We've seen it erode over the years. We should give them knowledge that we will be doing something. It is helpful to have kids as part of the discussion as well.

