

# Concussion Protocol

## PREAMBLE

Concussion Safety enacted by the Ontario Legislature came into force March, 2018. The act states that every school board shall establish and maintain a concussion policy which includes: concussion awareness, protocols for removal from sport, return to sport and a concussion code of conduct for all those involved.

Concussions may limit children's learning opportunities and can cause many nights of interrupted sleep, several days of limited activity, and disruptions in normal activities of life. All these factors influence how children behave and learn at school.

This protocol:

- ensures the safe removal from activity of any student with a suspected concussion in the interest of the student's health and safety.
- recognizes that the school environment and the activities students perform at school, such as concentrating and learning new skills, can worsen a student's concussion symptoms. Many students will require accommodations as they are recovering.
- recognizes that concussion symptoms can have a significant impact on a student's cognitive and physical abilities, thus affecting their school performance.
- identifies that It is equally important to develop strategies to assist students as they "return to school" in the classroom, as it is to develop strategies to assist them as they "return to physical activity". If these are not managed appropriately, a student may have prolonged recovery.

## IMPLEMENTATION

### What is a Concussion?

A concussion:

- is a form of traumatic brain injury that affects how the brain functions, leading to signs and symptoms that can emerge immediately or in the hours after the injury. It is possible for symptoms to take up to 7 days to appear.
- may be caused by an impact to the head, face, or neck, or an impact to the body that jars the head and causes the brain to move rapidly within the skull.
- cannot be seen on X-rays, standard CT scans or MRIs.
- can occur even if there has been no loss of consciousness. In fact, most concussions occur without a loss of consciousness.
- may have signs and symptoms that are physical (e.g., headache, dizziness), cognitive (e.g., difficulty concentrating or remembering), emotional or behavioural (e.g., depression, irritability), and/or related to sleep (e.g., drowsiness, difficulty falling asleep).
- is typically expected to last one to four weeks in children and youth (under 18 years), but in some cases symptoms may last longer.

For an interactive visualization of how different types of impacts might cause concussion, visit:

<https://www.hockeycanada.ca/en-ca/hockey-programs/safety/concussions/facts-and-prevention> and choose "How a Concussion occurs" or a direct link:

<https://cdn.hockeycanada.ca/hockey-canada/Hockey-Programs/Safety/Concussion/Infographic/english.html>

The most recent research indicates that prolonged rest until all concussion symptoms resolve is not beneficial and may even prolong recovery. After a short period of rest, students should begin a gradual return back to daily activities, school, and physical activity. **Schools, students, parents/guardians, and healthcare professionals must work together to support a student's effective return to cognitive and physical activity.**

## Diagnosis of Concussion

Only medical doctors and nurse practitioners are qualified to provide a concussion diagnosis. All students with a suspected concussion should undergo evaluation by a medical professional. In rural or northern regions, the Medical Assessment may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner.

It is important to note that staff at Sudbury Catholic are not medical personnel, as such all suspected concussions will be referred to the medical professionals for diagnosis, monitoring and creating return to school or return to physical activity plan.

### 1. Education and Prevention

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

Concussion awareness is important. Annual concussion education to all stakeholders responsible for student safety should include information on:

- the definition and seriousness of concussion;
- possible mechanisms of injury;
- common signs and symptoms;
- steps that can be taken to prevent concussions and other injuries from occurring at school and at off-site events;
- what to do when a student has suffered a suspected concussion or more serious head injury (i.e., safe removal of an injured student, obtaining proper Medical Assessment);
- what measures should be taken to ensure proper medical assessment;
- management for a diagnosed concussion, including the Return to School and Return to Physical Activity Plans; and,
- Return to Physical Activity Medical Clearance requirements.

*A sample lesson has been provided Appendix G*

Every student athlete and their parent/guardian sign Appendix I -Education for Athletes and Guardians- to acknowledge that they are aware of Concussions, symptoms and the stages that must be followed once a concussion is diagnosed.

The injury prevention approach to concussion includes primary, secondary, and tertiary strategies:

- **Primary** – information/actions that prevent concussions from happening (e.g., rules and regulations, minimizing slips and falls by ensuring activity environments provide for safe traction and are obstacle-free).
- **Secondary** – appropriate management to prevent the worsening of a concussion (e.g., removal from activity, gradual return to school).
- **Tertiary** – strategies to help prevent long-term complications, such as advising a participant to permanently discontinue a physical activity/sport based on evidence-based guidelines.

*Please refer to Appendix F, Concussion Prevention Strategies*

### 2. Recognition and Initial Response

- All stakeholders (e.g., school administrators, teachers, coaches, school first aiders, students) are responsible for the recognition and reporting of students who demonstrate observable signs and/or report symptoms of a concussion.

The recognition component includes the following:

- a) **Recognition** and safe removal of an injured student with a suspected concussion;
- b) **Initial response** when a suspected concussion is recognized;
- c) Steps to take **when no signs or symptoms are identified**, but a possible concussion-causing event was recognized.

### a) **Recognition**

A concussion should be suspected:

- 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 (see Appendix A), or
- if a student reports ANY concussion symptoms to one of their peers, parents, teachers, or coaches, or if anyone witnesses an athlete exhibiting any of the visual signs of concussion.

*Tools for concussion recognition can be found in Appendix A*

Following a significant impact to the head, face, neck, or body, that is either observed or reported, and where the individual responsible for that student (e.g., teacher/coach) suspects a possible concussion, the following immediate actions should be taken:

- Remove the student from participation. The student must not return to physical activity that day.
- Initiate the school's Emergency Action Plan (e.g., basic principles of first aid).

Next, the student should be checked for Red Flag symptoms or other signs and symptoms of concussion.

#### **Step 1: Check for Red Flag signs and/or symptoms.**

Red Flag signs and symptoms include:

- |                                 |   |
|---------------------------------|---|
| • Neck pain or tenderness       | • Vomiting                                      |
| • Severe or increasing headache | • Weakness or tingling/burning in arms or legs  |
| • Deteriorating conscious state | • Loss of consciousness                         |
| • Double vision                 | • Increasingly restless, agitated, or combative |
| • Seizure or convulsion         |   |

If any Red Flag signs or symptoms are present, this may indicate a more serious injury.

Follow the Red Flag Procedure.

Red Flag Procedure:

- Call 911.
- If there has been any loss of consciousness, assume there is a possible neck injury and do not move the student.
- Stay with the student until emergency medical services arrive.
- Contact the student's parents/guardians (or emergency contact) to inform them of the incident and that emergency medical services have been contacted.
- Monitor and document any changes in the student (i.e., physical, cognitive, emotional/behavioural).
- If the student has lost consciousness and regains consciousness, encourage them to remain calm and to lie still.
- Do not administer medication unless the student requires it for a health condition (e.g., insulin for a student with diabetes, inhaler for asthma).
- Refer to your school board's injury report form for documentation procedures.

#### **Step 2: If there are NO Red Flags, check for other signs and/or symptoms.**

- Remove the student from the current activity or game if the student can be safely moved. Observe and question the student to determine if other concussion signs and/or symptoms are present.
- If any one or more signs and/or symptoms are present, a concussion should be suspected. The full check should be completed (including the Quick Memory Function Check) to provide comprehensive information to the student's parent/guardian and medical doctor/nurse practitioner.
- If any signs or symptoms worsen, or Red Flags emerge, call 911 and follow the Red Flag Procedure as outlined above.

<b>Important Considerations:</b>
<ul style="list-style-type: none"><li>• Signs and symptoms can appear immediately after the injury or may take hours to emerge.</li><li>• Signs and symptoms may be different for each individual student.</li><li>• A student may be reluctant to report symptoms because of a fear that they will be removed from the activity, their status on a team could be jeopardized, or their academics could be impacted.</li><li>• It may be difficult for younger students (under the age of 10), students with special needs, or students for whom English/French is not their first language to communicate how they are feeling.</li><li>• Signs for younger students (under the age of 10) may not be as obvious as in older students.</li><li>• Memory Function Check Questions may need to be modified for very young students, the situation/activity/sport, or for students receiving special education programs and services.</li></ul>

**b) Initial response when a suspected concussion is recognized**

The procedures in this section are followed if no Red Flag symptoms are present and one or more concussion signs or symptoms are present (including failing to correctly answer memory check questions).

**Response by the responsible teacher, coach, or other supervisor:**

- Do not allow the student to return to physical activity/practice/competition that day even if the student states that they are feeling better.
- Do not leave the student alone until a parent/guardian arrives.
- Contact the student's parent/guardian (or emergency contact) to inform them of the incident, that they need to pick up the student and that the student needs urgent Medical Assessment (as soon as possible that day) by a medical doctor or nurse practitioner.
- Monitor and document any changes in the student. If any signs or symptoms worsen, call 911.
- Do not administer medication unless the student requires it for a health condition (e.g., insulin for a student with diabetes, inhaler for asthma).
- The student must not operate a motor vehicle.
- Refer to your school board's injury report form for documentation procedures.

**What to provide the parent/guardian:**

- Information about the incident and the student's recorded signs and/or symptoms. (For example, the supervising teacher may complete the Tool to Identify a Suspected Concussion and provide a copy to the parent/guardian).
- Documentation of Medical Assessment for completion (see Appendix B).
- The following information:
  - The student needs an urgent Medical Assessment (as soon as possible that day) by a medical doctor or nurse practitioner;
  - The student must be accompanied home by a responsible adult;
  - The student must not be left alone;
  - The parent/guardian needs to communicate to the school principal/designate the results of the Medical Assessment (i.e., that the student does or does not have a diagnosed concussion) prior to the student returning to school.

**Responsibilities of the school principal or designate:**

- Must inform all school staff (e.g., classroom teachers, physical education teachers, intramural supervisors, coaches) and volunteers\* who work with the student that the student shall not participate in any learning or physical activities until the parent/guardian communicates the results of the Medical Assessment to the school principal/designate.

\*Prior to communicating with volunteers refer to Administrative Procedure Guideline #HR26 Confidentiality for sharing of student information.

### **c) Steps to take when no signs or symptoms are identified, but a possible concussion-causing event was recognized**

The procedures in this section are followed if no signs or symptoms are observed or reported and the student correctly answers all of the Quick Memory Function Check questions, but the teacher/coach/supervisor recognized that a possible concussion-causing event occurred.

Since signs and/or symptom can emerge hours later, the procedures below are suggested:

#### **Steps followed by the teacher, coach, or other supervisor:**

- Contact the student's parent/guardian (or emergency contact) to inform them of the incident.
- Allow the student to remain at school, but do not allow the student to return to physical activity.
- The student must be monitored by school staff for delayed signs and/or symptoms.
- If any signs and/or symptoms (observed or reported) emerge during the school day, the student's parent/guardian must be informed that the student needs an urgent Medical Assessment (as soon as possible that day).
- After 24 hours under observation, if the student has not shown any signs and/or symptoms, they may resume physical activity without Medical Clearance.

#### **What to provide the parent/guardian:**

The following information:

- the student can attend school but cannot participate in any physical activity for a minimum of 24 hours;
- the student will be monitored following the incident for 24 hours (at school and home) for the emergence of signs and/or symptoms. Continued observation by the parent/guardian beyond 24 hours may be necessary as signs and/or symptoms can take up to 7 days to emerge;
- if any signs and/or symptoms emerge (observed or reported), the student needs an urgent Medical Assessment (as soon as possible that day) by a medical doctor or nurse practitioner; and
- if after 24 hours of observation, no signs and/or symptoms emerge, the student may return to physical activity and Medical Clearance is not required.

#### **Responsibilities of the School Principal/Designate:**

The school principal/designate must inform all school staff (e.g., classroom teachers, physical education teachers, intramural supervisors, coaches) and volunteers\* who work with the student that:

- the student is allowed to attend school
- the student must not participate in physical activity and must be monitored for 24 hours for the emergence of delayed signs and/or symptoms.
- if any signs and/or symptoms emerge, the parent/guardian must be informed that the student needs an urgent Medical Assessment (as soon as possible that day) by a medical doctor or nurse practitioner.
- if no signs and/or symptoms emerge, the student is permitted to resume physical activity after 24 hours and Medical Clearance is not required.

*\*Prior to communicating with volunteers refer to Administrative Procedure Guideline #HR26 Confidentiality for sharing of student information.*

### **3. Management: Return to School and Return to Physical Activity after a Diagnosed Concussion**

Students with a suspected concussion must be assessed by a medical doctor or nurse practitioner as soon as reasonably possible. The parent/guardian must communicate to the school the results of the Medical Assessment. See Appendix B, *Documentation of Medical Assessment*

If a concussion is not diagnosed, the student may resume full participation in learning and physical activity with no restrictions.

If a concussion is diagnosed, the student follows a medically-supervised, individualized, and gradual Return to School (RTS) and Return to Physical Activity (RTPA) Plan.

## The Return to School and Return to Physical Activity Plan

Knowledge of how to properly manage a diagnosed concussion is critical in a student's recovery and is essential in helping to prevent the student from returning to school or unrestricted physical activities too soon and risking further complications. Ultimately, this awareness and knowledge could help contribute to the student's long-term health and academic success.

The Return to School and Return to Physical Activity Plan (Appendix D) is adapted from the Return-to- School and Return-to-Sport Strategies developed by McCrory et al, 2017.

### Return to School and Return to Physical Activity Stages

The stages of the RTS and RTPA Plan are outlined below. In this approach:

- Each stage is a minimum of 24 hours.
- The student moves on to the next stage when they can tolerate activities with no new or worsening symptoms.
- If at any stage the student's symptoms reappear or worsen, or new symptoms emerge, the student should go back to the previous stage for at least 24 hours.
- The stages of RTS must be successfully completed and medical clearance obtained before the student can move on to Stages 5 and 6 of physical activity. At this point, the student should be symptom-free. If symptoms reappear after medical clearance, the student should return to their medical doctor or nurse practitioner for reassessment.
- The RTS and RTPA Stages are interrelated, but not interdependent. That is, a student can be at different stages of RTS and of RTPA at any given time.
- Different students will progress at different rates.
- This information is provided for school administrators and school collaborative teams to use in the management of a student's return to school and return to physical activity following a diagnosed concussion. It does not replace medical advice.

Return to School (RTS) Stages	Return to Physical Activity (RTPA) Stages
<b>Initial Rest at Home</b>	
Relative cognitive rest for 24-48 hours or until symptoms start to improve (whichever occurs first).	Relative physical rest for 24-48 hours or until symptoms start to improve (whichever occurs first).
<b>Sample activities (if tolerated by student):</b>	
<ul style="list-style-type: none"><li>✓ Short board/card games</li><li>✓ Short phone calls</li><li>✓ Photography (with camera)</li><li>✓ Crafts</li></ul>	<ul style="list-style-type: none"><li>✓ Moving to various locations in the home</li><li>✓ Daily hygiene activities</li><li>✓ Other limited movement that does not increase heart rate or break a sweat</li></ul>
<b>Activities that are limited at this stage (depending on symptom tolerance):</b> <ul style="list-style-type: none"><li>✗ TV</li><li>✗ Technology use (e.g., computer, laptop, tablet, iPad), cell phone use (e.g., texting, games, photography)</li><li>✗ Video games</li><li>✗ Reading</li></ul>	<b>Activities not permitted:</b> <ul style="list-style-type: none"><li>✗ Physical exertion (increases breathing or heart rate, causes sweating)</li><li>✗ Stair climbing other than to move locations throughout the home</li><li>✗ Sports/sporting activity</li></ul>
<b>Activities not permitted:</b> <ul style="list-style-type: none"><li>✗ Attendance at school or school-type work</li></ul>	

#### RTS – Stage 1 at Home

Light cognitive (thinking/memory/ knowledge) activities. Gradually increase cognitive activity up to 30 minutes. Take frequent breaks.

##### Activities permitted (if tolerated by student):

- ✓ Activities from the previous stage
- ✓ Easy reading (e.g., books, magazines, newspaper)
- ✓ Limited TV

#### RTPA – Stage 1 at Home

Light physical activities that do not provoke symptoms. Movements that can be done with little effort (do not increase breathing or heart rate, or cause sweating).

##### Activities permitted (if tolerated by student):

- ✓ Daily household tasks (e.g., bed-making, dishes, feeding pets, meal preparation)
- ✓ Slow walking for a short time



<ul style="list-style-type: none"> <li>✓ Limited cellphone conversations</li> <li>✓ Drawing/building blocks/puzzles</li> <li>✓ Some contact with friends</li> </ul> <p><b>Activities that are limited at this stage (depending on symptom tolerance):</b></p> <ul style="list-style-type: none"> <li>✗ Technology use (e.g., computer, laptop, tablet, iPad/cell phone)</li> </ul> <p><b>Activities not permitted:</b></p> <ul style="list-style-type: none"> <li>✗ Attendance at school or school-type work</li> </ul>	<p><b>Activities not permitted:</b></p> <ul style="list-style-type: none"> <li>✗ Physical exertion (increases breathing and heart rate and sweating)</li> <li>✗ Sports/sporting activity</li> <li>✗ Stair climbing, other than to move locations throughout the home</li> </ul>
<p><b>RTS – Stage 2 at Home</b> Gradually add cognitive activity. When light cognitive activity is tolerated, introduce school work at home (facilitated by the school).</p> <p><b>Activities permitted (if tolerated by student):</b></p> <ul style="list-style-type: none"> <li>✓ Activities from the previous stage</li> <li>✓ School-type work in 30-minute increments</li> <li>✓ Crosswords, word puzzles, Sudoku, word search</li> <li>✓ Limited technology use (e.g., computer, laptop, tablet, iPad)/cell phone (e.g., texting/games/photography) starting with shorter periods and building up as tolerated</li> </ul> <p><b>Activities not permitted:</b></p> <ul style="list-style-type: none"> <li>✗ School attendance</li> </ul>	<p><b>RTPA – Stage 2a*</b> Add additional movements that do not increase breathing and/or heart rate or break a sweat.</p> <p><b>Activities permitted (if tolerated by student):</b></p> <ul style="list-style-type: none"> <li>✓ Activities from the previous stage</li> <li>✓ Light physical activity (e.g., use of stairs)</li> <li>✓ 10-15 minutes slow walking 1-2x per day inside and outside</li> </ul> <p><b>Activities not permitted:</b></p> <ul style="list-style-type: none"> <li>✗ Physical exertion (increases breathing and/or heart rate and sweating)</li> <li>✗ Sports</li> <li>✗ Sporting activities</li> </ul> <p><i>*The student may be at home or at school by this stage, depending on their individual case and the school/school board policy.</i></p>
<p>The student is ready to begin school attendance as described in RTS Stage 3.</p>	<p><b>RTPA- Stage 2b*</b> <b>Activities permitted (if tolerated by student):</b></p> <ul style="list-style-type: none"> <li>✓ Activities from the previous stage</li> <li>✓ 20-30 minutes walking/stationary cycling/recreational (i.e., at a pace that causes some increase in breathing/heart rate but not enough to prevent a student from carrying on a conversation comfortably).</li> </ul> <p><b>Activities not permitted:</b></p> <ul style="list-style-type: none"> <li>✗ Resistance or weight training</li> <li>✗ Physical activities with others</li> <li>✗ Physical activities using equipment</li> </ul> <p><i>*The student may be at home or at school by this stage, depending on their individual case and the school/school board policy</i></p>
<p><b>RTS – Stage 3a</b> Part-time school attendance. The individual RTS Plan is developed by the Collaborative Team following the student conference and assessment of the student's individual needs, determining possible modifications/adaptations for student learning.</p> <p><b>Activities permitted (if tolerated by student):</b></p> <ul style="list-style-type: none"> <li>✓ Activities from the previous stage</li> <li>✓ School work for up to 2 hours per day in smaller chunks (completed at school) working up to a half day of cognitive activity</li> </ul>	<p><b>RTPA – Stage 3</b> Simple locomotor activities and sport-specific exercise to add movement.</p> <p><b>Activities permitted (if tolerated by student):</b></p> <ul style="list-style-type: none"> <li>✓ Activities from the previous stage</li> <li>✓ Simple individual drills in predictable and controlled environments with no risk of re- injury (e.g., running or throwing drills, skating drills in hockey, shooting drills in basketball).</li> <li>✓ Restricted recess activities (e.g., walking)</li> </ul>

**Activities not permitted:**

- ✗ Tests/exams
- ✗ Homework
- ✗ Music class
- ✗ Assemblies
- ✗ Field trips

**RTS – Stage 3b**

Part-time school attendance with a gradual increase in school attendance time, increased school work, and a decrease in learning modifications or adaptations.

**Activities permitted (if tolerated by student):**

- ✓ Activities from the previous stage
- ✓ School work for 4-5 hours per day, in smaller chunks (e.g., 2-4 days of school/week)
- ✓ Homework up to 30 minutes per day
- ✓ Classroom testing with adaptations

**Activities not permitted:**

- ✗ Standardized tests/exams

**RTS – Stage 4a**

Full day school, minimal modifications or adaptations. Nearly normal workload.

- Start to eliminate strategies/approaches
- Increase homework to 60 minutes per day
- Limit routine testing to one test per day with adaptations (e.g., supports - such as more time)

**Activities permitted (if tolerated by student):**

- ✓ Activities from previous stage
- ✓ Nearly normal cognitive activities
- ✓ Routine school work as tolerated

**Activities not permitted:**

- ✗ Standardized tests/exams

**Activities not permitted:**

- ✗ Full participation in physical education or DPA
- ✗ Participation in intramurals
- ✗ Full participation in interschool practices
- ✗ Interschool competitions
- ✗ Resistance or weight training
- ✗ Body contact or head impact activities (e.g., heading a soccer ball)
- ✗ Jarring motions (e.g., high speed stops, hitting a baseball with a bat)

**RTPA – Stage 4**

Progressively increase physical activity. Add in more difficult non-contact training drills to add coordination and increased thinking.

**Activities permitted (if tolerated by student):**

- ✓ Activities from the previous stage
- ✓ More complex training drills (e.g., passing drills in soccer and hockey)
- ✓ Physical activity with no body contact (e.g., dance, badminton)
- ✓ Participation in practices for non-contact interschool sports
- ✓ Progressive resistance training may be started
- ✓ Recess – physical activity running/games with no body contact
- ✓ Daily Physical Activity (DPA) (elementary)

**Activities not permitted:**

- ✗ Full participation in physical education
- ✗ Participation in intramurals
- ✗ Body contact or head impact activities (e.g., heading a soccer ball)
- ✗ Participation in interschool contact sport practices, or interschool games/competitions (non-contact and contact)



<p><b>RTS – Stage 4b</b> Full day school, no modifications or adaptations.</p> <p><b>Activities permitted (if tolerated by student):</b></p> <ul style="list-style-type: none"> <li>✓ Normal cognitive activities</li> <li>✓ Routine school work</li> <li>✓ Full curriculum load (attend all classes, all homework, tests)</li> <li>✓ Standardized tests/exams</li> <li>✓ Full extracurricular involvement (non- sport/non-physical activity - e.g., debating club, drama club, chess club)</li> </ul>	<p><b>Before continuing on to RTPA Stages 5 and 6, the student must:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> have successfully completed the RTS Plan;</li> <li><input type="checkbox"/> have completed RTPA Stages 1 - 4 and be symptom-free; and</li> <li><input type="checkbox"/> obtain signed Medical Clearance from a medical doctor or nurse practitioner.</li> </ul> <p><b>Note: Premature return to contact sports (full practice and game play) may cause a significant setback in recovery.</b></p>
<p><b>The Student has successfully completed the Return to School Plan.</b></p>	<p><b>RTPA – Stage 5</b> Following medical clearance, full participation in all non-contact physical activities (i.e., non- intentional body contact) and in full contact training/practice for contact sports.</p> <p><b>Activities permitted:</b></p> <ul style="list-style-type: none"> <li>✓ Activities from previous stage</li> <li>✓ Physical Education</li> <li>✓ DPA (elementary)</li> <li>✓ Intramural programs</li> <li>✓ Full participation in non-contact interschool sports</li> <li>✓ Full contact training/practice in contact interschool sports</li> </ul> <p><b>Activities not permitted:</b></p> <ul style="list-style-type: none"> <li>✗ Competition (e.g., games, meets, events) that involves body contact</li> </ul>
	<p><b>RTPA - Stage 6</b></p> <p><b>Activities permitted:</b></p> <ul style="list-style-type: none"> <li>✓ Activities from previous stage</li> <li>✓ Unrestricted return to contact sports. Full participation in games/competition</li> </ul>
	<p><b>The Student has successfully completed the Return to Physical Activity Plan. (Appendix C)</b></p>

There are two parts to a student's RTS and RTPA Plan. The first part occurs at home and prepares the student for the second part, which occurs at school.

### Part I: Home Preparation for Return to School

Initially, a student with concussion requires cognitive and physical rest, followed by stages of progressive cognitive and physical activity which are best accommodated in the home environment.

The home stages of the RTS and RTPA Plan occur under the supervision of the parent/guardian in consultation with the medical doctor or nurse practitioner, and other licensed healthcare professionals involved in the student's clinical care.

The school is not responsible for monitoring this process.

**Responsibilities of the School Principal/Designate:**

Once the parent/guardian has informed the school principal/designate of the results of the medical assessment, the school principal/designate will then:

- Inform all school staff (e.g., classroom teachers, physical education teachers, intramural supervisors, coaches) and volunteers who work with the student that the student has been diagnosed with a concussion.
- Meet with the parent/guardian and, where appropriate, the student, to:
  - Explain the stages of the RTS and RTPA Plan that occur at home;
  - Explain that the parent/guardian should document the student's progress at home and communicate the student's progress to the school (e.g., using Appendix C).
  - Share information about concussion recovery:
    - Most students who sustain a concussion will make a complete recovery and be able to return to full school and sport/physical activities within 1-4 weeks.
    - Approximately 15-30% of individuals will experience symptoms that persist beyond this time frame.
    - If a student's symptoms are persistent (i.e., last longer than 4 weeks for youth under 18), they may benefit from referral to a medically supervised multidisciplinary concussion clinic.
- Ensure all documentation is filed as per school board administrative procedures and guidelines.

*See Appendix C, Documentation for Concussion Management – Home Preparation for Return to School and Return to Physical Activity Plan. This resource outlines the stages of the RTS and RTPA Plan that occur at home and may be used as a communication tool between the parent/guardian and the school.*

**Part II: The Return to School and Return to Physical Activity Stages at School**

When the student is ready to begin attending school again, the following actions are taken by the parent/guardian and the school principal or designate.

**Responsibilities of the Parent/Guardian**

When the student has successfully completed the stages outlined in Table 1 (Appendix C), the parent/guardian informs the school principal:

- That the student has completed Stages 1 and 2 of the RTS Plan with no new or worsening symptoms and is ready to begin RTS Stage 3 at school.
- What stage the student is currently at in the RTPA Plan (to help guide appropriate participation in physical activity while at school).

**Responsibilities of the School Principal/Designate**

The principal or designate must meet with the parent/guardian and, where appropriate, the student, to:

- explain the stages of the RTS and RTPA Plan that will occur at school;
- explain that the school and the parent/guardian should continue to communicate about the student's progress (e.g., using Appendix D); and explain the Collaborative Team approach and the parent/guardian's role on the team when the student returns to school.

*See Appendix D, Documentation for School Concussion Management –Return to School and Return to Physical Activity Plan. This resource outlines the stages of the RTS and RTPA Plan that occur at school and may be used as a communication tool between the school and parent/guardian.*

**The Collaborative Team Approach**

The management of a student's concussion is a shared responsibility, requiring regular communication between the home, school, and outside sports team (where appropriate), with consultation from the student's medical doctor or nurse practitioner. Other licensed healthcare professionals may play a role in the management of a diagnosed concussion, under the supervision of a medical doctor or nurse practitioner. Examples include physiotherapists, occupational therapists, athletic therapists, and chiropractors.

The school collaborative team plays an important role in a student's recovery. In consultation with the parent/guardian, the team assesses the student's needs and provides learning strategies and modifications to support the student through the stages described earlier.

Led by the school principal/designate, the team should include:

- the injured student;
- the student's parents/guardians;
- teachers and volunteers who work with the student; and
- the medical doctor or nurse practitioner and/or appropriate licensed healthcare professional involved in the student's care.

One **school staff lead** (i.e., a member of the collaborative team, either the school principal/designate, or another staff person designated by the school principal) needs to serve as the main point of contact for the student, the parents/guardians, other school staff, and volunteers who work with the student, and the student's healthcare providers. The designated school staff lead will monitor the student's progress through the Return to School and Return to Physical Activity Plan. Ongoing communication between the parent/guardian and the school collaborative team is essential throughout the process.

The members of the collaborative team must factor in any special circumstances that may affect the setting in which the stages of the RTS and RTPA Plan may occur (i.e., at home and/or school), for example:

- if the student has a diagnosed concussion just prior to winter break, spring break or summer vacation; or
- if the student is neither enrolled in Health and Physical Education class nor participating on a school team.

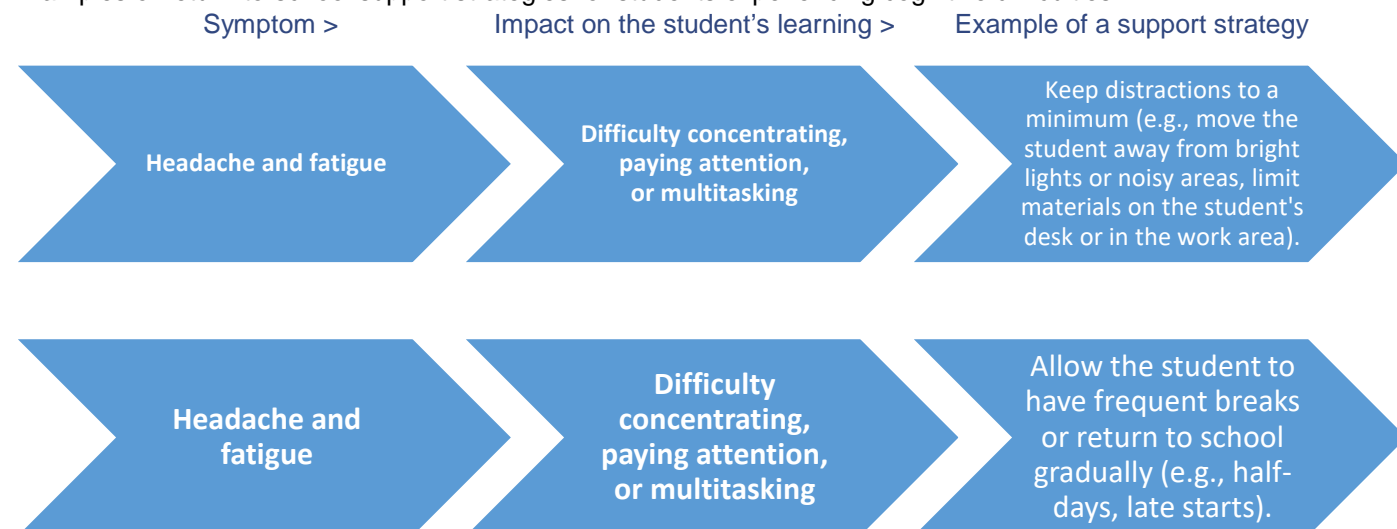
### Return to School Support Strategies and Approaches

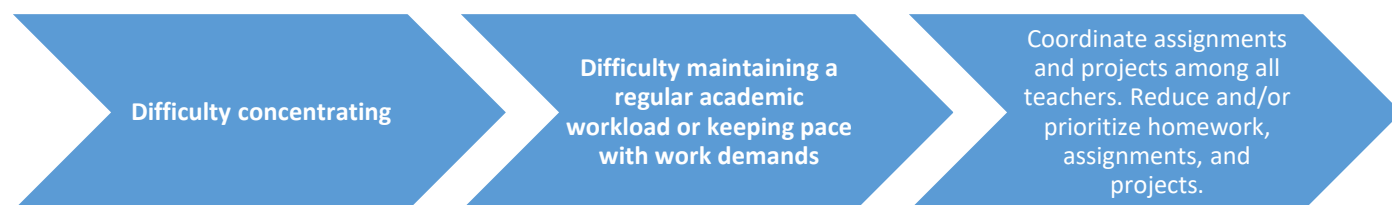
It is important for the designated school staff lead, in consultation with other members of the collaborative team, to identify the student's symptoms and the ways they respond to various learning activities in order to develop appropriate strategies and/or approaches that meet the changing needs of the student.

School staff and volunteers who work with the student need to be aware of the possible difficulties (i.e., cognitive, emotional/behavioural) a student may encounter when returning to learning activities following a concussion. These difficulties may be subtle and temporary but may significantly impact a student's performance.

Approaches to accommodate students might consider various aspects of the student's school experience, such as the activities the student participates in, the student's course load or timetable, and the physical classroom environment. A few examples are provided below.

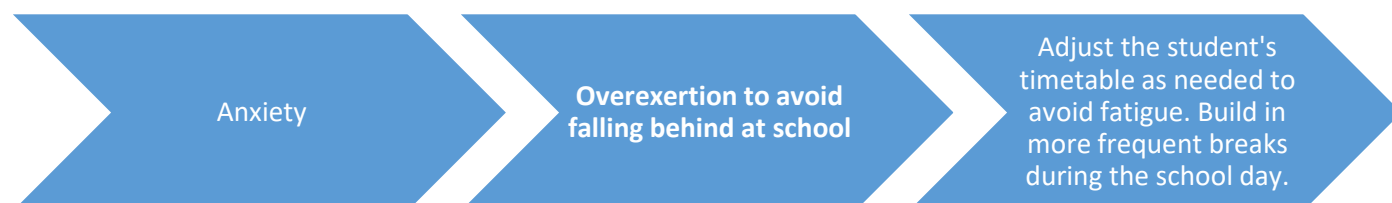
Examples of return-to-school support strategies for students experiencing cognitive difficulties:





Examples of return-to-school support strategies for students experiencing emotional and/or behavioural difficulties:

Symptom >	Impact on the student's learning >	Example of a support strategy
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*For more examples, see Appendix H. Sample Return-to-School Support Strategies and/or Approaches*

### **Medical Clearance (Appendix E)**

The student must successfully return to full-time school and receive Medical Clearance before moving on to Stages 5 and 6 of the RTPA Plan, which include full participation in Physical Education, intramural programs, and interschool sport. If, after receiving Medical Clearance, the student's symptoms reappear, the student should be re-evaluated by a medical doctor or nurse practitioner.

The student's parent/guardian should provide the signed Medical Clearance form (Appendix E) to the school principal/designate, and the form should be kept on file (e.g., in the student record).

### **Chart 1 & 2**

The following charts have been provided as a visual quick summary of the procedures.

Chart 1: Identifying a Suspected Concussion – Steps and Responsibilities

Chart 2: Diagnosed Concussion – Stages and Responsibilities

### **For additional information please refer to:**

Appendix J – Concussion Guide for Parents and Caregivers

Appendix K – Strategy for Return to School after a concussion.

Appendix L – Concussion guide for teachers.

**References**

Ministry of Education Policy/Program Memorandum 158 – School Board Policies on Concussions

Bill 193 – Rowan's

OPHEA – Summary of changes in the Ontario Physical Education Safety Guidelines Concussion Protocol (OPESGCP and Implementation tools, Sept 2018)

## **Appendix A**

# **Tool to Identify a Suspected Concussion**

*This sample checklist tool, completed by school staff (for example, teachers/ coaches/ intramural supervisors), is used to identify the sign(s) and/or symptom(s) of a suspected concussion, to respond appropriately and to communicate this information and follow-up requirements to parent/guardian. This tool may also be used for continued monitoring of the student.*

Student name: \_\_\_\_\_

Time of Incident: \_\_\_\_\_ A.M. ☐ P.M. ☐

Date: \_\_\_\_\_

Identification of Suspected Concussion: If after a jarring impact to the head, face or neck or elsewhere on the body, an impulsive force is transmitted to the head (observed or reported), and the individual (for example, teacher/coach) responsible for that student suspects a concussion, the following actions must be taken immediately:

### **STEP A**

#### **Red Flags**

Call 911. Check (✓) for Red Flag sign(s) and or symptom(s).

If any one or more red flag sign(s) or symptom(s) are present, call 911, followed by a call to parents/guardians/emergency contact.

- |  |   |
|--|---|
| <input type="checkbox"/> Neck pain or tenderness       | <input type="checkbox"/> Weakness or tingling/burning in arms or legs |
| <input type="checkbox"/> Severe or increasing headache | <input type="checkbox"/> Loss of consciousness                        |
| <input type="checkbox"/> Deteriorating conscious state | <input type="checkbox"/> Increasingly restless, agitated or combative |
| <input type="checkbox"/> Double vision                 |   |
| <input type="checkbox"/> Seizure or convulsion         |   |
| <input type="checkbox"/> Vomiting                      |   |

If Red Flag(s) identified, complete only Step E - Communication to Parent/Guardian.

### **STEP B**

#### **Other Sign(s) and Symptoms(s)**

If red flag(s) not identified continue to complete the following steps (as applicable) and Step E - Communication with Parents/Guardians.

### **STEP B1**

#### **Other Concussion Signs**

Check (✓) visual cues (what you see).

- ☐ Lying motionless on the playing surface (no loss of consciousness)
- ☐ Disorientation or confusion, or an inability to respond appropriately to questions
- ☐ Balance, gait difficulties, motor un-coordination, stumbling, slow laboured movements
- ☐ Slow to get up after a direct or indirect hit to the head
- ☐ Blank or vacant look
- ☐ Facial injury after head trauma



### **STEP B2**

#### **Other Concussion Symptoms reported (what the student is saying)**

Check (✓) what you feel.

- |   |  |
|---|--|
| <input type="checkbox"/> Headache                 | <input type="checkbox"/> Sadness                 |
| <input type="checkbox"/> Blurred vision           | <input type="checkbox"/> Feeling slowed down     |
| <input type="checkbox"/> More emotional           | <input type="checkbox"/> Nausea                  |
| <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> Fatigue or low energy   |
| <input type="checkbox"/> "Pressure in head"       | <input type="checkbox"/> Nervous or anxious      |
| <input type="checkbox"/> Sensitivity to light     | <input type="checkbox"/> Feeling like "in a fog" |
| <input type="checkbox"/> More irritable           | <input type="checkbox"/> Drowsiness              |
| <input type="checkbox"/> Difficulty remembering   | <input type="checkbox"/> "Don't feel right"      |
| <input type="checkbox"/> Balance problems         | <input type="checkbox"/> Dizziness               |
| <input type="checkbox"/> Sensitivity to noise     |  |

*IF ANY SIGN(S) OR SYMPTOM(S) WORSEN, CALL 911*

### **STEP B3**

#### **Conduct Quick Memory Function Check**

Questions may need to be modified for very young students, the situation/activity/sport and/or students receiving special education programs and services. Failure to answer any one of these questions correctly indicates a suspected concussion. Record student responses below.

What room are we in right now? *Answer:* \_\_\_\_\_

What activity/sport/game are we playing now? *Answer:* \_\_\_\_\_

What field are we playing on today? *Answer:* \_\_\_\_\_

Is it before or after lunch? *Answer:* \_\_\_\_\_

What is the name of your teacher/coach? *Answer:* \_\_\_\_\_

What school do you go to? *Answer:* \_\_\_\_\_

### **STEP C**

#### **Where sign(s) observed and/or symptom(s) are reported, and/or if the student fails to answer any of the Quick Memory Function questions correctly**

Actions Required:

- a concussion should be suspected;
- the student must stop participation immediately and must not be allowed to return to play that day even if the student states that they are feeling better; and
- the student must not:
  - leave the premises without parent/guardian (or emergency contact) supervision;
  - drive a motor vehicle until cleared to do so by a medical doctor or a nurse practitioner;
  - take medications except for life threatening medical conditions (for example, diabetes, asthma).

Teacher/coach to inform parent/guardian that the student needs urgent Medical Assessment (as soon as possible that day) by a medical doctor or nurse practitioner. Medical doctors and nurse practitioners are the only healthcare professionals in Canada with licensed training and expertise to diagnose a concussion; therefore all students with a suspected concussion should undergo evaluation by one of these professionals. In rural or northern regions, the Medical

Assessment may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner.

Parent/guardian must be provided with a completed copy of this form and a copy of Appendix B –Documentation of Medical Assessment. Teacher/coach informs principal of incident.

### **STEP D**

**If there are no signs observed, nor symptoms reported, and the student answers correctly all questions in the Quick Memory Function Check but a possible concussion event was recognized by teacher/coach**

Actions Required:

- The student must stop participation immediately and must not be allowed to return to play that day even if the student states that they are feeling better. Principals must be informed of the incident.
- Teacher/coach to inform parent/guardian and principal of the incident and that the student requires continued monitoring for 24 hours as sign(s) and or symptom(s) can appear hours or days after the incident:
  - If any red flags emerge call 911 immediately.
  - If any other sign(s) and/or symptom(s) emerge, the student needs urgent Medical Assessment (as soon as possible that day) by a medical doctor or nurse practitioner.
  - Parent/guardian is to communicate the results of the Medical Assessment to the appropriate school personnel using Appendix B –Documentation of Medical Assessment.
  - If after 24 hours of monitoring no sign(s) and or symptom(s) have emerged the parent/guardian is to communicate the results to the appropriate school official using the school's process and/or form. Student is permitted to resume physical activities.
- Medical Clearance is not required.

### **STEP E**

#### **Communication to Parent/Guardian**

Summary of Suspected Concussion Check – Indicate (✓) appropriate results and follow-up requirements.

Your child/ward was checked for a suspected concussion (i.e., Red Flags, Other Signs and Symptoms, Quick Memory Function) with the following results:

- ☐ Red Flag(s) sign(s) observed and/or symptom(s) reported and EMS called.
- ☐ Other concussion sign(s) were observed and/or symptom(s) reported and or student failed to correctly answer all the Quick Memory Function questions.
- ☐ No sign(s) or symptom(s) were reported and student correctly answered all of the questions in the Quick Memory Function Check but a possible concussion event was recognized. Continued monitoring is required (see Step D above).

Teacher/Coach/Intramural Supervisor name: \_\_\_\_\_

Teacher/Coach/Intramural Supervisor signature (optional): \_\_\_\_\_

Forms for Parent/Guardian:

- ☐ Appendix B –Documentation of Medical Assessment  
Parent/Guardian must communicate to principal/designate results of 24 hour monitoring (using school process/form):
- ☐ Results of Medical Assessment (Appendix B –Documentation of Medical Assessment)
- ☐ No concussion sign(s) and/symptom(s) observed or reported after 24 hours monitoring

If a concussion is diagnosed, then also

- ☐ Appendix C –Home Preparation for Return to School and Return to Physical Activity
- ☐ Appendix D – Return to School and Return to Physical Activity

When Medical Clearance is needed to return to full physical activity

- ☐ Appendix E – Medical Clearance

## **Appendix B**

# **Documentation of Medical Assessment**

*Form is to be provided to a student that demonstrates or reports concussion sign(s) and or symptom(s).  
For more information consult Appendix A –Tool to Identify a Suspected Concussion.*

Student name: \_\_\_\_\_

Date: \_\_\_\_\_

The student must be assessed as soon as possible by a medical doctor or nurse practitioner. In Canada, only medical doctors and nurse practitioners are qualified to provide a concussion diagnosis. In rural or northern regions, a nurse with pre-arranged access to a medical doctor or nurse practitioner may be used to assess the suspected concussion. Prior to returning to school, the parent/guardian must inform the school principal of the results of the medical assessment by completing the following:

### **RESULTS OF MEDICAL ASSESSMENT**

☐ My child/ward has been assessed and a concussion has not been diagnosed and therefore may resume full participation in learning and physical activity without any restrictions.

☐ My child/ward has been assessed and a concussion has not been diagnosed but the assessment led to the following diagnosis and recommendations:

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☐ My child/ward has been assessed and a concussion has been diagnosed and therefore must begin a medically supervised, individualized, and gradual Return to School (RTS) and Return to Physical Activity (RTPA) Plan. Refer to the reverse side of page for information on the Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan.

Comments:

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### **Medical Doctor/Nurse Practitioner providing assessment**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **HOME PREPARATION FOR RETURN TO SCHOOL (RTS) AND RETURN TO PHYSICAL ACTIVITY (RTPA) PLAN**

*The RTS and RTPA Plan has been developed in partnership with Parachute and is based on the most recent research and recommendations of the expert scientific community on concussion, that is, The Canadian Guidelines on Concussion in Sport, July 2017 and the Berlin Consensus Statement on Concussion in Sport, October 2016.*

Should a student be diagnosed with a concussion, the student will be expected to follow a Return to School (RTS) and Return to Physical Activity (RTPA) Plan. There are two parts to a student's RTS and RTPA Plan. The first begins at home with the Home Preparation for RTS and RTPS Plan (consult Table 1: Student at home).

Table 1: Student is at home

<b>Home Preparation for Return to School (RTS) Stages</b>	<b>Home Preparation for Return to Physical Activity (RTPA) Stages</b>
<b>Each stage must last a minimum of 24 hours</b>	
<b>Initial Rest at Home</b> Relative cognitive rest for 24-48 hours or until symptoms start to improve (whichever occurs first).	
<b><u>RTS – Stage1</u></b>  Light cognitive (thinking/memory/knowledge) activities.  Gradually increase cognitive activity up to 30 minutes. Take frequent breaks.	<b><u>RTPA – Stage1</u></b>  Light physical activities that do not provoke symptoms.  Movements that can be done with little effort (do not increase breathing and/or heart rate or break a sweat).
<b><u>RTS -Stage 2</u></b>  Gradually add cognitive activity. When light cognitive activity is tolerated, introduce school work (at home and facilitated by the school).	<b><u>RTPA –Stage 2a</u></b>  Daily activities that do not provoke symptoms. Add additional movements that do not increase breathing and/or heart rate or break a sweat.

## Appendix C

# Documentation for Concussion Management - Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan

*Form is to be used by parents/guardians to track and to communicate to the school a student's progress through the stages of the Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan following a diagnosed concussion.*

The RTS and RTPA Plan has been developed in partnership with Parachute and is based on the most recent research and recommendations of the expert scientific community on concussion i.e., the Canadian Guidelines on Concussion in Sport, July 2017 and the Berlin Consensus Statement on Concussion in Sport, October 2016.

Student name: \_\_\_\_\_

Date: \_\_\_\_\_

### **BACKGROUND INFORMATION ON THE CONCUSSION RECOVERY PROCESS**

A student with a diagnosed concussion needs to follow an individualized and gradual RTS and RTPA Plan. In developing the Plan, the RTS process is individualized to meet the particular needs of the student, as there is not a pre-set plan of strategies and/approaches to assist a student return to their learning activities. In contrast the RTPA Plan follows an internationally recognized graduated approach.

The management of a student concussion is a shared responsibility, requiring regular communication, between the home, school (Collaborative Team) and outside sports team (where appropriate) with consultation from the student's medical doctor or nurse practitioner and/or other licensed healthcare providers (for example, nurses, physiotherapists, chiropractors and athletic therapists).

There are two parts to a student's RTS and RTPA Plan. This first part occurs at home and prepares the student for the second part which occurs at school.

The Home Preparation for RTS and RTPA Plan focuses on a student's progression through the home stages of the RTS and RTPA Plan. It has been designed to provide direction for, and documentation of the stages of the RTS and RTPA Plan.

### **GENERAL PROCEDURES FOR HOME PREPARATION FOR RTS AND RTPA PLAN**

- The stages of the plan occur at home under the supervision of the parent/guardian in consultation with the medical doctor/nurse practitioner and/or other licensed healthcare providers.



- A student moves forward to the next stage when activities at the current stage are tolerated and the student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- If symptoms return, or new symptoms appear at any stage in the Home Preparation for RTS and RTPA Plan, the student returns to previous stage for a minimum of 24 hours and only participates in activities that can be tolerated.
- If at any time symptoms worsen, the student/parent/guardian contacts medical doctor/nurse practitioner or seeks medical help immediately.
- While the RTS and RTPA stages are inter-related they are not interdependent. Students do not have to go through the same stages of RTS and RTPA at the same time. However, before a student can return to school they must have completed RTS Stage 2 and RTPA Stage 2b.
- A student must not return to vigorous or organized physical activities where the risk of re-injury is possible, until they have successfully completed all stages of the Return to School Plan. However early introduction of some low intensity physical activity in controlled and predictable environments with no risk of re-injury is appropriate.
- This Plan does not replace medical advice.
- Progression through the Plan is individual, timelines and activities may vary.

## **INSTRUCTIONS**

- Review the activities (permitted and not permitted) at each stage prior to beginning the Plan.
- Check (✓) the boxes at the completion of each stage to record student's progress through the stages.
- A student may progress through the RTS stages at a faster or slower rate than the RTPA stages.
- When the student has successfully completed all stages of the Home Preparation for RTS and RTPA Plan, parent(s)/guardian(s) must sign and date this form.
- Communicate to the school principal/designate that the student is ready to begin the school portion of the RTS and RTPA Plan.

## **STUDENT IS AT HOME**

**TABLE 1: HOME PREPARATION FOR RETURN TO SCHOOL (RTS) AND RETURN TO PHYSICAL ACTIVITY (RTPA) PLAN**

<b>Home Preparation for Return to School (RTS) Stages</b>	<b>Home Preparation for Return to Physical Activity (RTPA) Stages</b>
<b>Each stage must last a minimum of 24 hours</b>	
<b>Initial Rest at Home</b>	
<b><u>RTS- Initial Rest</u></b>  24 – 48 hours of relative cognitive rest (sample activities below):	<b><u>RTPA – Initial Rest</u></b>

<p><b>Activities permitted (if tolerated by student):</b></p> <ul style="list-style-type: none"> <li>✓ Short board/card games</li> <li>✓ Short phone calls</li> <li>✓ Photography (with camera)</li> <li>✓ Crafts</li> </ul> <p><b>Activities that are limited at this stage (depending on symptom tolerance):</b></p> <ul style="list-style-type: none"> <li>✗ TV</li> <li>✗ Technology use (e.g., computer, laptop, tablet, iPad/cell phone) (for example, texting/games/photography)</li> <li>✗ Video games</li> <li>✗ Reading</li> <li>✗ Attendance at school or school-type work</li> </ul>	<p>24 – 48 hours of relative physical rest (sample activities below):</p> <p><b>Activities permitted (if tolerated by student):</b></p> <ul style="list-style-type: none"> <li>✓ Limited movement that does not increase heart rate or break a sweat</li> <li>✓ Moving to various locations in the home</li> <li>✓ Daily hygiene activities</li> </ul> <p><b>Activities not permitted:</b></p> <ul style="list-style-type: none"> <li>✗ Physical exertion (increases breathing and/heart rate and sweating)</li> <li>✗ Stair climbing other than to move locations throughout the home</li> <li>✗ Sports/sporting activity</li> </ul>
<p>Student moves to RTS Stage 1 when:</p> <p><input type="checkbox"/> Symptoms start to improve or after resting 2 days maximum, or whichever occurs first.</p>	<p>Student moves to RTPA Stage 1 when:</p> <p><input type="checkbox"/> Symptoms start to improve or after resting 2 days maximum, or whichever occurs first.</p>
<p><b><u>RTS – Stage 1 at Home</u></b></p> <p>Light cognitive (thinking/memory/knowledge) activities. Gradually increase cognitive activity up to 30 minutes. Take frequent breaks.</p> <p><b>Activities permitted (if tolerated by student):</b></p> <ul style="list-style-type: none"> <li>✓ Activities from the previous stage</li> <li>✓ Easy reading (e.g., books, magazines, newspaper)</li> <li>✓ Limited TV</li> <li>✓ Limited cellphone conversations</li> <li>✓ Drawing/building blocks/puzzles</li> </ul>	<p><b><u>RTPA – Stage 1 at Home</u></b></p> <p>Light physical activities that do not provoke symptoms. Movements that can be done with little effort (do not increase breathing or heart rate, or cause sweating).</p> <p><b>Activities permitted (if tolerated by student):</b></p> <ul style="list-style-type: none"> <li>✓ Daily household tasks (e.g., bed-making, dishes, feeding pets, meal preparation)</li> <li>✓ Slow walking for a short time</li> </ul> <p><b>Activities not permitted:</b></p>

<p>✓ Some contact with friends</p> <p><b>Activities that are limited at this stage (depending on symptom tolerance):</b></p> <ul style="list-style-type: none"> <li>✗ Technology use (e.g., computer, laptop, tablet, iPad/cell phone)</li> </ul> <p><b>Activities not permitted:</b></p> <ul style="list-style-type: none"> <li>✗ Attendance at school or school-type work</li> </ul>	<ul style="list-style-type: none"> <li>✗ Physical exertion (increases breathing and heart rate and sweating)</li> <li>✗ Sports/sporting activity</li> <li>✗ Stair climbing, other than to move locations throughout the home</li> </ul>
<p><b><u>Student moves to RTS Stage 2 when:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Student tolerates 30 minutes of light cognitive activity (for example a student should be able to complete 3-4 of the permitted activities listed above) and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms.</li> <li><input type="checkbox"/> Student has completed a minimum of 24 hours at RTS – Stage 1.</li> <li><input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms and must return to the previous stage for a minimum of 24 hours.</li> <li><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</li> </ul>	<p><b><u>Student moves to RTPA Stage 2 when:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Student tolerates light physical activities (completes both activities above) and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms.</li> <li><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</li> <li><input type="checkbox"/> Student has completed a minimum of 24 hours at RTPA – Stage 1.</li> <li><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</li> </ul>
<p><b><u>RTS – Stage 2 at Home</u></b></p> <p>Gradually add cognitive activity. When light cognitive activity is tolerated, introduce school work at home (facilitated by the school).</p> <p><b>Activities permitted (if tolerated by student):</b></p> <ul style="list-style-type: none"> <li>✓ Activities from the previous stage</li> <li>✓ School-type work in 30-minute increments</li> <li>✓ Crosswords, word puzzles, Sudoku, word search</li> <li>✓ Limited technology use (e.g., computer, laptop, tablet, iPad)/cell phone (e.g., texting/games/photography) starting with shorter periods and building up as tolerated</li> </ul>	<p><b><u>RTPA – Stage 2a</u></b></p> <p>Daily activities that do not provoke symptoms. Add additional movements that do not increase breathing and/or heart rate or break a sweat.</p> <p><b>Activities permitted (if tolerated by student):</b></p> <ul style="list-style-type: none"> <li>✓ Activities from the previous stage</li> <li>✓ Light physical activity (e.g., use of stairs)</li> <li>✓ 10-15 minutes slow walking 1-2x per day inside and outside</li> </ul> <p><b>Activities not permitted:</b></p> <ul style="list-style-type: none"> <li>✗ Physical exertion (increases breathing and/or heart rate and sweating)</li> <li>✗ Sports</li> <li>✗ Sporting activities</li> </ul>

<p><b>Activities not permitted:</b></p> <ul style="list-style-type: none"> <li>✗ School attendance</li> </ul> <p> <input type="checkbox"/> Student tolerates the additional cognitive activity (for example a student should be able to complete 3-4 of the activities permitted) and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms.  <input type="checkbox"/> Student has completed a minimum of 24 hours at RTS – Stage 2.  <input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms and must return to the previous stage for a minimum of 24 hours.  <input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.         </p>	<p><i>*The student may be at home or at school by this stage, depending on their individual case and the school/school board policy.</i></p> <p>Student moves to RTPA Stage 2b when:</p> <p> <input type="checkbox"/> Student tolerates daily physical activities (completes activities permitted listed above) and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms.  <input type="checkbox"/> Student has completed a minimum of 24 hours at RTPA – Stage 2a.  <input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms and must return to the previous stage for a minimum of 24 hours.  <input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.         </p>
	<p><b><u>RTPA- Stage 2b</u></b></p> <p>Light aerobic activity</p> <p><b>Activities permitted (if tolerated by student):</b></p> <ul style="list-style-type: none"> <li>✓ Activities from the previous stage</li> <li>✓ 20-30 minutes walking/stationary cycling/recreational (i.e., at a pace that causes some increase in breathing/heart rate but not enough to prevent a student from carrying on a conversation comfortably).</li> </ul> <p><b>Activities not permitted:</b></p> <ul style="list-style-type: none"> <li>✗ Resistance or weight training</li> <li>✗ Physical activities with others</li> <li>✗ Physical activities using equipment</li> </ul> <p><i>*The student may be at home or at school by this stage, depending on their individual case and the school/school board policy</i></p> <p> <input type="checkbox"/> Student tolerates light aerobic activities (completes activities above) and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms.  <input type="checkbox"/> Student has completed a minimum of 24 hours at RTPA – Stage 2b.  <input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms and must         </p>

return to the previous stage for a minimum of 24 hours.

☐ Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.

Parent/Guardian communicates to school principal (by completing the following information on this form) that the student has completed RTS Stage 2 and RTPA Stage 2b and is ready to return to school and begin the school part of the Return to School and Return to Physical Activity Plan

☐ My child/ward has successfully completed all of the stages of the Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) and is ready to return to school

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments:

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The school part of the plan begins with:

- A meeting with the principal/designate to provide information on:
  - the school part of the RTS and RTPA Plan (Appendix D)
  - Collaborative Team participants and parent/guardian role on the team
- A student assessment to determine possible strategies and/or approaches for student learning

## Appendix D

### Documentation for School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan

*Form is to be used by parents/guardians and the school Collaborative Team to communicate and track a student's progress through the stages of the Return to School and Return to Physical Activity Plan following completion of Home Preparation for Return to School and Return to Physical Activity. The RTS and RTPA Plan is to be used with APG: Concussion Protocol: Prevention, Identification and Management Procedures.*

Student name: \_\_\_\_\_

Date: \_\_\_\_\_

#### **BACKGROUND INFORMATION ON THE CONCUSSION RECOVERY PROCESS THAT OCCURS AT SCHOOL**

A student with a diagnosed concussion needs to follow an individualized and gradual RTS and RTPA Plan. In developing the plan the RTS process is designed to meet the particular needs of the student, as there is not a pre-set plan of strategies and/or approaches to assist a student returning to their learning activities. In contrast the RTPA Plan follows an internationally recognized graduated approach.

The management of a student concussion is a shared responsibility, requiring regular communication, between the home, school (Collaborative Team) and outside sports team (where appropriate) with consultation from the student's medical doctor or nurse practitioner and/or other licensed healthcare providers (for example, nurses, physiotherapists, chiropractors and athletic therapists).

#### **GENERAL PROCEDURES FOR SCHOOL CONCUSSION MANAGEMENT – RETURN TO SCHOOL (RTS) AND RETURN TO PHYSICAL ACTIVITY PLAN (RTPA)**

Appendix D focuses on a student's progression through the school stages of the RTS and RTPA Plan. It has been designed to provide direction for, and documentation of the stages of the RTS and RTPA Plan.

The school part of the plan begins with:

- A parent/guardian and principal/designate meeting (for example, in-person, phone conference, video conference, email) to provide information on:
  - The school part of the RTS and RTPA Plan (Appendix D);
  - The Collaborative Team members and their role (for example, parent/guardian, student, principal/designate, team lead, teacher(s), medical doctor or nurse practitioner and/or appropriate licensed healthcare provider).
- A student conference to determine the individualized RTS Plan and to identify:
  - The RTS learning strategies and/or approaches required by the student based on the post-concussion symptoms;
  - The best way to provide opportunities for the permissible activities.

#### **General Procedures for School Concussion Management**



- The stages of the General Procedures for School Concussion Management plan occur at school and where appropriate the RTPA part of the plan may occur at sport practices (for example, student is not enrolled in physical education).
- For the student who is a member of an outside sporting team, communication is essential between the parent/guardian/student, outside coach and school.
- Stages are not days – each stage must take a minimum of 24 hours and the length of time needed to complete each stage will vary based on the severity of the concussion and the student.
- Completion of the RTS and RTPA Plan may take 1-4 weeks.
- A student moves forward to the next stage when activities at the current stage are tolerated and the student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- A student is tolerating an activity if their symptoms are not exacerbated (aggravated, intensified, made worse).
- While the RTS and RTPA stages are inter-related they are not interdependent. A student's progress through the stages of RTS is independent from their progression through the RTPA stages. However, students must have completed Stage 4a and 4b of RTS and Stage 4 of RTPA and have obtained Medical Clearance prior to beginning Stage 5 of RTPA.
- Until a student has successfully completed all stages in the RTS plan they must not participate in the following physical activities where the risk of re-injury is possible:
  - full participation in the physical education curricular program;
  - intramural activities;
  - full participation in non-contact interschool activities; or
  - participation in practice for a contact sport.
- A student that has no symptoms when they return to school, must progress through all of the RTS stages and RTPA stages and remain symptom free for a minimum of 24 hours in each stage prior to moving to the next stage.
- The Plan does not replace medical advice.
- During all stages of RTS and in Stages 1-4 of RTPA:
  - if symptoms return or new symptoms appear, the student returns to previous stage for a minimum of 24 hours and only participates in activities that can be tolerated.
- During stages 5 and 6 of RTPA:
  - if symptoms return or new symptoms appear, the student must return to medical doctor/nurse practitioner to have the Medical Clearance re-assessed.
- During all stages of RTS and RTPA if symptoms worsen over time, follow school (collaborative team procedures) for contacting parents/guardians to inform them that the student needs a follow-up medical assessment.
- Progression through the Plan is individual, timelines and activities may vary.
- Upon completion of the RTS and RTPA Plan, this form is returned to the principal/designate for filing as per school board's procedures.

**Instructions:** At each stage, this form (hard copy/electronic) will go back and forth between the school and home.

- Review the activities (permitted and not permitted) at each stage prior to beginning the Plan.
- School (for example, teacher, collaborative team lead) provides appropriate activities and documents student's progress by checking (✓), dating, initialling completion of each stage and communicating information (form) to parent/guardian.
- Within each stage, parent/guardian completes, checks (✓), dates and signs the student's tolerance to those activities (i.e., no returning, new or worsening symptoms) giving permission for the student to progress to the next stage and returns completed form to school.

## **SCHOOL CONCUSSION MANAGEMENT PLAN**

Table 1: School Concussion Management Plan

<b>Return to School (RTS) Stages</b>	<b>Return to Physical Activity (RTPA) Stages</b>
<p><b>RTS – Stage 3a</b></p> <p>Student begins with an initial time at school of 2 hours.</p> <p>The individual RTS Plan is developed by the Collaborative Team following the student conference and appraisal of the student's individual needs, determining possible modifications/adaptations for student learning. (consult Table 5 in APG).</p> <p><b>Activities permitted if tolerated by student:</b></p> <ul style="list-style-type: none"> <li>✓ Activities from the previous stage (consult Appendix C –Documentation for Concussion Management – Home Preparation for RTS and RTPA)</li> <li>✓ School work for up to 2 hours per day in smaller chunks (completed at school) working up to a ½ day of cognitive activity</li> <li>✓ Learning strategies and/or approaches</li> </ul> <p><b>Activities not permitted:</b></p> <ul style="list-style-type: none"> <li>✗ Tests/exams</li> <li>✗ Homework</li> <li>✗ Music class</li> <li>✗ Assemblies</li> <li>✗ Field trips</li> </ul>	<p><b>RTPA – Stage 3</b></p> <p>Simple locomotor activities and sport-specific exercise to add movement.</p> <p><b>Activities permitted if tolerated by student:</b></p> <ul style="list-style-type: none"> <li>✓ Activities from the previous stage (20-30 minutes walking/stationary cycling/elliptical/recreational dancing at a moderate pace)</li> <li>✓ Simple individual drills in predictable and controlled environments with no risk of re-injury (e.g., running or throwing drills, skating drills in hockey, shooting drills in basketball).</li> <li>✓ Restricted recess activities (e.g., walking)</li> </ul> <p><b>Activities not permitted:</b></p> <ul style="list-style-type: none"> <li>✗ Full participation in physical education or DPA</li> <li>✗ Participation in intramurals</li> <li>✗ Full participation in interschool practices</li> <li>✗ Interschool competitions</li> <li>✗ Resistance or weight training</li> </ul>

	<p>✗ Body contact or head impact activities (e.g., heading a soccer ball)</p> <p>✗ Jarring motions (e.g., high speed stops, hitting a baseball with a bat)</p>
<p><b><u>School</u></b></p> <p><input type="checkbox"/> Student has demonstrated they can tolerate up to a half day of cognitive activity</p> <p><input type="checkbox"/> Appendix D sent home to parent/guardian</p> <p>School Initial (for example, collaborative team lead/designate): _____</p> <p>Date: _____</p>	<p><b><u>School</u></b></p> <p><input type="checkbox"/> Student has demonstrated they can tolerate simple individual drills/sport specific drills as listed in permitted activities</p> <p><input type="checkbox"/> Appendix D sent home to parent/guardian</p> <p>School Initial (for example, collaborative team lead/designate): _____</p> <p>Date: _____</p>
<p>Home</p> <p><input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms and can now progress to RTS Stage 3b.</p> <p><input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.</p> <p><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</p> <p><input type="checkbox"/> Appendix D returned to school</p> <p>Parent/Guardian:</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Comments: _____</p>	<p>Home</p> <p><input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms and can now progress to RTPA Stage 4.</p> <p><input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.</p> <p><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</p> <p><input type="checkbox"/> Appendix D returned to school</p> <p>Parent/Guardian:</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Comments: _____</p>
<p><b><u>RTS - Stage 3b</u></b></p> <p>Student continues attending school half time with gradual increase in school attendance time, increased school work, and decrease in adaptation of learning strategies and/or approaches.</p> <p><b>Activities permitted (if tolerated by student):</b></p> <p>✓ Activities from the previous stage</p>	



<ul style="list-style-type: none"><li>✓ School work for 4-5 hours per day, in smaller chunks (e.g., 2-4 days of school/week)</li><li>✓ Homework up to 30 minutes per day</li><li>✓ Decrease adaptation of learning strategies and/or approaches</li><li>✓ Classroom testing with adaptations</li></ul> <p><b>Activities not permitted:</b></p> <ul style="list-style-type: none"><li>✗ Standardized tests/exams</li></ul>	
<p><b>School</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Student has demonstrated they can tolerate up to 4-5 hours of the cognitive activities listed above</li><li><input type="checkbox"/> Appendix D sent home to parent/guardian</li></ul> <p>School Initial (for example, collaborative team lead/designate): _____</p> <p>Date: _____</p> <p><b>Home</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms and can now progress to RTS Stage 4a</li><li><input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.</li><li><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</li><li><input type="checkbox"/> Appendix D returned to school</li></ul> <p>Parent/Guardian:</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Comments: _____</p>	
<b>RTS – Stage 4a</b>	<b>RTPA – Stage 4</b> Progressively increase physical activity.

<p>Full day at school, minimal adaptation of learning strategies and/or approaches.</p> <p>Nearly normal workload.</p> <p><b>Activities permitted if tolerated by student:</b></p> <ul style="list-style-type: none"> <li>✓ Activities from previous stage</li> <li>✓ Nearly normal cognitive activities</li> <li>✓ Routine school work as tolerated</li> <li>✓ Minimal adaptation of learning strategies and/or approaches</li> <li>✓ Start to eliminate adaptation of strategies and/or approaches</li> <li>✓ Increase homework to 60 minutes/day</li> <li>✓ Limit routine testing to one test per day with adaptations (for example, supports - such as more time)</li> </ul> <p><b>Activities not permitted:</b></p> <ul style="list-style-type: none"> <li>✗ Standardized tests/exams</li> </ul>	<p>Non-contact training drills to add coordination and increased thinking.</p> <p><b>Activities permitted if tolerated by student:</b></p> <ul style="list-style-type: none"> <li>✓ Activities from the previous stage</li> <li>✓ More complex training drills (e.g., passing drills in soccer and hockey)</li> <li>✓ Physical activity with no body contact (e.g., dance, badminton)</li> <li>✓ Participation in practices for non-contact interschool sports (no contact)</li> <li>✓ Progressive resistance training may be started</li> <li>✓ Recess – physical activity running/games with no body contact</li> <li>✓ Daily Physical Activity (DPA) (elementary)</li> </ul> <p><b>Activities not permitted:</b></p> <ul style="list-style-type: none"> <li>✗ Full participation in physical education</li> <li>✗ Participation in intramurals</li> <li>✗ Body contact or head impact activities (e.g., heading a soccer ball)</li> <li>✗ Participation in interschool contact sport practices, or interschool games/competitions (non-contact and contact)</li> </ul>
<p><b>School</b></p> <p><input type="checkbox"/> Student has demonstrated they can tolerate a full day of school and a nearly normal workload with minimal adaptation of learning strategies and/or approaches</p> <p><input type="checkbox"/> Appendix D sent home to parent/guardian</p> <p>School Initial (for example, collaborative team lead/designate): _____</p> <p>Date: _____</p>	<p><b>School</b></p> <p><input type="checkbox"/> Student has completed the activities in RTPA Stage 4 as applicable</p> <p><input type="checkbox"/> Appendix D sent home to parent/guardian</p> <p><input type="checkbox"/> Appendix E – Documentation for Medical Clearance sent home to parent/guardian</p> <p>School Initial (for example, collaborative team lead/designate): _____</p> <p>Date: _____</p>
<p><b>Home</b></p> <p><input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms and can now progress to RTS Stage 4b</p> <p><input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.</p>	<p><b>Home</b></p> <p><input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms</p> <p><input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.</p> <p><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</p>

<input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner. <input type="checkbox"/> Appendix D returned to school  Parent/Guardian: Signature: _____  Date: _____  Comments: _____	<input type="checkbox"/> Appendix D returned to school  Parent/Guardian: Signature: _____  Date: _____  Comments: _____
<p><b><u>RTS – Stage 4b</u></b>          At school: full day, without adaptation of learning strategies and/or approaches.</p> <p><b>Activities permitted (if tolerated by student):</b></p> <ul style="list-style-type: none"> <li>✓ Normal cognitive activities</li> <li>✓ Routine school work</li> <li>✓ Full curriculum load (attend all classes, all homework, tests)</li> <li>✓ Standardized tests/exams</li> <li>✓ Full extracurricular involvement (non-sport/non-physical activity - e.g., debating club, drama club, chess club)</li> </ul>	<p><b><u>Before continuing on to RTPA Stages 5, the student must:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> have completed RTS Stage 4a and 4b (full day at school without adaptations of learning strategies and/or approaches),</li> <li><input type="checkbox"/> have completed RTPA Stage 4 and be symptom-free; and</li> <li><input type="checkbox"/> obtain signed Medical Clearance from a medical doctor or nurse practitioner.</li> </ul> <p><b><i>Note: Premature return to contact sports (full practice and game play) may cause a significant setback in recovery.</i></b></p>
<p><b>School</b></p> <input type="checkbox"/> Student has demonstrated they can tolerate a full day of school without adaptation of learning strategies and/or approaches <input type="checkbox"/> Appendix D sent home to parent/guardian  School Initial (for example, collaborative team lead/designate): _____ Date: _____	
<p><b>Home</b></p> <input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms and has completed the RTS Plan <input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours	





☐ Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.

Parent/Guardian:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

### RTPA – Stage 5

Following Medical Clearance, full participation in all non-contact physical activities (i.e., non-intentional body contact) and full contact training/practice in contact sports

#### Activities permitted:

- ✓ Activities from previous stage
- ✓ Physical Education
- ✓ Intramural programs
- ✓ Full contact training/practice in contact interschool sports

#### Activities not permitted:

- ✗ Competition (e.g., games, meets, events) that involves body contact

#### School

- ☐ Student has completed the applicable physical activities in RTPA Stage 5
- ☐ Appendix D sent home to parent/guardian

School Initial (for example, collaborative team lead/designate): \_\_\_\_\_

Date: \_\_\_\_\_

#### Home

- ☐ Student has not exhibited or reported a return of symptoms or new symptoms and can progress to RTPA Stage 6

	<p><input type="checkbox"/> Student has exhibited/reported a return of symptoms or new symptoms and must return to medical doctor/nurse practitioner for Medical Clearance reassessment</p> <p><input type="checkbox"/> Appendix D returned to school</p> <p>Parent/Guardian: Signature: _____</p> <p>Date: _____</p> <p>Comments: _____</p>
	<p><b>RTPA - Stage 6</b></p> <p>Unrestricted return to contact sports.</p> <p><b>Activities permitted:</b></p> <p>✓ Full participation in contact sports, games/competition</p> <hr/> <p><b>School</b></p> <p><input type="checkbox"/> Student has completed full participation in contact sports.</p> <p><input type="checkbox"/> Appendix D sent home to parent/guardian</p> <p>School Initial (for example, collaborative team lead/designate): _____</p> <p>Date: _____</p> <hr/> <p><b>Home</b></p> <p><input type="checkbox"/> Student has not exhibited or reported a return of symptoms or new symptoms and can progress to RTPA Plan.</p> <p><input type="checkbox"/> Student has exhibited/reported a return of symptoms or new symptoms and must return to medical doctor/nurse practitioner for Medical Clearance reassessment</p> <p><input type="checkbox"/> Appendix D returned to school for documentation purposes.</p> <p>Parent/Guardian: Signature: _____</p> <p>Date: _____</p> <p>Comments: _____</p>

## Appendix E

### Documentation for Medical Clearance

*Form is to be provided to students who have completed the Return to School (RTS) Stage 4b and Return to Physical Activity (RTPA) Stage 4 (consult the School Concussion Management Plan). Student must be medically cleared by a medical doctor/nurse practitioner prior to moving on to full participation in non-contact physical activities and full contact practices (RTPA Stage 5).*

Student name: \_\_\_\_\_

Date: \_\_\_\_\_

I have examined this student and confirm they are medically cleared to participate in the following activities:

- Full participation in Physical Education classes
- Full participation in Intramural physical activities (non-contact)
- Full participation in non-contact Interschool Sports (practices and competition)
- Full-contact training/practice in contact Interschool Sports

Other comments:

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#### Medical Doctor/Nurse Practitioner

*In rural or northern regions, the Medical Clearance Letter may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner. Forms completed by other licensed healthcare professionals should not be otherwise accepted.*

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

What if symptoms recur? A student who has received Medical Clearance and has a recurrence of symptoms or new symptoms appear, must immediately remove themselves from play, inform their parent/guardian/teacher/coach, and return to the medical doctor or nurse practitioner for Medical Clearance reassessment before returning to physical activity.

Table 1: School Concussion Management Plan

Return to School (RTS) Stages	Return to Physical Activity (RTPA) Stages
Each stage must last a minimum of 24 hours.	
<b><u>RTS – Stage 3a</u></b>  Student begins with an initial time at school of 2 hours.	<b><u>RTPA – Stage 3</u></b>  Simple locomotor activities and sport-specific exercise to add movement.



<p>The individual RTS Plan is developed by the Collaborative Team following the student conference and appraisal of the student's individual needs, determining possible modifications/adaptations for student learning. (consult Table 5 in APG).</p>	
<p><b><u>RTS - Stage 3b</u></b></p> <p>Student continues attending school half time with gradual increase in school attendance time, increased school work, and decrease in adaptation of learning strategies and/or approaches.</p>	
<p><b><u>RTS – Stage 4a</u></b></p> <p>Full day school, minimal adaptation of learning strategies and/or approaches.</p> <p>Nearly normal workload.</p>	<p><b><u>RTPA – Stage 4</u></b></p> <p>Progressively increase physical activity. Non-contact training drills to add coordination and increased thinking.</p>
<p><b><u>RTS – Stage 4b</u></b></p> <p>At school: full day, without adaptation of learning strategies and/or approaches.</p>	<p><b><u>Before continuing on to RTPA Stages 5, the student must:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> have completed RTS Stage 4a and 4b (full day at school without adaptations of learning strategies and/or approaches),</li> <li><input type="checkbox"/> have completed RTPA Stage 4 and be symptom-free; and</li> <li><input type="checkbox"/> obtain signed Medical Clearance from a medical doctor or nurse practitioner.</li> </ul> <p><b><u>RTPA – Stage 5</u></b></p> <p>Following Medical Clearance, full participation in all non-contact physical activities (i.e., non-intentional body contact) and full contact training/practice in contact sports</p> <p><b><u>RTPA - Stage 6</u></b></p> <p>Unrestricted return to contact sports.</p>

*The RTS and RTPA Plan has been developed in partnership with Parachute and is based on the most recent research and recommendations of the expert scientific community on concussion i.e., the Canadian Guidelines on Concussion in Sport, July 2017 and the Berlin Consensus Statement on Concussion in Sport, October 2016.*

## **Appendix F**

# **Concussion Prevention Strategies**

PPM 158 (Policy/Program Memorandum #158: School Board Policies on Concussion) recognizes the importance of prevention and states that every school board policy should include strategies for preventing and minimizing the risk of sustaining concussions (and other head injuries) in schools and at off-site school events.

**The prevention strategies are organized into the following four sections:**

- Teachers/coaches/supervisors
- Students/athletes
- School boards, athletic associations and referee associations
- Parents/guardians

**Prior to the sport season/beginning of the school year teachers/coaches/supervisors should:**

- be knowledgeable of school board's concussion policy and procedures for prevention, identification, and management (return to learn and return to physical activity);
- be knowledgeable about safe practices in the sport/activity (for example, the rules and regulations and the specific sport/activity pages in the Ontario Physical Education Safety Guidelines);
- be familiar with the risks of a concussion or other potential injuries associated with the activity/sport and how to minimize those risks;
- be up to date and enforce school board/athletic association/referee rule changes associated with minimizing the risks of concussion;
- be up to date with current body contact skills and techniques (for example, safe tackling in tackle football), when coaching/supervising contact activities;
- be knowledgeable (when applicable) with the requirements for wearing helmets. (To date there is no evidence that helmets protect against concussions.) For more information on helmets consult the Fundamentals of Safety;
- determine that protective equipment is approved by a recognized equipment standards association (for example, Canadian Safety Standards, National Operating Committee on Standards for Athletic Equipment), is well maintained, and is visually inspected prior to activity; and
- determine (where applicable) that protective equipment is inspected within approved timelines, by a certified re-conditioner as required by manufacturer (for example, football helmet).

**During the physical activity unit/sport season/intramural activity teachers/coaches/supervisors should:**

- teach skills and techniques in the proper progression;
- provide activity/sport-specific concussion information when possible;
- teach and enforce the rules and regulations of the sport/activity during practices and games/competition (particularly those that limit or eliminate body contact, or equipment on body contact);
- reinforce the principles of head-injury prevention (for example, keeping the head up and avoiding collision);
- teach students/athletes involved in body contact activities about:
  - sport-specific rules and regulations of body contact (for example, no hits to the head); and
  - body contact skills and techniques and require the successful demonstration of these skills in practice prior to competition.
- discourage others from pressuring injured students/athletes to play/participate;

- demonstrate and role model the ethical values of fair play and respect for opponents;
- encourage students/athletes to follow the rules of play, and to practice fair play;
- use game/match officials in higher-risk interschool sports that are knowledgeable, certified and/or experienced in officiating the sport; and
- inform students about the importance using protective equipment (for example, helmets, padding, guards) that is properly fitted (as per manufacturer's guidelines) and properly worn.
- Prior to the sport season/intramural activity/beginning of the school year students/athletes should be informed about:
- Concussions
  - definition
  - seriousness of concussions
  - causes
  - signs and symptoms
  - the school board's Identification and management procedure
- the risks of a concussion associated with the activity/sport and how to minimize those risks including sport-specific prevention strategies;
- the importance of respecting the rules of the game and practising Fair Play (for example, to follow the rules and ethics of play, to practice good sportsmanship at all times and to respect their opponents and officials);
- the dangers of participating in an activity while experiencing the signs and symptoms of a concussion and potential long-term consequences;
- the importance of:
  - immediately informing the teacher/coach/supervisor of any signs or
  - symptoms of a concussion, and removing themselves from the activity;
  - encouraging a teammate with signs or symptoms to remove themselves from the activity and to inform the teacher/coach/supervisor;
  - informing the teacher/coach/supervisor when a classmate/teammate has signs or symptoms of a concussion; and
  - determining that, when students/athletes are permitted to bring their own protective equipment, it is properly fitted (as per manufacturers guidelines), properly worn, in good working order and suitable for personal use.
- the use of helmet when they are required for a sport/activity.
  - Helmets do not prevent concussions. They are designed to protect against skull fractures, major brain injuries (including bleeding into or around the brain), brain contusions and lacerations.
  - Helmets are to be properly fitted (as per manufacturer's guidelines) and properly worn (for example, only one finger should fit between the strap and the chin when strap is done up).
- May use a sample Concussion Lesson (Appendix G) or create their own.

**During the physical activity unit/sport season/intramural activity students/athletes should be informed about:**

- attending safety clinics/information sessions on concussions for the activity/sport;
- be familiar with the seriousness of concussion and the signs and symptoms of concussion;
- demonstrating safe contact skills during controlled practice sessions prior to competition;
- demonstrating respect for the mutual safety of fellow athletes (for example, no hits to the head, follow the rules and regulations of the activity);
- wearing properly fitted protective equipment;
- reporting any sign or symptom of a concussion immediately to
- teacher/coach/supervisor from a hit, fall or collision; and

- encouraging team mates/fellow students to report sign(s) or symptom(s) of a concussion and to refrain from pressuring injured students/athletes to play.

**Sample strategies/tools to educate students/athletes about concussion prevention information:**

- Hold a pre-season/-activity group/team meeting on concussion education.
- Develop and distribute an information checklist for students/athletes about prevention strategies.
- Post concussion information to inform/reinforce symptoms and signs and what to do if a concussion is suspected.
- Post information posters on prevention of concussions (for example, encouraging students to report concussion symptoms) in high traffic student areas (for example, change room/locker area/classroom/gymnasium).
- Implement concussion classroom learning modules aligned with the curriculum expectations.
- Distribute concussion fact sheets (prevention, signs and symptoms) for each student/athlete on school teams.
- Distribute and collect completed student concussion contract or pledge (signed by student/athlete and parents/guardians).

*Students/athletes who are absent for safety lessons (for example, information, skills, techniques) must be provided with the information and training prior to the next activity sessions.*

**Prior to the sport season/beginning of the school year school boards, athletic associations and referee associations should:**

- consider rule changes to the activity, to reduce the head injury incidence or severity, where a clear-cut mechanism is implicated in a particular sport; and
- consider rule enforcement to minimize the risk of head injuries.

**Prior to the sport season/intramural activity/beginning of the school year parents/guardians to be informed of the:**

- risks and possible mitigations of the activity/sport;
- dangers of participating with a concussion;
- signs and symptoms of a concussion;
- school board's identification, diagnosis and management procedures;
- sport-specific concussion prevention strategies;
- importance of encouraging the ethical values of fair play and respect for opponents; and
- importance of determining that, when students/athletes are permitted to bring their own protective equipment, it is properly fitted (as per manufacturers guidelines), properly worn, in good working order and suitable for personal use.

**RESOURCES**

Ontario portal: [www.Ontario.ca/concussions](http://www.Ontario.ca/concussions)

## Appendix G

### Sample Concussion Lesson

Concussion Lesson	
Brainstorm with class	<p><b>Can anyone tell me what a concussion is?</b></p> <p>Brain storm ideas</p>
Answer to the question	<p>A concussion:</p> <ul style="list-style-type: none"> <li>• 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., difficulty concentrating or remembering), emotional/behavioural (e.g., depression, irritability), and/or related to sleep (e.g., drowsiness, difficulty falling asleep);</li> <li>• may be caused either by a direct blow to the head, face or neck, or by a hit to the body that transmits such force to the head that it causes the brain to move rapidly within the skull;</li> <li>• often occur without a reported loss of consciousness;</li> <li>• cannot normally be seen on X-rays, or standard CT and MRI scans.</li> </ul> <p>Signs and symptoms of a suspected concussion can be identified by a designated and specifically-trained first responder.</p> <p>It is important for your immediate and long-term health to self-report any signs or symptoms of a concussion to your teacher/coach/trainer/parents. It is also important for you to report any signs or symptoms of a concussion that you observe from a friend/teammate to your teacher/coach/trainer/parents. Your friend/teammate may not be in a position to recognize the signs and symptoms at the time.</p> <p>Due to the complexity of this serious brain injury, a consult with a medical concussion specialist (e.g., neurosurgeon, neurologist, primary care sports medicine doctor with added qualification) should be sought whenever possible. The minimum standard for the diagnosis of a concussion is from a medical doctor or nurse practitioner, who would follow-up with informed medical management.</p>
Discussion with class	<p><b>Do you know anyone who has had a concussion?</b></p> <p>Most will be athletes (ex Sydney Crosby)</p> <p><b>Eric Lindros:</b> Lindros is the hockey name most synonymous with concussions, but there are dozens of NHL players who've similarly suffered from head trauma. Lindros deserves immense credit for lasting 15 seasons despite more than 10 known concussions, but it ended — somewhat early, and due to the cumulative affect of his head injuries, in 2007 at age 34.</p> <p><b>Brett Lindros:</b> Eric's younger brother, Brett, was drafted in the first round by the New York Islanders in 1994, but suffered three concussions in just two seasons and was forced to retire in 1996; the younger Lindros was told at the time to never put on another pair of skates — he played just 51 games for the Isles, scoring two goals.</p>



	<p><b>Steve Young:</b> Successfully filled some massive shoes, taking over as the San Francisco 49ers' quarterback after Joe Montana's era. But three weeks into the 1999 season, he called it quits after suffering what was believed to be the eighth known concussion of his career.</p> <p><b>Scott Stevens:</b> One of the most physically dominating D-men of all time, Stevens was known for, among other things, a devastating, concussion-inducing hit on Lindros in 2001. He suffered numerous head traumas himself, and was forced out of the 2003-04 season after being diagnosed with post-concussion syndrome.</p> <p><b>Keith Primeau:</b> A 15-year veteran of the NHL and one of the leading forwards of his era, Primeau took the final of numerous concussions in his career and retired nine games into the 2005-06 season. He's since become a leading proponent of the fight against head injuries in hockey.</p> <p><b>Pat LaFontaine:</b> Had a 15-year Hall of Fame career, but doctors with the Sabres recommended he retire after a hit to the head from Penguins' enforcer Francois Leroux in 1997. LaFontaine believed he could still play, and was traded to the Rangers where he led the team in scoring and notched his 1,000th career point. He accidentally collided with teammate Mike Keane during a 1999 practice and suffered what would be his final concussion — he retired shortly after the incident.</p> <p><b>Nick Kypreos:</b> Now a popular and scoop-breaking analyst for Sportsnet, Kypreos played for over a decade in the NHL, but was forced to retire shortly after a fight in which he fell and struck his unprotected head on the ice.</p> <p><b>Amanda Kessel:</b> The sister of former Leaf Phil Kessel, Amanda never recovered enough to continue a starring role with the University of Wisconsin; she <a href="#">missed all her last season</a> and announced that August that she wouldn't return to the ice this season as well.</p> <p><b>Kevin Kolb:</b> Signed a two year, \$13-million deal in March 2013 to quarterback the Buffalo Bills, but <a href="#">suffered a severe concussion</a> in a pre-season game in Washington in August of that year. He was placed on injured reserve, then retired in March 2014 due to the lingering effects of three concussions.</p> <p><b>Taylor Twellman:</b> Youngest player in the MLS to reach 100 goals, doing so at age 29 in 2009. The former New England Revolution star retired in 2010 after being unable to find playing time due in large part to previous head trauma.</p>
Play video (choice depends on age of students)	<p><b>It is important to recognize the signs of a concussion and also know that every school in Ontario has rules that we must follow.</b></p> <p><a href="https://youtu.be/_5hlm3FRFYU">https://youtu.be/_5hlm3FRFYU</a></p> <p>Best video Grade 4+ <a href="https://youtu.be/zCCD52Pty4A">https://youtu.be/zCCD52Pty4A</a></p> <p>Older students Gr 7+ <a href="https://youtu.be/yyRBISAbf_k">https://youtu.be/yyRBISAbf_k</a></p>
	<b>What does this mean in our school?</b>

Speaking Notes	<p>We have a concussion protocol that all school boards in Ontario follow. These are the rules all schools, teachers, students, coaches and parents have to follow if a student is suspected of having a concussion.</p> <p>As a student, you have an important role. You have to tell us all what's going on. How you feel. A concussion is serious and schools will ask you and your parents to see a doctor to help us understand what is going on. What is most important to us is to have you back in the classroom where you can learn. If you are part of a school team that will happen after. It is very important that if you get hurt outside of school that you or your parents let the school know so that a plan can be made to help you in school.</p>
Concussion Information	If you join a team you and your family will be asked to sign an acknowledgement of concussion information Appendix I.
Further Information	For more learning:
There are scripts to help facilitate these modules (found under the module link)	<p>Concussions e-Modules for Students  <a href="http://sportconcussionlibrary.com/halton-student-concussion-education-program-hscep/">http://sportconcussionlibrary.com/halton-student-concussion-education-program-hscep/</a>  It is highly recommended that students work through the modules Grade 3+</p>
To help teachers better understand concussions	<p>If teachers would like to better understand concussions and the protocol all schools must follow you can register for OPHEA's free Concussion course  <a href="http://elearning.ophea.net/course/view.php?id=5">http://elearning.ophea.net/course/view.php?id=5</a></p>
To help coaches better understand concussions	<p>Coaches may want to take the online Module at  <a href="http://www.coach.ca/-p153487">http://www.coach.ca/-p153487</a></p>
Teachers should feel free to revise the lesson to best suit their students' need. What is important is that all students understand the seriousness of concussions.	

## Appendix H

### Return to School Support Strategies

COGNITIVE DIFFICULTIES		
Post Concussion Symptoms	Impact on Student's Learning	Potential Strategies and/or Approaches
Headache and Fatigue	Difficulty concentrating, paying attention or multitasking	<ul style="list-style-type: none"> <li>• ensure instructions are clear (e.g., simplify directions, have the student repeat directions back to the teacher)</li> <li>• allow the student to have frequent breaks, or return to school gradually (e.g., 1-2 hours, half-days, late starts)</li> <li>• keep distractions to a minimum (e.g., move the student away from bright lights or noisy areas)</li> <li>• limit materials on the student's desk or in their work area to avoid distractions</li> <li>• provide alternative assessment opportunities (e.g., give tests orally, allow the student to dictate responses to tests or assignments, provide access to technology)</li> </ul>
Difficulty remembering or processing speed	Difficulty retaining new information, remembering instructions, accessing learned information	<ul style="list-style-type: none"> <li>• provide a daily organizer and prioritize tasks</li> <li>• provide visual aids/cues and/or advance organizers (e.g., visual cueing, non-verbal signs)</li> <li>• divide larger assignments/assessments into smaller tasks</li> <li>• provide the student with a copy of class notes</li> <li>• provide access to technology</li> <li>• repeat instructions</li> <li>• provide alternative methods for the student to demonstrate mastery</li> </ul>
Difficulty paying attention/ concentrating	Limited/short-term focus on schoolwork Difficulty maintaining a regular academic workload or keeping pace with work demands	<ul style="list-style-type: none"> <li>• coordinate assignments and projects among all teachers</li> <li>• use a planner/organizer to manage and record daily/weekly homework and assignments</li> <li>• reduce and/or prioritize homework, assignments and projects</li> <li>• extend deadlines or break down tasks</li> <li>• facilitate the use of a peer note taker</li> <li>• provide alternate assignments and/or tests</li> <li>• check frequently for comprehension</li> <li>• consider limiting tests to one per day and student may need extra time or a quiet environment</li> </ul>

<b>EMOTIONAL/BEHAVIOURAL DIFFICULTIES</b>		
<b>Post Concussion Symptoms</b>	<b>Impact on Student's Learning</b>	<b>Potential Strategies and/or Approaches</b>
Anxiety	Decreased attention/concentration Overexertion to avoid falling behind	<ul style="list-style-type: none"> <li>• Inform the student of any changes in the daily timetable/schedule</li> <li>• adjust the student's timetable/schedule as needed to avoid fatigue (e.g., 1-2 hours/periods, half-days, full-days)</li> <li>• build in more frequent breaks during the school day</li> <li>• provide the student with preparation time to respond to questions</li> </ul>
Irritable or Frustrated	Inappropriate or impulsive behaviour during class	<ul style="list-style-type: none"> <li>• encourage teachers to use consistent strategies and approaches</li> <li>• acknowledge and empathize with the student's frustration, anger or emotional outburst if and as they occur</li> <li>• reinforce positive behaviour</li> <li>• provide structure and consistency on a daily basis</li> <li>• prepare the student for change and transitions</li> <li>• set reasonable expectations</li> <li>• anticipate and remove the student from a problem situation (without characterizing it as punishment)</li> </ul>
Light/Noise Sensitivity	Difficulties working in classroom environment (e.g., lights, noise, etc.)	<ul style="list-style-type: none"> <li>• arrange strategic seating (e.g., move the student away from window or talkative peers, proximity to the teacher or peer support, quiet setting)</li> <li>• where possible provide access to special lighting (e.g., task lighting, darker room)</li> <li>• minimize background noise</li> <li>• provide alternative settings (e.g., alternative work space, study carrel)</li> <li>• avoid noisy crowded environments such as assemblies and hallways during high traffic times</li> <li>• allow the student to eat lunch in a quiet area with a few friends</li> <li>• where possible provide ear plugs/headphones, sunglasses</li> </ul>
Depression/Withdrawal	Withdrawal from participation in school activities or friends	<ul style="list-style-type: none"> <li>• build time into class/school day for socialization with peers</li> <li>• partner student with a "buddy" for assignments or activities</li> </ul>

# Appendix I

## Concussion Education

### **WHAT IS A CONCUSSION?**

*A concussion is a brain injury that can't be seen on X-rays, CT or MRI scans. It affects the way a person thinks and can cause a variety of symptoms.*

### **WHAT CAUSES A CONCUSSION?**

*Any blow to the head, face or neck, or somewhere else on the body that causes a sudden jarring of the head may cause a concussion. Examples include getting body-checked in hockey or falling and hitting your head on the floor.*

### **WHEN SHOULD I SUSPECT A CONCUSSION?**

*A concussion should be suspected in anyone who sustains a significant impact to the head, face, neck, or body and reports ANY symptoms or demonstrates ANY visual signs of a concussion. A concussion should also be suspected if a person reports ANY concussion symptoms to one of their peers, teacher, parent, coach, or other responsible adult, or if anyone witnesses a person exhibiting ANY of the visual signs of concussion. Some people will develop symptoms immediately while others will develop delayed symptoms (beginning 24-48 hours after the injury).*

### **WHAT ARE THE SYMPTOMS OF A CONCUSSION?**

*A person does not need to be knocked out (lose consciousness) to have had a concussion. Common symptoms include:*

- Headaches or head pressure
- Dizziness
- Nausea and vomiting
- Blurred or fuzzy vision
- Sensitivity to light or sound
- Balance problems
- Feeling tired or having no energy
- Not thinking clearly
- Feeling slowed down

### **WHAT ARE THE VISUAL SIGNS OF A CONCUSSION?**

*Visual signs of a concussion may include:*

- Lying motionless on the floor
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion or inability to respond appropriately to questions

### **WHAT SHOULD I DO IF I SUSPECT A CONCUSSION?**

- |                                  |                                       |   |
|----------------------------------|---------------------------------------|---|
| ▶ Easily upset or angered        | ▶ Having a hard time falling asleep   | ▶ Blank or vacant stare   |
| ▶ Sadness                        | ▶ Difficulty working on a computer    | ▶ Balance, gait difficulties, motor incoordination, stumbling, slow labored movements |
| ▶ Nervousness or anxiety         | ▶ Difficulty reading                  | ▶ Facial injury after head trauma   |
| ▶ Feeling more emotional         | ▶ Difficulty learning new information | ▶ Clutching head  |
| ▶ Sleeping more or sleeping less |                                       |   |

*If a student is suspected of sustaining a concussion, they are immediately removed from activity. Any student who is suspected of having sustained a concussion during sport or physical activities must not be allowed to return to the same game or practice.*

***It is important that ALL students with a suspected concussion undergo medical assessment by a medical doctor or nurse practitioner, as soon as possible. ALL students with a diagnosed concussion should receive written medical clearance from a medical doctor or nurse practitioner before returning to sport activities.***

### WHEN CAN THE STUDENT RETURN TO SCHOOL AND SPORTS?

It is important that students diagnosed with a concussion follow a step-wise return to school and sports-related activities that includes the following Return-to-School and Return-to-Sport Strategies. It is important that students return to full-time school activities before progressing to stage 5 and 6 of the Return-to-Sport Strategy.

#### Return-to-School Strategy

Stage	Aim	Activity	Goal of each step
1	Daily activities at home that do not give the student-athlete symptoms	Typical activities during the day as long as they do not increase symptoms (i.e. reading, texting, screen time). Start at 5- 15 minutes at a time and gradually build up.	Gradual return to typical activities.
2	School activities	Homework, reading or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work.
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.	Return to full academic activities and catch up on missed school work.

#### Return-to-Sport Strategy

Stage	Aim	Activity	Goal of each step
1	Symptom- limiting activity	Daily activities that do not provoke symptoms.	Gradual re-introduction of work/school activities.
2	Light aerobic activity	Walking or stationary cycling at slow to medium pace. No resistance training.	Increase heart rate.
3	Sport-specific exercise	Running or skating drills. No head impact activities.	Add movement.
4	Non-contact training drills	Harder training drills, e.g. passing drills. May start progressive resistance training.	Exercise, coordination and increased thinking.
5	Full contact practice	Following medical clearance and complete return to school.	Restore confidence and assess functional skills by coaching staff.
6	Return to sport	Normal game play.	

### HOW CAN I HELP PREVENT CONCUSSIONS AND THEIR CONSEQUENCES?

Concussion prevention, recognition and management require everyone to follow the rules and regulations when participating in sport, respect others, avoid head contact, and report suspected concussions.

**TO LEARN MORE ABOUT CONCUSSIONS PLEASE VISIT:** Parachute: [www.parachutecanada.org/concussion](http://www.parachutecanada.org/concussion)

\_\_\_\_\_  
Printed name of student

\_\_\_\_\_  
Printed name of parent/guardian

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date



## 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 child may think and remember things, and can cause a variety of symptoms.

## What are the signs and symptoms of a concussion?

**Your child does not need to be knocked out (lose consciousness) to have had a concussion.** Your child might experience one or more of the following:

Thinking Problems	Child's Complaints	Other Problems
<ul style="list-style-type: none"><li>• Does not know time, date, place, details about a recent activity</li><li>• General confusion</li><li>• Cannot remember things that happened before and after the injury</li><li>• Knocked out</li></ul>	<ul style="list-style-type: none"><li>• Headache</li><li>• Dizziness</li><li>• Feels dazed</li><li>• Feels “dinged” or stunned; “having my bell rung”</li><li>• Sees stars, flashing lights</li><li>• Ringing in the ears</li><li>• Sleepiness</li><li>• Loss of vision</li><li>• Sees double or blurry</li><li>• Stomachache, stomach pain, nausea</li></ul>	<ul style="list-style-type: none"><li>• Poor co-ordination or balance</li><li>• Blank stare/glassy-eyed</li><li>• Vomiting</li><li>• Slurred speech</li><li>• Slow to answer questions or follow directions</li><li>• Easily distracted</li><li>• Poor concentration</li><li>• Strange or inappropriate emotions (i.e., laughing, crying, getting mad easily)</li><li>• Not participating well</li></ul>

It is harder for infants, toddlers, and preschoolers to communicate how they are feeling. If you have a young child, you might notice any of the following: crying more than usual; unsteady walking; lack of interest in favourite toys; changes in nursing, eating or sleeping patterns; or loss of new skills, such as toilet training.

**Get medical help immediately if your child 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.





## What causes a concussion?

Any blow to the head, face or neck, or a blow to the body which 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 my child has a concussion?

**In all suspected cases of concussion, your child 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 5](#) (CRT5) can be used by anyone to help recognize the signs and symptoms of a possible concussion.

Your child should not be left alone and should be seen by a doctor as soon as possible that day.

If your child loses consciousness, call an ambulance to take them to the hospital right away. Do not move your child or remove any equipment such as a helmet.

Your child should not return to play the same day.

## How long before my child gets better?

The signs and symptoms of a concussion often last for one to four weeks but may last longer. In some cases, children may take many weeks or months to heal. If your child has had a concussion before, they may take longer to heal.

If your child's symptoms are persistent (i.e., last longer than four weeks in youth under 18 years old), they should be referred to a healthcare professional who is an expert in the management of concussion.

## How is concussion treated?

After an initial short period of rest (24 to 48 hours), light cognitive and physical activity can begin, as long as these don't worsen symptoms. A medical doctor, preferably one with experience managing concussions, should be consulted before beginning step-wise [Return-to-School](#) and [Return-to-Sport](#) Strategies.

As your child is recovering from concussion, they should not do any activities that may make their symptoms worse. This might mean limiting activities such as riding their bike, play wrestling, reading, working on the computer or playing video games.

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

## When should my child go to the doctor?

Anyone with a possible head injury should be seen by a doctor as soon as possible. If your child is diagnosed with a concussion, the doctor should schedule a follow-up visit within the next one to two weeks.

Take your child 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 my child return to school?

Your child may find it hard to concentrate in class, may get a worse headache, or feel sick to their



stomach. Your child should stay home from school if being in class makes their symptoms worse. Once they feel better, they can try going back to school part time to start (i.e., for half days) and if they are OK with that, then they can go back full time.

On average, children with concussion miss one to four days of school. Each concussion is unique, so your child may progress at a different rate than others.

The [Return-to-School Strategy](#) provides information on the stages of returning to the classroom. Return to school must come before full return to sport.

## When can my child return to sport and physical activity?

It is very important that your child does not go back to full participation in sport if they have any concussion signs or symptoms. Return to sport and physical activity must follow a step-wise approach.

In this approach:

- Each stage is at least 24 hours.
- Your child moves on to the next stage when they can tolerate activities without new or worsening symptoms.
- If any of your child's symptoms worsen, they should stop and go back to the previous stage for at least 24 hours.

**Stage 1: After an initial 24 to 48 hours of rest, light cognitive and physical activity** can begin, as long as these don't worsen symptoms. Your child can start with daily activities such as moving around the home and simple chores, such as making their bed.

**Stage 2: Light aerobic activity** such as walking or stationary cycling, for 10 to 15 minutes. Your child shouldn't do any heavy lifting or resistance training (e.g., bodyweight exercises, weight training).

**Stage 3: Individual physical activity with no risk of contact** for 20 to 30 minutes. Your child can participate in simple, individual activities, such as going for a walk at recess or shooting a basketball. Your child shouldn't do any resistance training.

**Stage 4: Begin practising with no contact** (no checking, no heading the ball, etc.). Add in longer and more challenging physical activity. Start to add in resistance training (if appropriate for your child).

**Get clearance from a doctor before moving on to Stages 5 and 6.**

**Stage 5: Participate in full practice with contact**, if your child plays a contact sport.

**Stage 6: Full game play or competition.**

The [Return-to-Sport Strategy](#) provides more information on the stages of returning to sport.

## Your child should not return to sport until cleared by a doctor!

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

## Additional Resources

### Return-to-School Strategy

<http://horizon.parachutecanada.org/en/article/parachutes-return-to-learn-protocol>

### Return-to-Sport Strategy

<http://horizon.parachutecanada.org/wp-content/uploads/2017/06/Concussion-ReturnToSport.pdf>

### Canadian Guideline on Concussion in Sport

<http://www.parachutecanada.org/guideline>

### Concussion: Baseline Testing

<http://www.parachutecanada.org/downloads/injurytopics/BaselineTesting-FactSheet-Parachute.pdf>



Parachute  
Concussion Series

# Strategy for RETURN TO SCHOOL after a Concussion

1. Each stage is at least 24 hours. Move to the next stage only when activities are tolerated without new or worsening symptoms.
2. If symptoms re-appear, return to the previous stage for at least 24 hours.
3. If symptoms don't improve, but continue to get worse, contact your doctor or get medical help immediately.

## AT HOME

Cognitive & physical rest  
(24-48 hours)



### OK if tolerated

- ✓ Short board games
- ✓ Short phone calls
- ✓ Camera photography
- ✓ Crafts

### Not OK

- ✗ School
- ✗ Physical exertion/  
stair climbing
- ✗ Organized sports

### If tolerated, limited amounts of

- TV
- Computer/cell phone use
- Reading

READY  
FOR  
NEXT  
STAGE?

Symptoms start to improve OR  
after resting for 48 hours max.

Stage  
1

Light cognitive  
activity



### OK if tolerated

- ✓ Easy reading
- ✓ Limited TV
- ✓ Drawing/LEGO/  
board games
- ✓ Some peer  
contact

### Not OK

- ✗ School
- ✗ Work
- ✗ Physical exertion/  
stair climbing
- ✗ Organized sports

### If tolerated, limited amounts of

- Computer/cell phone use

READY  
FOR  
NEXT  
STAGE?

Tolerate 30 mins. of cognitive  
activity at home

Stage  
2

School-type work/  
Light physical activity



### OK if tolerated

- ✓ School-type work  
in 30 min. chunks
- ✓ Light physical  
activity
- ✓ Some peer  
contact

### Not OK

- ✗ School  
attendance
- ✗ Work
- ✗ Physical exertion/  
stair climbing
- ✗ Organized sports

READY  
FOR  
NEXT  
STAGE?

Tolerate up to 60 mins. of  
cognitive activity in 2-3 chunks

## AT SCHOOL

Stage  
3a

Part-time school  
Light load



### OK if tolerated

- ✓ Up to 120 mins.  
of cognitive  
activity in chunks
- ✓ Half-days at  
school, 1-2 times  
a week
- ✓ Some light  
physical activity

### Not OK

- ✗ Music/Phys. Ed  
class
- ✗ Tests/exams
- ✗ Homework
- ✗ Heavy physical  
loads (e.g.  
backpack)
- ✗ Organized sports

READY  
FOR  
NEXT  
STAGE?

Tolerate school work up to 120  
mins. a day for 1-2 days/week

Stage  
3b

Part-time school  
Moderate load



### OK if tolerated

- ✓ Limited testing
- ✓ School work for  
4-5 hours/day in  
chunks
- ✓ Homework up to  
30 mins./day
- ✓ 3-5 days of  
school/week
- ✓ Decrease learning  
accommodations

### Not OK

- ✗ Phys. Ed class/  
physical exertion
- ✗ Standardized  
tests/exams
- ✗ Organized sports

READY  
FOR  
NEXT  
STAGE?

Tolerate school work 4-5 hours/  
day in chunks for 2-4 days/week

Stage  
4a

Nearly normal  
workload



### OK if tolerated

- ✓ Nearly normal  
cognitive  
activities
- ✓ Routine school  
work as tolerated
- ✓ Homework up to  
60 mins./day
- ✓ Minimal learning  
accommodations

### Not OK

- ✗ Phys. Ed class
- ✗ Standardized  
tests/exams
- ✗ Full participation  
in organized  
sports

READY  
FOR  
NEXT  
STAGE?

Tolerate full-time academic load  
without worsening symptoms

Stage  
4b

Full time



### OK if tolerated

- ✓ Normal cognitive  
activities
- ✓ Routine school  
work
- ✓ Full curriculum  
load
- ✓ No learning  
accommodations

### Not OK

- ✗ Full participation  
in sports until  
medically cleared.  
(See Return-to-  
Sport Strategy)

READY  
FOR  
NEXT  
STAGE?

Stages 5-6 of the  
Return-to-Sport Strategy



## 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:

Thinking Problems	Student's Complaints	Other Problems
<ul style="list-style-type: none"> <li>Does not know time, date, place, details about a recent activity</li> <li>General confusion</li> <li>Cannot remember things that happened before and after the injury</li> <li>Knocked out</li> </ul>	<ul style="list-style-type: none"> <li>Headache</li> <li>Dizziness</li> <li>Feels dazed</li> <li>Feels “dinged” or stunned; “having my bell rung”</li> <li>Sees stars, flashing lights</li> <li>Ringing in the ears</li> <li>Sleepiness</li> <li>Loss of vision</li> <li>Sees double or blurry</li> <li>Stomachache, stomach pain, nausea</li> </ul>	<ul style="list-style-type: none"> <li>Poor co-ordination or balance</li> <li>Blank stare/glassy-eyed</li> <li>Vomiting</li> <li>Slurred speech</li> <li>Slow to answer questions or follow directions</li> <li>Easily distracted</li> <li>Poor concentration</li> <li>Strange or inappropriate emotions (i.e., laughing, crying, getting mad easily)</li> <li>Not participating well</li> </ul>

**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.



## What causes a concussion?

Any blow to the head, face or neck, or a blow to the body which 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 5](#) (CRT5) 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 that day. They should not drive.

If the student loses consciousness, call an ambulance to take them to the hospital right away. Do not move them 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 one 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 persistent (i.e., last longer than four weeks in youth under 18 years old or last longer than two weeks in students aged 18

or older), they should be referred to a healthcare professional who is an expert in the management of concussion.

## How is concussion treated?

After an initial short period of rest (24 to 48 hours), light cognitive and physical activity can begin, as long as these don't worsen symptoms.

As the student is recovering from concussion, they should not do any activities that may make their symptoms worse. This might mean limiting activities such as exercising, driving, and screen time on their phone or other devices. If mental activities (e.g., reading, using the computer) worsen the student's symptoms, they might have to stay home from school.

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?

The student may find it hard to concentrate in class, may get a worse headache, or feel sick to their stomach. They should stay home from school if being in class makes their symptoms worse. Once they feel better, they can try going back to school part time to start (i.e., for half days) and if they are OK with that, then they can go back full time.

On average, students with concussion miss one to four days of school. Each concussion is unique, so the student may progress at a different rate than others.

The [Return-to-School Strategy](#) provides information on the stages of returning to the classroom. Return to school must come before full return to sport.

## When can the student return to sport and physical activity?

It is very important that the student does not go back to full participation in sport if they have any concussion signs or symptoms. Return to sport and physical activity must follow a step-wise approach.

In this approach:

- Each stage is at least 24 hours.
- The student moves on to the next stage when they can tolerate activities without new or worsening symptoms.
- If any of the student's symptoms worsen, they should stop and go back to the previous stage for at least 24 hours.

**Stage 1: After an initial 24 to 48 hours of rest, light cognitive and physical activity** can begin, as long as these don't worsen symptoms. The student can start with daily activities like moving around the home and simple chores, such as making their bed.

**Stage 2: Light aerobic activity** such as walking or stationary cycling, for 10 to 15 minutes. The student

shouldn't do any heavy lifting or resistance training (e.g., bodyweight exercises, weight training).

**Stage 3: Individual physical activity with no risk of contact** for 20 to 30 minutes. The student can participate in simple, individual activities, such as going for a walk at recess or shooting a basketball. The student shouldn't do any resistance training.

**Stage 4: Begin practising with no contact** (no checking, no heading the ball, etc.). Add in longer and more challenging physical activity. Start to add in resistance training (if appropriate for the student).

**Get clearance from a doctor before moving on to Stages 5 and 6.**

**Stage 5: Participate in practice with contact**, if the student plays a contact sport.

**Stage 6: Full game play or competition.**

The [Return-to-Sport Strategy](#) provides more information on the stages of returning to sport.

## The student should never return to sport 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

#### Return-to-School Strategy

<http://horizon.parachutecanada.org/en/article/parachutes-return-to-learn-protocol>

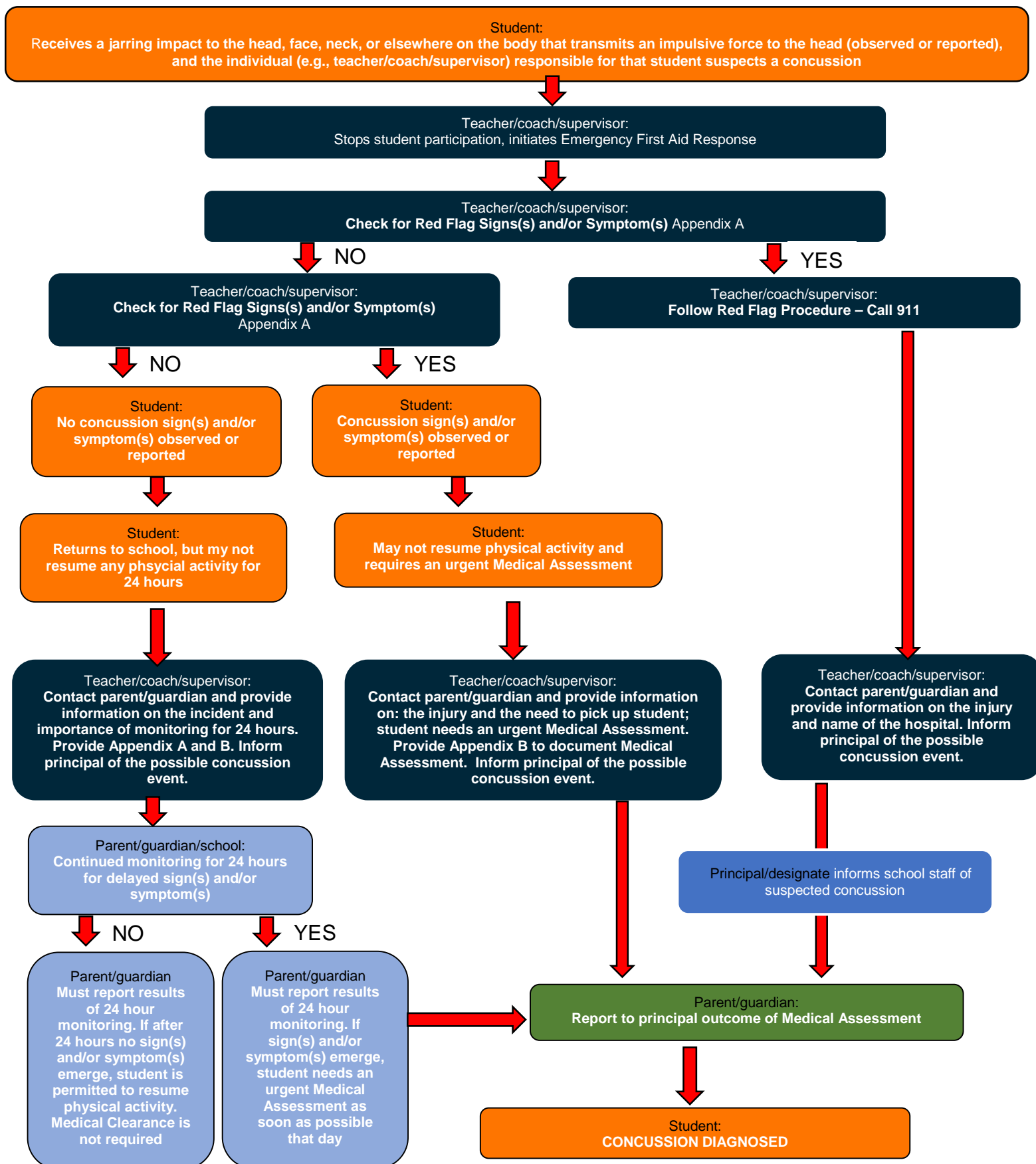
#### Return-to-Sport Strategy

<http://horizon.parachutecanada.org/wp-content/uploads/2017/06/Concussion-ReturnToSport.pdf>

#### Canadian Guideline on Concussion in Sport

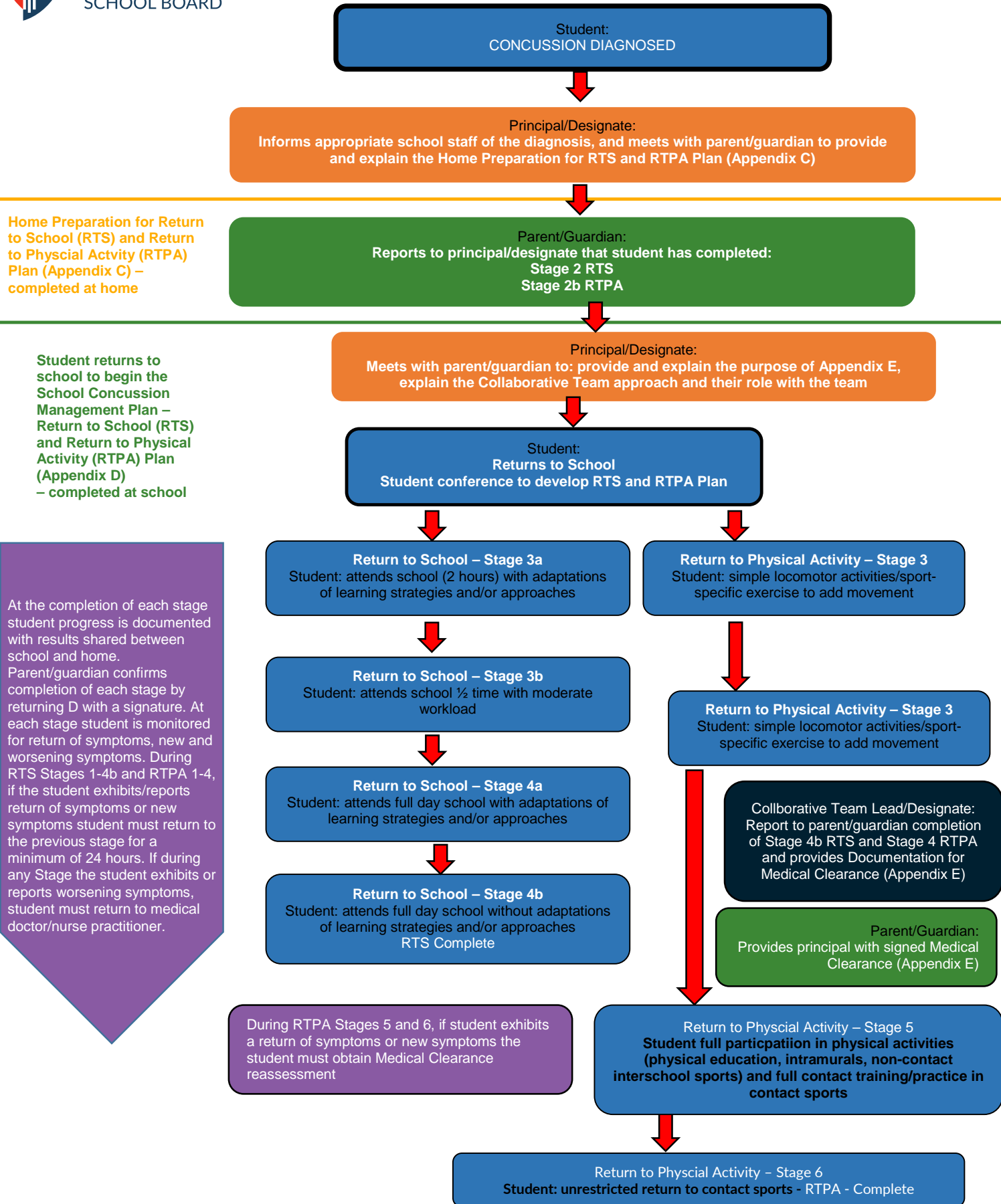
<http://www.parachutecanada.org/guideline>

## CHART 1: Identifying a Suspected Concussion – Steps and Responsibilities





## CHART 2: Diagnosed Concussion – Stages and Responsibilities





**SUDBURY  
CATHOLIC  
DISTRICT  
SCHOOL BOARD**

165A D'Youville Street  
Sudbury ON P3C 5E7  
705.673.5620  
sudburycatholicschools.ca

## **Concussion Code of Conduct for Coaches and Team Trainers**

### **I can help prevent concussions through my:**

- Efforts to ensure that my athletes wear the proper equipment and wear it correctly.
- Efforts to help my athletes develop their skills and strength so they can participate to the best of their abilities.
- Respect for the rules of my sport or activity and efforts to ensure that my athletes do, too.
- Commitment to fair play and respect for all (respecting other coaches, team trainers, officials and all participants and ensuring my athletes respect others and play fair).

### **I will care for the health and safety of all participants by taking concussions seriously. I understand that:**

- A concussion is a brain injury that can have both short- and long-term effects.
- A blow to the head, face, or neck, or a blow to the body may cause the brain to move around inside the skull and result in a concussion.
- A person doesn't need to lose consciousness to have had a concussion.
- An athlete with a suspected concussion should stop participating in training, practice or competition **immediately**.
- I have a commitment to concussion recognition and reporting, including self-reporting of possible concussion and reporting to a designated person when an individual suspects that another individual may have sustained a concussion.
- Continuing to participate in further training, practice or competition with a suspected concussion increases a person's risk of more severe, longer lasting symptoms, and increases their risk of other injuries or even death.

### **I will create an environment where participants feel safe and comfortable speaking up. I will:**

- Encourage athletes not to hide their symptoms, but to tell me, an official, parent or another adult they trust if they experience any symptoms of concussion after an impact.
- Lead by example. I will tell a fellow coach, official, team trainer and seek medical attention by a physician or nurse practitioner if I am experiencing any concussion symptoms.
- Understand and respect that any athlete with a suspected concussion must be removed from sport and not permitted to return until they undergo a medical assessment by a physician or nurse practitioner and have been medically cleared to return to training, practice or competition.
- *For coaches only:* Commit to providing opportunities before and after each training, practice and competition to enable athletes to discuss potential issues related to concussions.



**I will support all participants to take the time they need to recover.**

- I understand my commitment to supporting the return-to-sport process.
- I understand the athletes will have to be cleared by a physician or nurse practitioner before returning to sport.
- I will respect my fellow coaches, team trainers, parents, physicians and nurse practitioners and any decisions made with regards to the health and safety of my athletes.

**By signing here, I acknowledge that I have fully reviewed and commit to this Concussion Code of Conduct.**

**Print Name:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Coach/Team Trainer:** \_\_\_\_\_

**Official:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**SUDBURY  
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## **Concussion Code of Conduct for Athletes and Parents/Guardians (for athletes under 18 year of age)**

### **I will help prevent concussions by:**

- Wearing the proper equipment for my sport and wearing it correctly.
- Developing my skills and strength so that I can participate to the best of my ability.
- Respecting the rules of my sport or activity.
- My commitment to fair play and respect for all (respecting other athletes, coaches, team trainers and officials).

### **I will care for my health and safety by taking concussions seriously, and I understand that:**

- A concussion is a brain injury that can have both short- and long-term effects.
- A blow to my head, face or neck, or a blow to the body that causes the brain to move around inside the skull may cause a concussion.
- I don't need to lose consciousness to have had a concussion.
- I have a commitment to concussion recognition and reporting, including self-reporting of possible concussion and reporting to a designated person when and individual suspects that another individual may have sustained a concussion. (Meaning: If I think I might have a concussion I should stop participating in further training, practice or competition **immediately**, or tell an adult if I think another athlete has a concussion).
- Continuing to participate in further training, practice or competition with a possible concussion increases my risk of more severe, longer lasting symptoms, and increases my risk of other injuries.

### **I will not hide concussion symptoms. I will speak up for myself and others.**

- I will not hide my symptoms. I will tell a coach, official, team trainer, parent or another adult I trust if I experience **any** symptoms of concussion.
- If someone else tells me about concussion symptoms, or I see signs they might have a concussion, I will tell a coach, official, team trainer, parent or another adult I trust so they can help.
- I understand that if I have a suspected concussion, I will be removed from sport and that I will not be able to return to training, practice or competition until I undergo a medical assessment by a medical doctor or nurse practitioner and have been medically cleared to return to training, practice or competition.
- I have a commitment to sharing any pertinent information regarding incidents of removal from sport with the athlete's school and any other sport organization with which the athlete has registered (Meaning: If I am diagnosed with a concussion, I understand that letting all of my other coaches and teachers know about my injury will help them support me while I recover.)

### **I will take the time I need to recover, because it is important for my health.**

- I understand my commitment to supporting the return-to-sport process (I will have to follow my sport organization's Return-to-Sport Protocol).

- I understand I will have to be medically cleared by a medical doctor or nurse practitioner before returning to training, practice or competition.
- I will respect my coaches, team trainers, parents, health-care professionals, and medical doctors and nurse practitioners, regarding my health and safety.

**By signing here, I acknowledge that I have fully reviewed and commit to this Concussion Code of Conduct.**

**Print Name:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Athlete:** \_\_\_\_\_

**Parent/Guardian (of athletes who are under 18 years of age):** \_\_\_\_\_

**Date:** \_\_\_\_\_