



Student Concussion and Head Injury

Board Received: _____ Review Date: _____

Policy Statement:

Grand Erie District School Board is committed to ensuring the safety and well-being of students recognizing that children and adolescents are among those at greatest risk of concussion and/or head injury. The Board is committed in building awareness, prevention, identification and management of concussions and/or head injuries to reduce increased risk.

Accountability:

1. Criteria for Success – Adherence to the Student Concussion and Head Injury Policy

1. Purpose

The Grand Erie District School Board recognizes concussions as a serious injury which requires appropriate follow-up measures to reduce risk of potential additional injury. Concussion awareness, prevention, identification and management are a priority. The implementation of the Student Concussion and Head Injury Policy is another important step in creating healthier schools in Grand Erie.

The resource package “Student Concussion and Head Injury” (SO 28-1) contains general concussion information, strategies for preventing and minimizing the risk of sustaining concussions (and other head injuries) in schools and at off-site school events. Included within the package is information on the safe removal of an injured student from activity, initial concussion – assessment strategies (use of common symptoms and signs of a concussion) and steps to take following an initial assessment. This package also includes information and the materials necessary for the management of a diagnosed concussion.

2. Information

2.1. Definitions

The definition of **concussion** outlined below is adapted from the definition provided in the concussion protocol in the Ontario Physical Education Association (Ophea) Safety Guidelines.

A concussion:

- is a traumatic brain injury that causes changes in how the brain functions, leading to signs and symptoms that can emerge immediately or in the hours or days after the injury. It is possible for symptoms to take up to 7 days to appear;
- signs and symptoms 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);
- may be caused by a significant impact to the head, face, neck or body, with an impulsive force transmitted to the head, that causes the brain to move rapidly and hit the walls of the skull (for a visual description of how a concussion occurs, consult [How a concussion occurs](#));

- can occur even if there has been no loss of consciousness, in fact most concussions occur without a loss of consciousness;
- cannot normally be seen on X-rays, standard CT scans or MRIs; and
- is typically expected to result in symptoms lasting 1- 4 weeks in children and youth (18 years or under), but in some cases symptoms may be prolonged.

A concussion diagnosis:

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 suspected concussions should undergo evaluation by one of these professionals.

Second Impact Syndrome:

Research suggests that students who suffer a second concussion before they are symptom free from the first concussion are susceptible to a prolonged period of recovery, and possibly Second Impact Syndrome – a rare condition that causes rapid and severe brain swelling and often catastrophic results, including death.

Collaborative Team Approach

Concussion prevention and management requires the cooperation of all partners in the school community. To ensure the safety of students while they enjoy the many benefits of being active, parents/guardians, students, volunteers, all staff, and school boards must understand and fulfill their responsibilities. It is critical to a student's recovery that the Return to Learn/Return to Physical Activity Plan be developed through a collaborative team approach led by the school principal. This team should include the concussed student, their parents/guardians, school staff and volunteers who work with the student, and the medical doctor/nurse practitioner. Ongoing communication and monitoring by all members of the team are essential for the successful recovery of the student.

3. Signs and Symptoms of a Concussion

The first step to managing a concussion is being able to recognize common signs and symptoms. A concussion may be caused by a significant impact to the head, face, neck or body, with an impulsive force transmitted to the head. It is important to observe for **one** or more of the signs or symptoms of a concussion which may take hours or days to appear. Refer to the Student Concussion and Head Injury resource package for a list of common signs and symptoms.

4. Roles and Responsibilities

4.1 Appropriate Senior Administrator(s) will:

- a. Perform an annual review to ensure guidelines align with current best practice recommendations and, at a minimum, Opeha concussions guidelines;
- b. Ensure concussion education is made available to all school personnel and volunteers;
- c. Implement concussion awareness and education strategies for students and their parents/guardians;
- d. Provide support to schools and staff to ensure enforcement of Return to Learn and Return to Physical Activity guidelines and the Student Concussion and Head Injury Policy;
- e. Ensure that all Board staff, including volunteer coaches, involved in physical activity education and supervision (includes but not limited to: recess supervision, curricular, interschool, and intramural physical activity, before and after school care), are trained to recognize signs and symptoms of a suspected concussion and what immediate action to take;

- f. Ensure that information on the Student Concussion and Head Injury Policy is available to the school community, including organizations that use the school facilities, such as community sports organizations and licensed child-care providers operating in schools of the Board; and
- g. Ensure each elementary and secondary school implements the *Concussion Management – Home Preparation for Return to School (RTS) and Return to Physical (RTPA) Plan* (Appendix E1) and the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E-2).

4.2 Principal will:

- a. Implement the Student Concussion and Head Injury Policy;
- b. Ensure all staff, volunteers, parents/guardians, and students are aware of the Student Concussion and Head Injury Policy and understand their roles and responsibilities;
- c. Ensure the Student Concussion and Head Injury Policy is followed by all school staff (including occasional staff/support staff, recess supervisors), parents/guardians, students, and volunteers;
- d. Arrange for concussion in-servicing for staff and coaching volunteers, and repeat as necessary;
- e. Provide the following concussion documentation to students and their parents/guardians:
 - i. For a suspected concussion: *Tool to identify a Suspected Concussion* (Appendix C) and the *Documentation of Monitoring/Documentation of Medical Assessment Form* (Appendix D2).
 - ii. For a diagnosed concussion: *Concussion Management – Home Preparation for Return to School (RTS) and Return to Physical (RTPA) Plan* (Appendix E1) and the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E2).
- f. Ensure Opeha safety guidelines are being followed;
- g. Work as closely as possible with students, parents/guardians, staff, volunteers, and health professionals to support concussed students with their recovery and academic success;
- h. Maintain up to date emergency contact and telephone numbers;
- i. Encourage parental/guardian cooperation in reporting all non-school related concussions;
- j. Ensure concussion information is readily available to all school staff and volunteers;
- k. Ensure that all incidents have been reported, recorded and filed as necessary:
 - i. the Ontario School Boards' Insurance Exchange (OSBIE) incident report;
 - ii. Critical Injury Report; and
 - iii. Student Concussion Diagnosis Report (Appendix G).
- l. Coordinate 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 concussions symptoms. See Appendix B for Return to Learn Strategies/Approaches;
- m. Approve any adjustments to the student's schedule as required;
- n. Alert appropriate staff about students with a suspected or diagnosed concussion;
- o. Prior to student return to school, ensure the completion and collection of the following documentation:
 - i. *Documentation of Monitoring/Documentation of Medical Assessment Form* (Appendix D2); and
 - ii. *Concussion Management – Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E1).
- p. Ensure the completion of the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E2);

- q. Ensure the completion and collection of the *Documentation for Medical Clearance* (Appendix F) prior to the student moving on to full participation in non-contact physical activities and full contact practices (RTPA Stage 5);
- r. File above documents (Appendix D2, E1, E2 and F) in student's OSR and provide copy to appropriate school staff; and
- s. Once concussion is diagnosed, appoint primary staff member to act as the student's school contact to ensure adequate communication and coordination of their needs.

4.3 School Staff (Includes administration staff, teaching staff, support staff, coaches, volunteers, etc.) will:

- a. Understand and follow the Student Concussion and Head Injury Policy;
- b. Attend and complete concussion training;
- c. Ensure age-appropriate concussion education, including prevention, is included for all students participating in activities that could result in a concussion. Have students and their parent/guardian complete the *Player Code of Conduct* (Appendix F);
- d. Be able to recognize signs, symptoms and respond appropriately in the event of a concussion see the *Tool to Identify a Suspected Concussion* (Appendix C);
- e. Follow current Opeha safety guidelines related to concussions and implement risk management and injury prevention strategies;
- f. Make sure that occasional teaching staff are updated on concussed student's condition.

4.4 Parents/Guardians will:

- a. Review with their child the concussion information that is distributed through the school (e.g. *Concussion Information for Parents and Students* (Appendix A));
- b. Reinforce concussion prevention strategies with their child, for example the *Player Code of Conduct* (Appendix G);
- c. Understand and follow parents/guardian roles and responsibilities in this policy;
- d. In the event of a suspected concussion, ensure their child is assessed as soon as possible by physician/nurse practitioner, preferably on the same day;
- e. Cooperate with school to facilitate the *Concussion Management – Home Preparation for Return to school (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E1) and the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E2);
- f. Follow physician/nurse practitioner recommendations to promote recovery;
- g. Be responsible for the completion of all required documentation;
- h. Support their child's progress using the *Concussion Management - Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E1) and the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E2);
- i. Collaborate with school to manage their child's suspected or diagnosed concussions appropriately; and
- j. Report non-school related concussion to principal.

4.5 Students will:

- a. Learn about concussions, including prevention strategies, signs and symptoms, concussion management and student roles and responsibilities, throughout applicable curriculum;
- b. Immediately inform school staff of suspected or diagnosed concussions occurring during or outside of school;
- c. Inform school staff if they experience any concussion related symptoms (immediate, delayed or reoccurring);
- d. Remain on school premises until parent/guardian arrives if concussion is suspected;

- e. Communicate concerns and challenges during recovery process with appropriate school staff, parents/guardians, and health care providers;
- f. Complete the *Player Code of Conduct* (Appendix F);
- g. Follow concussion management strategies as per medical doctor/nurse practitioner direction and the *Concussion Management - Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E1) and the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E2). .

Draft



Student Concussion and Head Injury

Resource Package

April 2019

Table of Contents

1. Information	3
2. Signs and Symptoms of a Concussion	3
3. Roles and Responsibilities	5
4. Prevention	7
5. Identification Procedures - Steps and Responsibilities in a Suspected Concussion	8
6. Management Procedures for a Diagnosed Concussion:	12
Appendix A: Concussion Information for Parents and Students	
Appendix B: Return to Learn Strategies Approaches	
Appendix C: Tool to Identify a Suspected Concussion	
Appendix D1: Emergency Action Plan for Concussion and Head Injury	
Appendix D2: Documentation of Monitoring/Medical Assessment Form	
Appendix E 1: Concussion Management -Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan	
Appendix E 2: School Concussion Management - Return to School (RTS) and Return to Physical Activity (RTPA) Plan	
Appendix F: Documentation for Medical Clearance	
Appendix G: Player Code of Conduct	
Appendix H: Student Concussion Diagnosis Report	

1. Information

1.1. Definitions

The definition of **concussion** outlined below is adapted from the definition provided in the concussion protocol in the Ontario Physical Education Association (Ophea) Safety Guidelines.

A concussion:

- is a traumatic brain injury that causes changes in how the brain functions, leading to signs and symptoms that can emerge immediately or in the hours or days after the injury. It is possible for symptoms to take up to 7 days to appear.
- signs and symptoms 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);
- may be caused by a significant impact to the head, face, neck or body, with an impulsive force transmitted to the head, that causes the brain to move rapidly and hit the walls of the skull (for a visual description of how a concussion occurs, consult [How a concussion occurs](#));
- can occur even if there has been no loss of consciousness, in fact most concussions occur without a loss of consciousness;
- cannot normally be seen on X-rays, standard CT scans or MRIs; and
- is typically expected to result in symptoms lasting 1- 4 weeks in children and youth (18 years or under), but in some cases symptoms may be prolonged.

A concussion diagnosis:

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 suspected concussions should undergo evaluation by one of these professionals.

Second Impact Syndrome:

Research suggests that students who suffer a second concussion before they are symptom free from the first concussion are susceptible to a prolonged period of recovery, and possibly Second Impact Syndrome – a rare condition that causes rapid and severe brain swelling and often catastrophic results, including death.

2. Signs and Symptoms of a Concussion

The first step to managing a concussion is being able to recognize common signs and symptoms. A concussion may be caused by a significant impact to the head, face, neck or body, with an impulsive force transmitted to the head.

- 2.1 There is a difference between signs and symptoms:
 - a. A sign is something that will be observed.
 - b. A symptom is something the student will feel and explain.
- 2.2 When examining for signs and symptoms of a suspected concussion:
 - a. Concussion should be suspected in the presence of any **one** or more of the signs or symptoms
 - b. Signs and symptoms of a suspected concussion can occur immediately after the incident or can occur hours or days after the incident
 - c. Student does not have to lose consciousness in order to have a concussion

- d. Signs and symptoms may be different for everyone
- e. Concussion symptoms for younger students may not be as obvious compared to older students
- f. Students may be reluctant to report symptoms because of a fear that they will be removed from the activity, their status on a team or in a game could be jeopardized or academics could be impacted
- g. It may be difficult for students under 10, with special needs, or students for whom English/French is not their first language, to communicate how they are feeling
- h. 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. Follow the Risk Management Advisory-Transporting Students to Hospital/Urgent Care.

2.3 Reference the Red Flag signs and symptoms and the other signs and symptoms below.

a. **Red Flag(s)** sign(s) or symptoms, call 911.

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

b. Other Concussion Sign(s) and Symptoms(s)

i. Other Signs (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 incoordination, 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

ii. Other Symptoms reported (what the student is saying)

- Headache
- Blurred vision
- More emotional
- Difficulty concentrating
- "Pressure in head"
- Sensitivity to light
- More irritable
- Difficulty remembering
- Balance problems

- Sensitivity to noise
- Sadness
- Feeling slowed down
- Nausea
- Fatigue or low energy
- Nervous or anxious
- Feeling like “in a fog”
- Drowsiness
- “Don’t feel right”
- Dizziness

3. Roles and Responsibilities

3.1 Principal will:

- a. Implement the Student Concussion and Head Injury Policy;
- b. Ensure all staff, volunteers, parents/guardians, and students are aware of the Student Concussion and Head Injury Policy and understand their roles and responsibilities;
- c. Ensure the Student Concussion and Head Injury Policy is followed by all school staff (including occasional staff/support staff, recess supervisors), parents/guardians, students, and volunteers;
- d. Arrange for concussion in-servicing for staff and coaching volunteers, and repeat as necessary;
- e. Provide the following concussion documentation to students and their parents/guardians:
 - i. For a suspected concussion: *Tool to identify a Suspected Concussion* (Appendix C) and the *Documentation of Monitoring/Documentation of Medical Assessment Form* (Appendix D2)
 - ii. For a diagnosed concussion: *Concussion Management - Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E 1) and the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E 2)
- f. Ensure Opeha safety guidelines are being followed;
- g. Work as closely as possible with students, parents/guardians, staff, volunteers, and health professionals to support concussed students with their recovery and academic success;
- h. Maintain up to date emergency contact and telephone numbers;
- i. Encourage parental/guardian cooperation in reporting all non-school related concussions;
- j. Ensure concussion information is readily available to all school staff and volunteers;
- k. Ensure that all incidents have been reported, recorded and filed as necessary:
 - i. the Ontario School Boards’ Insurance Exchange (OSBIE) incident report;
 - ii. Critical Injury Report; and
 - iii. *Student Concussion Diagnosis Report* (Appendix H).
- l. Coordinate 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. See Appendix B for Return to Learn Strategies/Approaches;
- m. Approve any adjustments to the student’s schedule as required;
- n. Alert appropriate staff about students with a suspected or diagnosed concussion;
- o. Prior to student return to school, ensure the completion and collection of the following documentation:

- i. *Documentation of Monitoring/Documentation of Medical Assessment Form* (Appendix D2); and
 - ii. *Concussion Management - Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E 1).
- p. Ensure the completion of the School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan (Appendix E 2);
 - q. Ensure the completion and collection of *Documentation for Medical Clearance* (Appendix F) prior to the student moving on to full participation in non-contact physical activities and full contact practices (RTPA Stage 5)
 - r. File above documents (Appendix D2, E 1, E 2 and F) in student’s OSR and provide copy to appropriate school staff; and
 - s. Once concussion is diagnosed, appoint primary staff member to act as the student’s school contact to ensure adequate communication and coordination of their needs.
- 3.2 School Staff (Includes administration staff, teaching staff, support staff, coaches, volunteers, etc.) will:
- a. Understand and follow the Student Concussion and Head Injury Policy;
 - b. Attend and complete concussion training;
 - c. Ensure age-appropriate concussion education, including prevention, is included for all students participating in activities that could result in a concussion. Have students and their parent/guardian complete the *Player Code of Conduct* (Appendix G);
 - d. Be able to recognize signs, symptoms and respond appropriately in the event of a concussion see the *Tool to Identify a Suspected Concussion* (Appendix C);
 - e. Follow current Opeha safety guidelines related to concussions and implement risk management and injury prevention strategies; and
 - f. Make sure that occasional teaching staff are updated on concussed student’s condition.
- 3.3 Parents/Guardians will:
- a. Review with their child the concussion information that is distributed through the school (e.g. *Concussion Information for Parents and Students* (Appendix A));
 - b. Reinforce concussion prevention strategies with their child, for example the *Player Code of Conduct* (Appendix G);
 - c. Understand and follow parent/guardian roles and responsibilities in this policy;
 - d. In the event of a suspected concussion, ensure their child is assessed as soon as possible by physician/nurse practitioner, preferably on the same day;
 - e. Cooperate with school to facilitate the *Concussion Management - Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E 1) and the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E 2);
 - f. Follow physician/nurse practitioner recommendations to promote recovery;
 - g. Be responsible for the completion of all required documentation;
 - h. Support their child’s progress using the *Concussion Management - Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E 1) and the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E 2);
 - i. Collaborate with school to manage their child’s suspected or diagnosed concussions appropriately; and
 - j. Report non-school related concussion to principal.

- 3.4 Students will:
- a. Learn about concussions, including prevention strategies, signs and symptoms, concussion management and student roles and responsibilities, throughout applicable curriculum;
 - b. Immediately inform school staff of suspected or diagnosed concussions occurring during or outside of school;
 - c. Inform school staff if they experience any concussion related symptoms (immediate, delayed or reoccurring);
 - d. Remain on school premises until parent/guardian arrives if concussion is suspected;
 - e. Communicate concerns and challenges during recovery process with appropriate school staff, parents/guardians, and health care providers;
 - f. Complete the *Player Code of Conduct* (Appendix G); and
 - g. Follow concussion management strategies as per medical doctor/nurse practitioner direction and the *Concussion Management - Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E 1) and the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E 2).

4. Prevention

Regardless of the steps taken to prevent injury, some students will continue to be injured. The severity of the injury can be mitigated by the following:

- 4.1 Awareness and education for coaches, staff, parents and students to:
 - a. Recognize the symptoms of concussion;
 - b. Remove the student from play;
 - c. Refer the student to a medical doctor/nurse practitioner.
- 4.2 Wearing the sport specific protective equipment that:
 - a. Fits properly;
 - b. Is well maintained;
 - c. Is worn consistently and correctly;
 - d. Meets current safety standards;
 - e. Is replaced when damaged or expired.
- 4.3 Follow Ophea sport specific safety guidelines and follow the *Player Code of Conduct* (Appendix G)
- 4.4 Ensure all students receive instruction, understand and follow the sport/activity specific safety rules and skills prior to participation (e.g. eliminate all checks to the head and eliminate all hits from behind)
- 4.5 Teach skills in proper progression (e.g. emphasize the principles of head-injury prevention, keeping the head up and avoiding collision)
- 4.6 Outline the concussion risks associated with the activity/sport and demonstrate how they can be minimized e.g. teach proper sport techniques such as correct tackling in football, effective positioning in soccer and how to avoid over-crowding when using the playground
- 4.7 Students must follow their supervising staff/coach's/volunteer's safety instructions at all times

- 4.8 Reinforce to students that it is extremely important not to return to learning or physical activity while still recovering from a concussion to avoid further risk of injury
- 4.9 Discourage parents/guardians/teachers/coaches, school staff from pressuring recovering concussed students to play or learn before they are ready
- 4.10 Parents need to reinforce with their child the importance of following the Return to Learn/Return to Physical Activity Plan
- 4.11 Parents are encouraged to report concussion history on the student registration form
- 4.12 Provide reassurance, support and request/offer academic accommodations as needed.

5. Identification Procedures - Steps and Responsibilities in a Suspected Concussion

Immediate action must be taken following a significant impact to the head, face, neck, or body, that is either observed or reported, and where the individual (e.g., teacher/coach) responsible for that student suspects a concussion. Refer to the *Tool to Identify a Suspected Concussion* (Appendix C) and *Emergency Action Plan for Concussion and Head Injury* (Appendix D1).

As stated in SO 120 – Student and Visitor Injuries/Accidents, initial response to all injuries is to administer first aid. Each school and work site has staff who have received first aid training.

- 5.1 Initial Response:
 - a. If any Red Flag sign(s) and/or symptom(s) are present (you can reference section 2.3 for a list of Red Flag signs and/or symptoms):

Action	Responsibility
1. Stop the activity immediately; assume concussion.	Supervising School Staff/Volunteers
2. Initiate <i>Emergency Action Plan for Concussion and Head Injury</i> (Appendix D1) and call 911. If there has been any loss of consciousness, assume neck injury. Only if trained, immobilize student. DO NOT move the student or remove athletic equipment unless there is breathing difficulty.	Supervising School Staff/Volunteers
3. Remain with student until emergency medical service arrives	Supervising School Staff/Volunteers
4. Contact student's parent/guardian (or emergency contact) to inform of incident and that emergency medical services have been contacted.	Supervising School Staff/Volunteers
5. Monitor student and document any changes (physical, cognitive, emotional/behavioural).	Supervising School Staff/Volunteers
6. If the student has lost consciousness and regains consciousness, encourage student to remain calm and still. Do not administer medication (unless the student requires medication for other conditions (e.g. insulin)).	Supervising School Staff/Volunteers
7. Complete the <i>Tool to Identify a Suspected Concussion</i> (Appendix C) and, if present, provide copy to parent/guardian retaining a copy.	Supervising School Staff/Volunteers
8. If present, provide the parent/guardian a copy of the <i>Documentation of Monitoring/Documentation of Medical Assessment</i> (Appendix D2)	Supervising School Staff/Volunteers

Action	Responsibility
and inform parent/guardian that form needs to be completed and submitted to principal prior to student's return to school.	
9. Complete board injury report (OSBIE, Critical Injury), inform principal of suspected concussion, and forward copy of the completed and signed <i>Tool to Identify a Suspected Concussion</i> (Appendix C) to principal.	Supervising School Staff/Volunteers
10. Ensure student is examined by a medical doctor or nurse practitioner as soon as possible that day.	Parent/ Guardian/ Emergency Contact
11. Once diagnosis is made complete, <i>Documentation of Monitoring/Documentation of Medical Assessment</i> (Appendix D2) and return completed and signed document to school principal prior to student's return to school.	Parent/Guardian
12. Inform all school staff (e.g. classroom teacher, LRTs, physical education teachers, intramural supervisors, recess supervisors, coaches) and volunteers who work with the student, of the suspected concussion.	Principal
13. Indicate that the student shall not participate in any learning or physical activities until parent/guardian communicates the results of the medical assessment to the school principal.	Principal

b. If there are no Red Flag sign(s) and/or symptom(s):

Action	Responsibility
1. Stop the activity immediately	Supervising School Staff/Volunteers
2. Initiate school <i>Emergency Action Plan for Concussion and Head Injury</i> (Appendix D1).	Supervising School Staff/Volunteers
3. When safe to do so, remove student from current activity/game.	Supervising School Staff/Volunteers
4. Conduct an initial concussion assessment of the student using the <i>Tool to Identify a Suspected Concussion</i> (Appendix C).	Supervising School Staff/Volunteers

c. Where a concussion is suspected (signs are observed, and/or symptoms are reported, and/or student does not answer correctly the Quick Memory Function Assessment):

Action	Responsibility
1. Do not allow student to return to play in the activity, game or practice that day even if the student states they are feeling better.	Supervising School Staff/Volunteers
2. Contact the student's parent/guardian (or emergency contact) to inform them: <ul style="list-style-type: none"> • Of the incident • That they need to come and pick up the student • That the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day 	Supervising School Staff/Volunteers
3. Stay with student until their parent/guardian (or emergency contact) arrives.	Supervising School Staff/Volunteers
4. Monitor and document any changes (i.e. physical, cognitive, and emotional/behavioural) in the student. If signs or symptoms worsen, call 911.	Supervising School Staff/Volunteers
5. Complete the <i>Tool to Identify a Suspected Concussion</i> (Appendix C)	Supervising School Staff/Volunteers

Action	Responsibility
6. Do not administer medication (unless student requires medication for other conditions--e.g. insulin).	Supervising School Staff/Volunteers
7. Stay with student until their parent/guardian (or emergency contact) arrives.	Supervising School Staff/Volunteers
8. Student must not: <ul style="list-style-type: none"> • leave the premises without parent/guardian supervision; • drive a motor vehicle until cleared to do so by a medical doctor or a nurse practitioner; and • take or be administered medications except for life threatening medical conditions (for example, diabetes, asthma); 	Supervising School Staff/Volunteers & Student
9. Provide parent/guardian (or emergency contact) a copy of the <i>Tool to Identify a Suspected Concussion</i> (Appendix C).	Supervising School Staff/Volunteers
10. Provide parent/guardian (or emergency contact) copy of the <i>Documentation of Monitoring/Documentation of Medical Assessment</i> (Appendix D2) and inform parent/guardian that form needs to be completed and submitted to principal prior to student's return to school.	Supervising School Staff/Volunteers
11. Inform parent/guardian (or emergency contact) that the student must be examined by a medical doctor or nurse practitioner as soon as possible that day.	Supervising School Staff/Volunteers
12. Complete an OSBIE incident report, inform principal of suspected concussion, and forward copy of the completed and signed <i>Tool to Identify a Suspected Concussion</i> (Appendix C) to principal.	Supervising School Staff/Volunteers
13. Ensure student is examined by a medical doctor or nurse practitioner as soon as possible that day.	Parent/Guardian/Emergency Contact
14. Complete <i>Documentation of Monitoring/Documentation of Medical Assessment</i> (Appendix D2) once diagnosis is made. Return to school principal prior to student's return to school.	Parent/Guardian
15. Inform all school staff (e.g. classroom teacher, LRTs, physical education teachers, intramural supervisors, coaches) and volunteers who work with the student of the suspected concussion.	Principal
16. Indicate that the student shall not participate in any learning or physical activities until parent/guardian communicates the results of the medical assessment to the school principal.	Principal

- d. Where signs are NOT observed, symptoms are NOT reported AND student passes Quick Memory Function Assessment (Appendix C) but supervising school staff/volunteers recognized that a possible concussion event occurred.

Action	Responsibility
1. Student to be monitored for 24 hours and removed from physical activity	Supervising School Staff/Volunteers
2. Inform parent/guardian (or emergency contact) of the incident and provide a copy of the <i>Tool to Identify a Suspected Concussion</i> (Appendix C) and the <i>Documentation of Monitoring/Documentation of Medical Assessment</i> (Appendix D2) and inform parent/guardian that the form (Appendix D2) needs to be completed and submitted to principal after the monitoring period is completed. Explain to parent/guardian (or emergency contact) that student <ul style="list-style-type: none"> • will attend school • will not participate in physical activity for a minimum of 24 hours 	Supervising School Staff/Volunteers Parent/Guardian

Action	Responsibility
<ul style="list-style-type: none"> will be monitored for signs and/or symptoms for 24 hours will be monitored at school by teachers will be monitored at home by parents/guardians <p>If any signs or symptoms appear, the student needs to be examined by medical doctor or nurse practitioner as soon as possible on the same day and results shared with principal before return to school.</p> <p>Note: continued monitoring by parent/guardian (beyond 24 hours) may be necessary as signs and/or symptoms may take hours or up to 7 days to emerge</p>	
3. Inform Supervising School Staff/Volunteers if symptoms appear during learning or any activity.	Student
4. If symptoms appear proceed with Action items under “If a concussion is suspected”.	Supervising School Staff/Volunteers & Parent/Guardian/Emergency Contact
5. If sign(s) and/or symptom(s) do not emerge, the student is permitted to resume physical activity after 24 hours. Medical Clearance is not required	Parent/Guardian

5.2 No Concussion Diagnosis

If **NO CONCUSSION** is diagnosed student may resume regular learning and physical activity.

Action	Responsibility
1. Communicate diagnosis to school principal and return completed and signed <i>Documentation of Monitoring/Documentation of Medical Assessment</i> (Appendix D2).	Parent/Guardian
2. Inform all school staff (e.g. classroom teacher, LRTs, physical education teachers, intramural supervisors, recess supervisors, coaches) and volunteers who work with the student of the diagnosis.	Principal
3. File any related written documentation of the incident and results of the medical assessment (e.g. in the student’s OSR).	Principal
4. Resume regular learning and physical activity.	Student

6. Management Procedures for a Diagnosed Concussion:

If a concussion is diagnosed by a medical doctor or nurse practitioner, the student follows a medically supervised, individualized, and gradual Return to School (RTS) and Return to Physical Activity (RTPA) Plan.

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

The management of a student's 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.

Other licensed healthcare providers (a healthcare provider who is licensed by a national professional regulatory body to provide concussion-related healthcare services that fall within their licensed scope of practice) may play a role in the management of a diagnosed concussion (e.g., nurses, physiotherapists, chiropractors, and athletic therapists).

6.1 Collaborative Team Approach:

The school collaborative team provides an important role in a student's recovery. In consultation with the parent/guardian, the team identifies the student's needs and provides learning strategies and approaches (consult Appendix B) for the prescribed stages in the Return to School (RTS) and Return to Physical Activity (RTPA) plan. Led by the school principal/designate, the team should include:

- the concussed student;
- the student's parents/guardians;
- school staff and volunteers who work with the student; and,
- the medical doctor or nurse practitioner and/or other licensed healthcare providers (e.g., nurses, physiotherapists, chiropractors, and athletic therapists).

The management of a student concussion is a shared responsibility, requiring regular communication between the Collaborative Team and outside sports team (where appropriate).

Principal will ensure collaborative team understands the importance of not placing undue pressure on concussed student to rush through the return to learn/physical activity steps to avoid prolonged or increased symptoms. Return to learn should proceed slowly and gradually.

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 Collaborative Team.

The designated School Contact will monitor the student's progress through the Return to School and Return to Physical Activity Plan.

It is important for the designated School Contact, 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 (consult Appendix B).

6.2 Completion of the Steps within the Plan:

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

- a. the student has a diagnosed concussion just prior to winter break, spring break or summer vacation; in this circumstance, the collaborative team must ensure that the student has:
 - completed RTS Stage 1 – 4b (full day at school without adaptation of learning strategies and/or approaches);
 - completed RTPA Stage 1 – 4 and is symptom free; and
 - obtained a signed Medical Clearance Letter from a medical doctor or nurse practitioner (refer to *Documentation of Medical Clearance* (Appendix F)) that indicates the student is able to return to full participation in Physical Education, intramural activities, Interschool sports (non-contact) and full contact training/practice in contact interschool sports.
- b. the student is neither enrolled in Health and Physical Education class, nor participating on a school team, the collaborative team must ensure that the student has:
 - completed RTS Stage 1 – 4b (full day at school without adaptation of learning strategies and/or approaches);
 - obtained a signed Medical Clearance Letter from a medical doctor or nurse practitioner (refer to *Documentation of Medical Clearance* (Appendix F)) that indicates the student is able to return to full participation in Physical Education, intramural activities, interschool sports (non-contact) and full contact training/practice in contact interschool sports.

6.3 If a Concussion Is Diagnosed:

Parent/Guardian must:

- communicate the diagnosis to school principal;
- return completed and signed *Documentation of Monitoring/Documentation for a Diagnosed Concussion* (Appendix D2); and
- report non-school related concussions.

A Return to School (RTS) and Return to Physical Activity (RTPA) Plan must be initiated and completed.

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. Different students will progress at different rates.

a. Student is at Home

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.

The home stages of RTS and RTPA occur under the supervision of the parent/guardian in consultation with the medical doctor or nurse practitioner or other licensed healthcare provider.

Refer to the *Concussion Management - Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E 1) for detailed background information, general procedures, instructions on how to complete the plan as well as activities that are permitted and are not permitted throughout the process.

b. Student Returns to School

The School Concussion Management plan occurs at school and where appropriate the RTPA part of the plan may occur at school activities or outside activities under the supervision of the Collaborative Team.

Refer to the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E 2) for general procedures, instructions on how to complete the plan as well as activities that are permitted and are not permitted throughout the process.

c. Return of Symptoms

Action	Responsibility
1. Report any return of symptoms to supervising staff/volunteers	Student
2. During all stages of RTS and in Stages 1-4 of RTPA: <ul style="list-style-type: none"> 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. 	Collaborative Team
3. During stages 5 and 6 of RTPA: <ul style="list-style-type: none"> if symptoms return or new symptoms appear, the student must return to medical doctor/nurse practitioner to have the Medical Clearance re-assessed. 	Collaborative Team
4. 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.	Collaborative Team
If the student requires a medical assessment for return/worsening symptoms	
5. Contact parent/guardian (or emergency contact) to inform of returned symptoms and need for medical assessment on the same day.	Principal or Designate
6. Have student examined by a medical doctor/nurse practitioner as soon as possible on the same day	Parent/Guardian
7. Follow medical doctor/nurse practitioner's recommendations.	Student & Parent/Guardian
8. Inform all school staff, School Contact, and volunteers who work with the student that student has experienced return/worsening of symptoms which requires a medical assessment.	Principal or Designate

6.4 Additional Information Pertaining to the Steps in Diagnosed Concussions

- a. Cognitive or physical activities can cause student's symptoms to reappear.
- b. Steps are not days; each step must take a minimum of 24 hours and the length of time needed to complete each step will vary based on the student and the severity of the concussion.
- c. The signs and symptoms of a concussion often last for 7-10 days, but may last longer in children and adolescents.
- d. Most students who sustain a concussion while participating in sport/physical activities will make a complete recovery and be able to return to full school and sport/physical activities within 1-4 weeks of injury.
- e. Approximately 15-30% of individuals will experience symptoms that persist beyond this time frame.
- f. Individuals who experience persistent post-concussion symptoms (greater than 4 weeks for youth athletes) may benefit from referral to a medically supervised multidisciplinary concussion clinic that has access to professionals with licensed training in traumatic brain injury that may include experts in sport medicine, neuropsychology, physiotherapy, occupational therapy, neurology, neurosurgery, and rehabilitation medicine.
- g. Compared to older students, elementary school children are more likely to complain of physical problems or misbehave in response to cognitive overload, fatigue, and other concussion symptoms.
- h. If a student returns to activity while symptomatic, or before the brain has fully recovered, they are at an increased risk of sustaining another concussion with symptoms that can be prolonged and increased.
- i. Principals, supervising staff, coaches and volunteers must not place pressure on injured students to "Return to School" or "Return to Physical Activity" prematurely.
- j. Parents/guardians must report non-school related concussions.
- k. Return to Learn/Return to Physical Activity steps must be followed regardless of where diagnosed concussion occurred.
- l. It is imperative that open communication be maintained between the collaborative team to ensure successful transition between Return to School (RTS) and Return to Physical Activity (RTPA) stages.

6.5 Encouraging Parent/Guardian Cooperation:

If the Parent/Guardian refuses a physician consultation and/or refuses to adhere to the Student Concussion and Head Injury Policy, the principal will:

- a. Discuss parental concerns (e.g. documentation fees) surrounding the process and attempt to address these concerns.
- b. Provide rationale for the required steps of the Student Concussion and Head Injury Policy.
- c. Include parent/guardian and their child in every step of the recovery process
- d. Provide parents/guardians with concussion information to increase their awareness and knowledge.
- e. Re-iterate the importance of obtaining an official diagnosis from trained physician/nurse practitioner.
- f. Explain to parent/guardian that if a staff member feels immediate medical attention is required, that they are obligated to call 911.
- g. Inform parent/guardian that school is obligated to follow the steps of the "Return to Learn" and "Return to Physical Activity" process.
- h. If unsuccessful in acquiring full parental cooperation seek support from Senior Administration.



Appendix A: Concussion Information for Parents and Students

Context

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.

The management of a student’s concussion is a shared responsibility, requiring regular communication between the home, school and outside sports/activities (where appropriate), with consultation from the student’s medical doctor or nurse practitioner.

Concussion Definition

A concussion:

- is a traumatic brain injury that causes changes in how the brain functions, leading to signs and symptoms that can emerge immediately or in the hours or days after the injury;
- may be caused by a significant impact to the head, face, neck or body, that causes the brain to move rapidly and hit the walls of the skull (for a visual description of how a concussion occurs, consult [How a concussion occurs](#));
- signs and symptoms 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);
- can occur even if there has been no loss of consciousness (in fact most concussions occur without a loss of consciousness); and,
- cannot normally be seen on X-rays, standard CT scans or MRIs.

Common Concussion Signs and Symptoms

Following a significant impact to the head, face, neck or body, a concussion should be suspected with the presence of any one or more of the following signs or symptom:

Presence of ANY **Red Flag** sign(s) and or symptom(s) – Call 911.

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

Other Concussion Signs: 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 incoordination, 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

SO28 Student Concussion and Head Injury – Resource Package

Other Concussion Symptoms: What the student is saying (what you hear).

Headache	Blurred vision	More emotional	Difficulty concentrating
“Pressure in head”	Sensitivity to light	More irritable	Difficulty remembering
Balance problems	Sensitivity to noise	Sadness	Feeling slowed down
Nausea	Fatigue or low energy	Nervous or anxious	Feeling like “in a fog”
Drowsiness	‘don’t feel right”	Dizziness	

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

Concussion Diagnosis and Management

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.

Other licensed healthcare providers (Examples include nurses, physiotherapists, chiropractors, and athletic therapists) may play a role in the management of a diagnosed concussion.

Second Impact Syndrome

Research suggests that a child or youth who suffers a second concussion before he or she is symptom-free from the first concussion is susceptible to a prolonged period of recovery, and possibly **Second Impact Syndrome** – a rare condition that causes rapid and severe brain swelling and often catastrophic results.

Additional Information:

- Signs and symptoms can appear immediately after the injury or may take hours or days to emerge. It is possible for symptoms to take up to 7 days to appear.
- Most students who sustain a concussion while participating in sport/physical activities will make a complete recovery and be able to return to full school and sport/physical activities within 1-4 weeks of injury.
- Individuals who experience ongoing concussion symptoms beyond 4 weeks (for youth athletes) may benefit from referral to a medically supervised multidisciplinary concussion clinic that has access to professionals with licensed training in traumatic brain injury that may include experts in sport medicine, neuropsychology, physiotherapy, occupational therapy, neurology, neurosurgery, and rehabilitation medicine.
- Signs and symptoms may be different for everyone.
- 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 or in a game could be jeopardized, or academics could be impacted.
- It may be difficult for students with special needs or those for whom English/French is not their first language to communicate how they are feeling.
- Signs for younger students (under the age of 10) may not be as obvious as in older students.

SO28 Student Concussion and Head Injury – Resource Package

Information for Parents/Guardians when a concussion is suspected

A student with a suspected concussion will NOT participate in any physical activity for a duration of 24 hours.

Student <i>has</i> signs and symptoms:	Student <i>has no</i> obvious signs or symptoms (student will be monitored because the supervising school staff/volunteers recognized that a possible concussion event occurred):
<p>Parent/Guardian will be:</p> <ul style="list-style-type: none">• provided with appropriate documentation;• informed that the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day; and• informed that they need to communicate to the school principal the results of the medical assessment prior to the student returning to school. <p><u>If no concussion is diagnosed:</u> the student may resume regular learning and physical activities.</p> <p><u>If a concussion is diagnosed:</u> the student follows a medically supervised, individualized and gradual Return to School (RTS) and Return to Physical Activity (RTPA) Plan with support from the school team.</p>	<p>Parent/Guardian will be:</p> <ul style="list-style-type: none">• provided with appropriate documentation;• informed that the student will:<ul style="list-style-type: none">o attend school;o not participate in physical activity for a minimum of 24 hours;o be monitored for signs and/or symptoms for 24 hours;o be monitored at school by teachers; ando be monitored at home by parents/guardians.• informed that monitoring information needs to be shared with the principal after the monitoring period is completed.• if any signs or symptoms emerge, the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.

Management for a Diagnosed Concussion

If a concussion is diagnosed by a medical doctor or nurse practitioner, the student follows a medically supervised, individualized, and gradual 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 part occurs at home and prepares the student for the second part which occurs at school.

For more information visit www.granderie.ca (select Elementary/Secondary > Concussion Information)



Appendix B: Return to Learn Strategies Approaches

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

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

Reproduced and adapted with permission from Ophea, [Ontario Physical Education Safety Guidelines, 2018]



Appendix C: Tool to Identify a Suspected Concussion

This tool is a quick reference, to support identifying a suspected concussion and to communicate this information to parent/guardian

Identification of Suspected Concussion

Following a significant impact to the head, face, neck, or body that is either observed or reported, a concussion must be suspected in the presence of **any one or more** of the signs or symptoms outlined below **and/or** the failure of the Quick Memory Function Assessment.

First, assess the danger to the victim and the rescuer, and then check airway, breathing and circulation.

COMPLETE APPROPRIATE STEPS BELOW.

An incident occurred involving _____ student name _____ on _____ date _____ at _____ time _____

They were observed for signs and symptoms of a concussion.

- No signs or symptoms described below were noted at the time of assessing the student/athlete.
Note: Continued monitoring of the student/athlete is important as signs and symptoms of a concussion may appear hours or days later (refer to Step D).
- The following signs were observed or symptoms reported (refer to Step A or Step B).

STEP A

If any one or more of the following **Red Flag** sign(s) or symptom(s) are present, call 911. Then call parents/guardians/emergency contact. Follow the Risk Management Advisory-Transporting Students to Hospital/Urgent Care.

Red Flag(s) sign(s) and/or symptoms.

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

If **Red Flag(s)** are identified, complete only Step D – Action to be taken.

Please **complete** the following steps if Red Flag(s) have **not** been identified.



STEP B

Other Sign(s) and Symptoms(s)

If red flag(s) are not identified continue and complete the following steps (as applicable) and Step D – Action to be taken.

STEP B1

Other Concussion Signs

Check for 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 incoordination, 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 for what the student feels.

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

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

STEP C: Perform Quick Memory Function Assessment

Ask the student the following questions and record the answers below. Failure to answer any one of these questions correctly may indicate a concussion.

Note: It may be difficult for younger students (under the age of 10), students with special needs or students for whom English is not their first language to communicate how they are feeling. Select the most appropriate questions for the student based on their ability to respond.

Primary/Junior:

- What is your name? *Answer:* _____
- How old are you? *Answer:* _____
- What grade are you in? *Answer:* _____
- What is your teacher's name? *Answer:* _____
- Other _____ *Answer* _____

Intermediate/Senior:

- 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:* _____
- What part of the day is it? *Answer:* _____
- What is the name of your teacher/coach? *Answer:* _____
- What school do you go to? *Answer:* _____

Comments:

STEP D: Action to be taken

- Red Flag(s)** sign(s) observed and/or symptom(s) reported and EMS called. Parent/guardian (or emergency contact) contacted. Follow the **Risk Management Advisory-Transporting Students to Hospital/Urgent Care**.
- Signs observed or Symptoms reported:**

If there are **any** signs observed or symptoms reported, or if the student/athlete fails to answer any of the above questions correctly:

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

In all cases of a suspected concussion, the student/athlete must be examined by a medical doctor or nurse practitioner for diagnosis and must follow the Student Concussion and Head Injury Policy.

- No signs observed or symptoms reported:**
 - Student to be monitored for 24 hours and removed from physical activity (where sign(s) and/or symptom(s) were not identified but a possible concussion event was recognized by supervising school staff/volunteers).
 - Monitoring of the student/athlete to take place at home by parents and at school by school staff.
 - To monitor for signs and symptoms parents/guardians can refer to Step A and B on the front of this information form.
 - If any signs or symptoms emerge, the student/athlete needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.

Comments:

School Contact/Teacher Advisor Name: _____ *Date* _____

Following the completion of this form (Appendix C), an OSBIE Incident Report form must be completed, indicating that the tool has been completed and the parent/guardian has received copies of Appendix C and Appendix D2.

Under the direction of the *Ontario Ministry of Education* and under the legal authority of the *Education Act*, the Grand Erie District School Board collects this information in order to fulfil its commitment to promoting the health and safety of students by raising awareness, identification, and prevention of concussion injuries, and managing diagnosed concussions. In accordance with the *Municipal Freedom of Information and Protection of Privacy Act* this information will be used solely to assess the student's [Return to Learn](#) and [Return to Physical Activity](#). It will be retained in the Ontario Student Record [OSR] for one year after the student graduates or transfers out of the school. The Ministry of Education may also request school reports on concussion activity. If you have any questions or concerns about the collection of information on this form, please contact the school principal.

***The original copy is filed with the principal**

***Duplicate copy provided to parent/guardian**

Reproduced and adapted with permission from Ophea [Ontario Physical Education Safety Guidelines, 2018]



Appendix D1: Emergency Action Plan for Concussion and Head Injury

After a significant impact to the head, face or neck or elsewhere on the body has been observed or reported, and the individual (for example, teacher/coach) responsible for that student suspects a concussion, the following actions must be taken immediately:

**First, assess the danger to the victim and the rescuer.
Then, check Airway, Breathing and Circulation.**

If any Red Flag sign(s) and or symptom(s) are present:

- Stop the activity immediately – assume there is a concussion.
- Initiate Emergency Action Plan for Concussion and Head Injury and call 911.
- Assume there is a possible neck injury and, only if trained, immobilize the student before emergency medical services arrive.
 - Do not remove athletic equipment (e.g., helmet) unless there is difficulty breathing.
- Stay with the student until emergency medical services arrive.
- Contact the student's parent/guardian (or emergency contact) to inform them of the incident and that emergency medical services have been contacted.
- Monitor and document any changes (i.e., physical, cognitive, emotional/behavioural) in the student.
- If the student has lost consciousness and regains consciousness, encourage him/her to remain calm and to lie still. Do not administer medication (unless the student requires medication for other conditions – e.g., insulin for a student with diabetes).
- Complete the *Tool to identify a Suspected Concussion* (Appendix C) and, if present, provide duplicate copy to parent/guardian retaining a copy.
- If present, provide the parent/guardian a copy of the Documentation of Monitoring/*Documentation of Medical Assessment*(Appendix D2) and inform parent/guardian that form needs to be completed and submitted to principal prior to student's return to school.
- Complete all necessary Board injury reports (i.e. OSBIE, Critical Injury), inform principal of suspected concussion, and forward copy of the completed and signed *Tool to Identify a Suspected Concussion* (Appendix C).

If there are no Red Flag sign(s) and or symptom(s), follow the actions listed below.

- Stop the activity immediately.
- Initiate Emergency Action Plan for Concussion and Head Injury.
- When the student can be safely moved, remove him/her from the current activity or game.
- Conduct an initial concussion assessment of the student (i.e., check for common signs and symptoms of concussion using the *Tool to Identify a Suspected Concussion* (Appendix C)).

If Signs are Observed or Symptoms are reported:

- A concussion should be suspected – do not allow the student to return to play in the activity, game or practice that day even if the student states that they are feeling better.
- Contact the student’s parent/guardian (or emergency contact) to inform them:
 - of the incident;
 - that they need to come and pick up the student;
 - that the student must not:
 - 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).that the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.
- Monitor and document any changes (i.e., physical, cognitive, emotional/behavioural) in the student. If any signs or symptoms worsen, call 911.
 - Refer to your board’s injury report form for documentation procedures.
- Stay with the student until their parent/guardian (or emergency contact) arrives.
- Information to be provided to the Parent/Guardian:
 - A copy of the *Tool to Identify a Suspected Concussion* (Appendix C).
 - A copy of the *Documentation of Monitoring/Documentation of Medical Assessment*(Appendix D2) and inform parent/guardian that the form needs to be completed and submitted to principal prior to student’s return to school.
- Complete OSBIE incident report, inform principal of suspected concussion, and forward copy of the completed *Tool to Identify a Suspected Concussion* (Appendix C) to principal.

If Signs are Not Observed or Symptoms are Not Reported but the Supervising School Staff/Volunteers recognized that a possible concussion event occurred:

- Student to be removed from physical activity.
- The student’s parent/guardian (or emergency contact) must be contacted and informed of the incident.
- Information to be provided to the Parent/Guardian:
 - Student will attend school
 - Student will not participate in physical activity for a minimum of 24 hours
 - Student will be monitored for signs and/or symptoms for 24 hours at school by teachers and at home by parents/guardians
 - A copy of the *Tool to Identify a Suspected Concussion* (Appendix C).
 - A copy of the *Documentation of Monitoring/Documentation of Medical Assessment*(Appendix D2) and inform parent/guardian that the form needs to be completed and submitted to principal after the monitoring period is completed.
 - If any signs or symptoms emerge, the student needs to be examined by a physician/nurse practitioner as soon as possible that day and results shared with principal before return to school.

Reproduced and adapted with permission from Ophea, [Ontario Physical Education Safety Guidelines, 2018]



Appendix D2: Documentation of Monitoring/Medical Assessment Form

This form is provided to the parent/guardian, in conjunction with [Appendix C - Tool to Identify a Suspected Concussion](#)

MONITORING FORM

_____ Student name _____ Date _____ sustained a significant impact to the head, face or neck or elsewhere on the body (observed or reported), and the individual responsible for that student suspects a concussion.

Results of initial assessment using Tool to Identify a Suspected Concussion:

- NO SIGNS OR SYMPTOMS OBSERVED AT TIME OF INCIDENT.**

Signs or symptoms can occur later within a 24-hour period. Your child is **not** to participate in physical activity for a **24-hour period**. While at home parent/guardian is to monitor their child using the *Tool to Identify a Suspected Concussion (Appendix C)*. School Staff will monitor the student/athlete while at school.

Actions: If no signs/symptoms occur during the monitoring period, parent/guardian is to complete the Results of Monitoring section and submit the *Documentation of Monitoring/Documentation of Medical Assessment (Appendix D2)* to the principal after the monitoring period is completed.

Results of Monitoring

- As the parent/guardian, my child has been observed for the 24-hour period, and no signs/symptoms have been observed.

Parent/Guardian Signature: _____ Date: _____

Comments:

If signs or symptoms are observed within the 24-hour monitoring period, please fill out the Medical Assessment Form to follow.

MEDICAL ASSESSMENT FORM

Student Name: _____ *Date:* _____

Your child must be seen by a medical doctor or nurse practitioner as soon as possible with the results of Medical Examination form (to follow) returned to the school principal after medical assessment.

SIGNS OR SYMPTOMS were observed or reported by the individual responsible your child

Results of Medical Assessment

- My child has been examined and **a concussion has not** been diagnosed and therefore may resume full participation in learning and physical activity with no restrictions.
- My child has been assessed and a concussion has not been diagnosed but the assessment led to the following diagnosis and recommendations:

- My child has been examined 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.

Medical Doctor/Nurse Practitioner providing assessment

Name: _____

Phone Number: _____

Parent/Guardian

Parent/Guardian Signature: _____ *Date:* _____

Comments:

Original filed in OSR.

Under the direction of the *Ontario Ministry of Education* and under the legal authority of the *Education Act*, the Grand Erie District School Board collects this information in order to fulfil its commitment to promoting the health and safety of students by raising awareness, identification, and prevention of concussion injuries, and managing diagnosed concussions. In accordance with the *Municipal Freedom of Information and Protection of Privacy Act* this information will be used solely to assess the student's Return to Learn and Return to Physical Activity. It will be retained in the Ontario Student Record [OSR] for one year after the student graduates or transfers out of the school. The Ministry of Education may also request school reports on concussion activity. If you have any questions or concerns about the collection of information on this form, please contact the school principal.

Reproduced and adapted with permission from Ophea, [*Ontario Physical Education Safety Guidelines, 2018*]



Appendix E 1: Concussion Management -Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan

Student Name: _____ *Date:* _____

This form is to be used by parents/guardians to track and to communicate to the school the 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.

- Each stage must take a minimum of 24 hours.
- All stages must be followed.

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/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 Collaborative Team* and outside sports team (where appropriate).

- * *The Collaborative Team consists of the student, parents/guardians, staff and volunteers working with the student 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. The first part of the plan occurs at home (refer to the *Concussion Management - Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan (Appendix E 1)*) and prepares the student for the second part which occurs at school (refer to the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan (Appendix E 2)*).

General Procedures for Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan

- **This Plan does not replace medical advice.**

1. The home part of the plan begins with the Parent/Guardian communicating the diagnosis to school principal. Reporting non-school related concussions as well.
2. The school principal or designate will communicate information on the stages of RTS and RTPA Plan that occur at home.
3. 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.
4. 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.

5. 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.
6. If at any time **symptoms worsen**, the student/parent/guardian contacts medical doctor/nurse practitioner or seeks medical help immediately.
7. 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** to start the second part of the plan (Appendix E 2) they must have completed RTS Stage 2 and RTPA Stage 2b.
8. 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. Early introduction of some low intensity physical activity in controlled and predictable environments with no risk of re-injury is appropriate.
9. Progression through the Plan is individual; timelines and activities may vary.
10. Prior to the student returning to school the principal will identify and inform members of the collaborative team and designate a staff member to serve as the main point of contact for the student and the collaborative team.

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 (Appendix E 2).

Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan

Home Preparation for Return to School (RTS) Stages	Home Preparation for Return to Physical Activity (RTPA) Stages
Each stage must last a minimum of 24 hours.	Each stage must last a minimum of 24 hours.
<p><u>RTS–Initial Rest</u></p> <p>24 – 48 hours of relative cognitive rest (sample activities below):</p> <p><u>Sample activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Short board/card games ✓ Short phone calls ✓ Photography (with camera) ✓ Crafts <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ TV ✗ Device use (e.g., computer, laptop, tablet, iPad, cell phone) ✗ Video games ✗ Reading ✗ Attendance at school or school-type work 	<p><u>RTPA –Initial Rest</u></p> <p>24 – 48 hours of relative physical rest (sample activities below):</p> <p><u>Sample activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Limited movement that does not increase heart rate or break a sweat ✓ Moving to various locations in the home ✓ Daily hygiene activities <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ Physical exertion (increases breathing and heart rate and sweating) ✗ Stair climbing other than to move locations throughout the home ✗ Sports/sporting activity
<p>Student moves to RTS Stage 1 when:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Symptoms start to improve or after resting 2 days maximum, or whichever occurs first. 	<p>Student moves to RTPA Stage 1 when:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Symptoms start to improve or after resting 2 days maximum, or whichever occurs first.
Stage 1	
<p><u>RTS – Stage1</u></p> <p>Light cognitive (thinking/memory/knowledge) activities (as per activities permitted listed below).</p> <p>Gradually increase cognitive activity up to 30 minutes. Take frequent breaks.</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage ✓ Easy reading (for example, books, magazines, newspaper) ✓ Limited TV ✓ Limited cell phone conversations ✓ Drawing/building blocks/puzzles ✓ Some contact with friends <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ Device use (e.g., computer, laptop, tablet, iPad, cell phone) ✗ Attendance at school or school-type work 	<p><u>RTPA – Stage1</u></p> <p>Light physical activities (as per activities permitted listed below) that do not provoke symptoms.</p> <p>Movements that can be done with little effort (do not increase breathing and/or heart rate or break a sweat).</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Daily household tasks (for example, bed-making, dishes, feeding pets, meal preparation) ✓ Slow walking for short time <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ Physical exertion (increased breathing and/heart rate and sweating) ✗ Sports/sporting activity ✗ Stair climbing, other than to move locations throughout the home

Student moves to RTS Stage 2 when:

- 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.
- Student has completed a minimum of 24 hours at RTS – Stage 1.

- 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.

Student moves to RTPA Stage 2a when:

- Student tolerates light physical activities (completes both activities above) and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms.
- Student has completed a minimum of 24 hours at RTPA – Stage 1

- 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.

Stage 2

RTS -Stage 2
 Gradually add cognitive activity (as per activities permitted listed below). When light cognitive activity is tolerated, introduce school work (at home and facilitated by the school).
Activities permitted if tolerated by student

- ✓ Activities from previous stage
- ✓ School-type work in 30-minute increments
- ✓ Crosswords, word puzzles, Sudoku, word search
- ✓ Limited device use_(for example, computer, laptop, tablet, iPad)/cell phone (for example, texting/games/photography) starting with shorter periods and building up as tolerated

Activities that are not permitted at this stage

- ✗ School attendance

RTPA –Stage 2a
 Daily activities that do not provoke symptoms. Add additional movements that do not increase breathing and heart rate or break a sweat.
Activities permitted if tolerated by student

- ✓ Activities from previous stage
- ✓ Light physical activity for example, use of stairs
- ✓ 10-15 minutes slow walking 1-2x per day inside and outside (weather permitting)

Activities that are not permitted at this stage

- ✗ Physical exertion (increases breathing and/heart rate and sweating)
- ✗ Sports
- ✗ Sporting activities

Student moves to RTS Stage 3a when:

- 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.
- Student has completed a minimum of 24 hours at RTS – Stage 2.

- Student has exhibited or reported a return of symptoms, or new symptoms and must

Student moves to RTPA Stage 2b when:

- 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.
- Student has completed a minimum of 24 hours at RTPA – Stage 2a.

- 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>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"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</p>
	<p><u>RTPA- Stage 2b</u> Light aerobic activity <u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage ✓ 20-30 minutes walking/stationary cycling (i.e., at a pace that causes some increase in breathing/heart rate but not enough to prevent student from carrying on a conversation comfortably) <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ Resistance or weight training ✗ Physical activities with others ✗ Physical activities using equipment
	<p>Student moves to RTPA Stage 3 when:</p> <ul style="list-style-type: none"> <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. <hr/> <ul style="list-style-type: none"> <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.

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 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:

The school part of the plan begins with:

- Communication from the principal or designate to the Parent/Guardian to provide information on:
 - the school part of the RTS and RTPA Plan (Appendix E 2)
 - Collaborative Team participants and parent/guardian role on the team
- A student assessment to determine possible strategies and/or approaches for student learning

Original filed in OSR once completed.

Under the direction of the *Ontario Ministry of Education* and under the legal authority of the *Education Act*, the Grand Erie District School Board collects this information in order to fulfil its commitment to promoting the health and safety of students by raising awareness, identification, and prevention of concussion injuries, and managing diagnosed concussions. In accordance with the *Municipal Freedom of Information and Protection of Privacy Act* this information will be used solely to assess the student's Return to Learn and Return to Physical Activity. It will be retained in the Ontario Student Record [OSR] for one year after the student graduates or transfers out of the school. The Ministry of Education may also request school reports on concussion activity. If you have any questions or concerns about the collection of information on this form, please contact the school principal.

Reproduced and adapted with permission from Ophea, [*Ontario Physical Education Safety Guidelines, 2018*]



Appendix E 2: School Concussion Management - Return to School (RTS) and Return to Physical Activity (RTPA) Plan

This 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 the GEDSB Student Concussion and Head Injury Resource Package (section 6 - Management Procedures for a Diagnosed Concussion)

- Each stage must take a **minimum of 24 hours**.
- All steps must be followed.

General procedures for School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan

➤ **The Plan does not replace medical advice.**

1. The school part of the plan begins with a parent/guardian and principal or designate communicating information on:
 - the school part of the RTS and RTPA Plan (Appendix E 2);
 - the Collaborative Team members and their role
2. A student conference will be established to determine the individualized RTS and RTPA 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.
3. The need to report any return of symptoms to supervising staff/volunteer should be emphasized to the student and parent/guardian.
4. 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 during school activities or outside activities
5. For the student who is participating in activities outside of the school, communication is essential between the parent/guardian/student, activities supervisor and the collaborative team members.
6. Stages within the plan:
 - Stages are not days – each stage must take a **minimum of 24 hours**
 - The length of time needed to complete each stage will vary based on the student and the severity of the concussion.
 - A student who 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.
 - Completion of the plan may take 1-4 weeks.
7. The Collaborative Team will closely monitor student for the return of any concussion symptoms and/or deterioration of work habits and performance.
8. 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.

9. A student's progression through the stages of RTS is **independent** from their progression through the RTPA stages.
10. Medical clearance by a doctor/nurse practitioner is required **prior** to beginning Stage 5 of RTPA (*Documentation for Medical Clearance* Appendix F).
11. 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.
12. Upon completion of the RTS and RTPA Plan, this form is returned to the principal or designate for filing in the OSR.

Return of Symptoms

- The student and the parent/guardian will report any return of symptoms to supervising staff/volunteers
- During all stages of RTS and in Stages 1-4 of RTPA:
 - o 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.
- After Medical Clearance, during stages 5 and 6 of RTPA:
 - o 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 the school's collaborative team procedures for contacting parents/guardians to inform them that the student needs a follow-up medical assessment.

Students requires a medical assessment for return/worsening symptoms

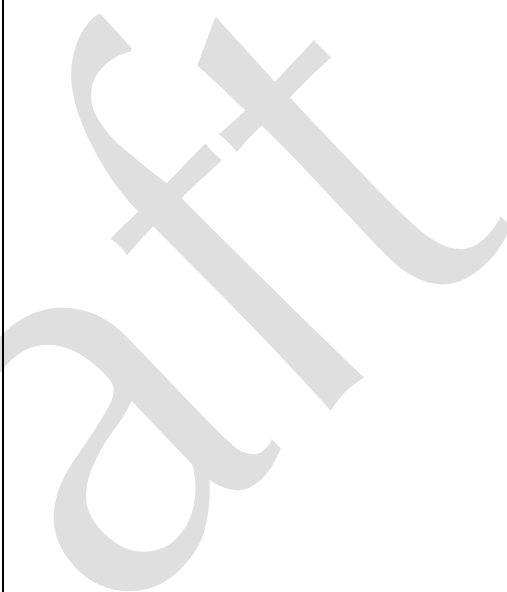
- When there is a return/worsening of symptoms the principal or designate contacts parent/guardian (or emergency contact) to inform of returned/worsened symptoms and the possible need for medical assessment on the same day.
- The collaborative team is to be informed and to follow the medical doctor/nurse practitioner's treatment recommendations.

Instructions: At each stage, this form will be exchanged between the school and home.

- Review the activities (permitted and not permitted) at each stage prior to beginning the Plan.
- School provides appropriate activities and documents student's progress by checking (✓), dating, initialing 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 giving permission for the student to progress to the next stage and returns completed form to school.
- Principal or designate will inform all school staff when the student:
 - o is able to advance to the next stage
 - o must return to the previous stage
 - o must be medically assessed
 - o has completed the plan

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

Return to School (RTS) Stages	Return to Physical Activity (RTPA) Stages
Stage 3	
<p><u>RTS - Stage 3a</u> Student begins with an initial length of time at school of 2 hours.</p> <p>The individual RTS Plan is developed by Collaborative Team following the student conference and assessment of the student's individual needs determining possible strategies and/or approaches for student learning (refer to Appendix B: Return to Learn Approaches).</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage ✓ School work for up to 2 hours per day in smaller chunks (completed at school) working up to a 1/2 day of cognitive activity ✓ Adaptation of learning strategies and/or approaches <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ Tests/exams ✗ Homework ✗ Music class ✗ Assemblies ✗ Field trips 	<p><u>RTPA –Stage 3</u> Simple locomotor activities/sport-specific exercise to add movement.</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage (20-30 minutes walking/stationary cycling/elliptical/recreational dancing at a moderate pace) ✓ Simple individual drills (e.g., running/throwing drills, skating drills in hockey, shooting drills in basketball) in predictable and controlled environments with no risk of re-injury ✓ Restricted recess activities (e.g., walking) <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ 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)
<p>School</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has demonstrated they can tolerate up to a half day of cognitive activity. <input type="checkbox"/> E 2 sent home to parent/guardian. <p>School Initials (e.g., collaborative team Lead/designate): _____</p> <p>Date: _____</p>	<p>School</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has demonstrated they can tolerate simple individual drills/sport-specific drills as listed in permitted activities. <input type="checkbox"/> E 2 sent home to parent/guardian. <p>School Initials (e.g., collaborative team lead/designate): _____</p> <p>Date: _____</p>
<p>Home</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms. <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>Home</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms. <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. <input type="checkbox"/> E 2 sent back to school. Parent/Guardian: Signature: _____ Date: _____ Comments: _____	<input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner. <input type="checkbox"/> E 2 sent back to school. Parent/Guardian: Signature: _____ Date: _____ Comments: _____
<u>RTS - Stage 3b</u> Student continues attending school half time with gradual increase in school attendance. Gradual increase in school work and a decrease in the adaptation of learning strategies and/or approaches. <u>Activities permitted if tolerated by student</u> <input checked="" type="checkbox"/> Activities from previous stage <input checked="" type="checkbox"/> School work for 4-5 hours per day, in smaller chunks (e.g., 2-4 days of school/week) <input checked="" type="checkbox"/> Homework – up to 30 minutes per day <input checked="" type="checkbox"/> Decrease adaptation of learning strategies and/or approaches <input checked="" type="checkbox"/> Classroom testing with accommodations <u>Activities that are not permitted at this stage</u> <input checked="" type="checkbox"/> Standardized tests/exams	
School <input type="checkbox"/> Student has demonstrated they can tolerate up to 4-5 hours of the cognitive activities listed above. <input type="checkbox"/> E 2 sent home to parent/guardian. School Initials (e.g., collaborative team Lead/designate): _____ Date: _____	
Home <input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms. <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. <input type="checkbox"/> E 2 sent back to school.	

Parent/Guardian:	
Signature: _____	
Date: _____	
Comments: _____	
Stage 4	
<p>RTS– Stage 4 a Full day school, minimal adaptation of learning strategies and/or approaches. Nearly normal workload.</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage ✓ Nearly normal cognitive activities ✓ Routine school work as tolerated ✓ Minimal adaptation of learning strategies and/or approaches <ul style="list-style-type: none"> • Start to eliminate adaptation of learning strategies and/or approaches • Increase homework to 60 minutes per day • Limit routine testing to one test per day with accommodations (e.g., supports - such as more time) <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ Standardized tests/exams 	<p>RTPA –Stage 4 Progressively increase physical activity. Non-contact training drills to add coordination and increased thinking.</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Activities from 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 noncontact interschool sports (no contact) ✓ Progressive resistance training may be started ✓ Recess – physical activity running/games with no body contact ✓ DPA (elementary) <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ 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>School</p> <ul style="list-style-type: none"> <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. <input type="checkbox"/> E 2 sent home to parent/guardian. <p>School Initials (e.g., collaborative team Lead/designate): _____</p> <p>Date: _____</p>	<p>School</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has completed the activities in RTPA Stage 4 as applicable. <input type="checkbox"/> E 2 sent home to parent/guardian. <input type="checkbox"/> Documentation for Medical Clearance (Appendix F) sent home to parent/guardian. <p>School Initials (e.g., collaborative team lead/designate): _____</p> <p>Date: _____</p>
<p>Home</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms. <input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms, and must 	<p>Home</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms. <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.</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"/> E 2 sent back to school.</p> <p>Parent/Guardian:</p>	<p>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"/> E 2 sent back to school.</p> <p>Parent/Guardian:</p>
<p>Signature: _____</p> <p>Date: _____</p> <p>Comments: _____</p>	<p>Signature: _____</p> <p>Date: _____</p> <p>Comments: _____</p>
<p><u>RTS - Stage 4b</u></p> <p>At school: full day, without adaptation of learning strategies and/or approaches</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Normal cognitive activities ✓ Routine school work ✓ Full curriculum load (attend all classes, all homework, tests) ✓ Standardized tests/exams ✓ Full extracurricular involvement (non-sport/non-physical activity - e.g., debating club, drama club, chess club) 	<p><u>Before progressing to RTPA Stage 5, the student must:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> have completed RTS Stage 4a and 4b (full day at school without adaptation of learning strategies and/or approaches), <input type="checkbox"/> have completed RTPA Stage 4 and be symptom-free, and <input type="checkbox"/> obtain a signed Medical Clearance from a medical doctor or nurse practitioner. <p>Please Note: Premature return to contact sports (full practice and game play) may cause a significant setback in recovery.</p>
<p>School</p> <p><input type="checkbox"/> Student has demonstrated they can tolerate a full day of school without adaptation of learning strategies and/or approaches.</p> <p><input type="checkbox"/> E 2 sent home to parent/guardian.</p>	
<p>School Initials (e.g., 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.</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>Parent/Guardian:</p>	
<p>Signature: _____</p> <p>Date: _____</p> <p>Comments: _____</p>	

Stage 5

	<p><u>RTPA–Stage 5</u> 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><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Physical Education ✓ Intramural programs ✓ Full contact training/practice in contact interschool sports <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ Competition (e.g., games, meets, events) that involves body contact
	<p>School</p> <p><input type="checkbox"/> Student has successfully completed the applicable physical activities in RTPA Stage 5.</p> <p><input type="checkbox"/> E 2 sent home to parent/guardian.</p>
	<p>School Initials (e.g., collaborative team lead/designate): _____</p> <p>Date: _____</p>

	<p>Home</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has not exhibited or reported a return of symptoms or new symptoms. <input type="checkbox"/> Student has exhibited or reported a return of symptoms or new symptoms and must return to medical doctor or nurse practitioner for Medical Clearance reassessment. <input type="checkbox"/> E 2 sent back to school. <p>Parent/Guardian:</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Comments: _____</p>
--	---

Stage 6

	<p><u>RTPA - Stage 6</u></p> <ul style="list-style-type: none"> ✓ Unrestricted return to contact sports. Full participation in contact sports games/competitions
	<p>School</p> <p><input type="checkbox"/> Student has completed full participation in contact sports.</p> <p><input type="checkbox"/> E 2 sent home to parent/guardian</p>
	<p>School Initials (e.g., collaborative team lead/designate): _____</p> <p>Date: _____</p>

	<p>Home</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has not exhibited or reported a return of symptoms or new symptoms and has completed the RTPA Plan. <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. <input type="checkbox"/> E 2 sent back to school for documentation purposes. <p>Parent/Guardian:</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Comments: _____</p>
--	--

Original filed in OSR once completed.

Under the direction of the *Ontario Ministry of Education* and under the legal authority of the *Education Act*, the Grand Erie District School Board collects this information in order to fulfil its commitment to promoting the health and safety of students by raising awareness, identification, and prevention of concussion injuries, and managing diagnosed concussions. In accordance with the *Municipal Freedom of Information and Protection of Privacy Act* this information will be used solely to assess the student's Return to Learn and Return to Physical Activity. It will be retained in the Ontario Student Record [OSR] for one year after the student graduates or transfers out of the school. The Ministry of Education may also request school reports on concussion activity. If you have any questions or concerns about the collection of information on this form, please contact the school principal.

Reproduced and adapted with permission from Ophea, [*Ontario Physical Education Safety Guidelines, 2014*]



Appendix F: Documentation for Medical Clearance

This 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 below. 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.

Note: Forms completed by other licensed healthcare professionals will not be otherwise accepted.

Student Name: _____ *Date:* _____

I have examined this student and confirm they are medically cleared to participate in **all** of 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:

Medical Doctor/Nurse Practitioner

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 medical doctor or nurse practitioner for Medical Clearance reassessment before returning to physical activity.

School Concussion Management Plan

Return to School (RTS) Stages	Return to Physical Activity (RTPA) Stages
Each stage must last a minimum of 24 hours.	Each stage must last a minimum of 24 hours.
<p><u>RTS - Stage 3a</u> Student begins with an initial length of time at school of 2 hours.</p> <p>The individual RTS Plan is developed by Collaborative Team following the student conference and assessment of the student's individual needs determining possible strategies and/or approaches for student learning .</p>	<p><u>RTPA –Stage 3</u> Simple locomotor activities/sport-specific exercise to add movement.</p>
<p><u>RTS - Stage 3b</u> Student continues attending school half time with gradual increase in school attendance time, increased school work, and decrease in learning strategies and/or approaches.</p>	
<p><u>RTS– Stage 4 a</u> Full day school, minimal adaptation of learning strategies and/or approaches.</p> <p>Nearly normal workload.</p>	<p><u>RTPA –Stage 4</u> Progressively increase physical activity. Noncontact training drills to add coordination and increased thinking.</p>
<p><u>RTS - Stage 4b</u> At school: full day, without adaptation of learning strategies and/or approaches.</p>	<p><u>Before progressing to RTPA Stage 5, the student must:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> have completed RTS Stage 4a and 4b (full day at school without adaptation of learning strategies and/or approaches <input type="checkbox"/> have completed RTPA Stage 4 and be symptom-free, and obtain signed Medical Clearance from a medical doctor or nurse practitioner.
	<p><u>RTPA–Stage 5</u> 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><u>RTPA - Stage 6</u> Unrestricted return to contact sports.</p>

Original filed in OSR once completed.

Under the direction of the *Ontario Ministry of Education* and under the legal authority of the *Education Act*, the Grand Erie District School Board collects this information in order to fulfil its commitment to promoting the health and safety of students by raising awareness, identification, and prevention of concussion injuries, and managing diagnosed concussions. In accordance with the *Municipal Freedom of Information and Protection of Privacy Act* this information will be used solely to assess the student's Return to Learn and Return to Physical Activity. It will be retained in the Ontario Student Record [OSR] for one year after the student graduates or transfers out of the school. The Ministry of Education may also request school reports on concussion activity. If you have any questions or concerns about the collection of information on this form, please contact the school principal.

Reproduced and adapted with permission from Ophea, [*Ontario Physical Education Safety Guidelines, 2018*]



Appendix G: Player Code of Conduct

Respect yourself:

- I will wear the proper equipment and wear it correctly.
- I will develop my skill and body strength so that I can play the game to the best of my abilities.
- I understand that a concussion is a serious brain injury that has both short- and long-term effects.
- I understand that I don't need to lose consciousness to have had a concussion.
- I understand that a significant impact to the head, face, neck or body may cause a concussion.
- I understand that if I suspect I might have a concussion I should stop playing the sport immediately.
- I understand that continuing to play with a suspected concussion increases my risk of more severe, longer lasting concussion symptoms, as well as increases my risk of other injury.
- I will not hide my symptoms.
- I will tell my coach, trainer, parent, or other responsible person if I am concerned.
- I have had a concussion and/or experience any signs and symptoms of concussion following a collision.
- I understand I will not be able to return to play following a collision where I experience signs and symptoms of concussion.
- I understand I will have to be cleared by a physician or qualified medical professional, preferably one with experience in concussion management, prior to returning to play.
- I understand I will have to follow the 6-step Return to Play guidelines when returning to activity.

Respect Others:

- I will respect the rules of the game.
- I will respect my opponents and play fair.
- I will not fight or attempt to injure anyone on purpose.
- I will respect my coaches, trainers, parents and the medical professionals and any decisions made with regards to my health and safety

Team: _____

Player: _____

Parent/Caregiver: _____

Date: _____





Appendix H: Student Concussion Diagnosis Report

GRAND ERIE DISTRICT SCHOOL BOARD Student Concussion Diagnosis Report			
<input type="checkbox"/> January 30		<input type="checkbox"/> June 28	
School:		Principal:	
Student(s) Name(s)		Date of Birth YYYY/MM/DD	Documentation for a Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan in Place
Surname	Given Name	Status of Return to Learn/Return to Physical Activity Plan Completed (Y) Ongoing (N)	
1.			<input type="checkbox"/> YES <input type="checkbox"/> NO
Date/Location of incident:		Circumstances causing concussion:	
2.			<input type="checkbox"/> YES <input type="checkbox"/> NO
Date/Location of incident:		Circumstances causing concussion:	
3.			<input type="checkbox"/> YES <input type="checkbox"/> NO
Date/Location of incident:		Circumstances causing concussion:	
4.			<input type="checkbox"/> YES <input type="checkbox"/> NO
Date/Location of incident:		Circumstances causing concussion:	
5.			<input type="checkbox"/> YES <input type="checkbox"/> NO
Date/Location of incident:		Circumstances causing concussion:	
Concussion Awareness Training			
Staff Completed on: DATE			
Comments:			