



Student Concussion and Head Injury Resource Package

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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; and
 - ii. Critical Injury Report.
- 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, team trainers, officials etc.) will:
- a. Understand and follow the Student Concussion and Head Injury Policy;
 - b. Attend and complete concussion training (this includes the online modules);
 - 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. For all coach/team trainers ensure completion of Coach/Term Trainer Code of Conduct (Appendix I)
 - f. Follow current Opeha safety guidelines related to concussions and implement risk management and injury prevention strategies; and
 - g. 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. Complete the Parent/Guardian Code of Conduct (Appendix H)
 - e. 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;
 - f. 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);
 - g. Follow physician/nurse practitioner recommendations to promote recovery;
 - h. Be responsible for the completion of all required documentation;
 - i. 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);
 - j. Collaborate with school to manage their child’s suspected or diagnosed concussions appropriately; and
 - k. Report non-school related concussion to principal and complete Documentation of Monitoring/Documentation of Medical Assessment Form (Appendix D2).

- 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), *Parent/Guardian Code of Conduct* (Appendix H) and *Coach/Team Trainer Code of Conduct* (Appendix I)
- 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.
- 4.13 Participate and promote annual concussion awareness events for students, parents, staff, coaches etc. to coincide with Rowan's Law Day which occurs on the last Wednesday in September.

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	Supervising School Staff/Volunteers

Action	Responsibility
medication (unless the student requires medication for other conditions (e.g. insulin)).	
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) 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
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

Action	Responsibility
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
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	Supervising School Staff/Volunteers Parent/Guardian

Action	Responsibility
<p>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</p> <ul style="list-style-type: none"> • will attend school • will not participate in physical activity for a minimum of 24 hours • 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

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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.

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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

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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

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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.



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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

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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:

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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**

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Retention: E + 1 yr (E = retirement or graduation of student)

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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)).

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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.

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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.

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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:

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.

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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.

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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).

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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> 24 – 48 hours of relative cognitive rest (sample activities below): <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> 24 – 48 hours of relative physical rest (sample activities below): <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> <p><input type="checkbox"/> Symptoms start to improve or after resting 2 days maximum, or whichever occurs first.</p>	<p>Student moves to RTPA Stage 1 when:</p> <p><input type="checkbox"/> Symptoms start to improve or after resting 2 days maximum, or whichever occurs first.</p>
Stage 1	
<p><u>RTS – Stage1</u> Light cognitive (thinking/memory/knowledge) activities (as per activities permitted listed below). 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> Light physical activities (as per activities permitted listed below) that do not provoke symptoms. Movements that can be done with little effort (do not increase breathing and/or heart rate or break a sweat).</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

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<p>Student moves to RTS Stage 2 when:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student tolerates 30 minutes of light cognitive activity (for example a student should be able to complete 3-4 of the permitted activities listed above) and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms. <input type="checkbox"/> Student has completed a minimum of 24 hours at RTS – Stage 1. 	<p>Student moves to RTPA Stage 2a when:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student tolerates light physical activities (completes both activities above) and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms. <input type="checkbox"/> Student has completed a minimum of 24 hours at RTPA – Stage 1
<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. 	<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.
<p>Stage 2</p>	
<p><u>RTS -Stage 2</u> 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). <u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ 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 <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ School attendance 	<p><u>RTPA –Stage 2a</u> Daily activities that do not provoke symptoms. Add additional movements that do not increase breathing and heart rate or break a sweat. <u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ 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) <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) ✗ Sports ✗ Sporting activities
<p>Student moves to RTS Stage 3a when:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student tolerates the additional cognitive activity (for example a student should be able to complete 3-4 of the activities permitted) and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms. <input type="checkbox"/> Student has completed a minimum of 24 hours at RTS – Stage 2. 	<p>Student moves to RTPA Stage 2b when:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student tolerates daily physical activities (completes activities permitted listed above) and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms. <input type="checkbox"/> Student has completed a minimum of 24 hours at RTPA – Stage 2a.
<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. 	<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.

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<input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.	<input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
	<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:

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- 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

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.

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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.

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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

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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. <input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner. 	<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.

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<input type="checkbox"/> E 2 sent back to school. Parent/Guardian: Signature: _____ Date: _____ Comments: _____	<input type="checkbox"/> E 2 sent back to school. Parent/Guardian: Signature: _____ Date: _____ Comments: _____
<p>RTS - Stage 3b 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.</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage ✓ School work for 4-5 hours per day, in smaller chunks (e.g., 2-4 days of school/week) ✓ Homework – up to 30 minutes per day ✓ Decrease adaptation of learning strategies and/or approaches ✓ Classroom testing with accommodations <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ Standardized tests/exams 	
<p>School</p> <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: _____	
<p>Home</p> <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: _____	

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Stage 4	
<p><u>RTS– Stage 4 a</u> 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><u>RTPA –Stage 4</u> 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 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. 	<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.

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Parent/Guardian:	Parent/Guardian:
Signature: _____	Signature: _____
Date: _____	Date: _____
Comments: _____	Comments: _____
<p>RTS - Stage 4b 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> <ul style="list-style-type: none"> <input type="checkbox"/> Student has demonstrated they can tolerate a full day of school without adaptation of learning strategies and/or approaches. <input type="checkbox"/> E 2 sent home to parent/guardian. 	
School Initials (e.g., collaborative team Lead/designate): _____ Date: _____	
<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. 	
Parent/Guardian:	
Signature: _____	
Date: _____	
Comments: _____	
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>

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	<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> <ul style="list-style-type: none"> <input type="checkbox"/> Student has successfully completed the applicable physical activities in RTPA Stage 5. <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 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>
<p>Stage 6</p>	
	<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> <ul style="list-style-type: none"> <input type="checkbox"/> Student has completed full participation in contact sports. <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 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

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	return to medical doctor/nurse practitioner for Medical Clearance reassessment. <input type="checkbox"/> E 2 sent back to school for documentation purposes.
	Parent/Guardian:
	Signature: _____
	Date: _____
	Comments: _____

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.

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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.

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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>

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.

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Appendix G: Player Code of Conduct

As a Student at: _____ for the _____ school year,
I am committed to:

- I will bring any potential issues related to the safety of equipment and facilities to the attention of the coach.
- I will wear the protective equipment for my sport and wear it properly.
- I will show respect for my teammates, opponents, officials, spectators, and practice fair play.
- I will not pressure injured teammates to participate in practices or games/competitions.
- I will learn and follow the rules of the sport and follow the coach's instructions prohibiting behaviours that are considered high-risk for causing concussions.
- I will respect and accept that the coach will strictly enforce, during practice and competition, the consequences for dangerous behaviour.
- I will respect and accept the decisions of the officials and the consequences for any behaviours that are considered high-risk for causing concussion.
- I will follow my coach's instructions about the proper progression of skills and strategies of the sport.
- I will ask questions and seek clarity for any skills and strategies of which I am unsure.
- I will talk to my coach or caring adult if I have questions or issues about a suspected or diagnosed concussion or about my safety in general.
- I have read and am familiar with an approved Concussion Awareness Resources provided by my coach [Concussion Information](#).
- I will remove myself immediately from any sport and will tell the coach or caring adult if I think I might have a concussion.
- I will tell the coach or caring adult immediately when I think a teammate might have a concussion.
- I understand that if I receive a jarring impact to the head, face, neck, or elsewhere on my body that is observed by or reported to the coach, that I will be removed immediately from the sport, and:
 - I am aware that when I have signs or symptoms I should go to a medical doctor or nurse practitioner to be diagnosis as soon as reasonably possible that day and will report the results to appropriate school staff.
 - I am aware that not all signs and symptoms emerge immediately and there are times when signs and symptoms emerge hours or days after the incident and I must stop physical activities and be monitored for the next 24 hours.
- If no signs or symptoms appear after 24 hours, I will inform the appropriate school staff and I can then be allowed to participate.
- If signs or symptoms begin, I will be assessed by a medical doctor or nurse practitioner as soon as reasonably possible that day and will report the results to appropriate school staff.
- I will communicate with my coaches, parent/guardian, and school staff and any sport organization with which I am registered about a suspected or diagnosed concussion or general safety issues.
- I understand that I will have to follow the Return to School Plan if diagnosed with a

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concussion.

- I understand I will not be able to return to full participation, including practice or competition until permitted to do so in accordance with the School Board's Return to School Plan.
- I understand that I will need a Medical Clearance as required by the Return to School Plan, prior to returning to full participation in "non-contact sports" or returning to a practice that includes full contact in "contact sports".
- I will follow the recovery stages and learning strategies proposed by the collaborative team for my Return to School Plan.

I have read and understand all 2 pages of this code of conduct:

Student Name: _____

Student Signature _____ *Date:* _____

Parent/Guardian: _____



Appendix H: Parent/Guardian Code of Conduct

As a parent/Guardian of _____ at _____
for the _____ school year, I am committed to:

- I will encourage my child to bring potential issues related to the safety of equipment and the facilities to the attention of the coach.
- I will ensure the protective equipment that we provide is properly fitted as per the manufacturer's guidelines, in good working order, and suitable for personal use.
- I will follow the school board's fair play policy and will support it by demonstrating respect for all students, coaches, officials, and spectators.
- I will encourage my child to demonstrate respect for teammates, opponents, officials, and spectators and to follow the rules of the sport and practice fair play.
- I will not pressure my child to participate in practices or games/competitions if they are injured.
- I will encourage my child to learn and follow the rules of the sport and follow the coach's instructions about prohibited play
- I will support the coach's enforcement of consequences during practices and competition regarding prohibited play.
- I will respect the decisions of officials and the consequences for my child for any prohibited play.
- I will encourage my child to follow their coach's instructions about the proper progression of skills and strategies of the sport.
- I will encourage my child to ask questions and seek clarity regarding skills and strategies they of which they are unsure.
- I will encourage my child to participate in discussions/conversations related to concussions, including signs and symptoms, with the coach or caring adult.
- I will encourage my child to talk to their coach/caring adult if they have any concerns about a suspected or diagnosed concussion or about their safety in general.
- I have read and am familiar with an approved Concussion Awareness Resource identified by the school board found on the Board's website under [Concussion Information](#)
- I understand that if my child receives a jarring impact to the head, face, neck, or elsewhere on the body that is observed by or reported to the coach my child will be removed immediately from the sport, and:
 - I am aware that if my child has signs or symptoms of a suspected concussion they should be taken to a medical doctor or nurse practitioner for a diagnosis as soon as reasonably possible that day and I will report any results to appropriate school staff.
 - I am aware that not all signs and symptoms emerge immediately and there are times when signs and symptoms emerge hours or days after the incident and in these cases my child must stop all physical activities and be monitored at home and at school for the next 24 hours.
- If no signs or symptoms emerge after 24 hours, I will inform the appropriate school staff and I understand my child will be permitted to resume participation.
- If signs or symptoms emerge, I will have my child assessed by a medical doctor or nurse practitioner as soon as reasonably appropriate that day and will report the results to

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appropriate school staff.

- I will inform the school principal, coach and/or other relevant school staff when my child experiences signs or symptoms of a concussion, including when the suspected concussion occurs during participation in a sport outside of the school setting.
- I will inform the school principal, coach and/or other relevant school staff any time my child is diagnosed with a concussion by a medical doctor or nurse practitioner.
- I will encourage my child to remove themselves from the sport and report to a coach or caring adult if they have signs or symptoms of a suspected concussion.
- I will encourage my child to inform the coach or caring adult when they suspect a teammate may have sustained a concussion.
- I will share with the coach, school staff, and/or staff supervisor of all sport organizations with which my child has registered if/when my child has experienced a suspected or diagnosed concussion or general safety issues.
- I understand that if my child has a suspected or diagnosed concussion, they will not return to full participation, including practice or competition, until permitted to do so in accordance with the School Board’s Return to School Plan.
- I will ensure my child receives a Medical Clearance as required by the Return to School Plan, prior to returning to full participation in “non-contact sports” or returning to a practice that includes full contact in “contact sports”.
- I will follow the recovery stages and learning strategies proposed by the collaborative team for my child as part of the Return to School Plan.

I have read and understand all 2 pages of this code of conduct.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ *Date:* _____



Appendix I: Coach/Team Trainer Code of Conduct

As a coach/team trainer at _____
for the _____ school year, I am committed to:

- I will review and adhere to the School Board's safety standards for physical activity and concussion protocol, as they apply to my sport prior to taking on the responsibility as coach/team trainer
- I will check the facilities and equipment take necessary precautions and bring potential hazards to the attention of the students.
- I will provide and maintain a safe learning environment for my students and uphold a culture of safety-mindedness.
- I will inform students and their parent/guardian (for students under the age of 18) about the risks of a concussion or other potential injuries associated with the sport and ways to minimize those risks.
- I will demonstrate a commitment to fair play and will respect my students, opponents, officials, and spectators.
- I will not pressure a student to participate in practices or games/competitions if they are injured.
- I will teach students the rules of the sport and will provide instructions about prohibited play.
- I will strictly enforce, during practice and competition, the consequences for prohibited play.
- I will accept and respect the decisions of officials and the consequences for any prohibited play.
- I will instruct students in training and practices using the proper progression of skills and strategies of the sport.
- I will encourage students to ask questions and seek clarity regarding skills and strategies they of which they are unsure.
- I will provide opportunities by creating an environment for student discussions/conversations related to suspected and diagnosed concussions, including signs and symptoms, questions, and safety concerns, throughout the day, including before and after practice and competition.
- I have read and am familiar with an approved Concussion Awareness Resource identified by the school board [Concussion Information](#).
- I will emphasize the seriousness of a concussion to my students along with outlining the signs and symptoms of a concussion.
- I will provide instruction to students about the importance of removing themselves from the sport and reporting to a coach/team trainer or caring adult if they have signs or symptoms of a concussion.
- I will provide instruction to students about the importance of informing the coach/caring adult when they suspect a teammate may have a concussion.
- I will immediately remove from play, for assessment, any student who receives a jarring/significant impact to the head, face, neck, or elsewhere on the body and adhere to the School Board's concussion protocol prior to allowing return to physical activity.
- I will support and adhere to a process for communication to take place between myself and the student, parent/guardian, and relevant school staff.

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- I will promote the importance of communication about a suspected or diagnosed concussion between the student, parent/guardian, and all sport organizations with which the student has registered.
- I will support the implementation of the Return to School Plan for students with a diagnosed concussion
- I understand the need to prioritize a student’s return to learning as part of the Return to School Plan.
- I will follow the Return to School Plan and make sure a student diagnosed with a concussion does not return to training, practice, or competition until permitted to do so in accordance with the Return to School Plan.

I have read and understand all 2 pages of this code of conduct.

Coach/Team Trainer Name: _____

Coach/Team Trainer Signature: _____ *Date:* _____

Student Concussion and Head Injury Supplemental Resources



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 School/Return to Physical Activity Plan in Place
Surname	Given Name		Status of Return to School/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:			

Initial Response: Steps and Responsibilities in a Suspected Concussion

Student: Receives a significant impact to the head, face, neck, or body (observed or reported), that transmits a force to the head, and as a result may have suffered a concussion.

Teacher/Coach/Supervisor/Volunteer:
Stop Activity Immediately! *Initiate* Emergency Action Plan for Concussion and Head Injury (Appendix D1).

Teacher/Coach/Supervisor/Volunteer:
Check for **Red Flag** sign(s) and/or Symptom(s) - *Tool to Identify Suspected Concussion* (Appendix C)

Teacher/Coach/Supervisor/Volunteer:
Check for other concussion sign(s) and/or symptoms

Teacher/Coach/Supervisor/Volunteer:
Follow **Red Flag** Procedures - Call 911

Student:
No concussion sign(s) and/or symptoms observed or reported but a possible concussion event was recognized

Student:
Concussion signs and/or symptoms ARE present

Teacher/Coach/Supervisor/Volunteer:

- Contact Parent/Guardian
 - inform of incident and the name of the hospital that student is taken to
- Provide a copy of *Tool to Identify a Suspected Concussion* (Appendix C) and *Documentation of Monitoring/Documentation of Medical Assessment* (Appendix D2)
- Inform Principal of Suspected Concussion
- Complete all necessary board injury reports (i.e. OSBIE, Critical Injury)

Student:
Attends school. No physical activity. Monitored for 24 hours.

Student:
NOT allowed to return to Physical Activity that day

Teacher/Coach/Supervisor/Volunteer:

- Contact Parent/Guardian and inform them of the incident
- Provide a copy of *Tool to identify a Suspected Concussion* (Appendix C) and *Documentation of Monitoring /Documentation of Medical Assessment* (Appendix D2)
- Inform Principal of the incident
- Complete all necessary board injury reports (i.e. OSBIE)

Teacher/Coach/Supervisor/Volunteer:

- Contact Parent/Guardian to inform them of the incident, the need to pick up student and that the student is to be assessed by a medical doctor or nurse practitioner as soon as possible that day.
- Provide a copy of *Tool to Identify a Suspected Concussion* (Appendix C) and *Documentation of Monitoring/Documentation of Medical Assessment* (Appendix D2)
- Inform Principal of Suspected Concussion
- Complete all necessary board injury reports (i.e. OSBIE)

Principal:
Informs school staff and volunteers who work with the student of the suspected concussion. Informs school (class teacher(s), coaches, recess supervisors, LRTs, EAs) of suspected concussion

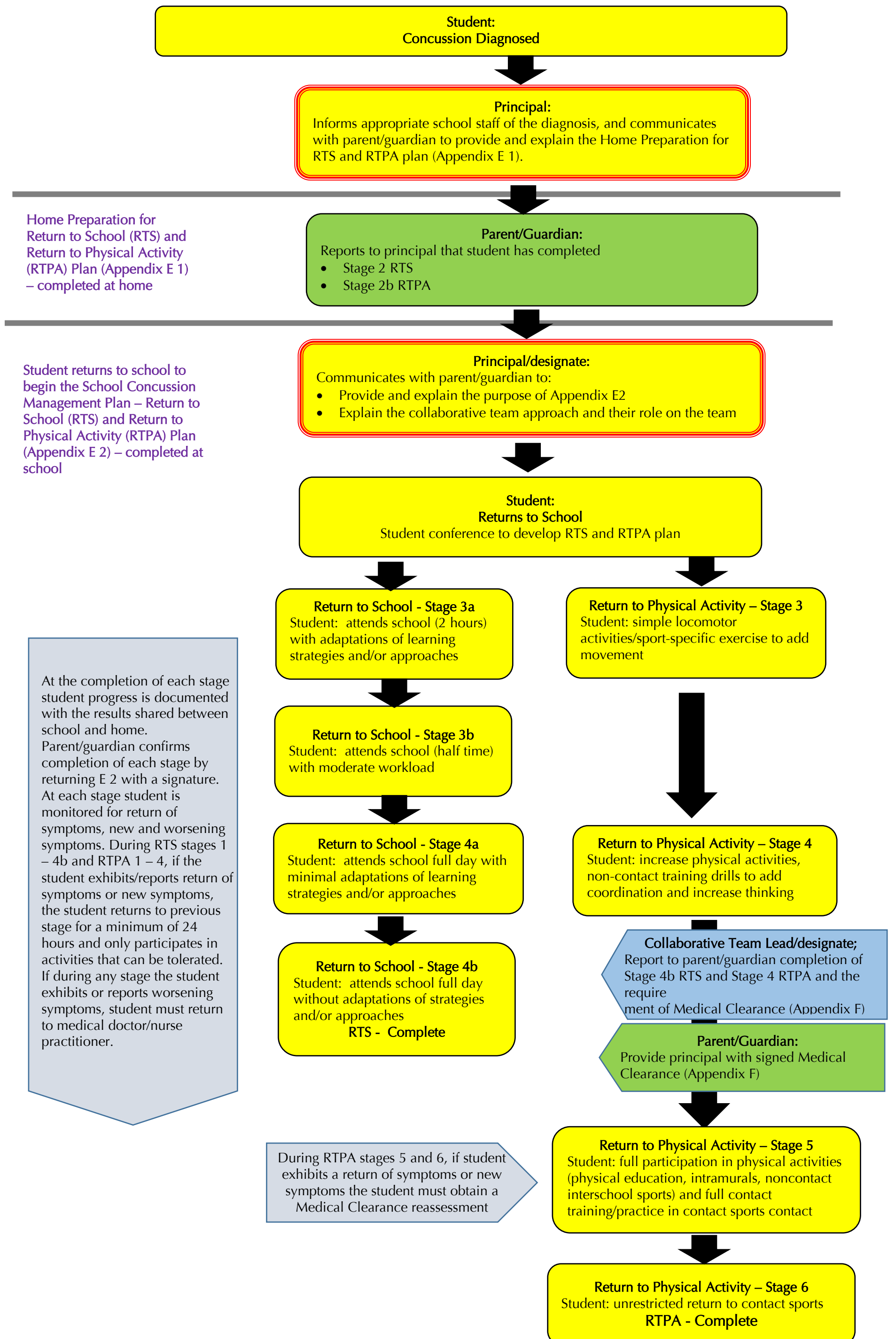
Parent/Guardian/School:
Continued Monitoring for 24 hours for delayed sign(s) and/or symptom(s)

Parent/Guardian:
Must report the results of the 24-hour monitoring to principal (Appendix D2). If no sign(s) and/or symptom(s) emerge, student is permitted to resume physical activity. Medical Clearance is not required.

Parent/Guardian:
Must report the results of the 24-hour monitoring to principal (Appendix D2). If sign(s) and/or symptom(s) emerge, student needs a Medical Assessment as soon as possible that day.

Parent/Guardian:
Report the outcome of the Medical Assessment as well as provide the completed and signed *Document of Monitoring/Documentation of Medical Assessment* (Appendix D2) to the principal.

Stages and Responsibilities for Concussion Management at Home and School



Concussion Tracking Template																							
Student Name						Date of Incident:																	
Documents supplied to Parent/Guardian after the incident			Given ***ONLY IF DIAGNOSED AS CONCUSSION by Doctor/Nurse Practitioner***																				
Appendix C Tool to Identify Concussion		Appendix D 2 Documentation of Monitoring/ Medical Assessment Form		Appendix E 1: Concussion Management - Home Preparation for RTS and RTPA Plan		Appendix E 2: School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan																	
Record the date that Appendix C was provided to the parent/guardian.		Record the date that Appendix D 2 was provided to the parent/guardian and the date the signed appendix was returned.		Minimum 24 hours between each Stage. Record the date that Appendix E 1 was provided to the parent/guardian and the date the signed appendix was returned.		Minimum 24 hours between each Stage. Before progressing to RTPA Stage 5, the student must: -have completed RTS Stage 4a and 4b (full day at school without adaptation of learning strategies and/or approaches); -have completed RTPA Stage 4 and be symptom-free; and -obtained a signed Medical Clearance from a medical doctor or nurse practitioner. Record the date that Appendix E 2 was given to the parent/guardian and the date the signed appendix was returned.																	
				Student completed RTS/RTPA intial rest, RTS/RTPA Stage 1, RTS Stage 2 AND RTPA Stage 2a and 2b		RTS Stage 3a		RTS Stage 3b		RTPA Stage 3		RTS Stage 4a		RTS Stage 4b		RTPA Stage 4		Medical Clearance - Appendix F		RTPA Stage 5		RTPA Stage 6	
Date provided	Date provided	Date returned. File in OSR	Date provided	Date returned	Date provided	Date returned	Date provided	Date returned	Date provided	Date returned	Date provided	Date returned	Date provided	Date returned	Date provided	Date returned	Date provided	Date returned. File in OSR	Date provided	Date returned	Date provided	Date returned. File in OSR	
Notes:																							



Classroom Concussion Symptoms Form – Student Return to School

Student Name: _____ Date: _____

Homeroom Teacher: _____ Class/Period: _____

Time of Completion Re-entry Meeting OR Follow-up meeting No. _____ (1,2,3...)

Instructions for the Student: Read the symptoms below. For each symptom, circle ONE response. Be honest and do not skip any questions. Then, answer the question at the bottom of the second page. Give the form to your educator once complete. (If you have questions regarding this form, please contact the teacher.)

Note for the Instructor: Where appropriate, considering the age/ability/concussion symptoms of the student, the educator may need to provide instructions, read the items and record the student responses on the form. Please file in the Ontario Student Record – Documentation File

Physical Difficulties:					
Description	How it affects me at school	Response			
Headache	I have difficulty concentrating, paying attention or multi-tasking	none	mild	moderate	severe
Dizziness/ Balance problems	I lose my balance, I trip/stumble more often, I get dizzy when I (move/get up/...)	none	mild	moderate	severe
Nausea (Feeling sick to my stomach)	I have to vomit, I feel sick during lessons	none	mild	moderate	severe
Drowsiness	I feel sleepy or sluggish	none	mild	moderate	severe
Fatigue	I get tired quickly, I feel exhausted after small/short tasks	none	mild	moderate	severe
Sensitivity to light	I have difficulties working in the classroom environment (e.g., lights, seeing the blackboard)	none	mild	moderate	severe
Sensitivity to noise	I have difficulties working in the classroom environment (e.g., loud music, noise, talking)	none	mild	moderate	severe

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Cognitive Difficulties (<i>thinking, problem solving and learning</i>):						
Description	How it affects me at school	Response				
Feeling mentally foggy	I cannot think clearly and/or follow what is going on	1 never	2	3	4	5 always
Difficulty concentrating on schoolwork	I can only focus on my schoolwork in a limited way or for a short time	1 never	2	3	4	5 always
Difficulty paying attention to teacher	I have difficulty tuning out other noises or keeping track of what the teacher is saying, note taking is hard for me	1 never	2	3	4	5 always
Difficulty processing information quickly	I have difficulty following instructions; I can't manage deadlines or complete tasks on time; I feel slowed down	1 never	2	3	4	5 always
Difficulty remembering	I can't retain new information or instructions, I cannot recall/access information already learned	1 never	2	3	4	5 always
Difficulty staying organized	I am missing pieces of instruction, I forget to bring things/lose things, I have a hard time finishing assignments	1 never	2	3	4	5 always

Emotional Difficulties:						
Description	How it affects me at school	Response				
Irritability/Frustration	I give up easily, I have a "short fuse"; I get upset quickly when I encounter difficulties, I act on impulse; I am irritable	1 never	2	3	4	5 always
Anxiety/Nervousness	I am fearful about tests and assignments, I cannot focus, I work to overtiredness	1 never	2	3	4	5 always
Feelings of Sadness/Withdrawal	I am sad, I don't like to talk, I keep to myself	1 never	2	3	4	5 always

What tasks in school are most difficult for you? Please write specific examples:



Classroom Concussion Accommodations Form - Return to School

Student Name: _____ Date: _____

Homeroom Teacher: _____ Class/Period: _____

Time of Completion Re-entry Meeting OR Follow-up meeting No. _____ (1,2,3...)

Instructions: Use the student’s responses to the questions on the **Symptoms Form** to devise in-class, symptom-based accommodations. Mark selected accommodations on this list. Discuss the recommended accommodations with the student. *Please file in the Ontario Student Record – Documentation File*

Physical Difficulties:		
Symptoms	✓	Accommodations and Strategies
Headache	<input type="checkbox"/>	Mild/moderate: allow classroom participation
	<input type="checkbox"/>	Avoid symptom triggers
	<input type="checkbox"/>	If severe, inform parent/guardian
	<input type="checkbox"/>	Allow frequent breaks
	<input type="checkbox"/>	Consider reduce hours
Dizziness/ Balance problems	<input type="checkbox"/>	Mild/moderate: allow classroom participation
	<input type="checkbox"/>	Avoid symptom triggers
	<input type="checkbox"/>	If severe, inform parent/guardian
	<input type="checkbox"/>	
	<input type="checkbox"/>	
Nausea	<input type="checkbox"/>	Mild/moderate: allow classroom participation
	<input type="checkbox"/>	Avoid symptom triggers
	<input type="checkbox"/>	If severe, inform parent/guardian
Drowsiness	<input type="checkbox"/>	Mild/moderate: allow classroom participation
	<input type="checkbox"/>	Avoid symptom triggers
	<input type="checkbox"/>	If severe, inform parent/guardian
Fatigue	<input type="checkbox"/>	Reduce workload
	<input type="checkbox"/>	Consider reduce hours
	<input type="checkbox"/>	Consider gradual return to school (e.g. 1-2 hours, half-days, late starts)
Sensitivity to light	<input type="checkbox"/>	Move away from windows
	<input type="checkbox"/>	Allow access to special lighting (dim lights/draw shades/task lighting/darker room)
	<input type="checkbox"/>	Allow sunglasses/hat in class

Forms are based on:

- Ontario Physical Education Safety Guideline Concussion Protocol; Table 2: Return to Learn Strategies/Approaches Sept. 2014. Adapted from Davis GA, Purcell LK. The evaluation and management of acute concussion differs in young children. *Fr J Sports Med.* Published online First 23 April 2013 doi:10. 1136/bjsports-2012-092132;
- Classroom-Concussion-Assessment-Form.pdf from nationwidechidrens.org 2013; An Educators Guide to Concussion in the Classroom - Classroom Concussion Assessment Form.

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Physical Difficulties (continued):		
Symptoms	✓	Accommodations and Strategies
Sensitivity to noise	<input type="checkbox"/>	Remove from loud environments
	<input type="checkbox"/>	Avoid noisy crowded environments such as assemblies and hallways during high traffic times
	<input type="checkbox"/>	Provide alternative work-space
	<input type="checkbox"/>	Reduce classroom noise; Avoid headphones and loud music
	<input type="checkbox"/>	Allow noise cancelling headphones
	<input type="checkbox"/>	Arrange for strategic seating (e.g. move student away from talkative peers, proximity to teacher)
Cognitive Difficulties (thinking, problem solving and learning):		
Symptoms	✓	Accommodations and Strategies
Feeling mentally foggy	<input type="checkbox"/>	Provide breaks between tasks
	<input type="checkbox"/>	Simplify tasks
Difficulty concentrating on schoolwork	<input type="checkbox"/>	Shorten task duration
	<input type="checkbox"/>	Give breaks between tasks
	<input type="checkbox"/>	Consider shortening school day
	<input type="checkbox"/>	Consider limiting test to one per day and provide extra time and/or quiet environment
Difficulty paying attention to teacher	<input type="checkbox"/>	Provide frequent check-ins
	<input type="checkbox"/>	Front of the room seating in proximity of teacher
	<input type="checkbox"/>	Work/test in quiet room
Difficulty processing information quickly	<input type="checkbox"/>	Provide access to assistive technology
	<input type="checkbox"/>	Provide extra time or a quiet environment
	<input type="checkbox"/>	Provide class notes
	<input type="checkbox"/>	Provide scribe
	<input type="checkbox"/>	Check understanding of content, repeat instructions
Difficulty remembering	<input type="checkbox"/>	Provide visual cues/aids and/or advance organizers (visual cueing, non-verbal signs)
	<input type="checkbox"/>	Use alternative testing methods (such as multiple-choice, oral testing) for the student to demonstrate mastery
	<input type="checkbox"/>	Provide a copy of class notes
	<input type="checkbox"/>	Provide memory aids
Difficulty staying organized	<input type="checkbox"/>	Check comprehension of instructions
	<input type="checkbox"/>	Use to-do lists and checklists
	<input type="checkbox"/>	Encourage student to use/set electronic alerts
	<input type="checkbox"/>	Manage overall workload and pace of work demands
	<input type="checkbox"/>	Use agenda/planner for schedule and due dates
	<input type="checkbox"/>	Divide larger assignments/assessments into smaller tasks
	<input type="checkbox"/>	Extend deadlines for submitting assignments

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Emotional Difficulties		
Symptoms	✓	Accommodations and Strategies
Irritability/ Frustration	<input type="checkbox"/>	Prepare the student for change and transitions
	<input type="checkbox"/>	Set reasonable expectations
	<input type="checkbox"/>	Anticipate and remove the student from a problem situation (without characterizing it as punishment)
	<input type="checkbox"/>	Encourage teachers to use consistent strategies and approaches
	<input type="checkbox"/>	Acknowledge and empathize with the student’s frustration, anger and emotional outburst if and as they occur
	<input type="checkbox"/>	Reinforce positive behaviour
	<input type="checkbox"/>	Provide consistency and structure on a daily basis
Anxiety/ Nervousness	<input type="checkbox"/>	Where feelings are affecting social interactions/school work inform parent/guardian
	<input type="checkbox"/>	Provide access to Child and Youth counsellor or other support personnel
	<input type="checkbox"/>	Build in more frequent breaks during the school day
	<input type="checkbox"/>	Provide the student with preparation time to respond to questions
	<input type="checkbox"/>	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)
Feelings of Sadness/ Withdrawal	<input type="checkbox"/>	Where feelings are affecting social interactions/school work inform parent/guardian
	<input type="checkbox"/>	Provide access to Child and Youth counsellor or other support personnel
	<input type="checkbox"/>	Open lines of communication with parent/guardian and student sharing observations of child at home and school.
	<input type="checkbox"/>	Provide opportunities and personnel for student to share his thoughts/feelings.
	<input type="checkbox"/>	Build time into class/school day for socialization with peers
	<input type="checkbox"/>	Partner student with a “buddy” for assignments or activities
	<input type="checkbox"/>	Implement, immediately, correct Board procedures when a student expresses suicidal feelings, thoughts. Parent/guardian must be informed.

Other Accommodations and strategies (provide examples):

Date for next review of accommodation plan: _____

Under the direction of the *Ontario Ministry of Education* and under the legal authority of the *Education Act*, Grand Erie District School Board collects this information in order to fulfil its commitment to promote 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.

Sample Concussion Prevention Strategies

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

The prevention strategies are organized into the following four sections:

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

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

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

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

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

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- demonstrate and role model the ethical values of fair play and respect for opponents;
- encourage students/athletes to follow the rules of play, and to practice fair play;
- use game/match officials in higher-risk interschool sports that are knowledgeable, certified and/or experienced in officiating the sport; and
- inform students about the importance using protective equipment (for example, helmets, padding, guards) that is properly fitted (as per manufacturer's guidelines) and properly worn.

Prior to the sport season/intramural activity/beginning of the school year students/athletes should be informed about:

- concussions
 - definition
 - seriousness of concussions
 - causes
 - signs and symptoms
 - the school board's identification and management procedure
- the risks of a concussion associated with the activity/sport and how to minimize those risks including sport-specific prevention strategies;
- the importance of respecting the rules of the game and practising Fair Play (for example, to follow the rules and ethics of play, to practice good sportsmanship at all times and to respect their opponents and officials);
- the dangers of participating in an activity while experiencing the signs and symptoms of a concussion and potential long-term consequences;
- the importance of:
 - immediately informing the teacher/coach/supervisor of any signs or symptoms of a concussion, and removing themselves from the activity;
 - encouraging a teammate with signs or symptoms to remove themselves from the activity and to inform the teacher/coach/supervisor;
 - informing the teacher/coach/supervisor when a classmate/teammate has signs or symptoms of a concussion; and
 - determining that, when students/athletes are permitted to bring their own protective equipment, it is properly fitted (as per manufacturers guidelines), properly worn, in good working order and suitable for personal use.
- the use of helmet when they are required for a sport/activity.
 - Helmets do not prevent concussions. They are designed to protect against skull fractures, major brain injuries (including bleeding into or around the brain), brain contusions and lacerations.
 - Helmets are to be properly fitted (as per manufacturer's guidelines) and properly worn (for example, only one finger should fit between the strap and the chin when strap is done up).

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

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

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

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

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

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

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

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

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

RESOURCES

Ontario portal: <http://www.health.gov.on.ca/en/public/programs/concussions/>

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