	<b>CONCUSSION MANAGEMENT PROTOCOL</b>	<b>AS 15.2</b>
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## **POLICY STATEMENT**

The Nipissing-Parry Sound Catholic District School Board (NPSCDSB) is committed to creating stimulating and nurturing learning and work environments for all students, parents/guardians, the public and our staff. Our Catholic school community respects, builds upon, and indeed celebrates the uniqueness of the individual, who is created in God's image.

In accordance with our Gospel values and Church's teachings, it is the policy of the NPSCDSB to provide a safe environment that promotes the overall well-being of students and takes steps to reduce the risk of injury. The NPSCDSB recognizes the importance of promoting the safety of students as this is an essential precondition for effective learning.

As such, we are committed to increasing awareness for all students, staff, parents/guardians, volunteers and health care practitioners to support the timely and proper management of concussions.

## **ADMINISTRATIVE PROCEDURE**

### **1. RATIONALE**

The Ministry of Education is committed to helping all students succeed and lead healthy and active lives. As part of its commitment to student safety, injury prevention and well-being, the Ministry requires all Ontario school board to maintain policies and procedures that support concussion awareness, prevention, identification, management, tracking and training in schools (Policy Program Memorandum 158 p. 1 [PPM 158](#)) It is very important to students' long term health and academic success that individuals in schools have information on appropriate strategies to minimize risk of concussion, steps to follow if they suspect that a student may have a concussion, and effective management procedures to guide students' Return to School and Return to Physical Activity after a diagnosed concussion.

The NPSCDSB recognizes that children and adolescents are among those at greatest risk for concussions and that while there is potential for a concussion any time there is body trauma, the risk is greatest during activities where collisions can occur, such as during school based physical activity programs (curricular, intramural, interschool), recess time or field trips.

In order to foster consistency and continuity in supporting students to lead health and active lives, this concussion management protocol ,procedures and related appendices have been developed in partnership with the Near North District School Board, Conseil Scolaire Franco-Nord Catholique, Conseil Scolaire Nord Est, Nipissing-Parry Sound Public Health Unit, Parachute Canada and local North Bay physician representatives.

### **2. APPLICATION AND SCOPE**

This policy provides direction to Board employees or other persons who are involved in school activities regarding the development and implementation of the following concussion components addressed in the Ontario Physical Education Safety Guidelines Concussion Protocol attached as appendices (OPHEA). The Ministry of Education considers the concussion protocol outlined in the Ontario Physical Education Safety Guidelines Concussion Protocol to be the minimum standard [OPHEA Concussion Protocol](#).

In accordance with Policy and Program Memorandum 158, the components of an Ontario school board's policy on concussion must include:

- Strategies for prevention of concussions
- Roles and responsibilities of board and school administration, educators, school staff, coaches, students, parents and guardians;
- A process for the removal of students with a suspected concussion from further participation in physical activity( intramural, inter-school athletics, physical and health education classes)
- A process for those students diagnosed with a concussion, a Return to School Plan (RTS) and Return to Physical Activity Plan (RTPA)
- A process to document and track a student's progress, from removal from an activity due to a suspected concussion, to the return, through graduated steps to learning and to physical activity;
- Annual concussion training for relevant board and school staff;
- The confirmation of annual review of approved Concussion Awareness Resource by individuals participating in board-sponsored interschool sports;
- The establishment of Concussion Codes of Conduct for individuals participating in board sponsored inter-school sports as well as confirmation of annual review of the Codes.

### 3. DEFINITIONS

#### **Concussion Diagnosis:**

Concussion is the term for a clinical diagnosis that is communicated by a physician or nurse practitioner. School staff, board staff, or volunteers cannot make a concussion diagnosis, but must advise students who are suspected of having sustained a concussion and their parents to seek a medical assessment by a physician or nurse practitioner. In Canada, only medical doctors and nurse practitioners are qualified to provide 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 a suspected concussion should undergo evaluation by one of these professionals. In rural or northern regions, the Medical Assessment may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner.

A concussion:

- Is a 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 direct blow to the head, face and neck or by a blow to the body that transmits a force to the head that causes the brain to move rapidly within the skull;
- 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 by means of medical imaging tests, such as X-rays, standard computed tomography (CT) scans, or magnetic resonance imaging (MRI) scans;
- Is typically expected to result in symptoms lasting 1-4 weeks in children and youth (18 years or under). In some cases, symptoms may be prolonged.

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## Signs and Symptoms:

A concussion sign is something others may notice. A concussion symptom is something an individual will feel. There is no single indicator for concussion; the signs and/or symptoms can take time to appear. A concussion cannot be seen and some individuals may not experience or report symptoms until hours or days after the injury; these can become more noticeable during activities requiring concentration or during physical activities. Please see appendices for detailed information.

## Second Impact Syndrome:

- Rare but serious, second impact syndrome occurs when an individual experiences a second concussion before the symptoms of the initial concussion have resolved.
- Can result in rapid potentially fatal brain swelling.

## Sign:

- Outward, objective evidence of illness, injury or disease. i.e. loss of consciousness.

## Symptom:

- Subjective and unseen symptoms can only be detected or sensed by the injured or ill party. i.e. headache

## Return to School (RTS):

- A two-part, four-stage process to support/accommodate students, as needed, when returning to the school after a concussion. The first part occurs at home and prepares the student for the second part which occurs at school.

## Return to Physical Activity (RTPA):

- A two-part, six-step process to re-introduce students to activities and/or athletics after a concussion. The first part occurs at home and prepares the student for the second part which occurs at school.

Due to their developing brain and risk taking behavior, children and adolescents are more susceptible to concussion and take the longest to recover. Recent research has made it clear that a concussion can have a significant impact on a student's cognitive and physical abilities. In fact, research shows that activities that require concentration can actually cause a student's concussion symptoms to reappear or worsen. It is equally important to help students as they "*Return to School*" in the classroom as it is to help them "*Return to Physical Activity*". Without identification and proper management, a concussion can result in permanent brain damage and in rare occasions, even death.

Research also 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.

## Ontario School Boards' Insurance Exchange (OSBIE)

OSBIE is the company that insures most of the school boards in the province. It is self-funded by its member school boards. A concussion procedure is an insurance requirement.

### **OSBIE Incident Report**

An OSBIE Incident Report is a form that is completed when an incident occurs involving bodily injury to anyone other than an employee, or property damage occurs. If a person has been admitted to hospital or fatally injured, the OSBIE claims department, the administrator and the board office must be immediately notified. Completed forms are submitted electronically by the school to OSBIE. The incident report is retained by OSBIE for insurance purposes.

## **4. CONCUSSION AWARENESS STRATEGIES**

The Nipissing-Parry Sound Catholic District School Board supports the Ontario Government's **Concussion Awareness Resource** and will use these resources to ensure that the information that students, staff and coaches are receiving on concussions is consistent with information received from sports organizations. The Concussion Awareness Resource can be found at: [Ontario Concussion Awareness Resource](#). The E-booklet is also found in Appendix B-4a, B-4b, and B-4c.

- 4.1. Annual training for school staff and volunteers on concussion, including signs and symptoms, prevention, identification and management as appropriate to their roles will be conducted through the use of the Concussion Awareness Resource.
- 4.2. Develop strategies to raise awareness and inform students on concussion, their roles and responsibilities and create or use curriculum strands/resources as available.
- 4.3. Develop strategies to raise awareness of concussion in parents/guardians and inform them of their roles and responsibilities.

## **5. CONCUSSION PREVENTION STRATEGIES**

- 5.1. The concussion prevention approach includes primary, secondary and tertiary strategies:

**Primary:** information / actions that prevent concussions from happening (reference an appendix).

**Secondary:** expert management of a concussion has occurred (i.e. identification management of a return to school (RTS), return to physical activity plan reference appendix).

**Tertiary:** strategies to help prevent complications of a concussion.

- 5.2. Evidence supports that education about concussions can lead to a reduction in the incidence of concussions. In an effort to raise awareness and build capacity to reduce the incidence of concussions, the Nipissing-Parry Sound Catholic District School Board will share educational information and resources to highlight Rowan's Day to school staff.

### **5.3. Concussion Codes of Conduct**

Concussion prevention is supported by the Concussion Awareness Resource (section 4.0) and Concussion Codes of Conduct for inter-school sports. Students, parents and guardians (of students under the age of 18) and coaches will be required to read and sign the Nipissing-Parry Sound Catholic DSB's Concussion Code of Conduct each year that they are involved in inter-school sports (Appendix B).

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## 6. IDENTIFICATION OF A SUSPECTED CONCUSSION

Should a staff member/coach/supervisor suspect that a student has sustained a concussion at school or elsewhere, they will: (see Charts in Appendix C-6a and C-6b).

- 6.1. Immediately and safely remove the student from the activity
- 6.2. Call 911 immediately if **any red flags are observed** (Appendix C-2)
- 6.3. Use Appendix C-2 A Tool to Identify a Suspected Concussion to help identify the presence of any signs or symptoms of concussion
- 6.4. Contact parents/guardians and provide Appendix C-2 with instructions of Actions to be Taken including Medical Assessment, Appendix C-3, if necessary
- 6.5. Share Appendix C-4 Documentation of a Diagnosed Concussion: Return to School Plan to support a student's return to school following a diagnosis of concussion.

The Board has referred to OPHEA's concussion protocol when developing the process of identifying suspected concussion and can be found at [OPHEA Concussion Protocol](#) (See Appendix C-1).

## 7. THE RETURN TO SCHOOL PLAN

- 7.1. Following the identification of a suspected concussion, the student must be assessed by a medical doctor or nurse practitioner as soon as reasonably possible. The parent must communicate to the school the results of the Medical Examination (Appendix C-3).
- 7.2. If a concussion is not diagnosed, the student may resume full participation in learning and physical activity with no restrictions.
- 7.3. If a concussion is diagnosed, the student follows a medically supervised, individualized and gradual Return to Learn and Return to Physical Activity Plan known as the Return to School (RTS) Plan and the Return to Physical Activity (RTPA) (Appendix C-4).
  - 7.3.1. Please note that the Return to School and Return to Physical Activity (RTPA) are inter related but not interdependent. A student's progress through the stages of the Return to School (RTS) are independent from the progression through the Return to Physical Activity (RTPA) Plan.
- 7.4. The management of a student's concussion is a shared responsibility and requires communication between home, school, sport organizations (as applicable) and the student's medical doctor or nurse practitioner.

There are two parts to a student's Return to School (RTS) Plan. The first part occurs at home and the second part occurs at school.

The home stages of the Return to School (RTS) occur under the supervision of the parent/guardian in consultation with the medical doctor or nurse practitioner.

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## 8. ROLES AND RESPONSIBILITIES

### 8.1. Role of Senior Administration:

Senior Administration will:

- 8.1.1. Conduct an annual review of the Concussion Management Protocol and Board supporting documents to ensure that they align with the current best practices, and at a minimum, with the OPHEA Concussion guidelines and OSBIE requirements.
- 8.1.2. Ensure that concussion training is made available to all school staff and volunteers including the signs and symptoms of concussion, and immediate action to take if a concussion is suspected, prevention strategies and other information as appropriate to their roles.
- 8.1.3. Ensure that concussion awareness and education strategies are made available to students and parents/guardians (websites, hand-outs, newsletters, team meetings, curriculum, etc.).
- 8.1.4. Provide support to school administrators and staff to ensure implementation of the Concussion Procedures, *Return to School* and *Return to Physical Activity Plan*.
- 8.1.5. Ensure that information on the Concussion procedures is provided to Community Users of school facilities and licensed third-party care providers not operating Extended Day programs

### 8.2. Principals/Vice-Principals:

Principals and Vice-Principals will:

- 8.2.1. Provide awareness training to all staff and volunteers outlined in this policy informing them of the:
  - a) Signs and symptoms of concussions;
  - b) *Return to School (RTS)* & *Return to Physical Activity (RTPA)* process;
  - c) Their roles and responsibilities.
  - d) Use the Concussion Awareness Resources to train staff
  - e) Ensure the appropriate Code of Conduct for Concussions are shared, reviewed, and files with students, staff/coaches and parents/guardians who wish to participate in interschool sports.
- 8.2.2. Ensure all staff and coaches are qualified for the classes/sports they are involved in.
- 8.2.3. Ensure all staff and coaches follow the applicable Ontario Physical and Health Education Safety Guideline (OPHEA).



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- 8.2.4. If a student is diagnosed with a concussion, ensure that the steps in Appendix C-3 and C-4 are explained to the parents/guardians and if appropriate, the student.
  - 8.2.5. Prior to a students' return to school, complete and collect the following documentation:
    - a) Medical Assessment Form (Appendix C-3)
    - b) Return to School for Diagnosed Concussion (Appendix C-4)
  - 8.2.6. File the above documents in the student's OSR and provide a copy to appropriate staff.
  - 8.2.7. Maintain an inventory of all personal protective equipment (PPE), including but not limited to, the date of purchase, inspection dates and date to be replaced.
  - 8.2.8. Ensure all equipment is certified (if applicable), in good condition, is worn properly and is appropriate for the activity.
  - 8.2.9. Encourage applicable staff coaches participate in Standard First Aid training.
  - 8.2.10. Ensure that students and parents/guardians are aware of this procedure and what their roles and responsibilities are.

### 8.3. **School Staff, Support Staff, Coaches, Volunteers:**

School staff, support staff, coaches and volunteers will:

- 8.3.1. Participate in required training and understand and follow Concussion Procedures as outlined in the NPSCDSB Concussion Management Protocol including the review, authorization and implementation of the Concussion Code of Conduct.
- 8.3.2. Be aware of the signs and symptoms of concussions, methods of prevention and the management protocol in the event of a concussion including *Return to School (RTS)* and *Return to Physical Activity (RTPA)*.
- 8.3.3. Ensure that the *Informed Consent/Permission Form for School Teams* and/or permission form for participation in physical education is completed and on file prior to the student participating in any physical activity for secondary school students.
- 8.3.4. Follow all applicable Ontario Physical and Health Education Safety Guidelines (OPHEA).
- 8.3.5. Ensure that all equipment used is certified (if applicable), in good condition, worn properly and is appropriate for the activity.
- 8.3.6. Ensure that all activities are age appropriate.
- 8.3.7. Ensure that all skills are taught in order of progression.
- 8.3.8. Ensure that all participants participate in the appropriate safety training prior to performing the task/activity.



8.3.9. In the event of an injury, complete the *Student/Athlete Concussion Report* and the online OSBIE report.

8.3.10. Supervise students at all times.

8.3.11. Ensure each team has an emergency action plan.

#### 8.4. **Students:**

Students will:

8.4.1. Review and sign the Concussion Code of Conduct.

8.4.2. Complete (students over the age of 18 years and parents/guardians) and return the *Informed Consent/Permission Form for School Teams* before participating in a school team activity.

8.4.3. Participate in all safety training and learn to recognize the signs/symptoms of a concussion.

8.4.4. Wear any required equipment in the correct manner.

8.4.5. Follow all rules and regulations of the activity.

8.4.6. Immediately report any concussion symptoms to staff/coaches.

8.4.7. Inform staff/coaches if they notice/observe concussion signs in any of their peers.

8.4.8. Follow concussion management strategies of their medical practitioner.

8.4.9. Understand and follow the *Return to School (RTS)* and *Return to Physical Activity (RTPA) Plan* as directed by school staff.

#### 8.5. **Parents/Guardians:**

Parents and Guardians will:

8.5.1. Review the NPSC Concussion Management Protocol

8.5.2. Review and sign the Concussion Code of Conduct if your child is under the age of 18 and is involved in inter-school sports.

8.5.3. Learn the signs and symptoms of concussion and review them with your child/children.

8.5.4. Have a student assessed by a medical doctor or nurse practitioner as soon as possible in the event that a concussion is possible.

- 8.5.5. Collaborate with the school and medical doctor or nurse practitioner to manage possible or diagnosed concussions appropriately.
- 8.5.6. Support concussed students with their recovery.
- 8.5.7. Collaborate with school staff and support a student on the *Return to School (RTS)* and *Return to Physical Activity (RTPA) Plan* as per the established School Board Policy on Concussions.
- 8.5.8. Report any non-school related concussion to the school principal so the *Return to School (RTS)* and *Return to Physical Activity (RTPA) Plan* can be followed.

#### **8.6. Medical Doctor or Nurse Practitioner**

Medical Doctors and Nurse Practitioners may:

- 8.6.1. Review *C-2 Tool to Identify a Suspected Concussion* Form completed by the school.
- 8.6.2. Provide support and medical assistance to the student's recovery process.
- 8.6.3. Participate with the school in the recovery process and in the development or review of a *Return to School (RTS)* and *Return to Physical Activity (RTPA) Plan* as applicable.

### **9. CONCUSSION TRACKING**

- 9.1. In accordance with relevant privacy legislation found under the Personal Health Information Protection Act, 2004, the Nipissing-Parry Sound Catholic District School Board will track a student's progress from removal from an activity due to a suspected concussion, to the return, through graduated steps, to learning and to physical activity. (Appendix C-4).
- 9.2. Copies of each complete and signed stage for the Return To School (RTS) Plan will be shared with the student or parent/guardian for students under the age of 18 and a copy will also be placed in the student's Ontario Student Record (OSR).
- 9.3. The Nipissing-Parry Sound Catholic District School Board will only collect, use and disclose personal and health information that is relevant diagnostic information needed to fulfill the requirements of this policy and to disclose is only to the parties identified in this concussion management policy
- 9.4. The Nipissing-Parry Sound Catholic District school board will only collect, use and disclose personal and health information that is reasonably necessary to carry out the school board's concussion identification procedures and Return to School Plan.
- 9.5. The school will retain, disclose and dispose of this information in accordance with the school board's personal information, records management and retention policy and procedures.

## SOURCES

- Education Act, R.S.10, c. E. 2.
- Ministry of Education, School Board Policies on Concussion Policy/Program Memorandum 158, September 25, 2019
- Ontario Physical and Health Education Association Safety Guidelines Concussion Protocol, [safety.ophea.net/concussions](http://safety.ophea.net/concussions)
- Parachute Canada: [www.parachutecanada.ca](http://www.parachutecanada.ca)

## RELATED POLICIES, PROCEDURES AND ONTARIO SCHOOL BOARD CONCUSSION POLICIES

- London Catholic District School Board
- Niagara Catholic District School Board
- Toronto Catholic District School Board
- Waterloo Catholic District School Board
- Wellington Catholic District School Board
- Halton Catholic District School Board
- Hamilton-Wentworth District School Board
- Near North District School Board
- District School Board Ontario North East

## POLICY REVIEW CYCLE

The Board will review this policy every two years.

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## Appendix A: Concussion Prevention Strategies

Regardless of the steps taken to prevent the incidence of concussions, some students may sustain injuries during school activities.

School Staff, Coaches, Student and Parents can use the following prevention strategies checklist can reduce both the incidence and severity of concussion:

- ✓ Develop awareness and education for coaches, volunteers, staff, parents, guardians 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;
  - d. Deliver curriculum based lessons on concussion awareness to students.
- ✓ Wearing the sport specific protective equipment:
  - a. Equipment should fit properly;
  - b. Equipment should be well maintained;
  - c. Equipment should be worn consistently and correctly;
  - d. Equipment should meet current safety standards;
  - e. Damaged or expired equipment should be replaced.
- ✓ Follow OPHEA sport specific safety guidelines and enforce the fair play code of conduct.
- ✓ Ensure all staff have completed the annual concussion training through NPSC
- ✓ Ensure all coaches, parents and students have read and signed the Code of Conduct acknowledging understanding and receipt of the Government of Ontario's Concussion Awareness Resource
- ✓ 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).
- ✓ Teach skills in proper progression (e.g. emphasize the principles of head-injury prevention, keeping the head up and avoiding collision).
- ✓ Outline the concussion risks associated with the activity/sport and demonstrate how they can be minimized (e.g. teach proper sport techniques - correct tackling in football, effective positioning in soccer, how to avoid over-crowding when using the playground).
- ✓ Students must follow their supervising staff/coach's/volunteer's safety instructions at all times.
- ✓ Discourage parents, guardians, volunteers, teachers, coaches, and school staff from pressuring recovering concussed students to play or learn before they are ready.

- ✓ Parents/guardians reinforce with their child the importance of following the school's safety procedures.
- ✓ Parents/guardians report any concussion history on school medical form.
- ✓ Provide reassurance, encouragement, support and request/offer academic accommodations as needed.

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## **Appendix B-1: Concussion Code of Conduct for Interschool Sports Agreement (Coach/Team Trainer)**

As a coach within Nipissing Parry-Sound School Board for the 20\_\_\_\_ - 20\_\_\_\_ school year, I am committed to:

### **Maintaining a safe learning environment**

- 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.

### **Fair play and respect for all**

- 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.

### **Teaching/learning the rules of a physical activity, including the strict enforcement of consequences for prohibited play that is considered high-risk for causing concussions**

- 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.

### **Implementing the skills and strategies of an activity in a proper progression**

- 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.

### **Providing opportunities to discuss potential issues related to concussions**

- 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.

### **Concussion recognition and reporting**

- I have read and am familiar with an approved Concussion Awareness Resource identified by the school board <https://www.ontario.ca/page/rowans-law-concussion-awareness-resources>
- 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.

**Acknowledging the importance of communication between the student, parent, school staff, and any sport organization with which the student has registered**

- I will support and adhere to a process for communication to take place between myself and the student, parent/guardian, and relevant school staff.
- 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.

**Supporting the implementation of a Return to School Plan for students with a concussion diagnosis**

- I will support the implementation of the Return to School Plan for students with a diagnosed concussion.

**Prioritizing a student's return to learning as part of the Return to School Plan**

- 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 two (2) pages of this code of conduct.  
(Print Name)

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

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



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## **Appendix B-2: Concussion Code of Conduct for Interschool Sports Agreement (Students)**

As a student of Nipissing-Parry Sound Catholic District School Board for the 20\_\_\_\_ - 20\_\_\_\_ school year, I am committed to:

### **Maintaining a safe learning environment**

- 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.

### **Fair play and respect for all**

- 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.

### **Teaching/learning the rules of a physical activity, including the strict enforcement of consequences for prohibited play that is considered high-risk for causing concussions**

- 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.

### **Implementing the skills and strategies of an activity in a proper progression**

- 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.

### **Providing opportunities to discuss potential issues related to concussions**

- 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.

### **Concussion recognition and reporting**

- I have read and am familiar with an approved Concussion Awareness Resources provided by my coach <https://www.ontario.ca/page/rowans-law-concussion-awareness-resources>
- 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.

**Acknowledging the importance of communication between the student, parent, school staff, and any sport organization with which the student has registered**

- 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.

**Supporting the implementation of a Return to School Plan for students with a concussion diagnosis**

- I understand that I will have to follow the Return to School Plan if diagnosed with a 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".

**Prioritizing a student's return to learning as part of the Return to School Plan**

- 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 two (2) pages of this code of conduct.  
(Print Name)

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

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

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### **Appendix B-3: Concussion Code of Conduct for Interschool Sports Agreement (Parent/Guardian)**

As a parent/guardian of \_\_\_\_\_ within Nipissing Parry-Sound School Board for the  
(Print Student's Name)  
20\_\_\_\_ - 20\_\_\_\_ school year, I am committed to:

#### **Maintaining a safe learning environment**

- 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.

#### **Fair play and respect for all**

- 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.

#### **Teaching/learning the rules of a physical activity, including the strict enforcement of consequences for prohibited play that is considered high-risk for causing concussions**

- 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.

#### **Implementing the skills and strategies of an activity in a proper progression**

- 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.

#### **Providing opportunities to discuss potential issues related to concussions**

- 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.

#### **Concussion recognition and reporting**

- I have read and am familiar with an approved Concussion Awareness Resource identified by the school board <https://www.ontario.ca/page/rowans-law-concussion-awareness-resources>
- 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 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.

**Acknowledging the importance of communication between the student, parent, school staff, and any sport organization with which the student has registered**

- 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.

**Supporting the implementation of a Return to School Plan for students with a concussion diagnosis**

- 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".

**Prioritizing a student's return to learning as part of the Return to School Plan**

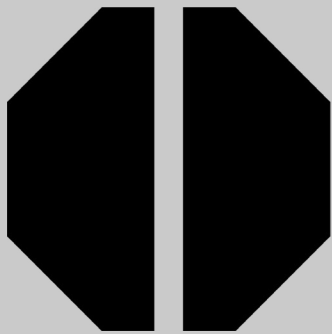
- I will follow the recovery stages and learning strategies proposed by the collaborative team for my child as part of the Return to School Plan.

I \_\_\_\_\_ have read and understand all two (2) pages of this code of conduct.  
(Print Name)

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

GOVERNMENT OF ONTARIO

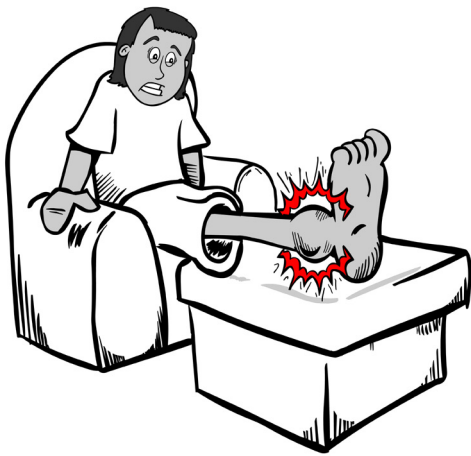
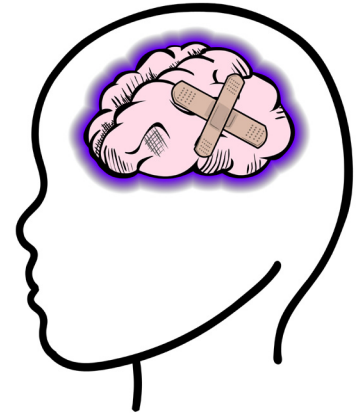
# CONCUSSION AWARENESS RESOURCE



# ROWAN'S LAW

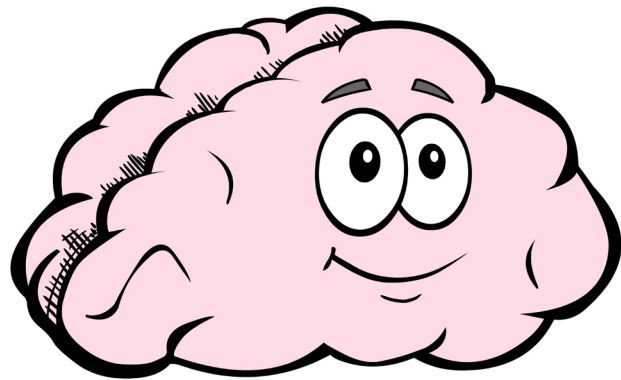
E-BOOKLET: AGES 10 AND UNDER

Participating in sports and other activities is fun and healthy. But sometimes when you play you can hurt yourself. Did you know you can even hurt your brain?



Hurting your brain is different from other injuries. If you sprain your ankle, you can see it get all red and puffy. But when you hurt your brain, it doesn't show on the outside because it's inside your head!

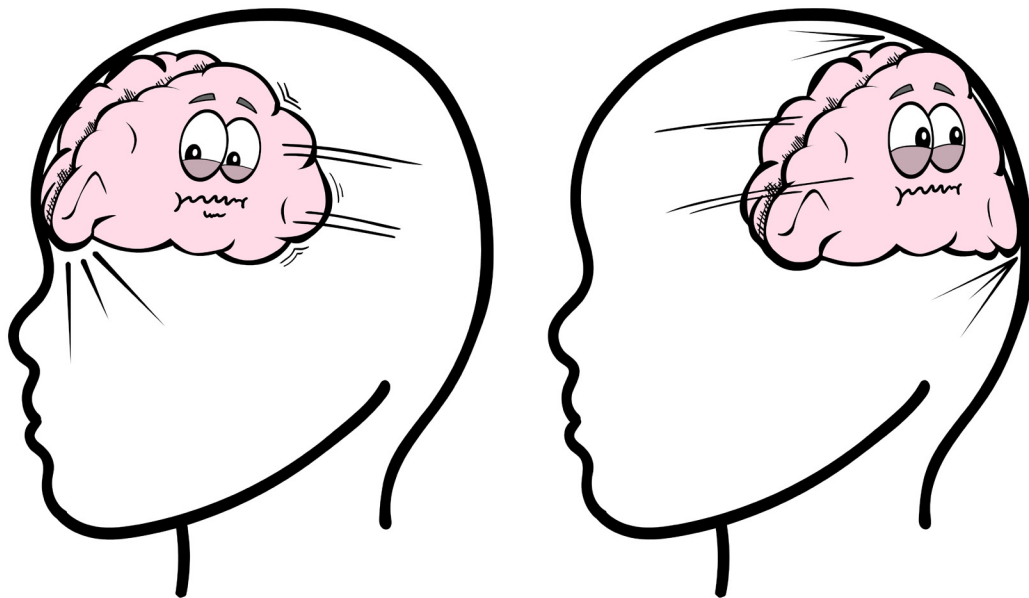
One kind of brain injury is called a concussion. Keep reading to learn about concussions and what to do if you think you might have one. Your brain is very important, so you want to keep it safe!



# WHAT IS A CONCUSSION?

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A concussion happens when your brain moves around inside your head. A hard bump to your head, neck or body can cause a concussion. For example, you can get a concussion if you are hit in the head with a ball or if you fall down hard onto the floor.



A concussion is a serious injury. Most people get better quickly but some people have long-term problems with their memory or how they feel.



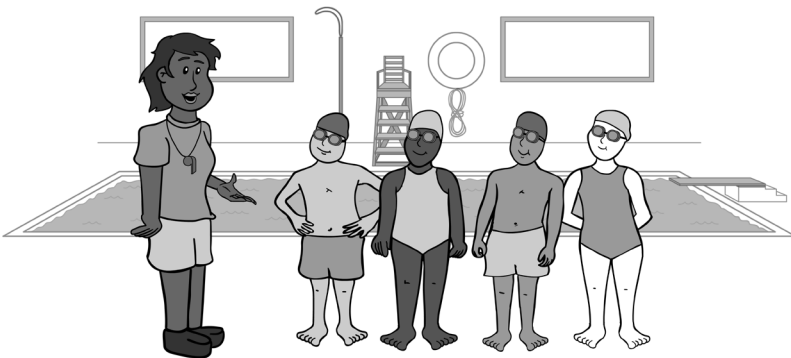
# KEEP YOUR BRAIN SAFE: PREVENT CONCUSSIONS!

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**Learn about concussions to help stay safe.**

You should also:

- Make sure your sports equipment is in good condition, that it fits and that you are wearing it properly.
- Follow the rules of your sport or activity. This also means listening to your coach or teacher when they give you instructions, like putting equipment away so no one trips on it.
- Read and talk about how to follow the Concussion Code of Conduct for your sport.
- If you get hurt and don't feel right, make sure to tell a parent, coach, teacher or other adult you trust so they can help.

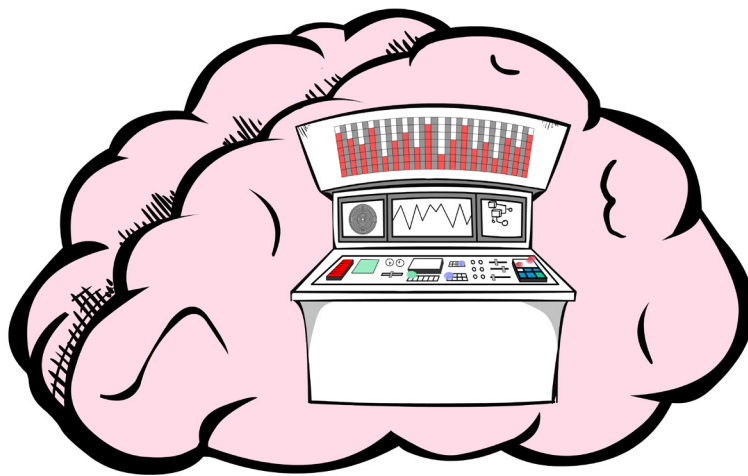


# KEEP YOUR BRAIN SAFE: KNOW THE SIGNS AND SYMPTOMS OF A CONCUSSION!

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## ► HIT. STOP. SIT.

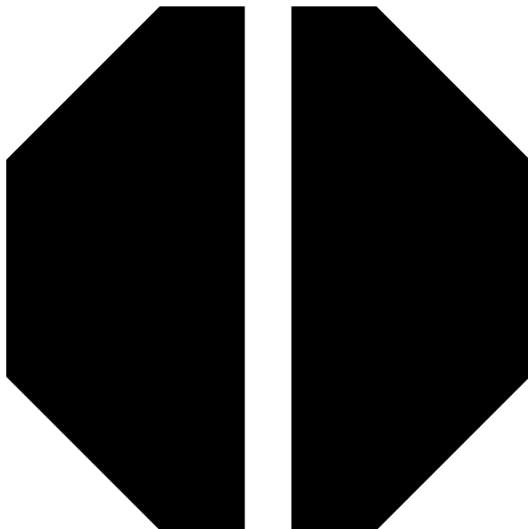
Your brain controls how you think, feel and move. So, hurting your brain can affect you in lots of ways. The chart below shows some common signs and symptoms of a concussion.



**KEEP YOUR BRAIN SAFE:**  
KNOW THE SIGNS AND  
SYMPTOMS OF A CONCUSSION!

## HOW YOU MIGHT FEEL:

- Headache
- Dizziness
- Throwing up or feeling like throwing up
- Blurred vision
- Lights or sounds bother you
- Ringing in your ears
- Balance problems
- Tired
- "Don't feel right"



## EMOTIONAL:

- Upset or grumpy
- More sad than usual
- Nervous or anxious

## THINKING PROBLEMS:

- Feeling confused
- Problems concentrating
- Problems remembering, like what happened before you got hurt

## SLEEP PROBLEMS:

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

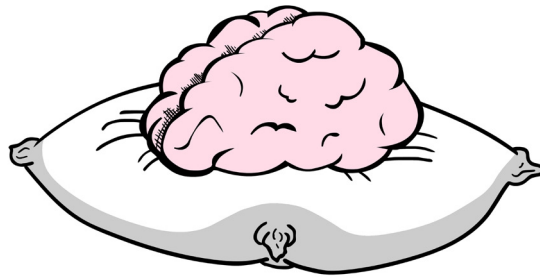
**KEEP YOUR BRAIN SAFE:**  
KNOW THE SIGNS AND  
SYMPTOMS OF A CONCUSSION!

If you think you, a friend, teammate or classmate has one or more of these symptoms, tell an adult you trust. You should not be left alone if you think you have a concussion.



# KEEP YOUR BRAIN SAFE: WHAT TO DO IF YOU THINK YOU HAVE A CONCUSSION.

---



If you have one or more of these symptoms you should:

- 1.** Stop playing.
- 2.** Tell an adult, like a parent, teacher or coach.
- 3.** Get checked by a medical doctor or nurse practitioner.
- 4.** Rest and recover.



# GETTING BETTER

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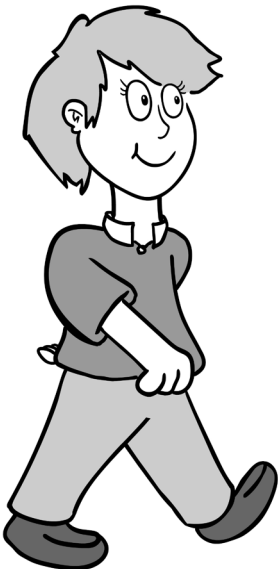
When you have a concussion, rest is the first step for getting better.

You will have to stop doing things for a bit if they make you feel worse, such as playing video

games, school work, using a phone or tablet, playing sports or taking part in physical education class. You need to get proper sleep.

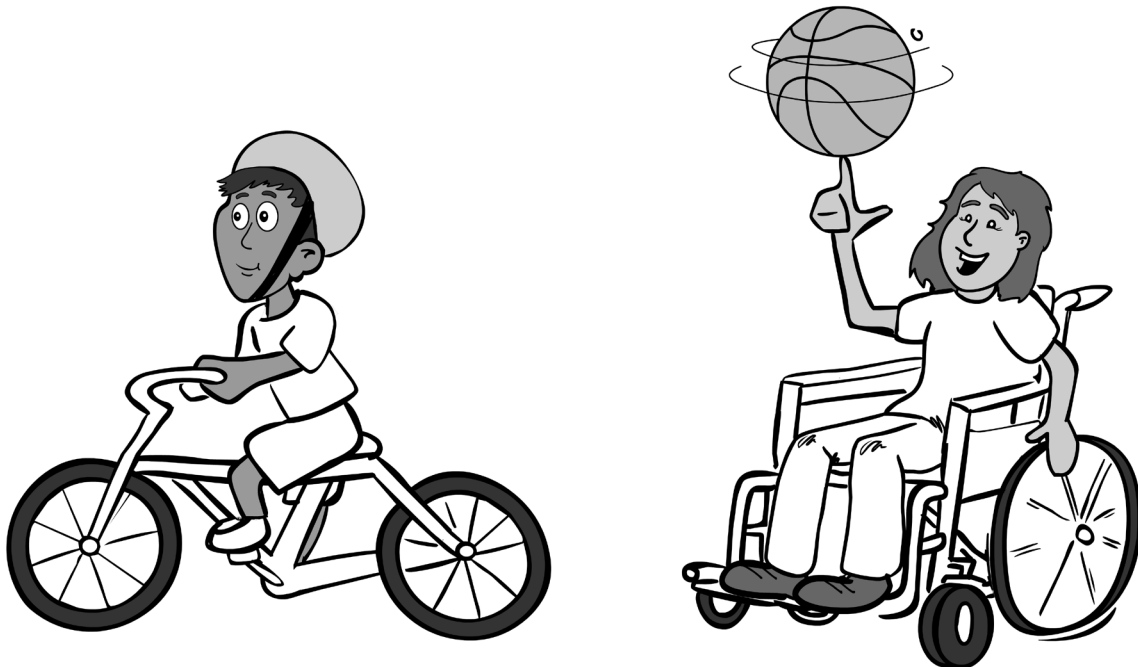


As your brain heals, you will slowly get back to your usual activities at school, at play and in sport. Getting back to your full routine at school is an important step in getting better. First, you will do simple things such as reading and going for short walks.



Once you can do things like this without feeling worse, you can move to the next step. As long as you feel OK, your parents, coaches and teachers will help you add more activities, such as running, playing with friends, attending school and practicing your sport. The last step will be taking part in games or competitions.

Your medical doctor or nurse practitioner will tell you when it's OK to go back to your activities.





# REMINDER

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Playing safe will help prevent you from getting injured so that you can keep doing things you love! If you think you might have a concussion, remember:

- 1. Stop playing.**
- 2. Tell an adult.**
- 3. Get checked by a medical doctor or a nurse practitioner.**
- 4. Rest and recover.**





*Rowan Stringer*

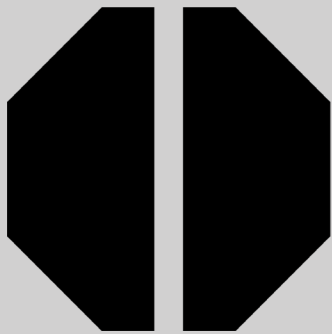
## **ROWAN'S LAW**

*This e-booklet is part of a series of Rowan's Law concussion awareness resources. Rowan's Law was named for Rowan Stringer, who was a high school rugby player from Ottawa. One day, while playing rugby with her team, Rowan got a concussion. Most people with a concussion get better after they rest and heal. But Rowan didn't know her brain was hurt and needed time to heal. Her parents, teachers and coaches didn't know, either. So, Rowan kept playing rugby. She got hurt two more times. Rowan's brain was so badly hurt that she couldn't get better.*

*This resource is not meant to replace medical advice about your health care. For more information about concussions please speak with a physician or nurse practitioner.*

GOVERNMENT OF ONTARIO

# CONCUSSION AWARENESS RESOURCE



# ROWAN'S LAW

E-BOOKLET: AGES 11-14

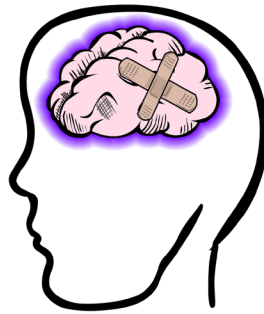
Preventing injuries will help you stay active throughout your life. Some injuries are easy to see and treat, but what about an injury inside your head? Brain injuries, such as concussions, don't show on the outside and are not always obvious. Even though others can't see your concussion, you will feel the effects and need the proper care to get better.

This resource will help you learn more about concussions, so you can stay active and safe.



# WHAT IS A CONCUSSION?

---



A concussion is a brain injury. It can't be seen on X-rays or through other medical procedures such as CT scans or MRIs. Having a concussion may affect the way you think, feel and act.

Any blow to your head, face or neck may cause a concussion. A concussion may also be caused by a blow to your body if the force of the blow causes your brain to move around inside your skull. Examples include being hit in the head with a ball or falling hard onto the floor.

A concussion is a serious injury. While the effects are typically short-term, a concussion can lead to long-lasting symptoms and even long-term effects, such as memory problems or depression.



# PREVENTING A CONCUSSION

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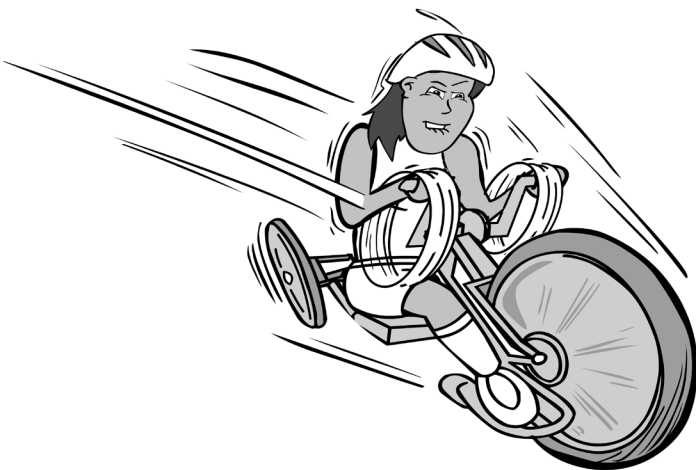
**First, educate yourself about concussions.**

You should also:

- Make sure your sports equipment is in good condition;
- Make sure your equipment fits properly;
- Respect the rules of your sport;



- Follow your sport club/school's Concussion Code of Conduct; and
- Report injuries to an adult you trust, such as a parent, coach or teacher. Understand the importance of speaking up to avoid risks of further injury.

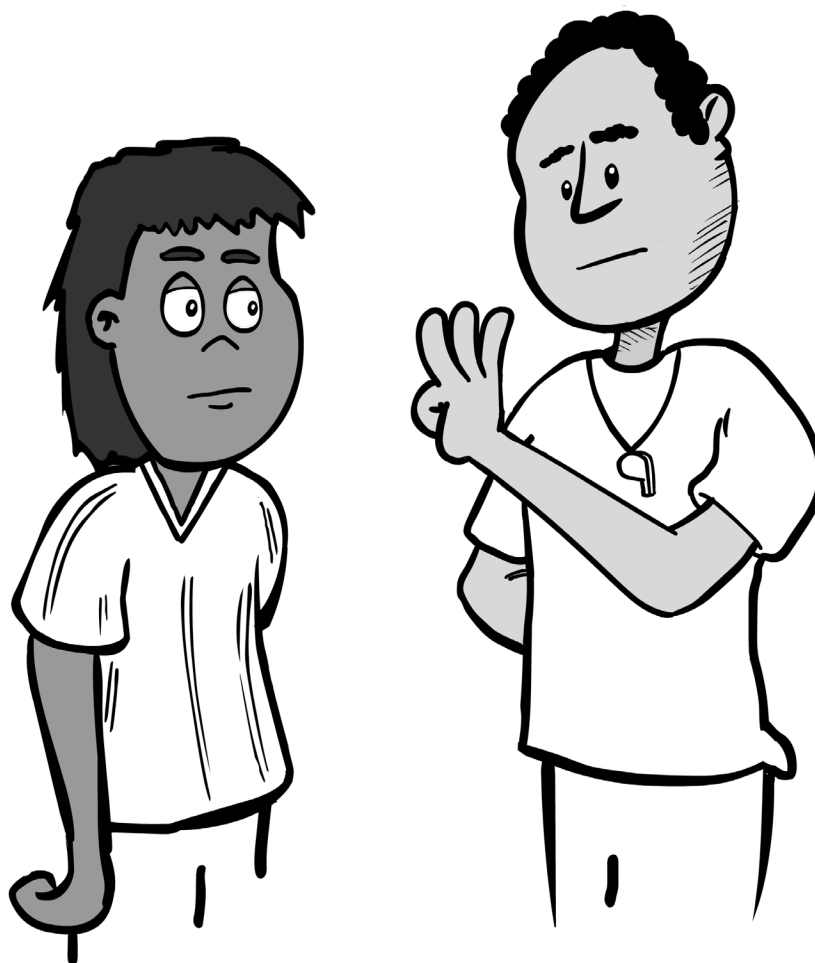


# RECOGNIZING A CONCUSSION

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## ▶ HIT. STOP. SIT.

If you have a concussion you might have one or more of the signs or symptoms listed below. They might show up right away or hours, even days, later. Just one sign or symptom is enough to suspect a concussion. Most people with a concussion **do not** lose consciousness.

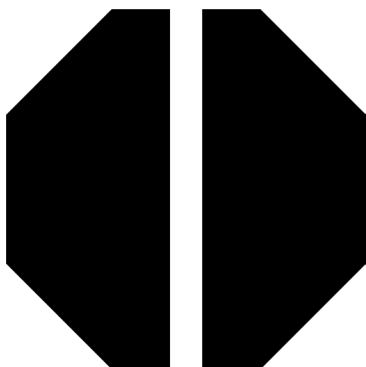




## Common signs and symptoms of a concussion:

### PHYSICAL:

- Headache
- Pressure in the head
- Dizziness
- Nausea or vomiting
- Blurred vision
- Sensitivity to light or sound
- Ringing in the ears
- Balance problems
- Tired or low energy
- Drowsiness
- "Don't feel right"



### EMOTIONAL:

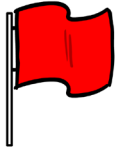
- Irritability (easily upset or angered)
- Depression
- Sadness
- Nervous or anxious

### COGNITIVE (THINKING):

- Not thinking clearly
- Slower thinking
- Feeling confused
- Problems concentrating
- Problems remembering

### SLEEP-RELATED:

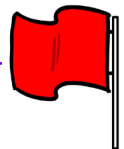
- Sleeping more or less than usual
- Having a hard time falling asleep



## RED FLAGS:

**“Red flags” may mean you have a more serious injury. Treat red flags as an emergency and call 911.**

- Neck pain or tenderness
- Double vision
- Weakness or tingling in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness (knocked out)
- Vomiting more than once
- Increasingly restless, agitated or aggressive
- Getting more and more confused



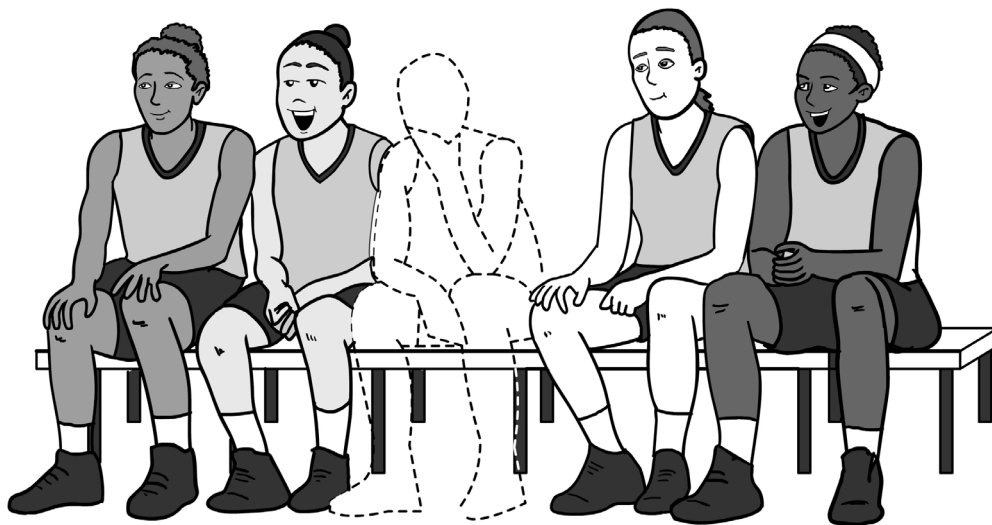
# WHAT TO DO NEXT?

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If you think you have a concussion, stop the activity right away. Tell a parent, coach, teacher or another trusted adult how you feel. If you're not with your parent or guardian, have someone call them to come get you. You should not be left alone.

See a physician or nurse practitioner as soon as possible. You should not return to sport until you have received medical clearance to do so even if you think you are OK.

If a friend, classmate or teammate tells you about their symptoms, or if you see signs they might have a concussion, tell an adult you trust so they can help.



# GETTING BETTER

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Most people with a concussion get better in one to four weeks. Some people take longer. Each concussion is unique. Don't compare your recovery to someone else's, or to another concussion you've had before.

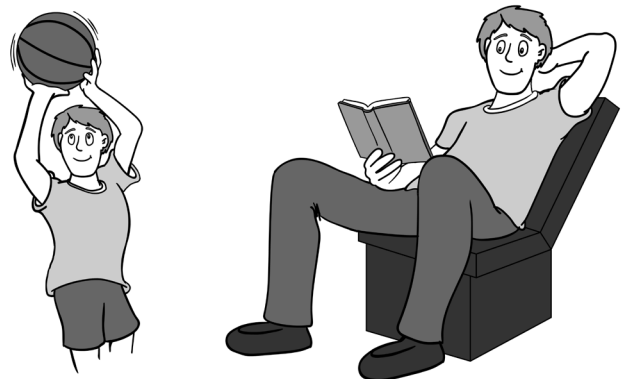
It's possible for a concussion to have long-term effects. People may experience symptoms, such as headaches, neck pain or vision problems, that last for months, or even years. Some may have lasting changes in their brain that lead to issues such as memory loss, concentration problems or depression. In rare cases, a person who suffers multiple brain injuries without healing in between may develop dangerous swelling in their brain, a condition known as second impact syndrome, that can result in severe disability or death.

While you're recovering, you shouldn't do activities that may make your symptoms worse. This may mean limiting activities such as exercising, school work, or time on your phone, computer or TV.

Healing from a concussion takes patience. It can be tough to wait but rushing back to activities can make your symptoms worse and can make recovery longer.

If you have a concussion, tell your parents, all sport teams/clubs, schools, coaches and teachers.

And remember, returning to school comes before returning to sport.



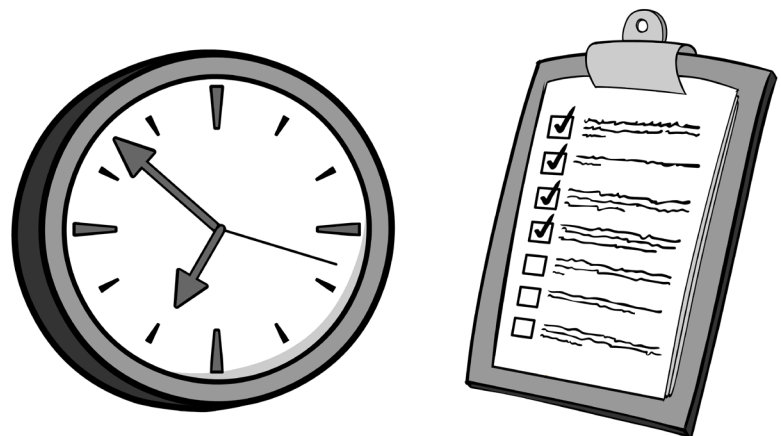
# RETURNING TO SCHOOL AND SPORT

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If you are diagnosed by a physician or nurse practitioner as having a concussion, you must follow your sport club's return-to-sport protocol and/or your school's return-to-school plan, where applicable. The return-to-sport protocol is a list of steps that you must follow before you can return to sport. You must not go back to participating in training, practice or competition until a physician or nurse practitioner says it's OK for you to do so.

You should work with your health care professional and sport club/school to establish a plan for you to return to sport and to school safely. Contact your school for more information.

Most return-to-sport protocols suggest that athletes should rest for 24 to 48 hours before starting any gradual return to sport.



The table below provides a list of steps and activities that are commonly found in most return-to-sport protocols and return-to-school plans.

**Table: Common Steps in Graduated Return-to-Sport Protocols**

Step	Aim	Activities	Goal of Step
1	Symptom-limiting activities	Daily activities that don't make symptoms worse, such as moving around the home and simple chores	Gradual re-introduction of daily school and work activities
2	Light aerobic activity	Light activities that increase the heart rate just a little, such as walking or a stationary bicycle for 10 to 15 minutes	Increase heart rate
3	Sport-specific exercise	Individual physical activity such as running or skating  No contact or head impact activities	Add movement
4	Non-contact training, practice, drills	Harder training drills  Add resistance training (if appropriate)	Exercise, co-ordination and increased thinking
5	Unrestricted practice	Unrestricted practice - with contact where applicable	Restore confidence and assess functional skills
6	Return to sport	Unrestricted game play or competition	

**Medical clearance is always required prior to the athlete's return to unrestricted practice, training or competition.**

Check with your sport club and school for the specific steps that you should follow.

You are ready to move to the next step when you can do the activities at your current step without feeling worse or getting new symptoms. If at any step your symptoms get worse, you should stop and go back to the previous step. Each step should take at least 24 hours to complete. If symptoms do not improve or if they continue to get worse, you should return to the physician or nurse practitioner.



# REMINDER

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It's important to stay safe when you play sports. When it comes to concussions, remember:

1. **Recognize signs and symptoms of a concussion and stop** activity immediately, even if you think you might be OK. Tell an adult.
2. **Get checked out** by a physician or nurse practitioner.
3. **Gradually return** to school and sport.







*Rowan Stringer*

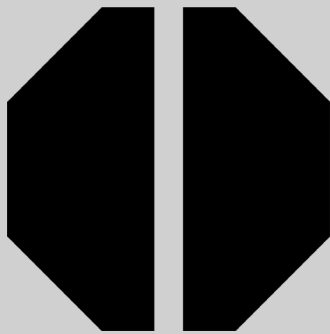
## **ROWAN'S LAW**

*This e-booklet is part of a series of Rowan's Law concussion awareness resources. Rowan's Law was named for Rowan Stringer, a high school rugby player from Ottawa, who died in the spring of 2013 from a condition known as second impact syndrome (swelling of the brain caused by a subsequent injury that occurred before a previous injury healed). Rowan is believed to have experienced three concussions over six days while playing rugby. She had a concussion, but didn't know her brain needed time to heal. Neither did her parents, teachers or coaches.*

*This resource is not meant to provide medical advice about your health care. For advice on health care for concussion symptoms, please consult with a physician or nurse practitioner.*

GOVERNMENT OF ONTARIO

# CONCUSSION AWARENESS RESOURCE



# ROWAN'S LAW

E-BOOKLET: AGES 15 AND UP

Ontario 

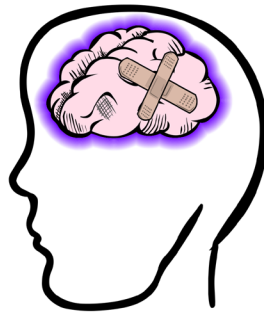
Preventing injuries is important to keeping people active throughout their lives. Some injuries are easy to see and treat but what about an injury inside the head? Brain injuries, such as concussions, don't show on the outside and are not always obvious. Even when you can't see the injury, a person with a concussion still feels the effects and needs the proper care to get better.

This resource will help you learn more about concussions so you can keep yourself and others active and safe – whether you're an athlete, student, parent, coach, official or educator.



# WHAT IS A CONCUSSION?

---



A concussion is a brain injury. It can't be seen on X-rays, CT scans or MRIs. It may affect the way a person thinks, feels and acts.

Any blow to the head, face or neck may cause a concussion. A concussion may also be caused by a blow to the body if the force of the blow causes the brain to move around inside the skull. Examples include being hit in the head with a ball or falling hard onto the floor.

A concussion is a serious injury. While the effects are typically short-term, a concussion can lead to long-lasting symptoms and even long-term effects, such as memory problems or depression.



# PREVENTING A CONCUSSION

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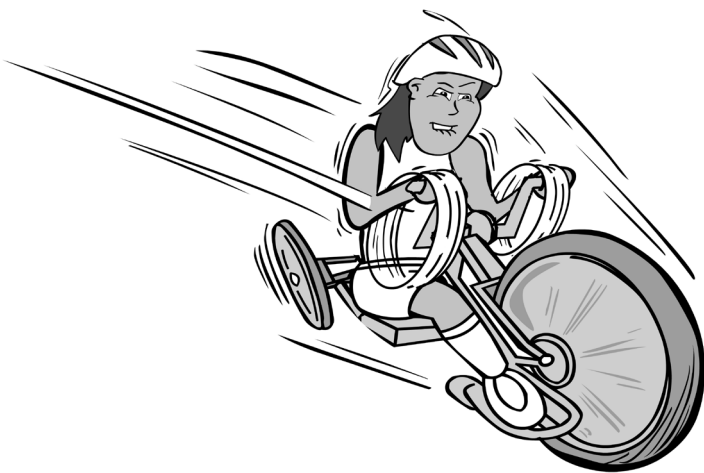
**First, educate yourself about concussions.**

You should also:

- Ensure you/your athletes use equipment that is in good condition;
- Ensure you/athletes you are supervising wear sports equipment that fits properly;
- Ensure you/your athletes respect the rules of the sport;



- Commit to your sport organization/school's Concussion Code of Conduct and make sure your athletes do too; and
- Promote a safe and comfortable environment for everyone to report injuries. Make sure everyone understands the risks of not speaking up.



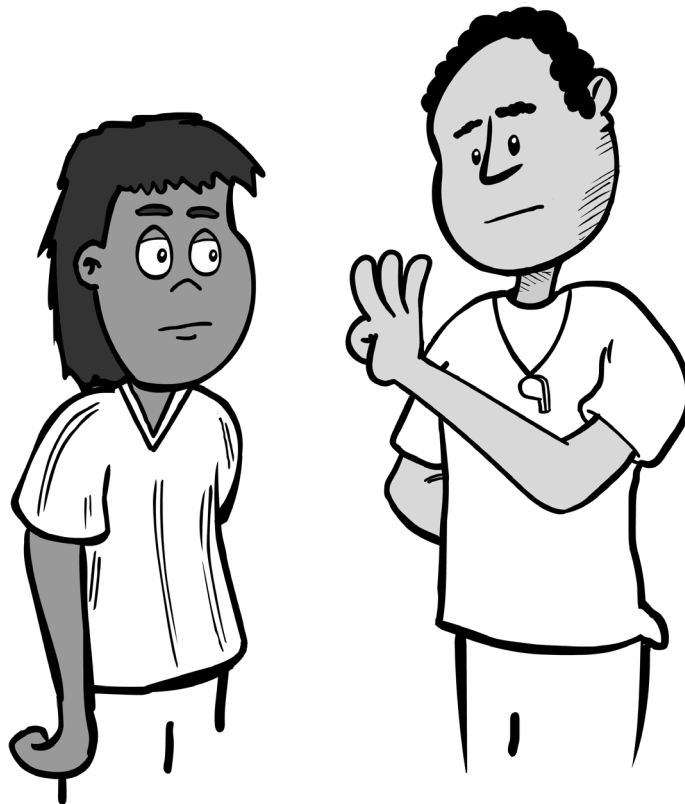
# RECOGNIZING A CONCUSSION

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## ▶ HIT. STOP. SIT.

Everyone can help recognize a possible concussion if they know what to look and listen for.

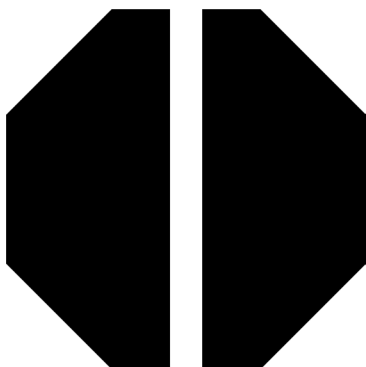
A person with a concussion might have one or more of the signs or symptoms listed below. They might show up right away or hours, even days, later. Just one sign or symptom is enough to suspect a concussion. Most people with a concussion do not lose consciousness.



## Common signs and symptoms of a concussion:

### PHYSICAL:

- Headache
- Pressure in the head
- Dizziness
- Nausea or vomiting
- Blurred vision
- Sensitivity to light or sound
- Ringing in the ears
- Balance problems
- Tired or low energy
- Drowsiness
- "Don't feel right"



### EMOTIONAL:

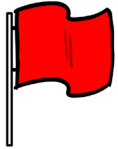
- Irritability (easily upset or angered)
- Depression
- Sadness
- Nervous or anxious

### COGNITIVE (THINKING):

- Not thinking clearly
- Slower thinking
- Feeling confused
- Problems concentrating
- Problems remembering

### SLEEP-RELATED:

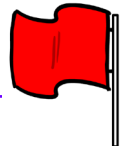
- Sleeping more or less than usual
- Having a hard time falling asleep



## RED FLAGS:

**“Red flags” may mean you have a more serious injury. Treat red flags as an emergency and call 911.**

- Neck pain or tenderness
- Double vision
- Weakness or tingling in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness (knocked out)
- Vomiting more than once
- Increasingly restless, agitated or aggressive
- Getting more and more confused



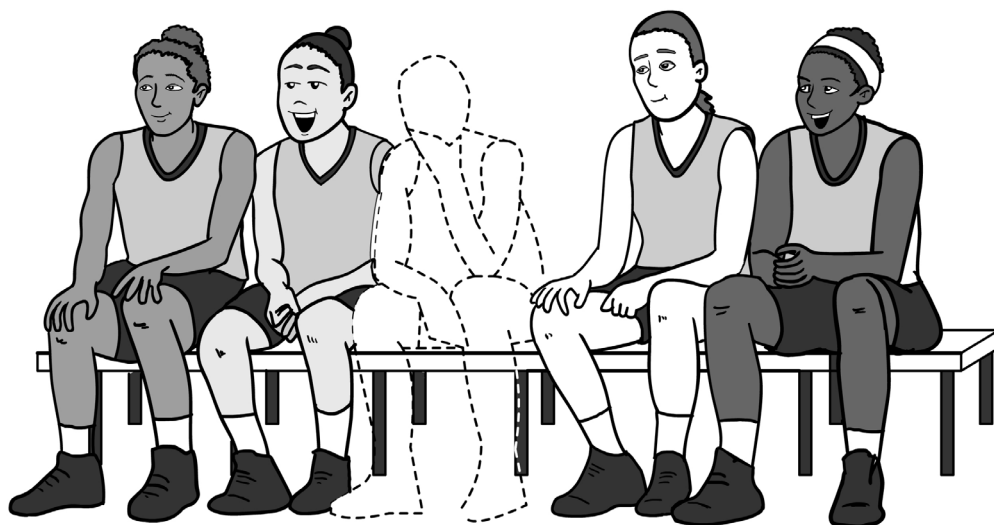


# WHAT TO DO NEXT?

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If you suspect a concussion, remove yourself or the person you are supervising from the activity right away. Continuing to participate puts you or the person with a suspected concussion at risk of more severe, longer-lasting symptoms. Call the parent/guardian (for athletes under 18 years of age) or emergency contact. Don't leave anyone with a suspected concussion alone.

Anyone who has been removed from sport with a suspected concussion should see a physician or nurse practitioner as soon as possible. That person should not return to unrestricted participation in training, practice or competition until they have received medical clearance.



# GETTING BETTER

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Most people with a concussion get better in one to four weeks. Some people take longer. Each concussion is unique – don't compare one person's recovery to another's.

It's possible for a concussion to have long-term effects. People may experience symptoms, such as headaches, neck pain or vision problems, that last for months, or even years. Some may have lasting changes in their brain that lead to issues such as memory loss, concentration problems or depression. In rare cases, a person who suffers multiple brain injuries without healing in between may develop dangerous swelling in their brain, a condition known as second impact syndrome, that can result in severe disability or death.

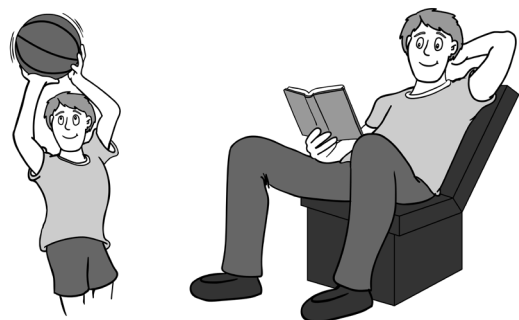
While a person is recovering from a concussion, they shouldn't

do activities that may make their symptoms worse. This may mean limiting activities such as exercising, screen time or schoolwork.

Healing from a concussion is a process that takes patience. Rushing back to activities can make symptoms worse and recovery longer.

Anyone who has a concussion should let others know. This includes parents, all sport teams/ clubs, schools, coaches and educators.

And remember, returning to school comes before returning to unrestricted sport.



# RETURNING TO SCHOOL AND SPORT

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Athletes and students who are diagnosed by a physician or nurse practitioner as having a concussion must proceed through their sport organization's return-to-sport protocol and/or, where applicable, their school board's return-to-school plan.

Athletes and students should work with their healthcare professional and sport organization/school to establish their individual plans to return to sport as well as return to school.

## **The Return-to-School Plan (Learning and Physical Activity)**

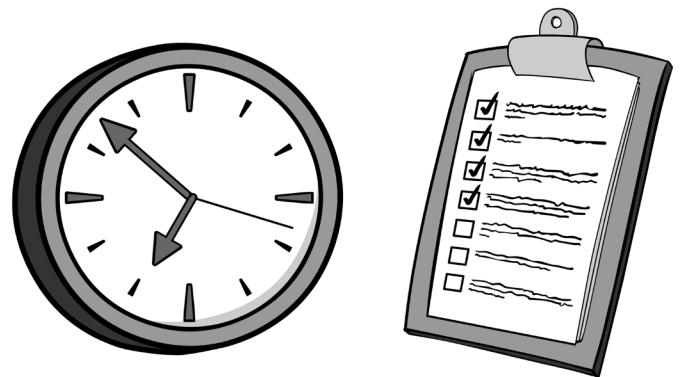
Students in elementary and secondary school will need to follow their school board's return-to-school plan, which supports a student's gradual return to learning and return to physical

activity. Contact the school for more information.

## **The Return-to-Sport Protocol**

Most return-to-sport protocols suggest that athletes should rest for 24 to 48 hours before starting any gradual return to sport.

An athlete must not resume unrestricted participation in training, practice or competition until they have received medical clearance.



The table below provides a list of steps and activities that are commonly found in most return-to-sport protocols and return-to-school plans.

**Table: Common Steps in Graduated Return-to-Sport Protocols**

Step	Aim	Activities	Goal of Step
1	Symptom-limiting activities	Daily activities that don't make symptoms worse, such as moving around the home and simple chores	Gradual re-introduction of daily school and work activities
2	Light aerobic activity	Light activities that increase the heart rate just a little, such as walking or a stationary bicycle for 10 to 15 minutes	Increase heart rate
3	Sport-specific exercise	Individual physical activity such as running or skating  No contact or head impact activities	Add movement
4	Non-contact training, practice, drills	Harder training drills  Add resistance training (if appropriate)	Exercise, co-ordination and increased thinking
5	Unrestricted practice	Unrestricted practice - with contact where applicable	Restore confidence and assess functional skills
6	Return to sport	Unrestricted game play or competition	

**Medical clearance is always required prior to the athlete's return to unrestricted practice, training or competition.**

Check with your sport club and school for the specific steps that you should follow.

An athlete is typically ready to progress to the next step when they can do the activities at their current step without new or worsening symptoms. If at any step symptoms get worse, they should stop and go back to the previous step. Each step should take at least 24 hours to complete. If symptoms do not improve or if the symptoms continue to worsen, the athlete should return to the physician or nurse practitioner.



# REMINDER

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## Remember:

- 1. Recognize signs and symptoms of a concussion and remove** yourself or the athlete from the sport/physical activity, even if you feel OK or they insist they are OK.
- 2. Get yourself/the athlete checked out** by a physician or nurse practitioner.
- 3. Support gradual return** to school and sport.





*Rowan Stringer*

## **ROWAN'S LAW**

*This e-booklet is part of a series of Rowan's Law concussion awareness resources. Rowan's Law was named for Rowan Stringer, a high school rugby player from Ottawa, who died in the spring of 2013 from a condition known as second impact syndrome (swelling of the brain caused by a subsequent injury that occurred before a previous injury healed). Rowan is believed to have experienced three concussions over six days while playing rugby. She had a concussion but didn't know her brain needed time to heal. Neither did her parents, teachers or coaches.*

*These resources are not intended to provide medical advice relating to health care. For advice on health care for concussion symptoms, please consult with a physician or nurse practitioner.*

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## Appendix C-1: Concussion Protocol: Prevention, Identification and Management Procedures

### INTRODUCTION

The Ministry of Education expects all school boards in Ontario to develop and maintain a policy on concussion as outlined in Policy/Program Memorandum No. 158: School Board Policies on Concussion. The Ministry of Education considers the concussion protocol outlined in this document (Ontario Physical Education Safety Guidelines Concussion Protocol) to be the minimum standard. Minimum does not refer to minimal safety standards but to the minimum requirements for safety standards that must be followed in school-based activities. The standards contained in the Guidelines must not be lowered.”

The concussion protocol, contained within this appendix, is based on the Canadian Guideline on Concussion in Sport<sup>1</sup> and the Berlin Consensus Statement on Concussion in Sport<sup>2</sup>, and has been developed by Ophea in partnership with Parachute.

School boards may localize the components of the concussion protocol, to meet the specific needs of their school district, keeping in mind that they can raise the minimum standards but cannot lower the standards. Although it is important to be familiar with the Ontario Physical Education Safety Guidelines Concussion Protocol, educators must ensure that they use their own board’s concussion protocol.

The Ontario Physical Education Safety Guidelines Concussion Protocol (OPESGCP) is a living document. Concussion information and procedures for the components of prevention, identification and management are always evolving with new research and consensus guidelines. In order to keep users current with information and procedures this document will be reviewed and revised where necessary. School boards and users of the OPESGCP are advised to refer to [safety.ophea.net](http://safety.ophea.net) every September for the current OPESGCP. Where revisions of a critical nature Ophea will inform its users through electronic notification.

### CONTEXT

Recent research indicates that a concussion can have a significant impact on a student’s cognitive and physical abilities. In fact, research shows that activities that require concentration can actually cause a student’s concussion symptoms to reappear or worsen. It is equally important to develop strategies to assist students as they “return to school” in the classroom, as it is to develop strategies to assist them as they “return to physical activity”. The most recent research now indicates that prolonged rest until all symptoms resolve is no longer recommended. Without addressing identification and proper management, a concussion can result in permanent brain damage and in rare occasions, even death.

Research also suggests that a student who suffers a second concussion before they are 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.

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<sup>1</sup> Parachute. (2017). *Canadian Guideline on Concussion in Sport*. Toronto: Parachute.

<sup>2</sup> McCrory et al. (2017). Consensus statement on concussion in sport – the 5th international conference on concussion in sport held in Berlin, October 2016. *British Journal of Sports Medicine*, 51 (11), 838-847.



"Baseline testing is the practice of having an athlete complete certain concussion assessment tools before sport participation - usually before the start of a season - in order to get baseline or 'pre-injury' measurements. 'The most current research indicates "Baseline testing is not required for post-injury care of youth athletes with suspected or diagnosed concussion and is not recommended.'"<sup>3</sup>

Due to the seriousness of a concussion, school administrators, educators (including occasional teachers), school staff, students, parents/guardians, and identified school volunteers all have important roles to play in implementing the school board's concussion protocols, i.e. prevention, identification, and ongoing monitoring and management of a student with a concussion.

## 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. 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 jarring 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 [cdn.hockeycanada.ca/hockey-canada/Hockey-Programs/Safety/Concussion/Infographic/english.html](http://cdn.hockeycanada.ca/hockey-canada/Hockey-Programs/Safety/Concussion/Infographic/english.html) );
- 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.

## CONCUSSION DIAGNOSIS

In Canada, only medical doctors and nurse practitioners are qualified to provide 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 a suspected concussion should undergo evaluation by one of these professionals. In rural or northern regions, the Medical Assessment may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner.

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<sup>3</sup> Parachute. (2017). *Canadian Guideline on Concussion in Sport*. Toronto: Parachute.

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## **COMPONENTS OF THE CONCUSSION PROTOCOL**

### **PREVENTION COMPONENT**

*(for further information consult Appendix C-7 – Sample Concussion Prevention Strategies)*

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

Concussion prevention is important, “...*there is evidence that education about concussion leads to a reduction in the incidence of concussion and improved outcomes from concussion...*”<sup>4</sup>

Concussion education to stakeholders responsible for student safety should include information on:

- Awareness (definition and the seriousness of concussion, possible mechanisms of injury, second impact syndrome);
- Prevention (steps that can be taken to prevent concussions and other injuries from occurring at schools and at off-site events);
- Identification (common signs and symptoms, safe removal of an injured student from the activity);
- Procedures for a student who has suffered a suspected concussion or more serious head injury (i.e., obtain a Medical Assessment);
- Management for a diagnosed concussion (including the Return to School and Return to Physical Activity Plan); and
- Return to Physical Activity Medical Clearance requirements<sup>5</sup>.

The concussion injury prevention approach includes primary, secondary, and tertiary strategies:<sup>6</sup>

- Primary – information/actions that prevent concussions from happening (e.g., rules and regulations, minimizing slips and falls by checking that classroom floor and activity environments provide for safe traction and are obstacle free);
- Secondary – expert management of a concussion (e.g., identification and management - Return to School and Return to Physical Activity) that is designed to prevent the worsening of a concussion;
- Tertiary – strategies to help prevent long-term complications of a concussion (chronic traumatic encephalopathy) by advising the participant to permanently discontinue a physical activity/sport based on evidence-based guidelines.

Primary and secondary strategies are the focus of the concussion injury prevention information located in Appendix C-7 – Sample Concussion Prevention Strategies.

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<sup>4</sup> Journal of Clinical Sport Psychology, 2012, 6, 293-301; Charles H. Tator, Professor of Neurosurgery, Toronto Western Hospital, Toronto, ON Can.

<sup>5</sup> Parachute. (2017). Canadian Guideline on Concussion in Sport. Toronto: Parachute.

<sup>6</sup> Journal of Clinical Sport Psychology, 2012, 6, 293-301; Charles H. Tator, Professor of Neurosurgery, Toronto Western Hospital, Toronto, ON Can.

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## IDENTIFICATION COMPONENT

*The Identification component is equivalent to the recognition component in the Canadian Guideline on Concussion in Sport.*

Stakeholders identified by the school board/school (e.g., school administrators, teachers, coaches, school first aiders) who have been specifically trained to identify signs and symptoms of a suspected concussion (e.g., Appendix C-2 – Tool to Identify a Suspected Concussion) are responsible for the identification and reporting of students who demonstrate observable signs of a head injury or who report concussion symptoms.

In some instances, the stakeholder may not observe any signs, or have any symptoms reported, but because of the nature of the impact, will suspect a concussion. This suspected concussion/concussion event must be reported for 24 hour monitoring.

The identification component includes the following:

- a) **Initial response** for safe removal of an injured student with a suspected concussion from the activity;
- b) **Initial identification of a suspected concussion** (e.g., Appendix C-2 – Sample Tool to Identify a Suspected Concussion);
- c) **Steps required following the initial identification of a suspected concussion;**
- d) **Steps required when sign(s) and or symptom(s) are not identified but a possible concussion event was recognized.**

### **Initial Response** (*Teachers, Coaches, Trainers, Officials, Students*)

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 the following immediate actions must be taken:

- Student stops participation and is prohibited from physical activity;
- Initiate the school board's/school's Emergency First Aid Response (e.g., basic principles of first aid).

## Initial Identification of a Suspected Concussion

Use Appendix C-2 – Sample Tool to Identify a Suspected Concussion

### Step 1

Check for **Red Flag** sign(s) and/or symptom(s).

Table 1: Red Flags<sup>7</sup>

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

**If any Red Flag sign(s) and/or symptom(s) are present, follow only the Red Flag Procedure.**

### Red Flag Procedure – 911 call

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

<sup>7</sup> Adapted from Davis GA, et al. Br J Sports Med 2017;0:1. doi:10.1136/bjsports-2017-097508CRT5

## Step 2

If there are no Red Flag sign(s) and or symptom(s), remove the student from the current activity or game if the student can be safely moved. Observe and question the student to determine if Other Concussion Sign(s) and/ or Symptom(s) are present.

Table 2: Other Concussion Signs and Symptoms<sup>8</sup>

Other Concussion Signs: Visual cues (what you see) that suggests a possible concussion			
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	
Other Concussion Symptoms as reported by student (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”
Dizziness	“Don’t feel right”		Drowsiness

**Please Note:** If any one or more sign(s) and/or symptom(s) are present, a concussion should be suspected but the full check should be completed (including the Quick Memory Function Check) to provide comprehensive information to parent/guardian and medical doctor/nurse practitioner.

- If any sign(s) and/or symptom(s) worsen, or red flags emerge, call 911 and follow Red Flag Procedure.
- **Note:**
  - Signs and/or symptoms can appear immediately after the injury or may take hours or days to emerge.
  - 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.

<sup>8</sup> Adapted from Davis GA, et al. Br J Sports Med 2017;0:1. doi:10.1136/bjsports-2017-097508CRT5

- It may be difficult for younger students (under the age of 10), students with special needs, or students for whom English/French is not their first language to communicate how they are feeling.
- Signs for younger students (under the age of 10) may not be as obvious as in older students

Perform Quick Memory Function Check:

- What room are we in right now?
- What field are we playing on today?
- Is it before or after lunch?
- What is the name of your teacher/coach?
- What school do you go to?

Questions may need to be modified for very young students, the situation/activity/sport, and/or students receiving special education programs and services.

*Failure to answer any one of these questions correctly indicates a suspected concussion.*

### **Steps Required Following the Initial Identification of a Suspected Concussion**

The procedures in this section are to be followed if Other Sign(s) and/or Symptom(s) (consult Table 2) are observed, reported, and/or the student does not answer all of the Quick Memory Function Check questions correctly.

#### ***Teacher/Coach Response***

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

#### ***Information to be Provided to Parent/Guardian (e.g., by teacher, coach)***

- Completed Appendix C-2 – Sample Tool to Identify a Suspected Concussion.
- Appendix C-3 – Sample Documentation of Medical Assessment.
- Parent/Guardian must be informed that:
  - the student needs an urgent Medical Assessment (as soon as possible that day) by a medical doctor or nurse practitioner;
  - the student must be accompanied home by a responsible adult;

- the student must not be left alone;
- they need to communicate to the school principal/designate the results of the Medical Assessment (i.e., the student does not have a diagnosed concussion or the student has a diagnosed concussion) prior to the student returning to school (refer to the sample reporting form Appendix C-3 –Sample Documentation of Medical Assessment).

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

The school principal/designate must inform all school staff (e.g., classroom teachers, physical education teachers, intramural supervisors, coaches) and volunteers (prior to communicating with volunteers refer to school board protocol for sharing of student information) who work with the student that the student shall not participate in any learning or physical activities until the parent/guardian communicates the results of the Medical Assessment to the school principal/designate (e.g., by completing Appendix C-3 –Sample Documentation of Medical Assessment).

**Steps Required when Sign(s) and/or Symptom(s) are Not Identified but a Possible Concussion Event was Recognized**

The procedures in this section are to be followed if Other Sign(s) and/or Symptom(s) are NOT observed or reported and the student correctly answers all of the Quick Memory Function questions (refer to Appendix C-2 – Sample Tool to Identify a Suspected Concussion). However, the teacher/coach recognized that a possible concussion event occurred (due to the jarring impact) and since sign(s) and/or symptom(s) can occur hours to days later, the procedures below are to be followed.

***Teacher/Coach Response***

- The student's parent/guardian (or emergency contact) must be contacted, informed of the incident and provided with Appendix C-2 - Sample Tool to Identify a Suspected Concussion and Appendix C-3 – Sample Documentation of Medical Assessment.
- The student must be monitored by school staff for delayed sign(s) and/or symptom(s)
- If any sign(s) and/or symptom(s) emerge (observed or reported) during the school day, parent/guardian must be informed that the student needs an urgent Medical Assessment (as soon as possible that day).
- Student must not return to physical activity for 24 hours as signs and/or symptoms can take hours or days to emerge. • After 24 hours under observation, if the student has not shown/reported any signs and/or symptoms, they may resume physical activity without Medical Clearance.

***Information to be Provided to Parent/Guardian (e.g., by teacher, coach)***

- Appendix C-2 – Sample Tool to Identify a Suspected Concussion
- Appendix C-3 – Sample Documentation of Medical Assessment
- the student can attend school but cannot participate in any physical activity for a minimum of 24 hours;
- the student will be monitored (at school and home) for the emergence of sign(s) and/or symptom(s) for 24 hours following the incident;
- 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; and

- parent/guardian must communicate results of continued monitoring to principal/designate as per school board policy:
  - if any sign(s) and/or symptom(s) emerge (observed or reported), the student needs an urgent Medical Assessment (as soon as possible that day) by a medical doctor or nurse practitioner
  - if after 24 hours of observation sign(s) and/or symptom(s) do not emerge, the student may return to physical activity. Medical Clearance is not required.

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

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

- the student is allowed to attend school.
- the student must not participate in physical activity and must be monitored by teacher(s) and parent/guardian for 24 hours for the emergence of delayed sign(s) and/or symptom(s).
- the results of the continued monitoring by teachers:
  - if any sign(s) and/or symptom(s) emerge the parent/guardian must be informed that the student needs an urgent Medical Assessment (as soon as possible that day) by a medical doctor/nurse practitioner
  - 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



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## **MANAGEMENT COMPONENT: PROCEDURES FOR A DIAGNOSED CONCUSSION-RETURN TO SCHOOL (RTS) AND RETURN TO PHYSICAL ACTIVITY (RTPA)**

After a suspected concussion has been identified (i.e., sign(s) and/or symptom(s) are observed or reported), the student must be assessed by a medical doctor or nurse practitioner as soon as reasonably possible. The parent/guardian must communicate to the school the results of the Medical Assessment (consult reporting form, **Appendix C-3 – Documentation of Medical Assessment**).

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

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

The 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. Examples include nurses, physiotherapists, chiropractors, and athletic therapists.

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.

Rationale: Initially the student requires cognitive and physical rest followed by stages of cognitive and physical activity which are best accommodated in the home environment. Refer to Table 3: Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA).

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

Once the parent/guardian has informed the school principal/designate of the results of the Medical Assessment, the school principal/designate must:

- inform all school staff (e.g., classroom teachers, physical education teachers, intramural supervisors, coaches) and volunteers who work with the student of the results;
- communicate (e.g., in-person meeting, phone conference, video conference, email) with parent/guardian, and where appropriate the student;
  - to explain the stages of RTS and RTPA Plan that occur at home.
  - to provide and explain the purpose of Appendix C-4 - Sample Documentation for Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan (i.e., to document student's progress through the stages of RTS and RTPA).
    - the student must complete Stage 2 RTS and Stage 2b RTPA prior to returning to school; and
    - completion must be documented and returned to the school using Appendix C-4 - Sample Documentation for Home Preparation for RTS and RTPS Plan.
  - to provide information about concussion recovery:
    - 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.
    - Approximately 15-30% of individuals will experience symptoms that persist beyond this time frame.
    - Individuals who experience persistent post-concussion symptoms (> 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.
- Ensure all documentation is filed as per school board policy (e.g., Appendix C-2 –Tool to Identify a Suspected Concussion, Appendix C-3 – Documentation of Medical Assessment, Appendix C-4 - Documentation for Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan, Appendix C-5 – Documentation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan, Appendix C-4d – Documentation of Medical Clearance, and Collaborative Team's learning strategies and adaptations for student recovery).

## Student is at Home

For the associated General Procedures consult Appendix C-4 – Documentation for Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan.

Table 3: Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan

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

<p><b>Student moves to RTS Stage 2 when:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Student tolerates 30 minutes of light cognitive activity (i.e. A student should be able to complete 3-4 of the permitted activities listed above) and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms.</li> <li><input type="checkbox"/> Student has completed a minimum of 24 hours at RTS – Stage 1</li> <li><input type="checkbox"/> Student has exhibited or reported a return of symptoms and must return to the previous stage for a minimum of 24 hours.</li> <li><input type="checkbox"/> Student has exhibited or reporting a worsening of symptoms and must return to medical doctor or nurse practitioner</li> </ul>	<p><b>Student moves to RTPA Stage 2a when:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Symptoms start to improve or after resting 2 days maximum, or whichever occurs first.</li> <li><input type="checkbox"/> Student has completed a minimum of 24 hours at RTPA – Stage 1</li> <li><input type="checkbox"/> Student has exhibited or reported a return of symptoms and must return to the previous stage for a minimum of 24 hours</li> <li><input type="checkbox"/> Student has exhibited or reporting a worsening of symptoms and must return to medical doctor or nurse practitioner.</li> </ul>
<p><b><u>RTS – Stage 2</u></b></p> <p>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).</p> <p><b><u>Activities permitted if tolerated by student</u></b></p> <ul style="list-style-type: none"> <li>✓ Activities from previous stage</li> <li>✓ School-type work in 30-minute increments</li> <li>✓ Crosswords, word puzzles, Sudoku, word search</li> <li>✓ Limited technology use (i.e.,computer, laptop, tablet, cell phone (i.e.,texting/games/photography) starting with shorter periods and building up as tolerated</li> </ul> <p><b><u>Activities that are not permitted at this stage</u></b></p> <ul style="list-style-type: none"> <li>✗ School attendance</li> </ul>	<p><b><u>RTPA – Stage 2a</u></b></p> <p>Daily activities that do not provoke symptoms. Add additional movements that do not increase breathing and/heart rate or break a sweat.</p> <p><b><u>Activities permitted if tolerated by student</u></b></p> <ul style="list-style-type: none"> <li>✓ Activities from previous stage</li> <li>✓ Light physical activity for example, use of stairs</li> <li>✓ 10-15 minutes slow walking 1-2x per day inside and outside (weather permitting)</li> </ul> <p><b><u>Activities that are not permitted at this stage</u></b></p> <ul style="list-style-type: none"> <li>✗ Physical exertion (increases breathing and/heart rate and sweating)</li> <li>✗ Sports</li> <li>✗ Sporting activities</li> </ul>
<p><b>Student moves to RTS Stage 3a when:</b></p> <ul style="list-style-type: none"> <li><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.</li> <li><input type="checkbox"/> Student has completed a minimum of 24 hours at RTS – Stage 2.</li> <li><input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms and must return to the previous stage for a minimum of 24 hours.</li> <li><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</li> </ul>	<p><b>Student moves to RTPA Stage 2b when:</b></p> <ul style="list-style-type: none"> <li><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.</li> <li><input type="checkbox"/> Student has completed a minimum of 24 hours at RTPA – Stage 2a.</li> <li><input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms and must return to the previous stage for a minimum of 24 hours.</li> <li><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</li> </ul>

	<p><b><u>RTPA- Stage 2b</u></b></p> <p>Light aerobic activity</p> <p><b><u>Activities permitted if tolerated by student</u></b></p> <ul style="list-style-type: none"> <li>✓ Activities from previous stage</li> <li>✓ 20-30 minutes walking/stationary cycling/recreational (i.e., at a pace that causes some increase in breathing/heart rate but not enough to prevent a student from carrying on a conversation comfortably)</li> </ul> <p><b><u>Activities that are not permitted at this stage</u></b></p> <ul style="list-style-type: none"> <li>✗ Resistance or weight training</li> <li>✗ Physical activities with others</li> <li>✗ Physical activities using equipment</li> </ul>
	<p><b>Student moves to RTPA Stage 3 when:</b></p> <ul style="list-style-type: none"> <li><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.</li> <li><input type="checkbox"/> Student has completed a minimum of 24 hours at RTPA – Stage 2b.</li> <li><input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms and must return to the previous stage for a minimum of 24 hours.</li> <li><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</li> </ul>

### ***Responsibilities of Parent/Guardian***

When the student has successfully completed the stages in Table 3: Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) the parent/guardian informs the school principal:

- Student has completed Stage 2 RTS (tolerates up to 1 hour of cognitive activity in two 30 minutes intervals and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.) and is to begin RTS Stage 3a at school.
- Student has completed Stage 2b RTPA (activities are tolerated and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.) and is to begin RTPA Stage 3 at school.

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## Student Returns to School

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

Communicate (e.g., in-person meeting, phone conference, video conference, email) with parent/guardian, and where appropriate the student:

- to provide and explain the purpose of Appendix C-5 – Sample Documentation for School Concussion Management - Return to School (RTS) and Return to Physical Activity (RTPA) Plan,
- to explain the Collaborative Team approach and their role on the team when the student returns to school.

### Return to School (RTS) and Return to Physical Activity (RTPA) Stages

Table 4: School Concussion Management Plan - Return to School (RTS) and Return to Physical Activity (RTPA) Stages, is provided for school administrators and school collaborative teams to **use in the management of** a student's return to school and return to physical activity following a diagnosed concussion. It does not replace medical advice. 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 who has no symptoms when they return to school, must progress through all of the RTS and RTPA stages with each stage a minimum of 24 hours.

During all stages of RTS and during Stages 1-4 of RTPA:

- if symptoms re-appear, 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.
- if symptoms worsen over time, student must return to medical doctor or nurse practitioner.

During Stages 5-6 of RTPA, if symptoms re-appear or new symptoms appear, the student must return to medical doctor or nurse practitioner to have the Medical Clearance reassessed.

For the associated General Procedures consult Appendix C-5 – Sample Documentation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan.

**Table 4: School Concussion Management Plan - Return to School (RTS) and Return to Physical Activity (RTPA) Stages**

Return to School (RTS) Stages	Return to Physical Activity (RTPA) Stages
<p><b><u>RTS – Stage 3a</u></b></p> <ul style="list-style-type: none"> <li>Student begins with an initial time at school of 2 hours.</li> <li>The individual RTS Plan is developed by the Collaborative Team following the student conference and appraisal of the student's individual needs determining possible strategies and/or approaches for student learning (see Table 5 in Appendix C-1).</li> </ul> <p><b><u>Activities permitted if tolerated by student</u></b></p> <ul style="list-style-type: none"> <li>✓ Activities from previous stage (see Table 1 in Appendix C-4: Documentation for Home Preparation for RTS and RTPA)</li> <li>✓ School work for up to 2 hours per day in smaller chunks (completed at school) working up to a ½ day of cognitive activity</li> <li>✓ Learning Strategies and/or approaches</li> </ul> <p><b><u>Activities that are not permitted at this stage</u></b></p> <ul style="list-style-type: none"> <li>✗ Tests/exams</li> <li>✗ Homework</li> <li>✗ Music class</li> <li>✗ Assemblies</li> <li>✗ Field trips</li> </ul>	<p><b><u>RTPA – Stage 3</u></b></p> <ul style="list-style-type: none"> <li>Simple locomotor activities/sport-specific exercise to add movement.</li> </ul> <p><b><u>Activities permitted if tolerated by student</u></b></p> <ul style="list-style-type: none"> <li>✓ Activities from previous stage (20-30 minutes walking/stationary cycling/elliptical/recreational dancing at a moderate pace).</li> <li>✓ Simple individual drills (i.e., running/throwing drills, skating drills in hockey, shooting drills in basketball) in predictable and controlled environments with no risk of re-injury.</li> <li>✓ Restricted recess activities for example, walking.</li> </ul> <p><b><u>Activities that are not permitted at this stage</u></b></p> <ul style="list-style-type: none"> <li>✗ Full participation in physical education or DPA</li> <li>✗ Participation in intramurals</li> <li>✗ Full participation in interschool practices</li> <li>✗ Interschool competitions</li> <li>✗ Resistance or weight training</li> <li>✗ Body contact or head impact activities (i.e., heading a soccer ball).</li> <li>✗ Jarring motions (i.e., high speed stops, hitting a baseball with a bat).</li> </ul>
<p><b><u>School</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Student has demonstrated they can tolerate up to a half day of cognitive activity</li> <li><input type="checkbox"/> C-5 sent home to parent/guardian</li> </ul> <p>School Initial: _____</p> <p>Date: _____</p>	<p><b><u>School</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Student has demonstrated they can tolerate simple individual drills/sport specific drills as listed in permitted activities</li> <li><input type="checkbox"/> C-5 sent home to parent/guardian</li> </ul> <p>School Initial: _____</p> <p>Date: _____</p>
<p><b><u>Home</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Student has <b>not</b> exhibited or reported a return of symptoms, new symptoms or worsening.</li> <li><input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.</li> <li><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</li> <li><input type="checkbox"/> C-5 sent back to school</li> </ul> <p>Parent/Guardian Signature: _____</p> <p>Date: _____</p> <p>Comments: _____</p>	<p><b><u>Home</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Student has <b>not</b> exhibited or reported a return of symptoms, new symptoms or worsening symptoms.</li> <li><input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.</li> <li><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</li> <li><input type="checkbox"/> C-5 sent back to school</li> </ul> <p>Parent/Guardian Signature: _____</p> <p>Date: _____</p> <p>Comments: _____</p>



<p><b><u>RTS – Stage 3b</u></b></p> <ul style="list-style-type: none"> <li>• Student continues attending school half time with gradual increase in school attendance time, increased school work, and decrease in adaptation of learning strategies and/or approaches</li> </ul> <p><b><u>Activities permitted if tolerated by student</u></b></p> <ul style="list-style-type: none"> <li>✓ Activities from previous stage</li> <li>✓ School work for 4-5 hours per day, in smaller chunks (i.e., 2-4 days of school/week)</li> <li>✓ Homework – up to 30 minutes/day</li> <li>✓ Decrease adaptation of learning strategies and/or approaches</li> <li>✓ Classroom testing with adaptations</li> </ul> <p><b><u>Activities that are not permitted at this stage</u></b></p> <ul style="list-style-type: none"> <li>✗ Standardized tests/exams</li> </ul>	
<p><b><u>School</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Student has demonstrated they can tolerate up to 4-5 hours of the cognitive activities listed above</li> <li><input type="checkbox"/> C-5 sent home to parent/guardian</li> </ul> <p>School Initial: _____</p> <p>Date: _____</p>	
<p><b><u>Home</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Student has <b>not</b> exhibited or reported a return of symptoms, new symptoms or worsening symptoms</li> <li><input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.</li> <li><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</li> <li><input type="checkbox"/> C-5 sent back to school</li> </ul> <p>Parent/Guardian Signature: _____</p> <p>Date: _____</p> <p>Comments: _____</p>	
<p><b><u>RTS – Stage 4a</u></b></p> <ul style="list-style-type: none"> <li>• Full day school, minimal adaptations of learning strategies and/or approaches.</li> <li>• Nearly normal workload</li> </ul>	<p><b><u>RTPA – Stage 4</u></b></p> <ul style="list-style-type: none"> <li>• Progressively increase physical activity</li> <li>• Non-contact training drills to add coordination and increased thinking</li> </ul>



<p><b><u>Activities permitted if tolerated by student</u></b></p> <ul style="list-style-type: none"> <li>✓ Activities from previous stage</li> <li>✓ Nearly normal cognitive activities</li> <li>✓ Routine school work as tolerated</li> <li>✓ Minimal adaptations of learning strategies and/or approaches</li> <li>✓ Start to eliminate adaptations of strategies and/or approaches</li> <li>✓ Increase homework to 60 minutes/day</li> <li>✓ Limit routing testing to one test per day with adaptations (i.e., supports – such as extra time)</li> </ul> <p><b><u>Activities that are not permitted at this stage</u></b></p> <ul style="list-style-type: none"> <li>✗ Standardized tests/exams</li> </ul>	<p><b><u>Activities permitted if tolerated by student</u></b></p> <ul style="list-style-type: none"> <li>✓ Activities from previous stage</li> <li>✓ More complex training drills (i.e., passing drills in soccer and hockey)</li> <li>✓ Physical activity with no body contact (i.e., dance, badminton)</li> <li>✓ Participation in practices for non-contact interschool sports (no contact)</li> <li>✓ Progressive resistance training may be started</li> <li>✓ Recess – physical activity running/games with no body contact</li> <li>✓ Daily Physical Activity (elementary)</li> </ul> <p><b><u>Activities that are not permitted at this stage</u></b></p> <ul style="list-style-type: none"> <li>✗ Full participation in physical education</li> <li>✗ Participation in intramurals</li> <li>✗ Body contact or head impact activities (i.e., heading a soccer ball)</li> <li>✗ Participation in interschool contact sport practices, or interschool games/competitions (non-contact and contact)</li> </ul>
<p><b><u>School</u></b></p> <ul style="list-style-type: none"> <li><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</li> <li><input type="checkbox"/> C-5 sent home to parent/guardian</li> </ul> <p>School Initial: _____</p> <p>Date: _____</p>	<p><b><u>School</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Student has completed the activities in RTPA Stage 4 as applicable</li> <li><input type="checkbox"/> C-4d – Documentation for Medical Clearance sent home to parent/guardian</li> <li><input type="checkbox"/> C-5 sent home to parent/guardian</li> </ul> <p>School Initial: _____</p> <p>Date: _____</p>
<p><b><u>Home</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Student has <b>not</b> exhibited or reported a return of symptoms, new symptoms or worsening symptoms.</li> <li><input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.</li> <li><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</li> <li><input type="checkbox"/> C-5 sent back to school</li> </ul> <p>Parent/Guardian Signature: _____</p> <p>Date: _____</p> <p>Comments: _____</p>	<p><b><u>Home</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Student has <b>not</b> exhibited or reported a return of symptoms, new symptoms or worsening symptoms</li> <li><input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.</li> <li><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</li> <li><input type="checkbox"/> C-5 sent back to school</li> </ul> <p>Parent/Guardian Signature: _____</p> <p>Date: _____</p> <p>Comments: _____</p>

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

	<p><b><u>RTPA – Stage 5</u></b></p> <ul style="list-style-type: none"> <li>• 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</li> </ul> <p><b><u>Activities permitted if tolerated by student</u></b></p> <ul style="list-style-type: none"> <li>✓ Physical Education</li> <li>✓ Intramural programs</li> <li>✓ Full contact training/practice in contact interschool sports</li> </ul> <p><b><u>Activities that are not permitted at this stage</u></b></p> <ul style="list-style-type: none"> <li>✗ Competition (i.e., games, meets, events) that involves body contact</li> </ul>
	<p><b><u>School</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Student has completed the activities in RTPA Stage 5 as applicable</li> <li><input type="checkbox"/> C-5 sent home to parent/guardian</li> </ul> <p>School Initial: _____</p> <p>Date: _____</p>
	<p><b><u>Home</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Student has <b>not</b> exhibited or reported a return of symptoms, new symptoms or worsening symptoms.</li> <li><input type="checkbox"/> Student has exhibited or reported a return of symptoms or new symptoms and must return to medical doctor/nurse practitioner for Medical Clearance reassessment.</li> <li><input type="checkbox"/> C-5 sent back to school</li> </ul> <p>Parent/Guardian Signature: _____</p> <p>Date: _____</p> <p>Comments: _____</p>

	<p><b><u>RTPA – Stage 6</u></b></p> <ul style="list-style-type: none"> <li>• Unrestricted return to contact sports</li> </ul> <p>✓ Full participation in contact sports game/competitions</p>
	<p><b><u>School</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Student has completed full participation in contact sports</li> <li><input type="checkbox"/> C-5 sent home to parent/guardian</li> </ul> <p>School Initial: _____</p> <p>Date: _____</p>
	<p><b><u>Home</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Student has <b>not</b> exhibited or reported a return of symptoms, new symptoms or worsening symptoms.</li> <li><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</li> <li><input type="checkbox"/> C-5 sent back to school for documentation purposes</li> </ul> <p>Parent/Guardian Signature: _____</p> <p>Date: _____</p> <p>Comments: _____</p>

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### The 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 Table 5) for the prescribed stages in Table 4: Return to School (RTS) and Return to Physical Activity (RTPA). Led by the school principal/designate, the team should include:

- ☐ the concussed student;
- ☐ the student's parents/guardians;
- ☐ teachers and volunteers who work with the student; and
- ☐ the medical doctor or nurse practitioner and/or appropriate licensed healthcare provider.

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

### ***Designated School Staff Lead of Collaborative Team***

One school staff lead (i.e., a member of the collaborative team, either the school principal/designate, or another staff person designated by the school principal) needs to serve as the main point of contact for the student, the parents/guardians, other school staff, and volunteers who work with the student, and the medical doctor or nurse practitioner and/or licensed healthcare providers.

The designated school staff lead will monitor the student's progress through the Return to School and Return to Physical Activity Plan. Ongoing communication between parent/guardian and the collaborative team is essential throughout the process.

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

- 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 (consult Appendix C-4d – Sample Documentation of Medical Clearance) 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.
- 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);

- o obtained a signed Medical Clearance Letter from a medical doctor or nurse practitioner (consult Appendix C-4d – Sample Documentation of Medical Clearance) 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.

The Medical Clearance form must be provided by the student's parent/guardian to the school principal/designate and kept on file (e.g., in the student OSR).

### Return to School Strategies and/or Approaches

*Consult Table 5: Sample Return to School Strategies and /or Approaches*

It is important for the designated school staff lead, in consultation with other members of the collaborative team, to identify the student's symptoms and the ways they respond to various learning activities in order to develop appropriate strategies and/or approaches that meet the changing needs of the student. School staff and volunteers who work with the student need to be aware of the possible difficulties (i.e., cognitive, emotional/behavioural) a student may encounter when returning to learning activities following a concussion. These difficulties may be subtle and temporary, but may significantly impact a student's performance<sup>9</sup>.

Table 5: Return to School Strategies and/or Approaches<sup>10</sup>

COGNITIVE DIFFICULTIES		
Post Concussion Symptoms	Impact on Student's Learning	Potential Strategies and/or Approaches
Headache and fatigue	Difficulty concentrating, paying attention, or multitasking	<ul style="list-style-type: none"> <li>• Ensure instructions are clear (e.g., simplify directions, have the student repeat directions back to the teacher)</li> <li>• Allow the student to have frequent breaks or return to school gradually (e.g., 1-2 hours, half-days, late starts)</li> <li>• Keep distractions to a minimum (e.g., move the student away from bright lights or noisy areas)</li> <li>• Limit materials on the student's desk or in their work area to avoid distractions</li> <li>• Provide alternative assessment opportunities (e.g., give tests orally, allow the student to dictate responses to tests or assignments, provide access to technology)</li> </ul>

<sup>9</sup> Davis GA, Purcell LK. The evaluation and management of acute concussion differs in young children. Br J Sports Med. Published Online First 23 April 2013 doi:10.1136/bjsports-2012-092132

<sup>10</sup> Adapted from Davis GA, Purcell LK. The evaluation and management of acute concussion differs in young children. Br J Sports Med. Published Online First 23 April 2013 doi:10.1136/bjsports-2012-092132

COGNITIVE DIFFICULTIES		
Post Concussion Symptoms	Impact on Student's Learning	Potential Strategies and/or Approaches
Difficulty remembering or processing speed	Difficulty retaining new information, remembering instructions, and accessing learned information	<ul style="list-style-type: none"> <li>• Provide a daily organizer and prioritize tasks</li> <li>• Provide visual aids/cues and/or advance organizers (e.g., visual cueing, non-verbal signs)</li> <li>• Divide larger assignments/assessments into smaller tasks</li> <li>• Provide the student with a copy of class notes</li> <li>• Provide access to technology</li> <li>• Repeat instructions</li> <li>• Provide alternative methods for the student to demonstrate mastery</li> </ul>
Difficulty paying attention/concentrating	Limited/short-term focus on schoolwork Difficulty maintaining a regular academic workload or keeping pace with work demands	<ul style="list-style-type: none"> <li>• Coordinate assignments and projects among all teachers</li> <li>• Use a planner/organizer to manage and record daily/weekly homework and assignments</li> <li>• Reduce and/or prioritize homework, assignments, and projects</li> <li>• Extend deadlines or break down tasks</li> <li>• Facilitate the use of a peer note taker</li> <li>• Provide alternate assignments and/or tests</li> <li>• Check frequently for comprehension</li> <li>• Consider limiting tests to one per day and student may need extra time or a quiet environment</li> </ul>

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



EMOTIONAL/BEHAVIOURAL DIFFICULTIES		
Post Concussion Symptoms	Impact on Student's Learning	Potential Strategies and/or Approaches
Depression/ withdrawal	Withdrawal from participation in school activities or friends	<ul style="list-style-type: none"> <li>• Build time into class/school day for socialization with peers</li> <li>• Partner student with a "buddy" for assignments or activities</li> </ul>

**Please Note:** "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."<sup>11</sup>

<sup>11</sup> Concussion in the Classroom. (n.d.). Upstate University Hospital Concussion Management Program. Retrieved from <http://www.upstate.edu/pmr/healthcare/programs/concussion/pdf/classroom.pdf>

## Appendix C-2: Tool to Identify a Suspected Concussion

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

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

Student Name: \_\_\_\_\_ Time \_\_\_\_\_ Date: \_\_\_\_\_

Teacher/Coach/Supervisor name (please print): \_\_\_\_\_

Teacher/Coach/ Supervisor signature: \_\_\_\_\_

### Step A: RED FLAGS

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

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

**If Red Flag(s) identified, complete only Step E – Communication to Parents/Guardians**

### Step B: Other Sign(s) and Symptom(s)

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

**Step B1: Other Concussion Signs: Check (✓) visual cues (what you see)**

- ☐ Lying motionless on the playing surface (no loss of consciousness)
- ☐ Disorientation or confusion, or an inability to respond appropriately to questions
- ☐ Balance, gait difficulties, motor incoordination, stumbling, slow labored 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: Check (✓) reported symptoms (what the student is saying)**

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

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

**Note:** Signs and symptoms can appear immediately after the injury or may take hours or days to emerge. Signs and symptoms may be different for everyone. A student may be reluctant to report symptoms because of a fear that he/she will be removed from the activity, his/her status on a team or in a game could be jeopardized or academics could be impacted.

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### **STEP B3: Conduct Quick Memory Function Check**

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

- ☐ What room are we in right now? Answer: \_\_\_\_\_
- ☐ What activity/sport/game are we playing right now? Answer: \_\_\_\_\_
- ☐ What venue are we playing on/in today? Answer: \_\_\_\_\_
- ☐ Is it before or after lunch? Answer: \_\_\_\_\_
- ☐ What is the name of your teacher/coach? Answer: \_\_\_\_\_
- ☐ What school do you go to? Answer: \_\_\_\_\_

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

### **IF NO SIGNS ARE OBSERVED OR SYMPTOMS REPORTED AND THE STUDENT ANSWERS ALL THE QUICK MEMORY FUNCTION QUESTIONS CORRECTLY, GO TO STEP D.**

#### **Actions Required:**

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

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

Parent/guardian must be provided with a completed copy of this form and a copy of **Appendix C-3 – Documentation of Medical Assessment**, and **Appendix C-4 – Documentation for Home Preparation for RTS and RTPA Plan**. Teacher/coach informs school administration of incident.

**Parent/Guardian Name (please print):** \_\_\_\_\_

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

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

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

**Actions Required:**

- The student must stop participation immediately and must not be allowed to return to play that day even if the student states that they are feeling better. School Administration must be informed of the incident.

Teacher/coach to inform parent/guardian and principal of the incident and that the student requires continued monitoring for 24 hours as sign(s) and or symptom(s) can appear hours or days after the incident:

- If any red flags emerge call 911 immediately.
- If any other sign(s) and/or symptom(s) emerge, the student needs urgent Medical Assessment (as soon as possible that day) by a medical doctor or nurse practitioner.
- Parent/guardian is to communicate the results of the Medical Assessment to the appropriate school personnel using **Appendix C-3 – Documentation of Medical Assessment**.
- **If after 24 hours of monitoring no sign(s) and or symptom(s) have emerged the parent/guardian is to communicate these observations to school administration by completing the section below.** Student is permitted to resume physical activities. Medical Clearance is not required.

**Declaration of Parental/Guardian Monitoring**

- ☐ I recognize that a possible concussion event was recognized by the teacher/coach and that no signs nor symptoms were initially reported and that my child/ward answered correctly all the questions in the Quick Memory Function Check using **C-2 – Tool to Identify a Suspected Concussion** as reported by the Teacher/Coach.
- ☐ I confirm that my child/ward has no signs nor symptoms outlined in **C-2 – Tool to Identify a Suspected Concussion** for at least 24 hours after the potential concussion event observed by the Teacher/Coach.

**Parent/Guardian Name (please print):** \_\_\_\_\_

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

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

### Appendix C-3: Documentation of Medical Assessment

This form is to be provided to all students suspected of having a concussion. The student must see a doctor or nurse practitioner and return the form to the school administration. If a concussion is diagnosed, the student must follow the *Return to School (RTS)/Return to Physical Activity (RTPA) Plan*. The student should also have the *Tool To Identify a Suspected Concussion* (Appendix C-2) if the injury/accident occurred at school or during a school related activity.

The personal information you provide on this form is collected by the Nipissing-Parry Sound Catholic District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) ss.58.5, 265 use and 266 as amended. The information will be used for School and Board operations including but not limited to student registration, staff and resource allocation and to provide information to employees where necessary to support them in carrying out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and may be required to be disclosed in compelling circumstances, for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. For questions about this collection, please contact your school Principal.

\_\_\_\_\_ (student's name) sustained a suspected concussion on \_\_\_\_\_, 20\_\_\_\_.  
As a result, this student must be seen as soon as possible by a medical doctor or nurse practitioner. In Canada, only medical doctors and nurse practitioners are qualified to provide a concussion diagnosis. Prior to returning to school, the parent/guardian must inform the school administration of the results of the medical examination by completing the following:

#### **Results of Medical Assessment**

- ☐ My child/ward has been assessed and **a concussion has been diagnosed** and therefore must begin medically supervised, individualized and gradual *Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix C-4).
- ☐ My child/ward has been assessed and **a concussion has not been diagnosed** and therefore may resume full participation in learning and physical activity with no restrictions.
- ☐ My child/ward has been assessed and **a concussion has not been diagnosed** but the assessment led to the following diagnosis and recommendations

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

Parent/Guardian: \_\_\_\_\_  
Name (please print) Signature

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

#### **Note:**

In accordance with the Ontario Physical Education Safety Guidelines (OPHEA) which represents the minimum standard for a board's concussion protocol, a medical assessment is required for all students suspected of having a concussion.

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## Appendix C-4a: Documentation for Home Preparation for RTS and RTPA Plan

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

**Student Name:** \_\_\_\_\_

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

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

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

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

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

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

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

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

**Table 1: Home Preparation for Return to School and Return to Physical Activity Plan**

<b>Home Preparation for Return to School (RTS) Stages</b> Each stage must last a minimum of 24 hours	<b>Home Preparation for Return to Physical Activity (RTPA) Stages</b> Each stage must last a minimum of 24 hours.
<p><b><u>RTS – Initial Rest</u></b> 24-48 hours of relative cognitive rest</p> <p><b><u>Sample Activities permitted if tolerated by student</u></b></p> <ul style="list-style-type: none"> <li>✓ <input type="checkbox"/> Short board/card games</li> <li>✓ <input type="checkbox"/> Short phone calls</li> <li>✓ <input type="checkbox"/> Photography (with camera)</li> <li>✓ <input type="checkbox"/> Crafts</li> </ul> <p><b><u>Activities that are not permitted at this stage</u></b></p> <ul style="list-style-type: none"> <li>✗ TV</li> <li>✗ Technology (eg. Computer, laptop, tablet)/cell phone (ie. texting/games/photography)</li> <li>✗ Video games</li> <li>✗ Reading</li> <li>✗ Attendance at school or school-type work</li> </ul> <p><input type="checkbox"/> <b>Student moves to RTS Stage 1 when symptoms improve or after resting for 2 days maximum, or whichever occurs first.</b></p>	<p><b><u>RTPA – Initial Rest</u></b> 24-48 hours of relative physical rest</p> <p><b><u>Sample Activities permitted if tolerated by student</u></b></p> <ul style="list-style-type: none"> <li>✓ Limited movement that does not increase heart rate or break a sweat</li> <li>✓ Moving to various locations in the home</li> <li>✓ Daily hygiene activities</li> </ul> <p><b><u>Activities that are not permitted at this stage</u></b></p> <ul style="list-style-type: none"> <li>✗ Physical exertion (increases breathing and/or heart rate and sweating)</li> <li>✗ Stair climbing other than to move locations throughout the home</li> <li>✗ Sports/sporting activity</li> </ul> <p><input type="checkbox"/> <b>Student moves to RTPA Stage 1 when symptoms improve or after resting for 2 days maximum, or whichever occurs first.</b></p>
<p><b><u>RTS – Stage 1 (min. 24 hours )</u></b> Light cognitive activities (as per activities permitted listed below). Gradually increase activity up to 30 min. Take frequent breaks</p> <p><b><u>Activities permitted if tolerated by student</u></b></p> <ul style="list-style-type: none"> <li>✓ Activities from previous stage</li> <li>✓ Easy reading (ie. books, magazines, newspaper)</li> <li>✓ Limited TV</li> <li>✓ Limited cell phone conversations</li> <li>✓ Drawing/building blocks/puzzles</li> <li>✓ Some contact with friends</li> </ul> <p><b><u>Activities that are not permitted at this stage</u></b></p> <ul style="list-style-type: none"> <li>✗ Technology use (ie. Computer, laptop, tablet)/cell phone (ie. texting/games/photography)</li> <li>✗ Video games</li> <li>✗ Reading</li> <li>✗ Attendance at school or school-type work</li> </ul> <p><input type="checkbox"/> <b>Student move to RTS Stage 2 when 30 minutes of light cognitive activities (3-4 of activities listed above) are tolerated and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms.</b></p>	<p><b><u>RTPA – Stage 1 (min. 24 hours)</u></b> Light physical activities (as per activities permitted listed below) that <b>do not</b> provoke symptoms. Movements that can be done with little effort (do not increase breathing and/or heart rate or break a sweat).</p> <p><b><u>Activities permitted if tolerated by student</u></b></p> <ul style="list-style-type: none"> <li>✓ Daily household tasks (ie. Bed-making, dishes, feeding pets, meal preparation).</li> <li>✓ Slow walking for short time</li> </ul> <p><b><u>Activities that are not permitted at this stage</u></b></p> <ul style="list-style-type: none"> <li>✗ Physical exertion (increases breathing and/heart rate and sweating)</li> <li>✗ Sports/sporting activity</li> <li>✗ Stair climbing, other than to move locations throughout the home</li> </ul> <p><input type="checkbox"/> <b>Student moves to RTPA Stage 2a when symptoms improve or after resting for 2 days maximum, or whichever occurs first.</b></p>



<b>Home Preparation for Return to School (RTS) Stages</b> Each stage must last a minimum of 24 hours	<b>Home Preparation for Return to Physical Activity (RTPA) Stages</b> Each stage must last a minimum of 24 hours.
<p><b><u>RTS – Stage 2 (min. 24 hours)</u></b> 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).</p> <p><b><u>Activities permitted if tolerated by student</u></b></p> <ul style="list-style-type: none"> <li>✗ Activities from previous stage</li> <li>✗ School-type work in 30-minute increments</li> <li>✗ Crosswords, word puzzles, Sudoku, word search</li> <li>✗ Limited technology use (i.e., computer, laptop, tablet, cell phone (i.e., texting/games/photography) starting with shorter periods and building up as tolerated</li> </ul> <p><b><u>Activities that are not permitted at this stage</u></b></p> <ul style="list-style-type: none"> <li>✗ School attendance</li> </ul> <p><input type="checkbox"/> <b>Student has completed RTS Stage 2 when the additional cognitive activity (completing 3-4 of the permitted activities listed above) and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms.</b></p>	<p><b><u>RTPA – Stage 2a (min. 24 hours)</u></b> Daily activities that do not provoke symptoms. Add additional movements that do not increase breathing and/heart rate or break a sweat.</p> <p><b><u>Activities permitted if tolerated by student</u></b></p> <ul style="list-style-type: none"> <li>✓ Activities from previous stage</li> <li>✓ Light physical activity for example, use of stairs</li> <li>✓ 10-15 minutes slow walking 1-2x per day inside and outside (weather permitting)</li> </ul> <p><b><u>Activities that are not permitted at this stage</u></b></p> <ul style="list-style-type: none"> <li>✗ Physical exertion (increases breathing and/heart rate and sweating)</li> <li>✗ Sports</li> <li>✗ Sporting activities</li> </ul> <p><input type="checkbox"/> <b>Student move to RTPA Stage 2b when daily activities permitted (listed above) are tolerated and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms.</b></p>
	<p><b><u>RTPA- Stage 2b (min. 24 hours)</u></b> Light aerobic activity</p> <p><b><u>Activities permitted if tolerated by student</u></b></p> <ul style="list-style-type: none"> <li>✓ Activities from previous stage</li> <li>✓ 20-30 minutes walking/stationary cycling/recreational (i.e., at a pace that causes some increase in breathing/heart rate but not enough to prevent a student from carrying on a conversation comfortably)</li> </ul> <p><b><u>Activities that are not permitted at this stage</u></b></p> <ul style="list-style-type: none"> <li>✗ Resistance or weight training</li> <li>✗ Physical activities with others</li> <li>✗ Physical activities using equipment</li> </ul> <p><input type="checkbox"/> <b>Student has completed RTPA - Stage 2b when light aerobic activities (listed above) are tolerated and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms.</b></p>



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## **Appendix C-4b: Documentation for School Concussion Management – RTL and 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 Learning (RTL) and Return to Physical Activity Plan (RTPA) following completion of Home Preparation for Return to School Plan. The RTL and RTPA Plan are to be used with Appendix C-1 – Concussion Protocol: Prevention, Identification and Management Procedures.

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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

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

### **GENERAL PROCEDURES FOR SCHOOL CONCUSSION MANAGEMENT FOR RTS AND RTPA PLAN**

Appendix C-5 focuses on a student's progression through the school stages of the RTL and RTPA Plan. It has been designed to provide direction for, and documentation of the stages of the RTL and RTPA Plan.

The school part of the plan begins with:

- A parent/guardian and principal/designate meeting (for example, in-person, phone conference, video conference, email) to provide information on:
  - the school part of the RTL and RTPA Plan (Appendix C-5);
  - the Collaborative Team members and their role (for example, parent/guardian, student, principal/designate, team lead, teacher(s), medical doctor or nurse practitioner and/or appropriate licensed healthcare provider).
- A student conference to determine the individualized RTS Plan and to identify:
  - the RTL learning strategies and/or approaches required by the student based on the post-concussion symptoms;
  - the best way to provide opportunities for the permissible activities.

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

- The stages of the General Procedures for School Concussion Management plan occur at school and where appropriate the RTPA part of the plan may occur at sport practices (for example, student is not enrolled in physical education).
- For the student who is a member of an outside sporting team, communication is essential between the parent/guardian/student, outside coach and school.
- Stages are not days – each stage must take a minimum of 24 hours and the length of time needed to complete each stage will vary based on the severity of the concussion and the student.
- Completion of the RTL and RTPA Plan may take 1-4 weeks.

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

### Instructions:

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

- Review the activities (permitted and not permitted) at each stage prior to beginning the Plan.
- School (for example, teacher, collaborative team lead) provides appropriate activities and documents student's progress by checking (✓), dating, 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 (i.e., no returning, new or worsening symptoms) giving permission for the student to progress to the next stage and returns completed form to school.

**Table 1: School Concussion Management Plan**

Return to Learning (RTL) Stages	Return to Physical Activity (RTPA) Stages
<p><b><u>RTL – Stage 3a</u></b></p> <ul style="list-style-type: none"> <li>• Student begins with an initial time at school of 2 hours.</li> <li>• The individual RTL Plan is developed by the Collaborative Team following the student conference and appraisal of the student's individual needs determining possible strategies and/or approaches for student learning (see Table 5 in Appendix C-1).</li> </ul> <p><b><u>Activities permitted if tolerated by student</u></b></p> <ul style="list-style-type: none"> <li>✓ Activities from previous stage (see Table 1 in Appendix C-4: Documentation for Home Preparation for RTL and RTPA)</li> <li>✓ School work for up to 2 hours per day in smaller chunks (completed at school) working up to a ½ day of cognitive activity</li> <li>✓ Learning Strategies and/or approaches</li> </ul> <p><b><u>Activities that are not permitted at this stage</u></b></p> <ul style="list-style-type: none"> <li>✗ Tests/exams   ✗ Homework   ✗ Field trips</li> <li>✗ Music class   ✗ Assemblies</li> </ul> <p><input type="checkbox"/> <b>Student proceeds to RTL – Stage 3b when they can tolerate 2 hours of cognitive activity at school as outlined above and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms.</b></p>	<p><b><u>RTPA – Stage 3</u></b></p> <ul style="list-style-type: none"> <li>• Simple locomotor activities/sport-specific exercise to add movement.</li> </ul> <p><b><u>Activities permitted if tolerated by student</u></b></p> <ul style="list-style-type: none"> <li>✓ Activities from previous stage (20-30 minutes walking/stationary cycling/elliptical/recreational dancing at a moderate pace).</li> <li>✓ Simple individual drills (i.e., running/throwing drills, skating drills in hockey, shooting drills in basketball) in predictable and controlled environments with no risk of re-injury.</li> <li>✓ Restricted recess activities for example, walking.</li> </ul> <p><b><u>Activities that are not permitted at this stage</u></b></p> <ul style="list-style-type: none"> <li>✗ Full participation in physical education or DPA</li> <li>✗ Participation in intramurals</li> <li>✗ Full participation in interschool practices</li> <li>✗ Interschool competitions</li> <li>✗ Resistance or weight training</li> <li>✗ Body contact or head impact activities (i.e., heading a soccer ball).</li> <li>✗ Jarring motions (i.e., high speed stops, hitting a baseball with a bat).</li> </ul> <p><input type="checkbox"/> <b>Student proceeds to RTPA – Stage 4 when they can tolerate simple individual drills/sport specific drills as listed above and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms.</b></p>
<p><b><u>RTL – Stage 3b</u></b></p> <ul style="list-style-type: none"> <li>• Student continues attending school half time with gradual increase in school attendance time, increased school work, and decrease in adaptation of learning strategies and/or approaches</li> </ul> <p><b><u>Activities permitted if tolerated by student</u></b></p> <ul style="list-style-type: none"> <li>✓ Activities from previous stage</li> <li>✓ School work for 4-5 hours per day, in smaller chunks (i.e., 2-4 days of school/week)</li> <li>✓ Homework – up to 30 minutes/day</li> <li>✓ Decrease adaptation of learning strategies and/or approaches</li> <li>✓ Classroom testing with adaptations</li> </ul>	

Return to Learning (RTL) Stages	Return to Physical Activity (RTPA) Stages
<p><b><u>Activities that are not permitted at this stage</u></b></p> <ul style="list-style-type: none"> <li>✖ Standardized tests/exams</li> </ul> <p>☐ <b>Student proceeds to RTL – Stage 4a when they can tolerate up to 4-5 hours of cognitive activity, per day at school as outlined above and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms.</b></p>	
<p><b><u>RTL – Stage 4a</u></b></p> <ul style="list-style-type: none"> <li>• Full day school, minimal adaptations of learning strategies and/or approaches.</li> <li>• Nearly normal workload</li> </ul> <p><b><u>Activities permitted if tolerated by student</u></b></p> <ul style="list-style-type: none"> <li>✓ Activities from previous stage</li> <li>✓ Nearly normal cognitive activities</li> <li>✓ Routine school work as tolerated</li> <li>✓ Minimal adaptations of learning strategies and/or approaches</li> <li>✓ Start to eliminate adaptations of strategies and/or approaches</li> <li>✓ Increase homework to 60 minutes/day</li> <li>✓ Limit routing testing to one test per day with adaptations (i.e., supports – such as extra time)</li> </ul> <p><b><u>Activities that are not permitted at this stage</u></b></p> <ul style="list-style-type: none"> <li>✖ Standardized tests/exams</li> </ul> <p>☐ <b>Student proceeds to RTL – Stage 4b when they can tolerate a full day of school and nearly normal workload as outlined above and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms.</b></p>	<p><b><u>RTPA – Stage 4</u></b></p> <ul style="list-style-type: none"> <li>• Progressively increase physical activity</li> <li>• Non-contact training drills to add coordination and increased thinking</li> </ul> <p><b><u>Activities permitted if tolerated by student</u></b></p> <ul style="list-style-type: none"> <li>✓ Activities from previous stage</li> <li>✓ More complex training drills (i.e., passing drills in soccer and hockey)</li> <li>✓ Physical activity with no body contact (i.e., dance, badminton)</li> <li>✓ Participation in practices for non-contact interschool sports (no contact)</li> <li>✓ Progressive resistance training may be started</li> <li>✓ Recess – physical activity running/games with no body contact</li> <li>✓ Daily Physical Activity (elementary)</li> </ul> <p><b><u>Activities that are not permitted at this stage</u></b></p> <ul style="list-style-type: none"> <li>✖ Full participation in physical education</li> <li>✖ Participation in intramurals</li> <li>✖ Body contact or head impact activities (i.e., heading a soccer ball)</li> <li>✖ Participation in interschool contact sport practices, or interschool games/competitions (non-contact and contact)</li> </ul>

Return to Learning (RTL) Stages	Return to Physical Activity (RTPA) Stages
<p><b><u>RTL – Stage 4b</u></b></p> <ul style="list-style-type: none"> <li>• Full day school without adaptation of learning strategies and/or approaches.</li> </ul> <p><b><u>Activities permitted if tolerated by student</u></b></p> <ul style="list-style-type: none"> <li>✓ Normal cognitive activities</li> <li>✓ Routine school work</li> <li>✓ Full curriculum load (attend all classes, all homework, tests)</li> <li>✓ Standardized tests/exams</li> <li>✓ Full extracurricular involvement (non-sport/non-physical activity) i.e., drama, chess club</li> </ul> <p><b><u>Activities that are not permitted at this stage</u></b></p> <ul style="list-style-type: none"> <li>✗ Standardized tests/exams</li> </ul> <p><input type="checkbox"/> Student have completed RTL when they can tolerate a full day of school without accommodations of learning strategies and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms.</p>	<p><b><u>Before progressing to RTPA Stage 5, the student must:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Have completed RTS Stage 4a and 4b (full day at school without adaptation of learning strategies and/or approaches),</li> <li><input type="checkbox"/> Have completed RTPA Stage 4 and be symptom-free, and</li> <li><input type="checkbox"/> Obtain signed Medical Clearance from a medical doctor or nurse practitioner.</li> </ul> <p><b>Note:</b> Premature return to contact sports (full practice and game play) may cause a significant setback in recovery.</p>
	<p><b><u>RTPA – Stage 5</u></b></p> <ul style="list-style-type: none"> <li>• 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</li> </ul> <p><b><u>Activities permitted if tolerated by student</u></b></p> <ul style="list-style-type: none"> <li>✓ Physical Education</li> <li>✓ Intramural programs</li> <li>✓ Full contact training/practice in contact interschool sports</li> </ul> <p><b><u>Activities that are not permitted at this stage</u></b></p> <ul style="list-style-type: none"> <li>✗ Competition (i.e., games, meets, events) that involves body contact</li> </ul>
	<p><b><u>RTPA – Stage 6</u></b></p> <ul style="list-style-type: none"> <li>• Unrestricted return to contact sports</li> <li>• Full participation in contact sports game/competitions</li> </ul>

## **Appendix C-4c: School Concussion Management Form: Return to Learn/Return to Physical Activity Plan**

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

OEN: \_\_\_\_\_

Date of Concussion: \_\_\_\_\_

### **Notice of Collection of Personal Health Information**

The Nipissing-Parry Sound Catholic District School Board is committed to the security and confidentiality of information under its control, and to the protection of privacy with respect to personal and confidential information that is collected, used, disclosed and retained in the system (Protection of Privacy and Information Management). Information on this Form is collected under the legal authority of the Education Act and its regulations, and in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Information collected on this form will be used to assess the student's Return to Learn and Return to Physical Activity under the Concussion Management Procedures. This form will be retained in the OSR by the registering school for one (1) year after retirement/transfer of the student. The information may also be retained independently of the OSR for Ministry of Education reporting purposes. Questions or concerns about the collection of data on this form should be directed to the principal of the school.

**This form is to be used by parents/guardians to communicate their child's/ward's progress through the plan.**

**When a student is diagnosed with a concussion, the student will be required to follow a Return to School Plan which includes a Return to Learning (RTL) plan and Return to Physical Activity (RTPA) plan. There are two parts to a student's Return To School plan. The first part, Initial Rest to Stage 2 (RTL) and Stages 2a & 2b (RTPA), occurs at home and the second part, Stage 3a to 4b (RTL) and Stages 3 to 6 (RTPA), occurs at school.**

**The RTL and RTPA plans are inter-related, however, they are not interdependent. A student's progress through the stages of RTL is independent from their progression through the RTPA stages.**

**Each stage must last a minimum of 24 hours.**

**Refer to the description of each stage attached to this form for the types of activities that are permitted and not permitted.**

### **Return To Learn:**

Initial Rest: 24-48 hours of relative cognitive rest  
Stage 1: Light cognitive (thinking/memory/knowledge activities)  
Stage 2: Increased cognitive activities  
School-type work/school work

### **Completed at Home**



### **Return To Physical Activity**

Initial Rest: 24-48 hours of relative physical rest  
Stage 1: Light physical activities that do not provoke symptoms  
Stage 2a: Daily activities that do not provoke symptoms  
Stage 2b: Light aerobic activity

- ☐ My child/ward has successfully completed the stages of Initial Rest to Stage 2 of the Concussion Management Plan for Return to Learn and the stages of Initial Rest to Stage 2b of the Concussion Management Plan for Return to Physical Activity and is ready to return to school.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Principal/Designate Signature: \_\_\_\_\_

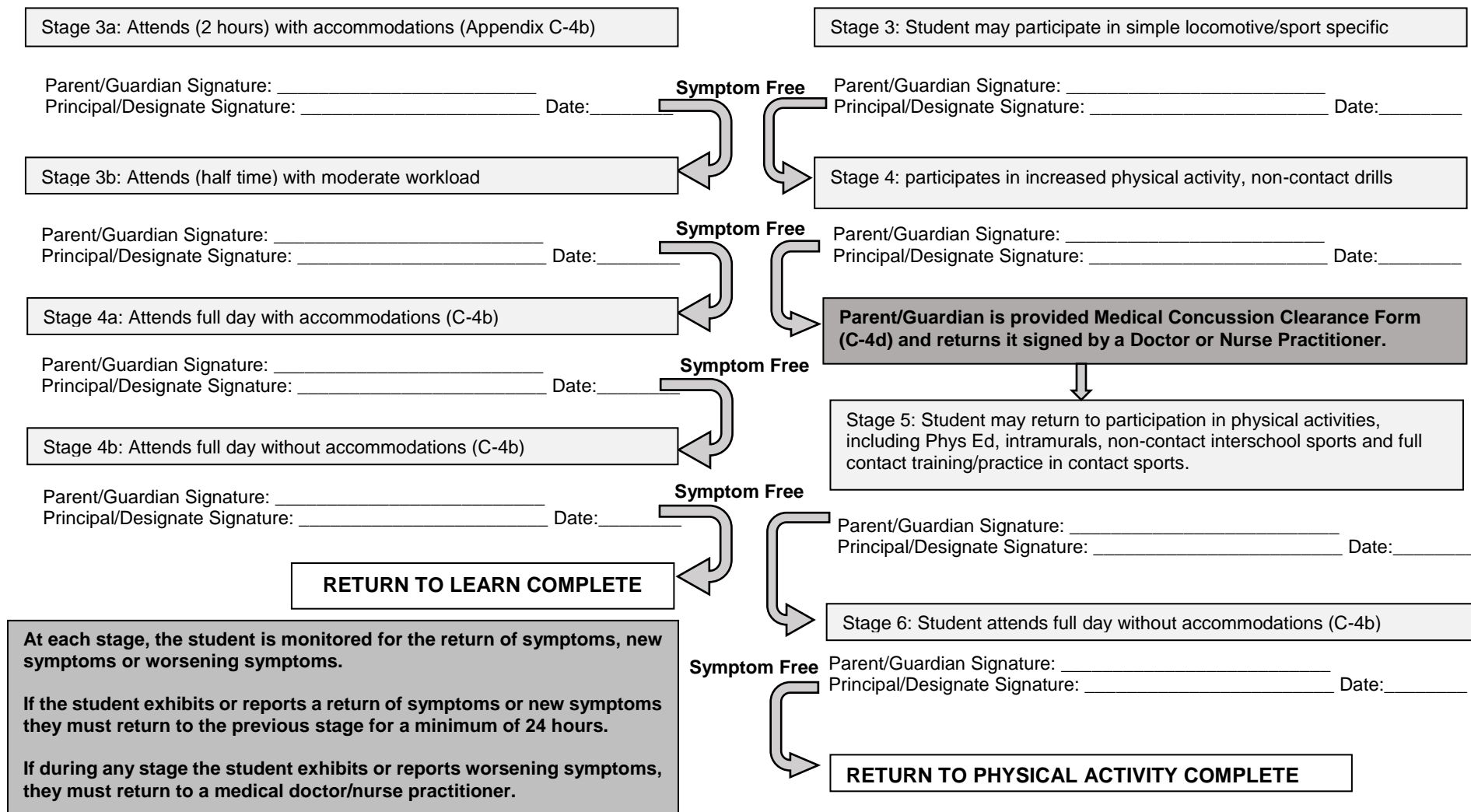


**Student returns to school and proceeds to Stage 3a (RTL) and Stage 3 (RTPA)**



### Return to Learning (RTL)

### Return to Physical Activity (RTPA)



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### Appendix C-4d: 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). Student must be medically cleared by a medical doctor/nurse practitioner prior to moving on to full participation in non-contact physical activities and full contact practices (RTPA Stage 5).*

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Other comments:

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

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

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

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

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



## Appendix C-5: Concussion Facts for Parents

### What is a Concussion?

A concussion is a brain injury that causes changes to how the brain functions. It can affect the way the child thinks and remembers things for a period of time. A concussion can't be seen on x-rays, CT scans, or MRIs. You **do not NEED** to lose consciousness (be knocked out) to have a concussion.

If your child has a suspected concussion, they will need to be watched closely by an adult for **24 to 48 hours**.

A concussion is a brain injury and must be taken seriously

### Signs and Symptoms of a Concussion

Symptoms may occur right away, hours later or even the following day. Brains are unique, so symptoms can vary. If any of these symptoms are observed, please seek medical attention.

*A concussion can affect a student's school performance. The signs and symptoms of a concussion often last for 7 to 10 days. Sometimes they last much longer. If your child has had a concussion before, it may take longer to heal.*

Physical signs	Changes in behavior	Problems thinking	Trouble with sleep
Headache Nausea or vomiting Dizziness Changes in vision Loss of consciousness (passing out) Irritation from light Irritation from sounds Loss of balance Poor coordination Amnesia (forgetting things) Decreased ability to play	Irritability Sadness Anxiety Inappropriate emotions	Slowed reaction times Confusion Difficulty concentrating Difficulty remembering Feeling dazed or in a fog	Drowsiness Trouble falling asleep Sleeping more than usual Sleeping less than usual

### When to See a Doctor

Seek medical attention **immediately**, if any of the following symptoms develop:

- Loss of consciousness even if briefly
- Increased drowsiness or cannot be awakened
- Headaches worsen or neck pain
- Persistent nausea or vomiting
- One pupil (in the eye) is larger than the other
- Blurred/double vision
- Slurred speech
- Difficulty hearing
- Short-term memory loss
- Loss of motor function (impaired balance, reaction time or walking)
- Mood change (irritability, agitation or aggression)
- Seizures or convulsions (shaking or twitching)
- Persistent confusion
- Disorientation (do not recognize people or places)
- Displays unusual behavior



## Important Information

- Notify the school administration if your child has suffered from a concussion that **occurred outside school hours**.
- Please notify the school administration of the results of any medical visit.
- Children should return to sport only after they have returned to school full-time. It's important to see a doctor before returning to physical activity.

## Recovering from a Concussion?

Physical and mental rest is very important after a concussion because it helps the brain recover. That means limiting:

- Exercising (i.e. running, play wrestling with family members or friends)
- Playing video games
- Reading
- Working on the computer
- Modified school work load may be required
- Watching TV or movies
- Screen time
- Listening to music
- Playing musical instruments
- Driving
- Texting

visit [www.ontario.ca/concussions](http://www.ontario.ca/concussions) for more information

## Percentage of Children who are Symptom Free in:

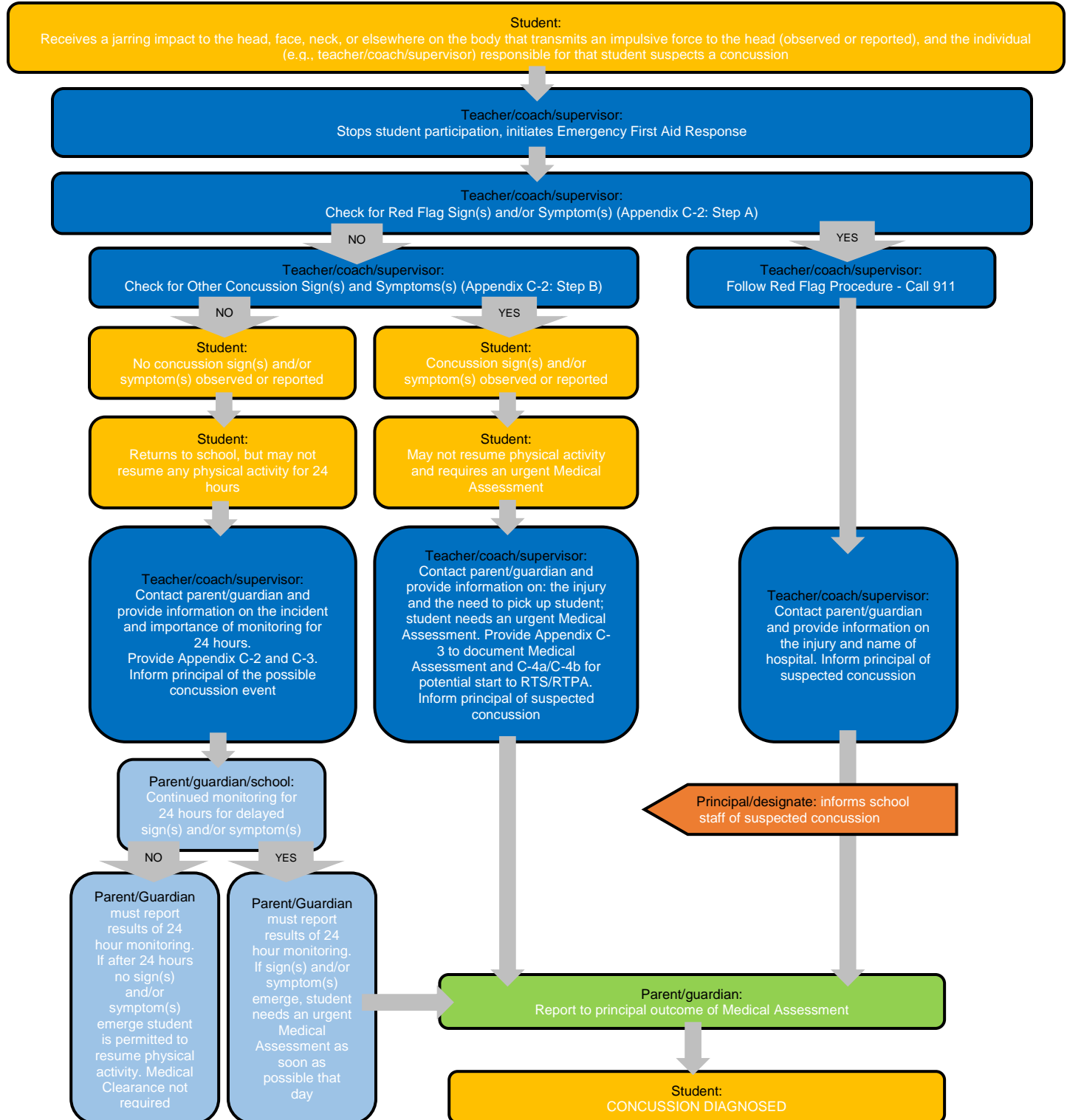
15 days = 25%  
26 days = 50%  
45 days = 75%  
92 days = 90%

Ref: Can child/McMaster University

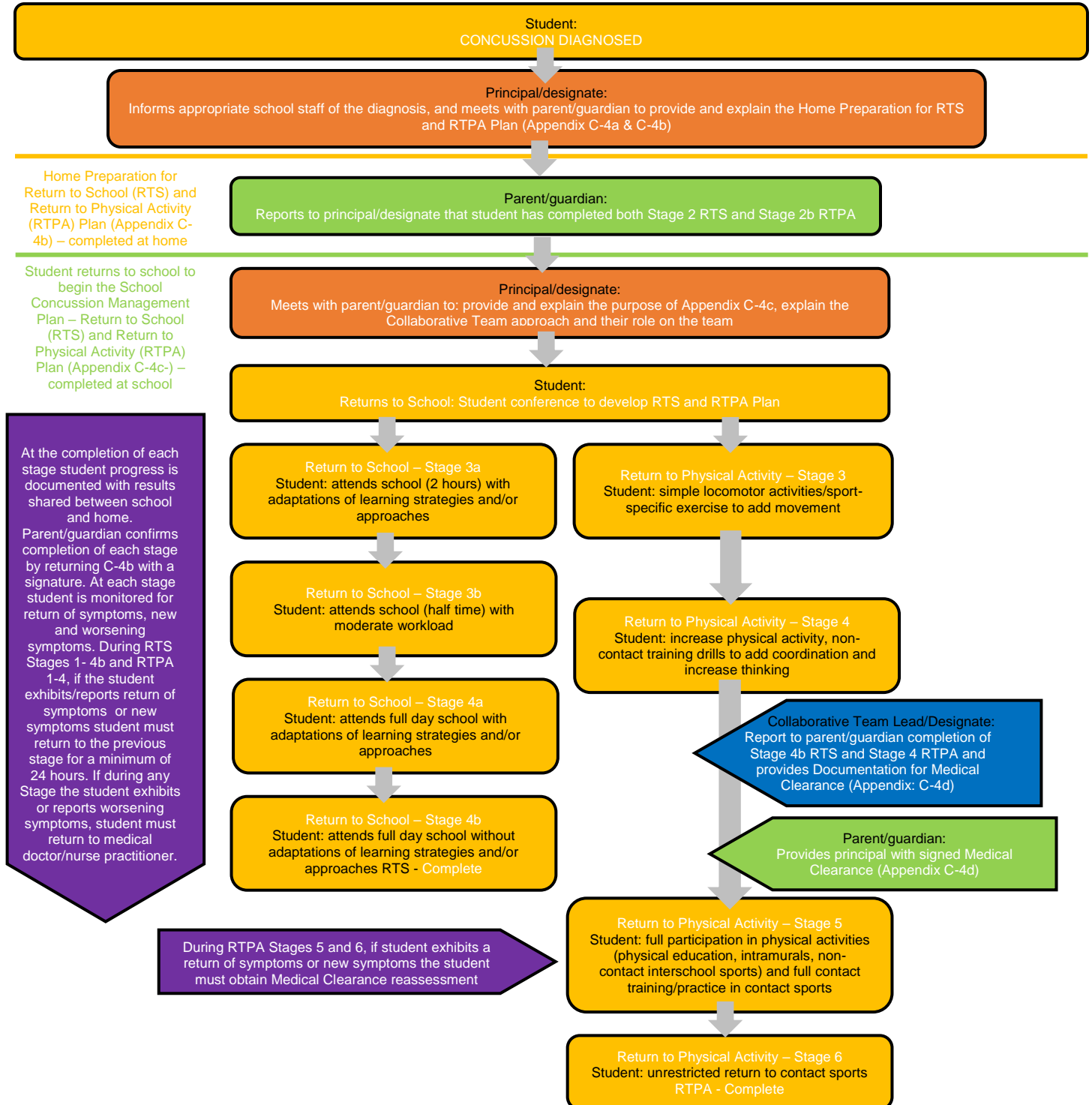


*You are more likely to have a second concussion if you return to play while your brain is still recovering. Repeated concussion can cause symptoms to last longer and can even result in long term consequences.*

## Appendix C-6a: CHART 1: Identifying a Suspected Concussion – Steps and Responsibilities



## Appendix C-6b: CHART 2: Diagnosed Concussion - Stages and Responsibilities



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## **Appendix C-7: Concussion Prevention Strategies**

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

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

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

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

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

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

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



- use game/match officials in higher-risk interschool sports that are knowledgeable, certified and/or experienced in officiating the sport; and
- inform students about the importance using protective equipment (for example, helmets, padding, guards) that is properly fitted (as per manufacturer's guidelines) and properly worn.

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

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

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

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

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

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

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

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

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

- consider rule changes to the activity, to reduce the head injury incidence or severity, where a clear-cut mechanism is implicated in a particular sport; and
- consider rule enforcement to minimize the risk of head injuries. Prior to the sport season/intramural activity/beginning of the school year parents/guardians to be informed of the:
  - risks and possible mitigations of the activity/sport;
  - dangers of participating with a concussion;
  - signs and symptoms of a concussion;
  - school board's identification, diagnosis and management procedures;
  - sport-specific concussion prevention strategies;
- importance of encouraging the ethical values of fair play and respect for opponents; and
- importance of determining that, when students/athletes are permitted to bring their own protective equipment, it is properly fitted (as per manufacturers guidelines), properly worn, in good working order and suitable for personal use.

**RESOURCES**

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