



Student Concussion and Head Injury

Board Received: March 30, 2015

Review Date: April 2019

Policy Statement:

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

Accountability:

1. Frequency of Reports– Annual
2. Severity Threshold – As needed
3. Criteria for Success – Adherence to the Student Concussion and Head Injury Policy

1. Purpose

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

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

2. Information

2.1. Definitions

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

A concussion:

- is a brain injury that causes changes in how the brain functions, leading to symptoms that can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty concentrating or remembering), emotional/behavioural (e.g., depression, irritability) and/or related to sleep (e.g., drowsiness, difficulty falling asleep);
- may be caused either by a direct blow to the head, face or neck, or 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); and,
- cannot normally be seen on X-rays, standard CT scans or MRIs.

A concussion diagnosis:

A concussion is a clinical diagnosis made by a medical doctor or nurse practitioner. In the best interest of the child it is critical that a student with a suspected concussion be examined by a medical doctor or nurse practitioner. Without medical documentation the students' participation in physical activity will be restricted.

Second Impact Syndrome:

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

2.2. Relevant Research

Due to their developing brain and risk taking behavior, children and adolescents are more susceptible to a 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 learn" 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.

2.3. Collaborative Team Approach

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

3. Signs and Symptoms of a Concussion

The first step to managing a concussion is being able to recognize common signs and symptoms. A concussion should be suspected following a blow to the head, face or neck, or a blow to the body that transmits a force to the head. It is important to observe for **one** or more of the signs or symptoms of a concussion which may take hours or days to appear. Refer to the Student Concussion and Head Injury resource package for a list of common signs and symptoms.

4. Roles and Responsibilities

4.1. Appropriate Senior Administrator(s) will:

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

- g. Ensure each elementary and secondary school implements the *Documentation for a Diagnosed Concussion – Return to Learn and Return to Physical Activity Plan* (Appendix E).

4.2. Principal will:

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

- p. File above documents (Appendix D2 & E) in student's OSR and provide copy to appropriate school staff
- q. Once concussion is diagnosed, appoint primary staff member to act as the student's school contact to ensure adequate communication and coordination of their needs.

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

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

4.4. Parents/Guardians will:

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

4.5. Students will:

- a. Learn about concussions, including prevention strategies, signs and symptoms, concussion management and student roles and responsibilities, throughout applicable curriculum

- b. Immediately inform school staff of suspected or diagnosed concussions occurring during or outside of school
- c. Inform school staff if you experience any concussion related symptoms (immediate, delayed or reoccurring)
- d. Remain on school premises until parent/guardian arrives if concussion is suspected
- e. Communicate concerns and challenges during recovery process with appropriate school staff, parents/guardians, and health care providers
- f. Complete the *Player Code of Conduct* (Appendix F)
- g. Follow concussion management strategies as per medical doctor/nurse practitioner direction and *Documentation for a Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan* (Appendix E).



GRAND ERIE DISTRICT SCHOOL BOARD

STUDENT CONCUSSION AND HEAD INJURY

RESOURCE PACKAGE

June 2018

Contents

Information	p. 2
Signs and Symptoms of a Concussion	p. 3
Roles and Responsibilities	p. 5
Prevention	p. 7
Identification Procedures	p. 8
Management Procedures for a Diagnosed Concussion	p. 12
Appendices	
A	Concussion Information for Parents and Students
B	Return To Learn Strategies Approaches
C	Tool to Identify a Suspected Concussion
D1	Emergency Action Plan for Concussion and Head Injury
D2	Documentation of Monitoring/Medical Examination Form
E	Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan
F	Player Code of Conduct
G	Student Concussion Diagnosis Report

1. Information

1.1. Definitions

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A concussion:

- is a brain injury that causes changes in how the brain functions, leading to symptoms that can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty concentrating or remembering), emotional/behavioural (e.g., depression, irritability) and/or related to sleep (e.g., drowsiness, difficulty falling asleep);
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A concussion diagnosis:

A concussion is a clinical diagnosis made by a medical doctor or nurse practitioner. In the best interest of the child it is critical that a student with a suspected concussion be examined by a medical doctor or nurse practitioner. Without medical documentation the students' participation in physical activity will be restricted.

Second Impact Syndrome:

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

2. Signs and Symptoms of a Concussion

The first step to managing a concussion is being able to recognize common signs and symptoms. A concussion should be suspected following a blow to the head, face or neck, or a blow to the body that transmits a force to the head.

- 2.1. What is the difference between a sign and a symptom?
 - a. A sign is something that will be observed.
 - b. A symptom is something the student will feel and explain.

- 2.2. When examining for signs and symptoms of a suspected concussion:
 - a. Concussion should be suspected in the presence of any **one** or more of the signs or symptoms
 - b. Signs and symptoms of a suspected concussion can occur immediately after the incident or can occur hours or days after the incident
 - c. Student does not have to lose consciousness in order to have a concussion
 - d. Signs and symptoms may be different for everyone
 - e. Concussion symptoms for younger students may not be as obvious compared to older students
 - f. 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
 - g. It may be difficult for students under 10, with special needs, or students for whom English/French is not their first language, to communicate how they are feeling
 - h. If student loses consciousness or signs or symptoms worsen, call 911.

2.3. Refer to the chart below for a list of common signs and symptoms.

Signs Observed	Symptoms Reported
Physical	Physical
<ul style="list-style-type: none"> • Vomiting • Slurred speech • Slowed reaction time • Poor coordination or balance • Blank stare/glassy-eyed • Decreased playing ability • Loss of consciousness • Lying motionless on the ground or slow to get up • Seizure or convulsion • Grabbing or clutching of head 	<ul style="list-style-type: none"> • Headache • Neck pain • Feeling off/not right • Ringing in the ears • Seeing double or blurry/loss of vision • Seeing stars, flashing lights • Pain at physical site of injury • Nausea/stomach ache/pain • Balance problems or dizziness • Fatigue or feeling tired • Sensitivity to light or noise
Cognitive	Cognitive
<ul style="list-style-type: none"> • Difficulty concentrating • Easily distracted • General confusion • Amnesia • Cannot remember things that happened before and after the injury • Does not know time, date, place, class, type of activity in which he/she was participating • Slow to answer questions or follow directions 	<ul style="list-style-type: none"> • Difficulty concentrating or remembering • Slowed down, fatigue or low energy • Dazed or in a fog
Emotional	Emotional
<ul style="list-style-type: none"> • Strange or inappropriate emotions, (e.g., laughing, crying, getting mad easily) 	<ul style="list-style-type: none"> • Irritable, sad, more emotional than usual • Nervous, anxious, depressed
Sleep	Sleep
<ul style="list-style-type: none"> • Drowsiness 	<ul style="list-style-type: none"> • Drowsy • Sleeps more/less than usual • Difficulty falling asleep

3. Roles and Responsibilities

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- f. Follow physician/nurse practitioner recommendations to promote recovery
- g. Be responsible for the completion of all required documentation
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- e. Communicate concerns and challenges during recovery process with appropriate school staff, parents/guardians, and health care providers
- f. Complete the *Player Code of Conduct* (Appendix F)
- g. Follow concussion management strategies as per medical doctor/nurse practitioner direction and *Documentation for a Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan* (Appendix E).

4. Prevention

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

- 4.1. Awareness and education for coaches, staff, parents and students to:
 - a. Recognize the symptoms of concussion;
 - b. Remove the student from play;
 - c. Refer the student to a medical doctor/nurse practitioner.
- 4.2. Wearing the sport specific protective equipment:
 - 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 shall be replaced.
- 4.3. Follow Ophea sport specific safety guidelines and follow the Player Code of Conduct (Appendix F)
- 4.4. Ensure all students receive instruction, understand and follow the sport/activity specific safety rules and skills prior to participation (e.g. eliminate all checks to the head and eliminate all hits from behind)
- 4.5. Teach skills in proper progression (e.g. emphasize the principles of head-injury prevention, keeping the head up and avoiding collision)
- 4.6. Outline the concussion risks associated with the activity/sport and demonstrate how they can be minimized e.g. teach proper sport techniques such as correct tackling in football, effective positioning in soccer and how to avoid over-crowding when using the playground
- 4.7. Students must follow their supervising staff/coach's/volunteer's safety instructions at all times
- 4.8. Reinforce to students that it is extremely important not to return to learning or physical activity while still recovering from a concussion to avoid further risk of injury
- 4.9. Discourage parents/guardians/teachers/coaches, school staff from pressuring recovering concussed students to play or learn before they are ready
- 4.10. Parents need to reinforce with their child the importance of following the Return to Learn/Return to Physical Activity Plan
- 4.11. Parents are encouraged to report concussion history on the student registration form

4.12. Provide reassurance, support and request/offer academic accommodations as needed.

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

Immediate action must be taken by the individual (e.g. principal, teacher, coach) responsible for the student if the student receives a blow to the head, face or neck, or a blow to the body that transmits a force to the head. Refer to the *Tool to Identify a Suspected Concussion* (Appendix C) and *Emergency Action Plan for Concussion and Head Injury* (Appendix D1).

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

5.1. Initial Response:

a. Unconscious Student (any loss of consciousness, including seizure or convulsion)

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

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

b. Conscious Student

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

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

Action	Responsibility
1. Do not allow student to return to play in the activity, game or practice that day even if the student states she/he is feeling better.	Supervising School Staff/Volunteers
2. Contact the student's parent/guardian (or emergency contact) to inform them: <ul style="list-style-type: none"> • Of the incident • That they need to come and pick up the student 	Supervising School Staff/Volunteers

<ul style="list-style-type: none"> • That the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day 	
3. Monitor and document any changes (i.e. physical, cognitive, and emotional/behavioural) in the student. If signs or symptoms worsen, call 911.	Supervising School Staff/Volunteers
4. Complete the <i>Tool to Identify a Suspected Concussion</i> (Appendix C)	Supervising School Staff/Volunteers
5. Do not administer medication (unless student requires medication for other conditions-e.g. insulin).	Supervising School Staff/Volunteers
6. Stay with student until his/her parent/guardian (or emergency contact) arrives.	Supervising School Staff/Volunteers
7. Student must not leave the premises without parent/guardian supervision.	Supervising School Staff/Volunteers & Student
8. Provide parent/guardian (emergency contact) a copy of the <i>Tool to Identify a Suspected Concussion</i> (Appendix C).	Supervising School Staff/Volunteers
9. Provide parent/guardian (or emergency contact) copy of the <i>Documentation of Monitoring/Documentation of Medical Examination</i> (Appendix D2) and inform parent/guardian that form needs to be completed and submitted to principal prior to student's return to school.	Supervising School Staff/Volunteers
10. Inform parent/guardian (or emergency contact) that the student must be examined by a medical doctor or nurse practitioner as soon as possible that day.	Supervising School Staff/Volunteers
11. Complete board injury report (OSBIE), inform principal of suspected concussion, and forward copy of the completed and signed <i>Tool to Identify a Suspected Concussion</i> (Appendix C) to principal.	Supervising School Staff/Volunteers
12. Ensure student is examined by a medical doctor or nurse practitioner as soon as possible that day.	Parent/ Guardian/Emergency Contact
13. Complete <i>Documentation of Monitoring/Documentation of Medical Examination</i> (Appendix D2) once diagnosis is made and return completed and signed document to school principal prior to student's return to school.	Parent/Guardian
14. Inform all school staff (e.g. classroom teacher, LRT's, physical education teachers, intramural supervisors, coaches) and volunteers who work with the student of the suspected concussion.	Principal
15. Indicate that the student shall not participate in any learning or physical activities until parent/guardian communicates the results of the medical examination to the school principal.	Principal

- d. Where signs are NOT observed, symptoms are NOT reported AND student passes Quick Memory Function Assessment (Appendix C)

Action	Responsibility
1. Student to be monitored for 24 hours and removed from physical activity (where teacher/coach determines monitoring is applicable or where teacher/coach is not sure).	Supervising School Staff/Volunteers
<p>2. Inform parent/guardian (or emergency contact) of the incident and provide a copy of the <i>Tool to Identify a Suspected Concussion</i> (Appendix C) and the <i>Documentation of Monitoring/Documentation of Medical Examination</i> (Appendix D2) and inform parent/guardian that the form (Appendix D2) needs to be completed and submitted to principal after the monitoring period is completed. Explain to parent/guardian (or emergency contact) that student</p> <ul style="list-style-type: none"> • will attend school • will not participate in physical activity • will be monitored for signs and/or symptoms for 24 hours • will be monitored at school by teachers • will be monitored at home by parents/guardians <p>If any signs or symptoms appear, the student needs to be examined by medical doctor or nurse practitioner as soon as possible on the same day and results shared with principal before return to school.</p>	Supervising School Staff/Volunteers
3. Inform Supervising School Staff/Volunteers if symptoms appear during learning or any activity.	Student
4. If symptoms appear proceed with Action items under “If a concussion is suspected”.	Supervising School Staff/Volunteers & Parent/Guardian/Emergency Contact

5.2. No Concussion Diagnosis

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

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

6. Management Procedures for a Diagnosed Concussion:

Where a Concussion is diagnosed the student follows a medically supervised, individualized and gradual Return to Learn- Return to Physical Activity Plan.

In developing the Plan, the return to learn process is individualized to meet the particular needs of the student. There is no preset formula for developing strategies to assist a student with a concussion to return to his/her learning activities. In contrast, the return to physical activity process follows an internationally recognized graduated stepwise approach.

6.1. Collaborative Team Approach:

It is critical to a student's recovery that the Return to Learn/Return to Physical Activity Plan be developed through a collaborative team approach. Led by the school principal, the team should include:

- the concussed student;
- her/his parents/guardians;
- school staff and volunteers who work with the student; and,
- the medical doctor or nurse practitioner. Ongoing communication and monitoring by all members of the team is essential for the successful recovery of the student.

6.2. Completion of the Steps within the Plan:

The steps of the Return to Learn/Return to Physical Activity Plan may occur at home or at school.

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

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

Given these special circumstances, the collaborative team must ensure that steps 1-4 of the Return to Learn/Return to Physical Activity Plan are completed. As such, written documentation from a medical doctor or nurse practitioner (e.g., “Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan”) that indicates the student is symptom free and able to return to full participation in physical activity must be provided by the student’s parent/guardian to the school principal and kept on file (e.g., in the student’s OSR).

6.3. If Concussion Is Diagnosed:

- a. Documentation for a Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan must be initiated and completed.
(Note: Student must successfully complete return to learn steps before initiating return to physical activity steps)

Action	Responsibility
1. Communicate diagnosis to school principal and return completed and signed <i>Documentation of Monitoring/Documentation for a Diagnosed Concussion</i> (Appendix D2). Also report non-school related concussions.	Parent/Guardian
2. Provide parent/guardian <i>Documentation for a Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan</i> (Appendix E) and indicate that student must be symptom free or improved and form needs to be completed and signed before student can return to school. Ensure parent/guardian understands the plan, addressing their questions, concerns, and working with parent/guardian to overcome any barriers.	Principal
3. Complete Step 1- <i>Documentation for a Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan</i> (Appendix E). Keep student home for cognitive rest (no school, no homework, no texting, and no screen time) and physical rest (restricting recreational/leisure and	Parent/Guardian & Student

<p>competitive physical activities) until student is feeling better. Once symptoms start to improve, gradually increase mental activity (limit activities such as reading, texting, television, computer, and video games that require concentration and attention to 5-15 minutes). If moderate symptoms return, stop activity and allow student 30 minute break to resolve symptoms. If symptoms don't resolve, return to complete cognitive rest. Continue to gradually increase mental activity and monitor symptoms.</p>	
<p>4. Continue cognitive and physical rest at home for at least 24-48 hours (or longer) until student's symptoms are improving or he/she is symptom free. Student should be able to complete 1-2 hours of mental activity (e.g. reading, homework) at home for one to two days before attempting return to school.</p>	<p>Parent/Guardian & Student</p>
<p>5. Inform all school staff (e.g. classroom teacher, LRTs, physical education teachers, intramural supervisors, recess supervisors, coaches) and volunteers who work with the student of the diagnosis.</p>	<p>Principal</p>
<p>6. Identify collaborative team (i.e. principal, concussed student, his/her parents/guardians, school staff and volunteers who work with the student, and the student's medical doctor/nurse practitioner) and designate a school staff member of the team as the School Contact to serve as the main point of contact for the student, the parent/guardians, or other school staff & volunteers who work with the student, and the medical doctor or nurse practitioner.</p>	<p>Principal</p>
<p>7. Meet with collaborative team to review potential cognitive and emotional/behavioural difficulties student may experience, explain how these symptoms can impact learning and identify strategies/approaches to manage these symptoms. See <i>Return to Learn Strategies/Approaches</i> (Appendix B).</p>	<p>Principal</p>
<p>8. Ensure collaborative team understands the importance of not placing undue pressure on concussed student to rush through the return to learn/physical activity steps to avoid prolonged or increased symptoms. Return to learn should proceed slowly and gradually.</p>	<p>Principal</p>

b. Student's Symptoms are Improving

Action	Responsibility
1. Complete, sign and forward <i>Documentation for a Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan (Appendix E)</i> section titled Step1-Rest.	Parent/Guardian
2. Proceed to Step 2a-Return to Learn: Student returns to school. If necessary, develop and implement in consultation with parent/guardian an Individual Education Plan-non-identified (IEP-non-identified) (See Appendix B for Return to Learn Strategies/Approaches) with slow and gradual increases in cognitive activity (both at home and at school). Absolutely no recreational/leisure and competitive physical activity.	Principal, School Contact, LRT, Parent/Guardian, Medical Doctor/Nurse Practitioner, Student, Parent/Guardian
3. Monitor the student's progress through the <i>Documentation for a Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan (Appendix E)</i> . This may include identification of the student's symptoms and how he/she responds to various activities. Strategies may need to be developed or modified to meet the changing needs of the student.	School Contact (in consultation with other members of the collaborative team)
4. Follow individualized classroom strategies/approaches for return to learn plan until student is symptom free.	School Staff, volunteers, student

c. Student is Symptom Free

Action	Responsibility
1. Complete, sign and forward to school Principal Step 2a of the <i>Documentation for a Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan (Appendix E)</i> .	Parent/Guardian
2. Inform all school staff (e.g. classroom teacher, LRTs, physical education teachers, intramural supervisors, coaches, School Contact, and volunteers) who work with the student that student is symptom free and can return to regular learning activities without individualized classroom strategies and/or approaches. If applicable at this time, in consultation with parent/guardian, the IEP- non-identified may be removed. Student can proceed to Step 2-Return to Physical Activity in <i>Documentation for a Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan (Appendix E)</i> .	Principal

3. Closely monitor student for the return of any concussion symptoms and/or deterioration of work habits and performance.	School Contact (in consultation with other members of the collaborative team)
4. Report any return of symptoms to supervising staff/volunteer.	Student
5. If symptoms return, stop activity and see Table below titled: Return of Symptoms. For more information see the last sections of the <i>Documentation for a Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan</i> (Appendix E).	Supervising Staff/Volunteer
6. Begin regular learning activities without individualized classroom strategies and/or approaches and initiate Step 2-Return to Physical Activity: individual light aerobic physical activity (e.g. walking, swimming or stationary cycling) only. Objective is to increase heart rate. Absolutely No participation in resistance/weight training, competition (including practices, scrimmages), and participation with equipment or other students, drills, and body contact. Occurs at home .	Parent/Guardian
7. Complete and sign the <i>Documentation for a Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan</i> (Appendix E) Step 2-Return to Physical Activity if your child/ward is symptom free after participating in light aerobic physical activity and return to principal.	Parent/Guardian
8. Inform all school staff (e.g. classroom teacher, LRT's, physical education teachers, staff supervisors, recess supervisors, coaches, School Contact, and volunteers) who work with the student that he/she may proceed to Step 3-Return to Physical Activity. Provide supervising staff/coaches/volunteers the <i>Documentation for a Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan</i> (Appendix E) to record student progress through Step 3 and 4.	Principal
9. Continue with regular learning activities at school and begin Step 3: individual sport specific physical activity only (e.g. running drills in soccer, skating drills in hockey, and shooting drills in basketball) to add movement. Absolutely No resistance/weight training, competition (including practices, scrimmages), body contact, head impact activities (e.g. heading a soccer ball) or other jarring motions (e.g. high speed stops, hitting a baseball with bat).	Student and Supervising Staff/Coaches/Volunteer
10. If symptom free, proceed to Step 4-Return to Physical Activity. Student may begin activities where there is no	Student and Supervising Staff/Coaches/Volunteer

<p>body contact (e.g. dance, badminton); light resistance/weight training; non-contact practice; and non-contact sport-specific drills (e.g. passing drills in football and ice hockey) to increase exercise, coordination and cognitive load. Absolutely no activities that involve body contact, head impact (e.g. heading soccer ball) or jarring motions (e.g. high speed stops, hitting a baseball with a bat).</p>	
<p>11. Record student’s progress through Steps 3 and 4. Once student has completed Steps 3 and 4 and is symptom free, complete the <i>Documentation for a Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan</i> (Appendix E) section titled “Step 4-Return to Physical Activity”. Communicate with parent/guardian that the student has successfully completed Steps 3 and 4 and return completed form <i>Documentation for a Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan</i> (Appendix E) to parent/guardian to obtain medical doctor/nurse practitioner diagnosis and signature.</p>	<p>Supervising Staff/Coaches/Volunteers/ School Contact</p>
<p>12. Provide school principal with written documentation from a medical doctor or nurse practitioner (e.g. completed and signed <i>Documentation for a Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan</i> (Appendix E) section titled “Medical Examination”) that indicates the student is symptom free and able to return to full participation in physical activity.</p>	<p>Parent/Guardian</p>
<p>13. Inform all school staff (e.g. classroom teacher, LRTs, physical education teachers, intramural supervisors, recess supervisors, coaches, School Contact, and volunteers) who work with the student that student may proceed to Step 5-Return to Physical Activity. File written documentation (completed and signed <i>Documentation for a Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan</i> (Appendix E) section titled “Medical Examination”) in student’s OSR.</p>	<p>Principal</p>
<p>14. Continue with regular learning activities and begin Step 5: resume full participation in regular physical education/intramural/interscholar activities in non-contact sports and full training practices for contact sports. The objective is to restore confidence and assess functional skills by teacher/coach. Absolutely no competitions (e.g. games, meets, events) that</p>	<p>Student and Supervising Staff/Coaches/Volunteers</p>

involve body contact. School Contact will indicate that student has participated in a full body contact practice.	
15. Before proceeding to Step 6, the parent/guardian will have to sign indicating their child/ward is symptom free after participating in activities, in practice, where there is body contact and has their permission to participate fully, including participation in competition at that time.	Parent/Guardian
16. After the completion of Step 5 with parent signature, the student may return to full participation in contact sports with no restrictions.	Student and Supervising Staff/Coaches/Volunteers

d. Return of Symptoms

Action	Responsibility
1. Report any return of symptoms to supervising staff/volunteers	Student
2. If signs of returned concussion symptoms and/or deterioration of work habits and performance occur, stop activity and contact student's parent/guardian (or emergency contact) and report to principal. Complete the Board OSBIE report and the <i>Student Concussion Diagnosis Report</i> (Appendix G) forward to principal who will file in student record.	Supervising staff/Principal /volunteer/School Contact
3. Contact parent/guardian (or emergency contact) to inform of returned symptoms and need for medical examination on the same day. Provide <i>Documentation for a Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan</i> (Appendix E) and indicate that the last section titled "Return of Symptoms" must be completed, signed and returned before student can return to school.	Principal or School Contact/School Designate (if Principal not available)
4. Have student examined by a medical doctor/nurse practitioner as soon as possible on the same day	Parent/Guardian
5. Complete, sign and forward the <i>Documentation for a Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan</i> (Appendix E) section titled "Return of Symptoms" to principal.	Parent/Guardian
6. Follow medical doctor/nurse practitioner's treatment.	Student & Parent/Guardian
7. Inform all school staff (e.g. classroom teacher, LRTs, physical education teachers, intramural supervisors, recess supervisors, coaches), School Contact, and volunteers who work with the student that student has experienced return of symptoms and which step of the Return to Learn/Return to Physical Activity Plan to proceed from.	Principal

6.4. Additional Information Pertaining to the Steps in Diagnosed Concussions

- a. Cognitive or physical activities can cause student's symptoms to reappear
- b. Steps are not days-each step must take a minimum of 24 hours and the length of time needed to complete each step will vary based on the severity of the concussion and the student
- c. The signs and symptoms of a concussion often last for 7-10 days, but may last longer in children and adolescents
- d. 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
- e. If a student returns to activity while symptomatic, or before the brain has fully recovered, they are at an increased risk of sustaining another concussion with symptoms that can be prolonged and increased
- f. Principals, supervising staff, coaches and volunteers must not place pressure on injured students to "Return to Learn" or "Return to Physical Activity" prematurely
- g. Parents/guardians must report non-school related concussions
- h. Return to Learn/Return to Physical Activity steps must be followed regardless of where diagnosed concussion occurred
- i. It is imperative that open communication be maintained between parents, teachers, coaches, principals and the student to ensure successful transition between return to learn and return to physical activity steps

6.5. Encouraging Parent/Guardian Cooperation:

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

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



Appendix A: Concussion Information for Parents and Students

Context

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 Learn" 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.

Awareness of the signs and symptoms of concussion and 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 learning or physical activities too soon and risking further complications. Ultimately, the awareness and knowledge could help contribute to the student's long-term health and academic success. The support of a student with a concussion is a collaborative approach between home and school.

Concussion Definition

A concussion:

- is a brain injury that causes changes in how the brain functions, leading to symptoms that can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty concentrating or remembering), emotional/behavioural (e.g., depression, irritability) and/or related to sleep (e.g., drowsiness, difficulty falling asleep);
- may be caused either by a direct blow to the head, face or neck, or 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); and,
- cannot normally be seen on X-rays, standard CT scans or MRIs.

Concussion Diagnosis

A concussion is a clinical diagnosis made by a medical doctor or nurse practitioner. In the best interest of the child it is critical that a student with a suspected concussion be examined by a medical doctor or nurse practitioner. Without medical documentation the students' participation in physical activity will be restricted. *Please see Appendix C and Appendix D2.

Second Impact Syndrome

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

CONCUSSION COMMON SIGNS AND SYMPTOMS

Following a blow to the head, face or neck, or a blow to the body that transmits a force to the head, a concussion should be suspected in the presence of any one or more of the following signs or symptoms:

	Possible Signs Observed A sign is something that will be observed by another person (e.g. Parent/guardian, teacher, coach, supervisor, peer)	Possible Symptoms Reported A symptom is something the student will feel/report
<u>Physical:</u>	<ul style="list-style-type: none"> • vomiting • slurred speech • slowed reaction time • poor coordination or balance • blank stare/glassy-eyed/dazed or vacant look • decreased playing ability • loss of consciousness or lack of responsiveness • lying motionless on the ground or slow to get up • amnesia • seizure or convulsion • grabbing or clutching of head 	<ul style="list-style-type: none"> • headache • pressure in the head • neck pain • Feeling off/not right • ringing in the ears • seeing double or blurry/loss of vision • seeing stars, flashing lights • pain at physical site of injury • nausea/stomach ache/pain • balance problems or dizziness • fatigue or feeling tired • sensitivity to light or noise
<u>Cognitive:</u>	<ul style="list-style-type: none"> • difficulty concentrating • easily distracted • general confusion • cannot remember things that happened before and after the injury • does not know time, date, place, class, type of activity in which he/she was participating • slowed reaction time (e.g. answering questions or following directions) 	<ul style="list-style-type: none"> • difficulty concentrating or remembering • slowed down, fatigue or low energy • dazed or in a fog
<u>Emotional:</u>	<ul style="list-style-type: none"> • strange or inappropriate emotions, (e.g., laughing, crying, getting mad easily) 	<ul style="list-style-type: none"> • irritable, sad, more emotional than usual • nervous, anxious, depressed
<u>Sleep:</u>	<ul style="list-style-type: none"> • drowsiness • insomnia 	<ul style="list-style-type: none"> • drowsy • sleeping more/less than usual • difficulty falling asleep

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

Information for Parents/Guardians when a concussion is suspected

***Due to the definition of a concussion, a student with a suspected concussion will NOT participate in any physical activity for a duration of 24 hours.**

Child <i>has</i> signs and symptoms:	Child <i>has no</i> signs or symptoms:
<p>Parent/Guardian will be:</p> <ul style="list-style-type: none"> -provided a copy of the <i>Tool to Identify a Suspected Concussion</i> (Appendix C) - provided a copy the <i>Documentation of Monitoring/Documentation of Medical Examination</i> (Appendix D2) -informed that the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day -informed that they need to communicate to the school principal the results of the medical examination (the student has/does not have a diagnosed concussion) prior to the student returning to school *see the <i>Documentation of Monitoring/ Documentation of Medical Examination Form</i> (Appendix D2) <p><i><u>If no concussion is diagnosed:</u></i> the student may resume regular learning and physical activities.</p> <p><i><u>If a concussion is diagnosed:</u></i> the student follows a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan with support from the school team.</p>	<p>Parent/Guardian will be:</p> <ul style="list-style-type: none"> -provided with a copy of the <i>Tool to Identify a Suspected Concussion</i> (Appendix C) - provided a copy the <i>Documentation of Monitoring/Documentation of Medical Examination</i> (Appendix D2) and informed that the form (Appendix D2) needs to be completed and submitted to principal after the monitoring period is completed. Explanation will be provided to parent/guardian (or emergency contact) that student <ul style="list-style-type: none"> • will attend school • will not participate in physical activity • will be monitored for signs and/or symptoms for 24 hours • will be monitored at school by teachers • will be monitored at home by parents/guardians <p>* if any signs or symptoms emerge, the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day. *see the <i>Documentation of Monitoring/ Documentation of Medical Examination Form</i> (Appendix D2)</p>

MANAGEMENT PROCEDURES FOR A DIAGNOSED CONCUSSION

Return to Learn/Return to Physical Activity Plan

A student with a diagnosed concussion needs to follow a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan. While Return to Learn and Return to Physical Activity processes are combined within the plan, a student with a diagnosed concussion must be symptom free prior to returning to regular learning activities.

The Return to Learn process is individualized to meet the particular needs of the student. There is no pre-set formula for developing strategies to assist a student with a concussion to return to his/her learning activities. In contrast, the Return to Physical Activity process follows an internationally recognized graduated stepwise approach.

It is important to note:

- Cognitive or physical activities can cause a student's symptoms to reappear
- Steps are not days – each step must take a minimum of 24 hours and the length of time needed to complete each step will vary based on the severity of the concussion and the student.

Return to Learn

Step 1 - Rest:

This step is completed at home. The student does not attend school during Step 1.

The most important treatment for concussion is rest (cognitive and physical):

- **Cognitive rest** includes limiting activities that require concentration and attention (e.g., reading, texting, television, computer, video/electronic games).
- **Physical rest** includes restricting recreational/leisure and competitive physical activities.

Step 1 continues for a minimum of 24 hours and until:

- the student's symptoms begin to improve; OR,
- the student is symptom free; as determined by the parents/guardians and the concussed student.

Parent/Guardian:

Before the student can return to school, the parent/guardian must communicate to the school principal, using *the Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan* (Appendix E) either that:

- the student's symptoms are improving and the student will proceed to Return to Learn – Step 2a **OR**
- the student is symptom free and will proceed directly to Return to Learn – Step 2b and Return to Physical Activity – Step 2.

Step 2a - Return to Learn:

A student with symptoms that are improving, but who is not yet symptom free, may return to school and begin Return to Learn - Step 2a. *Physical Rest must continue.

At this step, the student returns to school with monitored re-integration to the classroom. During this step, the student's cognitive activity should be increased slowly (both at school and at home), since the concussion may still affect his/her academic performance.

Note: Cognitive activities can cause a student's concussion symptoms to reappear or worsen.

Parent/Guardian:

Must communicate to the school principal using the *Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan* (Appendix E), that the student is symptom free before the student can proceed to Return to Learn – Step 2b and Return to Physical Activity – Step 2.

Step 2b - Return to Learn:

**This step occurs concurrently with Return to Physical Activity - Step 2*

This step is for a student that has

- a) Progressed through Return to Learn - Step 2a and is now symptom free

OR

- b) Has become symptom free soon after the concussion and had completed Return to Learn/Return to Physical Activity - Step 1

Note: At this step, the student begins regular learning activities in the classroom, however, if at any time concussion signs and/or symptoms return and/or deterioration of work habits or performance occur, the student must be re-examined by a medical doctor or nurse practitioner.

Parent/Guardian:

Must communicate the results of the subsequent medical visit, and the appropriate step to resume in the Return to Learn/Return to Physical Activity Plan to the school principal using the *Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan* (Appendix E) before the student can return to school.

Return to Physical Activity

Step 1 – Rest

When both ‘**Step 1- Rest**’ is completed and student is participating in regular learning activities (**R2L 2b – symptom free**) the student may Return to Physical Activity - Step 2

Step 2 - Return to Physical Activity (At Home):

Activity: Individual light aerobic physical activity only (e.g., walking, swimming or stationary cycling keeping intensity below 70% of maximum permitted heart rate)

Restrictions: No resistance or weight training. No competition (including practices, scrimmages). No participation with equipment or with other students. No drills. No body contact.

Objective: To increase heart rate

Parent/Guardian:

Must communicate to the school principal using the *Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan* (Appendix E) that the student continues to be symptom free in order for the student to proceed to Step 3.

Step 3 - Return to Physical Activity:

Activity: Individual sport-specific physical activity only (e.g., running drills in soccer, skating drills in hockey, shooting drills in basketball)

Restrictions: No resistance/weight training. No competition (including practices, scrimmages). No body contact, no head impact activities (e.g., heading a ball in soccer) or other jarring motions (e.g., high speed stops, hitting a baseball with a bat).

Objective: To add movement

Step 4 - Return to Physical Activity:

Activity: Activities where there is no body contact (e.g., dance, badminton). Progressive resistance training may be started. Non-contact practice and progression to more complex training drills (e.g., passing drills in football and ice hockey).

Restrictions: No activities that involve body contact, head impact (e.g., heading the ball in soccer) or other jarring motions (e.g., high speed stops, hitting a baseball with a bat)

Objective: To increase exercise, coordination and cognitive load

Parent/Guardian:

Must provide the school principal with written documentation from a medical doctor or nurse practitioner, using the *Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan* (Appendix E), that indicates the student is symptom free and able to return to full participation in physical activity in order for the student to proceed to Return to Physical Activity – Step 5.

Step 5 - Return to Physical Activity:

Activity: Full participation in all regular physical education/intramural/interschool activities in non-contact sports. Return to training/practices for contact sports.

Restrictions: No competition (e.g., games, meets, events) that involve body contact Objective: To restore confidence and assess functional skills by teacher/coach

Parent/ Guardian:

Must complete the *Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan* (Appendix E) acknowledging that no signs or symptoms appeared after the contact practice. The child can then proceed to Step 6 and participate in contact competition.

Step 6 - Return to Physical Activity (Contact sports only):

Activity: Full participation in contact sports

Restrictions: None



Appendix B – Return To Learn Strategies Approaches

Return to Learn Strategies/Approaches

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

Appendix B – Return To Learn Strategies/Approaches

Return to Learn Strategies/Approaches

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

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Appendix C – Tool to Identify a Suspected Concussion

This tool is a quick reference, to be completed to help identify a suspected concussion and to communicate this information to parent/guardian.

Identification of Suspected Concussion – 3 Step Process

Following a blow to the head, face or neck, or a blow to the body that transmits a force to the head, a concussion must be suspected in the presence of **any one or more** of the signs or symptoms outlined in the chart below **and/or** the failure of the Quick Memory Function Assessment.

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

Step 1: Check appropriate box

An incident occurred involving _____ (student name) on _____ (date) at _____ (time).

He/she was observed for signs and symptoms of a concussion.

- No signs or symptoms described below were noted at the time of assessing the student/athlete.
Note: Continued monitoring of the student/athlete is important as signs and symptoms of a concussion may appear hours or days later (refer to #3 b) on the reverse).
- The following signs were observed or symptoms reported:

Possible Signs Observed <i>A sign is something is observed by another person (e.g. Parent/Guardian, teacher, coach, supervisor, peer)</i>	Possible Symptoms Reported <i>A symptom is something the student will feel/report.</i>
<p>Physical</p> <ul style="list-style-type: none"> <input type="checkbox"/> vomiting <input type="checkbox"/> slurred speech <input type="checkbox"/> slowed reaction time <input type="checkbox"/> poor coordination or balance <input type="checkbox"/> blank stare/glassy-eyed/dazed or vacant look <input type="checkbox"/> decreased playing ability <input type="checkbox"/> loss of consciousness or lack of responsiveness-(call 911 immediately) <input type="checkbox"/> lying motionless on the ground or slow to get up <input type="checkbox"/> amnesia <input type="checkbox"/> seizure or convulsion- (call 911 immediately) <input type="checkbox"/> grabbing or clutching of head <p>Cognitive</p> <ul style="list-style-type: none"> <input type="checkbox"/> difficulty concentrating <input type="checkbox"/> easily distracted <input type="checkbox"/> general confusion <input type="checkbox"/> cannot remember things that happened before and after the injury (<i>see Quick Memory Function Assessment</i>) <input type="checkbox"/> does not know time, date, place, class, type of activity in which he/she was participating <input type="checkbox"/> slowed reaction time (e.g., answering questions or following directions) <p>Emotional/Behavioural</p> <ul style="list-style-type: none"> <input type="checkbox"/> strange or inappropriate emotions (e.g., laughing, crying, getting angry easily) <input type="checkbox"/> other _____ <p>Sleep Disturbance</p> <ul style="list-style-type: none"> <input type="checkbox"/> drowsiness <input type="checkbox"/> insomnia 	<p>Physical</p> <ul style="list-style-type: none"> <input type="checkbox"/> headache <input type="checkbox"/> pressure in head <input type="checkbox"/> neck pain <input type="checkbox"/> feeling off/not right <input type="checkbox"/> ringing in the ears <input type="checkbox"/> seeing double or blurry/loss of vision <input type="checkbox"/> seeing stars, flashing lights <input type="checkbox"/> pain at physical site of injury <input type="checkbox"/> nausea/stomach ache/pain <input type="checkbox"/> balance problems or dizziness <input type="checkbox"/> fatigue or feeling tired <input type="checkbox"/> sensitivity to light or noise <p>Cognitive</p> <ul style="list-style-type: none"> <input type="checkbox"/> difficulty concentrating or remembering <input type="checkbox"/> slowed down, fatigue or low energy <input type="checkbox"/> dazed or in a fog <p>Emotional/Behavioural</p> <ul style="list-style-type: none"> <input type="checkbox"/> irritable, sad, more emotional than usual <input type="checkbox"/> nervous, anxious, depressed <input type="checkbox"/> other _____ <p>Sleep Disturbance</p> <ul style="list-style-type: none"> <input type="checkbox"/> drowsy <input type="checkbox"/> sleeping more/less than usual <input type="checkbox"/> difficulty falling asleep <p align="right">PLEASE TURN OVER </p>
If any observed signs or symptoms worsen, call 911.	

Step 2: Perform Quick Memory Function Assessment

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

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

Primary/Junior:

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

Intermediate/Senior:

- What room are we in right now? Answer: _____
- What activity/sport/game are we playing now? Answer: _____
- What field are we playing on today? Answer: _____
- What part of the day is it? Answer: _____
- What is the name of your teacher/coach? Answer: _____
- What school do you go to? Answer: _____

Comments:

Step 3: Action to be taken

Signs observed or Symptoms reported:

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

- a concussion should be suspected;
- the student/athlete must be immediately removed from play and must not be allowed to return to play that day even if the student/athlete states that he/she is feeling better; and
- the student/athlete must not leave the premises without parent/guardian (or emergency contact) supervision.

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

No signs observed or symptoms reported:

- Student to be monitored for 24 hours and removed from physical activity (where teacher/coach determines monitoring is applicable or where teacher/coach is not sure).
- Monitoring of the student/athlete to take place at home by parents and at school by school staff. To monitor for signs and symptoms parents/guardians can use the chart on the front of this information form.
- If any signs or symptoms emerge, the student/athlete needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.

Comments:

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

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

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

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

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

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Appendix D1 – Emergency Action Plan for Concussion and Head Injury

If a student receives a blow to the head, face or neck, or a blow to the body that transmits a force to the head that causes the brain to move rapidly within the skull, and as a result may have suffered a concussion, the individual (e.g., teacher/coach) responsible for that student must take immediate action as follows:

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

Unconscious Student (any loss of consciousness, including seizure or convulsion)

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

Conscious Student

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

If Signs are Observed or Symptoms are reported:

- A concussion should be suspected – do not allow the student to return to play in the activity, game or practice that day even if the student states that he/she is feeling better.
- Contact the student’s parent/guardian (or emergency contact) to inform them:
 - of the incident;
 - that they need to come and pick up the student; and,
 - that the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.
- Monitor and document any changes (i.e., physical, cognitive, emotional/behavioural) in the student. If any signs or symptoms worsen, call 911.
 - Refer to your board’s injury report form for documentation procedures.
- Do not administer medication (unless the student requires medication for other conditions – e.g., insulin for a student with diabetes).
- Stay with the student until her/his parent/guardian (or emergency contact) arrives.

The student must not leave the premises without parent/guardian (or emergency contact) supervision.

- Information to be provided to the Parent/Guardian:
 - A copy of the Tool to Identify a Suspected Concussion (Appendix C).
 - A copy of the Documentation of Monitoring/Documentation of Medical Examination (Appendix D2) and inform parent/guardian that the form needs to be completed and submitted to principal prior to student’s return to school.
 - Inform parent/guardian (or emergency contact) that the student must be examined by a medical doctor or nurse practitioner as soon as possible that day.
- Complete board injury report (OSBIE), inform principal of suspected concussion, and forward copy of the completed *Tool to Identify a Suspected Concussion* (Appendix C) to principal.

If Signs are Not Observed or Symptoms are Not Reported:

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



Appendix D2 – Documentation of Monitoring/Medical Examination Form

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

MONITORING FORM

_____ (student name) _____ (date), sustained a blow to the head, face or neck or a blow to the body that transmits a force to the head, and as a result may have suffered a concussion.

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

- NO SIGNS OR SYMPTOMS OBSERVED AT TIME OF INCIDENT.**
However, signs or symptoms can occur later within a 24 hour period. Your child/ward is not to participate in physical activity for a 24 hour period. While at home parent/guardian is to monitor their child/ward using the *Tool to Identify a Suspected Concussion (Appendix C)*. School Staff will monitor the student/athlete while at school.

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

Results of Monitoring

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

Parent/Guardian signature: _____ **Date:** _____

Comments: _____

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

MEDICAL EXAMINATION FORM

- SIGNS OR SYMPTOMS OBSERVED:** _____ AT TIME OF INCIDENT
_____ DURING THE 24 HOUR MONITORING PERIOD

For the signs and/or symptoms observed at the time of incident/during the 24 hour monitoring period, refer to the *Tool to Identify a Suspected Concussion (Appendix C)* provided by teacher/coach/supervisor.

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

Results of Medical Examination

- My child/ward has been examined and **no concussion** has been diagnosed and therefore may resume full participation in learning and physical activity with no restrictions.
- My child/ward has been examined and **a concussion has been diagnosed** and therefore must begin a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan.

Parent/Guardian signature: _____

Date: _____

Comments: _____

Original filed in OSR.

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

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Student name: _____

Appendix E – Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan

This form is to be used by parents/guardians and school contact to communicate the child’s/ward’s progress through the plan.

The Documentation for a Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan is a combined approach, with a collaborative effort between home and school.

Return to Learn Step 2a must be completed prior to the student returning to physical activity.

Each step must take a minimum of 24 hours (Note: Return to Learn Step 2b and Return to Physical Activity Step 2 occur concurrently).

All steps must be followed.

Return to Learn

Step 1 – Rest

- Completed at home.
- Cognitive Rest – includes limiting activities that require concentration and attention (e.g., reading, texting, television, computer, video/electronic games).
- Physical Rest – includes restricting recreational/leisure and competitive physical activities.

My child has completed Step 1 of the Return to Learn/Return to Physical Activity Plan (cognitive and physical rest at home) and his/her **symptoms have shown improvement**. My child/ward will proceed to Step 2a – Return to Learn.

My child has completed Step 1 of the Return to Learn/Return to Physical Activity Plan (cognitive and physical rest at home) and is **symptom free**. My child will proceed directly to Step 2b – Return to Learn **AND** Step 2 – Return to Physical Activity.

Parent/Guardian signature: _____ Date: _____

Comments: _____

Principal Signature: _____

Original filed in OSR once completed.

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



Student name: _____

If at any time during the following steps symptoms return, please refer to the “Return of Symptoms” section on page 6 of this form.

Step 2a – Return to Learn

- Student makes gradual return to instructional day.
- Requires individualized classroom strategies and/or approaches which gradually increase cognitive activity.
- Physical rest– includes restricting recreational/leisure and competitive physical activities.

If symptoms persist or worsen return to Step 1 and consult a physician (see page 6 of this form)

- My child/ward has made a gradual return to his/her instructional day and has been receiving individualized classroom strategies and/or approaches and is **symptom free**. My child/ward will proceed to Step 2b – Return to Learn and Step 2 – Return to Physical Activity.

Parent/Guardian signature: _____ *Date:* _____

Comments: _____

Step 2b – Return to Learn

- Student returns to regular learning activities at school. No accommodations are required.



Student name: _____

If at any time during the following steps symptoms return, please refer to the “Return of Symptoms” section on page 6 of this form.

Return to Physical Activity

Step 1 – Rest

- When both ‘**Step 1- Rest**’ is completed and student is participating in regular learning activities (**R2L 2b – symptom free**) the student may Return to Physical Activity - Step 2.

Step 2 – Return to Physical Activity

- Student can participate in individual light aerobic physical activity only. (**At Home**)
- Student continues with regular learning activities.

Note: Step 2 of Return to Physical Activity is done concurrently with Step 2b of Return to Learn

My child/ward is symptom free after participating in light aerobic physical activity. My child/ward is ready to proceed to Step 3 – Return to Physical Activity.

Appendix E will be returned to school contact to record progress through steps 3 and 4

Parent/Guardian signature: _____ *Date:* _____

Comments: _____



Student name: _____

If at any time during the following steps symptoms return, please refer to the “Return of Symptoms” section on page 6 of this form.

Step 3 – Return to Physical Activity

- Student may begin individual sport-specific physical activity only.

Step 4 – Return to Physical Activity

- Student may begin activities where there is no body contact (e.g., dance, badminton); light resistance/weight training; non-contact practice; and non-contact sport-specific drills.

Student has completed Steps 3 and 4 and is symptom free.

Appendix E will be returned to parent/guardian to obtain medical doctor/nurse practitioner diagnosis and signature.

School Contact Name: _____ *Date:* _____

Medical Examination:

I, _____ (medical doctor/nurse practitioner name) have examined _____ and confirm he/she continues to be symptom free and is able to return to regular physical education class/intramural activities/interschool activities in non-contact sports and full training/practices for contact sports.

Medical Doctor/Nurse Practitioner Signature: _____ *Date:* _____

Comments: _____

This form (Appendix E), with medical doctor/nurse practitioner signature, is to be returned to the School Contact before the student may proceed to Step 5.



Student name: _____

If at any time during the following steps symptoms return, please refer to the "Return of Symptoms" section on page 6 of this form.

Step 5 – Return to Physical Activity

- Student may resume regular physical education/intramural activities/interschool activities in non-contact sports and full training/practices for contact sports.

Body Contact Sport: _____ (name activity)

- Student has participated in full body contact practice and is symptom free.

School Contact Name: _____ **Date:** _____

This form (Appendix E) is to be returned to parent/guardian for final signature:

Parents are requested to observe child for any signs and symptoms and if none appear, complete the following and return to appropriate school personnel.

- My child/ward is symptom free after participating in activities, in practice, where there is body contact and has my permission to participate fully, including participation in competition.

Parent/Guardian signature: _____ Date: _____

Comments: _____

Step 6 – Return to Physical Activity

- Student may resume full participation in contact sports with no restrictions.



Student name: _____

Return of Symptoms

- My child/ward has experienced a return of concussion signs and/or symptoms and has been examined by a medical doctor/nurse practitioner, who has advised a return to:

Step _____ of the Return to Learn/Return to Physical Activity Plan

Parent/Guardian signature: _____ **Date:** _____

Physician/Nurse Practitioner signature: _____ **Date:** _____

Comments: _____

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Appendix F – Player Code of Conduct

Respect yourself:

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

Respect Others:

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

Team: _____

Player: _____

Parent/Caregiver: _____

Date: _____



Appendix G– Student Concussion Diagnosis Report

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