CONCUSSION
RESOURCE MANUAL

June 2026

DDSB
Ignite Learning

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We respectfully acknowledge the work of OPHEA in compiling their resources on concussions and concussion management which has assisted the Durham District School Board in creating our resource.

INTRODUCTION

A concussion can have a significant impact on a student's well-being, including their ability to learn. Awareness of the signs and symptoms, and the knowledge of how to properly manage a concussion, is critical to recovery. This resource manual provides strategies to help raise awareness of the seriousness, and for the prevention of concussions. It also provides strategies for managing a concussed student while meeting educational requirements.

The Durham District School Board (DDSB) recognizes that children and adolescents are among those at greatest risk for concussions. A concussion can have a significant impact on a student – cognitively, physically, emotionally, and socially. It is critical to students' well-being and academic success that school staff have appropriate information on (a) strategies to minimize the risk, (b) assessing suspected concussions, and (c) effective management procedures to guide a student's return to school and physical activity after a diagnosed concussion. Schools have a duty to accommodate students who may have been concussed regardless if the concussion occurred during a school related or a non-school related activity.

Schools may have a duty to accommodate students who may have been diagnosed with a concussion, regardless of whether the concussion occurred during a school-related or a non-school-related activity. It is important to note, staff will not diagnose concussions, only identify suspected concussion based on observable signs and reportable symptoms. The identification of observable signs should not be based on biases, assumptions and stereotypes.

The DDSB also recognizes that staff are at risk of experiencing a concussion while at work. It is therefore important that staff learn (a) strategies to minimize their own risk, (b) how to recognize and detect a suspected concussion, and (c) effective management procedures after a diagnosed concussion.

Applicable Legislation

Policy Program Memorandum (PPM) No 158: School Board Policies on Concussion, September 25, 2019
Rowan's Law (Concussion Safety), 2018

Rowan's Law

The Province of Ontario passed concussion safety legislation (Rowan's Law, 2018) to protect amateur athletes and make sport safer on the field and at school. Rowan's Law makes Ontario a national leader in concussion management and prevention by establishing mandatory requirements that call for:

- Annual review of concussion awareness resources that help prevent, identify and manage concussions;
- Removal-from-sport and return-to-sport protocols;
- A code of conduct to minimize concussions while playing sport.

In honour of Rowan Stringer, the 17-year-old rugby player whose death resulted from multiple concussions, legislation establishes the last Wednesday in September as "Rowan's Law Day".

Rowan's Law is available at: https://www.ontario.ca/page/rowans-law-concussion-safety.

Purpose of the Concussion Resource Manual

The DDSB Concussion Resource Manual is intended to assist school staff, coaches, students, and parents:

- understand what concussion is, its causes, signs, and symptoms;
- minimize the occurrence of concussion through the implementation of instructional strategies including providing students with information on the risks;
- identify suspected concussion;
- respond to suspected concussion appropriately;
- inform parents/guardians of suspected concussion and provide appropriate resources;
- inform school staff of the needs of the concussed student;
- follow appropriate steps in the recovery process.

Definitions

Concussion

A concussion is a traumatic brain injury that causes changes in how the brain functions, and may be characterized/caused by:

- signs and symptoms that emerge immediately or in hours or days after the injury;
- signs and symptoms that are physical (e.g., headache, dizziness), cognitive (e.g., difficulty concentrating or remembering), emotional/behavioral (e.g., depression, irritability) and/or related to sleep (e.g., drowsiness, difficulty falling asleep);
- 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.
- no loss of consciousness (most concussions occur without a loss of consciousness);
- not typically detected by means of medical imaging tests, such as X-rays, standard computed tomography (CT) scans or magnetic resonance imaging (MRI) scans.
- typical symptoms lasting up to 4 weeks in children and youth (18 years or under), but in some cases symptoms may be prolonged.

Red Flag Situation

A Red Flag Situation occurs when a person has received a bump, blow, or jolt to the head and is exhibiting Red Flag signs and/or symptoms as a result of sustaining a possible concussion. This situation requires a 911 call immediately. Refer to on page 8 of this document for a list of red flag signs and symptoms.

No Red Flag Situation

A No Red Flag Situation occurs when a person has received a bump, blow, or jolt to the head and is not exhibiting Red Flag signs and/or symptoms but may be exhibiting other signs and symptoms as a result of sustaining a possible concussion. This situation requires informing parents/guardians. The person must be checked by medical doctor or nurse practitioner. Refer to on page 8 of this document for a list of possible signs and symptoms of a concussion.

Supervisor

For the purpose of this Resource, Supervisor refers to the supervisor of physical activity.

Collaborative Team

A collaborative Team is a group of people including the concussed student, parents/guardians, school administrator/designate, school staff, and the medical doctor/nurse practitioner who work together on the Return to Learn and Return to Physical Activity Plan for the concussed student. This team will help the student transition back into school until such time that the student has no restrictions and is fully integrated, both academically and physically.

Return to School

Return to School is the home preparation stage, under the supervision of parents/guardians, where the concussed student moves through stages of limited cognitive and physical activity in preparation for return to school.

Return to Learn

Return to Learn follows the Collaborative Team meeting where an individualized stage by stage plan for the student to fully return to typical cognitive activity/learning is implemented.

Return to Physical Activity

Return to Physical Activity follows the Collaborative Team meeting where an individualized stage by stage plan for the student to fully return to physical activity is implemented.

Fair Play

Fair Play is a procedure that promotes attitudes and behaviors in sport that are consistent with the belief that sport is an ethical pursuit. Fair Play promotes following established rules and practices and does not accept acts of violence, cheating, drug abuse or any form of exploitation in the effort to win.

Primary Injury

Primary Injury is the initial impact damage caused 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.

Secondary Injury

Secondary Injury develops after the initial or primary injury and may be characterized by:

- the progression of hemorrhage, cerebral swelling, and decreased brain perfusion;
- restricted blood flow and oxygen deficit resulting in increased energy demand/energy crisis;
- exhausted neurons leading to mental confusion and memory loss.

The brain may take days to weeks to restore the chemical balance that constitutes recovery.
Without identification and proper management, a concussion may result in permanent brain damage, and in rare occasions, death.

Concussion Diagnosis

A concussion is a clinical diagnosis made by a *medical doctor or nurse practitioner*. Medical doctors and nurse practitioners are the only healthcare professionals in Canada with licensed training and expertise to diagnose a concussion. It is critical that a student with a suspected concussion be examined by a medical doctor or nurse practitioner. Note: A registered nurse is not a nurse practitioner.

Without identification and proper management, a concussion may result in permanent brain damage, and in rare occasions, death.

Components of the Concussion Protocol

Prevention Component

When a student is involved in physical activity, there is a chance of sustaining a concussion. Therefore, it is important to encourage a culture of safety mindedness and to take a preventative approach to concussions when students are physically active. Education about concussion safety is an integral part of this prevention component. Concussion prevention is supported by code of conducts for students, parents/guardians, coaches, and trainers.

Identification Component

All school staff are responsible for the identification and reporting of students who demonstrate observable signs of a head injury, who report concussion symptoms, or who have had a suspected concussion. In some instances, school staff may not observe any signs, or have any symptoms reported, but because of the nature of the impact, will suspect a concussion. The suspected concussion/concussion event must be reported.

Management Component

Knowledge of how to properly manage a diagnosed concussion is critical to recovery and is essential in preventing further complications. The management of a student's concussion is a shared responsibility, requiring regular communication between the Collaborative Team, other outside-of-school activity providers, and the medical doctor or nurse practitioner.

PREVENTION

Concussion Education

Education about concussions is an important component of prevention, identification and management.

Rowan's Law Day – Third Wednesday in September – provides schools with a mandatory day to raise awareness about concussions. OPHEA provides schools and school boards with resources to help in this process - https://ophea.net/rowans-law-day-toolkit-schools.

Ontario Health and Physical Education Curriculum, 2019, has specific expectations from kindergarten to grade 8 that relate to teaching about concussions.

Teachers, Coaches, Supervisors of Physical Activity, and Students of school teams and other physical activities also need to inform and be informed about ways to minimize the risk of concussion, signs and symptoms of concussion, and the importance of sitting out when a potential concussion has happened.

The following is a list of suggested resources for concussion education:

- Ministry of Ontario Concussion Awareness Resources https://www.ontario.ca/page/rowans-law-concussion-awareness-resources.
- OPHEA's Concussion Identification, Management and Prevention for Schools e-Learning Module https://professionallearning.ddsb.ca/d2l/home/6938.
- DDSB Concussion Management Procedure: Appendix B-Concussion Posters
- DDSB Concussion Management Procedure: Appendix C-Brief for Teachers, Coaches and Supervisors) and Appendix D-Brief for Administrators
- Concussion Guideline for Parents and Caregivers https://parachute.ca/wp-content/uploads/2019/06/Concussion-Guide-for-Parents-and-Caregivers.pdf
- Concussion Guide for Teachers http://www.parachutecanada.org/downloads/resources/Concussion-Teachers.pdf
- Concussion Guideline for Coaches and Trainers http://www.parachutecanada.org/downloads/resources/Concussion-Coaches.pdf
- Concussion Guide for Athletes http://www.parachutecanada.org/downloads/resources/Concussion-Athletes.pdf
- Strategy for Return to School after a Concussion https://parachute.ca/wp- content/uploads/2019/06/Return-to-School-Strategy.pdf
- After a Concussion: Return-to-Sport Strategy https://parachute.ca/wp- content/uploads/2019/06/Return-to-Sport-Strategy.pdf

Many resources are available from Parachute Canada http://www.parachutecanada.org, Ministry of Ontario https://www.ontario.ca/page/rowans-law-concussion-safety and OPHEA, Ontario Physical and Health Education Association, www.ophea.net.

Concussion Prevention Strategies

Administrators

a) Ensure that all students, parents of students under 18, coaches, trainers and supervisors involved in board-sponsored interschool sports annually review and sign the Concussion Code of Conduct (Appendix A8)
b) Complete the e-learning module for Concussion Training available at https://professionallearning.ddsb.ca/d2l/home/6938
c) Ensure that all staff involved in physical activities in the school are reviewing the concussion procedure and training annually.
d) Ensure all reasonable precautions are taken to minimize the risk of concussion within the school environment.
e) Ensure all reasonable precautions are taken to minimize the risk of concussion when students are on an out of school program such as field trips.
f) Share information contained in this Resource Manual by promoting concussion awareness by displaying concussion posters within the school, including concussion information as a newsletter item and by including links to concussion related matters on the school website.
g) Record concussion awareness strategies as they occur.
h) Share information contained in this Resource Manual on dealing with students who have had a concussion with all staff.

Teachers, Coaches and Supervisors of Physical Activity

A. Prior to the beginning of the school year/sport season, teachers, coaches, and supervisors must:

- ensure all precautions are taken to minimize the risk of concussion within the school environment.
- complete the e-learning module for Concussion Training available at https://professionallearning.ddsb.ca/d2l/home/6938;
- complete the Concussion Code of Conduct for Coaches, Supervisors and Trainers (Appendix A9);
- be knowledgeable of school board's concussion procedures for prevention, identification, and management (Return to Learn and Return to Physical Activity);
- be knowledgeable about safe practices in the sport/activity (see the Ontario Physical Activity Safety Standards in Education);
- be familiar with the risks of concussion or other potential injuries associated with the activity/sport, and how to minimize those risks;
- be up to date with and enforce school board/athletic association/referee rule changes associated with minimizing the risks of concussion;
- be up to date with current body contact skills and techniques (for example, safe tackling in tackle football) when coaching/supervising contact activities;
- be knowledgeable with the requirements for wearing helmets. (to date there is no evidence that helmets protect against concussions);
- ensure that protective equipment is approved by a recognized equipment standards association (Canadian Safety Standards, National Operating Committee on Standards for Athletic Equipment), is well maintained, and is inspected prior to activity;
- ensure that protective equipment is inspected within approved timelines by a certified re-conditioner as required by manufacturer.

B. During the physical activity unit of study, sport season, and/or intramural activity, teachers, coaches, and supervisors of physical activity must:

- teach skills and techniques in the proper progression;
- document safety lessons (date, time, brief summary of content, list of students in attendance);
- discuss concussion information with students prior to all physical activity;
- provide activity/sport-specific concussion information when possible;
- teach and enforce the rules and regulations of the sport/activity during practices and games/competition
  - particularly those rules and regulations that limit or eliminate body contact;
- reinforce the principles of head-injury prevention (for example, keeping the head up and avoiding collision);
- teach students/athletes involved in body contact activities about:
  - sport-specific rules and regulations of body contact (for example, no hits to the head);

  - body contact skills and techniques, and require the successful demonstration of these skills in practice prior to competition;
- discourage others from pressuring injured students/athletes to play/participate;
- demonstrate and role model the ethical values of fair play and respect for opponents;
- encourage students/athletes to follow the rules of play, and to practice fair play;
- use game/match officials in higher-risk interschool sports that are knowledgeable, certified, and experienced in officiating the sport;
- inform students about the importance of using protective equipment that is properly fitted (as per manufacturer's guidelines);
- provide students and parents/guardians with the Concussion Code of Conduct for Students and Parents/Guardians (Appendix A8) prior to the physical activity.

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

- Hold a pre-season activity group/team meeting on concussion education;
- Develop and distribute an information checklist for students/athletes about prevention strategies;
- Provide post-concussion information to inform/reinforce appropriate behavior in respect to concussions;
- Post information posters on the prevention of concussions in high student traffic areas (for example, change room/locker area/classroom/gymnasium);
- Implement concussion classroom learning modules aligned with the curriculum expectations;
- Distribute concussion fact sheets for each student/athlete on school teams;

NOTE: *Students/athletes who are absent for safety lessons must be provided with the information and training prior to the next activity sessions.*

DDSB Employees

All employees who are in direct contact with students on a regular basis will receive awareness information. This information will be provided at least once per year, preferably at the beginning of each school year or the beginning of employment, or as part of onboarding training. The information will include the causes of concussion and the signs and symptoms of concussion.

Students

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

- concussions - including definitions, the seriousness of concussions, the causes of concussions, the signs and symptoms of concussion, and the school board's concussion identification and management procedure;
- the risks of concussion associated with the activity/sport, and how to minimize those risks including sport-specific prevention strategies;
- the importance of respecting the rules of the game and practicing Fair Play;
- the dangers of participating in an activity while experiencing the signs and symptoms of a concussion, and potential long-term consequences;
- the importance of:
  - immediately informing the teacher/coach/supervisor of any signs or symptoms of concussion, and removing themselves from the activity;
  - encouraging a teammate with signs or symptoms to remove themselves from the activity, and to inform the teacher/coach/supervisor;
  - informing the teacher/coach/supervisor when a classmate/teammate has signs or symptoms of concussion;
  - ensuring that when students/athletes are permitted to bring their own protective equipment, it is properly fitted (as per manufacturers guidelines), properly worn, in good working order, and suitable for personal use;
- the use of helmets when they are required for a sport/activity (Helmets do not prevent concussions. They are designed to protect against skull fractures, major brain injuries, brain contusions, and lacerations);
- the requirement to sign the Concussion Code of Conduct (Appendix A8) stating that they have received training around concussions.

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

- attending safety clinics/information sessions on concussions for the activity/sport;
- be familiar with the seriousness of concussion and the signs and symptoms of concussion;
- demonstrating safe contact skills during controlled practice sessions prior to competition;
- demonstrating respect for the mutual safety of fellow athletes;
- wearing properly fitted protective equipment;
- reporting any sign or symptom of a concussion immediately to teacher/coach/supervisor;
- encouraging teammates/fellow students to report signs or symptoms of concussion;
- refrain from pressuring injured students/athletes to play.

Parents/Guardians

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

- risks and risk mitigation of the activity/sport;
- dangers of participating with a concussion;
- signs and symptoms of a concussion;
- school board's identification, diagnosis and management procedures;
- sport-specific concussion prevention strategies;
- importance of encouraging the ethical values of Fair Play and respect for opponents;
- importance of determining that when students/athletes are permitted to bring their own protective equipment, it is properly fitted (as per manufacturers guidelines), properly worn, in good working order, and suitable for personal use;
- Concussion Code of Conduct (Appendix A8).

Note: Parents/guardians are encouraged to share information with the school and teachers/coaches about any concussions the student may have suffered in the past and outside of school.

For an Adult Student or Independent Minor, please refer to the procedure Age of Majority – Adult Student Rights and Responsibilities.

IDENTIFICATION

Signs and Symptoms

Signs and symptoms of concussion generally show up soon after the injury. However, a concussion is an evolving injury. The full effect of the injury may not be noticeable at first and some symptoms may not show up until hours or days later.

It may be difficult for students to communicate their symptoms if they are under the age of 10, have special needs*, or are reluctant to report symptoms.

*For students who use Augmentative and Alternative forms of Communication (AAC) it is imperative the educator note changes in baseline behaviour/communication prior to suspected concussion (or injury).

RED FLAGS - Call 911 immediately if the signs or symptoms worsen or the student experiences:

- Loss of consciousness
- Neck pain or tenderness
- Double Vision
- Seizure or convulsion
- Severe or worsening headache
- Weakness or tingling/burning in arms or legs
- Deteriorating state of consciousness
- Vomiting
- Increasingly restless, agitated or aggressive
- Confusion

Signs recognized by others (Visible clues):

- Confusion about events
- Appearing dazed, blank look
- Answering questions slowly
- Repeating questions
- Difficulty recalling events prior to event
- Loss of consciousness (even briefly)
- Showing mood, behaviour or personality changes
- Forgetting class schedule or assignments
- Attendance during suspected concussion
- Lying motionless, but conscious
- Slow to get up

Symptoms reported by the student:

Physical

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems
- Dizziness
- Fatigue
- Blurry vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not “feel right”
- Ringing in the ears

Emotional/Behavioral

- Irritable
- Sad
- More emotional than usual
- Nervous or anxious
- Depression
- Problems concentrating or remembering
- Slower thinking

Sleep

- Drowsy
- Has trouble falling asleep
- Sleeps more or less than usual

Situation 1 – RED FLAGS

If a student received a bump, blow or jolt to the head, they may have suffered a concussion.

IF STUDENT IS UNCONSCIOUS, STOP ACTIVITY AND CALL 911 IMMEDIATELY.

Notify School Administrator of the incident and remain with student until help arrives.

UNCONSCIOUS/CONSCIOUS STUDENT WITH SUSPECTED CONCUSSION WITH THE PRESENCE OF RED FLAGS

School Staff/Coach

Stop activity and CALL 911 IMMEDIATELY. Notify the School Administrator of the incident. Monitor the student until help arrives.

If Red Flag signs and/or symptoms are present, follow only the **Red Flag Procedure**.

Red Flag Procedure – 911 call

- ☐ Call 911.
- ☐ If there has been any loss of consciousness, assume there is a possible neck injury and do not move the student.
- ☐ Stay with the student until emergency medical services arrive.
- ☐ Contact the student's parents/guardians (or emergency contact) to inform them of the incident and that emergency medical services have been contacted.
- ☐ Monitor and document physical, cognitive, emotional/behavioural changes in the student. (Appendix A1)
- ☐ If the student has lost consciousness and regains consciousness, encourage them to remain calm and to lie still.
- ☐ Do not administer medication (unless the student requires medication for other conditions, for example, insulin for a student with diabetes, inhaler for asthma).
- ☐ Inform Administrator/Designate of incident and provide details.

School Administrator/Designate

a) Contact parent/guardian regarding the injury and the need to meet their child at the school/medical facility.

Provide the parent/guardian with:

- a copy of *Suspected Concussion Identification Tool* (filled in by school) (Appendix A1) -supplementary
- a *Medical Assessment and Monitoring Form* (Appendix A2) – mandatory
- a *Letter of Accommodation for Suspected/Diagnosed Concussions* (Appendix A3) – mandatory
- *a Final Medical Examination Documentation* (Appendix A4).

Request that they inform the School Administrator(s) of the outcome of the medical diagnosis by submitting the completed *Medical Assessment and Monitoring Form* (Appendix A2) and the *Letter of Accommodation for Suspected/Diagnosed Concussions* (Appendix A3) to the School Administrator(s).

b) Record, report and file the student accident form as per board procedure (OSBIE Incident Report Form).

c) File Appendix A2, Appendix A3, Appendix A4 and Appendix A7 in the student's OSR and update the suspected/diagnosed concussion in Power School. **These forms will remain permanently in the OSR**.

d) Inform teachers/supervisors coaches who have regular contact with the student about suspected concussion, and that student should not participate in school-related activities until further notice.

IF A CONCUSSION IS DIAGNOSED

a) Initiate the process for a *Return to Learn (RTL) and Return to Physical Activity (RTPA) for Suspected/ Diagnosed Concussions* (Appendix A5) and create a Collaborative Team (see *Collaborative Team-Planning Strategies* (Appendix A6)). Notify all school staff who work with the student that the student. All communication involving the *Return to Learn (RTL) and Return to Physical Activity (RTPA) for Suspected/ Diagnosed Concussions* plan and the Collaborative Team are to be communicated using the *Return to School to Return to Learn and Physical Activity Plan – Communication Tool* (Appendix A7).
b) Provide parent/guardian with the Final Medical Examination Documentation (Appendix A4). Inform the parent/guardian that when their child is no longer concussed, they must submit a completed *Final Medical Examination Documentation* (Appendix A4).
c) Once the completed *Final Medical Examination Documentation* (Appendix A4) indicating the student is no longer concussed, is received from the parent/guardian, the student may return to daily activities with continued monitoring.

Note: Please see the Management Section of the Resource for more details if a concussion is diagnosed.

IF A CONCUSSION IS NOT DIAGNOSED

a) Inform the parent/guardian that they must submit a completed *Medical Assessment and Monitoring Form* (Appendix A2) to the School Administration.
b) Once the completed *Medical Assessment and Monitoring Form* (Appendix A2) is received from the parent/guardian, the student may return to daily activities with continued monitoring

SITUATION 2 – No Red Flags

If a student receives a bump, blow or jolt to the head, and may have suffered a concussion, the school staff/coach must stop the activity immediately and implement the *Suspected Concussion Identification Tool (Appendix A1).*

CONSCIOUS STUDENT WITH SUSPECTED CONCUSSION WITHOUT THE PRESENCE OF RED FLAG SIGNS

If there are **no Red Flag signs and/or symptoms**, the staff/coach must remove the student from the activity and observe and question the student to determine if other concussion signs/symptoms are present. **(**see Appendix A1**)**

If any one or more signs/symptoms are present, a concussion should be suspected, but the full check should be completed to provide comprehensive information to parent/guardian and medical doctor/nurse practitioner.

If any sign/symptom worsens, or red flags emerge, the staff/coach must call 911 and follow Red Flag Procedure.

STEPS REQUIRED FOLLOWING THE INITIAL IDENTIFICATION OF A SUSPECTED CONCUSSION:
The procedures in this section are to be followed if other signs/symptoms are observed or the student does not answer all the Quick Memory Function Check questions correctly.

Teachers/Coaches are required:

- ☐ to prevent the student from returning to physical activity the day of the event;
- ☐ to monitor the student until a parent/guardian arrives.
- ☐ to contact the student's parent/guardian (or emergency contact) to inform them:
  - of the incident;
  - of reported concussion signs/symptoms and the results of the Quick Memory Function Check (Appendix A1)
  - to pick up the student and accompany them home;
  - that the student requires urgent Medical Assessment by a medical doctor or nurse practitioner.
  - to communicate with the school principal/designate the results of the Medical Assessment prior to the student returning to school;
- ☐ to monitor and document changes in the student.
- ☐ inform Administrator/Designate of incident and provide details
- ☐ to **not** administer medication (unless the student requires medication for other conditions, for example, insulin for a student with diabetes, inhaler for asthma).
- ☐ to prevent the student from operating a motor vehicle.

Parents/Guardians must be informed:

- ☐ of the tool to identify suspected concussion; (Appendix A1)
- ☐ that the student needs urgent medical assessment as soon as possible by a medical doctor or nurse practitioner;
- ☐ that the student must be accompanied home by a responsible adult;
- ☐ that the student must not be left alone;
- ☐ that parents/guardians must communicate the results of the medical assessment (that is, the student has a diagnosed concussion, the student does not have a diagnosed concussion) to the school principal/designate. See the *Medical Assessment and Monitoring Form* (Appendix A2).

School Administrators or Designate must:

a) Contact parent/guardian regarding the injury and the need to pick up their child and provide the parent/guardian with:
   - a copy of the *Suspected Concussion Identification Tool* (filled in by school) (Appendix A1) – mandatory
   - *a Medical Assessment and Monitoring Form* (Appendix A2) –mandatory
   - a *Letter of Accommodation for Suspected/Diagnosed Concussions* (Appendix A3) –mandatory

   Instruct the parent/guardian to have their child examined by a medical doctor/nurse practitioner as soon as possible that day. Request that they inform the school administrator of the outcome of the medical diagnosis by submitting the completed *Medical Assessment and Monitoring Form* (Appendix A2) and the *Letter of Accommodation for Suspected/Diagnosed Concussions* (Appendix A3).
b) Record, report and file the student accident form as per board reporting procedure (OSBIE Incident Report form);
c) Inform all school staff that the student must not participate in any learning or physical activities until the parents/guardians communicates the results of the medical assessment to the school principal/designate.

IF A SUSPECTED CONCUSSION IS DIAGNOSED

a) Initiate the process for a *Return to Learn (RTL) and Return to Physical Activity (RTPA) for Suspected/ Diagnosed Concussions* (Appendix A5) and appoint a Collaborative Team (see *Collaborative Team-Planning Strategies (*Appendix A6)). Notify all school staff that work with the student that the student is on a *Return to Learn (RTL) and Return to Physical Activity (RTPA) for Suspected/ Diagnosed Concussions* (Appendix A5). All communication involving the *Return to Learn (RTL) and Return to Physical Activity (RTPA) for Suspected/ Diagnosed Concussions* and the Collaborative Team are to be communicated between home and school via the *Return to Learn and Return to Physical Activity Plan – Communication Tool* (Appendix A7).
b) Provide parent/guardian with the Final Medical Examination Documentation (Appendix A4). Inform parent/guardian that when their child is no longer concussed, they must submit a completed *Final Medical Examination Documentation* (Appendix A4) to the School Administrator.
c) Ensure the *Final Medical Examination Documentation* (Appendix A4) indicating the student is no longer concussed is received from the parent/guardian before the student may advance to Return to Physical Activity-Stage 4.

Note: Please see the Management Section of the Resource for more details if a concussion is diagnosed.

IF A SUSPECTED CONCUSSION IS NOT DIAGNOSED

a) Inform the parent/guardian that they must submit a completed *Medical Assessment and Monitoring Form* (Appendix A2) to the School Administrators.
b) Receive the completed *Medical Assessment and Monitoring Form* (Appendix A2) from the parent/guardian before the student the student may return to daily activities with no restrictions.

IF A CONCUSSION IS NOT SUSPECTED AFTER COMPLETING SUSPECTED CONCUSSION IDENTIFICATION TOOL

Please note that concussion signs and/or symptoms can occur hours to days later.
If a teacher/coach recognizes that a suspected concussion event occurred but no concussion signs and/or symptoms were observed or reported, and the student correctly answers all the Quick Memory Function Check, the teacher/coach response must be followed. In addition, the steps in Responsibilities of the School Principal/Designate must be taken and the information identified in Information Tool for Parents/Guardians must be communicated to parents/guardians.

The Teacher/Coach must:

- contact the student's parents/guardians to inform them of the incident and provide them with the Suspected Concussion Identification Tool (Appendix A1) and the Medical Assessment and Monitoring Form (Appendix A2);
- monitor the student for delayed signs and/or symptoms for 48 hours. If any signs and/or symptoms emerge (observed or reported) during the school day, inform the parents/guardians that the student needs an urgent medical assessment as soon as possible;
- not allow the student to return to physical activity for 24 hours as signs and/or symptoms can take hours or days to emerge. Student is encouraged to continue attending school (for learning). If the student has not shown/reported any signs and/or symptoms following a 24-hour observation period, they may resume physical activity without medical clearance; and
- inform principal/designate providing details.

Parents/Guardians must be informed:

- of the tool to identify a suspected concussion;
- of the medical assessment and monitoring form;
- that the student can attend school but cannot participate in any physical activity for a minimum of 24 hours;
- that the student will be monitored (at school and home) for the emergence of sign(s) and/or symptom(s) for 48 hours following the incident;
- that monitoring by parents/guardians (beyond 48 hours) may be necessary as signs and/or symptoms may take hours or days to emerge; and
- that parents/guardians must communicate the results of the continued monitoring to principal/designate as per school board policy:
  - If signs and/or symptoms emerge (observed or reported), the student needs an urgent medical assessment as soon as possible that same day by a medical doctor or nurse practitioner. Consult the Medical Assessment and Monitoring Form (Appendix A2).
  - If after 24 hours of observation sign(s) and/or symptom(s) do not emerge, the student may return to physical activity. Medical assessment is not required.

School Principal/Designate must:

Inform all school staff and volunteers who work with the student of the following:

- the suspected concussion.
- the student is allowed to attend school.
- the student must not participate in physical activity for 24 hours and must be monitored by teachers and parents/guardians for 48 hours for the emergence of delayed signs and/or symptoms.
- the results of the continued monitoring by teachers:
  - if any sign(s) and/or symptom(s) emerge (observed or reported), the student needs an urgent medical assessment as soon as possible that same day by a medical doctor or nurse practitioner.
  - if after 24 hours of observation sign(s) and/or symptom(s) do not emerge, the student may return to physical activity. Medical assessment is not required.

MANAGEMENT

Roles and Responsibilities

To ensure the student's well-being, it is necessary for the DDSB, administrators, teachers and other school board staff, medical doctor/nurse practitioner, parents/guardians, and students to understand and fulfill their roles and responsibilities.

Responsibilities of the School Administrator

a) When a suspected concussion occurs, provide to the parent/guardian of the concussed student the following forms: the *Medical Assessment and Monitoring Form* (Appendix A2); the *Letter of Accommodation for a Suspected/Diagnosed Concussions* (Appendix A3).
b) Indicate to the parent/guardian of the student that their child may not participate in any learning and will not participate in physical activities for a minimum of 24 hours and until the parent/guardian communicates the results of the medical examination to the School Administrator(s) by completing the forms.
c) Appoint a Designated Member of Collaborative Team (DMCT). (The Designated Member of the Collaborative Team is the point of contact for all collaborative team members - see *Collaborative Team-Planning Strategies (*Appendix A6)).
d) Convene a collaborative team to develop the *Return to Learn (RTL) and Return to Physical Activity (RTPA) for Suspected/ Diagnosed Concussions plan* (Appendix A5) which may include:
    a. The concussed student
    b. The parent/guardian of the concussed student
    c. School staff and volunteers who work with the concussed student
    d. The medical doctor/nurse practitioner if available
e) Once a student has been identified as having a suspected/diagnosed concussion, the School Administrator(s) must notify all staff that work with the student that the student is on a *Return to Learn (RTL) and Return to Physical Activity (RTPA) for Suspected/ Diagnosed Concussions plan* (Appendix A5).
f) Adjust the student's schedule as necessary.
g) Ensure that all incidents are recorded, reported and filed as required by this Resource Manual, and in accordance with board procedures (OSBIE).
h) If necessary, the In-School Team under the direction of the School Administrator(s) may find the need to develop an Individual Education Plan (IEP) for the student. This will facilitate the collaborative problem solving, decision making and planning for students who are experiencing difficulty in their learning environment as a result of a concussion.
i) Ensure tracking of suspected and diagnosed concussion-related injuries in Power School (see next heading).

Record Retention

File the following completed forms in the student's Ontario Student Record (OSR).

- Appendix A2-Medical Assessment and Monitoring Form,
- Appendix A3-Letter of Accommodation for Suspected/Diagnosed Concussions,
- Appendix A4-Final Medical Examination Documentation, and
- Appendix A7-Return to School to Return to Learn and Physical Activity Plan Communication Tool

These forms will remain permanently in the Ontario Student Record (OSR).

Tracking of Suspected and Diagnosed Concussion-Related Injuries in Powerschool

For those students who have a suspected/diagnosed concussion and have been given Medical Assessment and Monitoring Form (Appendix A2), ***track in PowerSchool as follows***:

1. Record the suspected/diagnosed concussion under the Health feature within Power School
2. Under the Health Feature: choose Concussion Tracking from the tab
3. Under Office Visits: click Add
4. Under Visit Type: select "At School Concussion" or "Out of School Concussion" (reported by parent/guardian/student).
5. Complete Reported By, Report Date, Issue/Visit Reason and Assessment
6. Under Visit Outcome, indicate the stage at which the student is with respect to their Return to Learn and Return to Physical Activity Plan. Under Actions, notes relating to the concussion and actions to proceed

with should also be included. This must be updated each time the student moves through their Return to Learn and Return to Physical Activity Plan.

7. If it is confirmed that a concussion did not take place, then the "Confirmed Not a Concussion" box is to be checked and the "Change Reason" can indicate the confirmation.

Responsibilities of Teachers/Coaches

a) If suspected concussion, the *Suspected Concussion Identification Tool* (Appendix A1) must be completed. If after completing the tool, a **concussion is still suspected**:
   - Contact the parent/guardian to inform them of the incident;
   - Notify the parent/guardian that they are required to pick up their child from the location in which he/she was concussed or to meet their child at the medical facility where he/she was admitted for medical care;
   - Parent/guardian must be given a copy of the *Medical Assessment Form – Concussion* (Appendix A2) with directions that the form is to be filled in by the parent/guardian prior to the student returning to school
   - Parent/guardian is given a copy of the *Letter of Accommodation for Suspected/Diagnosed Concussions* (Appendix A3) with directions that the form is to be filled in by the parent/guardian prior to the student returning to school if a medical doctor/nurse practitioner diagnosed a concussion

b) If concussion is suspected, the *Suspected Concussion Identification Tool* (Appendix A1) is completed. If after completing the tool, **concussion is not suspected**:
   - The student may resume regular learning but not return to physical activity for a minimum of 24 hours.
   - Contact is made with the parent/guardian to inform them of the incident
   - Parent/guardian is informed that:
     - signs and symptoms may not appear immediately and may take hours or days to emerge
     - the student should be monitored for 48 hours following the incident
     - if any signs or symptoms emerge, the student needs to be examined by a medical doctor/nurse practitioner as soon as possible.

c) Observe the student for physical, cognitive, emotional/behavioural changes including signs and reported symptoms that may be worsening:
   - If so, document any changes
   - If signs or symptoms worsen where immediate medical attention is necessary, call 911

Responsibilities of the Parent/Guardian or Adult Student

a) Review the Code of Conduct with their student.
b) After a suspected concussion, access medical attention as soon as possible.
c) Notify the school of suspected or diagnosed concussions occurring outside of school-organized activities.
d) Notify the school of suspected or diagnosed concussions occurring during school activities.
e) Follow guidance from their child's medical doctor/nurse practitioner in order to ensure the most rapid and complete recovery possible.
f) Complete and submit required forms: *Medical Assessment and Monitoring Form* (Appendix A2); *Letter of Accommodation for Suspected/Diagnosed Concussions* (Appendix A3).
g) Review with their child the documentation and forms.
h) Follow guidance from their child's school in order to ensure the most rapid and complete recovery possible.
   - This may include supporting the school's decision to not return the student to a *Return to Learn (RTL) and Return to Physical Activity (RTPA) for Suspected/ Diagnosed Concussions Plan* (Appendix A5) until the student has been cleared by a medical doctor/nurse practitioner.

Note: This includes exclusion of a student who arrives at the school less than 24 hours after a concussion and the student is symptomatic.

- This may include supporting the school's decision to initiate or continue a *Return to Learn (RTL) and Return to Physical Activity (RTPA) for Suspected/ Diagnosed Concussions Plan* (Appendix A5) until the student has been cleared by a medical doctor/nurse practitioner and Final Medical Examination Documentation (Appendix A4) is completed and returned.

  Note: A teacher under the direction of a School Administrator(s) may exclude a student from participating in physical activity even if cleared to do so by a medical doctor/nurse practitioner if the student is still symptomatic.

Responsibilities of the Medical Doctor/Nurse Practitioner

a) Medical Doctor/Nurse Practitioners involved in the student's concussion diagnosis and recovery should provide an individualized plan for a student returning to school to help manage physical, cognitive, emotional/behavioural exertion following a concussion.
b) As a student is recovering from a concussion, a medical doctor/nurse practitioner will receive information from the parent/guardian on behalf of the school that can help guide the gradual removal of academic and physical adjustments or supports that may be instituted as part of the recovery process.

Responsibilities of Student

a) Notify teachers, coaches or the school administrators of suspected or diagnosed concussions occurring outside of school-organized activities.
b) Review the Code of Conduct with their parent.
c) Share information about how the concussion is being managed, and any symptoms he/she is experiencing.
d) Participate in the medically supervised, individualized and gradual *Return to Learn (RTL) and Return to Physical Activity (RTPA) for Suspected/ Diagnosed Concussions Plan* (Appendix A5) developed by the school with preferred involvement of the medical doctor/nurse practitioner of the student.
e) Follow the academic modifications developed by the school in the *Return to Learn (RTL) and Return to Physical Activity (RTPA) for Suspected/ Diagnosed Concussions Plan* (Appendix A5).

When a Parent/Guardian Refuses to take their child/Ward to a Medical Doctor/Nurse

If the parent/guardian refuses to have their child/ward examined by a medical doctor/nurse practitioner, a representative of the school should explain to the parent/guardian the importance and requirement of seeking an official diagnosis, and the steps for resuming learning and physical activity. In the event that the parent/guardian indicates that they will not have their child/ward examined by a medical doctor/nurse practitioner, the following steps can be taken:

1. Re-iterate the importance of obtaining an official diagnosis from a medical doctor/nurse practitioner.
2. Re-iterate the importance of obtaining a completed: *Medical Assessment and Monitoring Form* (Appendix A2) and the *Letter of Accommodation for Suspected/Diagnosed Concussions* (Appendix A3) from the parent/guardian.
3. Indicate to the parent/guardian that school staff will use their professional judgment and commence/continue to progress their child/ward through all steps of the *Return to Learn (RTL) and Return to Physical Activity (RTPA) for Suspected/ Diagnosed Concussions Plan* (Appendix A5) in the absence of parent/guardian involvement.

Note: The student must be excluded from physical activity until symptom-free even if the parent/guardian refused to take their child/ward to a medical doctor/nurse practitioner.

When Medical Doctor/Nurse Practitioner Underdiagnose

There may be two (2) circumstances where a suspected/diagnosed concussion is still suspected by the school after a medical doctor/nurse practitioner has given patient care.
They are:

a) The medical doctor/nurse practitioner determines that the student is not concussed when he/she is symptomatic;
b) That a previously concussed student can now resume full participation in physical activity in accordance with *Return to Physical Activity (RTPA)*–Stage 6 of the *Return to Learn (RTL) and Return to Physical Activity (RTPA) for Suspected/ Diagnosed Concussions Plan* (Appendix A5) when he/she is still symptomatic.

Under these circumstances, the school should:

a) Inform the parent/guardian that a concussion is still suspected by the school and that their child/ward will need to be re-evaluated by the medical doctor/nurse practitioner.
b) The school will commence the student through all stages of the *Return to Learn (RTL) and Return to Physical Activity (RTPA) for Suspected/ Diagnosed Concussions Plan* (Appendix A5) and the *Collaborative Team-Planning Strategies* (Appendix A6) or,
c) The school will continue progressing the student through all stages of the *Return to Learn (RTL) and Return to Physical Activity (RTPA) for Suspected/ Diagnosed Concussions Plan* (Appendix A5) and the *Collaborative Team-Planning Strategies* (Appendix A6).

Note: The student should be excluded from physical activities of Return to Physical Activity-Stages 4-6 until symptom-free even if a medical doctor/nurse practitioner advised the school to allow physical activity.

When a Medical Doctor/Nurse Practitioner Diagnoses and Then Removes Accommodations in Less Than a Week

Note: If a medical doctor/nurse practitioner diagnosed a concussion and the parent/guardian completed the *Final Medical Documentation - Concussion* (Appendix A4) allowing the student to return to all pre-concussion activities, the student must be excluded until a week has passed even if the student is not symptomatic.

In accordance with the *Return to Learn (RTL) and Return to Physical Activity (RTPA) for Suspected/ Diagnosed Concussions* (Appendix A5) progression, the injured student should continue to proceed to the next stage once they can tolerate the activities of that stage for 24 hours.

Generally, each step should take 24 hours or more so that the injured student would take a minimum of one week to proceed through the *Return to Learn (RTL) and Return to Physical Activity (RTPA) for Suspected/ Diagnosed Concussions* (Appendix A5) process.

During Stages 1-3, a student progresses to the next stage when activities at the current stage are tolerated even if symptoms return or worsen mildly and briefly.

During Stages 1, 2 or 3 (prior to medical clearance) it is common and acceptable for a student's symptoms to return or worsen mildly and briefly as long as these symptoms **do not last for more than an hour**. If a student's concussion-related symptoms worsen for longer than an hour or they cannot tolerate their symptoms, the student should:

- For *Return to Learn (RTL)*, take a break, and the activities should be adapted.
- For *Return to Physical Activity (RTPA*), stop the activity and try again the next day at the same stage

If symptoms return during *Return to Physical Activity (RTPA* Stages 4-6), student must return to *Return to Physical Activity (RTPA)*-Stage 3 and see a medical doctor/nurse practitioner for re-assessment.

Concussion Return to School Plan

If a concussion is diagnosed by a medical doctor or nurse practitioner, the student follows a medically supervised, individualized, and gradual Return to Learn Plan (RTL) and Return to Physical Activity Plan *(RTPA). The Return to Learn (RTL) and Return to Physical Activity (RTPA) plans are inter-related, however, they are not interdependent. A student's progress through the stages of RTL is independent from their progression through the Return to Physical Activity (RTPA) stages.*

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

The management of a student's concussion is a shared responsibility, requiring regular communication between the home, school (Collaborative Team) and sport organizations with which a student is involved and registered, with consultation from the student's medical doctor or nurse practitioner. Other licensed healthcare providers (a healthcare provider who is licensed by a national professional regulatory body to provide concussion-related healthcare services that fall within their licensed scope of practice) may play a role in the management of a diagnosed concussion. Examples include nurses, physiotherapists, chiropractors, and athletic therapists.

There are two parts to a student's *Return to Learn (RTL)* and *Return to Physical Activity (RTPA)* Plan. The first part occurs at home and prepares the student for the second part which occurs at school.

The Stage 1-Activites of Daily Living and Relative Rest occurs under the supervision of the parent/guardian in consultation with the medical doctor or nurse practitioner or other licensed healthcare provider. In Stage 1, resting completely for more than two days is not suggested and a complete absence from the school environment for more than one week is not recommended.

After Stage 1, students should Return to School as soon as they can tolerate the school environment even if they are not symptom-free. (This can be as early as Stage 2 and should not be later than Stage 3.)

Concussion Return to School Plan Responsibilities

School Principal/Designate

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

- inform all school staff and volunteers who work with the student of the results of the Medical Assessment;
- communicate with parents/guardians, and where appropriate with the student to:
  - explain the stages of the Concussion Return to School Plan for the Return to Learn (RTL) and the Return to Physical Activity (RTPA) that may occur at home.
  - provide and explain the purpose of the Return to School Plan (to document the student's progress through the stages of *Return to Learn (RTL)* and *Return to Physical Activity (RTPA)*.
- receive completed Medical Assessment and Monitoring Form (Appendix A2)
- provide information about concussion recovery:
  - Most students who sustain a concussion while participating in sport/physical activities will make a complete recovery and be able to return to full school and sport/physical activities within 1-4 weeks of injury.
  - Approximately 15-30% of individuals will experience symptoms that persist beyond this time frame.
  - Individuals who experience persistent post-concussion symptoms (> 4 weeks for youth athletes) may benefit from referral to a medically supervised multidisciplinary concussion clinic that has access to professionals with licensed training in traumatic brain injury that may include experts in sport medicine, neuropsychology, physiotherapy, occupational therapy, neurology, neurosurgery, and rehabilitation medicine.

WHEN THE STUDENT RETURNS TO SCHOOL

A School Concussion Management Form (Return to School Plan) is provided for school administrators and school collaborative teams to use in the management of a student's return to school and return to physical activity following a diagnosed concussion. It does not replace medical advice. While the *Return to Learn (RTL)* and *Return to Physical Activity (RTPA)* stages are inter-related they are not interdependent. A student's progress through the stages of *Return to Learn (RTL)* is independent from their progression through the *Return to Physical Activity (RTPA)* stages. Different students will progress at different rates.

A student who has no symptoms when they return to school, must progress through all the RTL and *Return to Physical Activity (RTPA)* stages with each stage a minimum of 24 hours.

During *Return to Learn (RTL)-Stages 1-3* and *Return to Physical Activity (RTPA)-Stages 1-3*:

- It is common and okay for a student's symptoms to return or worsen mildly and briefly as long as they do not last over an hour
- If symptoms re-appear, or new symptoms appear for more than an hour, then the student should:
  - For *Return to Learn (R*TL), take a break, and the activities should be adapted.
  - For *Return to Physical Activity (RTPA)*, stop the activity and try again the next day at the same stage.

During Return to Physical Activity (RTPA)-Stages 4-6 (after medical clearance), if symptoms re-appear or new symptoms appear, the student must return to *Return to Physical Activity (RTPA)*-Stage 3 and see a medical doctor or nurse practitioner to have the Medical Clearance reassessed.

Parents/Guardians

When the student is ready to return to school, the parent/guardian will communicate with the administrator/designate. This occurs after Stage 1 of *Return to Learn (RTL)* and *Return to Physical Activity (RTPA)* even if the student is not symptom free. This can be as early as Stage 2 and should not be later than Stage 3.

The Collaborative Team approach

The school collaborative team provides an important role in a student's recovery. In consultation with the parents/guardians, the team identifies the student's needs and provides learning strategies and approaches for cognitive and emotional/behavioural difficulties for the prescribed stages, 2 to 4, in the Concussion Return to School Plan for Return to Learn (RTL) and stages 2 to 6 in the Concussion Return to School Plan for Return to Physical Activity (RTPA). Led by the school principal/designate, the team should include:

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

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

Designated School Staff Lead of the Collaborative Team

One school staff lead (that is, a member of the collaborative team, either the school principal/designate, or another staff person designated by the school principal) must serve as the main point of contact for the student, the parents/guardians, other school staff, and volunteers who work with the student.

The designated school staff lead will monitor the student's progress through the Return to Learn (RTL) and Return to Physical Activity (RTPA) plans. Ongoing communication between parent/guardian and the collaborative team is essential throughout the process.

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

- the student has a diagnosed concussion just prior to winter break, spring break or summer vacation; in this circumstance, the collaborative team must ensure that the student has:
  - completed Return to Learn (RTL)-Stages 1–4 (full day at school without adaptation of learning strategies

and/or approaches;
  - completed Return to Physical Activity (RTPA)-Stages 1–3 and is symptom free; and
  - obtained a signed medical concussion clearance form from a medical doctor or nurse practitioner that indicates the student is able to return to full participation in Physical Education, intramural activities, Interschool sports (non-contact) and full contact training/practice in contact interschool sports.
- the student is neither enrolled in Health and Physical Education class, nor participating on a school team, the collaborative team must ensure that the student has:
  - completed Return to Learn (RTL)-Stages 1–4 (full day at school without adaptation of learning strategies and/or approaches);
  - obtained a signed Medical Concussion Clearance Form from a medical doctor or nurse practitioner.

The medical concussion clearance form must be provided by the student's parent/guardian to the school principal/designate and kept on file (as per school board policy).

Return to School Strategies and/or Approaches

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

Things to Consider for the Return to Learn to Return to Physical Activity Plan Development

Identify the types of symptoms the student is experiencing. Next, identify specific factors that may worsen the student's symptoms so steps can be taken to modify those factors. For example:

a) Do some classes, subjects, or tasks appear to pose greater difficulty than others? (compared to pre-concussion performance).
b) Is the student enrolled in either an e-learning or blended learning (combination of face-to-face and e-learning work) class?
c) Do any of the classes in which the student is enrolled in use D2L or Google Classroom as significant learning tools?
d) For each class, is there a specific time frame after which the student begins to appear unfocused or fatigued? (e.g., headaches worsen after 20 minutes).
e) Is the student's ability to concentrate, read or work at typical speed related to the time of day? (e.g., the student has increasing difficulty concentrating as the day progresses).
f) Are there specific things in the school or classroom environment that seem to distract the student?
g) Are any behavioural problems linked to a specific event, setting (bright lights in the cafeteria or loud noises in the hallway), task, or other activity?
h) Talk with the student about these issues and offer support and encouragement. In consultation with the student's medical doctor/nurse practitioner, and as the student's symptoms decrease, extra help or support can be removed gradually.

The Administrator will appoint a Designated Member of Collaborative Team (DMCT). The DMCT will convene a collaborative team to develop the *Return to Learn (RTL) and Return to Physical Activity (RTPA) for Suspected/ Diagnosed Concussions* (Appendix A5) which may include:

a) the suspected/diagnosed concussed student.
b) the parent/guardian of the suspected/diagnosed concussed student.
c) school staff and volunteers who work with the suspected/diagnosed concussed student.
d) the medical doctor/nurse practitioner if available.

The *Return to Learn (RTL) and Return to Physical Activity (RTPA) for Suspected/ Diagnosed Concussions* (Appendix A5) and the *Collaborative Team-Planning Strategies* (Appendix A6) will be used to create the Return to School to Return to Physical Activity Plan.

Physical Considerations

a) Allow the student to go to a supervised space to rest (if available) if headache returns.
b) Allow to go home if headaches persist.
c) Use the elevator in the school (if available).
d) If photophobic, use of sunglasses or hat as needed.
e) May allow student to leave early from class to avoid crowded or noisy hallways.
f) No Physical Education class.
g) Eat in a quiet supervised space.

Sample Return to School Strategies and/or Approaches for Emotional/Behavioural Difficulties

Post-Concussion Symptoms	Impact on Student's Learning	Potential Strategies and/or Approaches
Feelings of Anxiety	• Decreased attention/concentration • Overexertion to avoid falling behind	• Inform the student of any changes in the daily timetable/schedule • Adjust the student's timetable/schedule as needed to avoid fatigue (for example, 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	• Inappropriate or impulsive behaviour during class	• 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	• Difficulties working in classroom environment (for example, lights, noise)	• Arrange strategic seating (for example, 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 (for example, task lighting, darker room) • Minimize background noise • Provide alternative settings (for example, alternative workspace, 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
Feelings of depression/withdrawal	• Withdrawal from participation in school activities or friends	• Build time into class/school day for socialization with peers • Partner student with a "buddy" for assignments or activities

Sample Return to School Strategies and/or Approaches for Cognitive Difficulties

Post-Concussion Symptoms	Impact on Student's Learning	Potential Strategies and/or Approaches
Headache and fatigue	• Difficulty concentrating, paying attention, or multitasking	• Ensure instructions are clear (for example, simplify directions, have the student repeat directions back to the teacher) • Allow the student to have frequent breaks or return to school gradually (for example, 1-2 hours, half-days, late starts) • Keep distractions to a minimum (for example, 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 (for example, give tests orally, allow the student to dictate responses to tests or assignments, provide access to technology)
Difficulty remembering or processing speed	• Difficulty retaining new information, remembering instructions, and accessing learned information	• Provide a daily organizer and prioritize tasks • Provide visual aids/cues and/or advance organizers (for example, 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	• Limited/short-term focus on schoolwork and difficulty maintaining a regular academic workload or keeping pace with work demands	• 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

APPENDICES

SUSPECTED CONCUSSION IDENTIFICATION TOOL

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

It may be difficult for students to communicate their symptoms if they are under the age of 10, have special needs, or are reluctant to report symptoms.*

**For students who use Augmentative and Alternative forms of Communication (AAC) it is imperative the educator note changes in baseline behaviour/communication prior to suspected concussion (or injury).*

An incident occurred involving _____(student name)

on _____ (time/date).

Student was observed for signs and symptoms of a concussion.

Description of Injury: *(Include cause, location and how injury occurred)*

_____

_____

_____

_____

_____

Step A: RED FLAGS SIGNS AND SYMPTOMS

If any one or more red flag signs or symptoms are present, call 911, followed by a call to parents/guardians/emergency contact.

RED FLAG SIGNS:
***Call 911 immediately** if the signs or symptoms worsen or the student has:*

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

*If **Red Flags** are identified, complete only **Step E: Communication to Parent/Guardian.***

Keep a copy for school file.

SUSPECTED CONCUSSION IDENTIFICATION TOOL - continued

Step B: OTHER SIGNS AND SYMPTOMS

If Red Flags are not identified continue and complete the steps (as applicable) and Step E: Communication to Parents/Guardians.

Step B1: OTHER CONCUSSION SIGNS AND SYMPTOMS

Complete Checklist (check one of the boxes below after completing the form)

☐ No signs or symptoms described below were noted at the time. Note: Continued monitoring of the student is important as signs and symptoms of a concussion may appear hours or days later.

☐ The following signs were observed or symptoms reported:

SIGNS AND SYMPTOMS OF SUSPECTED CONCUSSION	
Possible Signs Observed *A sign is something that is observed by another person.*	**Possible Symptoms Reported** *A symptom is something the student will feel/report.*
Physical ☐ vomiting ☐ slowed reaction time ☐ poor coordination or balance ☐ blank stare/glassy-eyed/dazed or vacant look ☐ decreased playing ability ☐ lying motionless on the ground or slow to rise ☐ grabbing or clutching of head ☐ drowsiness **Cognitive** ☐ difficulty concentrating ☐ easily distracted ☐ general confusion ☐ difficulty remembering (e.g., place, date, time, class, what happened before the injury) ☐ slowed reaction time **Emotional/Behavioural** ☐ strange or inappropriate emotions (e.g., laughing, crying, getting angry easily)	**Physical** ☐ headache ☐ pressure in 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 ☐ sensitivity to light or noise ☐ numbness or tingling **Cognitive** ☐ difficulty concentrating or remembering ☐ difficulty thinking clearly or foggy ☐ slowed down, fatigued or low energy **Emotional/Behavioural** ☐ irritable, sad, more emotional than usual ☐ nervous, anxious, depressed

If any sign or symptom worsens call 911.

SUSPECTED CONCUSSION IDENTIFICATION TOOL - continued

Step B2: PERFORM QUICK MEMORY FUNCTION ASSESSMENT

Ask the student the following questions based on their grade level/ability and record the answers below. Questions may need to be modified for very young students or students receiving special education programs and services. Failure to answer any one of the questions correctly indicates a suspected concussion. Record student responses.

Graduated Questioning:

What is your name? Answer: _____	Correct/Incorrect
How old are you? Answer: _____	Correct/Incorrect
What grade are you in? Answer: _____	Correct/Incorrect
What is your teacher's name? Answer: _____	Correct/Incorrect
What activity/sport/game are we playing right now? Answer: _____	Correct/Incorrect
What room are we in right now? Answer: _____	Correct/Incorrect
What part of the day is it? Answer: _____	Correct/Incorrect
What school do you go to? Answer: _____	Correct/Incorrect
Other _____? Answer: _____	Correct/Incorrect

Step C: STUDENT FAILS QUICK MEMORY FUNCTION CHECK

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

- A concussion should be suspected.
- The student must be immediately removed from physical activity and must not be allowed to return to physical activity that day even if the student states that he/she is feeling better.
- The student must not leave the premises without parent/guardian (or emergency contact) supervision. Any person with a suspected concussion is not to drive themselves home or to medical attention. Students are not to take medications except for life threatening medical conditions (e.g. diabetes, asthma).

The teacher/coach informs the parents/guardians that the student needs an urgent medical assessment (as soon as possible that day) by a medical doctor or nurse practitioner. Medical doctors and nurse practitioners are the only healthcare professionals in Canada with licensed training and expertise to diagnose a concussion; therefore, all students with a suspected concussion must undergo evaluation by one of these professionals.

The parents/guardians must be provided with a completed copy of this tool (Appendix A1) and a copy of a Medical Assessment and Monitoring Form (Appendix A2). The teacher/coach informs the principal of incident.

SUSPECTED CONCUSSION IDENTIFICATION TOOL - continued

Step D: A POSSIBLE CONCUSSION BUT THE STUDENT PASSES THE QUICK MEMORY CHECK

Actions required if there are no signs observed, no symptoms reported, and the student answers all questions in the Quick Memory Function Check correctly but a possible concussion event was recognized by teacher/coach:

- The student must stop participation immediately and must not be allowed to return to physical activity for a minimum of 24 hours even if the student states that they are feeling better. Principals must be informed of the incident.
- The teacher/coach informs the parents/guardians and the principal of the incident and that the student requires continued monitoring for 48 hours as signs and or symptoms can appear hours or days after the incident:
  - If any red flags emerge call 911 immediately.
  - If any other signs and/or symptoms emerge, the student needs an urgent medical assessment (as soon as possible that day) by a medical doctor or nurse practitioner.
  - The parents/guardians communicate the results of the medical assessment to the appropriate school personnel using a Medical Assessment and Monitoring Form (Appendix A2).
  - If after 24 hours of monitoring no signs and or symptoms have emerged, the parents/guardians communicate the results to the appropriate school official using the Medical Assessment and Monitoring Form (Appendix A2). The student is permitted to resume physical activities. Medical clearance is not required.

Step E: COMMUNICATION TO PARENTS/GUARDIANS

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

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

☐ Red Flag signs were observed and/or symptoms reported and emergency medical services (EMS) called.
☐ Other concussion signs were observed and/or symptoms reported and/or the student failed to correctly answer all the Quick Memory Function questions. Medical assessment needs to take place.
☐ No signs or symptoms were reported, and the student correctly answered the questions in the Quick Memory Function Assessment, but a possible concussion event was recognized. Continued monitoring is required (consult Step D).

School Staff name completing this form: _____

School Staff signature: _____

Date: _____ Time: _____

Forms for parents/guardians to accompany this tool:

☐ The Medical Assessment and Monitoring Form (Appendix A2)

Parents/Guardians must communicate to the principal/designate the results of the 48-hour monitoring period (using Medical Assessment and Monitoring Form (Appendix A2)):

☐ Results of the Medical Assessment

☐ No concussion signs and/symptoms were observed or reported after the 48 hours monitoring period

MEDICAL ASSESSMENT AND MONITORING FORM

This form is to be provided to all parents/guardians of students suspected of having a concussion and returned to the School Administrator(s) after the medical examination of the student and following 48-hour monitoring.

_____ (student name) sustained a suspected concussion on

_____ (date) _____(time).

☐ As a result of your child experiencing a possible concussive event and demonstrating or reporting signs and/or symptoms, the student must be assessed as soon as possible by a medical doctor or nurse practitioner. In Canada, only medical doctors and nurse practitioners are qualified to provide a concussion diagnosis. Prior to returning to school, the parents/guardians must inform the school principal of the results of the medical assessment.

☐ As a result of your child experiencing a possible concussive event and NOT demonstrating or reporting any signs or symptoms at this time, the student must be monitored for 48 hours (both at home and at school) since signs and symptoms can occur hours/days after an incident. Complete **Part 2** of this form.

☐ It is suspected that your child may have received a concussion outside of school activities. As a result, your child must be seen by a medical doctor/nurse practitioner to assess their condition. Prior to returning to school, you must inform the School Administrator(s) of the result of the medical examination by presenting this completed form.

PART 1 – Results of Medical Assessment

☐ My child/ward has been examined by a medical doctor/nurse practitioner and a concussion has not been diagnosed and therefore may resume full participation in learning and physical activity with no restrictions. **No further action required.**

☐ My child/ward has been examined by a medical doctor/nurse practitioner and a concussion has been diagnosed and therefore must begin a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan. As a result, I have completed:

- ☐ Appendix A2 Medical Assessment and Monitoring Form (this form)
- ☐ Appendix A3 Letter of Accommodation for Suspected/Diagnosed Concussions

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

Comments: (attach any relevant information provided by medical doctor/nurse practitioner)

Medical doctor/Nurse Practitioner – Name: _____

Medical doctor/Nurse Practitioner – Phone Number: _____ Date: _____

Parent/Guardian Name (print): _____ Date: _____

Parent/Guardian signature: _____

PART 2 – Results of 48-hour monitoring period (at home and at school)

During this time the student can:

- Continue to attend school and participate in learning activities.
- Resume participation in physical activity **after 24 hours.**

CHECK ONE OF THE BOXES BELOW

☐ No red flags and/or visible clues (signs) or symptoms observed and/or reported

- Student may continue full participation in learning and physical activity with no restrictions.

☐ Red flags, visible clues (signs) and/or symptoms emerged

- seek a medical assessment by a medical doctor or nurse practitioner as soon as possible.
- complete PART 1: Results of Medical Assessment (above) and return form to the school.

Parent/Guardian name (print): _____ Date: _____

Parent/Guardian signature: _____

THIS FORM MUST REMAIN PERMANENTLY IN THE OSR

LETTER OF ACCOMMODATION FOR SUSPECTED/DIAGNOSED CONCUSSIONS

If a student has been diagnosed or is suspected of having a concussion, a parent/guardian must complete this form and return it to the School Administrator(s) prior to beginning the *Return to Learn (RTL) and Return to Physical Activity (RTPA) for Suspected/ Diagnosed Concussions* (Appendix A5).

Fatigue

Student: ☐ tires easily ☐ has the typical amount of energy

Student has the most energy in the: ☐ morning ☐ afternoon ☐ evening

Behaviour

Student: ☐ is easily frustrated ☐ is not easily frustrated

Student has been acting: ☐ the same ☐ different compared to before suspected concussion

Memory

Student's memory seems: ☐ typical ☐ impaired

Cognition

Student seems to understand complex thoughts and ideas: ☐ yes ☐ no

Student is able to read for: ☐ less than 1/2 hour ☐ 1/2 to 1 hour ☐ more than 1 hour

Student can handle different technologies (e.g., TV): ☐ yes ☐ no

Student can complete their homework: ☐ yes ☐ no

Stamina

Student makes it through a day without a period of rest: ☐ yes ☐ no

Social

Student is becoming socially isolated or is changing friends after suspected concussion: ☐ yes ☐ no

Student can handle busy/social environments: ☐ yes ☐ no

Student can handle environments of different noise levels (e.g., loud): ☐ yes ☐ no

Student can handle environments of different light levels (e.g., bright): ☐ yes ☐ no

---

Parent/Guardian name (print): _____ Date: _____

Parent/Guardian signature: _____

Comments: _____

THIS FORM MUST REMAIN PERMANENTLY IN THE OSR

SUGGESTED ACCOMMODATIONS FROM MEDICAL TEAM

Patient Name: _____ Date of Evaluation: _____

The above-noted student is suffering from concussion-based symptoms and has recently undergone medical evaluation by a medical doctor or nurse practitioner. Based on this assessment the following is suggested to help the student return to school and minimize symptom provocation and enhance recovery.

Current Symptoms

☐ Headache	☐ Sleep Difficulties	☐ Cognitive Difficulties
☐ Nausea	☐ Sensitivity to Light	☐ Visual Dysfunction
☐ Dizziness	☐ Sensitivity to Noise	☐ Difficulty Concentrating
☐ Fatigue	☐ Foggy	☐ Emotional Changes

Attendance:

- ☐ No school until _____ then modified days
- ☐ Modified (as per below) or shortened as tolerated
- ☐ Full days as tolerated

Testing (Increased memory and attention problems may limit performance on highly demanding activities such as testing):

- ☐ No tests or quizzes
- ☐ Modified testing as needed:
  - ☐ Extra time ☐ Quiet environment ☐ Take home

Workload Reduction (may take student much longer to complete assignments and increased cognitive demand at this time may hinder recovery):

- ☐ Reduce or postpone overall amount of make-up work, class work and homework
- ☐ Shorten/modify tests and projects, or allow extra time to complete
- ☐ Limit notetaking requirements e.g. allow students to obtain notes ahead of time, get from another student

Breaks:

- ☐ As needed (e.g. If symptoms worsen during class, student may need to rest head on desk or leave class until symptoms improve)

Other Accommodations:

- ☐ Allow student to wear hat and/or sunglasses (sensitivity to light)
- ☐ Change setting on computer screen (brightness/contrast)
- ☐ No Physical Education class, Intramurals or Sport Team Participation
- ☐ Avoid busy environments (leave class early to avoid hallways, cafeteria and assemblies)
- ☐ Other: _____

Medical doctor/Nurse Practitioner – Name: _____

Medical doctor/Nurse Practitioner – Phone Number: _____

Parent/Guardian name (print): _____ Date: _____

Parent/Guardian signature: _____

THIS FORM MUST REMAIN PERMANENTLY IN THE OSR

FINAL MEDICAL EXAMINATION DOCUMENTATION

This form is to be provided to all parents/guardians of students suspected of having a concussion and returned to the School Administrator(s) after *Return to Learn-Stage 4* and *Return to Physical Activity-Stage 3* (see Appendix A5), and after the final medical examination of the student.
The student must be medically cleared by a medical doctor/nurse practitioner *prior* to the return to physical activities with a risk of contact and have completely returned to school without accommodations (completed Return to Learn-Stage 4).

Student Name: _____

Date: _____

Results of Medical Examination

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

☐ Full participation in learning activities (completed Return to Learn-Stage 4)

☐ Participation in physical activities that include skill progress/training drills and activities with low-risk of body contact (Return to Physical Activity-Stage 4)

Comments:

_____

_____

MEDICAL DOCTOR/NURSE PRACTITIONER _____

_____

Name: _____

Signature: _____ Date: _____

A student who has received Medical Clearance and has a recurrence of symptoms or new symptoms appear, must immediately remove themselves from play, inform their parent/guardian/teacher/coach, return to Stage 3 of the Return to Physical Activity plan and be reassessed by a medical doctor or nurse practitioner.

THIS FORM MUST REMAIN PERMANENTLY IN THE OSR

RETURN TO LEARN (RTL) AND RETURN TO PHYSICAL ACTIVITY (RTPA) FOR SUSPECTED/DIAGOSED CONCUSSIONS

This form is to be used by parents/guardians to track and to communicate to the school a student's progress through the stages of Return to Learn (RTL) and Return to Physical Activity (RTPA) Plan following a diagnosed concussion. Each stage must last a minimum of 24 hours. A student moves forward to the next stage when activities at the current stage are tolerated.

A student should be encouraged to return to school as soon as they can tolerate the school environment even if they are not symptom-free, (this can be as early as Stage 2 and should not be later than Stage 3). While the Return to Learn and Return to Physical Activity stages are inter-related, they are not interdependent after Stage-1. Students do not have to go through the same stages of Return to Learn and Return to Physical Activity at the same time.

During Stages 1-3 (prior to medical clearance) it is common and acceptable for a student's symptoms to return or worsen mildly and briefly as long as these symptoms **do not last for more than an hour**. If a student's concussion-related symptoms worsen for longer than an hour or they cannot tolerate their symptoms, the student should:

- For RTL, take a break, and the activities should be adapted.
- For RTPA, stop the activity and try again the next day at the same stage

If symptoms return during Stages 4-6, student must return to Stage 3-Return to Physical Activity (RTPA) and see a medical doctor/nurse practitioner for re-assessment.

STUDENT NAME: _____ DATE: _____

STUDENT IS AT HOME

Stage 1 – Activities of Daily Living and Relative Rest is the responsibility of the parents/guardians of the concussed student under home supervision and should not take more than 1-2 days. Stage 1 is the same for Return to Learn (**RTL**) and Return to Physical Activity (**RTPA**).

STAGE/ STEP	DESCRIPTION	NOTES AND DOCUMENTATION REQUIRED
Return to Learn (RTL) & Return to Physical Activity (RTPA) - Stage 1 Activities of Daily Living and Relative Rest	*Goal: 24 – 48 hours of relative cognitive rest. Encourage gentle activity.* **Sample activities permitted if tolerated by student:** • Moving around home and light walking • Short games/activities (card games, puzzles, crafts) • Social interaction with family/friends **Activities that should be minimized at this stage:** • Screen time (e.g., phone, TV, computer/tablet) • Video games • Reading • Avoid sports **Cannot attend school for at least 24 hours from initial injury.**	Student may progress to stage 2 if: • diagnosed with a concussion by a medical doctor or nurse practitioner and: • it has been at least 24 hours since the initial injury. **NOTE:** • Resting completely for more than 2 days is not suggested and a complete absence for more than one week is not recommended. • Students should Return to School as soon as they can tolerate the school environment even if not symptom free. **Parents/Guardians** ☐ The student will be returning to school at Return to Learn-Stage 2 and Return to Physical Activity-Stage 2. **Note**: If your student is not returning to school after Stage 1 they should complete the activities from Return to Learn-Stage 2 and Return to Physical Activity–Stage 2 at home, and return to school when they are ready to progress to Return to Learn-Stage 3 and Return to Physical Activity–Stage 3.

Parent/Guardian communicates to school principal (by completing Appendix A7) that the student has completed Stage 1-Activities of Daily Living and Relative Rest and is ready to return to school and begin the school part of the Return to Learn (RTL) and Return to Physical Activity (RTPA) Plan.

STUDENT IS AT SCHOOL

Return to Learn: Once the student has completed Stage 1 and is able to return to school, one school staff (i.e., designated member of the collaborative team appointed by the school Administrator or designate) needs to serve as the point of contact for the collaborative team members.

Return of Concussion Symptoms: During Return to Learn-Stages 1-3 or Return to Physical Activity-Stages 1-3, if new or returning symptoms occur for longer than an hour or they cannot tolerate their symptoms, the student should:

- For Return to Learn, take a break, and the activities should be adapted.
- For Return to Physical Activity, stop the activity and try again the next day at the same stage.

If symptoms return during Stages 4-6, student must return to Return to Physical Activity-Stage 3 and see a medical doctor/nurse practitioner for re-assessment.

Collaborative Team Approach: The Return to Learn (RTL) To Return to Physical Activity (RTPA) Plan should be developed by a collaborative team approach lead by the school Administrator or designate, with ongoing communication and monitoring by all members.

Collaborative Team Members: Concussed student, parent/guardian of the student, school staff working with the student, and medical doctor/nurse practitioner (if available).

The Return to School Plan, including the Return to Learn (RTL) and Return to Physical Activity (RTPA) Plan, is the responsibility of the parents/guardians of the concussed student and the school.

The school part of the plan begins with:

- A meeting with the principal/designate to provide information on:
  - the school part of the Return to Learn and the Return to Physical Activity Plan (Appendix A6)
  - Collaborative Team participants and parent/guardian role on the team
- A student assessment to determine possible strategies and/or approaches for student learning.

STAGE/STEP	DESCRIPTION	NOTES AND DOCUMENTATION REQUIRED
Return To Learn – Stage 2 School activities (as tolerated) **(Completed as partial days in-school or at home)**	*Goal: Increase tolerance to cognitive activities and school environment.* **Activities permitted if tolerated by student:** • Gradual reintroduction of light cognitive (thinking/memory/knowledge) activities and school environments. Take frequent breaks. • Accommodations (e.g., access to breaks, additional time to complete work, dim lighting) may be required for cognitive activities and/or to help the student to tolerate the school environment. • Reading, short periods of schoolwork/activities with frequent breaks • Continue social interactions with peers/family (preferably done at school) • Limited screentime building up as tolerated (tv/computer/phone) **Activities that are not permitted at this stage:** Avoid activity that puts student at risk of falling or impact to head, neck or body until medically cleared.	Student moves to Return to Learn-Stage 3 when they can tolerate Return to Learn-Stage 2 activities. It is okay for symptoms to worsen mildly and briefly. If a student's concussion-related symptoms return or worsen for **more than an hour**: • the student should take a break; • activities should be adapted. Student may need accommodations to tolerate: • cognitive activities (e.g., access to breaks, extra time to complete work); • the school environment (e.g., permission to wear sunglasses in class if required or a quiet place to eat lunch). **a) For students who completed Return to Learn–Stage 2 at home:** **Parents/Guardians** ☐Student will be returning to school at Return to Learn-Stage 3. ☐ **Appendix A7 sent back to school.** **b) For students who completed Return to Learn–Stage 2 at school:** **School** ☐Student is ready to progress to Return to Learn–Stage 3. ☐ Appendix A7 sent out to parents. **Parents/Guardians** ☐Student is ready to progress to Return to Learn–Stage 3. ☐ **Appendix A7 sent back to school**
Return To Physical Activity – Stage 2 Light to moderate effort aerobic activity/ exercise **(completed at home or at school)**	*Goal: increase heart rate and gradually increase intensity of aerobic activities/exercises with low risk of head impacts. All activities should be **supervised**.* **Supervised activities permitted as tolerated by student**: • Gradual reintroduction of light aerobic activity/exercise • Low impact aerobic circuits, slow to medium paced • Gradually increase intensity to moderate effort (walking/swimming at a pace that causes some increase in breathing/heart rate but not affecting ability to carry on a conversation comfortably.) • Light resistance training (bands, light weights) **Activities that are not permitted at this stage:** Activity with risk of falling or impact to head/neck.	Student moves to Return to Physical Activity-Stage 3 when: • student has been at Return to Physical Activity-Stage 2 for one day or more; and • can tolerate Stage 2 activities (even if symptoms worsen mildly and briefly). **a) For students who completed Return to Physical Activity–Stage 2 at home:** **Parents/Guardians** ☐Student will be returning to school at Return to Physical Activity–Stage 3. ☐ **Appendix A7 sent back to school.** **b) For students who completed Return to Physical Activity–Stage 2 at school:** **School** ☐Student is ready to progress to Return to Physical Activity–Stage 3. ☐ Appendix A7 sent out to parents. **Parents/Guardians** ☐Student is ready to progress to Return to Physical Activity –Stage 3. ☐ **Appendix A7 sent back to school.**

STAGE/STEP	DESCRIPTION	NOTES AND DOCUMENTATION REQUIRED
Return To Learn – Stage 3 **Part-time or full-time at school with accommodations (as needed)**	*Goal: Continue to increase tolerance for cognitive activities and exposure to school environment. Gradual increase of time spent on activities/types of activities, and reduction of concussion related accommodations.* **Activities permitted if tolerated by student:** • Continued progression of cognitive activities (e.g. schoolwork) and exposure to school environment (interacting with family/friends, exposure to noise/lighting) as tolerated. • Increased screentime as tolerated (tv/computer/phone). **Activities that are not permitted at this stage:** Avoid activity that puts student at risk of falling or impact to head, neck or body until fully recovered and have been medically cleared.	Student progresses to Return to Learn-Stage 4 when they can tolerate full days of cognitive activities and the school environment without accommodations for concussion. **NOTE**: If a student's concussion-related symptoms return or worsen for more than an hour, the student should take a break, and the activities should be adapted. Student may need accommodations to tolerate cognitive activities (e.g., access to breaks, extra time to complete work); and the school environment (e.g., permission to wear sunglasses in class if required or a quiet place to eat lunch). **School** ☐Student is ready to progress to Return to Learn-Stage 4. ☐ **Appendix A7 sent home to parent/guardian.** **Home** ☐ Student is ready to progress to Return to Learn-Stage 4. ☐ **Appendix A7 sent back to school.**
Return To Physical Activity – Stage 3 Individual movement skills/sport-specific activities with low risk of inadvertent head impact	*Goal: Continue to increase intensity of aerobic activities/exercise and introduce activity/sport-specific movements and changing directions. Activities should be **supervised/monitored.*** **Activities permitted if tolerated by student**: • Add individual movement skills/sport-specific activities (e.g., passing to a wall/partner, throwing/catching drills). **Activities that are not permitted at this stage:** Avoid activity that puts student at risk of falling or impact to head, neck or body until medically cleared.	Student progresses to Return to Physical Activity-Stage 4 when: • are symptom-free from concussion-related symptoms at rest and at full physical exertion; • have completed the Return to Learn Stages; and • have **written medical clearance** from a medical doctor or nurse practitioner. **NOTE:** If concussion related symptoms return during Return to Physical Activity-Stages 4-6, student must return to Return to Physical Activity-Stage 3 and be reassessed by a medical doctor or nurse practitioner. **School** ☐Student is ready to progress to Return to Physical Activity-Stage 4. ☐ **Appendix A7 sent home to parent/guardian.** **Home** ☐Student is ready to progress to Return to Physical Activity-Stage 4. ☐Written medical clearance form is attached. ☐ **Appendix A7 sent back to school.**

During Stages 4, 5, or 6 (after medical clearance) a student's concussion-related symptoms should not return. If they do, the student should return to **Return to Physical Activity–Stage 3** (i.e., avoid any activity that puts the student at risk of falling or experiencing another impact to the head, neck, or body) and be reassessed by a medical doctor or nurse practitioner.

STAGE/STEP	DESCRIPTION	NOTES AND DOCUMENTATION REQUIRED
Return To Learn – Stage 4 Return to School Full-time without Accommodations Related to Concussion	*Goal: Return to school without accommodations related to the concussion.* **Activities permitted if tolerated by student:** • Student returns to school full day, with minimal adaptation of learning strategies and/or approaches. • Student assumes a nearly typical workload, being able to do homework for 60 minutes per day. • Student is limited to one test per day. **Activities that are not permitted at this stage:** • Standardized tests or exams.	Upon completion, Student has successfully completed the Return to Learn process. **NOTE**: For students not participating in any physical activity at school this is the **end of their Return to School process.** **School** ☐Student has demonstrated they can tolerate a full day of school without adaptation of learning strategies and/or approaches. ☐**Appendix A7 sent home to parent/guardian.** **Home** ☐Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms and has completed the Return to Learn Plan. ☐Student has exhibited or reported a return of symptoms and should return to Return to Physical Activity-Stage 3 and be reassessed by a medical doctor or nurse practitioner. ☐**Appendix A7 sent back to school.**
Before progressing to Return to Physical Activity-Stage 4, the student must: ☐ **have completed Return to Learn-Stage 4 full day at school without adaptation of learning strategies and/or approaches),** ☐ **obtain signed Medical Clearance from a medical doctor or nurse practitioner (Appendix A4).** NOTE: Premature return to contact sports (full practice and game play) may cause a significant setback in recovery.		
Return To Physical Activity – Stage 4 Skill progression/ training drills and activities with low risk of body contact	*Goal: Adjust to usual intensity activity/exercise and add in more challenging skill progressions and multi-student activities/drills.* **Activities permitted if tolerated by student:** • Participate in all activities from Stage 3. • Participate in components of physical activities in physical education class or intramural programs (including partner/group activities) with low risk of body contact (e.g., multi-student passing activities/drills). **Activities that are not permitted at this stage:** • Avoid scrimmages, gameplay, or any activity involving body contact. • Body contact or head impact activities (for example, heading a soccer ball)	**School** ☐Student has completed the activities of Return to Physical Activities-Stage 4 for a minimum of 24 hours and activities do not result in return of concussion related symptoms. ☐**Appendix A7 sent home to parent/guardian.** **Home** ☐Student has not exhibited or reported a return of symptoms after a minimum of 24 hours. ☐Student has exhibited or reported a return of symptoms and should return to Return to Physical Activity-Stage 3 and be reassessed by a medical doctor or nurse practitioner ☐**Appendix A7 sent back to school.**

STAGE/STEP	DESCRIPTION	NOTES AND DOCUMENTATION REQUIRED
Return To Physical Activity – Stage 5 Return to non-competitive activities and full-contact practices.	*Goal: Restore game-play confidence and physical and mental conditioning.* **Activities permitted if tolerated by student:** Return to full participation in: • Physical Education • Intramural programs • Full contact training/practice in contact interschool sports **Activities that are not permitted at this stage** • Competition (for example, games, meets, events).	After a minimum of 24 hours at Stage 5; and if activities at Stage 5 do not result in return of concussion-related symptoms, then for: a) **Students participating in physical education and/or intramurals at school ONLY ->** this is the end of the Return to Physical Activity (RTPA) process. b) **Students participating in competitive intramural or interschool activities/ competitions**- >progress to Stage 6. **School** ☐ Student has completed the applicable physical activities in Return to Physical Activity-Stage 5 with no return of concussion related symptoms. ☐ **Appendix A7 sent home to parent/guardian.** **Home** ☐ Student has not exhibited or reported a return of symptoms or new symptoms after a minimum of 24 hours and can progress to Return to Physical Activity-Stage 6. ☐ Student has exhibited/reported a return of symptoms or symptoms and must return to Return to Physical Activity-Stage 3 and see a medical doctor/nurse practitioner for Medical Clearance reassessment. ☐ **Appendix A7 sent back to school.**
Return To Physical Activity – Stage 6 Return to all competition without restrictions	*Goal: Return to all competition without restrictions* *Unrestricted return to all competition.*	After a minimum of 24 hours at Stage 6; and if activities at Stage 6 do not result in return of concussion-related symptoms, this is the end of the Return to Physical Activity (RTPA) process. **School** ☐ Student has completed full participation in contact sports. ☐ **Appendix A7 sent home to parent/guardian.** **Home** ☐ Student has not exhibited or reported a return of symptoms or new symptoms after a minimum of 24 hours and has completed the Return to Physical Activity Plan. ☐ Student has exhibited/reported a return of symptoms or new symptoms and must return to Return to Physical Activity-Stage 3 and see a medical doctor/nurse practitioner for Medical Clearance reassessment. ☐ **Appendix A7 sent back to school.**

COLLABORATIVE TEAM – PLANNING STRATEGIES

Once a student has sustained a suspected/diagnosed concussion, an individualized *Return to Learn (RTL) and Return to Physical Activity (RTPA) for Suspected/ Diagnosed Concussions* (Appendix A5) must be developed using a Collaborative Team approach. Ongoing communication and monitoring by all members of the team is critical for student success throughout the plan.

The Collaborative Team members, along with their general duties include:

a) Concussed Student: If able, contribute thoughts about the development and progression of the plan, including any symptoms they are experiencing.
b) Parents/Guardians: Provide required documentation to School Administrator(s) and report any changes in signs/ symptoms while their child is outside of school.
c) Medical Doctor/Nurse Practitioner: If able, contribute cognitive and physical restrictions after involvement in diagnosis.
d) School Staff Working with the Student: Develop and deliver individualized classroom strategies based on the student's cognitive and physical restrictions. Observe and report any changes of signs/symptoms of the student.
e) School Administrator(s): Appoint members of the Collaborative Team, including the Designated Member of the Collaborative Team (DMCT). Provide the parent/guardian of a concussed student with necessary forms. Communicate all policies and procedures with members of the Collaborative Team. Approve any adjustments to the student's schedule and individualized classroom strategy.

Developing an Individualized Return to Learn (RTL) and Return to Physical Activity (RTPA) Plan

There is no preset formula for the development of the Return to Learn portion of the Plan to assist the concussed student. It is an individualized approach and must be tailored to the student, but the student must work through the stages. Please see Appendix A5 regarding the Return to Physical Activity portion of the Plan.

1. **Identify Types of Signs/Symptoms the Student is Experiencing**
   Initially, use **Appendix A3 Letter of Accommodation for Suspected/Diagnosed Concussions** provided by the parent/guardian to identify the signs/symptoms the student is experiencing. Identification of signs/symptoms is an ongoing process which must be reported throughout the Plan. Possible signs/symptoms a school staff working with the student can identify include:
   a) Cognitive e.g., speed of reading, difficulties doing multi-step math problems, issues with maintaining attention or being easily distracted.
   b) Emotional/Behavioural e.g., easily agitated or irritated, feeling overwhelmed, feeling frustrated or angry.
2. **Identify Specific Factors that May Worsen the Student's Signs/Symptoms**
   School staff working with the student, along with the parents/guardians, must identify factors which can worsen the reported signs/symptoms prior to developing the individualized classroom strategy. Sample questions to consider in this step include:
   a) Could some classes, subjects, or activities pose a greater difficulty than others (compared to pre-concussion performance)?
   b) Are there specific things in the school or classroom environment that could distract the student?
   c) Is the student enrolled in either an e-learning or blended learning (combination of face-to-face and e-learning work) class?
   d) Do any of the classes in which the student is enrolled in use D2L or goggle classroom as significant learning tools?
   e) Is there a specific time frame after which the student becomes unfocused or fatigued?
   f) Is the student's ability to concentrate, work or read at a typical speed related to the time of day?
   g) Are behavioural signs/symptoms linked to specific events, settings (e.g., loud noises or bright lights), tasks, or other activities?

3. **Develop Individualized Classroom Strategies/Approaches to Learning Activities**– Stage 2 of the *Return to Learn (RTL) and Return to Physical Activity (RTPA) for Suspected/ Diagnosed Concussions* (Appendix A5).

   (Note: Strategies must vary based on the student's age, level of understanding and emotional status)

   The goal of the individualized classroom strategies is to limit the student's cognitive activity to a level which is tolerable for the student and does not contribute to worsening or re-emerging signs/symptoms. The tolerance for cognitive activity increases through the recovery process.

   Individualized classroom strategies/approaches to learning activities include:

   Sample Strategies for Cognitive Limitations:

   a) Concentrate on general cognitive skills initially (e.g., organization and flexible thinking rather than specific academic tasks).
   b) Focus on the strengths of the student and expand the course load based on the strengths to more challenging work.
   c) Adjust the student's schedule as needed to maximize student attention and focus (e.g., shorten the day, deliver challenging content/classes during a time when the student is most alert, allow for rest breaks, reduce overload course load).
   d) Adjust the learning environment to reduce distractions or irritations (e.g., move the student away from bright lights or windows, closer to the teacher, or away from noisy areas)
   e) Incorporate the use of computer-assisted or audio learning systems for students having reading comprehension problems.
   f) Provide extra time for in-class assignments or test completion.
   g) Permit the student to record classes for future reference.
   h) Assist the student to create a task list or daily planner/organizer.
   i) Increase repetition in assignments/tasks to reinforce learning.
   j) Break large assignments/tasks into smaller parts and offer recognition cues.
   k) Provide student with alternate methods of master demonstration (e.g., multiple choice or verbal responses to questions instead of long essay responses).
   l) Designate a note-taker for the student during class time.
   m) Use learning materials appropriate for tolerance levels (e.g., avoid electronic device such as tablets or computers).

   Sample Strategies for Behavioural/Emotional/Social Limitations:

   a) Establish a cooperative relationship with the student while engaging the student in any decisions regarding their individualized plan (if age appropriate).
   b) Set reasonable goals and expectations for the student and communicate these with the collaborative team.
   c) Redirect the student to other curriculum elements associated with success if they are becoming frustrated/ agitated with failure in one area.
   d) Provide reinforcement for academic achievements and positive behaviours.
   e) Empathize with and acknowledge student's negative emotions (e.g., frustration, anger, sadness).
   f) Provide and ensure structure and consistency among all school staff working with the student.
   g) Arrange for the student to complete work or take breaks in designated areas appropriate for limitations (e.g., complete assignments in private area or eat lunch in area away from crowded or noisy cafeteria)

4. The strategies listed above must be continually re-evaluated and altered by the collaborative team based on the student's tolerable cognitive activity throughout the entire *Return to Learn (RTL) and Return to Physical Activity (RTPA) for Suspected/ Diagnosed Concussions* (Appendix A5), until the student is able to return to full pre-concussion learning activities.

Note: The above activities focus on the cognitive strategies to assist in returning the student to prior learning activities, or the *Return to Learn* portion of the Plan. The Return to Physical Activity portion of the plan is outlined in detail on the *Return to Learn (RTL) and Return to Physical Activity (RTPA) for Suspected/ Diagnosed Concussions* (Appendix A5). This includes sample physical activities, objectives, and restrictions.

RETURN TO SCHOOL TO RETURN TO LEARN AND PHYSICAL ACTIVITY PLAN COMMUNICATION TOOL

Student Name: _____ **Plan Start Date:** _____

Designated Members of Collaborative Team

• Concussed Student: _____

• Parents/Guardians: _____

• Contact Information: _____

• Medical Doctor/Nurse Practitioner: _____

• School Staff Working with the Student: _____

_____

• School Administrator(s) or Designate: _____

Each stage must take a minimum of 24 hours. A student should be encouraged to return to school as soon as they can tolerate the school environment even if they are not symptom-free. In Stage 1, resting completely for more than two days is not suggested and a complete absence from the school environment for more than one week is not recommended.

STAGE 1-Activities of Daily Learning and Relative Rest – home preparation for RETURN TO LEARN (RTL) and RETURN TO PHYSICAL ACTIVITY (RTPA) PLAN

Parent/Guardian communicates to school principal (by completing the following information on this form) that the student has completed Stage 1-Activities of Daily Living and Relative Rest and is ready to return to school for the Return to Learn and Return to Physical Activity Plan.

☐ My child/ward will be returning to school at Return to Learn and Return to Physical Activity Stage 2.

NOTE: If your child/ward is not returning to school after Stage 1, they should complete the activities from Return to Learn and Return to Physical Activity Stage 2 at home and return to school when they are ready to progress to Return to Learn and Return to Physical Activity Stage 3.

Parent/Guardian Signature: _____

Date: _____

Comments: _____

COMPLETED FORMS

Completed Form	Date	Completed By	School Staff Initials	Notes
Appendix A1 Suspected Concussion Identification Tool				
Appendix A2 Medical Assessment Form – Concussion				
Appendix A3 Letter of Accommodation for Suspected/ Diagnosed Concussions				

FORM MUST REMAIN IN THE OSR

PART 2 – RETURN TO LEARN AND RETURN TO PHYSICAL ACTIVITY

While the Return to Learn (RTL) and Return to Physical Activity (RTPA) stages are inter-related they are not interdependent after Stage 1. A student's progress through the stages of Return to Learn is independent from their progression through the Return to Physical Activity stages. However, students must have completed-Return to Learn-Stage 4 and have obtained Medical Clearance prior to beginning Stage 4 of Return to Physical Activity.

During Stages 1, 2 or 3 (prior to medical clearance) it is common and acceptable for a student's symptoms to return or worsen mildly and briefly as long as these symptoms **do not last for more than an hour**. If a student's concussion-related symptoms worsen for longer than an hour or they cannot tolerate their symptoms, the student should:

- For RTL, take a break, and the activities should be adapted.
- For RTPA, stop the activity and try again the next day at the same stage.

<table>
<tr><th>Stage and Description</th><th>Completion Status</th></tr>
<tr><td rowspan="2">Return to Learn – Stage 2
School activities (as tolerated). Increase tolerance to cognitive activities and school environments.
(Completed as partial days in-school or at home)</td><td><u>School</u>
For students attending school at Stage 2
☐ Student tolerates Stage 2 activities and is ready to progress to Return to Learn-Stage 3.
☐ Appendix A7 sent home to parent/guardian.

School Initial: _____ Date: _____</td></tr>
<tr><td><u>Home</u>
For students completing Stage 2 at Home
☐ Student will be returning to school at Return to Learn-Stage 3.

For students completing Stage 2 at School
☐ Student tolerates Return to Learn-Stage 2 activities and is ready to progress to RTL-Stage 3.

☐ Appendix A7 sent back to school.

Parent/Guardian Signature: _____ Date: _____
Comments:</td></tr>
<tr><td rowspan="2">Return to Physical Activity – Stage 2
Light to moderate effort aerobic activity/exercise
(Completed as partial days in-school or at home)</td><td><u>School</u>
☐ Student can tolerate Return to Physical Activity-Stage 2 activities and is ready to progress to Return to Physical Activity-Stage 3.
☐ Appendix A7 sent home to parent/guardian.

School Initial: _____ Date: _____</td></tr>
<tr><td><u>Home</u>
For students completing Stage 2 at Home
☐ Student will be returning to school at Return to Physical Activities-Stage 3.

For students completing Stage 2 at School
☐ Student is ready to progress to Return to Physical Activities -Stage 3.

☐ Appendix A7 sent back to school.

Parent/Guardian Signature: _____ Date: _____
Comments:</td></tr>
</table>

Return to Learn – Stage 3 Student continues attending school part-time or fulltime with gradual increase in school attendance time, increased schoolwork, and decrease in adaptation of learning strategies and/or approaches.	School ☐ Student has demonstrated tolerance of full days of the cognitive activities and school environment without accommodations for concussion and may progress to Return to Learn-Stage 4. ☐ Appendix A7 sent home to parent/guardian. School Initial: _____ Date: _____
	Home ☐ Student is ready to progress to Return to Learn-Stage 4. ☐ Appendix A7 sent back to school. Parent/Guardian Signature: _____ Date: _____ Comments:
Return to Physical Activity – Stage 3 Individual movement skills/sport specific activities with low risk of inadvertent head impact.	School ☐ Student has demonstrated ability to tolerate permitted activities and is symptom free from concussion related symptoms at rest and at full exertion. ☐ Appendix A4 Documentation for Medical Clearance sent home to parent/guardian. ☐ Appendix A7 sent home to parent/guardian. School Initial: _____ Date: _____
	Home ☐ Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms and can now progress to Return to Physical Activity Stage 4. ☐ Obtained Medical Clearance (Appendix A4) from medical doctor or nurse practitioner. ☐ Appendix A7 sent back to school. Parent/Guardian Signature: _____ Date: _____ Comments:
Return to Learn – Stage 4 At school: full day, without adaptation of learning strategies and/or approaches.	School ☐ Student has completed the Return to Learn Process. ☐ Appendix A7 sent home to parent/guardian School Initial: _____ Date: _____
	Home ☐ Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms and has completed the RTL Plan. ☐ Appendix A7 sent back to school Parent/Guardian Signature: _____ Date: _____ Comments:

Before progressing to Return to Physical Activity-Stage 4, the student must:

☐ **have completed Return to Learn-Stage 4 full day at school without adaptation of learning strategies and/or approaches),**

☐ **obtain signed Medical Clearance from a medical doctor or nurse practitioner (Appendix A4).**

Note: Premature return to contact sports (full practice and game play) may cause a significant setback in recovery.

School Initial: _____ Date: _____

Return to Physical Activity – Stage 4 Following Medical Clearance progressively increase physical activity. Training drills and activities with low risk of body contact.	School ☐ Student has completed the activities in Return to Physical Activity-Stage 4 with no return of concussion related symptoms. ☐ Appendix A7 sent home to parent/guardian. School Initial: _____ Date: _____
	Home ☐ Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms. ☐ Student has exhibited or reported a return of symptoms, or new symptoms and must return to **Return to Physical Activity-Stage 3** and see a medical doctor or nurse practitioner for **reassessment.** ☐ Appendix A7 sent back to school. Parent/Guardian Signature: _____ Date: _____ Comments:
Return to Physical Activity-Stage 5 Full participation in all non-contact physical activities (i.e., non-intentional body contact) and full contact training/practice in contact sports.	School ☐ Student has completed the physical activities in Return to Physical Activity-Stage 5 with no return of concussion related symptoms. ☐ Appendix A7 sent home to parent/guardian. School Initial: _____ Date: _____
	Home ☐ Student has not exhibited or reported a return of symptoms or new symptoms and can progress to Return to Physical Activity-Stage 6. ☐ Student has exhibited/reported a return of symptoms or new symptoms and must return to **Return to Physical Activity-Stage 3** and see a medical doctor/nurse practitioner for Medical Clearance **reassessment.** ☐ Appendix A7 sent back to school. Parent/Guardian Signature: _____ Date: _____ Comments:
Return to Physical Activity – Stage 6 Unrestricted return to contact sports. -Full participation in contact sports games/competitions.	School ☐ Student has completed the Return to Physical Activity Plan. ☐ Appendix A7 sent home to parent/guardian. School Initial: _____ Date: _____
	Home ☐ Student has not exhibited or reported a return of symptoms or new symptoms and has completed the Return to Physical Activity Plan. ☐ Student has exhibited/reported a return of symptoms or new symptoms and must return to **Return to Physical Activity-Stage 3** and see a medical doctor/nurse practitioner for Medical Clearance **reassessment**. ☐ Appendix A7 sent back to school. Parent/Guardian Signature: _____ Date: _____ Comments:

CONCUSSION CODE OF CONDUCT FOR INTERSCHOOL SPORTS STUDENT ATHLETE & PARENT/GUARDIAN

SCHOOL NAME: _____ SCHOOL YEAR: _____

STUDENT NAME: _____

The Durham District School Board is committed to providing safe environments for students to participate in sport. This is a shared responsibility including DDSB, student athletes and their parent(s)/guardian(s). As participants in interschool sports, student athletes and parent(s)/guardian(s) must be committed to:

Maintaining a safe learning environment
- Bring potential issues related to the safety of equipment and the facilities to the attention of the coach.
- Ensure the protective equipment that parents/guardians provide is properly fitted as per the manufacturer's guidelines, in good working order, and suitable for personal use.

Fair play and respect for all
- Follow the school board's fair play policy and support it by demonstrating respect for all students, coaches, officials, and spectators.
- Demonstrate respect for teammates, opponents, officials, and spectators and to follow the rules of the sport and practice fair play.
- Not pressure participation in practices or games/competitions if injured.

Learning and following the rules of a physical activity, including the strict enforcement of consequences for prohibited play that is considered high-risk for causing concussions
- Learn and follow the rules of the sport and follow the coach's instructions about prohibited play
- Respect and accept the coach's enforcement of consequences during practices and competition regarding prohibited play.
- Respect and accept the decisions of officials and the consequences for any prohibited play.

Implementing the skills and strategies of an activity in a proper progression
- Follow their coach's instructions about the proper progression of skills and strategies of the sport.
- Ask questions and seek clarity regarding skills and strategies which they are unsure.

Providing opportunities to discuss potential issues related to concussions
- Participate in discussions/conversations related to concussions, including signs and symptoms, with the coach or caring adult.
- Talk to the coach/caring adult if there are any concerns about a suspected or diagnosed concussion or about safety in general.

Concussion recognition and reporting
- Read and become familiar with an approved Concussion Awareness Resource identified by the school board
    - Student Athlete Ages 10 and Under - https://www.ontario.ca/page/ontario-government-concussion-awareness-resource-e-booklet-ages-10-and-under
    - Student Athlete Ages 11 – 14 - https://www.ontario.ca/page/ontario-government-concussion-awareness-resource-e-booklet-ages-11-14
    - Student Athlete Ages 15 and Up - https://www.ontario.ca/page/ontario-government-concussion-awareness-resource-e-booklet-ages-15-and-up

- Remove the athlete immediately from the sport if they receive a jarring impact to the head, face, neck, or elsewhere on the body that is observed by or reported to the coach, and:
    - As a student athlete and parent/guardian, we are aware that if an athlete has signs or symptoms of a suspected concussion they should be taken to a medical doctor or nurse practitioner for a diagnosis as soon as reasonably possible that day and report any results to appropriate school staff.
    - As a student athlete and parent/guardian, we are aware that not all signs and symptoms emerge immediately and there are times when signs and symptoms emerge hours or days after the incident and in these cases athletes must stop all physical activities for 24 hours and be monitored at home and at school for 48 hours.
- If no signs or symptoms emerge after 24 hours, inform the appropriate school staff and resume participation.
- If signs or symptoms emerge, a medical assessment needs to be done by a medical doctor or nurse practitioner as soon as reasonably appropriate that day and report the results to appropriate school staff.
- Inform the school principal, coach and/or other relevant school staff when a student athlete experiences signs or symptoms of a concussion, including when the suspected concussion occurs during participation in a sport outside of the school setting.
- Inform the school principal, coach and/or other relevant school staff any time a student athlete is diagnosed with a concussion by a medical doctor or nurse practitioner.
- Remove themselves from the sport and report to a coach or caring adult if they have signs or symptoms of a suspected concussion.
- Inform the coach or caring adult when they suspect a teammate may have sustained a concussion.

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

- Communicate with the coach, school staff, and/or staff supervisor of all sport organizations with which the student athlete has registered about a suspected or diagnosed concussion or general safety issues.

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

- Understand that if a student athlete has a suspected or diagnosed concussion, they will not return to full participation, including practice or competition, until permitted to do so in accordance with the School Board's Return to School Plan.
- Understand, that as per the Return to School Plan, student may not advance to Return to Physical Activity-Stage 4 (i.e., returning to full participation in "non-contact sports" or returning to a practice that includes contact in "contact sports"), until they:
    - are **symptom-free** from concussion-related symptoms at rest and at full physical exertion,
    - have **completed the Return to Learn Stages**, and
    - receive written **medical clearance** from a medical doctor or nurse practitioner.

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

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

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

Student Print Name: _____

Student Signature: _____ Date: _____

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____ Date: _____

CONCUSSION CODE OF CONDUCT FOR INTERSCHOOL SPORTS COACH/TRAINER

SCHOOL NAME: _____ SCHOOL YEAR: _____

COACH/TRAINER NAME: _____

As a coach/team trainer, I am committed to:

Maintaining a safe learning environment

- I will review and adhere to the School Board's safety standards for physical activity and concussion protocol, as they apply to my sport prior to taking on the responsibility as coach/team trainer
- I will check the facilities and equipment, take necessary precautions and bring potential hazards to the attention of the students.
- I will provide and maintain a safe learning environment for my students and uphold a culture of safety-mindedness.
- I will inform students and their parent/guardian (for students under the age of 18) about the risks of a concussion or other potential injuries associated with the sport and ways to minimize those risks.

Fair play and respect for all

- I will demonstrate a commitment to fair play and will respect my students, opponents, officials, and spectators.
- I will not pressure a student to participate in practices or games/competitions if they are injured.

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

- I will teach students the rules of the sport and will provide instructions about prohibited play.
- I will strictly enforce, during practice and competition, the consequences for prohibited play.
- I will accept and respect the decisions of officials and the consequences for any prohibited play.

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

- I will instruct students in training and practices using the proper progression of skills and strategies of the sport.
- I will encourage students to ask questions and seek clarity regarding skills and strategies of which they are unsure.

Providing opportunities to discuss potential issues related to concussions

- I will provide opportunities by creating an environment for student discussions/conversations related to suspected and diagnosed concussions, including signs and symptoms, questions, and safety concerns, throughout the day, including before and after practice and competition.

Concussion recognition and reporting

- I have read and am familiar with an approved Concussion Awareness Resource identified by the school board.
  - Student Athlete Ages 10 and Under - https://www.ontario.ca/page/ontario-government-concussion-awareness-resource-e-booklet-ages-10-and-under
  - Student Athlete Ages 11 – 14 - https://www.ontario.ca/page/ontario-government-concussion-awareness-resource-e-booklet-ages-11-14
  - Student Athlete Ages 15 and Up - https://www.ontario.ca/page/ontario-government-concussion-awareness-resource-e-booklet-ages-15-and-up
- I will emphasize the seriousness of a concussion to my students along with outlining the signs and symptoms of a concussion.
- I will provide instruction to students about the importance of removing themselves from the sport and reporting to a coach/team trainer or caring adult if they have signs or symptoms of a concussion.
- I will provide instruction to students about the importance of informing the coach/caring adult when they suspect a teammate may have a concussion.
- I will immediately remove from play, for assessment, any student who receives a jarring/significant impact to the head, face, neck, or elsewhere on the body and adhere to the School Board's concussion protocol prior to allowing return to physical activity.

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

- I will support and adhere to a process for communication to take place between myself and the student, parent/guardian, and relevant school staff.
- I will promote the importance of communication about a suspected or diagnosed concussion between the student, parent/guardian, and all sport organizations with which the student has registered.

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

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

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

- I understand the need to prioritize a student's return to learning as part of the Return to School Plan.
- I will follow the Return to School Plan and make sure a student diagnosed with a concussion does not return to training, practice, or competition until permitted to do so in accordance with the Return to School Plan.

I have read and understand both pages of this code of conduct.

Print Name: _____

Signature: _____ Date: _____