



## Medical Conditions Package

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# Concussion Protocol

Revised September 2020

Achieving Believing Belonging

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### **Form Summary:**

C-1 - Concussion Protocol  
 C-2 - Tool to Identify a Suspected Concussion  
 C-3 - Monitoring/Medical Examination Form  
 C-4 - Home Concussion Management  
 C-5 - School Concussion Management  
 C-5A - Classroom Concussion Symptoms and Accommodation Tool  
 C-6 - Medical Concussion Clearance Form  
 C-7 - Concussion Prevention Strategies  
 C-8 - Concussion Tracking Tool

## Preamble

### Concussion Definition

#### A concussion:

- is a traumatic brain injury that causes changes in how the brain functions, leading to signs and symptoms that can emerge immediately or in the hours or days after the injury. It is possible for symptoms to take up to 7 days to appear
- signs and symptoms can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty concentrating or remembering), emotional/behavioural (e.g., depression, irritability) and/or related to sleep (e.g., drowsiness, difficulty falling asleep)
- may be caused either by a jarring impact to the head, face, neck or by a blow to the body, that transmits a force to the head, that causes the brain to move rapidly within the skull (for a visual description of how a concussion occurs, see [cdn.hockeycanada.ca/hockey-canada/Hockey-Programs/Safety/Concussion/Infographic/english.html](https://cdn.hockeycanada.ca/hockey-canada/Hockey-Programs/Safety/Concussion/Infographic/english.html))
- can occur even if there has been no loss of consciousness, (in fact most concussions occur without a loss of consciousness)
- cannot normally be seen on X-rays, standard CT scans or MRIs, and
- is typically expected to result in symptoms lasting 1-4 weeks in children and youth (18 years or under), but in some cases symptoms may be prolonged

#### Concussions are Serious:

Research demonstrates that a concussion can have a significant impact on an individual – cognitively, physically, emotionally, and/or socially. Most individuals with a concussion get better in one to four weeks, but, for some, the healing process may take longer. It is possible for a concussion to have long term effects. Individuals may experience symptoms that last for months or even years – symptoms such as headaches, neck pain, or vision problems. Some individuals may even experience lasting changes in their brain that lead to issues such as memory loss, difficulty concentrating, or depression.

It should also be noted that if an individual suffers a second concussion before they are free from symptoms sustained from the first concussion, this may lead to “second impact syndrome”, a rare condition that causes rapid and severe brain swelling and often has catastrophic results.

Due to the seriousness of a concussion, school administrators, educators (including occasional teachers), school staff, students, parents/guardians, and identified school volunteers all have important roles to play in implementing the school board’s concussion protocols.

#### Recent Research indicates:

- activities that require concentration can actually cause a student’s concussion symptoms to reappear or worsen
- that prolonged rest until all symptoms resolve is no longer recommended
- baseline testing is not required for post-injury care of youth athletes with suspected or diagnosed concussion and is not recommended.

## Timeline of Events from PPM 158 2014 to PPM 158 2019 Halton Concussion Protocol:

**2014.** Based on Zurich statement on Concussion in Sport (4<sup>th</sup> Conference) and the Ministry of Education Policy and Program Memorandum 158 2014 (School Board Policies on Concussion) which required all school boards in Ontario to have a concussion policy the Halton Catholic District School Board, Halton District School Board and Halton Region Health Department collaborated to 'Haltonize' the Ontario Safety Guidelines Concussion Management Procedures and develop the Halton Concussion Management Procedures for elementary and secondary schools in the Halton Region.

**2016.** The Berlin Consensus statement on Concussion in sport (5<sup>th</sup> Conference) was published which contained for the first time a 'Graduated return to school strategy'.

**2017.** Rowan's Law Advisory Committee report on prevention and management of concussions in amateur sport released.

**March 7, 2018.** Ontario enacted Rowan's Law (Concussion Safety, 2018 (Rowans Law) and amended the Education Act, to protect amateur athletes, including students, by improving concussion safety on the field and at school.

**July 1, 2019.** The amendments to the Education Act (Part Xiii.1, Subsection 321) came into force on and provided the Minister of Education with the authority to establish and require school boards to comply with policies and guidelines respecting concussions in students, consistent with Rowan's Law.

**Sept. 25 2019** The revised Policy/Program Memorandum 158 2019 was released to school boards and stated that with the authority under the Education Act, all school board's in Ontario are required to have a policy on concussion safety for students that meets certain minimum requirements.

(The Ministry of Education considers the Ophea Ontario Physical Activity Safety Standards in Education (OPASSE) concussion protocol to be the minimum standard for risk management practices relating to concussion to help school boards meet the requirement set out in PPM 158 2019.)

**Fall of 2019.** A collaborative effort of the Halton Catholic District School Board, the Halton District School Board and Halton Regional Health Department have "Haltonized" the Ontario Physical Activity Safety Standards in Education Concussion Protocol to meet the needs and requirements of the students in the Halton Region.

The contents of the following Halton Concussion Protocol reflect the standards as outlined in revised Policy Program Memorandum No. 158 2019: School Board Policies on Concussion and complies with the minimum standards of the Ontario Physical Activity Safety Standards in Education (OPASSE) Concussion Protocol.

**September 2020.** Effective September 1, 2020, the HCDSB Concussion Protocol will reflect the legislative and policy changes as outlined in Policy/Program Memorandum 158 (updated January 31, 2020).

## Introduction

### Overview of Halton Concussion Protocol

For an overview of the Halton Concussion Protocol refer to the following charts:

- Chart 1 - Identifying a Suspected Concussion - Steps and Responsibilities
- Chart 2 - Concussion Management Home/School - Stages and Responsibilities

Available on **StaffNet → Forms → School Services → SS:02-Concussion**

## The Halton Concussion Protocol (C-1)

The Halton Concussion Protocol addresses the required components outlined in Policy/Program Memorandum 158 2019.

For the purpose of this document, some forms have been included either partially or fully for explanation purposes. Please see summary of the components is listed below and access documents on **StaffNet→Forms→SS:02-Concussion**

- **Concussion awareness/training** (definition and the seriousness of concussion, possible mechanisms of injury, second impact syndrome)
  - **Regular school activities** – e.g. administrators, teachers, students, parents, community groups.
  - **Interschool sports** – e.g. coaches, team trainers, students, parents, officials
    - Concussion Awareness Resources – (under 10 yrs.; 11-14 yrs.; 15 and up)
    - Concussion Code of Conduct (Coach, Team Trainer; Student; Parent)
- **Concussion Prevention** (steps that can be taken to prevent concussions and other injuries from occurring at schools and at off-site events)
  - Concussion Prevention Strategies (**C-7**)
- **Concussion Identification** (red flags, other signs and symptoms, quick memory function test, medical assessment)
  - Tool to Identify a Suspected Concussion (**C-2**)
  - Monitoring/Medical Examination Form (**C-3**)
- **Concussion Return to School Plan** (Return to Learning & Return to Physical Activity)
  - Home Concussion Management (**C-4**)
  - School Concussion Management (**C-5**)
    - Classroom Concussion Symptoms and Accommodation Tool (**C-5 A**)
  - Medical Concussion Clearance Form (**C-6**)
- **Concussion Tracking Tool (school/system) (C-8)**

The Halton Catholic School Board and Halton District School Board have localized the components of the Ontario Physical Activity Safety Standards in Education Concussion Protocol, to meet the specific needs of their school districts. It is important that educators use their own board's concussion tools resources.

The Halton Concussion Protocol is a living document. Concussion information and procedures for the listed components are always evolving with new research and consensus guidelines. Concussion protocol and affiliated resources are updated at the start of each new school year in September and where revisions are of a critical nature the school board will employ their process for informing stakeholders of such changes. School administrators, teachers, coaches, intramural supervisors are advised to refer to the most current protocol, tools, forms and strategies prior to having students participate in physical activities.

## Concussion Awareness & Training

The following awareness component, outlined in PPM 158 2019, addresses two different groups:

- all stakeholders involved in regular school activities
- those stakeholders involved in interschool sports

### All Stakeholders

#### Concussion Awareness Information and Training:

- Information and/or training sessions by school board/schools on the seriousness of concussions, and on the components of the concussion policy (Awareness, Prevention, Identification, Return to School Plan RTL & RTPA – Home Management and School Management) is to be shared with administrators, educators, school staff, students, parents, volunteers and other board employees (e.g. Occasional Teachers)
- The scope of training should be consistent with expected duties of school staff, as outlined in the school board policy. Provisions are to be made for new staff to access training throughout the school year
- Provisions of the concussion policy is to include for the connecting of student learning about concussions with the curriculum, where relevant
- To further support awareness among students, school board will implement an annual concussion awareness event for students, which is to be held on or around the last Wednesday in September, [Rowan's Law Day](#)
- The concussion training is encouraged to be completed by the last Wednesday in September, Rowan's Law Day, every school year

#### Making Concussion Awareness Information Available:

School should include strategies for making the Concussion Awareness information available – for example, through letters or e-mails, in a student handbook, and/or on the board website – to students; parents; school and school board staff; volunteers; and where appropriate to indigenous communities, partners, and organizations; organizations that use school facilities such as community sport organizations and licensed child-care providers operating in the school board's schools; as well as relevant community-based organizations.

### Medical Doctors, Nurse Practitioners, Other Licensed Health Care Providers Information

Halton Region Public Health Department to provide information and resources on the school board's:

Tool to Identify a Suspected Concussion C-2, Monitoring/Medical Examination Form C-3; Return to School Plan ~ Return to Learning (RTL) and Return to Physical Activity (RTPA) stages for Home Management (Home Concussion Management Form C-4) and School Management (School Concussion Management Form C-5, Medical Concussion Clearance Form C-6) to medical doctors, nurse practitioners and where appropriate other licensed health care providers.

## Interschool Sports:

### Concussion Awareness Resources – Interschool

The government of Ontario has developed an approved Concussion Awareness Resources, available on the government's concussion website and the Ophea concussion website, for elementary and secondary interschool sports programs to be consistent with information received from sport organizations.

#### Concussion Awareness Resources Training:

School board/schools must include strategies for providing, age appropriate, annual training on the content of the approved Concussion Awareness Resources for those involved in elementary and secondary school interschool sports: coaches, team trainers, officials, students, parents of students under 18 yrs.

Age appropriate Concussion Awareness Resources (10 and under 11-14; 15 and up) can be located on the government website (link below) or on the Ophea concussion website.

#### Resources:

[www.ontario.ca/page/ontario-government-concussion-awareness-ages-10-and-under](http://www.ontario.ca/page/ontario-government-concussion-awareness-ages-10-and-under)

[www.ontario.ca/page/ontario-government-concussion-awareness-ages-11-14](http://www.ontario.ca/page/ontario-government-concussion-awareness-ages-11-14)

[www.ontario.ca/page/ontario-government-concussion-awareness-ages-15-and-up](http://www.ontario.ca/page/ontario-government-concussion-awareness-ages-15-and-up)

Approved school board resources may also be used provided that the school board has ensured they are consistent with the government's Concussion Awareness Resources. **StaffNet → Forms → SS:02-Concussion**

#### Implementation and Confirmation of Concussion Awareness Resources:

Schools are expected to implement and to have strategies in place to receive confirmation from each of: coach, team trainer, official, student, and parent of student under 18 years of age, that the Concussion Awareness Resources were reviewed each school year prior to participation in board sponsored interschool sports.

### Concussion Codes of Conduct – Interschool Sports

For the interschool sports program schools are to implement a Concussion Code of Conduct for the following who are participating in elementary or secondary interschool sports: coaches, team trainers; students and parents of students under 18 years of age.

#### Requirements:

The Concussion Codes of Conduct must include the following requirements based on the roles and responsibilities of those involved in board-sponsored interschool sports:

The commitment to:

- maintaining a safe learning environment
- fair play and respect for all
- teaching and/or learning the rules of a physical activity, including the strict enforcement of consequences for play that is considered high-risk for causing concussions
- implementing the skills and strategies for a physical activity in a proper progression



- providing opportunities to discuss potential issues related to concussions
- concussion recognition and reporting
- acknowledging the importance of communication between the student, parents, school staff, and any sport organization with which the student has registered
- supporting the implementation of a Return to School Plan for students with a concussion diagnosis
- Prioritizing a student's return to learning as part of the Return to School Plan

#### **Halton Catholic District School Board Concussion Codes of Conduct:**

- School board representatives have adopted the Ophea sample Concussion Codes of Conduct for its elementary and secondary interschool coaches, team trainers, students and parents of students under 18 yrs. The appropriate Concussion Codes of Conduct can be accessed on the Halton Catholic Athletic Association Website. <https://hcaa.ca/>

#### **Concussion Code of Conduct Information/Training:**

- School board/schools are to have strategies in place for providing information/training on the Requirements and Commitments of the appropriate Concussion Code of Conduct to the following people involved in elementary and secondary interschool sports: coach, team trainer, student, & parents/guardians of students under 18 years of age.

#### **Implementation and Confirmation of Concussion Code of Conduct:**

- Schools are expected to have and implement strategies in place to receive confirmation from each of: coach, team trainer, student, parents/guardians of students under 18 yrs., that the Concussion Code of Conduct was reviewed each school year, prior to participation in board sponsored interschool Sport

#### **Review of Concussion Code of Conduct:**

- School boards must review their Concussion Codes of Conduct whenever their concussion policy is reviewed or updated, at a minimum

### **Concussion Awareness Strategies and Training C-7**

The government of Ontario has developed a set of Concussion Awareness Resources that school boards are expected to use to ensure that the information students received regarding concussions at school is consistent with the information they receive from sports organizations. To further support awareness plans for annual concussion awareness will be implemented on or around Rowan's Law Day, which occurs on the last Wednesday in September.

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

Concussion prevention is important, "...there is evidence that education about concussion leads to a reduction in the incidence of concussion and improved outcomes from concussion..."

Information for stakeholders responsible for student safety are to refer to the **Concussion Prevention Strategies C-7** located on the Board website <http://bit.ly/HCDsb-ConcussionProtocol> and StaffNet. The contents outline steps to be taken to minimize/prevent concussion and other injuries from occurring.

Teachers, Coaches and Supervisors must include strategies for preventing and minimizing the risk of sustaining concussions (and other head injuries) at all school and board-sponsored events:

- Prior to H&PE curriculum program, interschool practices and competitions and intramural activities
- During the physical activity unit/interschool practices and competitions/intramural activity
- Prior to the interschool sports season/activity

The Concussion Prevention Strategies contain information relating to interschool sports, from PPM 158 2019: implementation and confirmation of Concussion Awareness Resources and Concussion Codes of Conduct.

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

- Primary: information/actions that prevent concussions from happening (for example, rules and regulations, minimizing slips and falls by checking that classroom floor and activity environments provide for safe traction and are obstacle free)
- Secondary: expert management of a concussion (for example, identification and management - Return to School and Return to Physical Activity) that is designed to prevent the worsening of a concussion
- Tertiary: strategies to help prevent long-term complications of a concussion (chronic traumatic encephalopathy) by advising the participant to permanently discontinue a physical activity/sport based on evidence-based guidelines
- Primary and secondary strategies are the focus of the concussion injury prevention information which can be found in **Concussion Prevention Strategies C-7**

## Concussion Identification

The identification component includes the following:

### A. Initial response

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

### B. Identification of sign(s) and/or symptom(s) Steps: (Tool to Identify a Suspected Concussion)

#### • Red Flags

Steps required following red flag identification

#### • Other sign(s) and/or symptom(s) – Quick Memory Function Test

Steps required following identification of other signs and/or symptoms or failure of the Quick Memory Function Test

### C. Sign(s) and or symptom(s) are not identified but a possible concussion event was recognized.

Monitoring steps to follow by school and home.

#### **D. Sign(s) and or symptom(s) are identified:**

Halton Concussion Protocol launched

All incidents/injuries are to be recorded, reported and filed as required, by the Board (e.g. OSBIE Incident Report Form), when time allows. Input information into Trillium custom screens - Concussion - include date, location, and incident when time allows

Note: The OSBIE form should be completed when:

- someone is injured on school or board property
- someone is injured under the supervision of the school, but is away from the premises (i.e. field trip) when someone receives medical/dental attention

### **Step A: Initial Response**

#### **Removal from Physical Activity/Sport:**

- ☐ A student is immediately removed from physical activity/sport after receiving a jarring impact to the head, face or neck or a blow to the body that transmits a force to the head that causes the brain to move rapidly within the skull and as a result the supervising school staff suspects the student/athlete has sustained a concussion. The event can be observed by supervising school staff or reported by the student or classmate/teammate.
- ☐ Students are to be informed of the seriousness of a concussion, the signs and symptoms of a concussion and the importance of when experiencing a jarring impact to the head, face neck or body and recognizing signs or symptoms that they stop the activity immediately and tell a supervising school staff, parent, or another trusted adult how they feel. Use the HIT. STOP. SIT. Slogan
- ☐ Inform students that when a classmate/teammate tells you about their symptoms, or if you see signs they might have a concussion, tell them to stop the activity and report to the supervising school staff as well as reporting to the supervising school staff themselves to ensure help is available. Often those with signs and or symptoms do not recognize they may have a concussion.

### **Identification of Signs and Symptoms**

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

School board/school have a responsibility to train identified school staff ((e.g., school administrators, teachers, coaches, school first aid providers) on how to identify signs and symptoms using the Tool to Identify a Suspected Concussion along with the function of each section, (Identification of signs/symptoms, Communication to parent/guardian, Response of teacher, coach, supervisor).

School staff, who are trained, are responsible for the identification and reporting of students who demonstrate observable signs of a head injury or who report concussion symptoms.

In some instances, the staff member may not observe any signs, or have any symptoms reported, but because of the nature of the impact, will suspect a concussion. This suspected concussion event and procedures for 24-hour monitoring must be explained to identified staff members

#### **Monitoring/Medical Examination Form C-3:**

The Monitoring/Medical Examination Form is a reporting form, (provided to the parent/guardian by the school designate after the identification of sign(s)/symbol(s) of a suspected concussion (Tool to Identify a Suspected Concussion) or when suspecting a concussion where no signs or symptoms are identified), to

report the results of the 24 hr. monitoring procedure and/or the results of their child's medical assessment by a medical doctor/nurse practitioner. The completed form is to be provided to the school principal/designate prior to student attending school. The form is located on **StaffNet →Forms→SS:02-Concussion**

Identified school staff who have been trained on using the Tool to Identify a Suspected Concussion must also have explained the content and purpose of the Monitoring/Medical Examination Form.

### Step B. Check for Red Flag sign(s) and/or symptom(s)

(Tool to Identify a Suspected Concussion C-2)

**Table 1: Red Flags**

If any one or more red flag sign(s) or symptom(s) are present, indicate with a check (✓), call 911, followed by a call to parents/guardians/emergency contact.		
<input type="checkbox"/> Neck pain or tenderness	<input type="checkbox"/> Severe or increasing headache	<input type="checkbox"/> Deteriorating conscious state
<input type="checkbox"/> Double vision	<input type="checkbox"/> Seizure or convulsion	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Weakness or tingling/ <b>burning</b> in arms or legs	<input type="checkbox"/> Loss of consciousness	<input type="checkbox"/> Increasingly restless, agitated or combative

If any Red Flag sign(s) and or symptom(s) are present, follow only the **Red Flag Procedure – Call 911**.

#### Supervising School Staff Response:

- 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
- While waiting for EMS monitor and document any changes (i.e. Physical, cognitive, emotional/behavioral) on the Tool to Identify a Suspected Concussion.
- If the student has lost consciousness and regains consciousness, encourage them to remain calm and lie still.
- Do not administer medication unless the student requires medication for other conditions (e.g. insulin for a student with diabetes; inhaler for asthma).
- Provide EMS with a copy of student's Tool to Identify a Suspected Concussion (C-2).

#### Inform Parent/Guardian:

- About the incident, that emergency medical services have been contacted, and the name and location of the hospital the child has been taken to.
- Following HCDSB/school procedure for attending to a child sent to the hospital by ambulance the name of the staff member/volunteer at the hospital with the child.
- A copy of the Tool to Identify a Suspected Concussion - C-2 was provided to EMS to take to the hospital.
- The Monitoring/Medical Examination Form - C-3 to communicate the results of the medical assessment to the principal/designate, prior to the student attending school, will be provided by the school

- Their child will have a medical assessment by a medical doctor, for a concussion
- To communicate with the school principal/designate, by completing the Monitoring/Medical Examination Form, the results of the medical assessment (student does not have a concussion; student has a concussion) prior to the student returning to school

### Inform principal/designate

- The name of student, the hospital student was taken to, whether parents have been contacted and all other relevant information.

### Responsibilities of Principal/Designate:

Once the principal/designate is informed that a student has been sent to a hospital as a result of a suspected concussion the principal/designate is to:

- inform all school staff (e.g., classroom teachers, physical education teachers, intramural supervisors, coaches) and volunteers who work with the student/athlete of the suspected concussion; and,
- indicate to relevant school staff that the student/athlete shall not participate in any learning or physical activities until the parent/guardian communicates the results of the medical examination (i.e., their child/ward does not have a diagnosed concussion or their child/ward has a diagnosed concussion) to the school principal e.g. using Monitoring/Medical Examination Form. Where doctors note is provided the doctors note must be attached to the Monitoring/Medical Examination Form)
- file written documentation - student's completed Tool to Identify a Suspected Concussion and Monitoring/Medical Examination Form (e.g., in the student's OSR)

### Step C. Other Concussion Sign(S) and/or Symptom(S):

If there are **no Red Flag** sign(s) and or symptom(s) observe and question the student to determine if **Other Concussion Sign(s) and/ or Symptom(s)** are present.

**Table 2: Other Concussion Signs and Symptoms**

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

<input type="checkbox"/> Lying motionless on the playing surface (no loss of consciousness)	<input type="checkbox"/> Disorientation or confusion, or an inability to respond appropriately to questions	<input type="checkbox"/> Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
<input type="checkbox"/> Slow to get up after a direct or indirect hit to the head	<input type="checkbox"/> Blank or vacant look	<input type="checkbox"/> Facial injury after head trauma

**Step B2. Other Concussion Symptoms reported (what the student is saying):** Check (✓) what you hear.

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

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

Notes:

- If any one or more sign(s) and/or symptom(s) are present, a concussion should be suspected but the full check should be completed (including the Quick Memory Function Check) to provide comprehensive information to parent/guardian and medical doctor/nurse practitioner.
- If any sign(s) and/or symptom(s) worsen, or red flags emerge, call 911 and follow Red Flag Procedure.
- Signs and/or symptoms can appear immediately after the injury or may take hours or days to emerge.
- Signs and symptoms may be different for everyone.
- A student may be reluctant to report symptoms because of a fear that they will be removed from the activity, their status on a team or in a game could be jeopardized or academics could be impacted.
- It may be difficult for younger students (under the age of 10), students with special needs, or students for whom English/French is not their first language to communicate how they are feeling.
- Signs for younger students (under the age of 10) may not be as obvious as in older students.

#### **Quick Memory Function Check:**

Conduct the Quick Memory Function Check and record student responses below. Questions may need to be modified for very young students, the situation/activity/sport and/or students receiving special education programs and services. **Failure to answer any one of these questions correctly indicates a suspected concussion.**

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

**The following responses are to be followed when identifying Other Sign(s) and/or Symptom(s) (see Table 2) and/or the student does not answer all of the Quick Memory Function Check questions correctly:**

#### **Responsibilities:**

##### **Supervising School Staff Response**

- Check for sign(s) and symptom(s) and apply the Quick Memory Function check.

- Where sign(s) or symptoms(s) have been identified and/or student has missed a Quick Memory Function check question contact the student's parent/guardian (or emergency contact) to inform them:
  - of the incident
  - that they need to come and pick up the student and,
  - student needs urgent Medical Assessment (as soon as possible that day) by a medical doctor or nurse practitioner
- The student must not be left alone until a parent/guardian arrives.
- Monitor and document any changes in the student. If any signs or symptoms worsen, call 911.
  - Refer to your Tool to Identify a Suspected Concussion for recording.
- Do not administer medication (unless the student requires medication for other conditions – e.g., insulin for a student with diabetes, inhaler for asthma).
- The student must not leave the premises without parent/guardian (or emergency contact) supervision.
- The student must not operate a motor vehicle.

#### **Information to be Provided to Parent/Guardian (E.G. Supervising School Staff) When Picking Up Their Child:**

- Remind parent/Guardian the student needs an urgent medical assessment (as soon as possible that day) by a medical doctor or nurse practitioner
- the student must not be left alone
- Provide parents with the following forms and instructions:
  - Copy of the student's completed **Tool to Identify a Suspected Concussion** outlining the signs/symptoms to be brought to the doctor
  - **Monitoring/Medical Examination Form.** This form is to be completed by the parent/guardian after medical doctor/nurse practitioner's assessment for a concussion (i.e., the student **does not** have a diagnosed concussion, or the student **has** a diagnosed concussion).
  - This form is provided to principal prior to student returning to school.

#### **Inform principal/designate:**

- Provide the name of student information about the incident, if parent/guardian has been contacted.

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

The principal/designate must:

- inform all school staff (e.g., classroom teachers, physical education teachers, intramural supervisors, coaches) and volunteers who work with the student/athlete of the suspected concussion; and,
- indicate to relevant school staff that the student/athlete shall not participate in any learning or physical activities until the parent/guardian communicates the results of the medical assessment

(i.e., their child/ward does not have a diagnosed concussion or their child/ward has a diagnosed concussion) to the school principal using Monitoring/Medical Examination Form (C-3)

- file written documentation (e.g., Student's completed Tool to Identify a Suspected Concussion and Monitoring/Medical Examination Form (e.g., in the student's OSR)

### **Step D: No Sign(S) and/or Symptom(S) Identified**

#### **Possible Concussion Event was Recognized**

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

#### **Responsibilities:**

##### **Supervising School Staff Response**

- Student is not to participate physical activity. Monitoring system begins.
- Parents are informed of the incident and the monitoring process.
- Principal is informed of the incident.

#### **Where incident occurred on school site during school day:**

- Student continues to attend school but does not participate in physical activities for 24 hours.
- Teacher(s) who is in contact with student on a regular basis are to be familiar with the following procedures:
  - using a Tool to Identify a Suspected Concussion either provided by the student (age appropriate) and/or school to identify signs and/or symptoms (observed or reported)
  - if any sign(s) and/or symptom(s) emerge (observed or reported) during the school day, parent/guardian must be informed that the student needs to be picked up and an urgent Medical Assessment (as soon as possible that day) by a medical doctor or nurse practitioner.
  - The following forms are provided to the parent:
    - The students Tool to Identify a Suspected Concussion and Monitoring/Medical Examination Form.
  - At the end of the day where there are no signs or symptoms emerging the student will bring home a copy of Tool to Identify a Suspected Concussion along with a copy of Monitoring/Medical Examination Form where parent continues monitoring process.
- Parents are provided with the following information:
  - *The Tool to Identify a Suspected Concussion will assist parents in identifying signs and symptoms. When at home:*
    - If any red flags emerge call 911 immediately
    - If any other signs and/or symptom(s) emerge, the student needs urgent Medical Assessment (as soon as possible, that day) by a medical doctor or nurse practitioner.



(Parent/guardian will communicate the results of the Medical Assessment to principal using Monitoring/Medical Examination Form)

- Where there were no sign(s) or symptom(s) emerging overnight student returns to school where teacher(s) take up the monitoring process to when the 24-hour process began.
- If after 24 hours of monitoring no sign(s) and or symptom(s) have emerged the parent/guardian is to communicate the results to the appropriate school official using the Monitoring/Medical Examination Form. Student is permitted to resume physical activities. Medical Clearance is not required.

**Where incident occurred at the end of the school day either on site or off site e.g. after school activity:**

- The student's parent/guardian (or emergency contact) must be contacted, and informed of the following:
  - About the incident
  - Student can attend school, the next day, but must not participate in physical activity for 24 hours.
  - The student requires 24 hours of monitoring both at home and school as signs and symptoms can emerge hours or days later after an incident.
  - The student will be bringing home a ***Tool to Identify a Suspected Concussion and a Monitoring/Medical Examination Form***
  - The *Tool to Identify a Suspected Concussion* will assist parents in identifying signs and symptoms. When at home:
    - If any red flags emerge call 911 immediately
    - If any other signs and/or symptom(s) emerge, the student needs urgent Medical Assessment (as soon as possible, that day) by a medical doctor or nurse practitioner.
    - Parent/guardian will communicate the results of the Medical Assessment to principal using Monitoring/Medical Examination Form
  - Where there were no sign(s) or symptom(s) emerging overnight student returns to school where teachers take up the monitoring process.
  - If after 24 hours of monitoring no sign(s) and or symptom(s) have emerged the parent/guardian is to communicate the results to the appropriate school official using the Monitoring/Medical Examination Form. Student is permitted to resume physical activities. Medical Clearance is not required.

**Responsibilities of the Principal/designate:**

The principal/designate must inform all relevant school staff (e.g., classroom teachers, physical education teachers, intramural supervisors, coaches) of the following:

- the student is allowed to attend school

- the student must not participate in physical activity and must be monitored by teacher(s) when at school and parent/guardian when at home for a 24 hours period for the emergence of delayed sign(s) and/or symptom(s), which can appear hours or days after an incident
- where appropriate to communicate the role of the teacher and the parent/guardian in the monitoring process
- Provide appropriate school staff with access to Tool to Identify a Suspected Concussion e.g. student carry (age appropriate) or copy
- Where appropriate file **Monitoring/Medical Examination Form** (e.g., in the student's OSR)

## Return to School Plan ~ Return to Learning (RTL) / Return to Physical Activity (RTPA)

### Management Procedures at Home and School for a Diagnosed Concussion

#### Concussion Diagnosis

After a suspected concussion has been identified (i.e., sign(s) and/or symptom(s) are observed or reported), the student must be assessed by a medical doctor or nurse practitioner as soon as reasonably possible. In Canada, only medical doctors and nurse practitioners are qualified to provide a concussion diagnosis.

The parent/guardian must communicate to the school the results of the medical assessment using the **Monitoring/Medical Examination Form (C-3)**.

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

#### Return To School Plan – Return To Learning, Return To Physical Activity:

The student follows the school board's Return to School Plan which supports both the student's RTL and their RTPA Stages.

**This plan does not replace medical advice.** There are two parts to a student's Return to School Plan:

- a) Home Concussion Management Plan, and
- b) School Concussion Management Plan.

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

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

**NOTE: When a confirmed concussion has occurred and the student participates in community sports, the Halton Concussion Protocol takes precedence and must be completed, in full, before the student can participate in any school sponsored physical activities or competitions, regardless of their completion of a sports organization concussion protocol.**

#### Home Concussion Management Plan (Student at home):

##### Responsibilities of the Principal/Designate:

- Be familiar with the information and content of:

- Home Concussion Management Plan – Table 3
- Be familiar with the information, content and process for implementation of:
  - Home Concussion Management Form – C-4

**Note: The RTL and RTPA stages of both are identical.**

- Once the parent/guardian has informed the school principal/designate of the results of the Medical Assessment, the school principal/designate must:
  - **inform all appropriate school staff** (e.g., classroom teachers, physical education teachers, intramural supervisors, coaches) and volunteers who work with the student of the results, whether a concussion was diagnosed or not
  - **communicate with parent/guardian** (e.g., in-person meeting, phone conference, video conference, email), and where appropriate the student about the following information:
    - Concussion Recovery Information
    - Return to School Plan
    - Home Concussion Management Form C-4

#### **Concussion Recovery Information:**

- 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

#### **Return To School Plan:**

- A student with a diagnosed concussion needs to follow the Return to School Plan which supports an individualized and gradual RTL and RTPA Stages. In developing the Plan, the RTL process is individualized to meet the particular needs of the student, as there is not a pre-set plan of strategies and/approaches to assist a student return to their learning activities. In contrast the RTPA Plan follows an internationally recognized graduated approach.
- There are two parts to a student's Return to School Plan. This first part occurs at home and prepares the student for the second part which occurs at school.

#### **Home Concussion Management Form C-4**

Principal/designate to provide parent/guardians with a copy of the Home Management Form -*Home Concussion Management Form C-4 (Return to Learn – Return to Physical Activity* and review information, instructions and content of RTL and RTPA stages with them, as appropriate.

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

The form must be completed by parents and provided to school principal prior to moving onto the School Management Plan.

### Information for Principal/Designate


**Table 3 Home Concussion Management Plan for RTL/RTPA**

(Same RTL & RTPA stages as Home Concussion Management Form C-4):

- The stages of the Plan **occur at home** under the supervision of the parent/guardian in consultation with the medical doctor/nurse practitioner and/or other licensed healthcare providers.
- This **Plan does not replace medical advice**. Parents are encouraged to share this plan with medical doctor and/or other licensed healthcare providers.
- Each stage is to take a minimum of 24 hours. Minimum number of days to progress through all HOME stages is 4 days.
- While the RTL and RTPA stages are inter-related they are not interdependent. Students do not have to go through the same stages of RTL and RTPA at the same time. However, before a student can return to school, they must have completed RTL Stage 2 and RTPA Stage 2b.
- Progression through the Plan is individual, timelines and activities may vary
- A student must not return to vigorous or organized physical activities where the risk of re-injury is possible, until they have successfully completed all stages of the Return to Learning Plan. However early introduction of some low intensity physical activity in controlled and predictable environments with no risk of re-injury is appropriate.
- A student moves forward to the next stage when activities at the current stage are tolerated and the student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
  - If symptoms return, or new symptoms appear at any stage in the Home Preparation for RTL and RTPA Plan, the student returns to previous stage for a minimum of 24 hours and only participates in activities that can be tolerated.
  - If at any time symptoms worsen, the student/parent/guardian contacts medical doctor/nurse practitioner or seeks medical help immediately.
- Completion of the Home Management Plan must be documented and returned to the school using Home Concussion Management Form for RTL and RTPA Plan.

**Table 3: Home Concussion Management Plan RTL/RTPA**

Initially the student requires cognitive and physical rest followed by stages of cognitive and physical activity which are best accommodated in the home environment.

Home Management for Return to Learning (RTL) Stages	Home Management for Return to Physical Activity (RTPA) Stages
Each stage must last a minimum of 24 hours.	Each stage must last a minimum of 24 hours.
<b>RTL–Initial Rest</b> 24 - 48 hours of relative cognitive rest (sample activities below): <b><u>Sample activities permitted if tolerated by student</u></b>  Short board/card games	<b>RTPA –Initial Rest</b> 24 - 48 hours of relative physical rest (sample activities below): <b><u>Sample activities permitted if tolerated by student</u></b>

<ul style="list-style-type: none"> <li>✓ Short phone calls</li> <li>✓ Photography (with camera)</li> <li>✓ Crafts</li> </ul> <p><b><u>Activities that are not permitted at this stage</u></b></p> <ul style="list-style-type: none"> <li>✗ Attendance at school or school type work</li> <li>✗ Technology use (e.g., computer, laptop, tablet, iPad)/cell phone (e.g., texting/games/photography)</li> <li>✗ Video games</li> <li>✗ Reading</li> <li>✗ TV</li> </ul>	<ul style="list-style-type: none"> <li>✓ Limited movement that does not increase heart rate or break a sweat</li> <li>✓ Moving to various locations in the home</li> <li>✓ Daily hygiene activities</li> </ul> <p><b><u>Activities that are not permitted at this stage</u></b></p> <ul style="list-style-type: none"> <li>✗ Physical exertion (increases breathing and heart rate and sweating)</li> <li>✗ Stair climbing other than to move locations throughout the home</li> <li>✗ Sports/sporting activity</li> </ul>
<p>Student moves to RTS Stage 1 when:</p> <p><input type="checkbox"/> Symptoms start to improve or after resting 2 days maximum (whichever occurs first).</p>	<p>Student moves to RTPA Stage 1 when:</p> <p><input type="checkbox"/> Symptoms start to improve or after resting 2 days maximum (whichever occurs first).</p>
<p><b><u>RTL – Stage1</u></b></p> <p>Light cognitive (thinking/memory/ knowledge) activities (as per activities permitted listed below). Gradually increase cognitive activity up to 30 minutes. Take frequent breaks.</p> <p><b><u>Activities permitted if tolerated by student</u></b></p> <ul style="list-style-type: none"> <li>✓ Activities from previous stage</li> <li>✓ Easy reading (e.g., books, magazines, newspaper)</li> <li>✓ Limited TV</li> <li>✓ Limited cellphone conversations</li> <li>✓ Drawing/building blocks/puzzles</li> <li>✓ Some contact with friends</li> </ul> <p><b><u>Activities that are not permitted at this stage</u></b></p> <ul style="list-style-type: none"> <li>✗ Attendance at school or school-type work</li> <li>✗ Technology use (e.g., computer, laptop, tablet, iPad)/cell phone (e.g., texting/games/photography)</li> </ul>	<p><b><u>RTPA – Stage1</u></b></p> <p>Light physical activities (as per activities permitted listed below) that do not provoke symptoms. Movements that can be done with little effort (do not increase breathing and/or heart rate or break a sweat).</p> <p><b><u>Activities permitted if tolerated by student</u></b></p> <ul style="list-style-type: none"> <li>✓ Daily household tasks (e.g., bed-making, dishes, feeding pets, meal preparation)</li> <li>✓ Slow walking for short time</li> </ul> <p><b><u>Activities that are not permitted at this stage</u></b></p> <ul style="list-style-type: none"> <li>✗ Physical exertion (increases breathing and heart rate and sweating)</li> <li>✗ Sports/sporting activity</li> <li>✗ Stair climbing, other than to move locations throughout the home</li> </ul>
<p>Student moves to RTL Stage 2 when:</p> <p><input type="checkbox"/> Student tolerates 30 minutes of light cognitive activity (for example a student should be able to complete 3-4 of the permitted activities listed above) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.</p> <p><input type="checkbox"/> Student has completed a minimum of 24 hours at RTS – Stage 1.</p> <p><input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms and must return to the previous stage for a minimum of 24 hours.</p>	<p>Student moves to RTPA Stage 2a when:</p> <p><input type="checkbox"/> Student tolerates light physical activities (completes both activities above) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.</p> <p><input type="checkbox"/> Student has completed a minimum of 24 hours at RTPA – Stage 1.</p> <p><input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms and must return to the previous stage for a minimum of 24 hours.</p>

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

	<p>✗ Physical activities using equipment</p> <p>Student moves to RTPA Stage 3 when:</p> <p><input type="checkbox"/> Student tolerates light aerobic activities (completes activities above) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms</p> <p><input type="checkbox"/> Student has completed a minimum of 24 hours at RTPA – Stage 2b.</p> <p><input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms and must return to the previous stage for a minimum of 24 hours.</p> <p><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</p>
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**Only when student completes both RTL Stage 2 and RTPA 2b do parents sign off and bring C-4 Home Management Form to principal.**

**Principal/designate Responsibilities:**

Once the parent/guardian communicates to school principal/designate (by completing the information on the Home Concussion Management Form (RTL & RTPA)) that the student has successfully completed RTL Stage 2 and RTPA Stage 2b and is ready to return to school and begin the school part of the Return to Learning and Return to Physical Activity Plan the principal/designate will:

- File completed **Home Concussion Management Form (RTL & RTPA)**
- Meet with the parent/guardian to provide information on:
  - The School Management Plan for RTL and RTPA
  - Collaborative Team participants and parent/guardian role on the team
- Provide for a student assessment to determine:
  - possible strategies and/or approaches for student learning using the **Classroom Concussion Symptoms and Accommodation Tool (C-5 A)** which includes:
    - Classroom Concussion Symptoms Form – Student (RTL- a)
    - Classroom Concussion Accommodations Form (RTL - b)

**School Concussion Management Plan C-5**

**Principal/Designate Preparation for Student Beginning School Concussion Management Plan**

**Be familiar with the content and procedures for implementing the following resources:**

- School Concussion Management Plan Table 4
- School Concussion Management Form C-5
- the RTL learning strategies and/or approaches required by the student based on the post-concussion symptoms; Table 5

**Note:** The RTL and RTPA stages in Table 4 and in Form C-5 are identical.



- **Medical Concussion Clearance Form C-6.** When the student has completed the Return to Learn stage 4b and Return to Physical Activity stage 4a *Medical Concussion Clearance Form (C-6)* will be sent home for medical doctor/nurse practitioner completion with signature. This completed form is to be returned to the school where the student, if there are no signs or symptoms, is eligible to participate in RTPA stage 5: physical education classes, intramural activities, non intentional contact interschool sports and full contact practice in contact sports.

### **Identify the school's collaborative team members:**

Led by the school principal/designate, the collaborative team should include:

- School Staff Lead
- the concussed student
- student's parents/guardians
- school staff and volunteers who work directly with the student on a regular basis
- the medical doctor or nurse practitioner

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

- One school staff lead (i.e., a member of the collaborative team, either the school principal/designate, or another staff person designated by the school principal/designate) needs to serve as the main point of contact for the student, the parents/guardians, other school staff, and volunteers who work with the student, and the medical doctor or nurse practitioner and/or licensed healthcare providers.
- The designated school staff lead will monitor the student's progress through the Return to Learn and Return to Physical Activity Plan. Ongoing communication between parent/guardian and the collaborative team is essential throughout the process.

### **Development of a Collaborative Team Approach:**

It is critical to a student's recovery that the School Concussion Management Plan -Return to Learn/Return to Physical Activity be developed and implemented through a collaborative team approach and resources to be used:

- the RTL learning strategies, accommodations and/or approaches required by the student based on the post-concussion symptoms – Table 5
- School Concussion Management Plan/Form C-5
- Medical Concussion Clearance Form C-6
- Ongoing communication and monitoring by all members of the team is essential for the successful recovery of the student.

**Note:** Collaborative Team members, their basic roles and collaborative team approach have not changed from PPM 158 (March 2014). What has changed is the application of roles to the Return to Learn stages in C-5. Application of roles to RTPA in C-5 are the same as stages are international standards.

### **Information to be provided to School Collaborative Team (refer to school board resources):**

- ☐ Collaborative Team member's roles and responsibilities
- ☐ Content and implementation procedures for:



- the RTL learning strategies, accommodations and/or approaches required by the student based on the post-concussion symptoms – Table 5
- School Concussion Management Form C-5
- Medical Concussion Clearance Form C-6

**Information for principal/designate and collaborative team:**

**Table 4: School Concussion Management Plan (RTL -RTPA)**

(RTL and RTPA stages in Table 4 are identical to RTL and RTPA stages in Form C-5)

- A student that has no symptoms when they return to school, must progress through all of the School Concussion Management Plan for RTL and RTPA stages and remain symptom free for a minimum of 24 hours in each stage prior to moving to the next stage.
- The stages of the plan occur at school under the direction of the school collaborative team who communicates with parents/guardians (where appropriate the student) in consultation with the medical doctor/nurse practitioner and/or other licensed healthcare providers. This plan does not replace medical advice.
- The stages of the plan occur at school and where appropriate the RTPA part of the plan occurs during physical education classes. Where student (e.g. secondary) is not enrolled in physical education but is participating in an inter school sport the RTPA part of the plan occurs during sport practices.
- While the RTL and RTPA stages are inter-related they are not interdependent. A student's progress through the stages of RTL is independent from their progression through the RTPA stages. However, students must have completed Stage 4a and 4b of RTL and Stage 4 of RTPA and have obtained Medical Clearance prior to beginning Stage 5 of RTPA.
- For the student who is a member of an outside sporting team, communication is essential between the parent/guardian/student, outside coach and school.
- Stages are not days – each stage must take a minimum of 24 hours and the length of time needed to complete each stage will vary based on the severity of the concussion and the student.
- A student moves forward to the next stage when activities at the current stage are tolerated and the student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- Symptoms:
  - During stages 1-4b of RTL and in Stages 1-4 of RTPA:
    - if symptoms return or new symptoms appear, the student returns to previous stage for a minimum of 24 hours and only participates in activities that can be tolerated. (student is tolerating an activity if their symptoms are not exacerbated (aggravated, intensified, made worse)
    - If symptoms worsen student must return to medical doctor/nurse practitioner
  - During stages 5 and 6 of RTPA:
    - if symptoms return or new symptoms appear, the student must return to medical doctor/nurse practitioner to have the Medical Clearance re-assessed.
- Completion of the RTL and RTPA Plan may take 1-4 weeks.

- Progression through the Plan is individual, timelines and activities may vary.

**Table 4: School Concussion Management Plan:**

The School Concussion Management Plan (Table 4) is provided for principal/designate and school collaborative teams to use in the management of a student's return to learn and return to physical activity following a diagnosed concussion.

<b>SCHOOL CONCUSSION MANAGEMENT PLAN</b>			
<b>Return to Learn (RTL) Stages</b>		<b>Return to Physical Activity (RTPA) Stages</b>	
<b><u>RTL - Stage 3a</u></b> Student begins with an initial time at school of 2 hours. The individual RTL Plan is developed by the Collaborative Team following the student conference and appraisal of the student's individual needs determining possible strategies and/or approaches for student learning (refer to Table 5) – Form C-5A <b><u>Activities permitted if tolerated by student</u></b> <ul style="list-style-type: none"> <li>✓ Activities from previous stage (see Appendix C-1 – Sample Documentation for Concussion Management – Home)</li> <li>✓ Preparation for RTS and RTPA</li> <li>✓ School work for up to 2 hours per day in smaller chunks (completed at school) working up to a 1/2 day of cognitive activity</li> <li>✓ Learning strategies and/or approaches</li> </ul> <b><u>Activities may be permitted based on outcome of student accommodations conference</u></b>		<b><u>RTPA –Stage 3</u></b> Simple locomotor activities/sport-specific exercise to add movement. <b><u>Activities permitted if tolerated by student</u></b> <ul style="list-style-type: none"> <li>✓ Activities from previous stage (20-30 minutes walking/stationary cycling/elliptical/recreational dancing at a moderate pace)</li> <li>✓ Simple <b>individual</b> drills (e.g., running/throwing drills, skating drills in hockey, shooting drills in basketball) in predictable and controlled environments with no risk of re-injury</li> <li>✓ Restricted recess activities e.g., walking</li> </ul> <b><u>Activities that are not permitted at this stage</u></b> <ul style="list-style-type: none"> <li>✗ Full participation in physical education or DPA</li> <li>✗ Participation in intramurals</li> <li>✗ Full participation in interschool practices</li> <li>✗ Interschool competitions</li> <li>✗ Resistance or weight training</li> <li>✗ Body contact or head impact activities (e.g., heading a soccer ball)</li> <li>✗ Jarring motions (e.g., high speed stops, hitting a baseball with a bat)</li> </ul>	
? Tests/exams                      ? Assemblies ? Homework                        ? Field trips ? Music class			
<b><u>School</u></b> <input type="checkbox"/> Student has demonstrated they can tolerate up to a half day of cognitive activity  <input type="checkbox"/> C-5 sent home to parent/guardian School Initial (e.g., collaborative team lead/designate): _____ Date: _____		<b><u>School</u></b> <input type="checkbox"/> Student has demonstrated they can tolerate simple individual drills/ sport specific drills as listed in permitted activities <input type="checkbox"/> C-5 sent home to parent/guardian School Initial (e.g., collaborative team lead/designate): _____ Date: _____	

<p><b>Home</b></p> <p><input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms and can now progress to RTL Stage 3b.</p> <p><input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.</p> <p><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</p> <p><input type="checkbox"/> C-5 sent back to school</p> <p>Parent/Guardian: Signature: _____ Date: _____ Comments:</p>	<p><b>Home</b></p> <p><input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms and can now progress to RTPA Stage 4.</p> <p><input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms and must return to the previous stage for a minimum of 24 hours</p> <p><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</p> <p><input type="checkbox"/> C-5 sent back to school</p> <p>Parent/Guardian: Signature: _____ Date: _____ Comments:</p>
<p><b><u>RTL - Stage 3b</u></b></p> <p>Student continues attending school half time with gradual increase in school attendance time, increased school work, and decrease in adaptation of learning strategies and/or approaches.</p> <p><b><u>Activities permitted if tolerated by student</u></b></p> <ul style="list-style-type: none"> <li>✓ Activities from previous stage</li> <li>✓ School work for 4-5 hours per day, in smaller chunks (e.g., 2-4 days of school/week)</li> <li>✓ Homework – up to 30 minutes/day</li> <li>✓ Decrease adaptation of learning strategies and/or approaches</li> <li>✓ Classroom testing with adaptations</li> </ul> <p><b><u>Activities that are not permitted at this stage</u></b></p> <ul style="list-style-type: none"> <li>✗ Standardized tests/exams</li> </ul>	

<p><b><u>School</u></b></p> <p><input type="checkbox"/> Student has demonstrated they can tolerate up to 4-5 hours of the cognitive activities listed above</p> <p><input type="checkbox"/> C-5 sent home to parent/guardian</p> <p>School Initial (e.g., collaborative team lead/designate): _____</p> <p>Date: _____</p>	
<p><b><u>Home</u></b></p> <p><input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms and can now progress to RTS Stage 4a</p> <p><input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.</p> <p><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</p> <p><input type="checkbox"/> C-5 sent back to school</p> <p>Parent/Guardian: Signature: _____ Date: _____ Comments:</p>	
<p><b><u>RTL– Stage 4 a</u></b></p> <p>Full day school, minimal adaptation of learning strategies and/or approaches.</p> <p>Nearly normal workload.</p> <p><b><u>Activities permitted if tolerated by student:</u></b></p>	<p><b><u>RTPA –Stage 4</u></b></p> <p>Progressively increase physical activity. Non-contact training drills to add coordination and increased thinking.</p> <p><b><u>Activities permitted if tolerated by student:</u></b></p>

<ul style="list-style-type: none"> <li>✓ Activities from previous stage</li> <li>✓ Nearly normal cognitive activities</li> <li>✓ Routine school work as tolerated</li> <li>✓ Minimal adaptation of learning strategies and/or approaches <ul style="list-style-type: none"> <li>• Start to eliminate adaptation of strategies and/or approaches</li> <li>• Increase homework to 60 minutes/day</li> <li>• Limit routine testing to one test per day with adaptations (e.g., supports - such as more time)</li> </ul> </li> </ul> <p><b><u>Activities that are not permitted at this stage</u></b></p> <ul style="list-style-type: none"> <li>✗ Standardized tests/exams</li> </ul>	<ul style="list-style-type: none"> <li>✓ Activities from previous stage</li> <li>✓ More complex training drills (e.g., passing drills in soccer and hockey)</li> <li>✓ Physical activity with no body contact (e.g., dance, badminton)</li> <li>✓ Participation in practices for non-contact interschool sports (no contact)</li> <li>✓ Progressive resistance training may be started</li> <li>✓ Recess – physical activity running/games with no body contact</li> <li>✓ DPA (elementary)</li> </ul> <p><b><u>Activities that are not permitted at this stage</u></b></p> <ul style="list-style-type: none"> <li>✗ Full participation in physical education</li> <li>✗ Participation in intramurals</li> <li>✗ Body contact or head impact activities (e.g., heading a soccer ball)</li> <li>✗ Participation in interschool contact sport practices, or interschool games/competitions (non-contact and contact)</li> </ul>
<p><b><u>School</u></b></p> <p><input type="checkbox"/> Student has demonstrated they can tolerate a full day of school and a nearly normal workload with minimal adaptation of learning strategies and/or approaches</p> <p><input type="checkbox"/> C-5 sent home to parent/guardian</p> <p>School Initial (e.g., collaborative team lead/designate): _____</p> <p>Date: _____</p>	<p><b><u>School</u></b></p> <p><input type="checkbox"/> Student has completed the activities in RTPA Stage 4 as applicable</p> <p><input type="checkbox"/> C-5 sent home to parent/guardian</p> <p><input type="checkbox"/> C-6 Sample Documentation for Medical Clearance sent home to parent/guardian</p> <p>School Initial (e.g., collaborative team lead/designate): _____</p> <p>Date: _____</p>

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

<p><b><u>School</u></b></p> <p><input type="checkbox"/> Student has demonstrated they can tolerate a full day of school without adaptation of learning strategies and/or approaches</p> <p><input type="checkbox"/> C-5 sent home to parent/guardian</p> <p>School Initial (e.g., collaborative team lead/designate): _____</p> <p>Date: _____</p>	
<p><b><u>Home</u></b></p> <p><input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms and has completed the RTL Plan</p> <p><input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours</p> <p><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</p> <p>Parent/Guardian:</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Comments:</p>	
	<p><b><u>RTPA–Stage 5</u></b></p> <p>Following Medical Clearance, full participation in all non-contact physical activities (i.e., non-intentional body contact) and full contact training/practice in contact sports.</p> <p><b><u>Activities permitted if tolerated by student</u></b></p> <p>✓ Physical Education</p>



	<p>✓ Intramural programs</p> <p>✓ Full contact training/practice in contact interschool sports</p> <p><b><u>Activities that are not permitted at this stage</u></b></p> <p>✗ Competition (e.g., games, meets, events) that involves body contact</p>
	<p><b><u>School</u></b></p> <p><input type="checkbox"/> Student has completed the applicable physical activities in RTPA Stage 5</p> <p><input type="checkbox"/> C-5 sent home to parent/guardian</p> <p>School Initial (e.g., collaborative team lead/designate): _____</p> <p>Date: _____</p>
	<p><b><u>Home</u></b></p> <p><input type="checkbox"/> Student has not exhibited or reported a return of symptoms or new symptoms and can progress to RTPA Stage 6</p> <p><input type="checkbox"/> Student has exhibited/reported a return of symptoms or new symptoms and must return to medical doctor/nurse practitioner for Medical Clearance reassessment</p> <p><input type="checkbox"/> C-5 sent back to school</p> <p>Parent/Guardian:</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Comments:</p>
	<p><b><u>RTPA - Stage 6</u></b></p> <p>Unrestricted return to contact sports.</p> <p>✓ Full participation in contact sports games/competitions.</p>

	<p><b><u>School</u></b></p> <p><input type="checkbox"/> Student has completed full participation in contact sports.</p> <p><input type="checkbox"/> C-5 sent home to parent/guardian</p> <p>School Initial (e.g., collaborative team lead/designate): _____</p> <p>Date: _____</p>
	<p><b><u>Home</u></b></p> <p><input type="checkbox"/> Student has not exhibited or reported a return of symptoms or new symptoms and has completed the RTPA Plan.</p> <p><input type="checkbox"/> Student has exhibited/reported a return of symptoms or new symptoms and must return to medical doctor/nurse practitioner for Medical Clearance reassessment</p> <p><input type="checkbox"/> C-5 sent back to school for documentation purposes</p> <p>Parent/Guardian:</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Comments:</p>

**File completed School Concussion Management Form (RTL-RTPA) where appropriate (e.g. student's OSR).**

### **Principal/Designate Responsibilities When Student Begins the School Concussion Management Plan.**

Student who has successfully completed the Home Concussion Management Plan is now going to process through the second part of the Return to School Plan: the School Concussion Management Plan.

The school part of the plan begins with:

- A parent/guardian and principal/designate meeting (e.g., in-person, phone conference, video conference, email) to provide information on:

- Concussion Recovery Process
- the Collaborative Team members and their role (e.g., parent/guardian, student, principal/designate, team lead, teacher(s), medical doctor or nurse practitioner and/or appropriate licensed healthcare provider)
- School Concussion Management Form C-5
- A student conference, with a member of collaborative team, to determine the individualized RTL Plan and to identify:
  - the RTL learning strategies, accommodations and/or approaches required by the student based on the post-concussion symptoms Table 5 the best way to provide opportunities for the permissible activities.

### **Information to be provided to Parent/Guardian:**

#### **Concussion Recovery Process:**

- A student with a diagnosed concussion needs to follow an individualized and gradual RTL and RTPA plan. In developing the plan, the RTL process is designed to meet the particular needs of the student, as there is not a pre-set of strategies and/or approaches to assist a student returning to their learning activities. In contrast the RTPA plan follows an internationally recognized graduated approach.
- The management of a student concussion is a shared responsibility requiring regular communication, between the home, school (collaborative team) and outside sports team (where appropriate) with consultation from the student's medical doctor/nurse practitioner and/or other licensed healthcare providers (e.g. physiotherapists, chiropractors and athletic therapists)

#### **Parent Role on the Collaborative Team:**

- Provide confirmation that the student has undergone a medical assessment by a physician/ nurse practitioner to support the student's return to learning.
- importance of sharing with the school any medical advice or recommendations received in relation to the student's concussion diagnosis and their return to learning and physical activity from medical doctor, nurse practitioner and/or other licensed health care providers and where appropriate outside sports teams.
- Importance of disclosing the concussion diagnosis to any relevant organizations with which the student is involved or registered (e.g. sport organization)
- Communicate with school team information relating to information on their child's condition, the progress and/or lack of progress, their child is making.
- Provide confirmation of medical clearance by a physician or nurse practitioner as a prerequisite for the students return to full participation in physical activity.
- To submit all forms in a timely manner e.g. School Concussion Management Form and Medical Concussion Clearance Form
- To assist their student to maintain compliance with any medical and/or academic recommendations given to promote recovery
- To support the school's role for their student by encouraging them to:

- clearly and honestly communicate their symptoms, academic difficulties and feelings carry out assigned duties by collaborative team members to the best of their ability.

### **School Concussion Management Form C-5:**

- Parent/guardians are to be provided information about the School Concussion Management Form RTL/RTPA C-5, and review information, instructions and content of RTL and RTPA stages as appropriate.
- The School Concussion Management Form is to be initiated by the school collaborative team with parents/guardians to document, communicate and track a student's progress through the school stages of the RTL and RTPA stages.
- At the completion of a stage at school, the school collaborative team member will initial and send home the form for parent/guardian information and signature for the next stage.

This pattern will continue until the successful completion of the stages.

### **Medical Concussion Clearance Form C-6**

- When the student has completed the Return to Learn stage 4 b and Return to Physical Activity stage 4 a *Medical Concussion Clearance Form (C-6)* will be sent home for medical doctor/nurse practitioner completion with signature. This completed form is to be returned to the school where the student moves on to the next stages of Return to Physical Activity – stage 5 and 6.
- Upon completion this form is returned to principal/designate for filing as per school board's procedures.

## **Concussion Protocol for Students in Special Circumstances**

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

1. 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 received Home Management Form (C-4):
  - a) **Spring break** (1 week)  
Parent/Guardian is to provide completed Home Concussion Management Form C-4 to principal. When this is done meeting with principal and student moves on to School Concussion Management Plan.
  - b) **Winter Break** (2 weeks)  
Parent/Guardian is to provide completed Home Concussion Management Form C-4 to principal. When this is done meeting with principal and student moves on to School Concussion Management Plan.
  - c) **Summer vacation** (8 weeks –student under medical supervision)  
Parent/Guardian to provide completed Monitoring/Medical Examination Form (C-3) and student returns to regular learning activities and physical activities and practice for contact sport.
2. 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:

- a) completed RTL Stage 1 – 4b (full day at school without adaptation of learning strategies and/or approaches)
- b) obtained a signed Medical Clearance Letter from a medical doctor or nurse practitioner (see Appendix 6 –Medical Clearance form ) that indicates the student is able to return to full participation in Physical Education, intramural activities, interschool sports (non-contact) and full contact training/practice in contact interschool sports

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

### **Return to School Strategies, Accommodations and/or Approaches:**

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

**Table 5 - Cognitive Difficulties**

### **School Concussion Management Concussion Symptoms & Accommodations Tool C-5A**

#### **Classroom Concussion Symptoms<sup>ii</sup>**

Classroom Observation Symptoms

Physical Difficulties:						
Description	How it affects me at school	Response				
Headache	I have difficulty concentrating, paying attention or multi-tasking	none	mild	moderate	severe	
Dizziness/ Balance problems	I lose my balance, I trip/stumble more often, I get dizzy when I (move/get up/...)	none	mild	moderate	severe	
Nausea (Feeling sick to my stomach)	I have to vomit; I feel sick during lessons	none	mild	moderate	severe	
Drowsiness	I feel sleepy or sluggish	none	mild	moderate	severe	
Fatigue	I get tired quickly, I feel exhausted after small/short tasks	none	mild	moderate	severe	
Sensitivity to light	I have difficulties working in the classroom environment (e.g., lights, seeing the blackboard)	none	mild	moderate	severe	
Sensitivity to noise	I have difficulties working in the classroom environment (e.g., loud music, noise, talking)	none	mild	moderate	severe	
Cognitive Difficulties ( <i>thinking, problem solving and learning</i> ):						
Description	How it affects me at school	Response				
Feeling mentally foggy	I cannot think clearly and/or follow what is going on	1 never	2	3	4	5 always
Difficulty concentrating on schoolwork	I can only focus on my schoolwork in a limited way or for a short time	1 never	2	3	4	5 always

Difficulty paying attention to teacher	I have difficulty tuning out other noises or keeping track of what the teacher is saying, note taking is hard for me	1 never	2	3	4	5 always
Difficulty processing information quickly	I have difficulty following instructions; I can't manage deadlines or complete tasks on time; I feel slowed down	1 never	2	3	4	5 always
Difficulty remembering	I can't retain new information or instructions, I cannot recall/access information already learned	1 never	2	3	4	5 always
Difficulty staying organized	I am missing pieces of instruction, I forget to bring things/lose things, I have a hard time finishing assignments	1 never	2	3	4	5 always

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

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

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### Classroom Concussion Accommodations

Physical Difficulties:		
Symptoms	✓	Accommodations and Strategies
Headache	<input type="checkbox"/>	Mild/moderate: allow classroom participation
	<input type="checkbox"/>	Avoid symptom triggers
	<input type="checkbox"/>	If severe, inform parent/guardian
	<input type="checkbox"/>	Allow frequent breaks
	<input type="checkbox"/>	Consider reduced hours
	<input type="checkbox"/>	Consider gradual return to school (e.g. 1-2 hours, half-days, late starts)
Dizziness/ Balance problems	<input type="checkbox"/>	Mild/moderate: allow classroom participation
	<input type="checkbox"/>	Avoid symptom triggers
	<input type="checkbox"/>	If severe, inform parent/guardian
Nausea	<input type="checkbox"/>	Mild/moderate: allow classroom participation
	<input type="checkbox"/>	Avoid symptom triggers
	<input type="checkbox"/>	If severe, inform parent/guardian
Drowsiness	<input type="checkbox"/>	Mild/moderate: allow classroom participation
	<input type="checkbox"/>	Avoid symptom triggers
	<input type="checkbox"/>	If severe, inform parent/guardian

Fatigue		Reduce workload
		Consider reduced hours
		Consider gradual return to school (e.g. 1-2 hours, half-days, late starts)
Sensitivity to light		Move away from windows
		Allow access to special lighting (dim lights/draw shades/task lighting/darker room)
		Allow sunglasses/hat in class
Sensitivity to noise		Remove from loud environments
		Avoid noisy crowded environments such as assemblies and hallways during high traffic times
		Provide alternative workspace
		Reduce classroom noise; Avoid headphones and loud music
		Allow noise cancelling headphones
		Arrange for strategic seating (e.g. move student away from talkative peers, proximity to teacher)
<b>Cognitive Difficulties (<i>thinking, problem solving and learning</i>):</b>		
<b>Symptoms</b>	✓	<b>Accommodations and Strategies</b>
Feeling mentally foggy		Provide breaks between tasks
		Simplify tasks
Difficulty concentrating on schoolwork		Shorten task duration
		Give breaks between tasks Consider shortening school day
		Consider limiting test to one per day and provide extra time and/or quiet environment
Difficulty paying attention to teacher		Provide frequent check-ins
		Front of the room seating in proximity of teacher
		Work/test in quiet room
Difficulty processing information quickly		Provide access to assistive technology
		Provide extra time or a quiet environment Provide class notes
		Provide scribe
		Check understanding of content, repeat instructions
Difficulty remembering		Provide visual cues/aids and/or advance organizers (visual cueing, non-verbal signs)
		Use alternative testing methods (such as multiple-choice, oral testing) for the student to demonstrate mastery
		Provide a copy of class notes
		Provide memory aids
Difficulty staying organized		Check comprehension of instructions
		Use to-do lists and checklists
		Encourage student to use/set electronic alerts
		Manage overall workload and pace of work demands
		Use agenda/planner for schedule and due dates
		Divide larger assignments/assessments into smaller tasks
		Extend deadlines for submitting assignments
<b>Emotional Difficulties:</b>		
<b>Symptoms</b>	✓	<b>Accommodations and Strategies</b>
Irritability/ Frustration		Prepare the student for change and transitions

		Set reasonable expectations
		Anticipate and remove the student from a problem situation (without characterizing it as punishment)
		Encourage teachers to use consistent strategies and approaches
		Acknowledge and empathize with the student's frustration, anger and emotional outburst if and as they occur
		Reinforce positive behaviour
		Provide consistency and structure on a daily basis
Anxiety/Nervousness		Where feelings are affecting social interactions/school work inform parent/guardian
		Provide access to Child and Youth counsellor or other Support personnel
		Build in more frequent breaks during the school day
		Provide the student with preparation time to respond to questions
		Inform the student of any changes in the daily timetable/schedule
		Adjust the student's timetable/schedule as needed to avoid fatigue (e.g. 1-2 hours/periods, half days, full days)
Feelings of Sadness/ Withdrawal		Where feelings are affecting social interactions/school work inform parent/guardian
		Provide access to Child and Youth counsellor or other Support personnel
		Open lines of communication with parent/guardian and student sharing observations of child at home and school.
		Provide opportunities and personnel for student to share his thoughts/feelings
		Build time into class/school day for socialization with peers
		Partner student with a "buddy" for assignments or activities
		Implement, immediately, correct Board procedures when a student expresses suicidal feelings, thoughts. Parent/guardian must be informed.

Other Accommodations and strategies including recess accommodations and/or restrictions (provide examples):

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Date for next review of accommodation plan: \_\_\_\_\_

**Note:** "Compared to older students, elementary school children are more likely to complain of physical problems or misbehave in response to cognitive overload, fatigue, and other concussion symptoms." <sup>iii</sup>

## Concussion Tracking Tool C-8

In accordance with relevant privacy legislation the school board policy on concussion must include a process to document and track a student's progress, from removal from an activity due to a suspected concussion, to the return, through graduated steps, to learning and to physical activity.



Resources to be used for tracking and documentation of a students suspected and diagnosed concussion are the following:

- Tool to Identify a Suspected Concussion
- Medical Concussion Assessment Form
- Home Concussion Management Form (RTL) – (RTPA)
- School Concussion Management Form (RTL) - (RTPA)
- Medical Concussion Clearance Form

Principal/designate will ensure that the above forms, when completed, are filed in an appropriate location as per board direction e.g. OSR, Student file.

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

<sup>ii</sup> **Cognitive Difficulties Charts are based on:**

1. Ontario Physical Education Safety Guideline Concussion Protocol; Table 2: Return to Learn Strategies/Approaches Sept. 2014. Adapted from Davis GA, Purcell LK. The evaluation and management of acute concussion differs in young children. Fr J Sports Med. Published online First 23 April 2013  
doi:10.1136/bjsports-2012-092132;  
2. Classroom-Concussion-AssessmentForm.pdf from nationwidechildrens.org 2013; An Educators Guide to Concussion in the Classroom - Classroom Concussion Assessment Form

<sup>iii</sup> <https://safety.ophea.net/toolsresources/sample-return-school-strategies-and-or-approaches-cognitive-and-emotional-behavioural-difficulties>