



ADMINISTRATIVE PROCEDURE	
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Contact Person/Department Superintendent of Learning	Identification ES-5567

CONCUSSIONS – RETURN TO SCHOOL, RETURN TO PHYSICAL ACTIVITY

1.0 PURPOSE

Trillium Lakelands District School Board (TLDSB) recognizes that children and adolescents are among those at greatest risk for concussions and that while there is potential for a concussion any time there is body trauma, the risk is greatest during activities where collisions can occur, such as during physical education (PE) class, playground time, or school-based sports activities.

2.0 REFERENCES/RELATED DOCUMENTS

- 2.1 [Education Act, R.S.O. 1990](#)
- 2.2 [Rowan’s Law \(Concussion Safety\), 2018, S.O. 2018, c.1](#)
- 2.3 [Ministry of Education Policy/Program memorandum No. 158](#): School Board Policies on Concussion (March 19, 2014)
<http://www.edu.gov.on.ca/extra/eng/ppm/158.pdf>
- 2.4 [Ontario Physical Education Safety Guidelines Concussion Protocol](#)
<http://safety.ophea.net/concussions>
- 2.5 [Ontario Ministry of Health and Long-Term Care Concussions Resources](#)
www.ontario.ca/concussions
- 2.6 [Parachute Canada Injury Prevention](#),
<http://horizon.parachutecanada.org/en/>

3.0 TERMS AND DEFINITIONS

3.1 CONCUSSION

A concussion is a type of traumatic brain injury that results from a bump, blow, or jolt to the head (or by a hit to the body) that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, stretching and damaging the brain cells and creating chemical changes in the brain. A concussion:

- a) causes changes in the way in which the brain functions and that can lead to symptoms that can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty in concentrating or remembering), emotional/behavioural (e.g., depression, irritability), and/or related to sleep (e.g., drowsiness, difficulty in falling asleep);
- b) can show signs and symptoms immediately, or in the hours or days after the injury, as it is possible for symptoms to take up to 7 days to appear;

- c) can occur even if there has been no loss of consciousness (in fact most concussions occur without a loss of consciousness);
- d) can only be diagnosed by a medically certified health practitioner who is qualified to provide a concussion diagnosis. It cannot normally be seen by means of medical imaging tests, such as X-rays, standard computed tomography (CT) scans, or magnetic resonance imaging (MRI) scans.

3.2 ROWAN'S LAW DAY

Commemorated on the last Wednesday in September of each calendar year, whereby our schools acknowledge and review safe practices and preventive steps to help minimize concussions.

3.3 RTS

This acronym refers to Return to School, a strategy based on the Canadian Guidelines on Concussion in Sport, July 2017 and the OPHEA Safety Guidelines Concussion Protocol.

3.4 RTPA

This acronym refers to Return to Physical Activity, a strategy based on the Canadian Guidelines on Concussion in Sport, July 2017 and the OPHEA Safety Guidelines Concussion Protocol.

4.0 ADMINISTRATIVE PROCEDURE

4.1 ROLES AND RESPONSIBILITIES

4.1.1 SENIOR ADMINISTRATION

Senior administration shall ensure:

- a) information on the seriousness of concussions with strategies for the prevention, identification and management of concussions are in place at all schools and worksites;
- b) educational needs of the student or work modifications of the staff member are met, where possible, while they are recovering from a concussion;
- c) information is shared with all organizations that use the school facilities, such as community sports organizations and licensed child-care providers, on the seriousness of concussions with strategies for the prevention, identification and management of concussions;
- d) in the event of a head injury, TLDSB staff and volunteers are made aware that they will not be held personally liable in a civil proceeding for an act or omission if the person acts reasonably in the circumstances and in good faith.

4.1.2 SCHOOL PRINCIPAL

Following a significant impact to the head, face, neck, or body, that is either observed or reported, the principal, or designate shall:

- a) Call 911 if the student is unconscious, is unresponsive, or slow to get up;
- b) Administer first aid (do not administer medication);
- c) Check for possible signs and symptoms of concussion following Appendix 5.1, How to Identify a Suspected Concussion;
- d) Contact the parent/guardian to transport the student to the hospital for immediate medical attention if any signs or symptoms of concussion are present;
- e) Provide the parent/guardian with the Parent Package, Appendix 5.3 , and Documentation of Medical Examination and Assessment form, Appendix 5.4;
- f) Stay with the student or assign supervision so the student is not alone;
- g) Monitor signs and symptoms for deterioration;
- h) Alert staff to gauge symptoms that worsen over time;
- i) Transport student to the hospital emergency department immediately if parent is not able to.
- j) Notify all teachers of the student to monitor and ensure adequate communication and coordination to meet the student's academic needs upon their return to school;
- k) Approve and implement any adjustments to the student's schedule;
- l) Share information on management of students who sustain a concussion. Involve all staff who may be in contact with the student including psychologists and speech language pathologists, etc. where necessary;
- m) Convene the School Collaborative Team (Student Success / School Improvement Planning Team) to develop the Return to School (RTS) Plan for the student following Appendix 5.5, School Package – Concussions Management. This will facilitate collaborative problem solving, decision making, and planning for students who are returning to school after a diagnosed concussion.

4.1.3 TEACHERS AND SUPPORT STAFF

In the classroom, concussion symptoms may translate into a variety of challenges with learning. Cognitive symptoms may result in problems with speed of reading, difficulties doing multi-step tasks, problems maintaining consistent attention throughout the class, and / or distractibility, irritability and depression-like symptoms.

In the event of an injury that may involve concussion, teaching and / or support staff shall:

- a) Observe and communicate to administration and parents, changes in the concussed student, including symptoms that may be worsening. Consult Appendix 5.1, How to Identify a Suspected Concussion for signs to watch for;
- b) Communicate with the student's parents, thereby providing a channel to obtain and share information with them about the student's progress and challenges;
- c) Establish a clear and ongoing link with all coaches and any staff members who lead participation in after-school activities, to observe and act on any changes in symptoms;
- d) Refer to Appendix 5.8, Providing Extra Help or Support for a Student Recovering from a Concussion, for some strategies for use in the classroom.

4.1.4 COACHES AND PHYSICAL EDUCATION TEACHERS

Concussion can occur at any time and is not limited to sports or physical education activities. Incidents are however heightened during these activities. Therefore, school coaches and other TLDSB staff need to recognize the signs and symptoms of a concussion – Appendix 5.1, How to Identify a Suspected Concussion.

- a) At a minimum, coaches and staff should watch for and ask others to report the following two things among their students:
 - A forceful bump, blow, or jolt to the head or body that results in rapid movement of the head; and
 - Any concussion symptoms or change in the student's behaviour, thinking, or physical functioning.
- b) Students who experience one or more of the signs and symptoms listed in Appendix 5.1, How to Identify a Suspected Concussion after a bump, blow, or jolt to the head or body must be seen by a medically certified health practitioner to complete an evaluation diagnosing concussion;
- c) Students diagnosed with concussion and having completed the Return to School Stage 2 and Return to Physical Activity Stage 2b requirements at home, must complete steps 3 through 4b and be medically cleared by a medically certified health practitioner, Appendix 5.6, prior to moving on to full participation in non-contact physical activities and full contact practices (RTPA Stage 5).

4.1.5 PARENTS/GUARDIANS

Parents are responsible to inform the school of any head injury outside of school hours. In the event of a student head injury during the school day, parents and guardians must be contacted and advised of the following:

- a) Medical attention is required immediately;
- b) The student may not return to the school until the Documentation of Medical Assessment and Clearance Form, Appendix 5.6, is completed by a medically certified health practitioner;
- c) That students must stay at home following the Return to School steps outlined in Appendix 5.3, Parent Package;
- d) Once the steps are completed, the student may return to school, but may need to attend part-time until a full day is tolerated;
- e) Students may not return to physical activities until a medically certified health practitioner clears them for such, providing the form in Appendix 5.6, Documentation of Medical Assessment and Return to Physical Activity Clearance.

4.1.6 STUDENT

In the event of a head injury, the student shall:

- a) Report the injury to the staff advisor, teacher and/or administrator;
- b) Report any head injury or diagnosed concussion that occurs after school hours;
- c) Establish effective lines of communication and encourage shared thinking with all adults on progress and any symptoms that persist;
- d) Accept feedback from monitoring staff that is appropriate to their age, level of understanding, and emotional status.

4.2 RETURN TO SCHOOL PROCESS

The School Collaborative Team will convene prior to the student's return to school following RTA Stage 2 and RTPA 2b to determine the individualized RTS Plan.

- 4.2.1 Identify the types of symptoms the student is still experiencing through consultation with parent/guardian/medical practitioner.
- 4.2.2 Identify specific factors that may worsen the student's symptoms and provide learning strategies/approaches required by the student based on the post-concussion symptoms for permissible activities.

For example:

- a) Do some classes, subjects, or tasks appear to pose greater difficulty than others? (compared to pre-concussion performance);

- b) For each class, is there a specific time frame after which the student begins to appear unfocused or fatigued? Is the student's ability to concentrate, read or work at normal speed related to the time of day? (e.g., the student has increasing difficulty concentrating as the day progresses);
- c) Are there specific things in the school or classroom environment that seem to distract the student?;
- d) Are any behavioural problems linked to a specific event, setting (bright lights in the cafeteria or loud noises in the hallway), task, or other activity?

4.2.3 Include the student in Collaborative Team discussions about the above issues and offer support(s) and encouragement. In consultation with the student's health care professional, and as the student's symptoms decrease, extra help or support(s) can be removed gradually.

4.3 PREVENTION

Regardless of the steps taken to prevent injury, any time a student/athlete is involved in physical activity, there is a chance of sustaining a concussion. It is important to encourage a culture of safety mindedness and take a preventative approach when students are physically active. Evidence shows the severity of the injury can be mitigated through education. With this in mind, Trillium Lakelands DSB supports the annual recognition of Rowan's Law Day, the last Wednesday of September, as an excellent opportunity for administrators and schools to review prevention strategies with students and the broader community. OPHEA provides an online toolkit for schools to recognize this day.

4.3.1 School Principals

Principals must implement strategies for preventing and minimizing the risk of sustaining concussions in schools and at off-site school events. Ensure coaches and staff are educated on prevention, identification and management of concussions using this procedure and OPHEA resources available on their website. Coaches and staff should be able to:

- a) Recognize the symptoms of concussion by reviewing Appendix 5.1, How To Identify A Suspected Concussion;
- b) Demonstrate how the risks can be minimized (e.g. teach proper sport techniques - correct tackling in football, effective positioning in soccer, how to avoid over-crowding when using the creative playground). Take attendance in class and interschool sports and instruct absent students on previously taught safety skills, prior to next activity session;

- c) Provide the protective equipment appropriate for the sport engaged in:
 - i. Equipment should fit properly;
 - ii. Equipment should be well maintained;
 - iii. Equipment should be worn consistently and correctly;
 - iv. Visually inspect all equipment prior to activity and confirm it is well maintained.

4.3.2 All Staff

OPHEA offers an e-learning module for Concussion Identification, Management and Prevention for Schools. All school stakeholders, such as coaches, principals, first aid personnel, are encouraged to complete the module.

- <https://www.ophea.net>

4.3.3 Coaches

Coaches must address concussion awareness as part of the outline of their program by using the following as a guideline.

- a) Outline the risks for concussion associated with the activity / sport;
- b) Emphasize the principles of head-injury prevention (e.g. keeping the head up and avoiding collision);
- c) Eliminate all checks to the head;
- d) Eliminate all hits from behind;
- e) Document safety lessons (e.g. date, time, brief content, list of students in attendance);
- f) Enforce the principles of: respect for the rules of the game and practice fair play;
- g) Enforce the rules of the sport.

4.3.4 Coaches and Parents

Coaches and parents should ensure students know that:

- a) It is life-threatening to participate in sports if they have received a head injury;
- b) It is important to discourage others from pressuring injured students to play;
- c) They need to share information with the school and school coaches about any concussions the student may have suffered in the past;
- d) They must report all incidents of head injury or possible concussion to the school principal.

5.0 APPENDICES

- 5.1 How to Identify a Suspected Concussion
- 5.2 Steps and Responsibilities for Possible Concussion Injuries
- 5.3 Parent Package – Concussions Management
- 5.4 Documentation of Medical Examination and Accommodation
- 5.5 School Package – Concussions Management
- 5.6 Documentation of Medical Assessment Clearance
- 5.7 Parachute Canada’s Protocol for Return to Learn After a Concussion
- 5.8 Providing Extra Help or Support for a Student Recovering from a Concussion

HOW TO IDENTIFY A SUSPECTED CONCUSSION¹

Identification of Suspected Concussion

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

1. Check appropriate box

An incident occurred involving _____ (student name) on _____ (date).
He/she was observed for signs and symptoms of a concussion.

- No signs or symptoms described below were noted at the time. **Note:** *Continued monitoring of the student is important as signs and symptoms of a concussion may appear hours or days later (refer to #4 below).*
- The following signs were observed or symptoms reported:

Signs and Symptoms of Suspected Concussion	
Possible Signs Observed <i>A sign is something that is observed by another person (e.g., parent/guardian, teacher, coach, supervisor, peer)</i>	Possible Symptoms Reported <i>A symptom is something the student will feel/report.</i>
<p>Physical</p> <ul style="list-style-type: none"> <input type="checkbox"/> loss of consciousness or lack of responsiveness-call 911 <input type="checkbox"/> lying motionless on the ground or slow to get up-call 911 <input type="checkbox"/> seizure or convulsion <input type="checkbox"/> vomiting <input type="checkbox"/> slurred speech <input type="checkbox"/> slowed reaction time <input type="checkbox"/> poor coordination or balance <input type="checkbox"/> blank stare/glassy-eyed/dazed or vacant look <input type="checkbox"/> decreased playing ability <input type="checkbox"/> amnesia <input type="checkbox"/> grabbing or clutching head <p>Cognitive</p> <ul style="list-style-type: none"> <input type="checkbox"/> difficulty concentrating <input type="checkbox"/> easily distracted <input type="checkbox"/> general confusion <input type="checkbox"/> cannot remember things that happened before and after the injury (<i>see Quick Memory Function Assessment on page 2</i>) <input type="checkbox"/> does not know time, date, place, class, type of activity in which he/she was participating <input type="checkbox"/> slowed reaction time (e.g., answering questions or following directions) <p>Emotional/Behavioural</p> <ul style="list-style-type: none"> <input type="checkbox"/> strange or inappropriate emotions (e.g., laughing, crying, getting angry easily) <p>Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> _____ 	<p>Physical</p> <ul style="list-style-type: none"> <input type="checkbox"/> neck pain <input type="checkbox"/> weakness or tingling sensation <input type="checkbox"/> seeing double or blurry/loss of vision <input type="checkbox"/> severe or increasing headache <input type="checkbox"/> increasingly restless, agitated, combative <input type="checkbox"/> weakness or tingling sensation in arms or legs <input type="checkbox"/> pressure in head <input type="checkbox"/> feeling off/not right <input type="checkbox"/> ringing in the ears <input type="checkbox"/> seeing stars, flashing lights <input type="checkbox"/> pain at physical site of injury <input type="checkbox"/> nausea/stomach ache/pain <input type="checkbox"/> balance problems or dizziness <input type="checkbox"/> fatigue or feeling tired <input type="checkbox"/> sensitivity to light or noise <p>Cognitive</p> <ul style="list-style-type: none"> <input type="checkbox"/> difficulty concentrating or remembering <input type="checkbox"/> slowed down, fatigue or lower energy <input type="checkbox"/> dazed or in a fog <p>Emotional/Behavioural</p> <ul style="list-style-type: none"> <input type="checkbox"/> irritable, sad, more emotional than usual <input type="checkbox"/> nervous, anxious, depressed <p>Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> _____
If any observed signs or symptoms worsen, call 911.	

2. Perform Quick Memory Function Assessment

Ask the student the following questions, recording the answers below. Failure to answer any one of these questions correctly may indicate a 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: _____
- What part of the day is it? Answer: _____
- What is the name of your teacher/coach? Answer: _____
- What school do you go to? Answer: _____

3. Action to be Taken

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

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

In all cases of a suspected concussion, the student must be examined by a medically certified health practitioner for diagnosis and must follow "Appendix 5.3: Steps and Responsibilities".

4. Continued Monitoring by Parent/Guardian

- Students should be monitored for 24 – 48 hours following the incident as signs and symptoms can appear immediately after the injury **or may take hours or days to emerge**.
- If any signs or symptoms emerge, the student needs to be examined by a medically certified health practitioner as soon as possible that day.

5. Coach name: _____

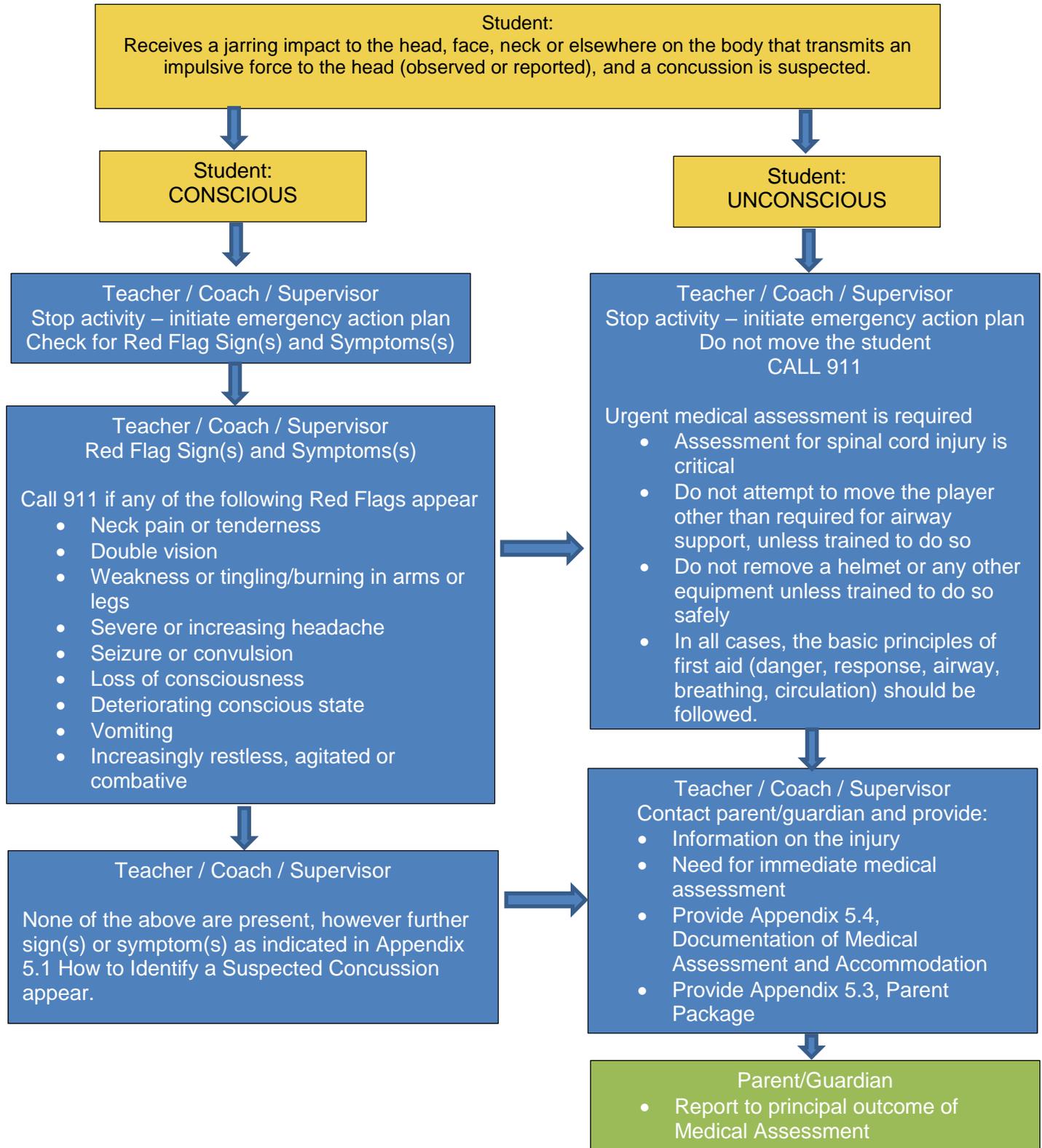
Coach signature: _____ Date: _____

This completed form must be copied, with the original filed as per school board policy and the copy provided to parent/guardian.

¹ Adapted from McCroy et. al, Consensus Statement on Concussion in Sport. *Br J Sports Med* 47 (5), 2013

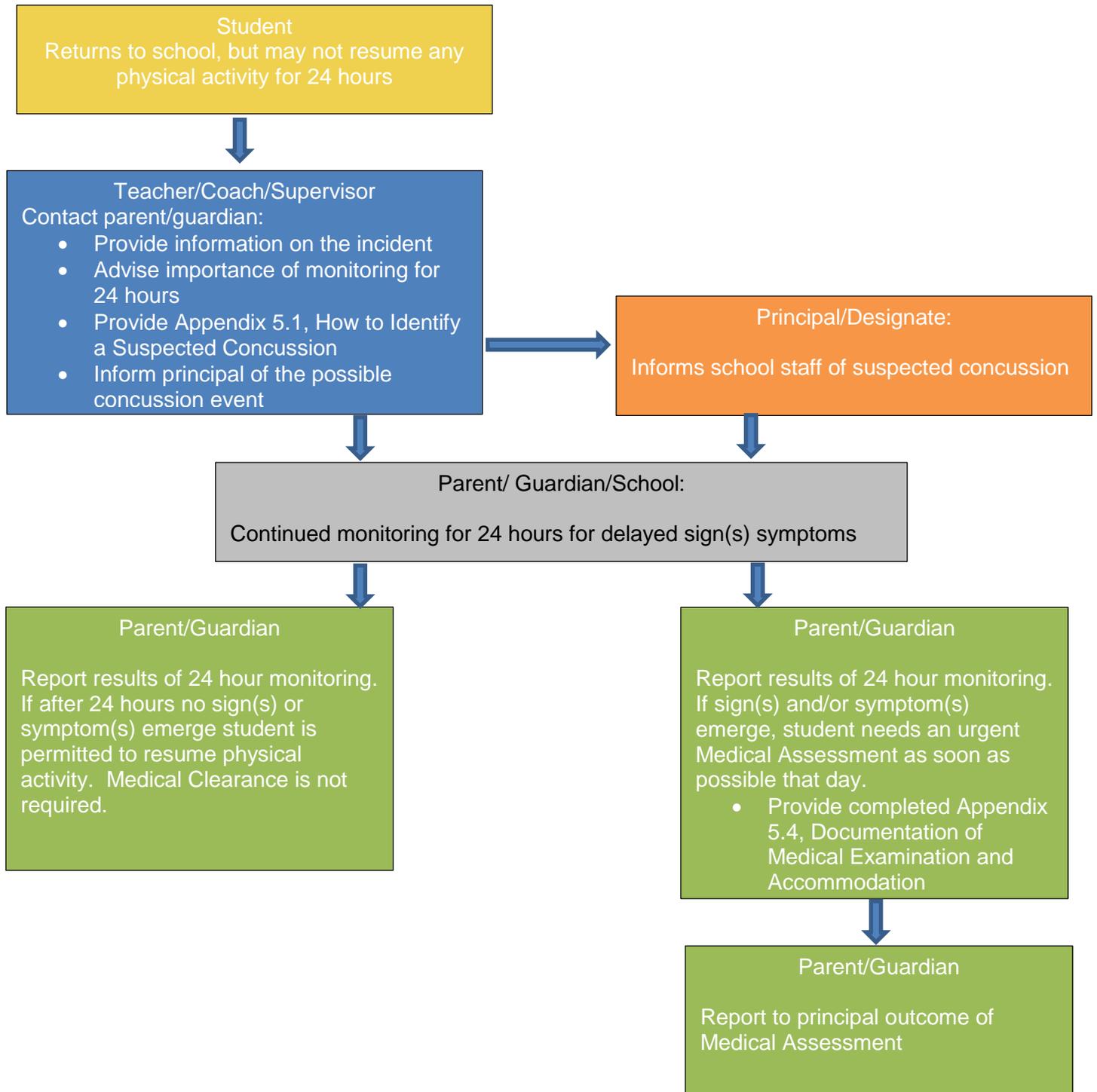
STEPS AND RESPONSIBILITIES FOR POSSIBLE CONCUSSION INJURIES

Chart 1 of 3



STEPS AND RESPONSIBILITIES FOR POSSIBLE CONCUSSION INJURIES

Chart 2 of 3: No Concussion sign(s) or symptom(s) observed or reported



STEPS AND RESPONSIBILITIES FOR POSSIBLE CONCUSSION INJURIES

Chart 3 of 3: Concussion Diagnosed

Principal/Designate:
Informs appropriate school staff of the diagnosis, and meets with parent/guardian to provide and explain Appendix 5.3, Parent Package, Return to School, Return to Physical Activity.

Parent/Guardian:
Reports to principal/designate that student has completed Stage 2 RTS, Stage 2b RTPA

Student returns to school to begin the School Concussion Management Plan, Return to School, Return to Physical Activity

Principal/Designate:
Meets with parent/guardian to provide and explain the purpose of the Collaborative Team approach and their role on the team.

Return to School Stage 3a
Student attends school (2 hours) with adaptations of learning strategies and/or approaches

Return to School Stage 3b
Student attends school (half-time) with moderate workload

Return to School Stage 4a
Student attends full day school with adaptations of learning strategies and/or approaches

Return to School Stage 4b
Student attends full day school without adaptations of learning strategies and/or approaches
RTS Complete

Return to Physical Activity Stage 3

Simple loco motor activities/sport-specific exercise to add movement

Return to Physical Activity Stage 4
Increase physical activity, non-contact training drills to add co-ordination and increase thinking

Collaborative Team Lead:
Report to parent/guardian completion of Stage 4b RTS / 4RTPA and provide Appendix 5.4 Medical Clearance

Parent/Guardian:
Provides principal with signed Medical Clearance, Appendix 5.6

Return to Physical Activity Stage 5
Full participation in physical activities and full contact training/practice in contact sports

Return to Physical Activity Stage 6
Unrestricted return to contact sports
RTPA Complete

At the completion of each stage student progress is documented with results shared between school and home. Parent/guardian confirms completion of each stage by returning with a signature. At each stage student is monitored for return of symptoms, new or worsening symptoms. During RTS Stages 1-4, if the student exhibits/reports return of symptoms or new symptoms student must return to the previous stage for a minimum of 24 hours. If during any Stage the student exhibits or reports worsening symptoms, student must return to medically certified health practitioner.

During Stage 5 and 6, a return of symptoms or new symptoms requires Medical Clearance, Appendix 5.6 reassessment

Parent Package – Concussions Management

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

Steps to follow:

- Concussion diagnosis by medically certified health practitioner
- Communicate diagnosis to the school
- Student begins RTS and RTPA stages at home
- Student returns to school when they have successfully completed RTS stage 2 and RTPA stage 2b
- The school continues the RTS stages
- Communication between school and home continues.

Concussion Recovery Process

A student with a diagnosed concussion needs to follow an individualized and gradual Return to School (RTS) and Return to Physical Activity (RTPA) Plan. The management of a student concussion is a shared responsibility, requiring regular communication, between the home, school (Collaborative Team) and outside sports (if applicable) with consultation from the student's medical doctor or nurse practitioner and/or other licensed healthcare providers (for example, nurses, physiotherapists, chiropractors and athletic therapists).

General Procedures for Home

- The stages of the plan occur at home under the supervision of the parent/guardian in consultation with the medical doctor/nurse practitioner and/or other licensed healthcare providers.
- A student moves forward to the next stage when activities at the current stage are tolerated and the student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- If symptoms return, or new symptoms appear at any stage of the RTS and RTPA Plan, the student returns to previous stage for a minimum of 24 hours and only participates in activities that can be tolerated.
- If at any time symptoms worsen, the student/parent/guardian contacts medically certified health practitioner or seeks medical help immediately.
- 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 Physical Activity Plan. However early introduction of some low intensity physical activity in controlled and predictable environments with no risk of re-injury is appropriate.
- While the RTS and RTPA stages are inter-related they are not interdependent. Students do not have to go through the same stages of RTS and RTPA at the same time. However, before a student can return to school they must have completed RTS Stage 2 and RTPA Stage 2b. Refer to Parachute's Protocol for Return to Learn after a Concussion for all of the stages provided on Appendix 5.7.
- This plan does not replace medical advice.

Parent Package – Concussions Management

Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA)

Instructions:

- Review the activities (permitted and not permitted) at each stage prior to beginning the Plan.
- Check (✓) the boxes at the completion of each stage to record student's progress through the stages.
- A student may progress through the RTS stages at a faster or slower rate than the RTPA stages.
- When the student has successfully completed all stages of the Home Preparation for RTS and RTPA Plan, parent(s)/guardian(s) must sign and date this form.
- Communicate to the school principal/designate that the student is ready to begin the school portion of the RTS and RTPA Plan.

EACH STAGE MUST LAST A MINIMUM OF 24 HOURS.

RETURN TO SCHOOL (RTS) STAGES	RETURN TO PHYSICAL ACTIVITY (RTPA) STAGES
<p>Initial Stage: 24- 48 hours of relative cognitive rest</p> <ul style="list-style-type: none"> • Permitted: short board games/card games, short phone calls, crafts • Not permitted: TV, use of technology including cellphone, video games, reading 	<p>Initial Stage: 24- 48 hours of relative physical rest</p> <ul style="list-style-type: none"> • Permitted: limited movement that does not increase heart rate or break a sweat, daily hygiene activities • Not Permitted: Physical exertion, climbing stairs, sports activities
<p><input type="checkbox"/> Symptoms start to improve, or resting 2 days maximum, whichever occurs first Move to RTS STAGE 1</p>	<p><input type="checkbox"/> Symptoms start to improve, or resting 2 days maximum, whichever occurs first Move to RTPA STAGE 1</p>
<p>RTS STAGE 1 Light cognitive activities, gradually increasing activity up to 30 minutes. Take frequent breaks.</p> <ul style="list-style-type: none"> • Permitted: Easy reading, limited TV, limited cell phone conversations, drawing/building, blocks/puzzles, some contact with friends • Not Permitted: Use of technology including texting/games, video games 	<p>RTPA STAGE 1 Light physical activities that do not provoke symptoms. Movements should not increase breathing and/or heart rate or break a sweat.</p> <ul style="list-style-type: none"> • Permitted: Daily household tasks (bed-making, dishes, feeding pets, meal prep), slow walking for short time periods • Not Permitted: Physical exertion, sports activities, stair climbing other than to move throughout the home
<p><input type="checkbox"/> Student exhibits or reports a return of symptoms, or new symptoms – RETURN TO STAGE 1 FOR MINIMUM OF 24 HOURS</p> <p><input type="checkbox"/> Student exhibits or reports a worsening of symptoms RETURN TO MEDICAL PRACTITIONER</p>	<p><input type="checkbox"/> Student exhibits or reports a return of symptoms, or new symptoms – RETURN TO STAGE 1 FOR MINIMUM OF 24 HOURS</p> <p><input type="checkbox"/> Student exhibits or reports a worsening of Symptoms RETURN TO MEDICAL PRACTITIONER</p>
<p><input type="checkbox"/> Student tolerates 30 minutes of light cognitive activity 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 - Move to RTS STAGE 2</p>	<p><input type="checkbox"/> Student tolerates 30 minutes of light cognitive activity 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 - Move to RTPA STAGE 2</p>
<p>RTS STAGE 2 Gradually add cognitive activity. When light cognitive activity is tolerated, introduce school work at home, facilitated by school.</p> <ul style="list-style-type: none"> • Permitted: School-type work in 30 minute increments, crosswords/Sudoku/word search, limited technology including texting/games starting with shorter periods and building up as tolerated • Not Permitted: School attendance 	<p>RTPA STAGE 2A Daily activities that do not provoke symptoms. Add additional movements that do not increase breathing and/heart rate or break a sweat.</p> <ul style="list-style-type: none"> • Permitted: Light physical activity, use of stairs, 10-15 minutes of slow walking 1-2 x per day inside and outside (weather permitting) • Not Permitted: Physical exertion, sports activities

<input type="checkbox"/> Student exhibits or reports a return of symptoms, or new symptoms – RETURN TO STAGE 1 FOR MINIMUM OF 24 HOURS <input type="checkbox"/> Student exhibits or reports a worsening of symptoms RETURN TO MEDICAL PRACTITIONER	<input type="checkbox"/> Student exhibits or reports a return of symptoms, or new symptoms – RETURN TO STAGE 1 FOR MINIMUM OF 24 HOURS <input type="checkbox"/> Student exhibits or reports a worsening of Symptoms RETURN TO MEDICAL PRACTITIONER
<input type="checkbox"/> Student tolerates additional cognitive activity and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms <input type="checkbox"/> Student has completed a minimum of 24 hours at RTS Stage 2. RTS HOME STAGES COMPLETE	<input type="checkbox"/> Student tolerates 30 minutes of light cognitive activity and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms <input type="checkbox"/> Student has completed a minimum of 24 hours at RTPA Stage 1 Move to RTPA STAGE 2b
	RTPA STAGE 2b Light aerobic activity. <input type="checkbox"/> Permitted: 20-30 minutes of walking/stationary cycling/recreational at a pace that causes some increase in breathing/heart rate, but not enough to prevent a student from carrying on a conversation comfortably. <input type="checkbox"/> Not Permitted: Resistance weight training, physical activities with others, physical activities using equipment.
	<input type="checkbox"/> Student exhibits or reports a return of symptoms, or new symptoms – RETURN TO STAGE 2a FOR MINIMUM OF 24 HOURS <input type="checkbox"/> Student exhibits or reports a worsening of symptoms RETURN TO MEDICAL PRACTITIONER
	<input type="checkbox"/> Student tolerates light aerobic activity and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms <input type="checkbox"/> Student has completed a minimum of 24 hours at RTPA Stage 2b RTPA HOME STAGES COMPLETE

Once these stages are completed, please contact your school principal to inform them of your child's progress through the above stages. Complete the following information to document that the student has completed RTS Stage 2 and RTPA Stage 2b and is ready to return to school and begin the school part of the Return to School and Return to Physical Activity Plan.

My child/ward has successfully completed all of the stages of the Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) and is ready to return to school.

Parent/Guardian Signature: _____ Date: _____

Please Note: The student may not return to full participation in sports activities until they are medically cleared for participation by a medically certified health practitioner after completing the RTPA Stage 6.

The principal may wish to meet with you to discuss the student's RTS and RTPA plan in collaboration with the School Collaborative Team, parents and medical practitioner(s).



**Documentation of Medical Examination and Accommodation
School Concussions Management**

Date of Impact: _____ Student Name: _____

Date of Evaluation: _____ Physician Name: _____

Current Symptoms

<input type="checkbox"/> Vomiting/Nausea	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Cognitive Difficulties
<input type="checkbox"/> Headache	<input type="checkbox"/> Fatigue/Weakness/Tingling	<input type="checkbox"/> Visual Dysfunction
<input type="checkbox"/> Neck Pain	<input type="checkbox"/> Poor Coordination/Balance	<input type="checkbox"/> Difficulty Concentrating
<input type="checkbox"/> Seeing Double/Stars/Flashing Lights	<input type="checkbox"/> General Confusion	<input type="checkbox"/> Emotional Changes
<input type="checkbox"/> Ringing in Ears	<input type="checkbox"/> Sleep Difficulties	<input type="checkbox"/> Other:
<input type="checkbox"/> Slurred Speech	<input type="checkbox"/> Sensitivity to Noise/Light	
	<input type="checkbox"/> Dazed or in a Fog	

Concussion Diagnosed? YES NO (Signature Required Below)

General Accommodations

<input type="checkbox"/> No participation in physical activity (Sports or Phys.Ed. Classes) until: _____ <input type="checkbox"/> No screen time (computer, personal device, TV) <input type="checkbox"/> Allow student to wear hat and/or sunglasses <input type="checkbox"/> Leave class early as to avoid busy hallways <input type="checkbox"/> Other:
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Attendance

<input type="checkbox"/> No school attendance until _____ <input type="checkbox"/> Modified or shortened days until _____ Please summarize: Exp. Mornings, Afternoons, 3 days/week etc. <input type="checkbox"/> Full days as tolerated
--

Testing

<input type="checkbox"/> No Tests or Quizzes until _____ <input type="checkbox"/> Modified Testing until: _____ <input type="checkbox"/> Extra Time <input type="checkbox"/> Quiet Environment <input type="checkbox"/> Take Home

Workload Reduction

Physician Comments

<input type="checkbox"/> Reduced expectations for assignments <input type="checkbox"/> Extra time to complete assignments <input type="checkbox"/> Class notes provided ahead of time <input type="checkbox"/> Breaks from class as needed	
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Medically Certified Health Practitioner Signature: _____
Follow-up visit mandatory for all diagnosed concussions prior to returning to sports activities.

School Package – Concussions Management

General Procedures for School Concussion Management- Return to School (RTS) and Return to Physical Activity (RTPA)

The school part of the plan begins with a parent/guardian and principal/designate meeting (for example, in-person, phone conference, video conference, email) to provide information on:

- The school package of the RTS and RTPA Plan (Appendix 5.5);
- The Collaborative Team members and their role (for example, parent/guardian, student, principal/designate, team lead, teacher(s), medical doctor or nurse practitioner and/or appropriate licensed healthcare provider);
- A student conference to determine the individualized RTS Plan and to identify:
 - The RTS learning strategies/approaches required by the student based on the post-concussion symptoms;
 - The best way to provide opportunities for the permissible activities.

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

Completion of the RTS and RTPA Plan may take 1-4 weeks. A student moves forward to the next stage when activities at the current stage are tolerated and the student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms. A student is tolerating an activity if their symptoms are not exacerbated (aggravated, intensified, made worse).

While the RTS and RTPA stages are inter-related they are not interdependent. A student's progress through the stages of RTS is independent from their progression through the RTPA stages. However, students must have completed Stage 4a and 4b of RTS and Stage 4 of RTPA and have obtained Medical Clearance prior to beginning Stage 5 of RTPA. A student that has no symptoms when they return to school, must progress through all of the RTS stages and RTPA stages and remain symptom free for a minimum of 24 hours in each stage prior to moving to the next stage.

During all stages of RTS and RTPA if symptoms worsen over time, follow school (collaborative team procedures) for contacting parents/guardians to inform them that the student needs a follow-up medical assessment. Upon completion of the RTS and RTPA Plan, this form is returned to the principal/designate for filing as per school board's procedures.

This Plan does not replace medical advice.

Steps to follow:

- At each stage, a hard/electronic copy will go back and forth between school and home
- 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
- Upon completion of the RTS and RTPA Plan, this form is returned to the principal/designate for filing as per school board's procedures

School Package – Concussions Management

EACH STAGE MUST LAST A MINIMUM OF 24 HOURS.

RETURN TO SCHOOL (RTS) STAGES	RETURN TO PHYSICAL ACTIVITY (RTPA) STAGES
<p>RTS STAGE 3a Student begins with an initial time at school of 2 hours. Individual RTS Plan is developed by Collaborative Team.</p> <ul style="list-style-type: none"> Permitted: activities from stage 2, school work up to 2 hours in smaller chunks, working up to a ½ day of cognitive activity Not permitted: Tests, exams, homework, music class, assembly, field trips 	<p>RTPA STAGE 3</p> <ul style="list-style-type: none"> Permitted: activities from previous stage, simple individual drills in predictable/controlled environment with no risk of re-injury, restrict recess activities Not Permitted: Full participation in phys. ed./intramurals/practices/competitions, weight training, body/head contact/impact (soccer ball), jarring motions (hitting baseball, high-speed stop)
<p>SCHOOL</p> <p><input type="checkbox"/> Student has demonstrated they can tolerate up to a half day of cognitive activity</p> <p>Team Lead Initial _____ Date: _____</p>	<p>SCHOOL</p> <p><input type="checkbox"/> Student has demonstrated they can tolerate simple individual drills/sport specific drills as listed in permitted activities</p> <p><input type="checkbox"/> Team Lead Initial _____ Date: _____</p>
<p>HOME</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 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 medically certified health practitioner.</p> <p>Date: _____ Parent/Guardian Signature: _____</p>	<p>HOME</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>Date: _____ Parent/Guardian Signature: _____</p>
<p>RTS STAGE 3b Student attends school half time with gradual increase in time, increased school work, and decrease in adaptation of learning strategies and/or approaches.</p> <ul style="list-style-type: none"> Permitted: school work for 4-5 hours per day in smaller chunks (exp. 2-4 days of school/week), homework up to 30 mins/day, decrease adaptation of learning strategies/approaches, classroom testing with adaptations Not permitted: Standardized tests, exams 	
<p>SCHOOL</p> <p><input type="checkbox"/> Student has demonstrated they can tolerate up to 4-5 hours of cognitive activity</p> <p>Team Lead Initial _____ Date: _____</p>	
<p>HOME</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 medically certified health practitioner.</p> <p>Date: _____ Parent/Guardian Signature: _____</p>	

<p>RTS STAGE 4a Full day school, minimal adaptation of learning strategies and/or approaches. Nearly normal workload.</p> <ul style="list-style-type: none"> Permitted: nearly normal cognitive activities, routine school work as tolerated, increase homework to 60 mins/day, limit routine testing to one test per day with adaptations. Not permitted: Standardized tests, exams 	<p>RTPA STAGE 4 Progressively increase physical activity to add coordination and increased thinking.</p> <ul style="list-style-type: none"> Permitted: More complex training drills, physical activity with no body contact, practices for non-contact interschool sports, progressive resistance training, recess running/games with no body contact, daily phys. ed. (elementary) Not Permitted: Full participation in phys. ed., participation in intramurals, body contact or head impact activities, interschool contact sports or competitions
<p>SCHOOL</p> <ul style="list-style-type: none"> Student has demonstrated they can tolerate a full day of school and a nearly normal workload with minimal adaptation Appendix 5.6, Documentation of Medical Assessment and Return to Physical Activity Clearance sent home <p>Team Lead Initial _____ Date: _____</p>	<p>SCHOOL</p> <ul style="list-style-type: none"> Student has completed the activities in RTPA Stage 4 as applicable Appendix 5.6, Documentation of Medical Assessment and Return to Physical Activity Clearance sent home <p>Team Lead Initial _____ Date: _____</p>
<p>HOME</p> <ul style="list-style-type: none"> Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms and can now progress to RTS Stage 4b. 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. Student has exhibited or reported a worsening of symptoms and must return to medically certified health practitioner. Documentation of Medical Assessment Return to Physical Activity Clearance returned to school <p>Date: _____ Parent/Guardian Signature: _____</p>	<p>HOME</p> <ul style="list-style-type: none"> Student has not exhibited reported a return of symptoms, new symptoms, or worsening symptoms and can now progress to RTPA Stage 5. 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 Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner. Documentation of Medical Assessment Return to Physical Activity Clearance returned to school <p>Date: _____ Parent/Guardian Signature: _____</p>
<p>RTS STAGE 4b Full day school, with no adaptation of learning strategies and/or approaches.</p> <ul style="list-style-type: none"> Permitted: normal cognitive activities, routine school work, full curriculum load, homework, standardized tests, exams, full extracurricular involvement in debating club, drama, chess club, etc. 	<p>Before progressing to RTPA STAGE 5, the student must:</p> <ul style="list-style-type: none"> have completed RTS Stage 4a and 4b; have completed RTPA Stage 4 and be symptom-free; obtain signed Appendix 5.6 Medical Clearance from a medically certified health practitioner. <p>Note: Premature return to contact sports (practice and game play) may cause a significant setback in recovery.</p>
<p>SCHOOL</p> <ul style="list-style-type: none"> Student has demonstrated they can tolerate a full day of school without adaptation <p>Team Lead Initial _____ Date: _____</p>	
<p>HOME</p> <ul style="list-style-type: none"> Student has exhibited or reported a worsening of symptoms and must return to medically certified health practitioner. Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms and can now progress to RTS Stage 4b. Cont'd next page. 	

<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 style="text-align: center;">RTS STAGE 4b COMPLETE</p> <p>Date: Parent/Guardian Signature:</p>	
<p>RTPA STAGE 5 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> <ul style="list-style-type: none"> • Permitted: Phys. Ed., Intramural programs, full contact training/practice in contact interschool sports • Not permitted: Competition involving body contact 	<p>SCHOOL <input type="checkbox"/> Student has completed the activities in RTPA Stage 6 as applicable Team Lead Initial Date:</p>
<p>HOME</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has not exhibited reported a return of symptoms, new symptoms, or worsening symptoms and can now progress to RTPA Stage 6. <input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms and must return to the previous stage for a minimum of 24 hours <input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner. <input type="checkbox"/> Documentation of Medical Assessment Return to Physical Activity Clearance if required. <p>Date: Parent/Guardian Signature:</p>	<p>RTPA STAGE 6 Unrestricted return to contact sports with full participation in games/competitions.</p>
<p>SCHOOL <input type="checkbox"/> Student has completed full participation in contact sports. Team Lead Initial Date:</p>	<p>HOME</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms. <input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms and must return to the previous stage for a minimum of 24 hours <input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner. <input type="checkbox"/> Documentation of Medical Assessment Return to Physical Activity Clearance returned to school if required. <p style="text-align: center;">RTPA STAGE 6 COMPLETE</p> <p>Date: Parent/Guardian Signature:</p>



**Documentation of Medical Assessment and Return to Physical Activity Clearance
School Concussions Management**

Student Name: _____

Date of Concussion Diagnosis: _____ Diagnosing Physician Name: _____

This student was diagnosed with concussion and has completed the OPHEA Return to School stage 4b and Return to Physical Activity Stage 4 requirements. *At this stage, the student must be medically cleared by a medically certified health practitioner prior to moving on to full participation in non-contact physical activities and full contact practices (RTPA Stage 5).*

Date of Follow-up Appointment: _____ Physician Name: _____

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

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

Other comments:

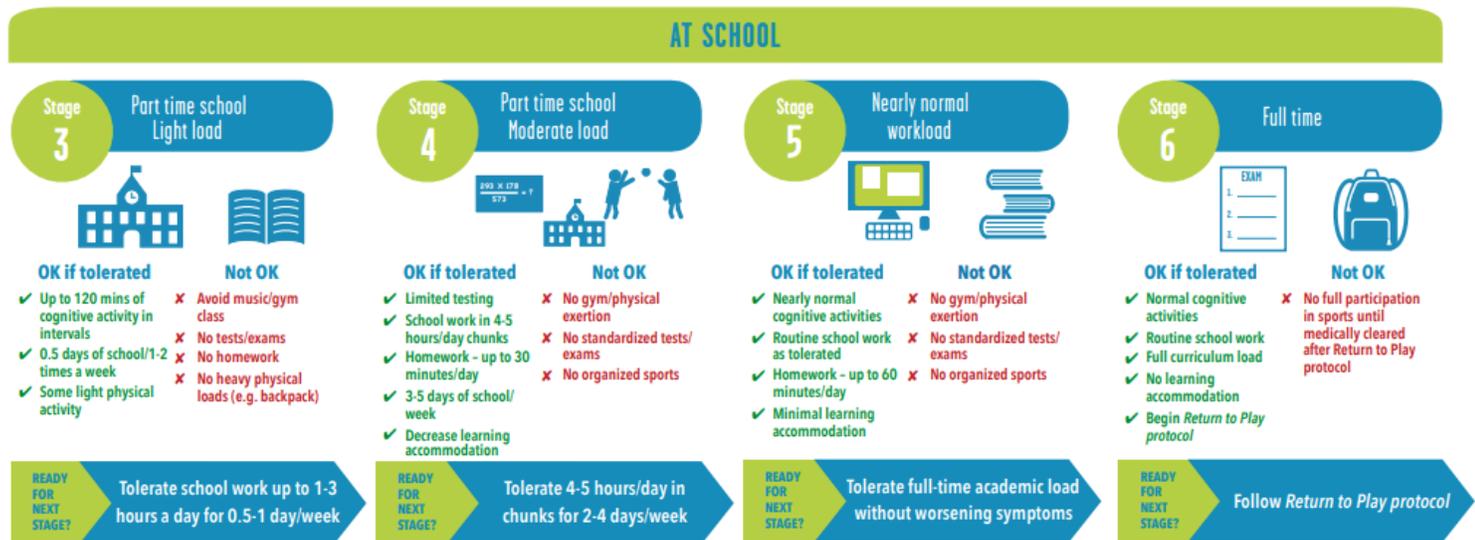
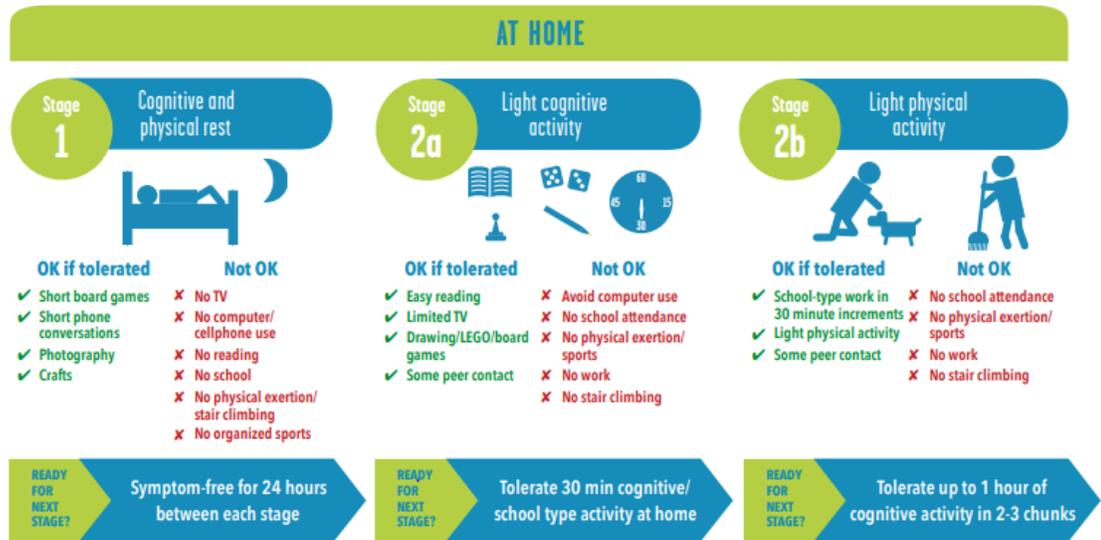
Signature: _____

Medically certified health practitioner

A student who has received Medical Clearance and has a recurrence of symptoms, or new symptoms appear, must immediately remove themselves from play, inform their parent/guardian/teacher/coach, and return to a medically certified health practitioner for Medical Clearance reassessment before returning to physical activity.

Parachute's Protocol for RETURN TO LEARN After a Concussion

1. Move forward to the next stage only when Symptom-free for 24 hours
2. If symptoms re-appear, regress to previous stages and only participate in activities that you can tolerate
3. Contact your physician or seek medical help immediately if symptoms worsen



PROVIDING EXTRA HELP OR SUPPORT FOR A STUDENT RECOVERING FROM CONCUSSION

COGNITIVE

- a) Concentrate first on general cognitive skills, such as flexible thinking and organization, rather than academic content.
- b) Focus on what the student does well and expand the curriculum to more challenging content as concussion symptoms subside.
- c) Adjust the student's schedule as needed to avoid fatigue: shorten day, time most challenging classes when student is most alert, allow for rest breaks, reduced course load.
- d) Adjust the learning environment to reduce identified distractions or protect the student from irritations such as too-bright light or loud noises.
- e) Use self-paced, computer-assisted, or audio learning systems if student has reading comprehension problems.
- f) Allow extra time for test/in-class assignment completion.
- g) Help the student create a list of tasks and/or daily organizer.
- h) Assign a peer to take notes for the student.
- i) Allow the student to record classes.
- j) Increase repetition in assignments to reinforce learning.
- k) Break assignments down into smaller chunks and offer recognition cues.
- l) Provide alternate methods for the student to demonstrate mastery, such as multiple-choice or allowing for spoken responses to questions rather than long essay responses.

BEHAVIOUR/SOCIAL EMOTIONAL

- a) If the student is frustrated with failure in one area, redirect him/her to other elements of the curriculum associated with success.
- b) Provide reinforcement for positive behaviour as well as for academic achievements.
- c) Acknowledge and empathize with the student's sense of frustration, anger or emotional outburst: "I know it must be hard dealing with some things right now."
- d) Provide structure and consistency; make sure all teachers are using the same strategies.
- e) Remove a student from a problem situation, but avoid characterizing it as a punishment and keep it as brief as possible.
- f) Establish a cooperative relationship with the student, engaging him/her in any decisions regarding schedule changes or task priority setting.
- g) Involve the family in any Positive Behaviour Support Plan.
- h) Set reasonable expectations.
- i) Arrange preferential seating, such as moving the student away from the window (e.g. bright light), away from talkative peers, or closer to the teacher.

PHYSICAL

- a) Allow the student to go to the health room to rest (if available) if headache returns.
- b) Allow to go home if headaches persist.
- c) Provide use of the elevator in the school (if available).
- d) If photophobic, advise use of sunglasses or hat as needed.
- e) Allow student to leave early from class to avoid crowded or noisy hallways.
- f) No Physical Education class allowed.
- g) Discuss eating somewhere other than a noisy cafeteria.