



WINDSOR-ESSEX CATHOLIC
DISTRICT SCHOOL BOARD

Appendix “A” to Procedure PR ST: 26 Concussions ONTARIO PHYSICAL EDUCATION STANDARDS IN EDUCATION CONCUSSION PROTOCOL

<https://safety.ophea.net/concussions>

“Building communities of faith, hope and service”

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Resource:

2020 Ontario Physical and Health Education Association (OPHEA)

Ontario Physical Activity Safety Standards in Education

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Concussions

On March 7, 2018, the Ontario government enacted Rowan's Law (Concussion Safety), 2018, and amended the Education Act, to protect amateur athletes, including students, by improving concussion safety on the field and at school. The amendments to the Education Act came into force on July 1, 2019, and give the Minister of Education the authority to require school boards to comply with policy and guidelines on concussions, consistent with Rowan's Law. With the authority under the Education Act, the Minister of Education requires all school boards in Ontario to have a policy on concussion safety for students that meets certain minimum requirements, as outlined in the updated Policy/Program Memorandum No. 158: School Board Policies on Concussion (2019) which comes into effect on January 31, 2020. Until that time, school boards may continue to use their existing concussion policy and refer to the current version of PPM 158. The Ministry of Education considers the Ophea concussion protocol outlined in the Ontario Physical Activity Safety Standards in Education (previously called the Ontario Physical Education Safety Guidelines) to be the minimum standard for risk management practices related to concussion. Minimum does not refer to minimal safety standards but to the minimum requirements for safety standards that must be followed in all school and school board activities.

The concussion protocol is based on Parachute's Canadian Guideline on Concussion in Sport and the Berlin Consensus Statement on Concussion in Sport, and has been developed by Ophea in partnership with Parachute.

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

The Ontario Physical Activity Safety Standards in Education Concussion Protocol is a living resource. Concussion information and procedures for the components of prevention, identification and Return to School Plan are always evolving with new research and consensus guidelines. In order to keep users current with information and procedures the Concussion Protocol will be reviewed and revised where necessary. School boards and users of the Ontario Physical Activity Safety Standards in Education Concussion Protocol are advised to return to consult safety.ophea.net every September for the current Ontario Physical Activity Safety Standards in Education Concussion Protocol. Where revisions are of a critical nature, Ophea will inform its users through electronic notification.

Note: The "*Management Component: Procedures for diagnosed concussion*" (or "*Management Plan*")

from PPM 158 (2014)) has been reworded in PPM 158 (2019) to "*Return to School Plan*".

Context

This section includes:

- **Concussion Awareness**
 - **Concussion Definition**
 - **Concussion Diagnosis**

Concussion Protocol

This section includes:

- **Concussion Prevention**
- **Concussion Identification**
- **Concussion Return to School Plan**

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Concussion Awareness

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

Research also suggests that a student who suffers a second concussion before they are symptom free from the first concussion is susceptible to a prolonged period of recovery, and possibly Second Impact Syndrome (a rare condition that causes rapid and severe brain swelling and often catastrophic results).

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

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, that is prevention, identification, and ongoing monitoring and management of a student with a concussion.

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Concussion Awareness Resources

The Government of Ontario has developed Concussion Awareness Resource E-Booklets to provide school boards with concussion information that is consistent with that received from sport organizations. There are three versions of the e- booklets (Ages 10 and under, Ages 11-14, and Ages 15 and up). The e-booklets are available on [Rowan's Law: Concussion Awareness Resources](#) and on the [Concussions section](#) of the Ontario Physical Activity Safety Standards in Education.

Prior to participation in school board-sponsored interschool sports the appropriate Concussion Awareness Resource must be reviewed every school year and confirmation received from all of the following participants:

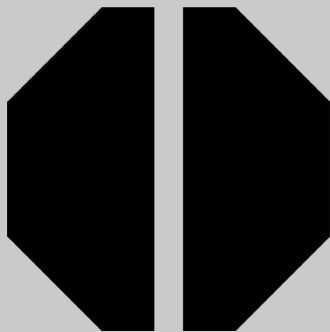
- student athletes
- parents/guardians of student athletes under the age of 18
- coaches
- team trainers (where applicable)
- officials

Approved school board resources may also be used, provided that the school board has ensured they are consistent with the Government of Ontario Concussion Awareness Resource E-Booklets.

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GOVERNMENT OF ONTARIO

CONCUSSION AWARENESS RESOURCE

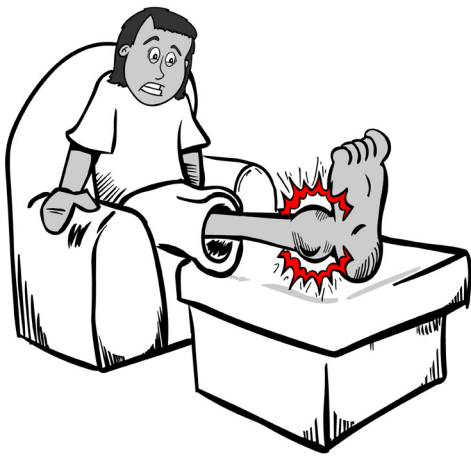
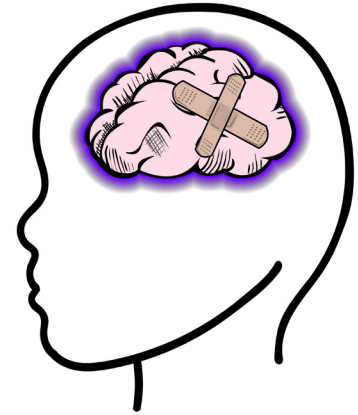


**ROWAN'S
LAW**

E-BOOKLET: AGES 10 AND UNDER

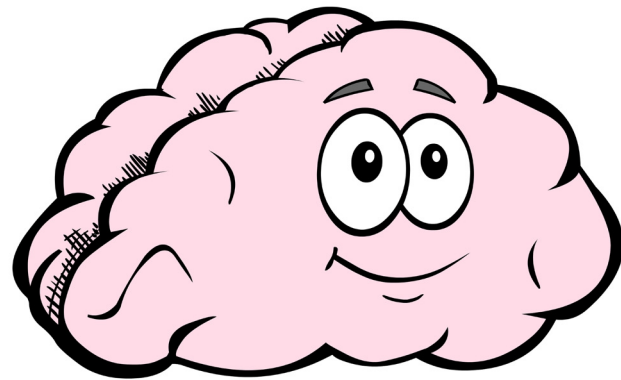
Ontario 

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



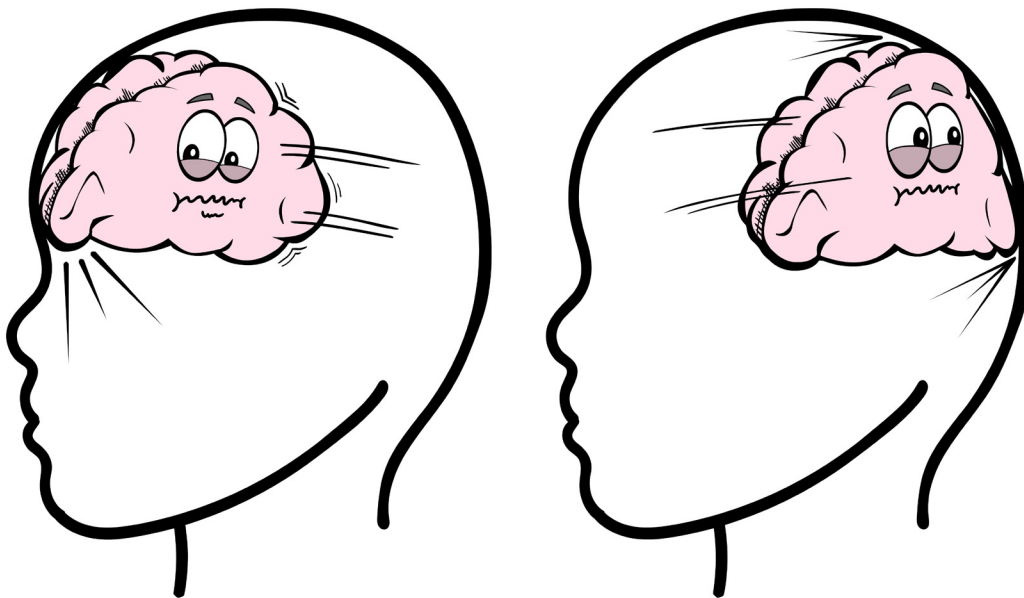
Hurting your brain is different from other injuries. If you sprain your ankle, you can see it get all red and puffy. But when you hurt your brain, it doesn't show on the outside because it's inside your head!

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



WHAT IS A CONCUSSION?

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



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

KEEP YOUR BRAIN SAFE: PREVENT CONCUSSIONS!

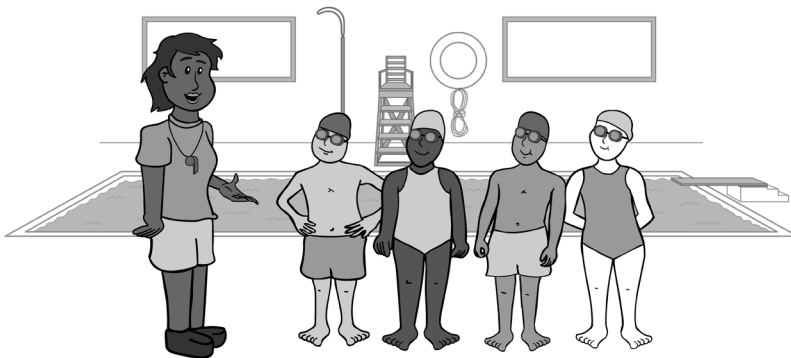
Learn about concussions to help stay safe.

You should also:

- Make sure your sports equipment is in good condition, that it fits and that you are wearing it properly.
- Follow the rules of your sport or activity. This also means listening to your coach or teacher when they give you instructions, like putting equipment away so no one trips on it.



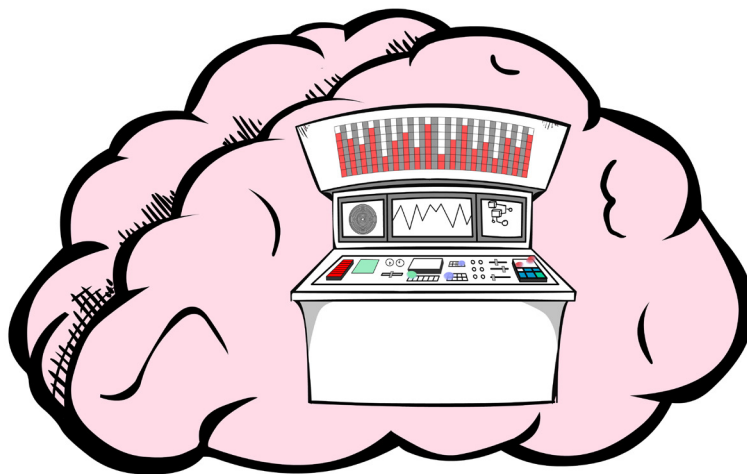
- Read and talk about how to follow the Concussion Code of Conduct for your sport.
- If you get hurt and don't feel right, make sure to tell a parent, coach, teacher or other adult you trust so they can help.



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

▶ HIT. STOP. SIT.

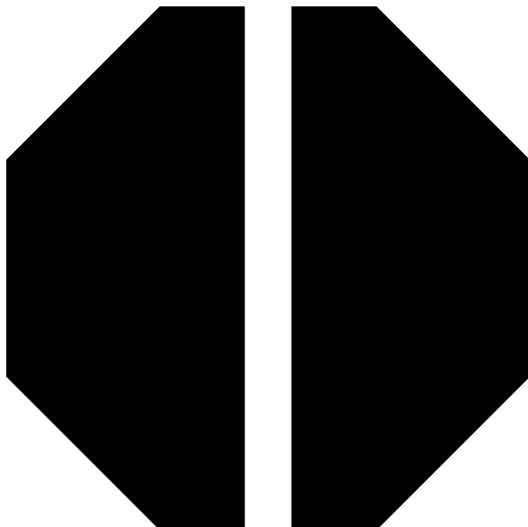
Your brain controls how you think, feel and move. So, hurting your brain can affect you in lots of ways. The chart below shows some common signs and symptoms of a concussion.



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

HOW YOU MIGHT FEEL:

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



EMOTIONAL:

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

THINKING PROBLEMS:

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

SLEEP PROBLEMS:

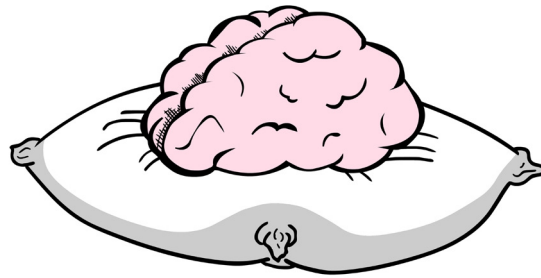
- Sleeping more than usual
- Sleeping less than usual
- Having a hard time falling asleep

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

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



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



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

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

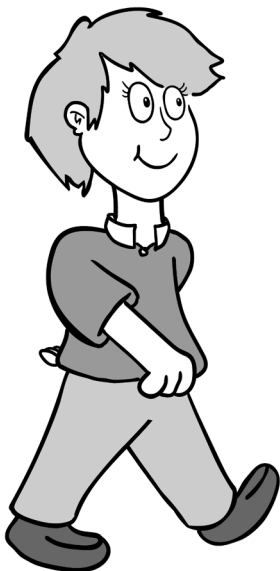


GETTING BETTER

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

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

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

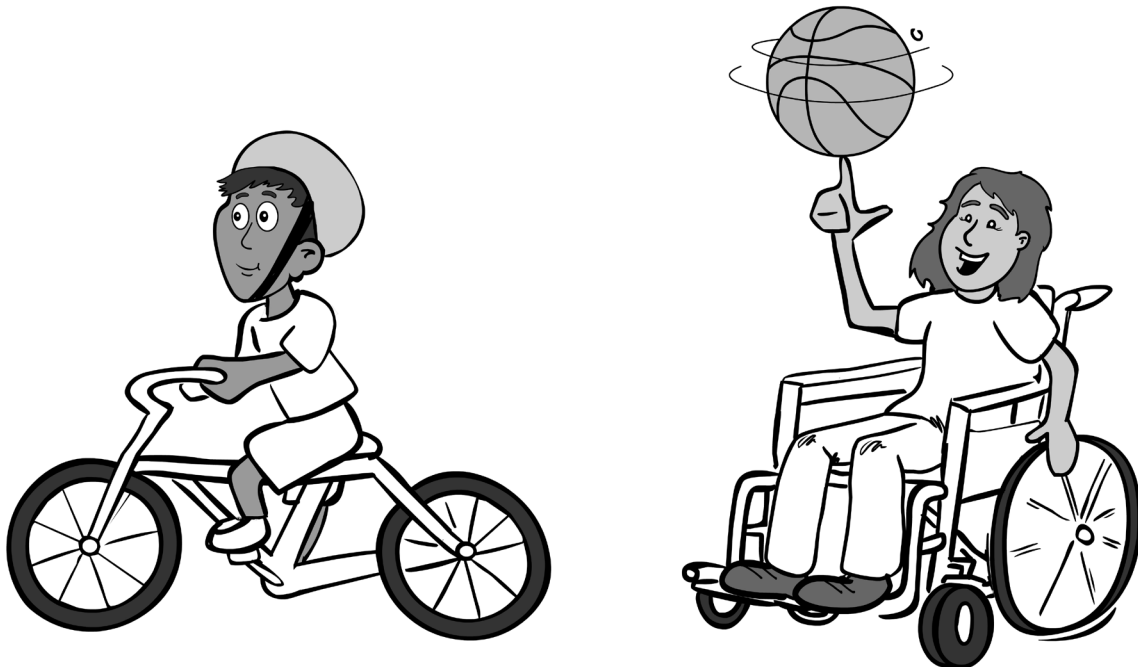


As your brain heals, you will slowly get back to your usual activities at school, at play and in sport. Getting back to your full routine at school is an important step in getting better. First, you will do simple things such as reading and going for short walks.



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

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



REMINDER

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

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





Rowan Stringer

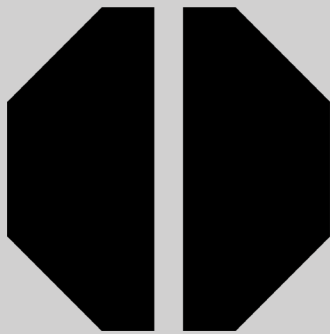
ROWAN'S LAW

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

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

GOVERNMENT OF ONTARIO

CONCUSSION AWARENESS RESOURCE



**ROWAN'S
LAW**

E-BOOKLET: AGES 11-14

Ontario 

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

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



WHAT IS A CONCUSSION?



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

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

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



PREVENTING A CONCUSSION

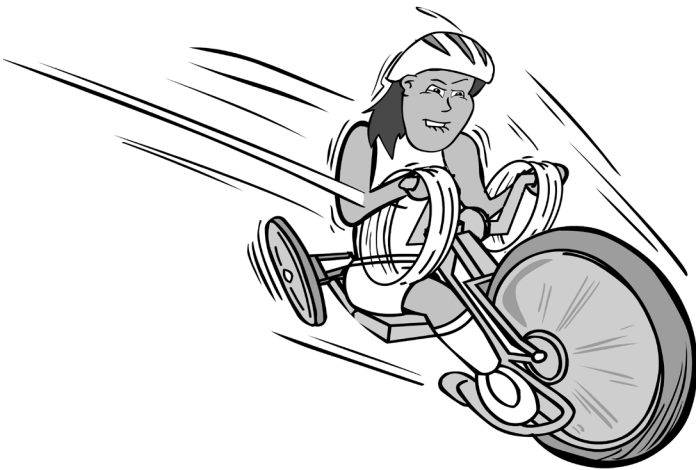
First, educate yourself about concussions.

You should also:

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



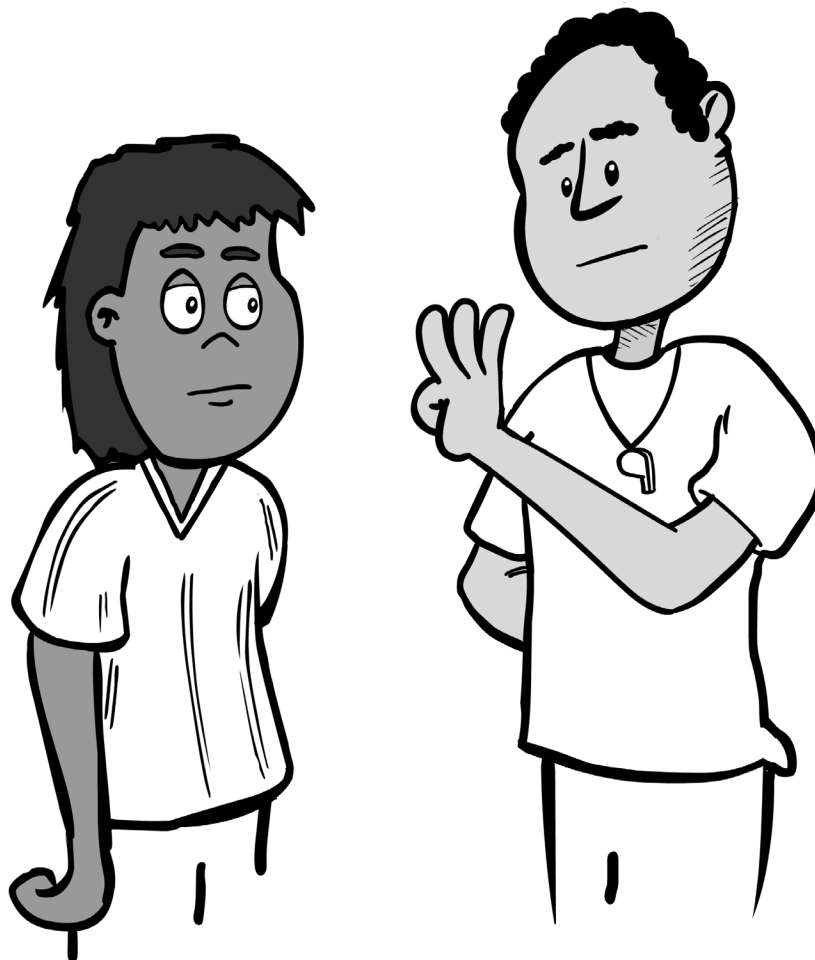
- Follow your sport club/school's Concussion Code of Conduct; and
- Report injuries to an adult you trust, such as a parent, coach or teacher. Understand the importance of speaking up to avoid risks of further injury.



RECOGNIZING A CONCUSSION

▶ HIT. STOP. SIT.

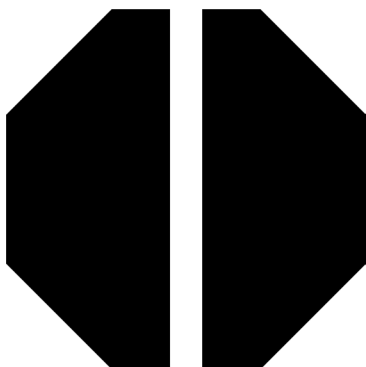
If you have a concussion you might have one or more of the signs or symptoms listed below. They might show up right away or hours, even days, later. Just one sign or symptom is enough to suspect a concussion. Most people with a concussion **do not** lose consciousness.



Common signs and symptoms of a concussion:

PHYSICAL:

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



EMOTIONAL:

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

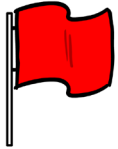
COGNITIVE (THINKING):

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

SLEEP-RELATED:

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

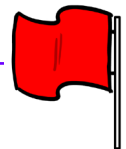
RECOGNIZING A CONCUSSION



RED FLAGS:

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

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

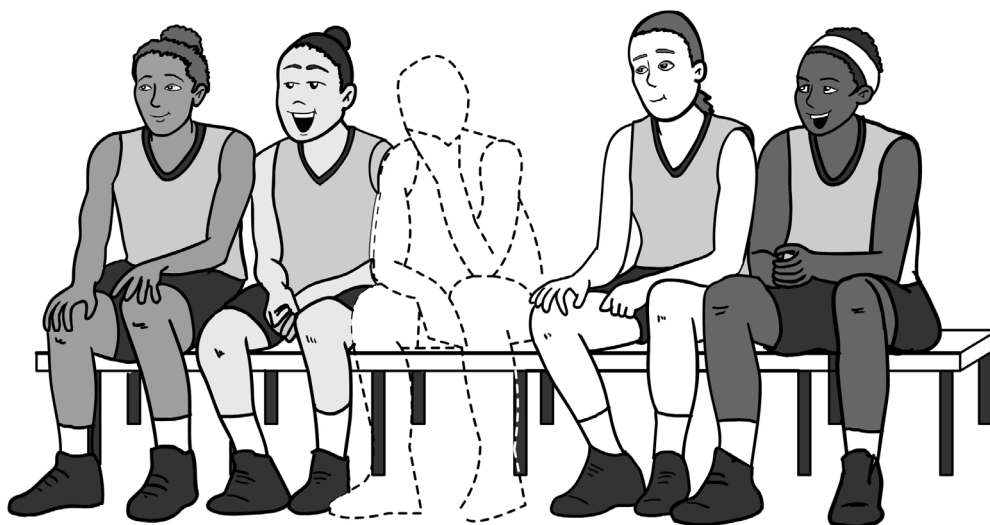


WHAT TO DO NEXT?

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

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

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



GETTING BETTER

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

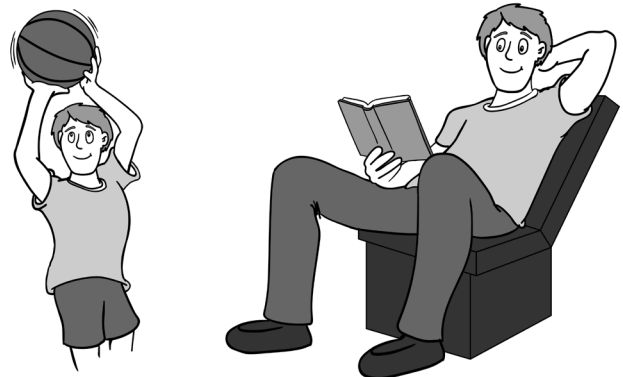
It's possible for a concussion to have long-term effects. People may experience symptoms, such as headaches, neck pain or vision problems, that last for months, or even years. Some may have lasting changes in their brain that lead to issues such as memory loss, concentration problems or depression. In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

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

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

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

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

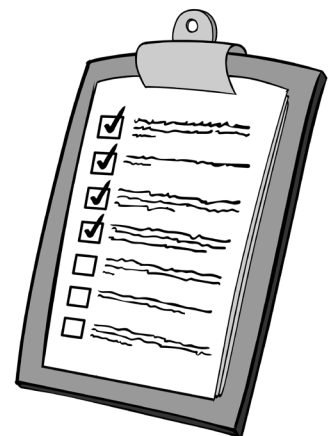
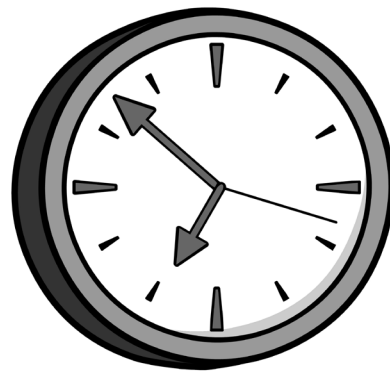


RETURNING TO SCHOOL AND SPORT

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

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

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



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

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

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

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

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

**RETURNING TO
SCHOOL AND SPORT**

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



REMINDER

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

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





Rowan Stringer

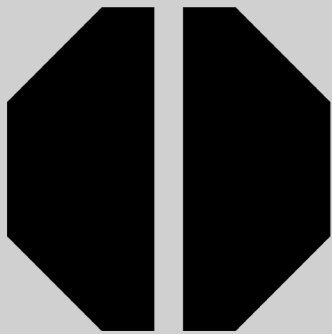
ROWAN'S LAW

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

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

GOVERNMENT OF ONTARIO

CONCUSSION AWARENESS RESOURCE



**ROWAN'S
LAW**

E-BOOKLET: AGES 15 AND UP

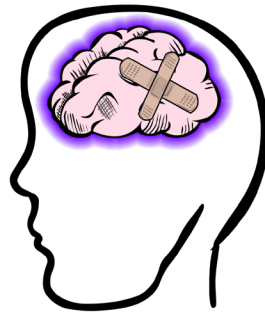
Ontario 

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

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



WHAT IS A CONCUSSION?



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

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

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



PREVENTING A CONCUSSION

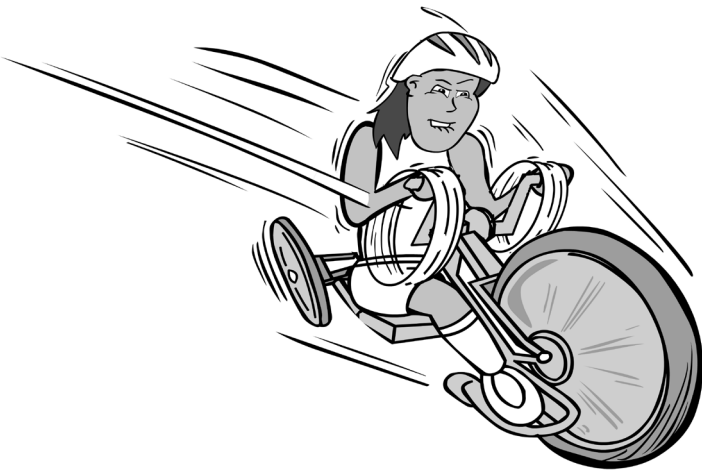
First, educate yourself about concussions.

You should also:

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



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

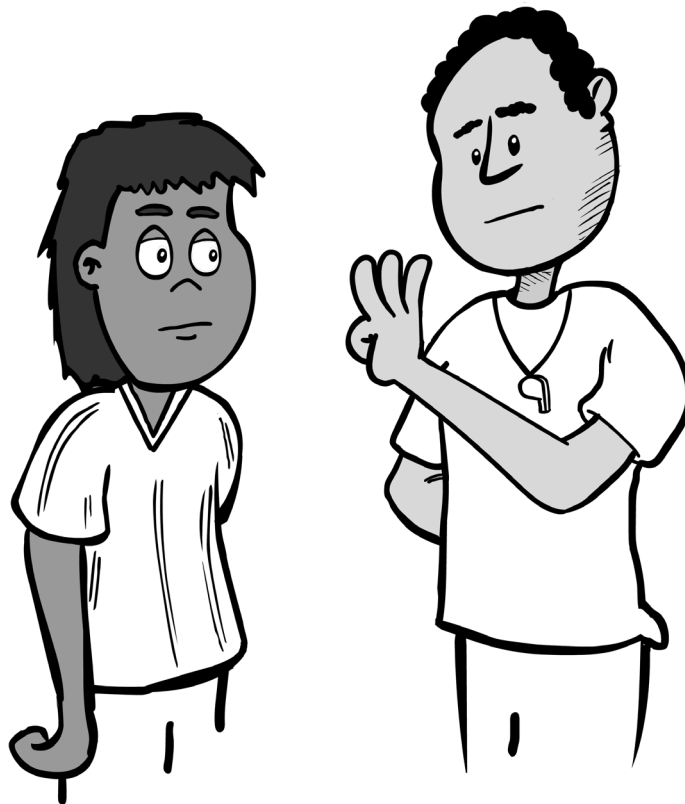


RECOGNIZING A CONCUSSION

▶ HIT. STOP. SIT.

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

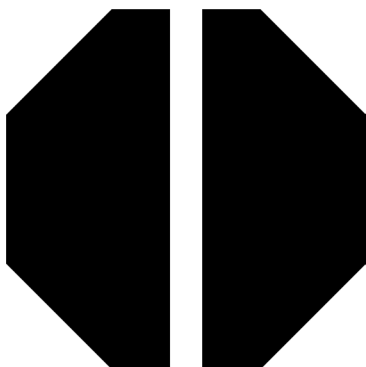
A person with a concussion might have one or more of the signs or symptoms listed below. They might show up right away or hours, even days, later. Just one sign or symptom is enough to suspect a concussion. Most people with a concussion do not lose consciousness.



Common signs and symptoms of a concussion:

PHYSICAL:

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



EMOTIONAL:

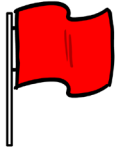
- Irritability (easily upset or angered)
- Depression
- Sadness
- Nervous or anxious

COGNITIVE (THINKING):

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

SLEEP-RELATED:

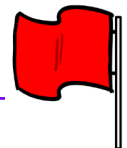
- Sleeping more or less than usual
- Having a hard time falling asleep



RED FLAGS:

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

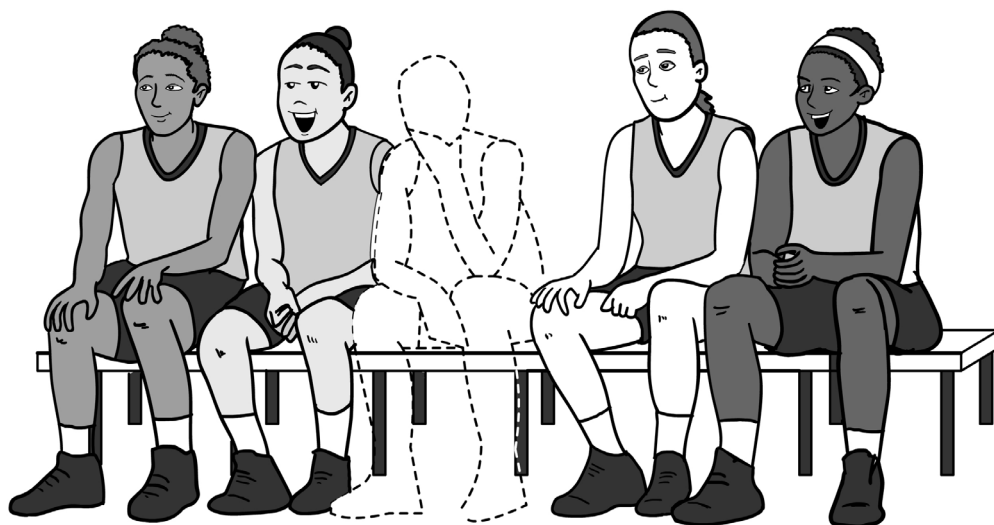
- Neck pain or tenderness
- Double vision
- Weakness or tingling in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness (knocked out)
- Vomiting more than once
- Increasingly restless, agitated or aggressive
- Getting more and more confused



WHAT TO DO NEXT?

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

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



GETTING BETTER

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

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

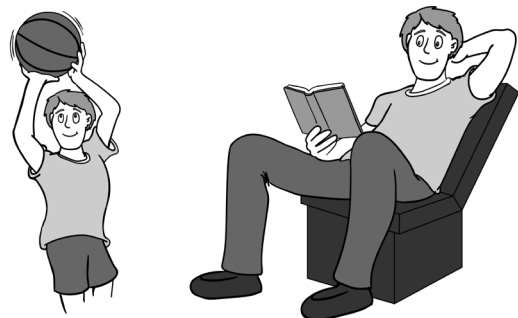
While a person is recovering from a concussion, they shouldn't

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

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

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

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



RETURNING TO SCHOOL AND SPORT

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

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

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

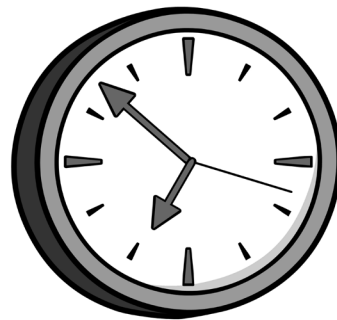
Students in elementary and secondary school will need to follow their school board's return-to-school plan, which supports a student's gradual return to learning and return to physical

activity. Contact the school for more information.

The Return-to-Sport Protocol

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

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



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

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

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

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

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

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



REMINDER

Remember:

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





Rowan Stringer

ROWAN'S LAW

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

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



Form A Pr ST:26 Concussions

Receipt of Review of Concussion Awareness Resource

Thank you for completing your review of the Concussion Awareness Resource.

- Under *Rowan's Law*, your sport organization will ask you to confirm that you reviewed one of the Concussion Awareness Resources in this website (Ontario.ca/concussions) before you can register/participate in a sport.
- You must review one of the resources once a year, and then confirm that you have completed the review every time you register with a sport organization. If you want to use this form to show that you have reviewed the concussion awareness resource, you can provide the completed form to your sport organization(s).
- If you would like to have a record of your review of the concussion awareness resource, you can complete this form and keep it as a receipt to remind you of the date on which you reviewed it.
- Once you complete this form, you can save it (to your personal device/computer) or print this page to share with your sport organization and/or to serve as a reminder of when to review the Concussion Awareness Resources again next year.

Receipt of Review

I, _____ (print name) confirm that I have reviewed a Concussion Awareness Resource.

Signature

Date

Disclaimer: Your completion of this form will not constitute confirmation that you have reviewed the concussion awareness resources for the purpose of *Rowan's Law (Concussion Safety), 2018*. If you want to use this form to show that you have reviewed the concussion awareness resources, you must provide the completed form to your sport organization(s). This form will not be saved by the Government of Ontario and the Government of Ontario assumes no responsibility for confirming that you have reviewed the concussion awareness resource.

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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.

Concussion signs and symptoms can be physical (for example, headache, dizziness), cognitive (for example, difficulty concentrating or remembering), emotional/behavioural (for example, depression, irritability) and/or related to sleep (for example, drowsiness, difficulty falling asleep).

Concussions may be caused by a jarring impact to the head, face, neck or body, with an impulsive force transmitted to the head, that causes the brain to move rapidly within the skull [1,2](#) (for a visual description of how a concussion occurs, consult cdn.hockeycanada.ca/hockey-canada/Hockey-Programs/Safety/Concussion/Infographic/english.html).

Concussions can occur even if there has been no loss of consciousness, (in fact most concussions occur without a loss of consciousness)[3](#).

Concussions cannot normally be seen on X-rays, standard CT scans or MRIs [4](#).

A concussion 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 [5,6](#).

¹ Parachute. (2018). *Concussion guide for teachers*. Toronto: Parachute

² McCrory et al. (2017). *Consensus statement on concussion in sport—the 5th international conference on concussion in sport held in Berlin, October 2016*. *British Journal of Sports Medicine*, 51 (11), 838–847. doi: 10.1136/bjsports-2017-097699

³ Parachute. (2017). *Canadian Guideline on Concussion in Sport* (p. 29). Toronto: Parachute

⁴ Parachute. (2017). *Canadian Guideline on Concussion in Sport* (p. 29). Toronto: Parachute

⁵ Parachute. (2017). *Canadian Guideline on Concussion in Sport* (p. 8, 30). Toronto: Parachute

⁶ Parachute. (2017). McCrory et al. (2017). *Consensus statement on concussion in sport—the 5th international conference on concussion in sport held in Berlin, October 2016*. *British Journal of Sports Medicine*, 51 (11), 838–847. doi: 10.1136/bjsports-2017-097699

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Concussion Diagnosis

In Canada, only medical doctors and nurse practitioners are qualified to provide a concussion diagnosis. Medical doctors and nurse practitioners are the only healthcare professionals in Canada with licensed training and expertise to diagnose a concussion; therefore, all students with a suspected concussion should undergo evaluation by one of these professionals. In rural or northern regions, the Medical Assessment may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner.

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Concussion Prevention

Any time a student is involved in physical activity, there is a chance of sustaining a concussion. Therefore, it is important to encourage a culture of safety mindedness and 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..."

When educating stakeholders responsible for student safety on concussions, information should include:

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

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: management of a concussion (for example, identification and management - Return to School Plan) 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 [Sample Concussion Prevention Strategies](#).

Concussion prevention is also supported by [Concussion Awareness Resources](#) and [Concussion Codes of Conduct](#)

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CONCUSSION CODE OF CONDUCT FOR INTERSCHOOL SPORTS

STAFF, COACHES AND VOLUNTEERS

As a coach/team trainer at _____ School for the 20____-20____ school year, I am committed to:

Maintaining a safe learning environment

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

Fair play and respect for all

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

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

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

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

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

Providing opportunities to discuss potential issues related to concussions

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

Concussion recognition and reporting

- I have read and am familiar with an approved Concussion Awareness Resource identified by the school board (<https://www.ontario.ca/page/rowans-law-concussion-awareness-resources>)
- I will emphasize the seriousness of a concussion to my students along with outlining the signs and symptoms of a concussion.
- I will provide instruction to students about the importance of removing themselves from the sport and reporting to a coach/team trainer or caring adult if they have signs or symptoms of a concussion.
- I will provide instruction to students about the importance of informing the coach/caring adult when they suspect a teammate may have a concussion.
- I will immediately remove from play, for assessment, any student who receives a jarring/significant impact to the head, face, neck, or elsewhere on the body and adhere to the School Board's concussion protocol prior to allowing return to physical activity.

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

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

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

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

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

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

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

Date: _____

Signature: _____

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CONCUSSION CODE OF CONDUCT FOR INTERSCHOOL SPORTS

STUDENT

As a student at _____ School for the 20____-20____ school year, I am committed to:

Maintaining a safe learning environment

- I will bring any potential issues related to the safety of equipment and facilities to the attention of the coach.
- I will wear the protective equipment for my sport and wear it properly.

Fair play and respect for all

- I will show respect for my teammates, opponents, officials, spectators, and practice fair play.
- I will not pressure injured teammates to participate in practices or games/competitions.

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

- I will learn and follow the rules of the sport and follow the coach's instructions prohibiting behaviours that are considered high-risk for causing concussions.
- I will respect and accept that the coach will strictly enforce, during practice and competition, the consequences for dangerous behaviour.
- I will respect and accept the decisions of the officials and the consequences for any behaviours that are considered high-risk for causing concussion.

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

- I will follow my coach's instructions about the proper progression of skills and strategies of the sport.
- I will ask questions and seek clarity for any skills and strategies of which I am unsure.

Providing opportunities to discuss potential issues related to concussions

- I will talk to my coach or caring adult if I have questions or issues about a suspected or diagnosed concussion or about my safety in general.

Concussion recognition and reporting

- I have read and am familiar with an approved Concussion Awareness Resources provided by my coach (<https://www.ontario.ca/page/rowans-law-concussion-awareness-resources>).
- I will remove myself immediately from any sport and will tell the coach or caring adult if I think I might have a concussion.
- I will tell the coach or caring adult immediately when I think a teammate might have a concussion.
- I understand that if I receive a jarring impact to the head, face, neck, or elsewhere on my body that is observed by or reported to the coach, that I will be removed immediately from the sport, and:
- I am aware that when I have signs or symptoms I should go to a medical doctor or nurse practitioner to be diagnosis as soon as reasonably possible that day, and will report the results to appropriate school staff.

- I am aware that not all signs and symptoms emerge immediately and there are times when signs and symptoms emerge hours or days after the incident and I must stop physical activities and be monitored for the next 24 hours.
- If no signs or symptoms appear after 24 hours, I will inform the appropriate school staff and I can then be allowed to participate.
- If signs or symptoms begin, I will be assessed by a medical doctor or nurse practitioner as soon as reasonably possible that day and will report the results to appropriate school staff.

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

- I will communicate with my coaches, parent/guardian, and school staff and any sport organization with which I am registered about a suspected or diagnosed concussion or general safety issues.

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

- I understand that I will have to follow the Return to School Plan if diagnosed with a concussion.
- I understand I will not be able to return to full participation, including practice or competition until permitted to do so in accordance with the School Board's Return to School Plan.
- I understand that I will need a Medical Clearance as required by the Return to School Plan, prior to returning to full participation in "non-contact sports" or returning to a practice that includes full contact in "contact sports".

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

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

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

Date: _____

Signature: _____



CONCUSSION CODE OF CONDUCT FOR INTERSCHOOL SPORTS

PARENT / GUARDIAN

As a parent/guardian of _____ at _____ School for the 20____-20____ school year, I am committed to:

Maintaining a safe learning environment

- I will encourage my child to bring potential issues related to the safety of equipment and the facilities to the attention of the coach.
- I will ensure the protective equipment that we provide is properly fitted as per the manufacturer's guidelines, in good working order, and suitable for personal use.

Fair play and respect for all

- I will follow the school board's fair play policy and will support it by demonstrating respect for all students, coaches, officials, and spectators.
- I will encourage my child to demonstrate respect for teammates, opponents, officials, and spectators and to follow the rules of the sport and practice fair play.
- I will not pressure my child to participate in practices or games/competitions if they are injured.

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

- I will encourage my child to learn and follow the rules of the sport and follow the coach's instructions about prohibited play
- I will support the coach's enforcement of consequences during practices and competition regarding prohibited play.
- I will respect the decisions of officials and the consequences for my child for any prohibited play.

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

- I will encourage my child to follow their coach's instructions about the proper progression of skills and strategies of the sport.
- I will encourage my child to ask questions and seek clarity regarding skills and strategies they of which they are unsure.

Providing opportunities to discuss potential issues related to concussions

- I will encourage my child to participate in discussions/conversations related to concussions, including signs and symptoms, with the coach or caring adult.
- I will encourage my child to talk to their coach/caring adult if they have any concerns about a suspected or diagnosed concussion or about their safety in general.

Concussion recognition and reporting

- I have read and am familiar with an approved Concussion Awareness Resource identified by the school board (<https://www.ontario.ca/page/rowans-law-concussion-awareness-resources>).
- I understand that if my child receives a jarring impact to the head, face, neck, or elsewhere on the body that is observed by or reported to the coach my child will be removed immediately from the sport, and:

- I am aware that if my child has signs or symptoms of a suspected concussion they should be taken to a medical doctor or nurse practitioner for a diagnosis as soon as reasonably possible that day and I will report any results to appropriate school staff.
- I am aware that not all signs and symptoms emerge immediately and there are times when signs and symptoms emerge hours or days after the incident and in these cases my child must stop all physical activities and be monitored at home and at school for the next 24 hours.
- If no signs or symptoms emerge after 24 hours, I will inform the appropriate school staff and I understand my child will be permitted to resume participation.
- If signs or symptoms emerge, I will have my child assessed by a medical doctor or nurse practitioner as soon as reasonably appropriate that day and will report the results to appropriate school staff.
- I will inform the school principal, coach and/or other relevant school staff when my child experiences signs or symptoms of a concussion, including when the suspected concussion occurs during participation in a sport outside of the school setting.
- I will inform the school principal, coach and/or other relevant school staff any time my child is diagnosed with a concussion by a medical doctor or nurse practitioner.
- I will encourage my child to remove themselves from the sport and report to a coach or caring adult if they have signs or symptoms of a suspected concussion.
- I will encourage my child to inform the coach or caring adult when they suspect a teammate may have sustained a concussion.

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

- I will share with the coach, school staff, and/or staff supervisor of all sport organizations with which my child has registered if/when my child has experienced a suspected or diagnosed concussion or general safety issues.

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

- I understand that if my child has a suspected or diagnosed concussion, they will not return to full participation, including practice or competition, until permitted to do so in accordance with the School Board's Return to School Plan.
- I will ensure my child receives a Medical Clearance as required by the Return to School Plan, prior to returning to full participation in "non-contact sports" or returning to a practice that includes full contact in "contact sports".

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

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

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

Date: _____

Signature: _____

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Concussion Prevention Strategies – Teachers, Coaches, and Supervisors

Prior to the beginning of the school year/semester; interschool sport season; and/or intramural activity, teachers, coaches and intramural supervisors should:

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

During the physical activity unit; interschool sport season; and intramural activity teachers, coaches, and supervisors should:

- teach skills and techniques in the proper progression;
- provide activity/sport-specific concussion information when possible;
- teach and enforce the rules and regulations of the activity/sport during practices and games/competition (particularly those that limit or eliminate body contact, or equipment on body

contact);

- reinforce the principles of head-injury prevention (for example, keeping the head up and avoiding collision);
- teach students/athletes involved in body contact activities/sports about:
 - activity/sport-specific rules and regulations of body contact (for example, no hits to the head); and
 - body contact skills and techniques and require the successful demonstration of these skills in practice prior to competition.
- discourage others from pressuring injured students/athletes to play/participate;
- demonstrate the ethical values of fair play and respect for opponents;
- encourage students/athletes to follow the rules of play, and to practice fair play;
- use game/match officials in higher-risk interschool sports that are knowledgeable, certified and/or experienced in officiating the sport; and
- inform students about the importance using protective equipment (for example, helmets, padding, guards) that is properly fitted (as per manufacturer's guidelines) and properly worn.

Prior to the interschool sports season, coaches must also (as required by Policy/Program Memorandum No. 158: School Board Policies on Concussion):

- be knowledgeable of the [Ontario Government's Concussion Awareness Resources E-Booklet](#) and/or school board approved concussion resources;
- follow school procedures to confirm their annual review of the resources;
- provide [concussion awareness resources](#) to parents/guardians of students under 18 years of age;
- provide concussion awareness resources to team trainers (where applicable) and officials;
- provide age appropriate concussion awareness resources for students;
- follow school procedures to confirm the review of these resources with all of the above individuals;
- be knowledgeable of the Interschool Concussion Code of Conduct for Coaches and follow school board procedures to confirm its review every school year;
- provide students with the Interschool Concussion Code of Conduct for Students and follow school board procedures to confirm its review prior to participation in sport;
- follow school board procedures in providing parent/guardians of students under 18 years of age

with the Interschool Concussion Code of Conduct for Parent/Guardians and confirmation of its review; and

- follow school board procedures in providing team trainers (if applicable) the Concussion Code of Conduct for Interschool Sports for Coaches/Team Trainers and confirmation of its review.

Prior to the interschool sports season parent/guardians of students under 18 years of age must (as required by Policy/Program Memorandum No. 158: School Board Policies on Concussion):

- be knowledgeable of the contents of the appropriate [concussion awareness resource](#) provided by the school and to follow instructions to confirm review; and
- read the contents of the Parent/Guardian Concussion Code of Conduct provided by the school and to follow instructions to confirm review.

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Concussion Prevention Strategies – Students/Athletes

Prior to the beginning of the school year/semester; interschool sport season; and/or intramural activity, students should be informed about:

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

major brain injuries (including bleeding into or around the brain), brain contusions and lacerations.

- Helmets must be properly fitted (as per manufacturer's guidelines) and properly worn.

During the physical activity unit; interschool sport season; and intramural activity students should be informed about:

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

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

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

Prior to the interschool sports season students must be (as required by Policy/Program Memorandum No. 158: School Board Policies on Concussion):

- familiar with age appropriate [concussion awareness resources](#) and complete a process that confirms they have reviewed the information.
- familiar with contents of their Concussion Code of Conduct and complete the process that

confirms they have reviewed and will follow the criteria listed.

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

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Concussion Prevention Strategies – School Boards and Athletic Associations

Prior to the beginning of the interschool sport season/school year school boards and athletic associations:

- *must* use the school board process to receive confirmation that officials participating in school board-sponsored interschool sports have reviewed an appropriate Concussion Awareness resource; and
- *should* consider rule changes to the sport to reduce the head injury incidence or severity, where a clear-cut mechanism is implicated in a particular sport.

Prior to the beginning of the school year; and/or intramural activity, parents/guardians of student under 18 years of age must be informed of the:

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

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Concussion Identification

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

Stakeholders identified by the school board/school (for example, school administrators, teachers, coaches, school first aiders) who have been specifically trained to identify signs and symptoms of a suspected concussion are responsible for the identification and reporting of students who demonstrate observable signs of a head injury or who report concussion symptoms. Consult the [Sample Tool to Identify a Suspected Concussion](#).

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

The Concussion Identification component includes the following:

- [Initial Response](#) for safe removal of an injured student with a suspected concussion from the activity;
- [Initial Identification of a Suspected Concussion](#);
- [Following the Initial Identification of a Suspected Concussion](#); and
- [A Possible Concussion Event is Recognized but No Signs and/or Symptoms are Identified](#)

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

Following a significant impact to the head, face, neck, or body, that is either observed or reported, and where the individual (for example, teacher/coach) responsible for that student suspects a concussion the following immediate actions must be taken:

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

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Concussion Signs and Symptoms

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

Red Flag Sign(s) and Symptom(s)

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

Other Concussion Signs

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

Other Concussion Symptoms

- “Don’t feel right”
- “Pressure in head”

- Balance problems
- Blurred vision
- Difficulty concentrating
- Difficulty remembering
- Dizziness
- Drowsiness
- Fatigue or low energy
- Feeling like “in a fog”
- Feeling slowed down
- Headache
- More emotional
- More irritable
- Nausea
- Nervous or anxious
- Sadness
- Sensitivity to light
- Sensitivity to noise

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Initial Identification of a Suspected Concussion

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

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

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

If any one or more sign(s) and/or symptom(s) are present, a concussion should be suspected and a full check should be completed (including the **Quick Memory Function Check**) to provide comprehensive information to parents/guardians and medical doctors/nurse practitioners.

If any sign(s) and/or symptom(s) worsen, or red flags emerge, call 911 and follow Red Flag Procedure.

Consult the **Sample Tool to Identify a Suspected Concussion** for an example of checklist that school staff may use to identify a suspected concussion, respond to and communicate the results to parents/guardians.

Please Note:

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

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Red Flag Procedure

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

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Quick Memory Function Check

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

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

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

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**Form A
Pr ST:26 Concussions**

SAMPLE TOOL TO IDENTIFY A SUSPECTED CONCUSSION

This sample tool, completed by school staff (for example, teachers/coaches/intramural supervisors), is used to identify the signs and/or symptoms of a suspected concussion, to respond appropriately and to communicate this information and follow-up requirements to parents/guardians. This tool may also be used for continued monitoring of the student. Complete the appropriate steps.

Student name:

Time of Incident:

Date:

Teacher/Coach:

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

Follow the Steps outlined on the next several pages.

Step A: Red Flags Signs and Symptoms

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

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

Red Flag Signs and Symptoms:

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

Step B: Other Signs and Symptoms

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

Step B1: Other Concussion Signs

Check visual cues (what you see).

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

Step B2: Other Concussion Symptoms Reported (What the Student is Saying)

Check what students report feeling.

- Balance problems
- Blurred vision
- Difficulty concentrating
- Difficulty remembering
- Dizziness
- "Don't feel right"
- Drowsiness
- Fatigue or low energy
- Feeling like "in a fog"
- Feeling slowed down
- Headache
- More emotional
- More irritable
- Nausea
- Nervous or anxious
- "Pressure in head"
- Sadness
- Sensitivity to light
- Sensitivity to noise

If any sign(s) or symptom(s) worsens call 911.

Step B3: Conduct Quick Memory Function Check

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

Is it before or after lunch?

What activity/sport/game are we playing now?

What field are we playing on today?

What is the name of your teacher/coach?

What room are we in right now?

What school do you go to?

Step C: When sign(s) are observed and/or symptom(s) are reported, and/or the student fails to answer any of the Quick Memory Function questions correctly

Actions required:

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

The teacher/coach informs the parent/guardian that the student needs an urgent medical assessment (as soon as possible that day) by a medical doctor or nurse practitioner. Medical doctors and nurse practitioners are the only healthcare professionals in Canada with licensed training and expertise to diagnose a concussion; therefore, all students with a suspected concussion must undergo evaluation by one of these professionals. In rural or northern regions, the medical assessment may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner.

The parents/guardians must be provided with a completed copy of this tool and a copy of a [Medical Assessment Form](#). The teacher/coach informs the principal of incident.

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

Actions required:

- The student must stop participation immediately and must not be allowed to return to play that day even if the student states that they are feeling better. Principals must be informed of the incident.
- The teacher/coach informs the parent/guardian of the incident and that the student attends school and requires continued monitoring for 24 hours as signs and or symptoms can appear hours or days after the incident:
 - If any red flags emerge call 911 immediately.
 - If any other sign(s) and/or symptom(s) emerge, the student needs an urgent medical assessment (as soon as possible that day) by a medical doctor or nurse practitioner.

- The parent/guardian communicate the results of the medical assessment to the appropriate school personnel using a **Medical Assessment Form**.
- If after 24 hours of monitoring no sign(s) and or symptom(s) have emerged, the parent/guardian communicate the results to the appropriate school official using the school's process and/or form. The student is permitted to resume physical activities. Medical clearance is not required.

Step E: Communication to Parents/Guardians

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

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

- Red Flag sign(s) were observed and/or symptom(s) reported and emergency medical services (EMS) called.
- Other concussion sign(s) were observed and/or symptom(s) reported and/or the student failed to correctly answer all the Quick Memory Function questions.
- No sign(s) or symptom(s) were reported, and the student correctly answered all of the questions in the Quick Memory Function Check but a possible concussion event was recognized. Student attends school, no physical activity, with continued monitoring at school and home for 24 hours.
Continued monitoring is required (consult Step D).

Teacher/Coach/Intramural Supervisor signature (optional):

Forms for parents/guardians to accompany this tool:

- The Medical Assessment Form

Parent/Guardian must communicate to the principal/designate the results of the 24-hour monitoring (using school process/form) period:

- Results of the Medical Assessment
- No concussion sign(s) and/symptom(s) were observed or reported after the 24 hours monitoring period.

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Medical Concussion Assessment Form

The Medical Assessment Form is provided to a student that demonstrates or reports concussion signs and or symptoms. For more information consult the [Tool to Identify a Suspected Concussion \(Form A\)](#).

Student Name:

Date:

The student must be assessed as soon as possible by a medical doctor or nurse practitioner. In Canada, only medical doctors and nurse practitioners are qualified to provide a concussion diagnosis. In rural or northern regions, a nurse with pre-arranged access to a medical doctor or nurse practitioner may be used to assess the suspected concussion. Prior to returning to school, the parents/guardians must inform the school principal of the results of the medical assessment.

Results of the Medical Assessment

- My child/ward has been assessed and a concussion has not been diagnosed and therefore may resume full participation in learning and physical activity without any restrictions.
- My child/ward has been assessed and a concussion has been diagnosed and therefore must begin a medically supervised, individualized, and gradual Return to Learning (RTL) Plan and Return to Physical Activity (RTPA) Plan.

For more information, consult the [Sample Home Concussion Management Form \(Return to School Plan\)](#).

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

Comments:

Medical doctor/nurse practitioner

Name:

Phone Number:

Parent/Guardian

Signature:

Date:

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Following the Initial Identification of a Suspected Concussion

The instructions and responsibilities identified within this section must be followed if **other concussion sign(s)** and/or **other concussion symptom(s)** are observed, reported, and/or the student does not answer all the **Quick Memory Function Check** questions correctly.

Teacher/Coach Response

- Do not allow the student to return to physical activity/practice/competition that day even if the student states that they are feeling better.
- Do not leave the student alone until a parent/guardian arrives.
- Contact the student's parents/guardians (or emergency contact) to inform them:
 - of the incident;
 - of the reported concussion sign(s) and symptom(s) and the results of the Quick Memory Function Check (consult the **Sample Tool to Identify a Suspected Concussion**);
 - that the student must be accompanied home by a responsible adult; and
 - that the student needs an urgent medical assessment as soon as possible that same day by a medical doctor or nurse practitioner. Provide parents with a **medical concussion assessment form**.
- Monitor and document any changes in the student. If any signs or symptoms worsen, call 911.
- Consult your school board's injury report form for documentation procedures.
- Do not administer medication unless the student requires medication for other conditions (for example, insulin for a student with diabetes, inhaler for asthma).
- The student must not operate a motor vehicle.

Information for Parents/Guardians

- **A tool to identify a suspected concussion**
- The student needs an urgent medical assessment as soon as possible that same day by a medical doctor or nurse practitioner (consult the **Sample Medical Concussion Assessment Form**).

- The student must be accompanied home by a responsible adult;
- The student must not be left alone;
- Parents/guardians must communicate the results of the medical assessment (that is, the student has a diagnosed concussion, the student does not have a diagnosed concussion) to the school principal/designate prior to the student returning to school. Consult the Sample Medical Concussion Assessment Form.

Responsibilities of the School Principal/Designate

The school principal/designate must inform all school staff (for example, classroom teachers, physical education teachers, intramural supervisors, coaches) and volunteers (prior to communicating with volunteers consult the school board protocol for sharing of student information) who work with the student that the student must not participate in any learning or physical activities until the parents/guardians communicates the results of the medical assessment to the school principal/designate (consult the [Sample Medical Concussion Assessment Form](#)).

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A Possible Concussion Event is Recognized but No Sign(s) and/or Symptom(s) are Identified

Please note that concussion sign(s) and/or symptom(s) can occur hours to days later.

If a teacher/coach recognizes that a suspected concussion event occurred (due to the jarring impact) but no **concussion sign(s) and/or symptom(s)** were observed or reported and the student correctly answers all the **Quick Memory Function Check**, the **Teacher/Coach Response** must be followed.

In addition, the steps in **Responsibilities of the School Principal/Designate** must be taken and the information identified in **Information/Tools for Parents/Guardians** must be communicated to parents/guardians.

Teacher/Coach Response

- Contact the student's parents/guardians (or emergency contact) to inform them of the incident and provided them with a **tool to identify a suspected concussion** and a **medical concussion assessment form**;
- Monitor the student for delayed sign(s) and/or symptom(s). If any sign(s) and/or symptom(s) emerge (observed or reported) during the school day, inform the parents/guardians that the student needs an urgent medical assessment as soon as possible that same day.
- The student must not return to physical activity for 24 hours as signs and/or symptoms can take hours or days to emerge. If the student has not shown/reported any signs and/or symptoms following a 24 hours observation period they may resume physical activity without medical clearance.

Information/Tools for Parents/Guardians

- A **tool to identify a suspected concussion**;
- A **medical concussion assessment form**;
- The student can attend school but cannot participate in any physical activity for a minimum of 24 hours;

- The student will be monitored (at school and home) for the emergence of sign(s) and/or symptom(s) for 24 hours following the incident;
- Continued monitoring by parents/guardians (beyond 24 hours) may be necessary as signs and/or symptoms may take hours or days to emerge; and
- parents/guardians must communicate the results of the continued monitoring to principal/designate as per school board policy:
 - If any sign(s) and/or symptom(s) emerge (observed or reported), the student needs an urgent medical assessment as soon as possible that same day by a medical doctor or nurse practitioner. Consult the [Sample Medical Concussion Assessment Form](#).
 - If after 24 hours of observation sign(s) and/or symptom(s) do not emerge, the student may return to physical activity. Medical clearance is not required.

Responsibilities of the School Principal/Designate

The school principal/designate must inform all school staff (for example, classroom teachers, physical education teachers, intramural supervisors, coaches) and volunteers (prior to communicating with volunteers consult the school board protocol for sharing of student information) who work with the student of the following:

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

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Concussion Return to School Plan

After a suspected concussion has been identified (that is, sign(s) and/or symptom(s) are observed or reported), the student must be assessed by a medical doctor or nurse practitioner as soon as reasonably possible. The parent/guardian must communicate to the school the results of the medical concussion assessment.

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

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

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

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

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

The home stages of the RTL and RTPA plans (Initial Rest to Stage 2 of RTL and Initial Rest to Stage 2b of RTPA) occur under the supervision of the parent/guardian in consultation with the medical doctor or nurse practitioner or other licensed healthcare provider.

Rationale: Initially the student requires cognitive and physical rest followed by stages of cognitive and physical activity which are best accommodated in the home environment. Consult the stages of Initial Rest to Stage 2 of the Return to Learning Plan and the stages of Initial Rest to Stage 2b of the Return

to Physical Activity Plan.

Concussion Return to School Plan Responsibilities:

- **Concussion Return to School Plan Responsibilities - School Principal/Designate**
- **Concussion Return to School Plan Responsibilities - Parents/Guardians**
- **Concussion Return to School Plan Responsibilities - The Collaborative Team**

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Concussion Return to School Plan for Return to Learning

The Concussion Return to School Plan was developed in partnership with Parachute and is based on the most recent research and recommendations of the expert scientific community on concussion, that is, The Canadian Guidelines on Concussion in Sport, July 2017 and the Berlin Consensus Statement on Concussion in Sport, October 2016.

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

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

Each stage must last a minimum of 24 hours.

Initial Rest

- 24 – 48 hours of relative cognitive rest:
 - Activities permitted if tolerated by student:
 - Short board/card games
 - Short phone calls
 - Photography (with camera)
 - Crafts
 - Activities that are not permitted at this stage:
 - TV
 - Technology use (for example, computer, laptop, tablet, iPad)/cell phone (for example, texting/games/photography)
 - Video games
 - Reading

- Attendance at school or school-type work
- The student moves to Stage 1 when symptoms start to improve or after resting 2 days maximum (whichever occurs first).

Stage 1

- Light cognitive (thinking/memory/ knowledge) activities
- Gradually increase cognitive activity up to 30 minutes. Take frequent breaks.
 - Activities permitted if tolerated by student:
 - Activities from previous stage
 - Easy reading (for example, books, magazines, newspaper)
 - Limited TV
 - Limited cellphone conversations
 - Drawing/building blocks/puzzles
 - Some contact with friends
 - Activities that are not permitted at this stage:
 - Technology use (for example, computer, laptop, tablet, cell phone (for example, texting/games/photography))
 - Attendance at school or school-type work
- The student moves to Stage 2 when:
 - the student tolerates 30 minutes of light cognitive activity (for example a student should be able to complete 3-4 of the permitted activities in Stage 1) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
 - The student has completed a minimum of 24 hours at Stage 1.
- However:
 - The student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms.
 - The student must return to a medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.

Stage 2

- Gradually add cognitive activity (as per activities permitted). When light cognitive activity is tolerated, introduce school work (at home and facilitated by the school).
 - Activities permitted if tolerated by student:
 - Activities from previous stage
 - School-type work in 30-minute increments
 - Crosswords, word puzzles, Sudoku, word search
 - Limited technology use (for example, computer, laptop, tablet, cell phone (for example, texting/games/photography)) starting with shorter periods and building up as tolerated.
 - Activities that are not permitted at this stage:
 - School attendance
- The student moves to Stage 3a when:
 - The student tolerates the additional cognitive activity (for example a student should be able to complete 3-4 of the activities permitted in Stage 2) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
 - The student has completed a minimum of 24 hours at Stage 2.
- However:
 - The student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms.
 - The student must return to a medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.

Stage 3a

- The student begins with an initial time at school of 2 hours.
- The individual RTL plan is developed by Collaborative Team following the student conference and assessment of the student's individual needs determining possible **strategies and/or approaches for student learning**.

- Activities permitted if tolerated by student:
 - Activities from previous stage
 - 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
 - Adaptation of learning strategies and/or approaches
- Activities that are not permitted at this stage:
 - Tests/exams
 - Homework
 - Music class
 - Assemblies
 - Field trips
- School Responsibility:
 - The student has demonstrated they can tolerate up to a half day of cognitive activity.
 - A **School Concussion Management Form (Return to School Plan)** is sent home to parent/guardian.
- Home Responsibility:
 - The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
 - The 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.
 - The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
 - The School Concussion Management Form (Return to School Plan) is sent back to school.

Stage 3b

- The student continues attending school half time with gradual increase in school attendance time, increased school work and a decrease in the adaptation of learning strategies and/or approaches.
 - Activities permitted if tolerated by student:

- Activities from previous stage
- School work for 4-5 hours per day, in smaller chunks (for example, 2-4 days of school/week)
- Homework – up to 30 minutes per day
- Decrease adaptation of learning strategies and/or approaches
- Classroom testing with accommodations.
- Activities that are not permitted at this stage:
 - Standardized tests/exams
- School Responsibility:
 - The student has demonstrated they can tolerate up to 4-5 hours of the cognitive activities listed in Stage 3b.
 - The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.
- Home Responsibility:
 - The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
 - The 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.
 - The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
 - The School Concussion Management Form (Return to School Plan) is sent back to school.

Stage 4a

- Full day school, minimal adaptation of learning strategies and/or approaches
- Nearly normal workload.
 - Activities permitted if tolerated by student:
 - Activities from previous stage
 - Nearly normal cognitive activities

- Routine school work as tolerated
- Minimal adaptation of learning strategies and/or approaches
 - Start to eliminate adaptation of learning strategies and/or approaches
 - Increase homework to 60 minutes per day
 - Limit routine testing to one test per day with accommodations (for example, supports - such as more time)
- Activities that are not permitted at this stage:
 - Standardized tests/exams
- School Responsibility:
 - The 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.
 - The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.
- Home Responsibility:
 - The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
 - The 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.
 - The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
 - The School Concussion Management Form (Return to School Plan) is sent back to school.

Stage 4b

- At school: full day, without adaptation of learning strategies and/or approaches
 - Activities permitted if tolerated by Student:
 - Normal cognitive activities
 - Routine school work
 - Full curriculum load (attend all classes, all homework, tests)

- Standardized tests/exams
- Full extracurricular involvement (non-sport/non-physical activity, for example, debating club, drama club, chess club)
- School Responsibility:
 - The student has demonstrated they can tolerate a full day of school without adaptation of learning strategies and/or approaches
 - The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.
- Home Responsibility:
 - The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
 - The 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.
 - The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
 - The School Concussion Management Form (Return to School Plan) is sent back to school for documentation purposes.

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Concussion Return to School Plan for Return to Physical Activity

The Concussion Return to School Plan was developed in partnership with Parachute and is based on the most recent research and recommendations of the expert scientific community on concussion, that is, The Canadian Guidelines on Concussion in Sport, July 2017 and the Berlin Consensus Statement on Concussion in Sport, October 2016.

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

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

Each stage must last a minimum of 24 hours.

Initial Rest

- 24 – 48 hours of relative physical rest
 - Activities permitted if tolerated by student:
 - Limited movement that does not increase heart rate or break a sweat
 - Moving to various locations in the home
 - Daily hygiene activities
 - Activities that are not permitted at this stage:
 - Physical exertion (increases breathing and heart rate and sweating)
 - Stair climbing other than to move locations throughout the home
 - Sports/sporting activity
- The student moves to Stage 1 when symptoms start to improve or after resting 2 days maximum (whichever occurs first).

Stage 1

- Light physical activities (as per activities permitted) 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).
 - Activities permitted if tolerated by student:
 - Daily household tasks (for example, bed-making, dishes, feeding pets, meal preparation)
 - Slow walking for short time
 - Activities that are not permitted at this stage:
 - Physical exertion (increases breathing and heart rate and sweating)
 - Sports/sporting activity
 - Stair climbing, other than to move locations throughout the home
- The student moves to Stage 2a when:
 - The student tolerates light physical activities (completes both activities from Stage 1) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
 - The student has completed a minimum of 24 hours at Stage 1.
- However:
 - The student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms.
 - The student must return to a medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.

Stage 2a

- Daily activities that do not provoke symptoms.
- Add additional movements that do not increase breathing and/or heart rate or break a sweat.
 - Activities permitted if tolerated by student:

- Activities from previous stage
- Light physical activity (for example, use of stairs)
- 10-15 minutes slow walking 1-2x per day inside and outside (weather permitting)
- Activities that are not permitted at this stage:
 - Physical exertion (increases breathing and/or heart rate and sweating)
 - Sports
- The student moves to Stage 2b when:
 - The student tolerates daily physical activities (completes activities permitted in Stage 2a) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
 - The student has completed a minimum of 24 hours at Stage 2a.
- However:
 - The student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms.
 - The student must return to a medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.

Stage 2b

- Light aerobic activity
 - Activities permitted if tolerated by student:
 - Activities from previous stage
 - 20-30 minutes walking/stationary cycling/recreational (that is, at a pace that causes some increase in breathing/heart rate but not enough to prevent a student from carrying on a conversation comfortably)
 - Activities that are not permitted at this stage:

- Resistance or weight training
- Physical activities with others
- Physical activities using equipment
- The student moves to Stage 3 when:
 - The student tolerates light aerobic activities (completes activities permitted from Stage 2b) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms
 - The student has completed a minimum of 24 hours at Stage 2b.
- However:
 - The student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms.
 - The student must return to a medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.

Stage 3

- Simple locomotor activities/sport-specific exercise to add movement.
 - Activities permitted if tolerated by student:
 - Activities from previous stage (20-30 minutes walking/stationary cycling/elliptical/recreational dancing at a moderate pace)
 - Simple individual drills (for example, running/throwing drills, skating drills in hockey, shooting drills in basketball) in predictable and controlled environments with no risk of re-injury
 - Restricted recess activities (for example, walking)
 - Activities that are not permitted at this stage:
 - Full participation in physical education or Daily Physical Activity
 - Participation in intramurals
 - Full participation in interschool practices
 - Interschool competitions

- Resistance or weight training
 - Body contact or head impact activities (for example, heading a soccer ball)
 - Jarring motions (for example, high speed stops, hitting a baseball with a bat)
- School Responsibility:
 - The student has demonstrated they can tolerate simple individual drills/sport-specific drills as listed in permitted activities.
 - A **School Concussion Management Form (Return to School Plan)** is sent home to parent/guardian.
 - Home Responsibility:
 - The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
 - The 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.
 - The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
 - The School Concussion Management Form (Return to School Plan) is sent back to school.

Stage 4

- Progressively increase physical activity. Non-contact training drills to add coordination and increased thinking.
 - Activities permitted if tolerated by student:
 - Activities from previous stage
 - More complex training drills (for example, passing drills in soccer and hockey)
 - Physical activity with no body contact (for example, dance, badminton)
 - Participation in practices for non-contact interschool sports (no contact)
 - Progressive resistance training may be started
 - Recess – physical activity running/games with no body contact
 - Daily Physical Activity
 - Activities that are not permitted at this stage:

- Full participation in physical education
 - Participation in intramurals
 - Body contact or head impact activities (for example, heading a soccer ball)
 - Participation in interschool contact sport practices, or interschool games/competitions (non-contact and contact)
- School Responsibility:
 - The student has completed the activities in Stage 4 as applicable.
 - The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.
 - A **Concussion Medical Clearance Form** is sent home to parent/guardian.
 - Home Responsibility:
 - The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
 - The 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.
 - The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
 - The School Concussion Management Form (Return to School Plan) is sent back to school.
 - Before progressing to Stage 5, the student must:
 - have completed Stage 4a and 4b of the RTL Plan (full day at school without adaptation of learning strategies and/or approaches);
 - have completed Stage 4 and be symptom-free; and
 - obtain a signed medical clearance from a medical doctor or nurse practitioner.
 - Please Note: Premature return to contact sports (full practice and game play) may cause a significant setback in recovery.

Stage 5

- Following medical clearance, full participation in all non-contact physical activities (that is, non-intentional body contact) and full contact training/practice in contact sports.

- Activities permitted if tolerated by student:
 - Physical Education
 - Intramural programs
 - Full contact training/practice in contact interschool sports
- Activities that are not permitted at this stage:
 - Competition (for example, games, meets, events) that involves body contact
- School Responsibility:
 - The student has successfully completed the applicable physical activities in Stage 5.
 - The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.
- Home Responsibility:
 - The student has not exhibited or reported a return of symptoms or new symptoms.
 - The student has exhibited or reported a return of symptoms or new symptoms and must return to medical doctor or nurse practitioner for Medical Clearance reassessment.
 - The School Concussion Management Form (Return to School Plan) is sent back to school.

Stage 6

- Unrestricted return to contact sports. Full participation in contact sports games/competitions
- School Responsibility:
 - The student has successfully completed full participation in contact sports.
 - The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.
- Home Responsibility:

- The student has not exhibited or reported a return of symptoms or new symptoms.
- The student has exhibited or reported a return of symptoms or new symptoms and must return to medical doctor or nurse practitioner for Medical Clearance reassessment.
- The School Concussion Management Form (Return to School Plan) is sent back to school for documentation purposes.

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Concussion Management Plan Responsibilities - School Principal/Designate

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

- inform all school staff (for example, classroom teachers, physical education teachers, intramural supervisors, coaches) and volunteers who work with the student of the results;
- communicate (for example, in-person meeting, phone conference, video conference, email) with parents/guardians, and where appropriate with the student;
 - to explain the stages of Initial Rest to Stage 2 of the **Concussion Return to School Plan for Return to Learning (RTL)** and the stages of Initial Rest to Stage 2b of the **Concussion Return to School Plan for Return to Physical Activity (RTPA)** that occur at home.
 - to provide and explain the purpose of the **Home Concussion Management Form (Return to School Plan)** (to document the student's progress through the stages of RTL and RTPA).
 - the student must complete the RTL – Stage 2 and RTPA – Stage 2b prior to returning to school; and
 - completion must be documented and returned to the school using a Home Concussion Management Form (Return to School Plan).
- to provide information about concussion recovery:
 - Most students who sustain a concussion while participating in sport/physical activities will make a complete recovery and be able to return to full school and sport/physical activities within 1-4 weeks of injury.
 - Approximately 15-30% of individuals will experience symptoms that persist beyond this time frame.
 - Individuals who experience persistent post-concussion symptoms (> 4 weeks for youth athletes) may benefit from referral to a medically supervised multidisciplinary concussion clinic that has access to professionals with licensed training in traumatic brain injury that

may include experts in sport medicine, neuropsychology, physiotherapy, occupational therapy, neurology, neurosurgery, and rehabilitation medicine.

- Ensure all documentation is filed as per school board policy. For example:
 - A [Tool to Identify a Suspected Concussion](#)
 - A [Medical Concussion Assessment Form](#)
 - A [Home Concussion Management Form \(Return to School Plan\)](#)
 - A [School Concussion Management Form \(Return to School Plan\)](#)
 - A [Medical Concussion Clearance Form](#)
 - [Collaborative Team's learning strategies and adaptations](#) for student recovery (Explain the Collaborative Team Approach and their role on the team when the student returns to school)

For associated general procedures for when the student is at home, consult the [Sample Home Concussion Management Form \(Return to School Plan\)](#).

When the Student Returns to School

A **School Concussion Management Form (Return to School Plan)** is provided for school administrators and school collaborative teams to use in the management of a student's return to school and return to physical activity following a diagnosed concussion. It does not replace medical advice. While the 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. Different students will progress at different rates.

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

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

- if symptoms re-appear, or new symptoms appear the student returns to previous stage for a minimum of 24 hours and only participates in activities that can be tolerated.
- if symptoms worsen over time, student must return to medical doctor or nurse practitioner.

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

For associated General Procedures consult the **Sample School Concussion Management Form (Return to School Plan)**.

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Sample Home Concussion Management Form

The Return to Learning (RTL) and Return to Physical Activity (RTPA) Plans have been developed in partnership with Parachute and are based on the most recent research and recommendations of the expert scientific community on concussion, that is the Canadian Guidelines on Concussion in Sport, July 2017 and the Berlin Consensus Statement on Concussion in Sport, October 2016.

The Home Return to School Form is for parents/guardians to track and communicate to the school a student's progress through the stages of the [Return to Learning \(RTL\) plan](#) and the [Return to Physical Activity \(RTPA\) plan](#) following a diagnosed concussion.

This section includes:

- [Background Information on the Concussion Recovery Process](#)
- [General Procedures for a Home Concussion Management Form \(Return to School Plan\)](#)
- [Instructions for a Home Concussion Management Form \(Return to School Plan\)](#)
- [Sample Home Concussion Management Form \(Return to School Plan\)](#)

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Background Information on the Concussion Recovery Process

A student with a diagnosed concussion needs to follow a Return to School Plan which includes an individualized and gradual Return to Learning (RTL) plan and Return to Physical Activity (RTPA) plan. In developing the Return to School Plan, the RTL process is designed to meet the particular needs of the student, as there is not a pre-set plan 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 sport organizations with which the student is involved and registered with consultation from the student's medical doctor or nurse practitioner and/or other licensed healthcare providers (for example, nurses, physiotherapists, chiropractors and athletic therapists).

There are two parts to a student's RTL and RTPA plan. This first part occurs at home and prepares the student for the second part which occurs at school. The school part of the plan begins with:

- A meeting with the principal/designate to provide the parent(s)/guardian(s) information on:
 - the school part of the RTL and RTPA plan
 - the Collaborative Team participants and parent(s)/guardian(s) role on the team
- A student assessment to determine possible strategies and/or approaches for student learning

The home stages of the Return to School Plan for RTL and RTPA (Initial Rest to Stage 2 for RTS and Initial Rest to Stage 2b of RTPA) 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.

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General Procedures For a Home Concussion Management Form (Return to School Plan)

- The stages of the plan occur at home under the supervision of the parent/guardian in consultation with the medical doctor/nurse practitioner and/or other licensed healthcare providers.
- A student moves forward to the next stage when activities at the current stage are tolerated and the student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- If symptoms return, or new symptoms appear during stages 1 and 2 of the **Concussion Return to School Plan for Return to Learning (RTL)** and the **Concussion Return to School Plan for Return to Physical Activity (RTPA)**, 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 should contact the medical doctor/nurse practitioner or seek medical help immediately.
- 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.
- A student must not return to vigorous or organized physical activities where the risk of re-injury is possible, until they have successfully completed all stages of the Return to School plan. However early introduction of some low intensity physical activity in controlled and predictable environments with no risk of re-injury is appropriate.
- This plan does not replace medical advice.
- Progression through the plan is individual, timelines and activities may vary.

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Instructions for the Home Concussion Management Form (Return to School Plan)

- 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 Return to Learning (RTL) stages at a faster or slower rate than the Return to Physical Activity (RTPA) stages.
- When the student has successfully completed stages 1 and 2 of the Concussion Return to School Plan for RTL and RTPA, 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 RTL and RTPA plan.

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Sample Home Concussion Management Form (Return to School Plan)

The Return to Learning (RTL) and Return to Physical Activity (RTPA) Plans have been developed in partnership with Parachute and are based on the most recent research and recommendations of the expert scientific community on concussion, that is the Canadian Guidelines on Concussion in Sport, July 2017 and the Berlin Consensus Statement on Concussion in Sport, October 2016.

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

Before using the Home Concussion Management Form (Return to School Plan), consult the [General Procedures and the Instructions for the Home Concussion Management Form \(Return to School Plan\)](#).

The Sample Home Concussion Management Form (Return to School Plan) derives from the stage of Initial Rest to Stage 2 of the [Concussion Return to School Plan for Return to Learning](#) and the stages of Initial Rest to Stage 2b of the [Concussion Return to School Plan for Return to Physical Activity](#).

Student Name:

Date:

Return to Learning (RTL)

Each stage must last a minimum of 24 hours.

Initial Rest

- 24 – 48 hours of relative cognitive rest:

- Sample activities permitted if tolerated by student:
 - Short board/card games
 - Short phone calls
 - Photography (with camera)
 - Crafts
- Activities that are not permitted at this stage:
 - TV
 - Technology use (for example, computer, laptop, tablet, iPad)/cell phone (for example, texting/games/photography)
 - Video games
 - Reading
 - Attendance at school or school-type work
- The student moves to Stage 1 when:
 - Symptoms start to improve or after resting 2 days maximum (whichever occurs first).

Stage 1

- Light cognitive (thinking/memory/ knowledge) activities
- Gradually increase cognitive activity up to 30 minutes. Take frequent breaks.
 - Activities permitted if tolerated by student:
 - Activities from previous stage
 - Easy reading (for example, books, magazines, newspaper)
 - Limited TV
 - Limited cellphone conversations
 - Drawing/building blocks/puzzles
 - Some contact with friends
 - Activities that are not permitted at this stage:
 - Technology use (for example, computer, laptop, tablet, cell phone (for example, texting/games/photography))

- Attendance at school or school-type work
- The student moves to Stage 2 when:
 - the 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.
 - The student has completed a minimum of 24 hours at Stage 1.
- However:
 - The student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms.
 - The student must return to a medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.

Stage 2

- Gradually add cognitive activity (as per activities permitted). When light cognitive activity is tolerated, introduce school work (at home and facilitated by the school).
 - Activities permitted if tolerated by student:
 - Activities from previous stage
 - School-type work in 30-minute increments
 - Crosswords, word puzzles, Sudoku, word search
 - Limited technology use (for example, computer, laptop, tablet, cell phone (for example, texting/games/photography)) starting with shorter periods and building up as tolerated.
 - Activities that are not permitted at this stage:
 - School attendance
- The student moves to Stage 3a when:
 - The 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.
 - The student has completed a minimum of 24 hours at Stage 2.
- However:

- The student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms.
- The student must return to a medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.

Return to Physical Activity (RTPA)

Each stage must last a minimum of 24 hours.

Initial Rest

- 24 – 48 hours of relative physical rest
 - Sample activities permitted if tolerated by student:
 - Limited movement that does not increase heart rate or break a sweat
 - Moving to various locations in the home
 - Daily hygiene activities
 - Activities that are not permitted at this stage:
 - Physical exertion (increases breathing and heart rate and sweating)
 - Stair climbing other than to move locations throughout the home
 - Sports/sporting activity
- The student moves to Stage 1 when:
 - Symptoms start to improve or after resting 2 days maximum (whichever occurs first).

Stage 1

- Light physical activities (as per activities permitted) 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).
 - Activities permitted if tolerated by student:

- Daily household tasks (for example, bed-making, dishes, feeding pets, meal preparation)
- Slow walking for short time
- Activities that are not permitted at this stage:
 - Physical exertion (increases breathing and heart rate and sweating)
 - Sports/sporting activity
 - Stair climbing, other than to move locations throughout the home
- The student moves to Stage 2a when:
 - The student tolerates light physical activities (completes both activities permitted from Stage 1) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
 - The student has completed a minimum of 24 hours at Stage 1.
- However:
 - The student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms.
 - The student must return to a medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.

Stage 2a

- Daily activities that do not provoke symptoms.
- Add additional movements that do not increase breathing and/or heart rate or break a sweat.
 - Activities permitted if tolerated by student:
 - Activities from previous stage
 - Light physical activity (for example, use of stairs)
 - 10-15 minutes slow walking 1-2x per day inside and outside (weather permitting)
 - Activities that are not permitted at this stage:

- Physical exertion (increases breathing and/or heart rate and sweating)
 - Sports
 - Sporting activities
- The student moves to Stage 2b when:
 - The student tolerates daily physical activities (completes activities permitted in Stage 2a) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
 - The student has completed a minimum of 24 hours at Stage 2a
 - However:
 - The student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms.
 - The student must return to a medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.

Stage 2b

- Light aerobic activity
 - Activities permitted if tolerated by student:
 - Activities from previous stage
 - 20-30 minutes walking/stationary cycling/recreational (that is, at a pace that causes some increase in breathing/heart rate but not enough to prevent a student from carrying on a conversation comfortably)
 - Activities that are not permitted at this stage:
 - Resistance or weight training
 - Physical activities with others
 - Physical activities using equipment
- The student moves to Stage 3 when:

- The student tolerates light aerobic activities (completes activities permitted in Stage 2b) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms
- The student has completed a minimum of 24 hours at Stage 2b.
- However:
 - The student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms.
 - The student must return to a medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.

Parent/Guardian

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

Signature

Date:

Comments:

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Concussion Return to School Plan Responsibilities - Parents/Guardians

When the student has successfully completed the stages of Initial Rest to Stage 2 of the [Return to Learning \(RTL\) plan](#) and the stages of Initial Rest to Stage 2b of the [Return to Physical Activity \(RTPA\) plan](#) the parent/guardian informs the school principal:

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

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Concussion Return to School Plan Responsibilities - The Collaborative Team Approach

The school collaborative team provides an important role in a student's recovery. In consultation with the parents/guardians, the team identifies the student's needs and provides learning strategies and approaches for cognitive and emotional/behavioural difficulties for the prescribed stages, 3a to 4b, in the Concussion Return to School Plan for Return to Learning (RTL) and stages 3 to 6 in the Concussion Return to School Plan for Return to Physical Activity (RTPA). Led by the school principal/designate, the team should include:

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

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

Designated School Staff Lead of the Collaborative Team

One school staff lead (that is, a member of the collaborative team, either the school principal/designate, or another staff person designated by the school principal) 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.

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

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

- the student has a diagnosed concussion just prior to winter break, spring break or summer vacation; in this circumstance, the collaborative team must ensure that the student has:
 - completed RTL Stage 1 – 4b (full day at school without adaptation of learning strategies and/or approaches);
 - completed RTPA Stage 1 – 4 and is symptom free; and
 - obtained a signed medical concussion clearance form from a medical doctor or nurse practitioner that indicates the student is able to return to full participation in Physical Education, intramural activities, Interschool sports (non-contact) and full contact training/practice in contact interschool sports.
- the student is neither enrolled in Health and Physical Education class, nor participating on a school team, the collaborative team must ensure that the student has:
 - completed RTL Stage 1 – 4b (full day at school without adaptation of learning strategies and/or approaches);
 - obtained a signed Medical Concussion Clearance Form from a medical doctor or nurse practitioner 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 concussion clearance** form must be provided by the student's parent/guardian to the school principal/designate and kept on file (as per school board policy).

Return to School Strategies and/or Approaches

Consult [Sample Return to School Strategies and/or Approaches for Cognitive and Emotional/Behavioural Difficulties](#).

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

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

Sample Strategies and/or Approaches for Cognitive Difficulties

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

Post-Concussion Symptoms	Impact on Student's Learning	Potential Strategies and/or Approaches
Difficulty remembering or processing speed	Difficulty retaining new information, remembering instructions, and accessing learned information	<ul style="list-style-type: none"> • Provide a daily organizer and prioritize tasks • Provide visual aids/cues and/or advance organizers (for example, visual cueing, non-verbal signs) • Divide larger assignments/assessments into smaller tasks • Provide the student with a copy of class notes • Provide access to technology • Repeat instructions • Provide alternative methods for the student to demonstrate mastery

Post-Concussion Symptoms	Impact on Student's Learning	Potential Strategies and/or Approaches
Difficulty paying attention/concentrating	Limited/short-term focus on schoolwork and Difficulty maintaining a regular academic workload or keeping pace with work demands	<ul style="list-style-type: none"> • Coordinate assignments and projects among all teachers • Use a planner/organizer to manage and record daily/weekly homework and assignments • Reduce and/or prioritize homework, assignments, and projects • Extend deadlines or break down tasks • Facilitate the use of a peer note taker • Provide alternate assignments and/or tests • Check frequently for comprehension • Consider limiting tests to one per day and student may need extra time or a quiet environment

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

Sample Strategies and/or Approaches for Emotional/Behavioural Difficulties

Post-Concussion Symptoms	Impact on Student's Learning	Potential Strategies and/or Approaches

Anxiety	<ul style="list-style-type: none"> • Decreased attention/concentration • Overexertion to avoid falling behind 	<ul style="list-style-type: none"> • Inform the student of any changes in the daily timetable/schedule • Adjust the student's timetable/schedule as needed to avoid fatigue (for example, 1-2 hours/periods, half-days, full-days) • Build in more frequent breaks during the school day • Provide the student with preparation time to respond to questions
Irritable or frustrated	<ul style="list-style-type: none"> • Inappropriate or impulsive behaviour during class 	<ul style="list-style-type: none"> • Encourage teachers to use consistent strategies and approaches • Acknowledge and empathize with the student's frustration, anger, or emotional outburst, if and as they occur • Reinforce positive behaviour • Provide structure and consistency on a daily basis • Prepare the student for change and transitions • Set reasonable expectations • Anticipate and remove the student from a problem situation (without characterizing it as punishment)

Light/noise sensitivity	<ul style="list-style-type: none"> • Difficulties working in classroom environment (for example, lights, noise) 	<ul style="list-style-type: none"> • Arrange strategic seating (for example, move the student away from window or talkative peers, proximity to the teacher or peer support, quiet setting) • Where possible provide access to special lighting (for example, task lighting, darker room) • Minimize background noise • Provide alternative settings (for example, alternative work space, study carrel) • Avoid noisy crowded environments such as assemblies and hallways during high traffic times • Allow the student to eat lunch in a quiet area with a few friends • Where possible provide ear plugs/headphones, sunglasses
Depression/withdrawal	<ul style="list-style-type: none"> • Withdrawal from participation in school activities or friends 	<ul style="list-style-type: none"> • Build time into class/school day for socialization with peers • Partner student with a “buddy” for assignments or activities

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

Please Note: “Compared to older students, elementary school children are more likely to complain of physical problems or misbehave in response to cognitive overload, fatigue, and other concussion symptoms.” (*Concussion in the Classroom. (n.d.). Upstate University Hospital Concussion Management Program. Retrieved from*

<http://www.upstate.edu/pmr/healthcare/programs/concussion/pdf/classroom.pdf>

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Sample School Concussion Management Form

The Return to Learning (RTL) and Return to Physical Activity (RTPA) Plans have been developed in partnership with Parachute and are based on the most recent research and recommendations of the expert scientific community on concussion, that is the Canadian Guidelines on Concussion in Sport, July 2017 and the Berlin Consensus Statement on Concussion in Sport, October 2016.

The School Concussion Management Form (Return to School Plan) is for parents/guardians and the school Collaborative Team to communicate and track a student's progress through the stages of the Return to Learning and Return to Physical Activity plans following completion of the Home Concussion Return to School Plan for Return to Learning and Return to Physical Activity. The RTL and RTPA plans are used with the Concussion Protocol.

This section includes:

- **Background Information on the Concussion Recovery Process**
- **General Procedures for a School Concussion Management Form (Return to School Plan)**
- **Instructions for a School Concussion Management Form (Return to School Plan)**
- **Sample School Concussion Management Form (Return to School Plan)**

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Background Information on the Concussion Recovery Process

A student with a diagnosed concussion needs to follow a Return to School Plan which includes an individualized and gradual Return to Learning (RTL) plan and Return to Physical Activity (RTPA) plan. In developing the Return to School Plan, the RTL process is designed to meet the particular needs of the student, as there is not a pre-set plan 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 sport organizations with which the student is involved and registered with consultation from the student's medical doctor or nurse practitioner and/or other licensed healthcare providers (for example, nurses, physiotherapists, chiropractors and athletic therapists).

There are two parts to a student's RTL and RTPA plan. This first part occurs at home and prepares the student for the second part which occurs at school. The school part of the plan begins with:

- A meeting with the principal/designate to provide the parent(s)/guardian(s) information on:
 - the school part of the RTL and RTPA plan
 - the Collaborative Team participants and parent(s)/guardian(s) role on the team
- A student assessment to determine possible strategies and/or approaches for student learning

The home stages of the Return to School Plan for RTL and RTPA (Initial Rest to Stage 2 for RTS and Initial Rest to Stage 2b of RTPA) 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.

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General Procedures for a School Concussion Management Form (Return to School Plan)

Stages 3a to 4b of the [Concussion Return to School Plan for Return to Learning \(RTL\)](#) and stages 3 to 6 of the [Concussion Return to School Plan for Return to Physical Activity \(RTPA\)](#) focuses on a student's progression through the school stages of the Return to Learning (RTL) plan and Return to Physical Activity (RTPA) plan. It has been designed to provide direction for, and documentation of the stages of the RTL and RTPA Plan.

The school part of the plan begins with:

- A parent/guardian and principal/designate meeting (for example, in-person, phone conference, video conference, email) to provide information on:
 - the school part of the RTL and RTPA plan;
 - 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 RTL plan and to identify:
 - the RTL learning strategies and/or approaches required by the student based on the post-concussion symptoms;
 - the best way to provide opportunities for the permissible activities.

General Procedures for Return to School

- Stages 3a to 4b of the Concussion Return to School Plan for Return to Learning (RTL) and Stages 3 to 6 of the Concussion Return to School Plan for Return to Physical Activity (RTPA) 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).
- Inform parent/guardian/student of the importance to disclose a concussion diagnosis with any outside coach/sport organization(s) with which the student is involved or registered.
- Stages are not days – each stage must take a minimum of 24 hours and the length of time needed to complete each stage will vary based on the severity of the concussion and the

student.

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

- Upon completion of the RTL and RTPA plans, this form is returned to the principal/designate for filing as per school board's procedures.

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Instructions for the School Concussion Management Form (Return to School Plan)

At each stage, the School Concussion Management Form (Return to School Plan) for Return to Learning (RTL) and Return to Physical Activity (RTPA) (hard copy/electronic) will go back and forth between the school and home.

- Review the activities (permitted and not permitted) at each stage prior to beginning the plan.
- The school (for example, teacher, collaborative team lead) provides appropriate activities and records student's progress by checking, dating, initialling completion of each stage and communicating information (form) to parent/guardian.
- Within each stage, the parent/guardian completes, checks, dates and signs the student's tolerance to those activities (that is, no returning, new or worsening symptoms) giving permission for the student to progress to the next stage and returns completed form to school.

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Sample School Concussion Management Form (Return to School Plan)

The Return to Learning (RTL) and Return to Physical Activity (RTPA) Plans have been developed in partnership with Parachute and are based on the most recent research and recommendations of the expert scientific community on concussion, that is the Canadian Guidelines on Concussion in Sport, July 2017 and the Berlin Consensus Statement on Concussion in Sport, October 2016.

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

Before using the School Concussion Management Form (Return to School Plan), consult the **General Procedures and the Instructions for the School Concussion Management Form (Return to School Plan)**.

The Sample School Concussion Management Form (Return to School Plan) derives from stages 3a to 4b of the **Concussion Return to School Plan for Return to Learning** and the stages of 3 to 6 of the **Concussion Return to School Plan for Return to Physical Activity**.

Name:

Date:

Return to Learning (RTL)

Stage 3a

- The student begins with an initial time at school of 2 hours.
- The individual RTL plan is developed by Collaborative Team following the student conference

and assessment of the student's individual needs determining **possible strategies and/or approaches for student learning**.

- Activities permitted if tolerated by student:
 - Activities from previous stage (consult the **Concussion Return to School Plan for Return to Learning** and the **Concussion Return to School Plan for Return to Physical Activity**.)
 - 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
 - Adaptation of learning strategies and/or approaches
- Activities that are not permitted at this stage:
 - Tests/exams
 - Homework
 - Music class
 - Assemblies
 - Field trips

School Responsibility

- The student has demonstrated they can tolerate up to a half day of cognitive activity.
- The School Concussion Management Form (Return to School Plan) is sent home to parents/guardians.

School Initial (for example, collaborative team lead/designate):

Date:

Home Responsibility

- The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- The 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.
- The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
- The School Concussion Management Form (Return to School Plan) is sent back to school.

Parent/Guardian Signature:

Date:

Comments:

Stage 3b

- The student continues attending school half time with gradual increase in school attendance time, increased school work and a decrease in the adaptation of learning strategies and/or approaches.
 - Activities permitted if tolerated by student:
 - Activities from previous stage
 - School work for 4-5 hours per day, in smaller chunks (for example, 2-4 days of school/week)
 - Homework – up to 30 minutes per day

- Decrease adaptation of learning strategies and/or approaches
- Classroom testing with accommodations.
- Activities that are not permitted at this stage:
 - Standardized tests/exams

School Responsibility

- The student has demonstrated they can tolerate up to 4-5 hours of the cognitive activities listed.
- The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.

School Initial (for example, collaborative team lead/designate):

Date:

Home Responsibility

- The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- The 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.
- The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
- The School Concussion Management Form (Return to School Plan) is sent back to school.

Parent/Guardian Signature:

Date:

Comments:

Stage 4a

- Full day school, minimal adaptation of learning strategies and/or approaches
- Nearly normal workload.
 - Activities permitted if tolerated by student:
 - Activities from previous stage
 - Nearly normal cognitive activities
 - Routine school work as tolerated
 - Minimal adaptation of learning strategies and/or approaches
 - Start to eliminate adaptation of learning strategies and/or approaches
 - Increase homework to 60 minutes per day
 - Limit routine testing to one test per day with accommodations (for example, supports - such as more time)
 - Activities that are not permitted at this stage:
 - Standardized tests/exams

School Responsibility

- The 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.
- The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.

School Initial (for example, collaborative team lead/designate):

Date:

Home Responsibility

- The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- The 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.
- The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
- The School Concussion Management Form (Return to School Plan) is sent back to school.

Parent/Guardian Signature:

Date:

Comments:

Stage 4b

- At school: full day, without adaptation of learning strategies and/or approaches
 - Activities permitted if tolerated by Student:
 - Normal cognitive activities
 - Routine school work
 - Full curriculum load (attend all classes, all homework, tests)
 - Standardized tests/exams
 - Full extracurricular involvement (non-sport/non-physical activity, for example, debating club, drama club, chess club)

School Responsibility

- The student has demonstrated they can tolerate a full day of school without adaptation of learning strategies and/or approaches
- The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.

School Initial (for example, collaborative team lead/designate):

Date:

Home Responsibility

- The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- The 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.

The student has exhibited or reported a worsening of symptoms and must return to medical doctor

- or nurse practitioner.
- The School Concussion Management Form (Return to School Plan) is sent back to school for documentation purposes.

Parent/Guardian Signature:

Date:

Comments:

Return to Physical Activity (RTPA)

Stage 3

- Simple locomotor activities/sport-specific exercise to add movement.
 - Activities permitted if tolerated by student:
 - Activities from previous stage (20-30 minutes walking/stationary cycling/elliptical/recreational dancing at a moderate pace)
 - Simple individual drills (for example, running/throwing drills, skating drills in hockey, shooting drills in basketball) in predictable and controlled environments with no risk of re-injury
 - Restricted recess activities (for example, walking)
 - Activities that are not permitted at this stage:
 - Full participation in physical education or Daily Physical Activity

- Participation in intramurals
- Full participation in interschool practices
- Interschool competitions
- Resistance or weight training
- Body contact or head impact activities (for example, heading a soccer ball)
- Jarring motions (for example, high speed stops, hitting a baseball with a bat)

School Responsibility

- The student has demonstrated they can tolerate simple individual drills/sport-specific drills as listed in permitted activities.
- The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.

School Initial (for example, collaborative team lead/designate):

Date:

Home Responsibility

- The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- The 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.
- The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
- The School Concussion Management Form (Return to School Plan) is sent back to school.

Parent/Guardian Signature:

Date:

Comments:

Stage 4

- Progressively increase physical activity. Non-contact training drills to add coordination and increased thinking.
 - Activities permitted if tolerated by student:
 - Activities from previous stage
 - More complex training drills (for example, passing drills in soccer and hockey)
 - Physical activity with no body contact (for example, dance, badminton)
 - Participation in practices for non-contact interschool sports (no contact)
 - Progressive resistance training may be started
 - Recess – physical activity running/games with no body contact
 - Daily Physical Activity
 - Activities that are not permitted at this stage:
 - Full participation in physical education
 - Participation in intramurals
 - Body contact or head impact activities (for example, heading a soccer ball)
 - Participation in interschool contact sport practices, or interschool

games/competitions (non-contact and contact)

School Responsibility

- The student has completed the activities in Stage 4 as applicable.
- The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.
- A Concussion Medical Clearance Form is sent home to parent/guardian.

School Initial (for example, collaborative team lead/designate):

Date:

Home Responsibility

- The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- The 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.
- The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
- The School Concussion Management Form (Return to School Plan) is sent back to school.

Parent/Guardian Signature:

Date:

Comments:

- Before progressing to Stage 5, the student must:
 - have completed Stage 4a and 4b of RTL (full day at school without adaptation of learning strategies and/or approaches);
 - have completed Stage 4 of RTPA and be symptom-free; and
 - obtain a signed medical clearance from a medical doctor or nurse practitioner.
- Please Note: Premature return to contact sports (full practice and game play) may cause a significant setback in recovery.

Stage 5

- Following medical clearance, full participation in all non-contact physical activities (that is, non-intentional body contact) and full contact training/practice in contact sports.
 - Activities permitted if tolerated by student:
 - Physical Education
 - Intramural programs
 - Full contact training/practice in contact interschool sports
 - Activities that are not permitted at this stage:
 - Competition (for example, games, meets, events) that involves body contact

School Responsibility

- The student has successfully completed the applicable physical activities in Stage 5.

The School Concussion Management Form (Return to School Plan) is sent home to

parent/guardian.

School Initial (for example, collaborative team lead/designate):

Date:

Home Responsibility

- The student has not exhibited or reported a return of symptoms or new symptoms.
- The student has exhibited or reported a return of symptoms or new symptoms and must return to medical doctor or nurse practitioner for a Medical Clearance reassessment.
- The School Concussion Management Form (Return to School Plan) is sent back to school.

Parent/Guardian Signature:

Date:

Comments:

Stage 6

- Unrestricted return to contact sports. Full participation in contact sports games/competitions

School Responsibility

- The student has successfully completed full participation in contact sports.
- The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.

School Initial (for example, collaborative team lead/designate):

Date:

Home Responsibility

- The student has not exhibited or reported a return of symptoms or new symptoms.
- The student has exhibited or reported a return of symptoms or new symptoms and must return to medical doctor or nurse practitioner for a Medical Clearance reassessment.
- The School Concussion Management Form (Return to School Plan) is sent back to school for documentation purposes.

Parent/Guardian Signature:

Date:

Comments:

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