



Niagara Catholic District School Board

CONCUSSION

ADMINISTRATIVE OPERATIONAL PROCEDURES

300-Schools/Students

No 303.1

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In keeping with the Mission, Vision and Values of the Niagara Catholic District School Board, the following are Administrative Operational Procedures for Concussion.

PREAMBLE

The Niagara Catholic District School Board (Board) recognizes the importance of the health, safety and overall well-being of its students and is committed to taking steps to reduce the risk of injury. These Administrative Operational Procedures are a tool assist in the prevention, recognition and return to sport protocol for individuals who have a concussion or are suspected to have a concussion.

The Board recognizes that children and adolescents are among those at greatest risk for concussions and that while there is potential for a concussion any time there is body trauma, the risk is greatest during activities where collisions can occur, such as during physical education classes, playground time, or school-based sports activities.

Concussion prevention, recognition and management requires the cooperation of all partners in the school community. To ensure the safety of students while they enjoy the many benefits of being active, parents/guardians, students, volunteers, staff, and school boards must all understand and fulfill their responsibilities. It is critical to a student's recovery that the Return to Learn/Return to Physical Activity Plans be developed through a collaborative team approach.

Increasing awareness of conditions to prevent and identify symptoms related to concussions will support the proper management of concussions, reducing increased risk. These Administrative Operational Procedures includes requirements described in Ministry of Education Policy/Program Memoranda, procedures pursuant to the *Education Act* and other relevant Ministry of Education materials .

PURPOSE

The Niagara Catholic District School Board recognizes concussions as a serious injury which requires appropriate follow-up measures to reduce risk of potential additional injury. Concussion awareness, prevention, identification and management are a priority for the Board. The implementation of the Board's Concussion Administrative Operational Procedures is another important step in creating healthier schools in the Niagara Catholic District School Board.

DEFINITIONS

A concussion:

- is a brain injury that causes changes in how the brain functions, leading to symptoms that can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty concentrating or remembering), emotional/behavioural (e.g., depression, irritability) and/or related to sleep (e.g., drowsiness, difficulty falling asleep)
- may be caused either by a direct blow to the head, face or neck, or a blow to the body that transmits a force to the head that causes the brain to move rapidly within the skull

- can occur even if there has been no loss of consciousness (in fact most concussions occur without a loss of consciousness)
- cannot be seen on X-rays, standard CT scans or MRIs
- is a clinical diagnosis made by a medical doctor or nurse practitioner*
- * It is critical that a student with a suspected concussion be examined by a medical doctor or nurse practitioner as soon as possible.

CONCUSSION SIGNS AND SYMPTOMS

The first step to managing a concussion is being able to recognize common signs and symptoms. A concussion should be suspected following a blow to the head, face or neck, or a blow to the body that transmits a force to the head. It is important to recognize that one or more of the signs or symptoms of a concussion which may take hours or days to appear.

CONCUSSION SIGNS AND SYMPTOMS OF A CONCUSSION

- Signs and symptoms may be different for everyone
- Signs and symptoms can appear immediately after the injury or may take hours or days to emerge
- Concussion symptoms for younger students may not be as obvious compared to older students
- 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 students under 10, with special education needs, or students for whom English/French is not their first language, to communicate how they are feeling
- If student loses consciousness or signs or symptoms worsen, call 911
- Cognitive or physical activities can cause student's symptoms to reappear
- Steps are not days-each step must take a minimum of 24 hours and the length of time needed to complete each step will vary based on the severity of the concussion and the student
- The signs and symptoms of a concussion often last for 7-10 days, but may last longer in children and adolescents
- 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
- If a student returns to activity while symptomatic, or before the brain has fully recovered, they are at an increased risk of sustaining another concussion with symptoms that can be prolonged and increased
- Principals, supervising staff, coaches and volunteers must be very aware of students asking to return to learn and return to play too early.
- Parents/guardians must report non-school related concussions
- Return to Learn/Return to Physical Activity steps must be followed regardless of where diagnosed concussion occurred

DOCUMENTATION

If staff, in communication with the school principal, suspects head trauma or a concussion might be possible:

Appendix C1: *Tool to Identify a Suspected Concussion* and **Appendix D2: *Documentation of Medical Exam*** must be given to the parent/guardian and student.

Appendix C2: *Concussion Recognition Tool* is a pocket sized tool that can also be used to identify a suspected concussion. If staff is not sure of the presence of one or more of these signs and symptoms of a possible concussion

THE DIAGNOSIS OF A CONCUSSION

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 suspected concussions should undergo evaluation by one of these professionals.

PREVENTION

Regardless of the steps taken to prevent injury, some injuries may occur. The severity of the injury may be mitigated by the following:

1. Awareness and education for coaches, volunteers, staff, parents and students to:
 - a) Recognize the symptoms of concussion
 - b) Remove the student from play
 - c) Refer the student to a medical doctor/nurse practitioner
 - d) Connect Curriculum with student learning about concussions and injury prevention
2. Wearing the school's sport specific protective equipment:
 - a) Equipment will fit properly
 - b) Equipment will be well maintained
 - c) Equipment will be worn consistently and correctly
 - d) Equipment will meet current safety standards
 - e) Damaged or expired equipment will be replaced
3. Follow OPHEA sport specific safety guidelines and our Niagara Catholic Fair Play Code of Conduct
4. Ensure all students receive instruction, understand and follow the sport/activity specific safety rules and skills prior to participation (e.g. eliminate all checks to the head and eliminate all hits from behind)
5. Teach skills in proper progression (e.g. emphasize the principles of head-injury prevention, keeping the head up and avoiding collision)
6. Outline the concussion risks associated with the activity/sport and demonstrate how they can be minimized e.g. teach proper sport techniques - correct tackling in football, effective positioning in soccer, use of zones for activities to avoid overcrowding.
7. Students must follow their supervising staff/coach's/volunteer's safety instructions at all times
8. Reinforce that it is extremely important not to return to learning or physical activity while still recovering from a concussion to avoid further risk of injury.
9. Discourage parents/guardians/volunteers/teachers/coaches, school staff from pressuring recovering concussed students to play or learn before they are ready
10. Parents need to reinforce with their child the importance of following the school's safety procedures
11. Parents need to report concussion history on school medical form
12. Provide reassurance, support and request/offer academic accommodations as needed

PROCEDURES

Immediate action must be taken by the individual (e.g. principal, teacher, coach) responsible for the student if the student receives a blow to the head, face or neck, or a blow to the body that transmits a force to the head. If in doubt, sit the student out and proceed with protocol.

Further to the Concussion Administrative Operational Procedures, the Board outlines the following roles and responsibilities:

RESPONSIBILITIES

Family of Schools Superintendents of Education will:

- Perform an annual review of the Concussion Administrative Operational Procedures to ensure the procedures align with current best practice recommendations and, at a minimum, the OPHEA concussion guidelines.
- Create a Concussion Board Report (Student Concussion Appendix A, B, C), to be completed by school principals, to track student concussions and record staff concussion education.
- Review concussion board reports annually to ensure compliance with and effectiveness of the Administrative Procedures.
- Ensure concussion education is made available to all school personnel and volunteers.
- Implement concussion awareness and education strategies for students and their parents/guardians.
- Provide support to schools and staff to ensure enforcement of Return to Learn and Return to Physical Activity Guidelines and the Board Concussion Administrative Operational Procedures.
- Ensure that all board staff, including volunteers, involved in physical activity and supervision (includes but not limited to: recess supervision, curricular, interschool, and intramural physical activity, before and after school care), are trained to recognize signs and symptoms of a suspected concussion and what immediate action to take.
- Ensure that information on the Concussion Administrative Operational Procedures is shared with the school community, including organizations that use the school facilities, such as community sports organizations and licensed child-care providers operating in schools of the Board where applicable.
- Ensure each elementary and secondary school implements the Return to Learn and Return to Physical Activity Plan (Appendix E1, E2)

Principals will:

- Abide by the Concussion Administrative Operational Procedures.
- Ensure staff, volunteers, parents/guardians, and students are aware of the Concussion Administrative Operational Procedures and understand their roles and responsibilities.
- Ensure the Concussion Administrative Operational Procedures is followed by all school staff (including occasional staff/support staff, recess supervisors), parents/guardians, students, and volunteers.
- In honour of Rowan's Law Day, provide training for staff and coaching volunteers by the last Wednesday in September every school year beginning September 2020, and repeat as necessary. The Rowan's Law Day Toolkit for Schools contains sample tools to recognize Rowan's Law Day in schools and to encourage conversation and raise awareness among students, staff and the school community about concussion safety. See Appendix H
- Provide annual concussion training for relevant school staff utilizing the Ophea's Concussion Identification, Management, and Prevention for Schools 2019/20. The e-Learning module was developed to increase awareness and understanding of concussion and of the methods and strategies to be used for identification and appropriate management of concussions. The module also includes strategies and resources to assist in the education of concussion prevention. This e-Learning module is intended for all school staff including educators, administrators, and support staff
- Ensure the Concussion Recognition Tool is included in occasional teacher lesson plans and field trip folders.
- Share concussion information with students and their parents/guardians.
- Ensure lessons on Head Trauma/Concussion Awareness are delivered annually to all students.
- Ensure OPHEA safety guidelines are being followed.
- Work as closely as possible with students, parents/guardians, staff, volunteers, and health professionals to support concussed students with their recovery and academic success.
- Maintain up to date emergency contact and telephone numbers.

- Complete concussion Board report (OSBIE/Appendix I, Student Concussion) as each injury occurs and for each term/semester.
- Attempt to obtain parental/guardian cooperation in reporting all non-school related concussions.
- Ensure concussion information is readily available to all school staff and volunteers.
- Ensure that all incidents are recorded, reported and filed as required by this Administrative Guideline, as appropriate, and with an OSBIE incident report form.
- For students who are experiencing difficulty in their learning environment as a result of a concussion, coordinate the development of an Individual Education Plan (IEP). See the revised OPHEA Strategies released by OPHEA for Return to Learn/Return to Physical Activity Plan/Approaches.
- Approve any adjustments to the student's schedule as required.
- Alert appropriate staff about students with a suspected or diagnosed concussion.
- Prior to student return to school, ensure completion and collection of the following documentation:
 - Documentation of Medical Examination Form (Appendix D2)
 - Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan (Appendices E1, E2)
- File above documents (Appendices D2, E1, E2) in student's OSR and provide copy to appropriate school staff.
- Once concussion is diagnosed, appoint a staff member to act as the student's liaison to ensure adequate communication and coordination of student's needs.
- Ensure Parent/Guardian complete 'Acknowledgement of Risk/Permission to Participate Form
- Ensure Parent/Guardian has been notified of any suspected concussion during the school day the incident occurred at the first reasonable opportunity.

If the Parent/Guardian refuses a physician consultation and/or refuses to adhere to the concussion admin procedure the Principal will:

- Discuss parental concerns (e.g. documentation fees) surrounding the process and attempt to address these concerns
- Provide rationale for the required steps of the Concussion Administrative Procedure
- Include parent/guardian and their child in every step of the recovery process
- Provide parents with concussion information to increase their awareness and knowledge
- Re-iterate the importance of obtaining an official diagnosis from trained physician
- Explain to parent/guardian if staff feels immediate medical attention is required that they are obligated to call 911 even on parent refusal
- Inform parent/guardian that school is obligated to follow the steps of the "Return to Learn" and "Return to Physical Activity" process
- Have parent sign off Appendix E1 and E2 - If unsuccessful in acquiring full parental cooperation seek support from Senior Administration

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

- Attend and complete concussion training (e.g. staff meeting, online, workshop, read concussion package, etc.).
- Ensure that the Acknowledgement of Risk/Permission to Participate Appendix A distributed, completed and signed by parent prior to student participation in a sport.
- Ensure age-appropriate concussion education, including prevention, is included for all students participating in activities that could result in a concussion.
- Every school year, Confirmation must be received from parents, students, coaches, and trainers (which includes both school staff and volunteers) that a Concussion Code of Conduct has been reviewed prior to any participation in board-sponsored interschool sports. (**Appendix G1, G2, G3**)
- Be able to recognize signs, symptoms and respond appropriately in the event of a concussion see Appendix C1: Tool to Identify a Suspected Concussion Appendix C2 Pocket Concussion Recognition Tool Follow current OPHEA safety guidelines and implement risk management and injury prevention strategies.
- Learn about concussions, including prevention strategies, signs and symptoms, concussion management and student roles and responsibilities, throughout applicable curriculum such as:
 - OPHEA's Concussion Awareness Resources

- Rowan's Law E Booklets for students 15 years old and up (which includes student athletes, parents, coaches, official, or Educators).
- Make sure that occasional teaching staff are updated on concussed student's condition.

Parents/Guardians will:

- Insure that any equipment used by their child meets up to date safety standards.
- Review with your child the concussion information that is distributed through the school (e.g. learn signs and symptom of concussion (Appendix A).
- Every school year, provide confirmation to the school that they and their child(ren) have reviewed the Concussion Code of Conduct prior to any participation in board-sponsored interschool sports.
- Learn about concussions, including prevention strategies, signs and symptoms, concussion management and student roles and responsibilities, throughout applicable curriculum such as:
 - OPHEA's Concussion Awareness Resources
- Rowan's Law E Booklets for students 15 years old and up (which includes student athletes, parents, coaches, official, or Educators).

- Reinforce concussion prevention strategies (e.g. Student Code of Conduct with your child.
- Understand and follow parent/guardian roles and responsibilities in the Administrative Procedures.
- In the event of a suspected concussion, ensure child is assessed as soon as possible by physician/nurse practitioner, optimally on the same day.
- Cooperate with school to facilitate Return to Learn and Return to Physical Activity.
- Follow physician/nurse practitioner recommendations to promote recovery.
- Be responsible for the completion of all required documentation.
- Support your child's progress through recommended Return to Learn and Return to Physical Activity Guidelines.
- Collaborate with school to manage suspected or diagnosed concussions appropriately.
- Report any non-school related concussion or suspected concussion to the principal (Return to Learn/Return to Physical Activity guidelines will still apply)

Students will:

- Learn about concussions, including prevention strategies, signs and symptoms, concussion management and student roles and responsibilities, throughout applicable curriculum such as:-
 - OPHEA's Concussion Awareness Resources
- -Rowan's Law E Booklets for students 10 years old and Under
- -Rowan's Law E Booklets for students 11 – 14 years of age
- -Rowan's Law E Booklets for students 15 years old and up
- Every school year, provide confirmation to the school that they have reviewed the Concussion Code of Conduct prior to any participation in board-sponsored interschool sports.
- Immediately inform school staff of suspected or diagnosed concussions occurring during or outside of school.
- Inform school staff if you experience any concussion related symptoms (immediate, delayed or reoccurring).
- Remain on school premises until parent/guardian arrives if concussion is suspected
- Communicate concerns and challenges during recovery process with staff concussion liaison, school staff, parents/guardians, and health care providers.
- Follow concussion management strategies as per medical doctor/nurse practitioner direction and Return to Learn/Return to Physical Activity Guidelines.

Physician and/or other health care professionals will:

- Assist in the development of an individualized Academic and Physical Concussion Management Plan.
- Monitor recovery process and modify concussion management plan as required.
- Complete required documentation (**Appendices D2, F**).
- If symptoms persist beyond 10 days, referral may be made to brain injury specialist.

STEPS AND RESPONSIBILITIES IN SUSPECTED AND DIAGNOSED CONCUSSIONS

INITIAL RESPONSE

Unconscious Student (or when there was any loss of consciousness)

Action
1. Stop the activity immediately-assume concussion
2. Initiate school Emergency Action Plan and call 911. Assume neck injury. Only if trained, immobilize student. <u>DO NOT</u> move the student or remove athletic equipment unless breathing difficulty
3. Remain with student until emergency medical service arrives
4. Contact student's parent/guardian (or emergency contact) to inform of incident and that emergency medical services have been contacted
5. Monitor student and document any changes (physical, cognitive, emotional/behavioural).
6. If student regains consciousness, encourage student to remain calm and still. Do not administer medication (unless the student requires medication for other conditions (e.g. insulin)
7. Complete and sign Appendix C: Tool to Identify Suspected Concussion and, if present, provide duplicate copy to parent/guardian retaining a copy.
8. If present, provide the parent/guardian a copy of Appendix B: Documentation of Medical Examination and inform parent/guardian that form needs to be completed and submitted to principal prior to student's return to school.
9. Complete Board injury report), Incident Report Form) inform principal of suspected concussion, and forward copy of the completed and signed Appendix C1: Tool to Identify a Suspected Concussion.
10. Once diagnosis is made the parent/guardian completes Appendix C1 Tool to Identify a Suspected Concussion and returns completed and signed document to school principal prior to student's return to school.
11. The Principal informs all school staff (e.g. classroom teacher, educational resource teacher, physical education teachers, intramural supervisors, recess supervisors, coaches) and volunteers who work with the student of the suspected concussion
12. The Principal Indicates that the student shall not participate in any learning or physical activities until parent/guardian communicates the results of the medical examination to the school principal

If the Student is Conscious

Action
1. Stop the activity immediately
2. Initiate school Emergency Action Plan Appendix D1
3. When safe to do so, remove student from current activity/game
4. Conduct an initial concussion assessment of the student using Appendix C1: Tool to Identify a Suspected Concussion or Appendix C2 Pocket Concussion Recognition Tool

If A Concussion Is Suspected-If in Doubt, sit them Out

Action
1. Do not allow student to return to play in the activity, game or practice that day even if the student states they are feeling better
2. Contact the student's parent/guardian (or emergency contact) to inform them:

<ul style="list-style-type: none"> • Of the incident • That they need to come and pick up the student • That the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day
3. Monitor and document any changes (i.e. physical, cognitive, emotional/behavioural) in the student. If signs or symptoms worsen, call 911
4. Complete, sign, and photocopy Appendix C1: Tool to Identify a Suspected Concussion
5. Do not administer medication (unless student requires medication for other conditions-e.g. insulin)
6. Stay with student until their parent/guardian (or emergency contact) arrives.
7. Student must not leave the premises without parent/guardian supervision
8. Provide parent/guardian (emergency contact) signed copy of Appendix C: Tool to Identify a Suspected Concussion, retaining a copy for school records
9. Provide parent/guardian (or emergency contact) copy of Appendix D2: Documentation of Monitoring Medical Examination Assessment Form and inform parent/guardian that form needs to be completed and submitted to principal prior to student's return to school
10. Inform parent/guardian (or emergency contact) that the student must be examined by a medical doctor or nurse practitioner as soon as possible that day
11. School Staff completes Board injury report (OSBIE Incident Report Form), and informs the principal of suspected concussion, and forward copy of the completed and signed Appendix C1 Tool to Identify a Suspected Concussion.
12. Ensure student is examined by a medical doctor or nurse practitioner as soon as possible that day
13. Parent/Guardian Completes Appendix D2 Documentation of Monitoring/Medical Assessment once diagnosis is made and return completed and signed document to school principal prior to student's return to school.
14. The Principal informs all school staff (e.g. classroom teacher, SERT's, physical education teachers, intramural supervisors, coaches) and volunteers who work with the student of the suspected concussion
15. The Principal Indicates that the student shall not participate in any learning or physical activities until parent/guardian communicates the results of the medical examination to the school principal

**If signs are NOT observed,
Symptoms are NOT reported
AND student passes Quick Memory Function Assessment (Appendix C1)**

Action
1. Staff Initiates a precautionary withdrawal of student from physical activity
2. School Staff: <ul style="list-style-type: none"> <input type="checkbox"/> informs parent/guardian (or emergency contact) of the incident <input type="checkbox"/> provides a signed copy of Appendix C1: Tool to Identify a Suspected Concussion, retaining a copy for school records. <input type="checkbox"/> Explains to parent/guardian (or emergency contact) that student should be monitored for 24-48 hours after the incident as concussion symptoms may take hours or days to emerge. If any signs or symptoms appear, the student needs to be examined by medical doctor or nurse practitioner as soon as possible on the same day and results shared with principal before return to school.
3. School Staff informs the Principal/Designate if symptoms appear during learning or any activity
4. If symptoms appear proceed with Action items under "If a concussion is suspected"

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

Action
1. The Parent/Guardian provides the school a signed copy of Appendix C1: Tool to Identify a Suspected Concussion
2. The student has been monitored for 24-48 hours after the incident and has been medically cleared after a successful examination by a Doctor or Nurse Practitioner

Once A Concussion Diagnosis is Made by a Doctor or Nurse Practitioner:

The Student Now Enters Phase 1 of the Return to School/Physical Activity Plan

Appendix E1

Background Information on the Concussion Recovery Process

A student with a diagnosed concussion needs to follow an individualized and gradual Return to School Plan (RTS) and Return to Physical Activity Plan (RTA). In developing the Plan, the RTS process is individualized 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 Collaborative Team* and outside sports team (where appropriate).

** The Collaborative Team consists of the student, parents/guardians, staff and volunteers working with the student 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 RTS and RTPA Plan. The first part of the plan occurs at home (refer to the *Concussion Management - Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan (Appendix E 1)*) and prepares the student for the second part which occurs at school (refer to the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan (Appendix E 2)*).

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

➤ **This Plan does not replace medical advice.**

1. The home part of the plan begins with the Parent/Guardian communicating the diagnosis to school principal. Reporting non-school related concussions as well.
2. The school principal or designate will communicate information on the stages of RTS and RTPA Plan that occur at home.
3. 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.
4. 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.

5. If **symptoms return**, or **new symptoms appear at any stage** in the Home Preparation for RTS and RTPA Plan, the student returns to previous stage for a **minimum of 24 hours** and only participates in activities that can be tolerated.
6. If at any time **symptoms worsen**, the student/parent/guardian contacts medical doctor/nurse practitioner or seeks medical help immediately.
7. While the RTS and RTPA stages are inter-related they are not interdependent. Students do not have to go through the same stages of RTS and RTPA at the same time.
8. 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. Early introduction of some low intensity physical activity in controlled and predictable environments with no risk of re-injury is appropriate.
9. Progression through the Plan is individual; timelines and activities may vary.
10. Prior to the student returning to school the principal will identify and inform members of the collaborative team and designate a staff member to serve as the main point of contact for the student and the collaborative team.

INSTRUCTIONS

- Review the activities (permitted and not permitted) at each stage prior to beginning the Plan.
- Check (✓) the boxes at the completion of each stage to record student's progress through the stages.
- A student may progress through the RTS stages at a faster or slower rate than the RTPA stages.
- When the student has successfully completed all stages of the Home Preparation for RTS and RTPA Plan, parent(s)/guardian(s) must sign and date this form.
- Communicate to the school principal/designate that the student is ready to begin the school portion of the RTS and RTPA Plan (**Appendix E2**).

Action
<p>1. The Parent:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Communicates the diagnosis to school principal and returns the completed and signed Appendix D2: Documentation of Monitoring /Medical Assessment Form for a Diagnosed Concussion. <input type="checkbox"/> Also reports <i>non-school related concussions</i>. <i>For the student who is participating in activities outside of the school, communication is essential between the parent/guardian/student, activities supervisor and the collaborative team members.</i>
<p>2. The Principal:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provides parent/guardian Appendix E1: Concussion Management – Home Preparation for Return to School (RTS) / and Return to Physical Activity (RTPA) Plans form <input type="checkbox"/> Indicates to the Parent and School Staff that: <ul style="list-style-type: none"> a) The student must Successfully and gradually advance through Stage1 and Stage 2 of the RTS and RTPA at home prior to returning to school b) The Student must be symptom free or improved prior to returning to school c) Appendix E1 must be completed and signed before student can return to school. d) All Staff will work collaboratively with the parent/guardian as a collaborative team in order to ensure parent/guardian understands the plan, addressing their questions, concerns, and working with parent/guardian to overcome any barriers. <input type="checkbox"/> Ensures that all related written documentation of the incident and results of the medical examination are filed (e.g. in the student's OSR)

<p>3. The Parent:</p> <ul style="list-style-type: none"> <input type="checkbox"/> completes Appendix E1: Home Preparation for return to School /Return to Physical Activity: <input type="checkbox"/> Keeps student home for cognitive rest (no school, no homework, no texting, no screen time) and physical rest (restricting recreational/leisure and competitive physical activities) until student is feeling better. <input type="checkbox"/> Once symptoms start to improve, gradually increases mental activity (limit activities such as reading, texting, television, computer, and video games that require concentration and attention to 5-15 minutes). <input type="checkbox"/> If moderate symptoms return, stops activity and allow student 30 minute break to resolve symptoms. <input type="checkbox"/> If symptoms don't resolve, returns to complete cognitive rest. Continue to gradually increase mental activity and monitor symptoms.
<p>4. The Parent:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continues to provide cognitive and physical rest at home for at least 24-48 hours (or longer) until student's symptoms are improving or they are symptom free. <input type="checkbox"/> Ensures that the student should be able to complete 1-2 hours of mental activity (e.g. reading, homework) at home for one to two days before attempting return to school.
<p>5. The Principal:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Informs all school staff (e.g. classroom teacher, educational resource teacher, physical education teachers, intramural supervisors, recess supervisors, coaches) and volunteers who work with the student of the diagnosis
<p>6. The Principal:</p> <ul style="list-style-type: none"> <input type="checkbox"/> identifies and creates a Collaborative Team (i.e. principal, concussed student, their parents/guardians, school staff and volunteers who work with the student, and the student's medical doctor/nurse practitioner) <input type="checkbox"/> Designates a school staff member of the team as the "Concussion Liaison" to serve as the main point of contact for the student, the parent/guardians, or other school staff & volunteers who work with the student, and the medical doctor or nurse practitioner
<p>7. The Principal:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Meets with Collaborative Team to review potential cognitive and emotional/behavioural difficulties student may experience, explain how these symptoms can impact learning and identify strategies/approaches to manage these symptoms. See Appendix B: Return to Learn Strategies/Approaches for a list of appropriate accommodations.
<p>8. The Principal:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ensures the Collaborative Team understands the importance of not placing undue pressure on concussed student to rush through the return to learn/physical activity steps to avoid prolonged or increased symptoms. Return to learn should proceed slowly and gradually

The student will now Advance to PHASE 2 – Appendix E2

The student will gradually return to school and gradually progress through the following RTS and RTPA Stages.

Student's Symptoms Are Improving

Action
<p>1. The Parent:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Completes, signs and forwards Appendix E1: Home Preparation for Return to School (RTS) / and Return to Physical Activity (RTPA) Plan form

<p>2. The Collaborative Team:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Proceeds to - Appendix E2: Stage 3: School Concussion Management – Return to School (RTS) and Return to Physical Activity Plan (RTPA) in preparation for the student’s return to school. <input type="checkbox"/> Develops and implements Return to School Strategies/Approaches with slow and gradual increases in cognitive activity (both at home and at school). Absolutely no recreational/leisure and competitive physical activity.
<p>3. The Collaborative Team:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Monitors the student’s progress through the Return to School/Return to Physical Activity Plan. This may include identification of the student’s symptoms and how they respond to various activities. <input type="checkbox"/> Reviews the strategies and accommodations implemented <input type="checkbox"/> May need to develop modifications to the student’s program (possibly the creation of an Individual Education Plan – IEP) in order to meet the changing needs of the student
<p>4. The School Staff:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Follows individualized classroom strategies/approaches for return to learn plan until student is symptom free of all Stages of Appendix E2: School Concussion Management – Return to School (RTS) and Return to Physical Activity Plan (RTPA) <input type="checkbox"/> Refers to Appendix E3: School Concussion Management Plan – Return to School/Return to Physical Activity Reference Guide
<p>5. The Collaborative Team:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Signs and Completes each stage of the RTS and RTPA plan indicating whether or not the student is able to proceed to the next stage or stay at the current stage of the plan. <p>Note: A student’s progression of the RTS stages is independent from their progression of the RTPA stages</p>
<p>The collaborative Team Only moves the student forward to the next stage when:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Activities at the current stage are tolerated <input type="checkbox"/> The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms

General procedures for – Return to School (RTS) and Return to Physical Activity (RTPA) Plan

The Plan does not replace medical advice

❖ **Phase 2 of the RTS/RTPA Plan occur at school and where appropriate the RTPA part of the plan may occur during school activities or outside activities**

<p>The Principal:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Communicates Each of the stages of Phase 2 of the RTS and RTPA plans to the Collaborative Team <input type="checkbox"/> Reviews the roles of the Collaborative Team Members <input type="checkbox"/> Works with the Collaborative Team to determine the most appropriate RTS learning strategies and/or approaches required by the student based on the post-concussion symptoms <input type="checkbox"/> Emphasizes to the Collaborative team the shared responsibility if the student experiences any return of symptoms <input type="checkbox"/> Emphasizes to the parent/guardian that communication is essential between the parent/guardian/student, activities supervisor and the collaborative team members if the student is participating in activities outside of school

STAGES OF PHASE 2

- Stages are not days – each stage must take a **minimum of 24 hours**
- The length of time needed to complete each stage will vary based on the student and the severity of the concussion.
- A student who has no symptoms when they return to school must progress through all of the RTS stages and RTPA stages and remain symptom free for a minimum of 24 hours in each stage prior to moving to the nextstage.
- Completion of the plan may take 1-4 weeks.

THE STUDENTS PROGRESSION THROUGH EACH STAGE:

- The Collaborative Team will closely monitor student for the return of any concussion symptoms and/or deterioration of work habits and performance.
- 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's progression through the stages of RTS is **independent** from their progression through the RTPA stages.
- Medical clearance by a doctor/nurse practitioner is required **prior** to beginning Stage 5 of RTPA (*Documentation for Medical Clearance Appendix F*).
 1. Until a student has successfully completed all stages in the RTS 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.
 2. Upon completion of the RTS and RTPA Plan, this form is returned to the principal or designate for filing in the OSR.

Return of Symptoms

- The student and the parent/guardian will report any return of symptoms to supervising staff/volunteers
- During all stages of RTS 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.
- After Medical Clearance, 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 RTS and RTPA, if symptoms worsen over time, follow the school's collaborative team procedures for contacting parents/guardians to inform them that the student needs a follow-up medical assessment.

Students requires a medical assessment for return/worsening symptoms

- When there is a return/worsening of symptoms the principal or designate contacts parent/guardian (or emergency contact) to inform of returned/worsened symptoms and the possible need for medical assessment on the same day.
- The collaborative team is to be informed and to follow the medical doctor/nurse practitioner's treatment recommendations.

Exchange between the School and Home

- At Each Stage Review the activities (permitted and not permitted) at each stage prior to beginning the Plan.
- School provides appropriate activities and documents student's progress by checking (✓), dating, initialing completion of each stage and communicating information (form) to parent/guardian.
- Within each stage, parent/guardian completes, checks (✓), dates, and signs the student's tolerance to those activities giving permission for the student to progress to the next stage and returns completed form to school.
- Principal or designate will inform all school staff when the student:
 - is able to advance to the next stage
 - must return to the previous stage
 - must be medically assessed
 - has completed the plan

Student Return to Learn/Return to Physical Activity Reference Guide

Return to School (RTS) Stages	Return to Physical Activity (RTPA) Stages
Each stage must last a minimum of 24 hours.	Each stage must last a minimum of 24 hours.
<p><u>RTS Stage 3a –Return to school for 2 hours</u> Student begins with an initial length of time at school of <u>2 hours</u>.</p> <p>The individual RTS 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</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ 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 <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Tests/exams <input type="checkbox"/> H o m e w o r k <input type="checkbox"/> Music class <input type="checkbox"/> Assemblies <input type="checkbox"/> Field trips 	<p><u>RTPA –Stage 3</u> Simple locomotor activities/sport-specific exercise to add movement.</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage (20-30 minutes walking/stationary cycling/elliptical/recreational dancing at a moderate pace) ✓ Simple individual drills (e.g., running/throwing drills, skating drills in hockey, shooting drills in basketball) in predictable and controlled environments with no risk of re-injury ✓ Restricted recess activities (e.g., walking) <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Full participation in physical education or DPA <input type="checkbox"/> Participation in intramurals <input type="checkbox"/> Full participation in interschool practices <input type="checkbox"/> Interschool competitions <input type="checkbox"/> Resistance or weight training <input type="checkbox"/> Body contact or head impact activities (e.g., heading a soccer ball)

	<input type="checkbox"/> Jarring motions (e.g., high speed stops, hitting a baseball with a bat)
<input type="checkbox"/> <u>After each stage</u> , parent/guardian completes, checks (✓), dates, and signs the student’s tolerance to those activities giving permission for the student to progress to the next stage and returns completed form to school.	
<p><u>RTS - Stage 3b – Return to school Half-time</u> Student continues attending school half time with gradual increase in school attendance time, increased school work, and decrease in learning strategies and/or approaches.</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage ✓ School work for 4-5 hours per day, in smaller chunks (e.g., 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 <p><u>Activities that are not permitted at this stage</u></p> <input type="checkbox"/> Standardized tests/exams	
<input type="checkbox"/> <u>After each stage</u> , parent/guardian completes, checks (✓), dates, and signs the student’s tolerance to those activities giving permission for the student to progress to the next stage and returns completed form to school.	
<p><u>RTS– Stage 4 a – Full day return to school</u> Full day school, minimal adaptation of learning strategies and/or approaches.</p> <p>Nearly normal workload.</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage ✓ Nearly normal cognitive activities ✓ Routine school work as tolerated ✓ Minimal adaptation of learning strategies and/or approaches <ul style="list-style-type: none"> • 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 (e.g., supports - such as more time) 	<p><u>RTPA –Stage 4</u> Progressively increase physical activity. Noncontact training drills to add coordination and increased thinking.</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage ✓ More complex training drills (e.g., passing drills in soccer and hockey) ✓ Physical activity with no body contact (e.g., dance, badminton) ✓ Participation in practices for noncontact interschool sports (no contact) ✓ Progressive resistance training may be started ✓ Recess – physical activity running/games with no body contact

<p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Standardized tests/exams 	<ul style="list-style-type: none"> ✓ DPA (elementary) <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Full participation in physical education Participation in intramurals <input type="checkbox"/> Body contact or head impact activities (e.g., heading a soccer ball) <input type="checkbox"/> Participation in interschool contact sport practices, or interschool games/competitions (non-contact and contact)
<ul style="list-style-type: none"> <input type="checkbox"/> <u>After each stage</u>, parent/guardian completes, checks (✓), dates, and signs the student’s tolerance to those activities giving permission for the student to progress to the next stage and returns completed form to school. 	
<p><u>RTS - Stage 4b – Full day return to School</u> At school: full day, without adaptation of learning strategies and/or approaches.</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ 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 - e.g., debating club, drama club, chess club) 	<p><u>Before progressing to RTPA Stage 5, the student must:</u></p> <ul style="list-style-type: none"> have completed RTS Stage 4a and 4b (full day at school without adaptation of learning strategies and/or approaches) have completed RTPA Stage 4 and be symptom-free, and <u>obtain signed Medical Clearance</u> from a medical doctor or nurse practitioner. (Appendix F)
<ul style="list-style-type: none"> <input type="checkbox"/> <u>After each stage</u>, parent/guardian completes, checks (✓), dates, and signs the student’s tolerance to those activities giving permission for the student to progress to the next stage and returns completed form to school. 	
	<p><u>RTPA–Stage 5</u> Following medical clearance, full participation in all non-contact physical activities (i.e., non- intentional body contact) and full contact training/practice in contact sports. (Appendix F)</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Physical Education ✓ Intramural programs ✓ Full contact training/practice in contact interschool sports <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Competition (e.g., games, meets, events) that involves body contact

<input type="checkbox"/> <u>After each stage</u> , parent/guardian completes, checks (✓), dates, and signs the student's tolerance to those activities giving permission for the student to progress to the next stage and returns completed form to school.	
	<u>RTPA - Stage 6</u> <input checked="" type="checkbox"/> Unrestricted return to contact sports. Full participation in contact sports games/competitions
	<u>Activities permitted if tolerated by student</u> <input checked="" type="checkbox"/> Physical Education <input checked="" type="checkbox"/> Intramural programs <input checked="" type="checkbox"/> Full contact training/practice in contact interschool sports <u>Activities that are not permitted at this stage</u> <input type="checkbox"/> Competition (e.g., games, meets, events) that involves body contact
Stage 6	
	<u>RTPA - Stage 6</u> <input checked="" type="checkbox"/> Unrestricted return to contact sports. Full participation in contact sports games/competitions

References

- [Education Act](#)
- [Ministry of Education, Policy/Program Memorandum 158, School Board Policies on Concussion](#)
- [Ontario Physical Education Safety Guidelines \(OPHEA\) Guidelines](#)
- [Parachute Canada](#)

OTHER SOURCES OF CONCUSSION INFORMATION

The following web links and organizations have information, videos and interactive games for parents, teachers and students on concussion recognition, prevention and management. Approved Concussion Awareness Resources: <https://www.ontario.ca/page/rowans-law-concussion-awareness-resources>

Awareness Resources on the government's concussion website: <https://www.ontario.ca/page/rowans-law-concussion-safety>

Ontario Physical Activity Safety Standards in Education: <https://safety.ophea.net/tools-resources/concussions>

General Concussion Information

- [Parachute Canada](#)
- [Centre for Disease Control: Traumatic Brain Injury](#)
- <http://www.concussionsontario.org>
- <http://www.cdc.gov/concussion/sports/prevention.html>

ELearning Modules

- [Coaches Association of Ontario](#)
- [Parachute](#)

Online Videos

- [Dr. Mike Evans: Concussions 101](#)
- [What's a Concussion, Anyway?](#) (OREGON CENTER FOR APPLIED SCIENCES, INC.)

Concussion Research

- [Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012](#)

OPHEA Safety Guidelines

- [Ontario Physical Education Safety Guidelines](#)

Concussion Tools

- [Concussion Recognition Tool](#)
- [Sport Concussion Assessment Tool](#)
- [Child Sport Concussion Assessment Tool](#)
- [Concussion App](#)

Student Education

- [Dr. Mike Evans: Concussions 101](#)
- [Brain Day](#)
- [Hamilton Brain Injury Association: Bikes, Blades and Boards Education Program \[info@hbica.com\]\(mailto:info@hbica.com\)](#)
- 905-538-5251
- [Coaching Association of Ontario](#)
- Video: Head Games www.slice.com

REFERENCES

Parachute Canada (Formerly Think First) –

- <http://parachutecanada.org/activeandsafe/>
- <http://www.youtube.com/parachutecanada>
- <http://www.parachutecanada.org/active-and-safe/items/roles-and-responsibilities-of-educators>
- <http://www.parachutecanada.org/active-and-safe/items/roles-and-responsibilities-of-coaches-and-officials>
- <http://www.cces.ca/files/pdfs/CCES-Active&Safe-Pledge-E.pdf>
- OPHEA Safety Guidelines, 2012 and 2013, Elementary and Secondary - <http://www.safety.ophea.net>
- http://safety.ophea.net/sites/safety.ophea.net/files/docs/appendices/S_C/EN_S_C_Generic%20Section_12.pdf
- Canchild Sponsored by McMaster University and McMaster Children's Hospital - http://canchild.ca/en/ourresearch/mild_traumatic_brain_injury_concussion_education.asp#NEW
- Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012: <http://www.sportsconcussion.com/pdf/Consensus-Statement-Concussion-Sports-4th.pdf>
- Sport Concussion Assessment Tool - 3rd edition for use by medical professionals only <http://www.sportsconcussion.com/pdf/SCAT3-pfh.pdf>
- Sport Concussion Assessment Tool for children ages 5 to 12 years for use by medical professionals only <http://www.sportsconcussion.com/pdf/SCAT3-Child.pdf>
- [Pocket Concussion Recognition Tool](#)
- <http://www.chop.edu/service/concussion-care-for-kids/home.html>

- Center for Disease Control and Prevention: Returning to School after a Concussion: A fact Sheet for School Professionals www.cdc.gov/concussion
- <http://www.hockeycanada.ca/en-ca/news/2012-nr-130-en>
- www.ontario.ca/concussions

APPENDICES

Appendix A – [Appendix A Concussion Information for Parents and Students \(1\).docx](#)

Appendix B – [Appendix B Return to Learn Strategies Approaches.docx](#)

Appendix C1 – [Appendix C1 Tool to Identify a Suspected Concussion.docx](#)

Appendix C2 – [Appendix C2 Pocket Concussion Recognition Tool.docx](#)

Appendix D1 – [Appendix D1 EMERGENCY ACTION PLAN FOR CONCUSSION.docx](#)

Appendix D2 – [Appendix D2 Documentation of Monitoring Medical Assessment Form.docx](#)

Appendix E1 – [Appendix E 1 Concussion Management -Home Preparation for Return to School \(RTS\) and Return to Physical Activity \(RTPA\) Plan.docx](#)

Appendix E2 – [Appendix E 2 School Concussion Management - Return to School \(RTS\) and Return to Physical Activity \(RTPA\) Plan.docx](#)

Appendix E3 – [Appendix E3 School Concussion Management Plan Reference Guide.docx](#)

Appendix F – [Appendix F Documentation for Medical Clearance \(1\).docx](#)

Appendix G1 – [Appendix G1 Student code of Conduct.docx](#)

Appendix G2 – [Appendix G2 code of conduct parent.docx](#)

Appendix G3 – [Appendix G3 Code of Conduct for Coach and Staff \(2\).docx](#)

Appendix H – [Appendix H Concussion Awareness Resources for School Staff.docx](#)

Appendix I – [Appendix I Concussion Diagnosis Report.docx](#)

Other Resources

1. **Chart 1** - Identifying a Suspected Concussion - [Identifying a Suspected Concussion – Steps and Responsibilities.pdf](#)
2. **Chart 2** - Diagnosed Concussion: Stages and Responsibilities - [Diagnosed Concussion - Stages and Responsibilities.pdf](#)



Pocket CRT

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Updated information and services can be found at:

<http://bjsm.bmj.com/content/47/5/267.citation>

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