



# SUPERIOR-GREENSTONE DISTRICT SCHOOL BOARD

## Concussion Protocol

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## ***Superior-Greenstone District School Board Policy***

Section	SCHOOLS AND STUDENTS		
Management Guideline	CONCUSSIONS		
Applicable Policy	CONCUSSIONS		541
Approved: February 26, 2024 February 23, 2016		Reviewed: February 2, 2016 February 2, 2015 November 4, 2014	Review By: December 2029

### **Policy Statement**

It is the policy of the Superior-Greenstone District School Board to ensure the provision of minimized risk in elementary and secondary schools and to provide a safe environment that takes steps to reduce the risk of injury and promotes the overall well-being of students.

### **Purpose**

The purpose of these procedures is to:

- Educate students, parents, and staff about concussions, signs and symptoms, and prevention.
- Improve supports for students suffering from concussions and to lessen the occurrence of a second concussion. second impact syndrome.
- Minimize long term health problems associated with untreated concussions (CTE: Chronic Traumatic Encephalopathy).
- Development an awareness, prevention, identification, training, and management procedures for a diagnosed concussion (including return to learn and return to play planning).

### **Rationale**

The Ministry of Education expects all school boards in Ontario to develop and maintain a policy on concussion as outlined in Policy/Program Memorandum No. 158. These guidelines as outlined in the Ontario Physical Education and Safety Guidelines Concussion Protocol and are considered the minimum standard. The standards in this document must not be lowered.

### **Definitions**

Ontario School Boards' Insurance Exchange (OSBIE) - OSBIE is the company that insures Superior-Greenstone District School Board. It is self-funded by its member school boards. A concussion procedure is an insurance requirement.

**OSBIE Incident Report** - is a form that is completed by the Site Administrator/Teacher in Charge when an incident occurs involving bodily injury to anyone other than an employee, or property damage occurs. If a person has been admitted to hospital or fatally injured the OSBIE claims department, the administrator and the board office must be immediately notified. Completed forms



are submitted electronically by the school to OSBIE. The incident report is retained by OSBIE for insurance purposes. [OSBIE Incident Report https://osbie.on.ca/incident-reports/](https://osbie.on.ca/incident-reports/)

### **Types of Forms**

**Collaborative Plan for Return to Learn** – a plan created by staff, student and parents for a student suffering from a concussion.

**Concussion Prevention Strategies** – Preventative strategies that can be shared with students and coaches.

**Documentation for Concussion Management** - Home Preparation for *Return to School (RTS)* and *Return to Physical Activity (RTPA) Plan*

**Documentation of Medical Assessment** - this includes the *Home Preparation for Return to School (RTS)* and *Return to Physical Activity (RTPA) Plan*

**Documentation for Medical Clearance** – form required for a student to resume school activities.

**Documentation for School Concussion Management** - *Return to School (RTS)* and *Return to Physical Activity (RTPA) Plan*

**Emergency Plan – Formal Contingency Plan for High Care/Overnight Excursions** – an emergency plan outlining required information.

**Informed Consent Form** - is a document that must be read and signed by a parent/guardian for participation by a student on a school team and high-risk activities. It outlines the elements of risk involved and provides notification of the availability of student accident insurance. This form is required for both elementary and secondary school teams and high-risk activities. It is retained for one year only.

**Parent Letter** - to accompany the *Tool to Identify a Suspected Concussion* and *Documentation of Medical Assessment*

**Release and Indemnification Form for Education Trips** - is a document that must be read and signed by a student who is 18 years of age or older for participation by a student on a school team and high-risk activities. It outlines the elements of risk involved and provides notification of the availability of student accident insurance. This form is required for both elementary and secondary school teams and high-risk activities. It is retained for one year only.

**Return to Learn Accommodations** – a chart to support filling in the *Collaborative Plan for Return to Learn*.

**Tool to Identify a Suspected Concussion** – a resource used in assisting in the identification of a suspected concussion.

## **Additional Tools**

The following are links to guides for the following stakeholders:

Parents/Caregivers:

<http://www.parachutecanada.org/downloads/resources/Concussion-Parents-Caregivers.pdf>

Coaches: <http://www.parachutecanada.org/downloads/resources/Concussion-Coaches.pdf>

Athletes: <http://www.parachutecanada.org/downloads/resources/Concussion-Athletes.pdf>

Teachers: <http://www.parachutecanada.org/downloads/resources/Concussion-Teachers.pdf>

## **Roles and Responsibilities**

The following sections provide an overview of the main responsibilities of Superior Greenstone District School Board's Administration, Principals/Vice-Principals, Staff, the Student(s) and of the Parent/Guardian.

### **1.0 Role and Responsibilities of Senior Administration**

The appropriate Senior Administrator(s) will:

- 1.1 Conduct an annual review of the Concussion Protocol and Board supporting documents to ensure that they align with the current best practices, and at a minimum, the OPHEA Concussion guidelines and OSBIE requirements;
- 1.2 Ensure that concussion training is made available to all school staff and volunteers including the signs and symptoms of concussion, and immediate action to take if a concussion is suspected, prevention strategies and other information as appropriate to their roles;
- 1.3 Ensure that concussion awareness and education strategies are made available to students and parents (websites, hand-outs, newsletters, team meetings, curriculum, etc.);
- 1.4 Provide support to school administrators and staff to ensure enforcement of the Concussion Protocol and the Return to Learn and Return to Physical Activity Plan; and
- 1.5 Ensure that information on the Concussion Protocol is provided to community users of school facilities and licensed third-party care providers not operating Extended Day programs.

### **2.0 Role and Responsibilities of Principals/Vice-Principals**

Principals and Vice-Principals (or designates) will:

- 2.1 Ensure that up-to-date students' emergency contact information is maintained;
- 2.2 Abide by the Concussion Protocol and read and understand the Administrator's Guide to Concussion; as outlined in the management guideline.
- 2.3 Ensure that the SGDSB Informed Consent/Permission Form for School Excursions is provided to parents/guardians or students over the age of 18 before any student participation in sports teams each year;

- 2.4 Ensure all OPHEA Safety Guidelines are being followed;
- 2.5 Ensure that all staff and volunteers understand their responsibilities, are aware of and follow the Concussion Protocol as appropriate to their roles;
- 2.6 Ensure additional training is provided to those staff/volunteers that are attending sports events/activities or offsite activities, as required and repeat as necessary;
- 2.7 Ensure that forms are available to all staff;
- 2.8 Ensure the Fact Sheet for School Staff is included in all occasional teacher lesson plans and An Offsite Package (Tool to Identify a Suspected Concussion and Documentation of Medical Assessment) is included in all field trip folders;
- 2.9 Ensure an Emergency Action Plan Checklist is completed at the start of each season of activity for sports teams and for all offsite activities including field trips;
- 2.10 Communicate and share concussion information concussion signs and symptoms and information on the roles and responsibility with students and parents/guardians (e.g. curriculum, class time, team meetings, handouts, newsletters, websites etc.);
- 2.11 Develop a tracking system in the school for students with a possible concussion each term or semester and ensure that the concussion documents are filed in the student's OSR;
- 2.12 Inform staff who have contact with the student when the student has a diagnosed concussion;
- 2.13 Approve any adjustments to the student schedule as necessary;
- 2.14 Designate a Return to Learn School staff lead;
- 2.15 Organize a collaborative team for students who need that level of support;
- 2.16 Request and ensure that additional assistance is available for students with ongoing problems (development of an IEP, etc.) and communicate concerns to appropriate senior administrators and senior board staff;
- 2.17 Attempt to get students' and parents'/guardians' cooperation in reporting any non-school related concussions;
- 2.18 Ensure that the school works as closely as possible with parents/guardians to support students with a concussion with their recovery and academic success; and
- 2.19 Encourage medical practitioners to support students with a concussion with their recovery.

### **3.0 Role of School Staff, Support Staff, Coaches and Volunteers**

School staff, support staff, coaches and volunteers will:

- 3.1 Know what to do in the event of a concussion;
- 3.2 Participate in required training and understand and follow Concussion Protocol as outlined in Fact Sheet that is appropriate to their roles.



- 3.3 Ensure that the *Informed Consent Form* completed, returned by the student and is on file prior to the student participating in any onsite or offsite sports or activities;
- 3.4 Participate only in activities for which they are qualified;
- 3.5 Follow all OPHEA Safety Guidelines;
- 3.6 Check to see that all equipment is certified (if applicable), in good condition, worn properly and is appropriate for the activity;
- 3.7 Plan age appropriate activities and supervise students always;
- 3.8 Provide students with appropriate safety/concussion training prior to participating in the activity;
- 3.9 Be aware of the methods of preventing concussion applicable to a specific activity and communicate these to students;
- 3.10 Be aware of the management protocol in the event of a concussion, including Return to Learn and Return to Physical Activity; and
- 3.11 Fill in an Emergency Action Plan before any sporting event or offsite activity including practices.

#### **4.0 The Role and Responsibility of Students**

Students will:

- 4.1 Complete (students over the age of 18 years and parents/guardians) and return the *Informed Consent Form* on or before participating in a school team activity;
- 4.2 Participate in all safety training and learn to recognize the signs/symptoms of concussion;
- 4.3 Wear any required equipment in the correct manner;
- 4.4 Follow all rules and regulations of the activity;
- 4.5 Immediately report any concussion symptoms to staff/coaches;
- 4.6 Inform staff/coaches if they notice/observe concussion signs in any of their peers;
- 4.7 Follow concussion management strategies of their medical practitioner; and
- 4.8 Understand and follow the Return to Learn and Return to Physical Activity Guidelines as directed by school staff.

#### **5.0 The Role and Responsibility of Parents/Guardians**

Parents/Guardians will:

- 5.1 Learn the signs and symptoms of concussion and review them with students;
- 5.2 Have a student assessed by a medical doctor or nurse practitioner as soon as possible if a concussion is possible;
- 5.3 Collaborate with the school and medical doctor or nurse practitioner to manage possible or diagnosed concussions appropriately;



- 5.4 Support concussed students with their recovery;
- 5.5 Cooperate with school staff and support a student on the Return to Learn and Return to Physical Activity Program; and
- 5.6 Report any non-school related concussion to the school principal so the Return to Learn and Return to Physical Activity Program can be followed.

## **6.0 The Role and Responsibility of Medical Doctor or Nurse Practitioner**

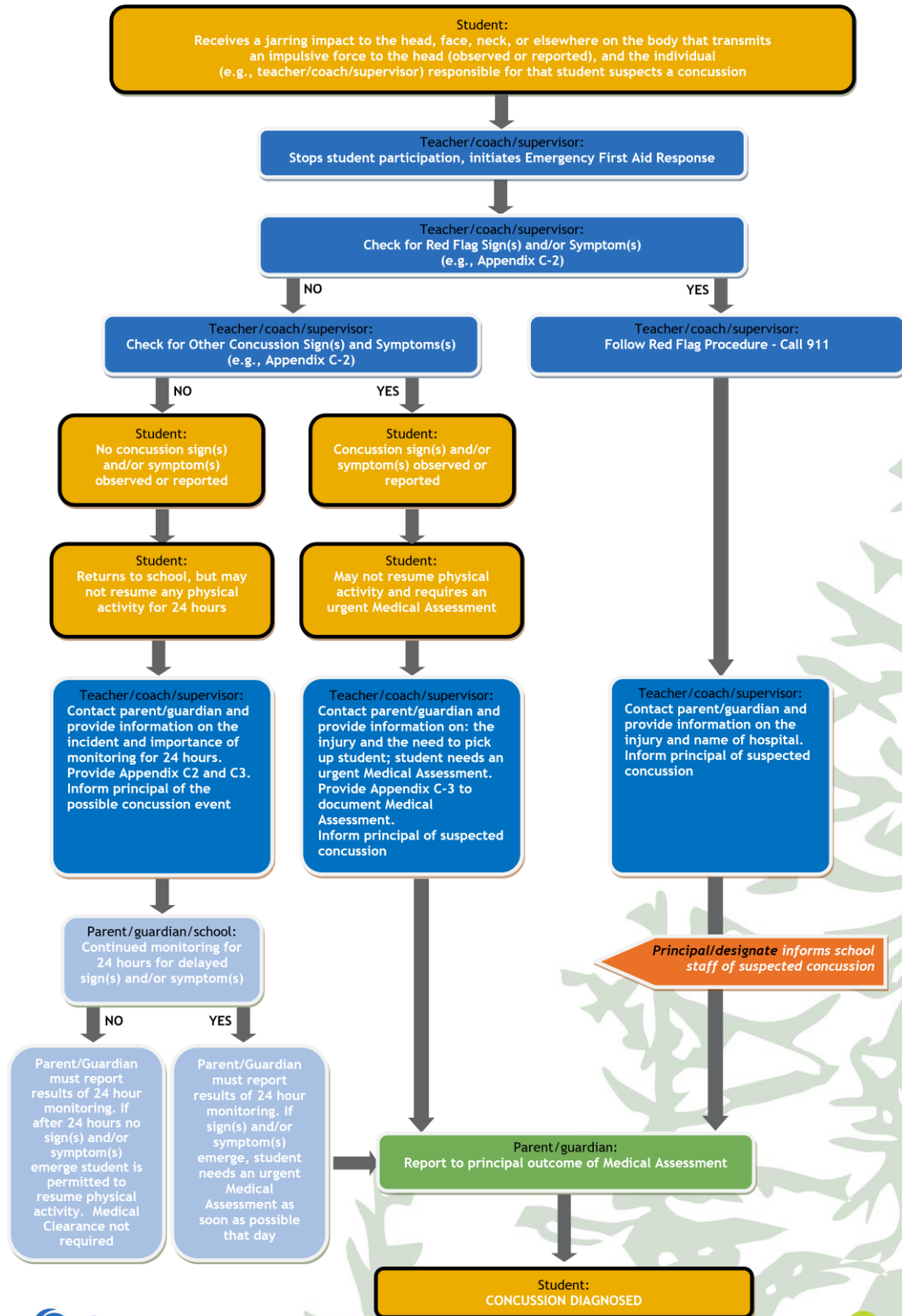
Medical Doctors and Nurse Practitioners may:

- 6.1 Review the Concussion Signs and Symptoms Form completed by the School;
- 6.2 Provide support and medical assistance to the student's recovery process; and
- 6.3 Participate with the school in the recovery process and in the development or review of an individualized Return to Learn and Return to Physical Activity Plan.

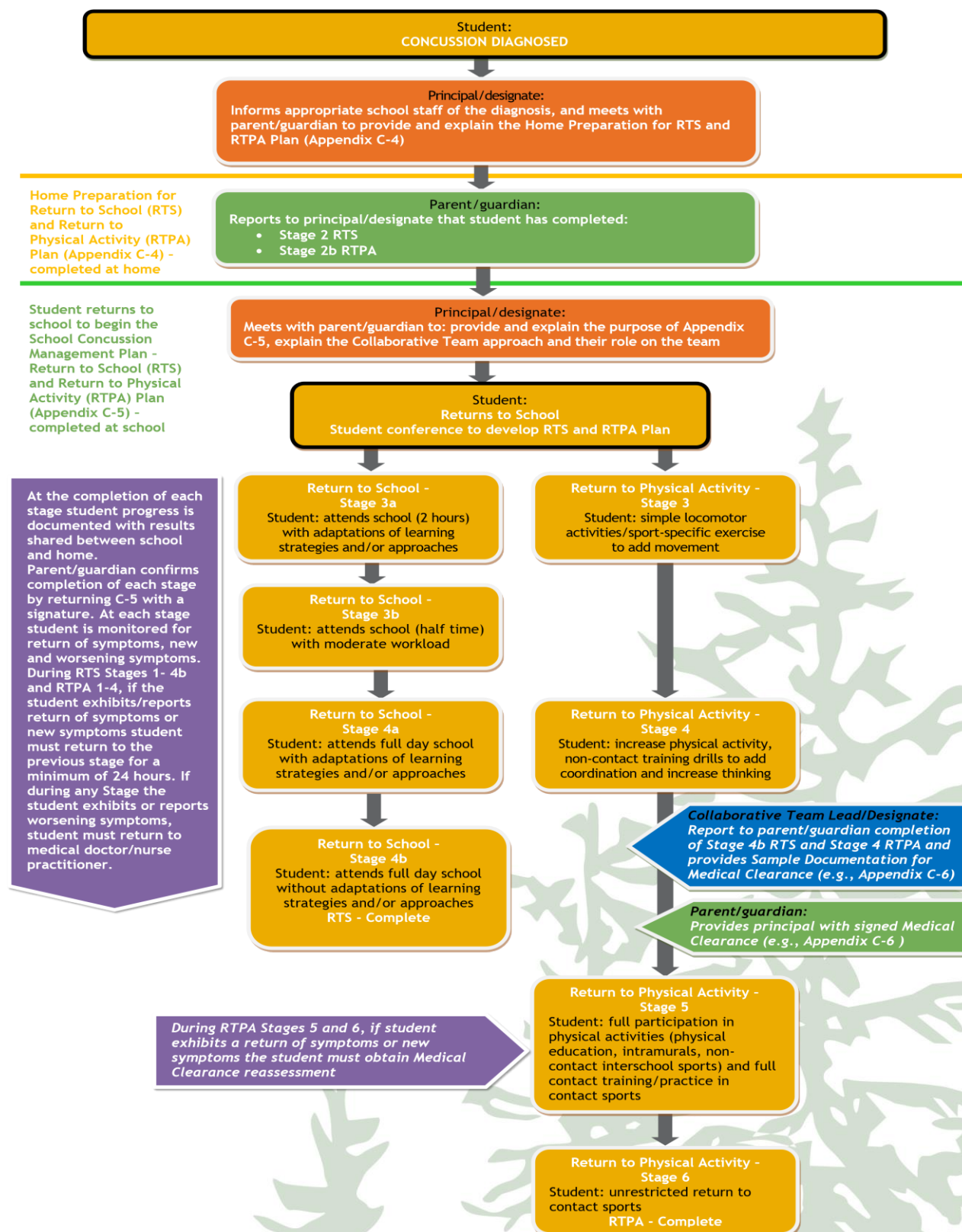
## **7.0 Training Requirements**

- 7.1 Develop and implement procedures to train school staff and volunteers on concussion, including signs and symptoms, prevention, identification and management as appropriate to their roles.
- 7.2 Develop strategies to raise awareness and inform students on concussion, their roles and responsibilities and create or use curriculum strands/resources as available.
- 7.3 Develop strategies to raise awareness of concussion in parents/guardians and inform them of their roles and responsibilities..

**Chart 1: Identifying a Suspected Concussions – Steps and Responsibilities**



**Chart 2: Diagnosed Concussion – Stages and Responsibilities**





## ***Concussion Protocol: Prevention, Identification and Management Procedures***

### **Concussion Definition and Diagnosis**

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.

- Is where signs and symptoms can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty concentrating or remembering), emotional/behavioural (e.g., depression, irritability) and/or related to sleep (e.g., drowsiness, difficulty falling asleep);
- May be caused 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 and hit the walls of the skull.
- Can occur even if there has been no loss of consciousness, (in fact most concussions occur without a loss of consciousness);
- Cannot normally be seen on X-rays, standard CT scans or MRIs; and
- Is typically expected to result in symptoms lasting 1-4 weeks in children and youth (18 years or under), but in some cases symptoms may be prolonged.

For a visual description of how a concussion occurs, consult:

<https://cdn.hockeycanada.ca/hockey-canada/Hockey-Programs/Safety/Concussion/Infographic/english.html>

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.

### **Components of the Concussion Protocol**

#### **Prevention**

(for further information consult Appendix H– Concussion Prevention Strategies)

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

“...there is evidence that education about concussion leads to a reduction in the incidence of concussion and improved outcomes from concussion...”<sup>1</sup>

Concussion education to stakeholders responsible for student safety should include information on:

- 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);

<sup>1</sup> Journal of Clinical Sport Psychology, 2011, 6, 293-301; Charles H. Tator, Professor of Neurosurgery, Toronto Western Hospital, Toronto, ON CA

- Procedures for a student who has suffered a suspected concussion or more serious head injury (i.e., obtain a Medical Assessment);
- Management for a diagnosed concussion (including the Return to School and Return to Physical Activity Plan); and
- Return to Physical Activity Medical Clearance requirements<sup>2</sup>.

The concussion injury prevention approach includes primary, secondary, and tertiary strategies<sup>3</sup>:

**Primary:** information/actions that prevent concussions from happening (e.g., rules and regulations, minimizing slips and falls by checking that classroom floor and activity environments provide for safe traction and are obstacle free).

**Secondary:** expert management of a concussion (e.g., identification and management - Return to School and Return to Physical Activity) that is designed to prevent the worsening of a concussion.

**Tertiary:** strategies to help prevent long-term complications of a concussion (chronic traumatic encephalopathy) by advising the participant to permanently discontinue a physical activity/sport based on evidence-based guidelines.

Primary and secondary strategies are the focus of the concussion injury prevention information located in Appendix [Sample Concussion Prevention Strategies](#)

### Identification of a Concussion Event

Stakeholders identified by the school board/school (e.g., school administrators, teachers, coaches, school first aiders) who have been specifically trained to identify signs and symptoms of a suspected concussion (e.g., Appendix A – Tool to Identify 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.

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 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 (e.g., Appendix A-Tool to Identify a Suspected Concussion);
- Steps required following the initial identification of a suspected concussion;
- Steps required when sign(s) and or symptom(s) are not identified but a possible concussion event was recognized.

The initial identification of a suspected concussion should follow the steps outlined in Appendix A-Tool to Identify a Suspected Concussion [\(link\)](#). The following notes should be observed:

- 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

<sup>2</sup> Journal of Clinical Sport Psychology, 201, 6, 293-301; Charles H. Tator, Professor of Neurosurgery, Toronto Western Hospital, Toronto, ON CA

<sup>3</sup> Journal of Clinical Sport Psychology, 201, 6, 293-301; Charles H. Tator, Professor of Neurosurgery, Toronto Western Hospital, Toronto, ON CA

- Signs for younger students (under the age of 10) may not be as obvious as in older students.

### ***Teacher/Coach Response***

In addition to utilizing Appendix A-Tool to Identify a Suspected Concussion, teachers/coaches should respond as follows:

- Do not allow the student to return to physical activity/practice/competition that day even if the student states that they are feeling better;
- The student must not be left alone until a parent/guardian arrives;
- Contact the student's parent/guardian (or emergency contact) to inform them:
  - of the incident;
  - that they need to come and pick up the student; and,
  - student needs urgent medical assessment (as soon as possible that day) by a medical doctor or nurse practitioner.
- Monitor and document any changes in the student. If any signs or symptoms worsen, call 911;
- Refer to your school board's injury report form for documentation procedures or utilize the OSBIE Online Reporting form for documentation purposes;
- Do not administer medication (unless the student requires medication for other conditions (e.g., insulin for a student with diabetes, inhaler for asthma); and
- The student must not operate a motor vehicle.

### ***Information to be Provided to Parent/Guardian (e.g., by teacher, coach) includes:***

- Completed Appendix A-Tool to Identify a Suspected Concussion.
- Appendix B-Documentation of Medical Assessment.
- Parent/Guardian must be informed that:
  - The student needs an urgent Medical Assessment (as soon as possible that day) by a medical doctor or nurse practitioner;
  - The student must be accompanied home by a responsible adult;
  - The student must not be left alone; and
  - They need to communicate to the school principal/designate the results of the Medical Assessment (i.e., the student does not have a diagnosed concussion or the student has a diagnosed concussion) prior to the student returning to school (refer to the sample reporting form Appendix B-Documentation of Medical Assessment).

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

The school principal/designate must inform all school staff (e.g., classroom teachers, physical education teachers, intramural supervisors, coaches) and volunteers (note: prior to communicating with volunteers refer to school board protocol for sharing of student information) who work with the student that the student shall not participate in any learning or physical activities until the parent/guardian communicates the results of the Medical Assessment to the school principal/designate (e.g., by completing Appendix B-Documentation of Medical Assessment).

### **Steps to follow when a concussion event is recognized by other sign(s) and/or symptom(s) are not, and the Quick memory Function questions are answered correctly**

The procedures in this section are to be followed if other sign(s) and/or symptom(s) are NOT observed or reported and the student correctly answers all of the Quick Memory Function questions (refer to Appendix A-Tool to Identify a Suspected Concussion [link](#)), and because the teacher/coach recognized that a possible concussion event occurred (due to the jarring impact) and since sign(s) and/or symptom(s) can occur hours to days later. Ensure the following response by teacher/coaches is adhered to:

### ***Teacher/Coach Response***



- The student's parent/guardian (or emergency contact) must be contacted, informed of the incident and provided with Appendix A-Tool to Identify a Suspected Concussion and Appendix B-Documentation of Medical Assessment;
- The student must be monitored by school staff for delayed sign(s) and/or symptom(s);
- If any sign(s) and/or symptom(s) emerge (observed or reported) during the school day, parent/guardian must be informed that the student needs an urgent Medical Assessment (as soon as possible that day);
- Student must not return to physical activity for 24 hours as signs and/or symptoms can take hours or days to emerge; and
- After 24 hours under observation, if the student has not shown/reported any signs and/or symptoms, they may resume physical activity without Medical Clearance.

***Information to be provided to Parent/Guardian (e.g., by teacher, coach) include:***

- Appendix A-Tool to Identify a Suspected Concussion
- Appendix B-Documentation of Medical Assessment
- That 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 parent/guardian (beyond 24 hours) may be necessary as signs and/or symptoms may take hours or up to 7 days to emerge; and
- The parent/guardian must communicate results of continued monitoring to Administrator 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 day) by a medical doctor or nurse practitioner; and
  - 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.

***School Administrator Response***

The school administrator must inform all school staff (e.g., classroom teachers, physical education teachers, intramural supervisors, coaches and volunteers) 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 parent/guardian 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 the parent/guardian must be informed that the student needs an urgent Medical Assessment (as soon as possible that day) by a medical doctor/nurse practitioner;
  - If sign(s) and/or symptom(s) do not emerge, the student is permitted to resume physical activity after 24 hours. Medical clearance is not required.

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## **Procedures for a Diagnosed Concussion**

### **Return to School (RTS) and Return to Physical Activity**

After a suspected concussion has been identified (i.e., sign(s) and/or symptom(s) are observed or reported), the student must be assessed by a medical doctor or nurse practitioner as soon as reasonably possible. The parent/guardian must communicate to the school the results of the Medical Assessment (consult sample reporting form, Appendix -D – Documentation of Medical 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 School (RTS) and Return to Physical Activity (RTPA) Plan.

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 outside sports team (where appropriate), with consultation from the student's medical doctor or nurse practitioner.

Other licensed healthcare providers (a healthcare provider who is licensed by a national professional regulatory body 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 RTS 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 RTS and 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. Refer to Table 3: Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA).

### **Responsibilities of the School Administrator**

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

- Inform all school staff (e.g., classroom teachers, physical education teachers, intramural supervisors, coaches) and volunteers who work with the student of the results;
- Communicate (e.g., in-person meeting, phone conference, video conference, email) with parent/guardian, and where appropriate the student;
  - To explain the stages of RTS and RTPA Plan that occur at home.
  - To provide and explain the purpose of Appendix E - Documentation for Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan (i.e., to document student's progress through the stages of RTS and RTPA);
    - The student must complete Stage 2 RTS and Stage 2b RTPA prior to returning to school; and
    - Completion must be documented and returned to the school using Appendix C-4 - Documentation for Home Preparation for RTS and RTPS 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:
  - Appendix A-Tool to Identify a Suspected Concussion
  - Appendix B-Documentation of Medical Assessment
  - Appendix C-Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA);
  - Appendix D-Documentation of Medical Clearance
  - Appendix E-Collaborative Team learning strategies and adaptations for student recovery

### **Responsibilities of Parent/Guardian**

When the student has successfully completed the stages in Table 3: Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) the parent/guardian informs the school principal:

- Student has completed Stage 2 RTS (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 RTS 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.

### **Student At Home**

For the associated General Procedures consult the Return to School (RTS) and Return to Physical Activity (RTPA) Plan Appendix C (link).

### **Responsibilities of the Parent/Guardian**

When the student has successfully completed the stages in Table 3: Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) the parent/guardian informs the school principal:

- Student has completed Stage 2 RTS (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 RTS 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.

### **Student Returns to School**

### **Responsibilities of the School Administrator**

Communicate (e.g., in-person meeting, phone conference, video conference, email) with parent/guardian, and where appropriate the student:

- To provide and explain the purpose of Appendix C - Documentation for School Concussion Management - Return to School (RTS) and Return to Physical Activity (RTPA) Plan;



- To explain the Collaborative Team approach and their role on the team when the student returns to school.

The School Concussion Management Plan – Return to School (RTS) and Return to Physical Activity (RTPA) Stages, 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 RTS and RTPA stages are inter-related they are not independent. A student's progress through the stages of RTS is independent from their progression through the RTPA stages. Different students will progress at different rates.

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

During all stages of RTS 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 the student must return to a medical doctor or nurse practitioner.

During Stages 5-7 of RTPA if symptoms re-appear or new symptoms appear, the student must return to a medical doctor or nurse practitioner to have the Medical Clearance reassessed.

For the associated General Procedures, consult the Return to School (RTS) and Return to Physical Activity (RTPA) Plan.

## **Documentation for Concussion Management**

### **Background Information on the Concussion Recovery Process**

A student with a diagnosed concussion needs to follow an individualized and gradual RTS and RTPA Plan. 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/approaches to assist a student return to their learning activities. In contrast the RTPA Plan follows an internationally recognized graduated approach.

The management of a student concussion is a shared responsibility, requiring regular communication, between the home, school (Collaborative Team) and outside sports team (where appropriate) with consultation from the student's medical doctor 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. This first part occurs at home and prepares the student for the second part which occurs at school.

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

### **General Procedures for Home Preparation for RTS and RTPA**

- The stages of the plan occur at home under the supervision of the parent/guardian in consultation with the medical doctor/nurse practitioner and/or other licensed healthcare providers.
- A student moves forward to the next stage when activities at the current stage are tolerated and the student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- If symptoms return, or new symptoms appear at any stage 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.
- If at any time symptoms worsen, the student/parent/guardian contacts medical doctor/nurse practitioner or seeks medical help immediately.
- While the RTS and RTPA stages are inter-related they are not interdependent. Students do not have to go through the same stages of RTS and RTPA at the same time.

However, before a student can return to school they must have completed RTS Stage 2 and RTPA Stage 2b.

- 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.

## 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.

## Background Information on the Concussion Recovery Process that Occurs at School

A student with a diagnosed concussion needs to follow an individualized and gradual RTS and RTPA Plan. In developing the plan the RTS 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 outside sports team (where appropriate) with consultation from the student's medical doctor or nurse practitioner and/or other licensed healthcare providers (for example, nurses, physiotherapists, chiropractors and athletic therapists).

## General Procedures for School Concussion Management – RTS and RTPA Plan

Appendix **C-5** focuses on a student's progression through the school stages of the RTS and RTPA Plan. It has been designed to provide direction for, and documentation of the stages of the RTS 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 RTS and RTPA Plan (Appendix F);
- the Collaborative Team members and their role (for example, parent/guardian, student, principal/designate, team lead, teacher(s), medical doctor or nurse practitioner and/or appropriate licensed healthcare provider).
- A student conference to determine the individualized RTS Plan and to identify:
- the RTS learning strategies 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 School Concussion Management

The stages of the General Procedures for School Concussion Management plan occur at school and where appropriate the RTPA part of the plan may occur at sport practices (for example, student is not enrolled in physical education).

For the student who is a member of an outside sporting team, communication is essential between the

parent/guardian/student, outside coach and school.

Stages are not days – each stage must take a minimum of 24 hours and the length of time needed to complete each stage will vary based on the severity of the concussion and the student.

Completion of the RTS and RTPA Plan may take 1-4 weeks.

A student moves forward to the next stage when activities at the current stage are tolerated and the student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.

A student is tolerating an activity if their symptoms are not exacerbated (aggravated, intensified, made worse).

While the RTS and RTPA stages are inter-related they are not interdependent. A student's progress through the stages of RTS is independent from their progression through the RTPA stages. However, students must have completed Stage 4a and 4b of RTS and Stage 4 of RTPA and have obtained Medical Clearance prior to beginning Stage 5 of RTPA.

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.

A student that has no symptoms when they return to school, must progress through all of the RTS stages and RTPA stages and remain symptom free for a minimum of 24 hours in each stage prior to moving to the next stage.

The Plan does not replace medical advice.

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.

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 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 RTS and RTPA Plan, this form is returned to the principal/designate for filing as per school board's procedures.

## Instructions

At each stage, this form (hard copy/electric) 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.
- School (for example, teacher, collaborative team lead) 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 (i.e., no returning, new or worsening symptoms) giving permission for the student to progress to the next stage and returns completed form to school.



## **The Collaborative Team Approach**

The school collaborative team provides an important role in a student's recovery. In consultation with the parent/guardian, the team identifies the student's needs and provides learning strategies and approaches (consult Table 5) for the prescribed stages in Table 4: Return to School (RTS) and 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 outside sports team (where appropriate), with consultation from the student's medical doctor or nurse practitioner and/or other licensed healthcare providers (e.g., nurses, physiotherapists, chiropractors, and athletic therapists).

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

One school staff lead (i.e., a member of the collaborative team, either the school principal/designate, or another staff person designated by the school principal) needs to serve as the main point of contact for the student, the parents/guardians, other school staff, and volunteers who work with the student, and the medical doctor or nurse practitioner and/or licensed healthcare providers.

The designated school staff lead will monitor the student's progress through the Return to School and Return to Physical Activity Plan. 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 (i.e., 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 RTS 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 Clearance Letter from a medical doctor or nurse practitioner (consult Appendix G – Documentation of Medical Clearance) 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 RTS Stage 1 – 4b (full day at school without adaptation of learning strategies and/or approaches);
  - Obtained a signed Medical Clearance Letter from a medical doctor or nurse practitioner (consult Appendix G – Sample Documentation of Medical Clearance) that indicates the student is able to return to full participation in Physical Education, intramural activities, interschool sports (non-contact) and full contact training/practice in contact interschool sports.

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

### **Return to School Strategies and/or Approaches**

*(Consult Table 5: Return to School Strategies and /or Approaches)*

It is important for the designated school staff lead, in consultation with other members of the collaborative team, to identify the student's symptoms and the ways they respond to various learning

activities in order to develop appropriate strategies and/or approaches that meet the changing needs of the student. School staff and volunteers who work with the student need to be aware of the possible difficulties (i.e., cognitive, emotional/behavioural) a student may encounter when returning to learning activities following a concussion. These difficulties may be subtle and temporary, but may significantly impact a student's performance<sup>4</sup>.

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."<sup>5</sup>

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<sup>4</sup> Davis GA, Purcell LK. The evaluation and management of acute concussion differs in young children. Br J Sports Med.

Published Online First 23 April 2013 doi:10.1136/bjsports-2012-092132

<sup>5</sup> 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>

**Table: Sample Return to School Strategies and/or Approaches<sup>6</sup>**

COGNITIVE DIFFICULTIES		
Post Concussion Symptoms	Impact on Student's Learning	Potential Strategies and/or Approaches
Headache and fatigue	Difficulty concentrating, paying attention, or multitasking	<p>Ensure instructions are clear (e.g., simplify directions, have the student repeat directions back to the teacher)</p> <p>Allow the student to have frequent breaks or return to school gradually (e.g., 1-2 hours, halfdays, late starts)</p> <p>Keep distractions to a minimum (e.g., move the student away from bright lights or noisy areas)</p> <p>Limit materials on the student's desk or in their work area to avoid distractions</p> <p>Provide alternative assessment opportunities (e.g., give tests orally, allow the student to dictate responses to tests or assignments, provide access to technology)</p>
Difficulty remembering or processing speed	<p>Difficulty retaining new information, remembering instructions, and accessing learned information</p>	<p>Provide a daily organizer and prioritize tasks</p> <p>Provide visual aids/cues and/or advance organizers (e.g., visual cueing, non-verbal signs)</p> <p>Divide larger assignments/assessments into smaller tasks</p> <p>Provide the student with a copy of class notes</p> <p>Provide access to technology</p> <p>Repeat instructions</p> <p>Provide alternative methods for the student to demonstrate mastery</p>
Difficulty paying attention/concentrating	<p>Limited/short-term focus on schoolwork</p> <p>Difficulty maintaining a regular academic workload or keeping pace with work demands</p>	<p>Coordinate assignments and projects among all teachers</p> <p>Use a planner/organizer to manage and record daily/weekly homework and assignments</p> <p>Reduce and/or prioritize homework, assignments, and projects</p> <p>Extend deadlines or break down tasks</p> <p>Facilitate the use of a peer note taker</p> <p>Provide alternate assignments and/or tests</p> <p>Check frequently for comprehension</p> <p>Consider limiting tests to one per day and student may need extra time or a quiet environment</p>

<sup>6</sup> 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



EMOTIONAL/BEHAVIOURAL DIFFICULTIES		
Post Concussion Symptoms	Impact on Student's Learning	Potential Strategies and/or Approaches
Anxiety	Decreased attention/concentration Overexertion to avoid falling behind	Inform the student of any changes in the daily timetable/schedule Adjust the student's timetable/schedule as needed to avoid fatigue (e.g., 1-2 hours/periods, half-days, full-days) Build in more frequent breaks during the school day Provide the student with preparation time to respond to questions
Irritable or frustrated	Inappropriate or impulsive behaviour during class	Encourage teachers to use consistent strategies and approaches Acknowledge and empathize with the student's frustration, anger, or emotional outburst, if and as they occur reinforce positive behaviour Provide structure and consistency on a daily basis Prepare the student for change and transitions Set reasonable expectations Anticipate and remove the student from a problem situation (without characterizing it as punishment)
Light/noise sensitivity	Difficulties working in classroom environment (e.g., lights, noise)	Arrange strategic seating (e.g., 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 (e.g., task lighting, darker room) Minimize background noise Provide alternative settings (e.g., 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	Withdrawal from participation in school activities or friends	Build time into class/school day for socialization with peers Partner student with a "buddy" for assignments or activities

## **Prevention Strategies**

The [Ontario Ministry of Education, Policy/Program Memorandum No. 158: School Board Policies on Concussion](#), recognizes the importance of prevention and states that every school board policy should include strategies for preventing and minimizing the risk of sustaining concussions (and other head injuries) in schools and at off-site school events

The prevention strategies are organized into the following four sections:

- Teachers/coaches/supervisors
- Students/athletes
- School boards, athletic associations and referee associations
- Parents/guardians

### **Teachers/Coaches/Supervisors**

Prior to the sport season/beginning of the school year teachers / coaches / supervisors should:

- ✓ Be knowledgeable of school board's concussion policy and procedures for prevention, identification, and management (return to learn and return to physical activity);
- ✓ Be knowledgeable about safe practices in the sport/activity (for example, the rules and regulations and the specific sport/activity pages in the Ontario Physical Education Safety Guidelines);
- ✓ 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;
- ✓ 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 the Fundamentals of Safety;
- ✓ 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/sport season/intramural activity teachers/coaches/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 sport/activity 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 about:
  - 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 and role model the ethical values of fair play and respect for opponents;
- ✓ Encourage students/athletes to follow the rules of play, and to practice fair play;
- ✓ Use game/match officials in higher-risk interschool sports that are knowledgeable, certified and/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.

## **Students/Athletes**

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

- ✓ Concussions, information which includes the following:
  - Definition;
  - Seriousness of concussions;
  - Causes;
  - Signs and symptoms; and
  - The school board's identification and management procedure.
- ✓ The risks of a concussion associated with the activity/sport and how to minimize those risks including sport-specific prevention strategies; the importance of respecting the rules of the game and practicing Fair Play (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 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;
  - Encouraging a teammate with signs or symptoms to remove themselves from the activity and to inform the teacher/coach/supervisor;
  - Informing the teacher/coach/supervisor when a classmate/teammate has signs or symptoms of 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 helmets when they are required for a sport/activity, and that:
  - 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 are to be properly fitted (as per manufacturer's guidelines) and properly worn (for example, only one finger should fit between the strap and the chin when strap is done up).

During the physical activity unit/sport season/intramural activity students/athletes 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);
- ✓ Wearing properly fitted protective equipment;
- ✓ Reporting any sign or symptom of a concussion immediately to teacher/coach/supervisor from a hit, fall or collision; and
- ✓ Encouraging team mates/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/athletes about concussion prevention information\*:

- ✓ Hold a pre-season/-activity group/team meeting on concussion education.
- ✓ Develop and distribute an information checklist for students/athletes about prevention strategies.
- ✓ 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.
- ✓ Distribute and collect completed student concussion contract or pledge (signed by student/athlete and parents/guardians).

\*Students/athletes 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.

### **School Boards, Athletic Associations and Referee Associations**

Prior to the sport season/beginning of the school year school boards, athletic associations and referee associations should:

- ✓ Consider rule changes to the activity, to reduce the head injury incidence or severity, where a clear-cut mechanism is implicated in a particular sport; and
- ✓ Consider rule enforcement to minimize the risk of head injuries.

### **Parent(s)/Guardian(s)**

Prior to the sport season/intramural activity/beginning of the school year parents/guardians to 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;
- ✓ 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 manufacturers guidelines), properly worn, in good working order and suitable for personal use.

### **Additional Tools**

Ontario portal: <http://www.health.gov.on.ca/en/public/programs/concussions/>

Ontario Ministry of Education, Policy/Program Memorandum No. 158: School Board Policies on Concussion: <http://www.edu.gov.on.ca/extra/eng/ppm/158.pdf>

## ***Appendix A***

### ***Tool to Identify a Suspected Concussion***

(Please see sample form on next page)





## Superior-Greenstone District School Board

### Concussion Protocol

#### Tool to Identify a Suspected Concussion

This form, completed by school staff (e.g. teacher/coach/intramural supervisor), is used to 1) identify the sign(s) and/or symptom(s) of a suspected concussion, 2) to respond appropriately, 3) to communicate this information along with follow-up requirements, to a parent/guardian. This tool may also be used for continued monitoring of a student.

Student Name:	Date:	Time:
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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 responsible (e.g. teacher/coach) for that student suspects a concussion, the following actions must be taken immediately:

<b>Step A</b>	<p style="text-align: center;"><b>Red Flag Sign(s)/Symptom(s) – CALL 911 if identified</b></p> <p>1. Indicate with an 'x', any sign(s)/symptom(s) that are found:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Neck pain or tenderness</td> <td><input type="checkbox"/> Vomiting</td> </tr> <tr> <td><input type="checkbox"/> Severe or increasing headache</td> <td><input type="checkbox"/> Weakness or tingling/burning in arms and legs</td> </tr> <tr> <td><input type="checkbox"/> Deteriorating conscious state</td> <td><input type="checkbox"/> Loss of consciousness</td> </tr> <tr> <td><input type="checkbox"/> Double vision</td> <td><input type="checkbox"/> Increasing restless, agitated or combative state</td> </tr> <tr> <td><input type="checkbox"/> Seizure or convulsion</td> <td></td> </tr> </table> <p>2. Red flags identified? <u>CALL 911</u>, then proceed to Step E. Otherwise, proceed to Step B1.</p>	<input type="checkbox"/> Neck pain or tenderness	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Severe or increasing headache	<input type="checkbox"/> Weakness or tingling/burning in arms and legs	<input type="checkbox"/> Deteriorating conscious state	<input type="checkbox"/> Loss of consciousness	<input type="checkbox"/> Double vision	<input type="checkbox"/> Increasing restless, agitated or combative state	<input type="checkbox"/> Seizure or convulsion											
<input type="checkbox"/> Neck pain or tenderness	<input type="checkbox"/> Vomiting																				
<input type="checkbox"/> Severe or increasing headache	<input type="checkbox"/> Weakness or tingling/burning in arms and legs																				
<input type="checkbox"/> Deteriorating conscious state	<input type="checkbox"/> Loss of consciousness																				
<input type="checkbox"/> Double vision	<input type="checkbox"/> Increasing restless, agitated or combative state																				
<input type="checkbox"/> Seizure or convulsion																					
<b>Step B1</b>	<p style="text-align: center;"><b>Other Concussion Sign(s) – Check visual clues (what you see)</b></p> <p>1. Indicate with an 'x', any sign(s)/symptom(s) that are found, call 911 if they worsen:</p> <table style="width: 100%;"> <tr><td><input type="checkbox"/> Lying motionless on playing surface (no loss of consciousness)</td></tr> <tr><td><input type="checkbox"/> Disorientation or confusion, or an inability to respond appropriately to questions</td></tr> <tr><td><input type="checkbox"/> Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements</td></tr> <tr><td><input type="checkbox"/> Slow to get up after a direct or indirect hit to the head</td></tr> <tr><td><input type="checkbox"/> Blank or vacant look</td></tr> <tr><td><input type="checkbox"/> Facial injury after head trauma</td></tr> </table> <p>2. Proceed to Step B2</p>	<input type="checkbox"/> Lying motionless on playing surface (no loss of consciousness)	<input type="checkbox"/> Disorientation or confusion, or an inability to respond appropriately to questions	<input type="checkbox"/> Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements	<input type="checkbox"/> Slow to get up after a direct or indirect hit to the head	<input type="checkbox"/> Blank or vacant look	<input type="checkbox"/> Facial injury after head trauma														
<input type="checkbox"/> Lying motionless on playing surface (no loss of consciousness)																					
<input type="checkbox"/> Disorientation or confusion, or an inability to respond appropriately to questions																					
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<input type="checkbox"/> Blank or vacant look																					
<input type="checkbox"/> Facial injury after head trauma																					
<b>Step B2</b>	<p style="text-align: center;"><b>Other Concussion Symptom(s) – Reported (what student is saying)</b></p> <p>1. Ask the student if they feel any of the following, indicate any with an 'x', Call 911 if they worsen:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Headache</td> <td><input type="checkbox"/> More irritable</td> <td><input type="checkbox"/> Nausea</td> <td><input type="checkbox"/> 'Don't feel right'</td> </tr> <tr> <td><input type="checkbox"/> Blurred vision</td> <td><input type="checkbox"/> Sensitivity to light</td> <td><input type="checkbox"/> Drowsiness</td> <td><input type="checkbox"/> Fatigue or low energy</td> </tr> <tr> <td><input type="checkbox"/> More emotional</td> <td><input type="checkbox"/> Balance problems</td> <td><input type="checkbox"/> Dizziness</td> <td><input type="checkbox"/> Difficulty remembering</td> </tr> <tr> <td><input type="checkbox"/> Difficulty concentrating</td> <td><input type="checkbox"/> Sensitivity to noise</td> <td><input type="checkbox"/> Sadness</td> <td><input type="checkbox"/> Feeling slowed down</td> </tr> <tr> <td><input type="checkbox"/> 'Pressure in head'</td> <td></td> <td></td> <td><input type="checkbox"/> Feeling like 'in a fog'</td> </tr> </table> <p>2. Proceed to Step B3</p>	<input type="checkbox"/> Headache	<input type="checkbox"/> More irritable	<input type="checkbox"/> Nausea	<input type="checkbox"/> 'Don't feel right'	<input type="checkbox"/> Blurred vision	<input type="checkbox"/> Sensitivity to light	<input type="checkbox"/> Drowsiness	<input type="checkbox"/> Fatigue or low energy	<input type="checkbox"/> More emotional	<input type="checkbox"/> Balance problems	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Difficulty remembering	<input type="checkbox"/> Difficulty concentrating	<input type="checkbox"/> Sensitivity to noise	<input type="checkbox"/> Sadness	<input type="checkbox"/> Feeling slowed down	<input type="checkbox"/> 'Pressure in head'			<input type="checkbox"/> Feeling like 'in a fog'
<input type="checkbox"/> Headache	<input type="checkbox"/> More irritable	<input type="checkbox"/> Nausea	<input type="checkbox"/> 'Don't feel right'																		
<input type="checkbox"/> Blurred vision	<input type="checkbox"/> Sensitivity to light	<input type="checkbox"/> Drowsiness	<input type="checkbox"/> Fatigue or low energy																		
<input type="checkbox"/> More emotional	<input type="checkbox"/> Balance problems	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Difficulty remembering																		
<input type="checkbox"/> Difficulty concentrating	<input type="checkbox"/> Sensitivity to noise	<input type="checkbox"/> Sadness	<input type="checkbox"/> Feeling slowed down																		
<input type="checkbox"/> 'Pressure in head'			<input type="checkbox"/> Feeling like 'in a fog'																		
<b>Step B3</b>	<p style="text-align: center;"><b>Quick Memory Function Check</b></p> <p>1. Ask student the following 6 questions (Questions may need to be modified for very young students, the situation/activity/sport and/or students receiving special education programs and services.)</p> <p>2. Record student responses in space below, identify if response is correct or not.</p> <table style="width: 100%;"> <tr> <td style="width: 60%;">What room are we in right now?</td> <td>Correct response? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>What activity/sport/game are we playing now?</td> <td>Correct response? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>What field are we playing on today?</td> <td>Correct response? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table> <p style="text-align: center;">Step B continues on next page</p>	What room are we in right now?	Correct response? <input type="checkbox"/> Yes <input type="checkbox"/> No	What activity/sport/game are we playing now?	Correct response? <input type="checkbox"/> Yes <input type="checkbox"/> No	What field are we playing on today?	Correct response? <input type="checkbox"/> Yes <input type="checkbox"/> No														
What room are we in right now?	Correct response? <input type="checkbox"/> Yes <input type="checkbox"/> No																				
What activity/sport/game are we playing now?	Correct response? <input type="checkbox"/> Yes <input type="checkbox"/> No																				
What field are we playing on today?	Correct response? <input type="checkbox"/> Yes <input type="checkbox"/> No																				

	Is it before or after lunch?	Correct response? <input type="checkbox"/> Yes <input type="checkbox"/> No
	What is the name of your teacher/coach?	Correct response? <input type="checkbox"/> Yes <input type="checkbox"/> No
	What room are we in right now?	Correct response? <input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Incorrect responses: suspect a concussion, go to Step C. Correct responses: go to Step D.	
Step C	<b>Suspected Concussion</b>	
	<p>Where sign(s) observed and/or symptom(s) are reported, and/or if the student fails to answer any of the Quick Memory Function questions correctly a concussion should be suspected, and the following actions are required:</p> <ol style="list-style-type: none"> <li><input type="checkbox"/> 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</li> <li>The student must not: <ul style="list-style-type: none"> <li>✗ Leave the premises without parent/guardian (or emergency contact) supervision;</li> <li>✗ Drive a motor vehicle until cleared to do so by a medical doctor or nurse practitioner*; and</li> <li>✗ Take medications except for life threatening medical conditions (e.g. diabetes, asthma)</li> </ul> </li> <li><input type="checkbox"/> Inform school administrator of incident</li> <li><input type="checkbox"/> Proceed to Step E and inform the parent/guardian.</li> </ol>	
Step D	<b>Concussion Not Suspected</b>	
	<p>Where are no sign(s) observed nor symptom(s) reported, and the student answers all the Quick Memory Function questions correctly, but a possible concussion event was recognized, the following actions are required:</p> <ol style="list-style-type: none"> <li><input type="checkbox"/> 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.</li> <li><input type="checkbox"/> Inform the school administrator.</li> <li><input type="checkbox"/> Proceed to Step E and inform the parent/guardian of the incident and that the student requires continued monitoring according to Step F.</li> </ol>	
Step E	<b>Communication to Parent/Guardian: Suspected Concussion Check Results</b>	
	<ol style="list-style-type: none"> <li><input type="checkbox"/> Inform parent/guardian of the incident:          "Your child/ward was checked for a suspected concussion (i.e. red flags, other sign(s) and symptom(s), Quick Memory Function) with the following results:" <ul style="list-style-type: none"> <li><input type="checkbox"/> Red flag(s) sign(s) observed and/or symptom(s) reported and 911 was called (Step A)</li> <li><input type="checkbox"/> Other sign(s) (Step B1) were observed and/or symptom(s) (Step B2) were reported and/or student failed to correctly answer all the questions (Step B3). The student needs urgent medical assessment (as soon as possible that day) by a medical doctor or nurse practitioner*.</li> <li><input type="checkbox"/> No sign(s) or symptom(s) were reported and the student correctly answered all the questions (Step B3), but a possible concussion event was recognized. Continued monitoring is required for a minimum of 24 hours, as sign(s) and/or symptom(s) can appear hours or days after the incident, and to respond accordingly. See Parent/Guardian Responsibilities, Step F.</li> </ul> </li> <li><input type="checkbox"/> Provide the following documents to the parent/guardian: <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of this form (Appendix A - Tool to Identify a Suspected Concussion)</li> <li><input type="checkbox"/> Appendix B - <a href="#">Documentation of Medical Assessment</a> (includes letter from Board, form)</li> <li><input type="checkbox"/> <a href="#">Home Preparation: RTS/RTPA Stages 1 and 2</a></li> </ul> </li> </ol>	
Teacher/Coach/Intramural Supervisor Name:		
Signature:		Date:
Step F continues on next page		



Parent/Guardian Responsibilities	
<b>Step F</b>	<p>Your child/ward was checked for a suspected concussion with the following results:</p> <p><input type="checkbox"/> Red flag(s) sign(s) observed and/or symptom(s) reported and 911 was called (Step A).</p> <p><input type="checkbox"/> Other sign(s) (Step B1) were observed and/or symptom(s) (Step B2) were reported and/or student failed to correctly answer all the questions (Step B3). As the parent/guardian you must:</p> <ol style="list-style-type: none"> <li><input type="checkbox"/> Have your child/ward assessed urgently (as soon as possible that day) by a medical doctor or nurse practitioner*.</li> <li><input type="checkbox"/> Advise school administrator of the results of the <a href="#">Documentation of Medical Assessment</a>.</li> </ol> <p><input type="checkbox"/> No sign(s) or symptom(s) were reported and the student correctly answered all the questions (Step B3), but a possible concussion event was recognized. As the parent/guardian you must:</p> <ol style="list-style-type: none"> <li><input type="checkbox"/> Monitor your child/ward for a minimum of 24 hours as sign(s) and/or symptom(s) can appear hours or days after the incident. You will need to respond accordingly if they appear. Use this form (Toolkit to Identify a Suspected Concussion) and monitor your child according to Steps A, (call 911 if red flags are found), and B1, B2 and B3. If other sign(s) and/or symptom(s) are observed or reported.</li> <li><input type="checkbox"/> Advise school administrator of the results of the 24-hour monitoring.</li> <li><input type="checkbox"/> Advise school administrator of the results of the <a href="#">Documentation of Medical Assessment</a>.</li> </ol>

*\*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 northern or rural regions, and in the absence of a medical doctor or a nurse practitioner, this form can be completed by a nurse only with pre-arranged access to a medical doctor or nurse practitioner.*



## ***Appendix B***

### ***Documentation of Medical Assessment***

(Please see sample form on next page)



## Superior-Greenstone District School Board Concussion Protocol

Date:

Dear Parent/Guardian,

The Superior-Greenstone District School Board is committed to keeping all our students safe. In response to the implementation of the Ontario Physical and Health Education Association (OPHEA) Safety Guidelines and following the direction of the Ministry of Education, the Board has developed and implemented a Concussion Program.

While participating in a school activity, an event occurred, that may cause a concussion. 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). Since a concussion can only be diagnosed by a medical doctor or a nurse practitioner, educators, school staff or volunteers cannot make the diagnosis of concussion. The Board's Concussion Protocol indicates that if a concussion is possible, information is provided to ensure appropriate actions are taken.

You are being provided with the following information adapted from OPHEA:

- ✓ [Tool to Identify a Suspected Concussion](#): initially completed by the school, and to be used for continued monitoring;
- ✓ [Documentation of Medical Assessment](#): to be completed when a student demonstrates or reports concussion sign(s) and/or symptom(s); and

Please return the *Documentation of Medical Assessment* prior to, or when your student returns to school.

If a concussion is diagnosed by a medical doctor or nurse practitioner, further stages of the *Documentation for Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan* will assist the school team to work with you in facilitating an individualized Return to School/Return to Physical Activity Plan for your student.

If you have any questions, please do not hesitate to contact the undersigned.

Name of School Administrator:

Phone Number:



**Superior-Greenstone District School Board**  
**Concussion Protocol**  
**Documentation of Medical Assessment**

*This form is to be provided to a student that demonstrates or reports concussion sign(s) and or symptom(s). For more information consult Appendix A-Tool to Identify a Suspected Concussion.*

<b>Student Name:</b>	<b>Date:</b>
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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 parent/guardian must inform the school administrator of the results of the medical assessment by completing the following:

Results of Medical Assessment
<input type="checkbox"/> 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.
<input type="checkbox"/> My child/ward has been assessed and a concussion has not been diagnosed but the assessment led to the following diagnosis and recommendations:
<input type="checkbox"/> My child/ward has been assessed and a concussion has been diagnosed and therefore must begin a medically supervised, individualized, and <b>gradual Return to School (RTS) and Return to Physical Activity (RTPA) Plan.</b>
<input type="checkbox"/> I have been informed of the school's concern and decline to have my child/ward assessed by a medical doctor or nurse practitioner.
Comments:
Medical Doctor or Nurse Practitioner Providing Assessment
<b>Name:</b>
<b>Phone Number:</b>
<b>Date:</b>
Parent/Guardian
<b>Name:</b>
<b>Date:</b>
<b>Signature:</b>



## ***Appendix C***

### ***Return to School (RTS) and Return to Physical Activity (RTPA) Plan***

(Please see sample form on next page)



# Superior-Greenstone District School Board

## Concussion Protocol

### Return to School and Physical Activity

Parent/Guardian: this document is prepared for you to ensure a successful return to school (RTS) and return to physical activity (RTPA) for your child/ward. Please work through each part of the table below. Once the student has successfully progressed through each stage, contact your school administrator.

Initial Rest 24-48 Hours Minimum	Return to School (RTS)	Return to Physical Activity (RTPA)
	<p>Activities permitted if tolerated by the student (sample):</p> <ul style="list-style-type: none"> <li>✓ Short board/card games</li> <li>✓ Short phone calls</li> <li>✓ Photography (with camera)</li> <li>✓ Crafts</li> </ul> <p>Activities not permitted at this stage:</p> <ul style="list-style-type: none"> <li>✗ Technology use: computer, laptop, tablet, iPad, cell phone (e.g. texting/games/photography)</li> <li>✗ TV, video games</li> <li>✗ Reading</li> <li>✗ Attendance at school or school-type work</li> </ul>	<p>Activities permitted if tolerated by the student (sample):</p> <ul style="list-style-type: none"> <li>✓ Limited movement that does not increase heart rate or break a sweat</li> <li>✓ Moving to various locations in the home</li> <li>✓ Daily hygiene activities</li> </ul> <p>Activities not permitted at this stage:</p> <ul style="list-style-type: none"> <li>✗ Physical exertion (increases breathing and heart rate and sweating)</li> <li>✗ Stair climbing other than to move locations throughout the home</li> <li>✗ Sports/sporting activity</li> </ul>
Student progresses from 'Initial Rest Stage' to 'Stage 1' when symptoms start to improve or after resting 2 days maximum (whichever occurs first).		
Stage 1 24-48 Hours Minimum	RTS-Stage 1	RTPA-Stage 1
	<p>Light cognitive activities (thinking, memory, knowledge) per list below.</p> <p>Gradually increase cognitive activity up to 30 minutes, take frequent breaks.</p> <p>Activities permitted if tolerated by the student (sample):</p> <ul style="list-style-type: none"> <li>✓ Activities from previous stage</li> <li>✓ Easy reading (e.g. books, magazines, newspaper)</li> <li>✓ Limited TV, limited cell phone conversations</li> <li>✓ Drawing/building blocks/puzzles</li> <li>✓ Some contact with friends</li> </ul> <p>Activities not permitted at this stage:</p> <ul style="list-style-type: none"> <li>✗ Technology use: computer, laptop, tablet, iPad, cell phone (e.g. texting/games/photography)</li> <li>✗ Attendance at school or school-type work</li> </ul>	<p>Light physical activities that do not provoke symptoms.</p> <p>Include movements that can be done with little effort and do not increase breathing and/or heart rate or break a sweat.</p> <p>Activities permitted if tolerated by the student (sample):</p> <ul style="list-style-type: none"> <li>✓ Daily household tasks (e.g. bed making, dishes, feeding pets, meal preparation)</li> <li>✓ Slow walking for a short time</li> </ul> <p>Activities not permitted at this stage:</p> <ul style="list-style-type: none"> <li>✗ Physical exertion (increases breathing/heart rate/sweating)</li> <li>✗ Sports/sporting activity</li> <li>✗ Stair climbing other than to move throughout the home</li> </ul>

<b>Stage 1 Assessment</b>	<p>Progress to RTS-Stage 2 when student:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Tolerates 30 minutes of light cognitive activity (e.g. 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, and</li> <li><input type="checkbox"/> Has completed a minimum of 24 hours at RTS-Stage 1.</li> </ul> <p>-OR-</p>	<p>Progress to RTPA-Stage 2a when student:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 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, and</li> <li><input type="checkbox"/> Has completed a minimum of 24 hours at RTPA-Stage 1.</li> </ul> <p>-OR-</p>
	<p><b>If student has exhibited or reported:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A return of symptoms or new symptoms: the student must return to the previous stage for a minimum of 24 hours.</li> </ul> <p>-OR-</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A worsening of symptoms: the student must return to medical doctor or nurse practitioner.</li> </ul>	
<b>Stage 2 24 Hours Minimum</b>	<p><b>RTS-Stage 2</b></p> <p>Gradually add cognitive activity listed below. When light cognitive activity is tolerated, introduce school work (and home and facilitated by the school).</p> <p>Activities permitted if tolerated by student (sample):</p> <ul style="list-style-type: none"> <li>✓ Activities from previous stage</li> <li>✓ School-type work in 30-minute increments</li> <li>✓ Crosswords, word puzzles, Sudoku, word search</li> <li>✓ Limited technology use: computer, laptop, tablet, iPad, cell phone (e.g. texting/games/photography) starting with shorter periods and building up as tolerated</li> </ul> <p>Activities not permitted at this stage:</p> <ul style="list-style-type: none"> <li>✗ School attendance</li> </ul>	<p><b>RPTA-Stage 2a</b></p> <p>Daily activities that do not provoke symptoms. Add additional movements that do not increase breathing and/or heart rate or break a sweat.</p> <p>Activities permitted if tolerated by student (sample):</p> <ul style="list-style-type: none"> <li>✓ Activities from previous stage</li> <li>✓ Light physical activity (e.g. use of stairs)</li> <li>✓ 10-15 minutes of slow walking 1-2 times per day inside and outside (weather permitting)</li> </ul> <p>Activities not permitted at this stage:</p> <ul style="list-style-type: none"> <li>✗ Physical exertion (increases breathing and/or heart rate and sweating)</li> <li>✗ Sports</li> <li>✗ Sporting activities</li> </ul>
	<p>Progress to RTS-Stage 3a when student:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Tolerates 30 minutes of light cognitive activity (e.g. 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, and</li> <li><input type="checkbox"/> Has completed a minimum of 24 hours at RTS-Stage 2.</li> </ul> <p>-OR-</p>	<p>Progress to RTPA-Stage 2b when student:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Tolerates light physical activities (completes permitted activities from Stage 2a) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms, and</li> <li><input type="checkbox"/> Has completed a minimum of 24 hours at RTPA-Stage 2a.</li> </ul> <p>-OR-</p>
<b>Stage 2 &amp; 2a Assessment</b>	<p><b>If student has exhibited or reported:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A return of symptoms or new symptoms: the student must return to the previous stage for a minimum of 24 hours.</li> </ul> <p>-OR-</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A worsening of symptoms: the student must return to medical doctor or nurse practitioner.</li> </ul>	



	RPTA-Stage 2b
Stage 2b 24 Hours Minimum	<p>Light aerobic activity. Activities permitted if tolerated by the student (sample):</p> <ul style="list-style-type: none"> <li>✓ Activities from previous stage</li> <li>✓ 20-30 minutes of walking/stationary cycling/recreational at a pace that causes some increase in breathing/heart rate but not enough to prevent a student from carrying on a conversation comfortably</li> </ul> <p>Activities not permitted at this stage:</p> <ul style="list-style-type: none"> <li>✗ Resistance or weight training</li> <li>✗ Physical activities with others</li> <li>✗ Physical activities using equipment</li> </ul>
Stage 2b Assessment	<p>Progress to RPTA-Stage 3 when student:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Tolerates light aerobic activities (completes activities from Stage 2b) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms, and</li> <li><input type="checkbox"/> Has completed a minimum of 24 hours at RPTA-Stage 2b.</li> <li><input type="checkbox"/> Next step: Contact the school Principal/Vice Principal that the student has met the requirements of Stage 2 and they are prepared to progress to Stage 3.</li> </ul> <p>-OR-</p> <p style="text-align: center;"><b>If student has exhibited or reported:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A return of symptoms or new symptoms: the student must return to the previous stage for a minimum of 24 hours.</li> </ul> <p>-OR-</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A worsening of symptoms: the student must return to medical doctor or nurse practitioner.</li> </ul>

When the student has successfully completed the stages above, the parent/guardian informs the school principal of the following:

- ☐ Student has completed RTS-Stage 2 (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 RTS-Stage 3a at school.
- ☐ Student has completed RPTA-Stage 2b (activities are tolerated and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.) and is to begin RPTA-Stage 3 at school.

	Return to School (RTS)-Stage 3a	Return to Physical Activity (RTPA)- Stage 3
<b>Stage 3 &amp; 3a</b> <b>24 Hours Minimum</b>	<p>Student begins with an initial time at school of 2 hours.</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 (see 'Collaborative Plan for Return to Learn' in appendices)</p> <p>Activities permitted if tolerated by student:</p> <ul style="list-style-type: none"> <li>✓ Activities from previous stage (consult Appendix E – Documentation for concussion Management 0 Home Preparation for RTS and RTPA)</li> <li>✓ School work for up to 2 hours per day in smaller chunks (completed at school) working up to ½ day of cognitive activity</li> <li>✓ Adaptation of learning strategies and/or approaches</li> </ul> <p>Activities not permitted at this stage:</p> <ul style="list-style-type: none"> <li>✗ Tests/exams</li> <li>✗ Homework</li> <li>✗ Music class</li> <li>✗ Assemblies</li> <li>✗ Field trips</li> </ul>	<p>Simple locomotor activities/sport-specific exercise to add movement.</p> <p>Activities permitted if tolerated by student:</p> <ul style="list-style-type: none"> <li>✓ Activities from previous stage (20-30 minutes walking/stationary cycling/elliptical/recreational dancing at a moderate pace)</li> <li>✓ Simple 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</li> <li>✓ Restricted recess activities (e.g. walking)</li> </ul> <p>Activities not permitted at this stage:</p> <ul style="list-style-type: none"> <li>✗ Full participation in physical education or DPA</li> <li>✗ Participation in intramurals</li> <li>✗ Full participation in interschool practices</li> <li>✗ Interschool competition</li> <li>✗ Resistance or weight training</li> <li>✗ Body contact or head impact activities (e.g. heading a soccer ball)</li> <li>✗ Jarring motions (e.g. high-speed stops, hitting a baseball with a bat)</li> </ul>
<b>Stage 3 &amp; 3a</b> <b>School Assessment</b>	<p><input type="checkbox"/> Student has demonstrated they can tolerate up to a half day of cognitive activity</p> <p>-OR-</p> <p><input type="checkbox"/> Student has exhibited or reported a return of symptoms, new symptoms, and must return to previous stage for a minimum of 24 hours</p> <p>-OR-</p> <p><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner</p> <p>-AND-</p> <p><input type="checkbox"/> Document sent home to parent/guardian</p> <p>Initial of School Principal/</p>	<p><input type="checkbox"/> Student has demonstrated they can tolerate simple individual drills/sport-specific drills as listed under permitted activities</p> <p>-OR-</p> <p><input type="checkbox"/> Student has exhibited or reported a return of symptoms, new symptoms, and must return to previous stage for a minimum of 24 hours</p> <p>-OR-</p> <p><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner</p> <p>-AND-</p> <p><input type="checkbox"/> Document sent home to parent/guardian</p> <p>Initial of School Principal/</p>

	Collaborative Team Lead/ Designate: _____  Date: _____	Collaborative Team Lead/ Designate: _____  Date: _____
<b>Stage 3 &amp; 3a</b> <b>Home Assessment</b>	<input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms -OR- <input type="checkbox"/> Student has exhibited or reported a return of symptoms, new symptoms, and must return to previous stage for a minimum of 24 hours -OR- <input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner -AND- <input type="checkbox"/> Signed document sent back to school  Parent/Guardian Signature: _____  Date: _____  Comments: _____	<input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms -OR- <input type="checkbox"/> Student has exhibited or reported a return of symptoms, new symptoms, and must return to previous stage for a minimum of 24 hours -OR- <input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner -AND- <input type="checkbox"/> Signed document sent back to school  Parent/Guardian Signature: _____  Date: _____  Comments: _____
<b>Stage 3b</b> <b>24 Hours Minimum</b>	<b>Return to School (RTS)-Stage 3b</b>  Student begins with an initial time at school of 2 hours. 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 (Refer to 'Collaborative Plan for Return to Learn/Accommodations in appendices)  Activities permitted if tolerated by the student: <ul style="list-style-type: none"> <li>✓ Activities</li> <li>✓ School work for up to 4-5 hours per day in smaller chunks (e.g. 2-4 days of school/week)</li> <li>✓ Homework, up to 30 minutes/day</li> <li>✓ Decrease adaptation of learning strategies and/or approaches</li> <li>✓ Classroom testing with accommodations</li> </ul> Activities not permitted at this stage: <ul style="list-style-type: none"> <li>✗ Standardized tests/exams</li> </ul>	
<b>Stage 3b</b> <b>School</b>	<input type="checkbox"/> Student has demonstrated they can tolerate up to 4-5 hours of the cognitive activities listed above -OR- <input type="checkbox"/> Student has exhibited or reported a return of symptoms, new symptoms, and must return to previous stage for a minimum of 24 hours	



	<p>-OR-</p> <p><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner</p> <p>-AND-</p> <p><input type="checkbox"/> <b>C-5</b> sent home to parent/guardian</p> <p>Initial of School Principal/Collaborative Team Lead/Designate: _____</p> <p>Date: _____</p>	
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>Stage 3b</b> <b>Home Assessment</b></p>	<p><input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms</p> <p>-OR-</p> <p><input type="checkbox"/> Student has exhibited or reported a return of symptoms, new symptoms, and must return to previous stage for a minimum of 24 hours</p> <p>-OR-</p> <p><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner</p> <p>-AND-</p> <p><input type="checkbox"/> <b>C-5</b> sent back to school</p> <p>Parent/Guardian Signature: _____</p> <p>Date: _____</p> <p>Comments: _____</p>	
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>Stage 4a &amp; 4</b> <b>24 Hours Minimum</b></p>	<p><b>Return to School (RTS)-Stage 4a</b></p> <p>Full day school, minimal adaptation of learning strategies and/or approaches nearly normal workload.</p> <p>Activities permitted if tolerated by student:</p> <ul style="list-style-type: none"> <li>✓ Activities from previous stage</li> <li>✓ Nearly normal cognitive activities</li> <li>✓ Routine school work as tolerated</li> <li>✓ Minimal adaptation of learning strategies and/or approaches:             <ul style="list-style-type: none"> <li>• Start to eliminate adaptation of learning strategies and/or approaches</li> <li>• Increase homework to 60 min/day</li> <li>• Limit routine testing to one test/day with accommodations (e.g. supports, such as more time)</li> </ul> </li> </ul> <p>Activities not permitted at this stage:</p> <ul style="list-style-type: none"> <li>✗ Standardized tests/exams</li> </ul>	<p><b>Return to Physical Activity (RTPA)-Stage 4</b></p> <p>Progressively increase physical activity such as non-contact training drills to add coordination and increased thinking.</p> <p>Activities permitted if tolerated by student:</p> <ul style="list-style-type: none"> <li>✓ Activities from previous stage</li> <li>✓ More complex training drills (e.g. passing drills in soccer, hockey)</li> <li>✓ Physical activity with no body-contact (e.g. dance, badminton)</li> <li>✓ Participation in practices for non-contact interschool sports</li> <li>✓ Progressive resistance training may be started</li> <li>✓ Recess (e.g. physical activity such as running/games with no body-contact)</li> <li>✓ DPA (elementary)</li> </ul> <p>Activities not permitted at this stage:</p> <ul style="list-style-type: none"> <li>✗ Full participation in physical education</li> <li>✗ Participation in intramurals</li> </ul>

		<p>✗ Body-contact or head impact activities (e.g. heading a soccer ball)</p> <p>✗ Participation in interschool contact sport practices, or interschool games/competitions (non-contact and contact)</p>
<p><b>Stage 4a &amp; 4 School Assessment</b></p>	<p><input type="checkbox"/> Student has demonstrated they can tolerate a full day of school and a nearly normal workload with minimal adaptation of learning strategies and/or approaches, and</p> <p><input type="checkbox"/> -OR-</p> <p><input type="checkbox"/> Student has exhibited or reported a return of symptoms, new symptoms, and must return to previous stage for a minimum of 24 hours</p> <p>-OR-</p> <p><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner</p> <p>AND-</p> <p><input type="checkbox"/> <b>C-5</b> sent home to parent/guardian</p> <p>Initial of School Principal/ Collaborative Team Lead/ Designate: _____</p> <p>Date: _____</p>	<p><input type="checkbox"/> Student has completed the activities in RPTA-Stage 4</p> <p>-OR-</p> <p><input type="checkbox"/> Student has exhibited or reported a return of symptoms, new symptoms, and must return to previous stage for a minimum of 24 hours</p> <p>-OR-</p> <p><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner</p> <p>AND-</p> <p><input type="checkbox"/> <b>C-5</b> sent home to parent/guardian</p> <p><input type="checkbox"/> <b>C-6</b> sent home to parent/guardian</p> <p>Initial of School Principal/ Collaborative Team Lead/ Designate: _____</p> <p>Date: _____</p>
<p><b>Stage 4a &amp; 4 Home Assessment</b></p>	<p><input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms</p> <p>-OR-</p> <p><input type="checkbox"/> Student has exhibited or reported a return of symptoms, new symptoms, and must return to previous stage for a minimum of 24 hours</p> <p>-OR-</p> <p><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner</p> <p>AND-</p> <p><input type="checkbox"/> <b>C-5</b> sent back to school</p> <p>Parent/Guardian Signature: _____</p> <p>Date: _____</p> <p>Comments: _____</p>	<p><input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms</p> <p>-OR-</p> <p><input type="checkbox"/> Student has exhibited or reported a return of symptoms, new symptoms, and must return to previous stage for a minimum of 24 hours</p> <p>-OR-</p> <p><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner</p> <p>AND-</p> <p><input type="checkbox"/> <b>C-5</b> sent back to school</p> <p>Parent/Guardian Signature: _____</p> <p>Date: _____</p> <p>Comments: _____</p>

Return to School (RTS)-Stage 4b	
<b>Stage 4b</b> <b>24 Hours Minimum</b>	<p>At school for a full day, without adaptation of learning strategies and/or approaches.</p> <p>Activities permitted if tolerated by student:</p> <ul style="list-style-type: none"> <li>✓ Normal cognitive activities</li> <li>✓ Routine school work</li> <li>✓ Full curriculum load (e.g. attend all classes, all homework, tests)</li> <li>✓ Standardized tests/exams</li> <li>✓ Full extracurricular involvement (non-sport/non-physical activity e.g. debating club, drama club, chess club)</li> </ul>
<b>Stage 4b</b> <b>Assessment</b>	<p>Progress to RTPA-Stage 5 when student:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Has completed RTS-Stage 4a and 4b (full day at school without adaptation of learning strategies and/or approaches) and</li> <li><input type="checkbox"/> Has completed a minimum of 24 hours at RTPA-Stage 4 and be symptom-free, and</li> <li><input type="checkbox"/> Obtains a signed Medical Clearance from a medical doctor or nurse practitioner.</li> </ul> <p>*Note Premature return to contact sports (full practice and game plan) may cause a significant setback in recovery.</p> <p>-OR-</p>
<b>Stage 4b</b> <b>School Assessment</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms for a minimum of 24 hours, and has demonstrated they can tolerate a full day of school without adaptation of learning strategies and/or approaches. *Note Premature return to contact sports (full practice and game plan) may cause a significant setback in recovery</li> </ul> <p>-OR-</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Student has exhibited or reported a return of symptoms, new symptoms, and must return to previous stage for a minimum of 24 hours</li> </ul> <p>-OR-</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner</li> </ul> <p>-AND-</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>C-5</b> sent home to parent/guardian</li> </ul> <p>Initial of School Principal/Collaborative Team Lead/Designate: _____</p> <p>Date: _____</p>
<b>Stage 4b</b> <b>Home Assessment</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms for a minimum of 24 hours. *Note Premature return to contact sports (full practice and game plan) may cause a significant setback in recovery</li> </ul> <p>-OR-</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Student has exhibited or reported a return of symptoms, new symptoms, and must return to previous stage for a minimum of 24 hours</li> </ul> <p>-OR-</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner</li> </ul> <p>-AND-</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>C-5</b> sent back to school</li> </ul> <p>-AND-</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Medical Clearance obtained, from medical doctor or nurse practitioner</li> </ul> <p>Parent/Guardian Signature: _____</p> <p>Date: _____</p> <p>Comments: _____</p>



<b>Stage 5</b> <b>24 Hours Minimum</b>	<b>Return to Physical Activity-Stage 5</b>
	<p>Following medical clearance, full participation in all non-contact physical activities (i.e. non-intentional body contact) and full-contact training/practice in contact sports).</p> <p>Activities permitted if tolerated by student:</p> <ul style="list-style-type: none"> <li>✓ Physical education</li> <li>✓ Intramural programs</li> <li>✓ Full contact training/practice in contact interschool sports</li> </ul> <p>Activities not permitted at this stage:</p> <ul style="list-style-type: none"> <li>✗ Competition (e.g. games, meets, events that involves body contact)</li> </ul>
<b>Stage 4b</b> <b>School Assessment</b>	<p><input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms for a minimum of 24 hours, and has demonstrated they can tolerate a full day of school without adaptation of learning strategies and/or approaches. *Note Premature return to contact sports (full practice and game plan) may cause a significant setback in recovery</p> <p>-OR-</p> <p><input type="checkbox"/> Student has exhibited or reported a return of symptoms, new symptoms, and must return to previous stage for a minimum of 24 hours</p> <p>-OR-</p> <p><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner</p> <p>-AND-</p> <p><input type="checkbox"/> <b>C-5</b> sent home to parent/guardian</p> <p>Initial of School Principal/Collaborative Team Lead/Designate: _____</p> <p><input type="checkbox"/> Date: _____</p>
	<b>Stage 5</b> <b>Home Assessment</b>
<b>Stage 6</b> <b>24 Hours Minimum</b>	
	<p>Activities permitted if tolerated by student:</p> <ul style="list-style-type: none"> <li>✓ Unrestricted return to contact sports. Full participation in contact sports/games/competitions</li> </ul>
<b>Stage 6-School Assessment</b>	<p><input type="checkbox"/> Student has successfully completed full participation in contact sports</p> <p>-OR-</p> <p><input type="checkbox"/> Student has exhibited or reported a return of symptoms, new symptoms, and must return to previous stage for a minimum of 24 hours</p> <p>-OR-</p>

	<input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner -AND- <input type="checkbox"/> <b>C-5</b> sent home to parent/guardian Initial of School Principal/Collaborative Team Lead/Designate: _____ Date: _____
Stage 6 Home Assessment	<input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms for a minimum of 24 hours -OR- <input type="checkbox"/> Student has exhibited or reported a return to medical doctor or nurse practitioner for medical clearance reassessment -AND- <input type="checkbox"/> <b>C-5</b> sent back to school Parent/Guardian Signature: _____ Date: _____ Comments:  <input type="checkbox"/>

## ***Appendix D***

### ***Documentation for Medical Clearance***

(Please see sample form on next page)





**Superior-Greenstone District School Board**  
**Concussion Protocol**  
**Documentation for Medical Clearance**

*This form is to be provided to students who have completed the Return to School (RTS) Stage 4b and Return to Physical Activity (RTPA) Stage 4 (consult the Concussion Protocol Management Plan). A student must be medically cleared by a medical doctor/nurse practitioner prior to moving on to full participation in non-contact physical activities and full contact practices (RTPA Stage 5).*

**Student Name:**

**Date:**

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

- ✓ Full participation in physical education classes
- ✓ Full participation in Intramural physical activities (non-contact)
- ✓ Full participation in non-contact interschool sports (practices and competition)
- ✓ Full-contact training/practice in contact interschool sports

**Comments:**

**Medical Doctor or Nurse Practitioner**

**Name:**

**Date:**

**Signature:**

*\*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 northern or rural regions, and in the absence of a medical doctor or a nurse practitioner, this form can be completed by a nurse only with pre-arranged access to a medical doctor or nurse practitioner.*



**Superior-Greystone District School Board**  
**Concussion Protocol**  
**School Concussion Management Plan**

24 Hrs Min.	<b>Return to School (RTS)-Stage 3a</b>	<b>Return to Physical Activity (RTPA)-Stage 3</b>
	<ul style="list-style-type: none"> <li>✓ Student begins with an initial time at school of 2 hours</li> <li>✓ The individual RTS Plan is developed by the Collaborative Team following the student conference and assessment of the student's individual needs, determining possible strategies and/or approaches for student learning</li> </ul>	<ul style="list-style-type: none"> <li>✓ Simple locomotor activities/sport-specific exercise to add movement</li> </ul>
24 Hrs Min.	<b>RTS-Stage 3b</b>	
	<ul style="list-style-type: none"> <li>✓ Student continues attending school half time with gradual increase in school attendance time, increased school work, and decrease in learning strategies and/or approaches.</li> </ul>	
24 Hrs Min.	<b>RTS-Stage 4a</b>	<b>RTPA-Stage 4</b>
	<ul style="list-style-type: none"> <li>✓ Full day school, minimal adaptation of learning strategies and/or approaches</li> <li>✓ Nearly normal workload</li> </ul>	<ul style="list-style-type: none"> <li>✓ Progressively increase physical activity</li> <li>✓ Noncontact training drills to add coordination and increased thinking</li> </ul>
24 Hrs Min.	<b>RTS-Stage 4b</b>	<b>RTPA Assessment</b>
	<ul style="list-style-type: none"> <li>✓ At school: full day, without adaptation of learning strategies and/or approaches</li> </ul> <p style="text-align: center;"><b>All RTS Stages complete</b></p>	<p>Before progressing to RTPA Stage 5, the student must:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Complete RTS-Stage 4a and 4b (full day at school without adaptation of learning strategies and/or approaches)</li> <li><input type="checkbox"/> Complete RTPA-Stage 4 and be symptom-free</li> <li>-AND-</li> <li><input type="checkbox"/> Obtain signed Medical Clearance from a medical doctor or nurse practitioner</li> </ul>
24 Hrs Min.	<b>RTPA-Stage 5</b>	
	<ul style="list-style-type: none"> <li>✓ 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</li> </ul>	
24 Hrs Min.	<b>RTPA-Stage 6</b>	
	<ul style="list-style-type: none"> <li>✓ Unrestricted return to contact sports</li> </ul>	

*The RTS and RTPA Plan has been developed in partnership with Parachute and is based on the most recent research and recommendations of the expert scientific community on concussion i.e., the Canadian Guidelines on Concussion in Sport, July 2017 and the Berlin Consensus Statement on Concussion in Sport, October 2016.*

## ***Appendix E***

### ***Collaborative Plan for Return to Learn***

(Please see sample form on next page)





## Collaborative plan for Return to Learn

Student Name:

Developed On: (date)

- ☐ Developed with "Return to Learn Accommodations" chart or similar resource.
- ☐ Common Accommodations for all classes listed below
- ☐ Specific class accommodations and time line listed in chart below.

<i>Subject / Class</i>	<i>Teacher</i>	<i>Accommodations</i>	<i>Timelines</i>

To maintain confidentiality and ensure privacy, this form is intended only for use by appropriate school staff, medical professionals, and the student's parent/ guardian(s).

This information is collected pursuant to the Board's responsibilities as set out in the Education Act. The information will be used for educational purposes and securely stored and retained in accordance with the Board's Records Management Policy. Questions about this collection should be directed to the School Principal

S19-001

2016-02



COGNITIVE DIFFICULTIES		
Concussion Symptoms	Impact on Student's Learning	Potential Accommodations
Headache and Fatigue	Difficulty concentrating, paying attention or multitasking	<ul style="list-style-type: none"> <li>ensure instructions are clear (e.g., simplify directions, have the student repeat directions back to the teacher)</li> <li>allow the student to have frequent breaks, or return to school gradually (e.g., 1-2 hours, half-days, late starts)</li> <li>keep distractions to a minimum (e.g., move the student away from bright lights or noisy areas)</li> <li>limit materials on the student's desk or in their work area to avoid distractions</li> <li>provide alternative assessment opportunities (e.g., give tests orally, allow the student to dictate responses to tests or assignments, provide access to technology)</li> </ul>
Difficulty Remembering or Processing Speed	Difficulty retaining new information, remembering instructions, accessing learned information	<ul style="list-style-type: none"> <li>provide a daily organizer and prioritize tasks</li> <li>provide visual aids/cues and/or advance organizers (e.g., visual cueing, non-verbal signs)</li> <li>divide larger assignments/assessments into smaller tasks</li> <li>provide the student with a copy of class notes</li> <li>provide access to technology</li> <li>repeat instructions</li> <li>provide alternative methods for the student to demonstrate mastery</li> </ul>
Difficulty Paying Attention/ Concentrating.	<p>Limited/short-term focus on schoolwork</p> <p>Difficulty maintaining a regular academic workload or keeping pace with work demands</p>	<ul style="list-style-type: none"> <li>coordinate assignments and projects among all teachers</li> <li>use a planner/organizer to manage and record daily/weekly homework and assignments</li> <li>reduce and/or prioritize homework, assignments and projects</li> <li>extend deadlines or break down tasks</li> <li>facilitate the use of a peer note taker</li> <li>provide alternate assignments and/or tests</li> <li>check frequently for comprehension</li> <li>consider limiting tests to one per day and student may need extra time or a quiet environment</li> </ul>



EMOTIONAL / BEHAVIOURAL DIFFICULTIES		
<i>Concussion Symptoms</i>	<i>Impact on Student's Learning</i>	<i>Potential Accommodations</i>
Anxiety	Decreased attention/concentration  Overexertion to avoid falling behind	<ul style="list-style-type: none"><li>inform the student of any changes in the daily timetable/schedule</li><li>adjust the student's timetable/schedule as needed to avoid fatigue (e.g., 1-2 hours/periods, half-days, full-days)</li><li>build in more frequent breaks during the school day</li><li>provide the student with preparation time to respond to questions</li></ul>
Irritable or Frustrated	Inappropriate or impulsive behaviour during class	<ul style="list-style-type: none"><li>encourage teachers to use consistent strategies and approaches</li><li>acknowledge and empathize with the student's frustration, anger or emotional outburst if and as they occur</li><li>reinforce positive behaviour</li><li>provide structure and consistency on a daily basis</li><li>prepare the student for change and transitions</li><li>set reasonable expectations</li><li>anticipate and remove the student from a problem situation (without characterizing it as punishment)</li></ul>
Light/ Noise Sensitivity	Difficulties working in classroom environment (e.g., lights, noise, etc.)	<ul style="list-style-type: none"><li>arrange strategic seating (e.g., move the student away from window or talkative peers, proximity to the teacher or peer support, quiet setting)</li><li>where possible provide access to special lighting (e.g., task lighting, darker room)</li><li>minimize background noise</li><li>provide alternative settings (e.g., alternative work space, study carrel)</li><li>avoid noisy crowded environments such as assemblies and hallways during high traffic times</li><li>allow the student to eat lunch in a quiet area with a few friends</li><li>where possible provide ear plugs/headphones, sunglasses</li></ul>
Depression/ Withdrawal	Withdrawal from participation in school activities or friends	<ul style="list-style-type: none"><li>build time into class/school day for socialization with peers</li><li>partner student with a "buddy" for assignments or activities</li></ul>



## ***Appendix F***

### ***Informed Consent for Field Trips and Excursions***

(Please see sample form on next page)





## Superior-Greenstone District School Board Informed Consent for Field Trips and Excursions

B.A. Parker Public School is arranging on

**THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT IF THE STUDENT IS UNDER 18 YEARS OF AGE.**

### ELEMENTS OF RISK

School activities involve certain elements of risk. Injuries may occur while participating in these activities. The following includes, but is not limited to, examples of the types of injury which may result during an activity: fracture, laceration, sprain, strain, contusion, concussion, etc. The following includes but is not limited to examples of the types of injury which may result from participating in.

1.

The risk of sustaining these types of injuries result from the nature of the activity and can occur without any fault of either the student, or the school board, its' employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your student may be injured.

The chance of injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you choose to participate, you must understand that you bear the responsibility for any injury that might occur. Please indicate if your student has been diagnosed as having any medical conditions and provide pertinent details.

If your student is presently diagnosed with a concussion by a medical doctor/nurse practitioner that was sustained outside of school physical activity, the Return to Physical Activity Plan (RTPA) must be completed before the student returns to physical education classes, DPA, intramural activities and interschool practices and competitions. Request the form from the school administrator.

The Superior-Greenstone District School Board does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity. All students participating in extra-curricular athletic activities are encouraged to have Student Accident Insurance made available by the school to parents at the beginning of the school year or have private coverage in effect. Student accident insurance is available all year, not just at the beginning of the school year. Parents can go to [www.insuremykids.com](http://www.insuremykids.com) to purchase the insurance.

### ACKNOWLEDGEMENT

**WE HAVE READ THE ABOVE. WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.**

Signature of Student:	Date:
Signature of Parent/Guardian: (If student is under 18 years of age)	Date:
Medical conditions:	

This information is collected pursuant to the Board's responsibilities as set out in the Education Act. The information will be used for educational purposes and securely stored and retained in accordance with the Board's Records Management Policy. Questions about this collection should be directed to the School Administrator. Policy 505 Field Trips and Excursions / Policy 541 Concussions.

C08-009

2019 03 Rev

***Appendix G***  
***Emergency Action Plan***

(Please see sample form on next page)







## Emergency Action Plan

Access to Telephone	<input type="checkbox"/> Cell phone, battery well charged <input type="checkbox"/> Practices <input type="checkbox"/> Home venues <input type="checkbox"/> Away venue <input type="checkbox"/> List of emergency phone numbers (home competitions) <input type="checkbox"/> List of emergency phone numbers (away competitions)
Directions to Access the Site	<input type="checkbox"/> Accurate directions to the site (practice) <input type="checkbox"/> Accurate directions to the site (home competitions) <input type="checkbox"/> Accurate directions to the site (away competitions)
Participant Information	<input type="checkbox"/> Personal profile forms <input type="checkbox"/> Locations of student medication <input type="checkbox"/> Emergency contacts <input type="checkbox"/> Medical profiles* <input type="checkbox"/> Location of First Aid Kit
Personnel Information	<input type="checkbox"/> Person in charge is identified

\*The medical profile of each participant should be up to date and located with the first aid kit. A first aid kit must be accessible at all times and must be checked regularly.

**Emergency Phone Number: 911 for all Emergencies**

In-Charge Person: \_\_\_\_\_

Cell phone number of coach/volunteer: \_\_\_\_\_ Phone number of home facility: \_\_\_\_\_

Designated school contact (name and phone number): \_\_\_\_\_

**Address and Location of Facility:**

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Main Entrance: \_\_\_\_\_

Secondary Entrance: \_\_\_\_\_

**\*\*Bring all required board forms including Concussion Package and OSBIE incident report form\*\***

This information is collected pursuant to the Board's responsibilities as set out in the Education Act. The information will be used for educational purposes and securely stored and retained in accordance with the Board's Records Management Policy. Questions about this collection should be directed to the principal. Revised February 2016. Policy 505 Field Trips and Excursions / Policy 541 Concussions  
S19-004