



ADMINISTRATIVE GUIDELINE

Title: Concussion Safety for Students

Effective Date: March 2017

Responsibility: Superintendent of Education

Revised: February 25th, 2020

This Administrative Guideline and supporting documents have been created through the collaborative efforts of the Near North District School Board, the Nipissing Parry Sound Catholic District School Board, the North Bay/Parry Sound District Health Unit, Parachute Canada and doctors in our area. They are also based on the work conducted by the Ontario Physical and Health Education Association (OPHEA) <http://safety.ophea.net>.

1.0 RATIONALE

The Near North District School Board is committed to helping all students succeed and lead safe, healthy, and active lives. As part of its commitment to student safety, injury prevention, and well-being, the Near North District School Board supports concussion awareness, prevention, identification, management, tracking and training in all schools. This updated policy on concussions will reflect legislative and policy changes that occurred in March, 2018 when the Ontario Government enacted Rowan's Law and amended the Education Act to protect student athletes by improving concussion safety on the field and at school.

2.0 SCOPE

The Ministry of Education expects all school boards in Ontario to develop and maintain a policy on concussion safety for students. As dictated by Policy/Program Memorandum No. 158 <http://www.edu.gov.on.ca/extra/eng/ppm/158.pdf>, the components of the policy must include:

- Strategies for the prevention of concussions (See Appendix A);
- Roles and responsibilities of board and school administration, educators, school staff, coaches, students, parents/guardians;
- The establishment of a process for the removal of students with a suspected concussion from physical activity and, for those diagnosed with a concussion, a Return to School Plan which includes their Return to Learn and Return to Physical Activity Plan (See Appendix C4);

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- The establishment of a process to document and track a student's progress, from removal from an activity due to a suspected concussion, to the return, through graduated steps, to learning and to physical activity;
- Annual concussion training for relevant board and school staff;
- An annual review of the approved Concussion Awareness Resource by individuals participating in board-sponsored interschool sports;
- The establishment of Concussion Codes of Conduct for individuals participating in board sponsored inter-school sports as well as confirmation of annual review of the Codes.

The Ministry of Education considers the concussion protocol outlined in the Ontario Physical Health Education Association (OPHEA) Safety Guidelines to be the minimum standard for concussion information and procedures for the prevention, identification and management of concussions. It is important to be aware that the Guidelines are evolving with new research and documentation. In order to keep users of this document up to date with the most current information and procedures, this document will be reviewed and revised as new information emerges.

3.0 INTRODUCTION

The Board recognizes that children and adolescents are among those at greatest risk for concussions and while there is potential for concussion any time there is body trauma, the risk is greatest during activities where collisions can occur, such as **during physical education classes, playground time, school-based sports activities or field trips**. Educators and school staff play a crucial role in the identification of a suspected concussion as well as ongoing monitoring and management of a student with a concussion. Awareness of signs and symptoms of concussion and 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 learn or returning to physical activities too soon and risking further complications. Ultimately, awareness and knowledge could help contribute to the student's long-term health and academic success.

4.0 PURPOSE

Research demonstrates that a concussion can have significant impact on a student cognitively, physically, emotionally and socially. Without proper identification and proper management, a concussion can result in permanent brain damage and in rare occasions, even death.

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

The implementation of a policy on concussion in each school board is an important step in creating healthier schools in Ontario. It also reinforces the knowledge, skills, and attitudes regarding injury prevention that are developed through various subjects and disciplines in the Ontario curriculum.

If it is suspected that a student has sustained a concussion, it is very important for school staff to have information on: appropriate **strategies to minimize risk of a concussion, awareness of signs and symptoms, steps to follow and effective management procedures**.

5.0 DEFINITION OF CONCUSSION

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Concussion

- A concussion is a traumatic brain injury that causes changes in brain function, leading to signs and symptoms that can emerge immediately or in the hours or days after the injury. It is possible for symptoms to take up to 7 days to appear;
- Concussion signs and symptoms can be physical (headache, dizziness), cognitive (difficulty concentrating or remembering), emotional/behavioural (depression, irritability) and/or related to sleep (drowsiness, difficulty falling asleep);
- Concussions may be caused by a jarring impact to the head, face, neck or body, with an impulsive force transmitted to the head that causes the brain to move rapidly within the skull;
- Can occur even if there is no loss of consciousness (in fact, most concussions occur without a loss of consciousness);
- Cannot normally be seen by means of medical imaging tests, such as X-rays, standard CT scans or MRI;
- A concussion is typically expected to result in symptoms lasting 1-4 weeks in children and youth (18 years or under), but in some cases symptoms may be prolonged;
- Clinical diagnosis **must be made by a medical doctor or nurse practitioner** (that day or as soon as possible) **NOT** by educators, school staff or volunteers.

Please note that Appendix C2 provides a list of possible signs and symptoms of concussion.

6.0 ROLES AND RESPONSIBILITIES

School Board Responsibilities

- Update the Concussion Safety for Students Administrative Guideline to reflect changes to PPM 158;
- Ensure that the Concussion Safety for Students Administrative Guideline and associated resources, such as codes of conduct, links to Government of Ontario Concussion Awareness Resources and supporting forms, are made available on the Board website;
- Ensure that concussion training (including OPHEA e-module and review of Government of Ontario Concussion Awareness Resources) is completed by ALL school staff on a yearly basis. Training will be held prior to Rowan's Law Day (the last Wednesday in September) and will be tracked through the Health and Safety Portal;
- Ensure that concussion training (including OPHEA e-module and review of Government of Ontario Concussion Awareness Resources) is completed by all new hires who will be working in schools. Training will be tracked through the Health and Safety Portal;
- Review Concussion Codes of Conduct when concussion policy is updated;
- Report to the Minister of Education, upon implementation and upon request thereafter, on activities to achieve the requirements outlined in PPM 158.

Principal

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- Read and follow the Concussion Safety for Students Administrative Guideline;
- Ensure all staff, volunteers, parents/guardians and students are aware of the Concussion Safety for Students Administrative Guideline;
- Assign a designate to serve as the main point of contact for the student, parents/guardians, other school staff and volunteers who work with the students. The principal or designate is responsible for tracking the steps completed in the Return to School Plan for students with a diagnosed concussion and alert relevant staff of steps completed;
- Support curriculum links as related to concussion;
- Ensure that any **new** school staff access the concussion training through the Health and Safety Portal at time of hire;
- Ensure the information on the Concussion Safety for Students Administrative Guideline is shared with the greater school community including organizations that use school facilities such as community sports organizations and licensed child-care providers operating in schools of the Board;
- Plan an annual concussion awareness event to be held on or around Rowan's Law Day which happens on the last Wednesday in September;
- Make concussion information available to students and their parents/guardians;
- Obtain parental/guardian cooperation in reporting all non-school related concussions;
- Ensure all incidents are reported, recorded and filed as required by the Concussion Safety for Students Administrative Guideline including any OSBIE and/or MOL reports.

Principal and/or Designate

- Ensure that all necessary documentation including Codes of Conduct are completed and filed;
- Because signs and symptoms of concussion may appear hours or days later, principals or their designates must ensure that any time Appendix C2 (A Tool to Identify a Suspected Concussion) is completed, parents/guardians are provided with Appendices C3 (Medical Clearance Form) and C4 (Return to School Plan);
- If a student is diagnosed with a concussion, ensure that the steps in Appendix C3 (Medical Clearance) and C4 (Return to School Plan) are explained to the parents/guardians and, if appropriate, the student;
- Prior to a students' return to school, complete and collect the following documentation:
 - *Monitoring/Medical Examination Form (Appendix C3)*;
 - *Diagnosed Concussion Return to School (Appendix C4)*. Teachers, parents and students may continue to work on Return to Learn/Return to Physical Activity as student progresses through stages. Once completed, it should be filed in the student's OSR;
- File above documents in student's OSR and provide a copy to appropriate school staff;
- Alert appropriate staff about students with suspected or diagnosed concussion;
- Ensure appropriate paperwork is forwarded home (including relevant concussion forms and OSBIE incident report);
- Work closely with students, parents/guardians, staff, volunteers and health professionals to support students with their recovery and academic success;
- For students who are experiencing difficulty in their learning environment as a result of the concussion, coordinate the development of an Individual Learning Plan;
- Consider adjustments to the student's schedule as required.

School Staff

- Read and follow the Concussion Safety for Students Administrative Guideline;

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- Attend yearly concussion training to include awareness, prevention, identification and management of concussion;
- Support education of students and parents/guardians around concussion and make links to curriculum where relevant;
- Be able to recognize signs and symptoms of a concussion and respond appropriately in the event of a concussion (See Appendix C2);
- Ensure suspected concussions are reported to parents/guardians and principal/designate;
- Follow safety guidelines and implement risk management and injury prevention strategies;
- School staff that coach interschool sports, please also refer to the roles and responsibilities of coaches;
- When relevant, help in completion of *Appendix D - Strategies to Support a Concussed Student* to assist with strategies and approaches for students returning to school after a diagnosed concussion.

Coaches

- Read and follow the Concussion Safety for Students Administrative Guideline;
- Take part in yearly concussion training to include awareness, prevention, identification and management of concussion;
- Read, sign and implement Concussion Code of Conduct;
- Know that the Board's Concussion Protocol and associated documents are located on the Board website.

Parents/Guardians

- Read and follow parent/guardian roles and responsibilities in the Concussion Safety for Students Administrative Guideline;
- Review and sign Concussion Code of Conduct if your child is under the age of 18 and is involved in inter-school sports;
- Reinforce concussion prevention strategies with your child (e.g., following rules on fair play, playground safety rules, wearing properly fitted helmets, using equipment safely, following rules of teacher, supervisor or coach). Appendix C5 for handout on concussion;
- In the event of a reported suspected concussion by the school, parents/guardians should have the child assessed by physician or nurse practitioner (that day or as soon as possible);
- In the event of a suspected concussion outside of school, parents/guardians should have child assessed by physician or nurse practitioner (that day or as soon as possible);
- Report any diagnosed concussion to the school administration as soon as possible;
- Complete and submit all required documentation to the school;
- Follow medical recommendations to promote recovery;
- Collaborate with the school to manage suspected or diagnosed concussions appropriately;
- Collaborate with the school to facilitate Return to School Plan.

Students

- Students must review and sign the Concussion Code of Conduct;

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- Immediately inform school staff or coach of suspected concussion at school or during school related activities (extra-curricular, field trips);
- Immediately inform school principal of a concussion that has been diagnosed outside of school;
- Inform school staff or coach if you experience concussion-related symptoms (immediately, delayed or reoccurring);
- Remain on school premises until parent/guardian arrives if concussion is suspected;
- Communicate concerns and challenges during recovery process with school staff, parent/guardians and health care providers;
- Inform staff/coaches/trainer if they notice/observe concussion signs or symptoms in any of their peers;
- Follow concussion management strategies as per medical doctor or nurse practitioner direction and Return to School Plan (Appendix C4).

7.0. CONCUSSION AWARENESS STRATEGIES

The Near North District School Board supports the Government of Ontario's Concussion Awareness Resources and will use these resources to ensure that the information that students, staff and coaches are receiving on concussions is consistent with information received from sport organizations.

- Yearly training on concussion (including the review of Government of Ontario Concussion Awareness Resources) will be provided for school staff each school year prior to Rowan's Law Day; the last Wednesday of September. This training will be provided and tracked through the school board's Health and Safety portal;
- Links to Government of Ontario's Concussion Awareness Resources as well as concussion resources from Parachute Canada and OPHEA will be made available on the school board website for students; parents; school and school board staff; volunteers; indigenous communities, partners and organizations; organizations that use school facilities such as community sport organizations and licensed child cares operating in school board's schools; as well as relevant community-based organizations.

8.0. CONCUSSION PREVENTION STRATEGIES

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

Primary: information/actions that prevent concussions from happening (See Appendix A for a list of prevention strategies);

Secondary: expert management of a concussion that has occurred (e.g. identification management of return to learn, return to physical activity) (Appendices C2, C3 and C4;)

Tertiary: strategies to help prevent complications of a concussion.

Evidence shows that education about concussions leads to a reduction in the incidence of concussions and improved outcomes. Therefore, the Near North District School Board will offer training to ALL relevant board and school staff on a yearly basis prior to Rowan's Law Day. Training will allow school staff to educate students on the importance of:

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- Practicing fair play and respecting the rules of the game;
- Immediately informing their coach or school staff if any signs or symptoms of a concussion and removing themselves from the activity;
- Following recommendations for full recovery from concussion.

Concussion Codes of Conduct

Concussion prevention is supported by Concussion Awareness Resources (see 7.0) and Concussion Codes of Conduct for inter-school sports. Students, parents/guardians (of students under the age of 18) and coaches will read and sign the Near North District School Board's Concussion Code of Conduct each year that they are involved in inter-school sports.

9.0 IDENTIFICATION OF A SUSPECTED CONCUSSION

If a coach/staff member/supervisor suspects that a student has sustained a concussion at school or elsewhere, they will (See Chart 1 and 2):

- Immediately and safely remove the student from activity;
- Call **911** immediately if any red flags are observed (Red Flags are listed on Appendix C2);
- Use Appendix C2 (A Tool to Identify a Suspected Concussion) to help identify the presence of any signs or symptoms of concussion;
- Contact parent/guardian and provide Appendix C2 with instructions of Actions to be Taken (including medical assessment, Appendix C3, if necessary);
- Share Appendix C4 (Documentation of a Diagnosed Concussion: Return to School Plan) to support a student's return to school following a diagnosis of concussion.

The board has referred to OPHEA's concussion protocol when developing the process for identifying suspected concussions. Please go to <https://safety.ophea.net/tools-resources/concussions> to access OPHEA's concussion protocol.

10.0 THE RETURN TO SCHOOL PLAN

After a suspected concussion has been identified, 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, results of the Medical Examination (Appendix C3).

- 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, the student follows a medically supervised, individualized and gradual Return to Learn and Return to Physical Activity Plan known as the Return to School Plan (Appendix C4). The Return to Learn and Return to Physical Activity Plans are inter-related but are not inter-dependent. A student's progress through the stages of the Return to Learn Plan are independent from the progression through the Return to Physical Activity Plan.

Knowledge of how to properly manage a diagnosed concussion is critical in a student's recovery and is essential in preventing a student from returning to school or unrestricted physical activities too soon and risking further complications.

The management of a student's concussion is a shared responsibility and requires communication between home, school, sport organizations with which a student is registered and the student's

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medical doctor or nurse practitioner. There are two parts to a student's Return to School Plan. The first part occurs at home and prepares the student for the second part which occurs at school.

The home stages of the Return to School Plan (Initial Rest to Stage 2 of Return to Learn and Initial Rest to Stage 2b of Return to Physical Activity) occur under the supervision of the parent/guardian in consultation with the medical doctor or nurse practitioner or other licensed healthcare provider.

11.0 CONCUSSION TRACKING

In accordance with relevant privacy legislation found under the Personal Health Information Protection Act, 2004, the Near North District School Board will track a student's progress from removal from an activity due to a suspected concussion, to the return, through graduated steps (using Appendix C4), to learning and physical activity. Copies of each completed and signed stage of the Return to School Plan (which includes the Return to Learn and Return to Physical Activity Plans) will be shared with the student (or parent/guardian if student is under 18 years of age) and a copy will also be placed in the student's OSR.

The Near North District School Board will only collect, use, and disclose personal and health information that is relevant diagnostic information needed to fulfil the requirements of this policy and will only disclose relevant information to parties identified in this concussion policy. As well, the Near North District School Board will only collect, use and disclose personal and health information that is reasonably necessary to carry out the school board's concussion identification procedures and Return to School Plan. The school will retain, disclose and dispose of this information in accordance with the school board's personal information, records management and retention policy and procedures.

Appendix A – Prevention Strategies

Who?	Prior to Start of Season/Beginning of Activity	During Season/School Year
School Staff/Coach	<ul style="list-style-type: none"> • Be knowledgeable of school board's concussion policy and procedures for prevention, identification and management (return to learn and return to physical activity); • Have completed annual concussion training through the NNDSB; • Ensure that non-school staff coaches have read and signed the Code of Conduct acknowledging understanding and receipt of the Government of Ontario's Concussion Awareness Resources; • Ensure players have signed appropriate forms and are familiar with board concussion resources (interschool sports form, Code of Conduct); • Be knowledgeable about safe practices in the sport/activity (e.g. rules and regulations of the specific sport/activity pages in the Ontario Physical Health Education Safety Guidelines); • Be familiar with 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 (e.g. safe tackling), 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 concussion); • Determine what protective equipment is 	<ul style="list-style-type: none"> • Teach skills and techniques in the proper progression; • Provide activity/sport specific concussion information when possible; • Teach and enforce 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 principles of head-injury prevention (e.g. keeping head up and avoiding collision); • Teach students/athletes involved in body contact activities sport specific rules and regulations of body contact (e.g. no hits to the head; 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 ethical values of fair play and respect for opponents; • Encourage students/athletes to follow 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; • Inform students about the importance of protective equipment fitting correctly (e.g. helmets, padding, guards).

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	<p>approved by a recognized equipment standards association (e.g. CSA, NOCSAE), and is well maintained and visually inspected prior to activity;</p> <ul style="list-style-type: none"> • Determine (where applicable) that protective equipment is inspected within approved timelines by a certified re-conditioner as required by the manufacturer. 	
Boards/ Athletic Association	<ul style="list-style-type: none"> • Consider rule changes to the activity in an effort to reduce head injury incidence or severity, where a clear-cut mechanism is implicated in a particular sport; • Consider rule enforcement to minimize the risk of head injuries; 	
Parents/ Guardians/ Students/ Athletes	<ul style="list-style-type: none"> • Students/athletes and their parents/guardians must read and sign the board's Concussion Code of Conduct and acknowledge they have read and understand the Government of Ontario's Concussion Awareness Resources; • It is important for students/athletes and their parents/guardians to be provided information about prevention of concussions. This concussion information must be as activity/sport specific as possible; • If students/athletes are permitted to bring their own protective equipment, students/athletes and parents/guardians must be informed of the importance of determining the equipment is properly fitted and in good working order and suitable for personal use; • Students/Athletes and their Parents/Guardians must be aware of: <ul style="list-style-type: none"> ○ The definition, causes, symptoms and seriousness of concussion; ○ The board's concussion identification, diagnosis and management procedures; ○ The risks of a concussion associated with the activity/sport and how to minimize those risks; ○ The importance of respecting rules of the game and practicing Fair Play along with showing respect for opponents; 	<ul style="list-style-type: none"> • Attend safety clinics/information sessions on concussion for the activity/sport; • Be familiar with the seriousness of concussion and signs and symptoms of concussion; • Demonstrate safe contact skills during controlled practice sessions prior to competition; • Demonstrate respect for the mutual safety of fellow athletes (e.g. no hits to the head), follow rules and regulations of the activity; • Wear properly fitted protective equipment; • Report any sign or symptom of a concussion immediately to teacher/coach from a hit, fall or collision; • Encourage teammates/fellow athletes or students to report sign(s) or symptom(s) of a concussion and to refrain from pressuring injured students/athletes to play; • Students/athletes who are absent for safety lessons must be provided with the information and training prior to the next activity sessions.

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| | <ul style="list-style-type: none">○ The dangers of participating in an activity while experiencing the signs and/or symptoms of a concussion and potential long-term consequences;○ The importance of immediately informing teachers/coaches of any signs and/or symptoms of a concussion, and removing themselves from the activity;○ Encouraging a teammate with signs and/or symptoms to remove themselves from the activity and to inform the teacher/coach;○ Informing the teacher/coach when a classmate/teammate has signs or symptoms of a concussion;○ The use of helmets when they are required for a sport/activity;○ The fact that helmets do not prevent concussions. They are designed to protect against skull fractures, major brain injuries, brain contusions and lacerations. Helmets are to be properly fitted and worn correctly. | |
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Sample strategies/tools to educate students/athletes about concussion prevention information:

- Hold a pre-season activity group or 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.

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

- Information posters on prevention of concussions in high traffic student areas;
- 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 concussion codes of conduct from students/athletes and parents/guardians and ensure that they understand how to access the Ministry Rowan's Law Resources.

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Appendix B1 - Concussion Code of Conduct for Interschool Sports (Coach/Team Trainer)

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

Maintaining a safe learning environment:

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

Fair play and respect for all:

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

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

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

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

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

Providing opportunities to discuss potential issues related to concussions:

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

Concussion recognition and reporting:

- I have read and am familiar with the approved Concussion Awareness Resource provided by the school board (<https://www.ontario.ca/page/rowans-law-concussion-awareness-resources>).
- I will emphasize the seriousness of a concussion to athletes along with outlining the signs and symptoms of a concussion.
- I will provide instruction to athletes about the importance of removing themselves from the sport and reporting to a coach/team trainer or caring adult if they have signs or symptoms of a concussion.

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- I will provide instruction to athletes about the importance of informing the coach/caring adult when they suspect a teammate may have a concussion.
- I will immediately remove from play, for assessment, any athlete who receives a jarring/significant impact to the head, face, neck, or elsewhere on the body and adhere to the Near North District School Board's concussion protocol prior to allowing return to physical activity.

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

- I understand the importance of communication between myself and the athlete, parent/guardian, and relevant school staff.
- I will promote the importance of communication about a suspected or diagnosed concussion between the athlete, parent/guardian, and all sport organizations with which the student has registered.

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

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

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

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

I _____,

- ☐ have read and understand all 2 pages of this code of conduct
- ☐ have read and am familiar with the approved Concussion Awareness Resources provided at:
<https://www.ontario.ca/page/rowans-law-concussion-awareness-resources>
- ☐ have completed the OPHEA concussion e-module provided at:
<https://www.ophea.net/blog/new-ophea-concussion-e-learning-module#.XdhS5jJKjVo>

Date: _____

Signature: _____

This form is to be kept on file at the school for the duration of the school year

Appendix B2 - Concussion Code of Conduct for Interschool Sports (Parent/Guardian of students under the age of 18)

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

Maintaining a safe learning environment:

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

Fair play and respect for all:

- I will demonstrate respect for all athletes, coaches, officials and spectators.
- I will encourage my child to demonstrate respect for teammates, opponents, officials, and spectators and to follow the rules of the sport and practice fair play.
- I will not pressure my child to participate in practices or games/competitions if they are injured.

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

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

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

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

Providing opportunities to discuss potential issues related to concussions:

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

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Concussion recognition and reporting:

- I have read and am familiar the approved Concussion Awareness Resource provided by my coach or school board (<https://www.ontario.ca/page/rowans-law-concussion-awareness-resources>)
- I understand that if my child receives a jarring impact to the head, face, neck, or elsewhere on the body that is observed by or reported to the coach, my child will be removed immediately from the sport and:
 - I am aware that if my child has signs or symptoms of a suspected concussion they should be taken to a medical doctor or nurse practitioner for a diagnosis as soon as reasonable possible that day and I will report any results to appropriate school staff.
 - I am aware that not all signs and symptoms emerge immediately and there are times when signs and symptoms emerge hours or days after the incident and in these cases my child must stop all physical activities and be monitored at home and at school for the next 24 hours.
- If no signs or symptoms emerge after 24 hours, I will inform the appropriate school staff and I understand my child will be permitted to resume participation.
- I will inform school principal, coach and/or other relevant school staff when my child experiences signs or symptoms of a concussion, including when the suspected concussion occurs during participation in a sport outside of the school setting.
- I will encourage my child to remove themselves from the sport and report to a coach or caring adult if they have signs or symptoms of a suspected concussion.
- I will encourage my child to inform the coach or caring adult when they suspect a teammate may have sustained a concussion.

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

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

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

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

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

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

I _____,

- ☐ have read and understand all 2 pages of this code of conduct
- ☐ have read and am familiar with the approved Concussion Awareness Resources provided at <https://www.ontario.ca/page/rowans-law-concussion-awareness-resources>

Date: _____

Signature: _____

This form is to be kept on file at the school for the duration of the school year

Administrative Guideline – Concussion Safety for Students

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Appendix B3 - Concussion Code of Conduct for Interschool Sports (Students)

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

Maintaining a safe learning environment:

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

Fair play and respect for all:

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

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

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

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

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

Providing opportunities to discuss potential issues related to concussions:

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

Concussion recognition and reporting:

- I have read and am familiar with the approved Concussion Awareness Resource provided by my coach or school board (<https://www.ontario.ca/page/rowans-law-concussion-awareness-resources>)
- I will remove myself immediately from any sport and will tell the coach or caring adult if I think I might have a concussion.
- I will tell the coach or caring adult immediately when I think a teammate might have a concussion.
- I understand that if I receive a jarring impact to the head, face, neck, or elsewhere on my body that is observed or reported to the coach, that I will be removed immediately from the sport, and:

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

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

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

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

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

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

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

I _____,

- ☐ have read and understand all 2 pages of this code of conduct
- ☐ have read and am familiar with the approved Concussion Awareness Resources provided at <https://www.ontario.ca/page/rowans-law-concussion-awareness-resources>

Date: _____

Signature: _____

This form is to be kept on file at the school for the duration of the school year

Appendix C2 – Tool to Identify a Suspected Concussion

This tool is a quick reference to be completed by teachers to help identify a suspected concussion and to communicate this information to the parent/guardian.

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

Check appropriate box- An incident involving _____ (student's name) occurred on _____ (Date).

- ☐ No signs or symptoms of a concussion. **Note:** Continued monitoring of the student is important as signs and symptoms may appear hours or days later.
- ☐ The following signs and symptoms were observed:

Signs and Symptoms of Suspected Concussion	
RED FLAGS – CALL 911 IMMEDIATELY IF STUDENT EXPERIENCES:	
Neck pain or tenderness Severe or increasing headache Deteriorating conscious state Growing confusion	Double vision Seizure or convulsion Vomiting
Weakness or tingling in the arms or legs Loss of consciousness Increased restlessness, agitation or becomes combative	
Possible Signs Observed	Possible Symptoms Reported
A sign is something that is observed by another person.	A symptom is something the student will feel/report.
Physical <input type="checkbox"/> Vomiting <input type="checkbox"/> Slurred speech <input type="checkbox"/> Slowed reaction time <input type="checkbox"/> Poor coordination or balance <input type="checkbox"/> Blank stare/glassy-eyed/dazed or vacant <input type="checkbox"/> Decreased playing ability <input type="checkbox"/> Loss of consciousness/lack of responsiveness <input type="checkbox"/> Lying motionless on the ground/slow to get up <input type="checkbox"/> Seizure or convulsion <input type="checkbox"/> Grabbing or clutching of head Cognitive <input type="checkbox"/> Difficulty concentrating <input type="checkbox"/> Easily distracted <input type="checkbox"/> General confusion <input type="checkbox"/> Amnesia <input type="checkbox"/> Cannot remember things that happened before and after the injury <input type="checkbox"/> Does not know time, date, place, class, type of activity in which he/she was participating <input type="checkbox"/> Slow to answer questions or follow directions Emotional <input type="checkbox"/> Strange or inappropriate emotions, (e.g., laughing, crying, getting mad easily)	Physical <input type="checkbox"/> Headache <input type="checkbox"/> Neck pain <input type="checkbox"/> Feeling off/not right <input type="checkbox"/> Ringing in the ears <input type="checkbox"/> Seeing double or blurry/loss of vision <input type="checkbox"/> Seeing stars, flashing lights <input type="checkbox"/> Pain at physical site of injury <input type="checkbox"/> Nausea/stomach ache/pain <input type="checkbox"/> Balance problems or dizziness <input type="checkbox"/> Fatigue or feeling tired <input type="checkbox"/> Sensitivity to light or noise Cognitive <input type="checkbox"/> Difficulty concentrating or remembering <input type="checkbox"/> Slowed down, fatigue or low energy <input type="checkbox"/> Dazed or in a fog Emotional <input type="checkbox"/> Irritable <input type="checkbox"/> Sad <input type="checkbox"/> More emotional than usual <input type="checkbox"/> Nervous, anxious, depressed Sleep <input type="checkbox"/> Drowsy <input type="checkbox"/> Sleeps more/less than usual <input type="checkbox"/> Difficulty falling asleep
<b style="color: red;">If any observed signs or symptoms worsen, call 911 (add additional notes here):	

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

1. Perform Quick Memory Function Assessment

Ask the student the following questions and record the answers below. Failure to answer any one of these questions correctly may indicate a concussion:

- What room are we in right now? Answer: _____
- What activity/sport/game are we playing right now? Answer: _____
- What field are we playing on today? Answer: _____
- What part of the day is it? Answer: _____
- What is the name of your teacher/coach? Answer: _____
- What school do you go to? Answer: _____

2. Actions to be Taken:

☐ If there are **any** signs observed or symptoms reported, or if the student fails to answer any of the above questions **correctly** a concussion should be suspected.

- i) The student should be removed from play and not permitted to return that day even if the student states they feel better.
- ii) Contact a parent/guardian and release the student to them. The student cannot leave school without a parent/guardian or emergency contact (with permission from the parent).
- iii) This form should go home with the student.
- iv) The student must be examined and have Appendix C3 completed by a medical doctor or nurse practitioner for diagnosis and Appendix C4 Return to School Plan followed.

OR

☐ If there are no signs observed or symptoms reported a concussion could still have occurred.

- i) The parent/guardian should still be informed and this form sent home with them.
- ii) The parent/guardian should monitor the student for 24-48 hours following the incident as signs and symptoms may take hours or days to emerge.
- iii) If any signs or symptoms emerge, the student should be examined by a medical doctor or nurse practitioner (that day or as soon as possible).

Teacher/Coach/Supervisor Name (please print): _____

Teacher/Coach/Supervisor Signature: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Place original form in OSR and provide parents/guardians with a copy

APPENDIX C3- Documentation of Medical Examination

This form is to be provided to all students suspected of having a concussion. The student must see a doctor or nurse practitioner and return the form to the school administration. If a concussion is diagnosed, the student must follow the Return to School Plan. The student should also have the Tool to Identify a Suspected Concussion (Appendix C2) if the injury/accident occurred at school or during a school related activity.

The personal information you provide on this form is collected by the Near North District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) ss.58.5, 265 use and 266 as amended. The information will be used for School and Board operations including but not limited to student registration, staff and resource allocation and to provide information to employees where necessary to support them in carrying out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and may be required to be disclosed in compelling circumstances, for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. For questions about this collection, please contact your school Principal.

_____ (student's name) sustained a suspected concussion on _____, 20____. As a result, this student must be seen by a medical doctor or nurse practitioner. Prior to returning to school, the parent/guardian must inform the school administration of the results of the medical examination by completing the following:

Results of Medical Examination

- ☐ My child has been examined and **no concussion** has been diagnosed and therefore may resume full participation in learning and physical activity with no restrictions.
- ☐ My child has been examined and **a concussion has been diagnosed** and therefore must begin medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan (Appendix C4).
- OR**

- ☐ I have been informed of the school's concern and decline to have my child assessed by a medical professional.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Date: _____

Comments: _____

Note: In accordance with the Ontario Physical Education Safety Guidelines (OPHEA) which represents the minimum standard for a board's concussion protocol, a medical examination **is required** for all students suspected of having a concussion and for students with a diagnosed concussion to return to physical activity.

Place original in OSR

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Appendix C4 – Documentation for a Diagnosed Concussion: Return to School Plan

The personal information you provide on this form is collected by the Near North District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) ss.58.5, 265 use and 266 as amended. The information will be used for School and Board operations including but not limited to student registration, staff and resource allocation and to provide information to employees where necessary to support them in carrying out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and may be required to be disclosed in compelling circumstances, for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. For questions about this collection, please contact your school Principal.

This form is to be used by parents/guardians to communicate their child's/ward's progress through the plan.

- The Return to School Plan is a combined approach.
- Step 2a - Return to Learn must be completed prior to the student returning to physical activity.
- Each step must take a minimum of 24 hours (Note: Step 2b – Return to Learn and Step 2 – Return to Physical Activity occur concurrently).
- For the care of the student, all steps must be followed.

PLEASE REMEMBER EACH STEP TAKES A MINIMUM OF 24 HOURS TO COMPLETE.

It is very important that medical advice or recommendations received in relation to a student's concussion diagnosis and their Return to Learn and Physical Activity be shared with the school AND with any relevant organizations with which the student is involved or registered.

Student Name: _____

Step 1 – Return to Learn/Return to Physical Activity

- Completed at home.
 - Cognitive Rest – includes limiting activities that require concentration and attention (e.g. reading, texting, television, computer, video/electronic games).
 - Physical Rest – includes restricting recreational/leisure and competitive physical activities.
- ☐ My child has completed Step 1 of the Return to School Plan (cognitive and physical rest at home) and their **symptoms have shown improvement**. My child/ward will proceed to Step 2a – Return to Learn.
- ☐ My child has completed Step 1 of the Return to School Plan (cognitive and physical rest at home) and is **symptom free**. My child/ward will proceed directly to Step 2b – Return to Learn and Step 2 – Return to Physical Activity.

Parent/Guardian Signature: _____ Date: _____

Principal Signature: _____

Place copy of page 1 in OSR

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If at any time during the following steps, symptoms return, please refer to the “Return of Symptoms” section on page 4 of this form

Step 2a – Return to Learn

- Student returns to school
 - Requires individualized classroom strategies and/or approaches which gradually increase cognitive activity.
 - Physical rest – includes restricting recreational/leisure and competitive physical activities.
- ☐ My child has been receiving individualized classroom strategies and/or approaches and is **symptom free**. My child will proceed to Step 2b – Return to Learn and Step 2- Return to Physical activity.

Parent/Guardian Signature: _____ **Date:** _____

Comments:

Step 2b – Return to Learn

- Student returns to regular learning activities at school
- ☐ My child is **symptom free** after participating in light aerobic physical activity (**at home**). My child will proceed to Step 3 – Return to Physical Activity (**at school**).
- ☐ Parent/Guardian will correspond with teacher/coach/supervisor for Steps 3 and 4a.

Parent/Guardian Signature: _____ **Date:** _____

Principal Signature: _____

Place copy of page 2 in OSR

Appendix C4 - Continued

Step 3 – Return to Physical Activity

- Student may begin individual sport-specific physical activity only.

Step 4a – Return to Physical Activity

- Student may begin activities where there is no body contact (e.g. dance, badminton); light resistance/weight training; non-contact practice; and non-contact sport-specific drills.
- ☐ My child has successfully completed Steps 3 and 4a and **symptom free**.
- ☐ Parent/Guardian to obtain medical diagnosis and signature (medical doctor or nurse practitioner) before proceeding to Step 5.

Place copy of page 3 in OSR

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Place copy of page 4 (Medical Clearance) in OSR

Appendix C4 Continued: Step 4b Medical Concussion Clearance

The Medical Concussion Clearance Form is for students who have completed Stage 4b of *the Concussion Management Plan for Return to School (RTS)* and Stage 4 of *the Concussion Management Plan for Return to Physical Activity (RTPA)*. The 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).

Information

Date	
School name	
Student name	
Date of birth	
Doctor or nurse practitioner name	
Phone number	
Practice address	

Medical Assessment

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

- ☐ Full participation in Physical Education classes
- ☐ Full participation in intramural physical activities (non-contact)
- ☐ Full participation in non-contact interschool sports (practices and competition)
- ☐ Full-contact training/practice in contact interschool sports

Other comments:

Signature

X

Medical doctor/Nurse Practitioner

Registration number _____

In rural or northern regions, the Medical Clearance Form may be completed by a nurse with prearranged access to a medical doctor or nurse practitioner. **Forms completed by other licensed health care professionals should not be otherwise accepted.**

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



Conseil scolaire public du Nord-Est de l'Ontario
L'enfant au cœur de nos décisions!



Formulaire d'autorisation médicale pour une commotion cérébrale

Le Formulaire d'autorisation médicale pour la commotion cérébrale doit être fourni aux élèves qui ont terminé l'étape 4b du Plan de gestion de la commotion cérébrale pour le retour à l'école (RAE) et l'étape 4 du Plan de gestion de la commotion cérébrale pour le retour à l'activité physique (RAAP). L'élève doit obtenir l'autorisation médicale d'un médecin ou d'une infirmière praticienne avant de pouvoir participer pleinement à des activités physiques sans contacts et des entraînements complets avec contacts (étape 5 de l'RAAP).

Informations

Date	
Nom de l'élève	
Nom d'étudiant	
Date de naissance	
Nom du médecin ou de l'infirmière praticienne	
Numéro de téléphone de la pratique	
Adresse de la pratique	

Évaluation médicale

J'ai examiné l'élève et je lui accorde l'autorisation médicale de participer aux activités suivantes :

- ☐ Participation illimitée aux cours d'éducation physique
- ☐ Participation illimitée à toutes les activités intra-muros (sans contacts)
- ☐ Participation illimitée à toutes les activités interscolaires sans contacts (entraînement et compétition)
- ☐ Participation illimitée aux séances d'entraînement avec contacts des sports de contact

interscolairesAutres commentaires :

Signature

Dans les régions rurales ou nordiques, l'autorisation médicale peut être donnée par une infirmière avec un accès préétabli à un médecin ou à une infirmière praticienne. **Les formulaires remplis par d'autres fournisseurs de soins**

X

médecin ou infirmière

de santé autorisés n'ont pas à être acceptés.

numéro d'enregistrement

Que faire si les symptômes réapparaissent ? L'élève qui a reçu une autorisation médicale, mais qui présente des symptômes récurrents ou de nouveaux symptômes doit immédiatement se retirer du jeu, informer ses parents, tuteurs, enseignants ou entraîneurs, et retourner chez le médecin ou l'infirmière praticienne pour une réévaluation de l'autorisation médicale avant de reprendre l'activité physique.

Appendix C4 – Continued

Step 5 – Return to Physical Activity

- Student may resume regular physical education/intramural activities/interschool activities in non-contact sports and full training/practices for contact sports.

Step 6 – Return to Physical Activity

- Student may resume full participation in contact sports with no restrictions

Parent/Guardian

- ☐ My child is **symptom free** after participating in activities in practice where there is body contact and has permission to participate fully including games.

Parent/Guardian Signature: _____ Date: _____

Principal Signature: _____

Comments:

Return of Symptoms

- ☐ My child has experienced a return of concussion signs and/or symptoms and has been examined by a medical doctor/nurse practitioner, who has advised a return to:
- Step _____ of the Return to School Activity Plan

Parent/Guardian Signature: _____ Date: _____

Comments:

Administrative Guideline – Concussion Safety for Students

Appendix D – Strategies for Teachers When a Concussed Student Returns to Learn

Once Step 2a (from appendix C4) has been successfully completed, this form is no longer needed.

Name: _____

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

EMOTIONAL/BEHAVIOURAL DIFFICULTIES		
Post Concussion Symptoms	Impact on Student's Learning	Potential Strategies and/or Approaches
Anxiety	Decreased attention/concentration	<input type="checkbox"/> Inform the students of any changes in daily timetable/schedule <input type="checkbox"/> Adjust the student's timetable/schedule as needed to avoid fatigue (e.g. 1-2 hours/period, half days) <input type="checkbox"/> Build in more breaks during the school day <input type="checkbox"/> Provide the student with preparation time to respond to questions
Irritable or Frustrated	Inappropriate or impulsive behaviour during class	<input type="checkbox"/> Encourage teachers to use consistent strategies and approaches <input type="checkbox"/> Acknowledge and empathize with the student's frustration, anger and emotional outbursts if and as they occur <input type="checkbox"/> Reinforce positive behaviour <input type="checkbox"/> Provide structure and consistency on a daily basis <input type="checkbox"/> Prepare the student for change and transitions <input type="checkbox"/> Set reasonable expectations <input type="checkbox"/> Anticipate and remove the student from a problem situation (without characterizing it as a punishment)
Light/Noise Sensitivity	Difficulties working in classroom environment (e.g. lights, noise, etc.)	<input type="checkbox"/> Arrange strategic seating (e.g. move the student from window or talkative peers, quiet setting, proximity to teacher) <input type="checkbox"/> Where possible, access to special lighting (e.g. task lighting, darker room) <input type="checkbox"/> Minimize background noise <input type="checkbox"/> Provide alternative setting (e.g. workspace, study carrell) <input type="checkbox"/> Avoid noisy, crowded environments such as assemblies and hallways during high traffic times <input type="checkbox"/> Allow student to eat lunch in a quiet area with friends <input type="checkbox"/> Where possible, provide/encourage earplugs, headphones, sunglasses
Depression/Withdrawal	Withdrawal from participation in school activities or friends	<input type="checkbox"/> Build time into class/school day for socialization with peers <input type="checkbox"/> Partner student with buddy/partner for assignments or activities <input type="checkbox"/> Note persistent low mood and contact CDC (Child Development Councillor) as necessary.

Provide copy of this form to each member of relevant staff and one copy into OSR

CHART 1: Identifying a Suspected Concussion – Steps and Responsibilities

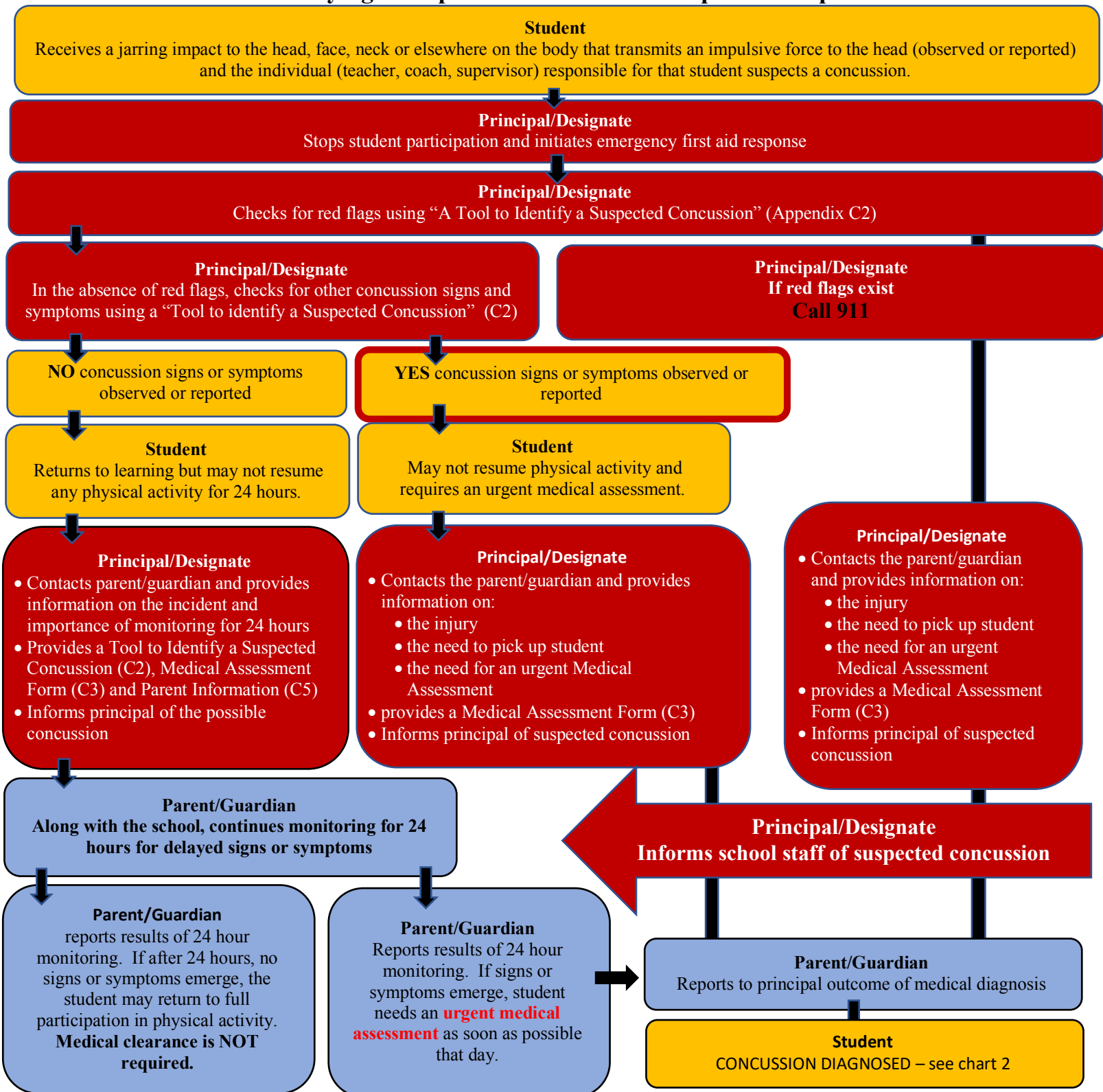


CHART 2: Diagnosed Concussion – Stages and Responsibilities

***continued from CHART 1: Identifying a Suspected Concussion – Steps and Responsibilities**
Student

CONCUSSION DIAGNOSED

Principal/Designate

Informs appropriate school staff of the diagnosis and meets with parent/guardian to provide and explain the Return to School Plan (C4), which includes which includes Return to Learning and Return to Physical Activity

Parent/Guardian

Reports to principal/designate student has completed:

- Stage 2 Return to Learning (C4) - RTL
- Return to Physical Activity (C4) - RTPA

Principal/Designate

Meets with parent/guardian to:

- Provide and explain the purpose of the Return to School Plan (C4)
- Explain the Collaborative Team approach and their role on the team

Student

Returns to school and conferences with a school member of the Collaborative Team (Form D)

Return to Learning - Stage 3a

Student attends school with adaptations of learning strategies or approaches

Return to Learning – Stage 3b

Student attends school with moderate work load

Return to Learning – Stage 4a

Student attends full day school with adaptations of learning strategies or approaches

Return to Learning – Stage 4b

Student attends full day school without adaptations of learning strategies of approaches

Return to Learning Complete

At each stage, the student is monitored for the return of symptoms, new symptoms, or worsening symptoms. If the student exhibits or reports a return of symptoms or new symptoms, they must return to the previous stage for a minimum of 24 hours. If during any stage, the student exhibits or reports worsening symptoms, they must return to a medical doctor/nurse practitioner.

At the completion of each stage, student progress is documented with results shared between school and home with the parent/guardian confirming completion of each stage by returning a School Concussion Management Form with a signature.

Return to Physical Activity - Stage 3

Student may participate in simple locomotor activities/sport specific exercise

Return to Physical Activity – Stage 4

Student may participate in increased physical activity, non-contact training drills

Principal/Designate

Reports to parent/guardian completion of Stage 4b (RTL) and stage 4 (RTPA) and provides medical clearance form (C3)

Parent/Guardian

Provides principal with signed Medical Clearance Form (C3)

Return to Physical Activity – Stage 5

Student may return to participation in physical activities, including physical education, intramurals, non-contact interschool sports, and full contact training/practice in contact sports

Return to Physical Activity – Stage 6

Student may return to full participation in physical activity.

 student  Principal/Designate  Parent/guardian

