

## **ADMINISTRATIVE PROCEDURE – AP614-1**

### **Concussion Management**

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Area: Student Conduct and Safety  
Policy Reference: Concussion Management and Prevention (PO614)

Approved: Jan. 26, 2015 (interim); Feb. 9, 2015  
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#### **1. Purpose**

The purpose of this procedure is to provide a framework for staff, students, parents/guardians, volunteer coaches and physicians or other health care providers to address concussion safety across all school and school board activities.

#### **2. Definitions**

**Coach** – any type of coach, including a head coach or assistant coach.

**Concussion** – a clinical diagnosis that is communicated by a medical doctor or a nurse practitioner:

- a brain injury that causes changes in the way in which the brain functions and that can lead to symptoms that can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty in concentrating or remembering), emotional/behavioural (e.g., depression, irritability), and/or related to sleep (e.g., drowsiness, difficulty in falling asleep);
- may be caused either by a direct blow to the head, face, or neck or by a blow to the body that transmits a force to the head that causes the brain to move rapidly within the skull;
- can occur even if there has been no loss of consciousness (in fact most concussions occur without a loss of consciousness);
- cannot normally be seen by means of medical imaging tests, such as X-rays, standard computed tomography (CT) scans, or magnetic resonance imaging (MRI) scans.

**Concussion Protocol** – a protocol maintained by OPHEA as part of the Ontario Physical Activity Safety Standards in Education. The protocol includes detailed information and procedures on:

- concussion prevention
- concussion identification, including signs and symptoms
- the initial response related to a suspected concussion
- the Return to School plan, which includes information on planning for the return to learning and return to physical activity for students with a diagnosed concussion.

**Official** – an umpire, a referee or a judge, but only if the official presides over the field of play. Students who are acting as officials under the supervision of a coach or teacher are not included in this definition.

**OPHEA** – Ontario Physical Health and Education Association which provides resources to school boards and educators related to physical health and education programming in schools.

**OPHEA Concussion Protocol** - Ontario Physical Activity Safety Standards recognized by the Ministry of Education to be the minimum standard for school boards.

**Rowan’s Law** – a concussion safety law put into place by the Ontario Government in 2018 that enshrines mandatory concussion safety protocols for all sports organizations. It also resulted in amendments to the Education Act to protect amateur athletes, including students, by improving concussion safety on the field and at school.

**Rowan’s Law: Concussion Awareness Resources** - resources provided by the Government of Ontario to improve concussion safety in amateur competitive sport to be used by athletes under 26 years of age, parent of an athlete under 18, coaches, team trainers and officials.

**Team Trainer** – an individual who is assigned by a school board to respond to athlete injuries. Students who are acting as team trainers under the supervision of a coach or teacher are not included in this definition.

### 3. Procedures

#### 3.1 The Board will:

- 3.1.1 Review annually this procedure to ensure all guidelines align with current best practice recommendations and, at a minimum, OPHEA’s Concussion Protocol;
- 3.1.2 Ensure that annual concussion education is made available to all school personnel and volunteers who work in a supervisory capacity with students;

- 3.1.3 Ensure concussion awareness and education strategies are implemented for students and their parents/guardians consistent with Rowan's Law: Concussion Awareness Resources;
- 3.1.4 Ensure that the Concussion protocol is broadly shared with the school community, including organizations that use its school facilities, such as community sports organizations and licensed child-care providers operating in schools of the Board;
- 3.1.5 Ensure all schools implement the Concussion protocol outlined in this procedure, including Return to Learn and Return to Physical Activity plans when required.

### **3.2 The Principal will:**

- 3.2.1 Ensure that the Concussion protocol outlined in the appendices of this procedure are followed by all school staff, including occasional/support staff, lunchtime supervisors, students, parents/guardians, and volunteers, including volunteer coaches;
- 3.2.2 Ensure staff, parents/guardians, and students are aware of the Concussion protocol and understand their roles and responsibilities in its implementation;
- 3.2.3 Ensure that all staff and coaching volunteers participate in annual concussion in-servicing;
- 3.2.4 Ensure the Head Injury Information Form (See Appendix A) is provided to all teachers including occasional teachers and that copies are readily available in the office;
- 3.2.5 Ensure that all incidents or suspected incidents of a concussion are recorded, reported and filed as required by this Procedure as appropriate, including an Ontario School Boards Insurance Exchange (OSBIE) incident report form.
- 3.2.6 Require parents/guardians to supply documentation of medical clearance for a student diagnosed with a concussion before the student is able to return to contact sports.

### **3.3 Staff and volunteers will:**

- 3.3.1 Understand and follow the Concussion protocol outlined in this procedure;
- 3.3.2 Complete the Board approved concussion training as part of the annual compliance training;
- 3.3.3 Ensure age-appropriate concussion education, including prevention and awareness of hard-hit impact, and discussion and completion of player or athlete

code of behavior is included for all students participating in activities that could result in a concussion; and

- 3.3.4 Follow current OPHEA safety standards and implement risk management and injury prevention strategies.

### **3.4 Parents/Guardians will:**

- 3.4.1 Review with their child the concussion information found in student handbook distributed through the school and on the school's website (e.g., recognizing signs and symptoms of concussion);
- 3.4.2 Reinforce concussion prevention strategies with their child;
- 3.4.3 In advance of any participation of their child in interschool sport, review the Rowan's Law Concussion Awareness Resources.
- 3.4.4 Understand and follow parents/guardian roles and responsibilities in the Concussion protocol, including reporting non-school related concussions to the school;
- 3.4.5 In the event of a suspected concussion, ensure that their child is assessed as soon as possible by a physician/nurse practitioner;
- 3.4.6 Complete all required Concussion Protocol forms regardless of whether a concussion happened at school or not;
  - a) Collaborate with the school to develop and implement Return to Learn and Return to Physical Activity plans; and
  - b) Required Medical documentation.
- 3.4.7 Provide the documentation of medical clearance for a student diagnosed with a concussion before the student is able to return to contact sports.

### **3.5 Students will:**

- 3.5.1 Learn about concussions throughout applicable curriculum;
- 3.5.2 Immediately inform school staff of suspected or diagnosed concussions that occur during or outside of school;
- 3.5.3 Inform school staff of any concussion related symptoms (immediate, delayed or reoccurring) that they may be experiencing;
- 3.5.4 Remain on school premises until parent/guardian arrives if a concussion is suspected;

- 3.5.5 Communicate concerns and challenges during recovery process with coaches, school staff, parents/guardians, and health care providers;
- 3.5.6 Follow concussion management strategies as per medical doctor/nurse practitioner direction and Return to Learn/Return to Physical Activity plans; and
- 3.5.7 Abide by the Board and school codes of conduct and refrain from behaviour that may cause themselves or another person to receive a jarring impact to the head, face, neck, or body.

### **3.6 Physician and/or other health care professionals, may:**

- 3.6.1 Assist in the development of an individualized academic and physical concussion management plan;
- 3.6.2 Monitor recovery process and modify concussion management plan as required;
- 3.6.3 Complete required documentation;
- 3.6.4 Refer student to a brain injury specialist if symptom(s) persist beyond 10 days; and

### **3.7 Suspected Concussions**

- 3.7.1 In the event of an incident where a concussion may be suspected:
  - a) the student must be removed from the game, activity, etc. immediately and cannot return to the activity for the rest of the day;
  - b) the student must stay at school until a parent/guardian can escort him/her home or to medical care if a concussion is suspected at the discretion of school staff/coach attending the student;
  - c) the staff member or volunteer who witnessed (or has knowledge) of the jarring impact must complete the Head Injury Information Form (see Appendix A) to document the event, and any signs or symptoms of a concussion to communicate with parents/guardians;
  - d) the principal or designate will ensure that Concussion Protocol Parent/Guardian Package is provided to parents/guardians;
  - e) the student with a suspected concussion should not return to school without completing a medical assessment; and
  - f) the adult who witnessed (or has knowledge) of the event must provide the principal or designate information required to complete the Ontario School Board's Insurance Exchange (OSBIE) incident form.

### **3.8 Diagnosed Concussions**

3.8.1 If a concussion is diagnosed by a medical doctor or nurse practitioner:

- a) the principal or designate ensures that the parent understands the requirements of the Concussion Protocol (see Appendix B); and
- b) the Home Program for Return to Learn/Return to Physical Activity is used to communicate when the child is ready to begin to return to school and/or physical activity.

### **3.9 Return to Learn/Return to Physical Activity**

3.9.1 When a parent/guardian indicates that their child has completed the steps in the Home Program for Return to Learn/Return to Physical Activity, the principal initiates the Return to Learn/Return to Physical Activity Collaborative Plan which includes:

- a) Identifying school staff (e.g., homeroom teacher, educational assistant, etc.) who will be in contact with the student;
- b) Meeting with the student and parent/guardian to outline the procedures in the Return to Learn/Return to Physical Activity Collaborative Plan;
- c) Creating, implementing and reviewing the stages of the Collaborative Plan;
- d) Ensuring that parents/guardians are aware the requirement for a Medical Assessment to Return to Learn and Return to Physical Activity;
- e) Ensuring that parents/guardians to supply documentation of medical clearance for a student diagnosed with a concussion before the student is able to return to contact sports.

3.10 If an employee has questions or concerns arising from the implementation of this administrative procedure, they should be addressed with their immediate supervisor.

## **4. Sources**

- 4.1 Education Act, R.S.O. 1990, c. E.2., 27.1 Subsection 8(1)
- 4.2 Policy/Program Memorandum 158, School Board Policies on Concussion, Ministry of Education
- 4.3 Ontario Physical Activity Safety Standards in Education, 2019
- 4.4 Concussion Awareness Resources, Government of Ontario
- 4.5 Concussion Protocol, Ontario Physical Health and Education Association

## **5. Appendices**

Appendix A – Head Injury Information Form

Appendix B - Concussion Protocol Package for Parents

## **6. Related Policies and Administrative Procedures**

6.1 Concussion Management Policy (PO614)

## **7. Related Forms**

7.1 Head Injury Information Form (Form 6003)

7.2 Concussion Protocol Package for Parents (Form 6004)



**School Staff: Head Injury Information Form**

To be completed by school staff when a student suffers a head injury that could lead to a concussion

Student Name:	Grade:
Date of Incident:	Time of Incident:
Name of Staff Member/coach reporting injury:	
Description of incident resulting in head injury:	

**Action Taken:**

- |   |  |
|---|--|
| <input type="checkbox"/> Parent notified _____ (time)   | <input type="checkbox"/> 911 called                      |
| <input type="checkbox"/> Student Picked up _____ (time) | <input type="checkbox"/> Student transported to hospital |

**The student was observed and monitored following the head injury**

- No signs and symptoms (described below) were noted at the time.
- The following signs/symptoms were observed/reported.

**\*Note: Continued monitoring by parent/guardian is recommended as signs/symptoms of a concussion may appear hours/days later.**

**Possible Signs and Symptoms of Concussion**

A concussion may be suspected in the presence of **any one or more** of the following signs and symptoms

Signs Observed by School Staff/Coach Attending to Student	Symptoms Reported by Student Following the Head Injury
<b>Physical</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Loss of consciousness (even briefly)</li> <li><input type="checkbox"/> Vomiting</li> <li><input type="checkbox"/> Slowed reaction time</li> <li><input type="checkbox"/> Poor coordination or balance</li> <li><input type="checkbox"/> Blank stare, glassy-eyed vacant look</li> <li><input type="checkbox"/> Appears dazed or stunned</li> </ul>	<b>Physical</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Headache or pressure in the head</li> <li><input type="checkbox"/> Nausea or vomiting</li> <li><input type="checkbox"/> Blurry or Double Vision</li> <li><input type="checkbox"/> Balance problems or dizziness</li> <li><input type="checkbox"/> Sensitivity to light or noise</li> <li><input type="checkbox"/> Fatigue</li> <li><input type="checkbox"/> Numbness/tingling</li> </ul>
<b>Cognitive</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Is confused about events</li> <li><input type="checkbox"/> Answers questions slowly</li> <li><input type="checkbox"/> Can't recall events <b>prior</b> to injury</li> <li><input type="checkbox"/> Can't recall events <b>after</b> injury</li> <li><input type="checkbox"/> Does not know time, place, type of activity in which he/she was participating</li> </ul>	<b>Cognitive</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Difficulty concentrating</li> <li><input type="checkbox"/> Difficulty remembering</li> <li><input type="checkbox"/> Feeling hazy, foggy, or groggy</li> <li><input type="checkbox"/> Feeling slowed down</li> </ul>
<b>Emotional</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Shows behaviour or personality changes</li> </ul>	<b>Emotional</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Irritable</li> <li><input type="checkbox"/> Sad</li> <li><input type="checkbox"/> Anxious</li> <li><input type="checkbox"/> Nervous</li> </ul>

**\*\*\*If any observed signs or symptoms worsen call 911\*\*\***

**Possible questions to ask for observing cognitive signs**

What activity/sport/game are you playing right now? What school do you go to? When is your birthday? What is your brother's or sister's name?	What is the name of your teacher/coach? Did your team win the last game? What day of the week is it today? Do you walk home or take the bus to go home?
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This completed form must be copied, with the original filed as per school board policy and the copy provided to parent/guardian



**Actions to be taken**

No signs or symptoms observed/reported:

1. A concussion is not suspected
2. The student may return to physical activity
3. Contact parent/guardian and inform them of the incident
4. Provide the following information to the parent/guardian:
  - a. signs and symptoms may not appear immediately and may take hours or days to emerge
  - b. the student should be monitored for 24-48 hours following the incident
  - c. if any signs or symptoms emerge, the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day
5. Send copy of **Suspected Concussion Information Form** home with student for parents' reference

One or more signs or symptoms observed/reported:

1. A concussion is suspected
2. Remove student from physical activity for rest of day even if the student states that he/she is feeling better
3. Contact parent/guardian and inform them of the incident
4. The student must not leave the premises without parent/guardian (or emergency contact) supervision at the discretion of the school staff/coach attending the student
5. Give parent copy of **Concussion Protocol for Parents Package** and inform parent/guardian that the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day
6. Give parent copy of this **Suspected Concussion Information Form** and inform parent/guardian that they need to communicate to the school principal the results of the medical examination
7. Inform principal/designate of the incident
8. Complete and submit OSBIE Incident Report to office



## Concussion Protocol Package for Parents

Dear Parent/Guardian,

Your child was administered the attached Head Injury Information Form which indicated sufficient concern to suspect that your child may have sustained a concussion. We strongly advise you to take your child to a medical professional (family doctor, walk-in clinic) to further assess your child's head injury.

Please follow the below steps from the Concussion Protocol following your child's assessment by a medical professional:

### Concussion Information Form (Form #1)

- Parent completes the Concussion Information Form and returns it to the school

Student is diagnosed with a concussion

- Protocol is enacted

No concussion symptoms present

- Student returns to school

### Home Program for Return to Learn/Return to Physical Activity

- Student completes Home Program (approximately 24-48 hours)
- Parent(s)/Guardian(s) complete Diagnosed Concussion Injury Form (Form #2)
- Parent(s)/Guardian(s) send form to school/contacts school to initiate Return to Learn/Return to Physical Activity Collaborative Plan

### Return to Learn/Return to Physical Activity Collaborative Plan

- Parent(s)/Guardian(s) meets with school team to review/develop Collaborative Plan
- Student begins working through the Return to Learn/Return to Physical Activity Stages
- 
- Student successfully completes **up to** Return to Learn Stage 4b and Return to Physical Activity Stage 4
- Parent(s)/Guardian(s) completes Diagnosed Concussion Injury Form (Form #3) in order for student to return to physical activity involving non-contact sports
- 
- Student must receive **Full Medical Clearance** to participate in contact sports (Form #4)

Additional information is posted on the Board website at [dcdsb.ca](http://dcdsb.ca). The resources include links to organizations have resources and videos for parents, teachers and students on concussion recognition, prevention and management.

## Parent/Guardian: Concussion Information Form (Form #1)

This form is to be completed by the parent/guardian and returned to the school Principal/designate

Name of Student: \_\_\_\_\_  
Name of School: \_\_\_\_\_

Grade: \_\_\_\_\_  
Date of Incident: \_\_\_\_\_

This student sustained a suspected concussion. As a result, this student must be seen by a medical doctor or nurse practitioner to confirm whether or not the student has a concussion. Prior to returning to school, the parent/guardian must inform the school principal of the results of the medical assessment by completing the following:

Name of Medical Doctor/Nurse Practitioner: \_\_\_\_\_  
Address of Treatment Center: \_\_\_\_\_  
Date of Appointment: \_\_\_\_\_ Medical Doctor/Nurse Practitioner Signature: \_\_\_\_\_

Results of the Medical Appointment:

- The student has been assessed and no concussion was diagnosed. The student may resume full participation in physical and classroom activities with no restrictions
- The student has been assessed and no concussion has been diagnosed, but the assessment lead to the following diagnosis and/or recommendations:  
\_\_\_\_\_  
\_\_\_\_\_

- The student has been assessed and a concussion has been diagnosed and therefore must begin a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan.

Comments: \_\_\_\_\_  
\_\_\_\_\_

**\*Note: A signed doctor's note will be required before the child can return to activities that involve physical contact if a concussion was diagnosed. Please attach doctor's note if available.**

### Immediate actions when a concussion has been diagnosed

- ❖ The student should remain at home for at least 24 hours until symptoms have shown signs of improvement.
- ❖ Once the student completes the Home Program for Return to Learn and Return to Physical Activity Plan, the parent/guardian should contact the school to initiate a Return to Learn/Return to Physical Activity Collaborative Plan with the school team.

- I am aware that my child sustained a head injury and that signs/symptoms of a concussion were observed/reported. I have observed my child and have **chosen not to seek medical advice**. I give permission for my child to return to regular school activities (classroom, recess, physical education class and extracurricular sports and activities). If the school staff observes signs/symptoms of a concussion, my child will be removed from physical activity. Such removal is at the sole discretion of school staff.

\_\_\_\_\_  
Parent/Guardian Name (printed)

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

cc: OSR when concussion is diagnosed

#### Notice of Collection of Personal Health Information

The Durham Catholic District School Board is committed to the security and confidentiality of information under its control, and to the protection of privacy with respect to personal and confidential information that is collected, used, disclosed and retained in the system (Policy 201 Freedom of Information and Protection of Privacy). Information on this Form is collected under the legal authority of the Education Act and its regulations, and in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Information collected on this form will be used to assess the student's Return to Learn and Return to Physical Activity under the Concussion Management Procedure. This form will be retained in the OSR by the registering school for one (1) year after retirement/transfer of the student. The information may also be retained independently of the OSR for Ministry of Education reporting purposes. Questions or concerns about the collection of data on this form should be directed to the principal of the school.

## Parent Information Resource

### Home Program for Return to Learn and Return to Physical Activity

If a student has been diagnosed with a concussion, the following stages must be completed at home before your child can return to school using the Return to Learn/Return to Physical Activity Collaborative Plan.

#### **Initial Rest Stage:**

Immediately following a concussion, a student should rest for 24 to 48 hours. This includes both cognitive rest and physical rest.

#### **Return to Learn - Stage 1**

**Home Monitoring:** Light cognitive (thinking/memory/knowledge) activities (e.g., easy reading, limited TV, puzzles). Gradually increase cognitive activity up to 30 minutes with frequent breaks

**Permitted Activities** (if tolerated): easy reading, limited TV and phone calls, puzzles/drawing/building blocks, some contact with friends

**Restricted Activities:** technology use (e.g., cell phone, tablet)

- My child/ward tolerates 30 minutes of light cognitive activity and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms. My child/ward will proceed to Return to Learn - Stage 2
- My child/ward has exhibited or reported a return of symptoms, or new symptoms, and must return to the initial rest stage for a minimum of 24 hours
- My child/ward has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner

#### **Return to Learn - Stage 2**

**Home Monitoring:** Gradually add cognitive activity and when light cognitive activity is tolerated, introduce school work at home that is facilitated by the school.

**Permitted Activities** (if tolerated): school-type work in 30-minute increments, crosswords, word puzzles, word searches, and limited technology use starting with shorter periods and building up as tolerated.

**Restricted Activities:** school attendance

- My child/ward tolerates the additional cognitive activity and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms
- My child/ward has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours
- My child/ward has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner

### **Return to Physical Activity - Stage 1**

**Home Monitoring:** Light physical activities that do not provoke symptoms and can be done with little effort (i.e., do not increase breathing and/or heart rate or break a sweat).

**Permitted Activities** (if tolerated): daily household tasks (e.g. bed-making, dishes, meal preparation), slow walking

**Restricted Activities:** physical exertion, stair climbing (other than to move locations throughout the home), sporting activities

- My child/ward tolerates light physical activities and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms. My child/ward will proceed to Return to Physical Activity – Stage 2a.
- My child/ward has exhibited or reported a return of symptoms, or new symptoms, and must return to the initial rest stage for a minimum of 24 hours.
- My child/ward has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.

### **Return to Physical Activity - Stage 2a**

**Home Monitoring:** Daily activities that do not provoke symptoms. Gradually add additional movements that do not increase breathing and/or heart rate or break a sweat.

**Permitted Activities** (if tolerated): light physical activities such as stairs and slow walking

**Restricted Activities:** physical exertion, sports, sporting activities

- My child/ward tolerates daily physical activities and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms. My child/ward will proceed to Return to Physical Activity – Stage 2b
- My child/ward has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours
- My child/ward has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner

### **Return to Physical Activity - Stage 2b**

**Home Monitoring:** Light aerobic activity that causes some increase in breathing/heart rate.

**Permitted Activities** (if tolerated): walking, stationary and recreational cycling

**Restricted Activities:** resistance or weight training, sporting activities

- My child/ward tolerates light aerobic activities and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms
- My child/ward has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours
- My child/ward has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner
- My child/ward has successfully completed all of the stages of the Home Program for Return to Learn and Return to Physical Activity and is prepared to return to school

**\*\*\*Complete Diagnosed Concussion Injury Form (Form #2) and return to principal/designate\*\*\***

**Diagnosed Concussion Injury Form (Form #2)  
Completion of the Home Program**

This form is to be completed by the parent/guardian of the student before the student is permitted to proceed to Stage 2b/Step 3. This form should be returned to the school Principal/designate in order to proceed with the Return to Learn and Return to Physical Activity Collaborative Plan

Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Date: \_\_\_\_\_

**Please indicate your acknowledgment and agreement by checking all boxes confirming the following:**

**Parental Consent**

My child has successfully completed all the stages of the Home Program for Return to Learn (Stage 2) and Return to Physical Activity (Stage 2b)

- My child can proceed to Stage 3a Return to Learn
- My child can proceed to Stage 3 Return to Physical Activity
  
- If my child experiences a return of concussion-like symptoms, I agree to remove my child from the school for at least 24 hours and to seek the advice of my child's medical doctor/nurse practitioner for their recommendation to return to the appropriate step in the return to learn/return to play process and to advise the Principal of this medical decision.
  
- I have contacted the school to organize a team meeting to initiate the Return to Learn/Return to Physical Activity.

\_\_\_\_\_  
Parent/Guardian Name (printed)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please attach additional information if available

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## Parent Information Resource

### Return to Learn/Return to Physical Activity Collaborative Plan

Upon completion of the Home Program for Return to Learn/Return to Physical Activity, the student begins this next step in the Concussion Protocol which provides an individualized and gradual Return to Learn and Return to Physical Activity Plan. The Return to Learn 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 Return to Physical Activity 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).

- Review the activities (permitted and restricted) for each stage prior to beginning the school portion of the plan
- Both parent and school team agree that the student has met the expectations for one stage before moving to the next stage.

#### **Return to Learn Stage 3a**

Student returns to school for a limited time frame and increases it to half day of cognitive activity.

**Permitted activities** (if tolerated): school work for up to 2 hours per day, up to half day of cognitive activity

**Restricted Activities:** tests/exams, homework, music class, assemblies, field trips

- Student has demonstrated he/she can tolerate up to a half day of cognitive activity.
- Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms and can now progress to Return to Learn – Stage 3b
- Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage (Return to Learn Stage 2) for a minimum of 24 hours
- Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner

#### **Return to Learn Stage 3b**

Student continues attending school half time while gradually increasing school attendance time and schoolwork while decreasing the adaptation of learning strategies and/or approaches.

**Permitted Activities** (if tolerated): School work for 4- 5 hours per day in smaller chunks (e.g. 2-4 days of school/week), up to 30 minutes per day of homework, classroom testing with adaptations

**Restricted Activities:** Standardized tests/exams

- Student has demonstrated he/she can tolerate up to 4-5 hours of cognitive activities.
- Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms and can now progress to Return to Learn – Stage 4a
- Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours

- Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner

#### **Return to Learn Stage 4a**

Full day school with minimal adaptation of learning strategies and/or approaches.

**Permitted Activities:** Nearly normal cognitive activities, routine schoolwork as tolerated, minimal adaptation of learning strategies and/or approaches, homework to up to 60 minutes/day, one test/assessment per day with adaptations

**Restricted Activities:** Standardized tests, exams

- Student has demonstrated he/she can tolerate a full day of school and a nearly normal workload with minimal adaptation of learning strategies and/or approaches.
- Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms and can now progress to Return to Learn – Stage 4b.
- Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.
- Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner

#### **Return to Learn Stage 4b**

Full day at school without adaptation of learning strategies and/or approaches.

**Permitted Activities:** normal cognitive activities, routine schoolwork, full curriculum load, standardized tests, exams, full non-sport/non-physical activity extracurricular involvement

- Student has demonstrated he/she can tolerate a full day of school without adaptation of learning strategies and/or approaches.
- Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms and has completed the Return to Learn Plan
- Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours
- Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner

#### **Return to Physical Activity Stage 3**

Simple physical movements and sport-specific exercise to add movement.

**Permitted activities** (if tolerated): walking, stationary cycling, elliptical, recreational dancing, simple individual drills in predictable and controlled environments, limited recess activities (e.g., walking)

**Restricted activities:** full participation in physical education, intramurals, interschool practices and competitions, resistance or weight training, body contact or head impact activities, jarring motions

- Student has demonstrated they can tolerate simple individual drills/sport-specific drills.
- Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms and can now progress to Return to Physical Activity – Stage 4
- Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage (Return to Physical Activity Stage 2b) for a minimum of 24 hours
- Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner



### **Return to Physical Stage 4**

Progressively increased physical activity with non-contact training drills to add coordination and increased thinking.

**Permitted Activities:** More complex training drills, physical activity with no body contact, participation in practices for non-contact interschool sports, progressive resistance begins, physical activity running/games with no body contact during recess, Daily Physical Activity (elementary)

**Restricted Activities:** Full participation in physical education, participation in intramurals, participation in interschool contact sport practices and interschool games/competitions, and body contact or head impact activities

- Student has completed the activities in Return to Learn (Stage 4a and 4b) & Physical Activity – Stage 4 as applicable.
- Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms
- Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours
- Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner

### **Before progressing to Return to Physical Activity Stage 5**

The Student:



- Must** complete Return to Learn – Stage 4a and 4b
- Must** complete Return to Physical Activity – Stage 4 and be symptom-free
- Must** obtain a medical assessment to proceed to Return to Physical Activity (Stage 5) following a Concussion from a medical doctor or nurse practitioner.

**\*\*\*Complete Diagnosed Concussion Injury Form (Form #3)\*\*\***

**Note:** Premature return to contact sports (full practice and game) may cause a significant setback in recovery.

### **Return to Physical Activity Stage 5**

Following medical clearance, full participation in all non-contact physical activities and full contact training/practice in contact sports.

**Permitted Activities:** physical education, intramural programs, full contact training/practice in contact interschool sports

**Restricted Activities:** competition involving body contact

- Student has completed the physical activities in Return to Physical Activity – Stage 5
- Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms and can now progress to Return to Physical Activity – Stage 6
- Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.
- Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner for medical clearance reassessment.

**\*\*\*Complete Diagnosed Concussion Injury Form (Form #4)\*\*\***

**Please note: Form #4 is only required for students who are participating in contact sports, games and competitions.**

**Return to Physical Activity Stage 6**

Unrestricted return to contact sports, including games and competitions.

- Student has successfully participated in contact sports and remainder symptom free
- Student has not exhibited or reported a return of symptoms and has completed the Return to Physical Activity Plan
- Student has exhibited/reported a return of symptoms or new symptoms and must return to medical doctor or nurse practitioner for medical clearance reassessment



### Diagnosed Concussion Injury Form (Form #3)

This form is to be completed by the parent/guardian of the student following medical assessment at the end of Return to Learn Stage 4a + b, Return to Physical Activity Stage 4 before participating in non-contact physical activities and full contact practices Stage 5

Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Date: \_\_\_\_\_

- Student has some symptoms present and must remain at Stage 4
- Student has some symptoms present and must return to light aerobic activity (Stage 3)
- This student is medically cleared to participate in the following (Stage 5) 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 (or attach doctor's note):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Doctor/Nurse Practitioner**

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

**CC: OSR**

**Notice of Collection of Personal Health Information**

The Durham Catholic District School Board is committed to the security and confidentiality of information under its control, and to the protection of privacy with respect to personal and confidential information that is collected, used, disclosed and retained in the system (Policy 201 Freedom of Information and Protection of Privacy). Information on this Form is collected under the legal authority of the Education Act and its regulations, and in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Information collected on this form will be used to assess the student's Return to Learn and Return to Physical Activity under the Concussion Management Procedure. This form will be retained in the OSR by the registering school for one (1) year after retirement/transfer of the student. The information may also be retained independently of the OSR for Ministry of Education reporting purposes. Questions or concerns about the collection of data on this form should be directed to the principal of the school.

## Diagnosed Concussion Injury Form (Form #4)

This form is to be completed by the parent/guardian of the student when the student receives full medical clearance for unrestricted participation in contact sports including games and competitions – Return to Physical Activity Stage 6

Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Date: \_\_\_\_\_

Student is fully able to participate in contact sports including games and competitions

Comments (or attach doctor's note):

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### **Medical Doctor/Nurse Practitioner**

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

cc: OSR

#### **Notice of Collection of Personal Health Information**

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