Procedure Title	**Concussion Management: Return to Learn, Return to Physical Activity**		
Date of Issue	December 10, 2014	**Related Policy**	
Revision Dates		**Related Forms**	**AF 6814; AF 6815; AF 6816; AF 6817**
Review Date	annual	**Originator**	Administrative Council
References			
Education Act, R.S.O. 1990, c. E.2.; Ministry of Education, Policy/Program Memorandum 158; OPHEA Physical Education Safety Guidelines; Keel Cottrelle LLP Draft Concussion Policy and Procedure; osbie.on.ca			

Procedure:

1.0 RATIONALE

1.1 Bluewater District School Board recognizes the importance of the health, safety and overall well-being of its students and is committed to taking steps to reduce the risk of injury.

1.2 Bluewater District School Board recognizes that:

i. a concussion is a serious injury which requires appropriate follow-up measures to reduce risk of potential additional injury.
ii. while there is potential for a concussion any time there is body trauma, the risk is greatest during activities where collisions can occur, such as during physical education classes, playground time, or school-based sports activities
iii. children and adolescents are among those at greatest risk for concussions, take the longest to recover and, without identification and proper management, a concussion can result in permanent brain damage and in rare occasions, even death.
iv. a concussion can have a significant impact on a student's cognitive and physical abilities. It is equally important to help students as they "return to learn" in the classroom as it is to help them "return to physical activity".

1.3 It is the intent of this procedure to increase awareness of conditions to prevent and identify symptoms related to concussions and to support the proper management of concussions, reducing increased risk.

2.0 INFORMATION

2.1 Definitions

I) Concussion

A concussion:

a) is a brain injury that causes changes in how the brain functions, leading to symptoms that can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty concentrating or remembering), emotional/behavioural (e.g., depression, irritability) and/or related to sleep (e.g., drowsiness, difficulty falling asleep)
b) may be caused either by a direct blow to the head, face or neck, or a blow to the body that transmits a force to the head that causes the brain to move rapidly within the skull
c) can occur even if there has been no loss of consciousness (in fact most concussions occur without a loss of consciousness)
d) cannot be seen on X-rays, standard CT scans or MRIs
e) is a clinical diagnosis made by a medical doctor or nurse practitioner*

**It is critical that a student with a suspected concussion be examined by a medical doctor or nurse practitioner as soon as possible on the same day.*

II) **OSBIE**
The Ontario School Boards' Insurance Exchange (OSBIE) is a school board owned, non-profit insurance program with 106 members, representing 78 school boards and 28 Joint Ventures in Ontario. The primary goals of the Exchange are to insure member school boards against losses, and to promote safe school practices

III) **OPHEA**
Ophea is a not-for-profit organization that champions healthy, active living in schools and communities through quality programs and services, partnerships and advocacy, and is led by the vision that all children and youth value and enjoy the lifelong benefits of healthy, active living. It is a Provincial Subject Association for Health and Physical Education that has developed a number of Health and Physical Education Curriculum Supports which include Ophea's H&PE Curriculum Support Resources, workshops, and consultations designed to increase the knowledge and skills of educators.

IV) **Return to Learn**
A detailed process to support/accommodate students, as needed, when returning to the classroom after a concussion.

V) **Return to Physical Activity**
A six-step process to reintroduce students to activities and/or athletics after a concussion.

VI) **Second Impact Syndrome**
A rare condition that occurs when the brain swells rapidly, and catastrophically, after a person suffers a second concussion before symptoms from an earlier one have subsided.

VII) **Sign**
Outward, objective evidence of illness, injury or disease e.g. loss of consciousness.

VIII) **Symptom**
Subjective and unseen symptoms can only be detected or sensed by the injured or ill individual. e.g. headache

IX) **Symptom-Free**
Pertaining to the graduated return to learn and return to physical activity process, a student should not experience any symptoms for 24 hours to be considered symptom-free. This means NO lingering headaches, sensitivity to light/noise, drowsiness, fogginess, etc.

2.2 Signs and Symptoms of a Concussion

I. The first step to managing a concussion is being able to recognize common signs and symptoms. A concussion should be suspected following a blow to the head, face or neck, or a blow to the body that transmits a force to the head. It is important to observe for **one** or more of the signs or symptoms of a concussion which may take hours or day to appear. Appendix C: Signs and Symptoms of a Concussion, Appendix D: Pocket Concussion Recognition Tool and AF 6814 "Suspected Concussion Identification Tool" should be utilized.

II. The following information should be noted in relation to concussions:
   a) Signs and symptoms may be different for everyone
   b) Signs and symptoms can appear immediately after the injury or may take hours or days to emerge
   c) Concussion symptoms for younger students may not be as obvious compared to older students
   d) A student may be reluctant to report symptoms because of a fear that he/she will be removed from the activity, his/her status on a team or in a game could be jeopardized or academics could be impacted
   e) It may be difficult for students under 10, with special needs, or students for whom English/French is not their first language, to communicate how they are feeling
   f) If student loses consciousness (critical injury) or signs or symptoms worsen, call 911 and also notify the board's Health & Safety department of the incident.

2.3 Post-Diagnosis Facts

I. Cognitive or physical activities can cause student's symptoms to reappear.
II. Steps are not days-each step must take a minimum of 24 hours and the length of time needed to complete each step will vary based on the severity of the concussion and the student.
III. The signs and symptoms of a concussion often last for 7-10 days, but may last longer in children and adolescents.
IV. Compared to older students, elementary school children are more likely to complain of physical problems or misbehave in response to cognitive overload, fatigue, and other concussion symptoms.
V. If a student returns to activity while symptomatic, or before the brain has fully recovered, they are at an increased risk of sustaining another concussion with symptoms that can be prolonged and increased.
VI. Principals, supervising staff, coaches and volunteers must not place pressure on injured students to "Return to Learn" or "Return to Physical Activity" prematurely.
VII. Parents/guardians must report non-school related concussions.
VIII. Return to Learn/Return to Physical Activity steps must be followed regardless of where diagnosed concussion occurred.

3.0 GENERAL RESPONSIBILITIES

3.1 Despite prevention strategies, head injuries will still occur. Bluewater District School Board staff and volunteers will not be held personally liable in a civil proceeding for an act or omission if the person acts reasonably in the circumstances and in good faith, following this procedure.

3.2 In an attempt to mitigate concussion-related injuries, it is the expectation of Bluewater District School Board that the following responsibilities will be met.

I. Administrative Council will:

a) perform an annual review of this procedure to ensure guidelines align with current best practice recommendations and, at a minimum, OPHEA concussion guidelines
b) review concussion-tracking administrative forms annually to ensure compliance with this procedure
c) ensure concussion education is made available to all school personnel and volunteers
d) implement concussion awareness and education strategies for students and their parents/guardians
e) ensure that all board staff, including volunteers, involved in physical activity education and supervision (includes but not limited to: recess supervision, curricular, interschool, and intramural physical activity, before and after school care), are trained to recognize signs and symptoms of a suspected concussion and what immediate action to take
f) ensure that this procedure is shared with the school community, including organizations that use the school facilities, such as community sports organizations and licensed child-care providers operating in schools of the board
g) ensure each elementary and secondary school implements the Return to Learn / Return to Physical Activity plan (Section 5.0)

II. Principals will:

a) ensure OPHEA safety guidelines are being followed
b) ensure staff, volunteers, parents/guardians, and students are aware of this procedure and understand their roles and responsibilities
c) annually provide concussion in-servicing for staff, and coaching volunteers (as required)
d) ensure that a copy of AF 6814 "Suspected Concussion Identification Tool" is included in occasional teacher lesson plans and field trip folders
e) work closely with students, parents/guardians, staff, volunteers, and health professionals to support concussed students with their recovery and academic success
f) encourage parent/guardian cooperation - if the Parent/Guardian refuses a physician consultation and/or refuses to adhere to this procedure the principal will:
    1. discuss parental concerns surrounding the process and attempt to address these concerns

2. provide rationale for the required steps of this procedure
3. include parent/guardian and their child in every step of the recovery process
4. provide parents with concussion information to increase their awareness and knowledge
5. re-iterate the importance of obtaining an official diagnosis from a trained physician/nurse practitioner
6. explain to parent/guardian if staff feels immediate medical attention is required that they are obligated to call 911 even on parent refusal
7. inform parent/guardian that school is obligated to follow the steps of the "Return to Learn" and "Return to Physical Activity" process
8. if unsuccessful in acquiring full parental cooperation seek support from Senior Administration

g) complete AF 6817 "Concussion Training and Student Diagnosis Tracking Report" as each injury occurs and submit to the appropriate Area Superintendent twice per year
h) ensure that all incidents are recorded, reported and filed as required by this Administrative Procedure, as appropriate, and with an OSBIE incident report form.
i) attempt to obtain parental/guardian cooperation in reporting all non-school related concussions
j) for students who are experiencing difficulty in their learning environment as a result of a concussion, coordinate the development of an Individual Education Plan (IEP), where appropriate - see Appendix E for Return to Learn Strategies/Approaches
k) approve any adjustments to the student's schedule as required
l) alert appropriate staff about students with a suspected or diagnosed concussion
m) ensure completion and/or collection of the following documentation:
    1. AF 6814 "Suspected Concussion Identification Tool"
    2. AF 6815 "Documentation of Medical Examination - Concussion"
    3. AF 6816 "Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan"
n) file above documents ((m)1,2 & 3) in student's OSR and provide copy to appropriate school staff.
o) once concussion is diagnosed, appoint primary staff member to act as the student's liaison to ensure adequate communication and coordination of their needs.
p) oversee that Athletic Participation Forms AF 5605 / 5606 are distributed to all staff and remind all staff that form must be completed prior to student participation in school sports.

III. School Staff (Includes office professionals, teaching staff, support staff, coaches, volunteers, etc.) will:

a) follow current OPHEA safety guidelines and implement risk management and injury prevention strategies.
b) participate in concussion training.
c) ensure that AF 5605 "Athletic Participation Secondary Interschool"/AF 5606 "Athletic Participation Elementary Interschool" is distributed (as appropriate), and completed and signed by parent prior to student participation in a sport.
d) for students participating in activities that could result in concussions, ensure that there is concussion education that also includes prevention information.
e) when responsible for students involved in athletics, ensure that they consistently and correctly wear sports specific protective equipment that fits properly and is well maintained.
f) be able to recognize signs, symptoms and respond appropriately in the event of a concussion (Review Sections 4 and 5 of this procedure and refer to Appendices A, B, C & D).
g) make sure that occasional teaching/support staff are updated on concussed student's condition, using the occasional teacher folder.

IV. Parents/Guardians will

a) review with your child the concussion information provided by the school/board, as well as information that is distributed through the school (e.g. learn signs and symptom of concussion – Appendix C)
b) reinforce concussion prevention strategies with your child
c) follow parents/guardian roles and responsibilities in this procedure
d) in the event of a suspected concussion, ensure child is assessed as soon as possible by physician/nurse practitioner, on the same day
e) cooperate with school to facilitate a Return to Learn and Return to Physical Activity Plan if a concussion is diagnosed
f) follow physician/nurse practitioner recommendations to promote recovery

g) be responsible for the completion of all required documentation in coordination with the school (AF 6815 "Documentation of Medical Examination – Concussion" and AF 6816 "Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan")
h) support your child's progress through the recommended Return to Learn and Return to Physical Activity Plan.
i) collaborate with school to manage suspected or diagnosed concussions appropriately
j) report non-school related concussion to principal so that a Return to Learn/Return to Physical Activity Plan can be established.

V. Students will:

a) learn about concussions, including prevention strategies, signs and symptoms, concussion management and student roles and responsibilities
b) follow their supervising staff/coach's/volunteer's safety instructions at all times
c) immediately inform school staff of suspected or diagnosed concussions occurring during or outside of school
d) inform school staff if you experience any concussion related symptoms (immediate, delayed or reoccurring)
e) communicate concerns and challenges during recovery process with staff concussion liaison, school staff, parents/guardians, and health care providers
f) follow concussion management strategies as per medical doctor/nurse practitioner direction and Return to Learn/Return to Physical Activity Plan

4.0 STEPS AND RESPONSIBILITIES IN SUSPECTED AND DIAGNOSED CONCUSSIONS

Note: The following appendices can be used as quick reference tools in coordination with procedures noted in sections 4.0 & 5.0:

- Appendix A: Steps and Responsibilities for Possible Concussion Injuries
- Appendix B: Concussion Emergency Action Plan
- Appendix C: Signs & Symptoms of a Concussion
- Appendix D: Pocket Concussion Recognition Tool
- Appendix E: Return to Learn Strategies and/or Approaches
- Appendix F: Guidelines for Students Recovering from a Concussion

4.1 INITIAL RESPONSE: IDENTIFICATION

If a student receives a blow to the head, face or neck, or a blow to the body that transmits a force to the head that causes the brain to move rapidly within the skull, and as a result may have suffered a concussion, the individual (e.g. teacher/coach) responsible for that student must take immediate action as follows:

i) Unconscious student (or where there was any loss of consciousness)

a) Stop the activity immediately. Assume there is a concussion.
b) Initiate school Emergency Response Plan and call 911. Do not move the student.
c) Assume there is a possible neck injury and, only if trained, immobilize the student before emergency medical services arrive.
d) Do not remove athletic equipment (e.g. helmet) unless the student is having difficulty breathing.
e) Stay with the student until emergency medical services arrive.
f) Contact the student's parent/guardian (or emergency contact) to inform them of the incident and that emergency medical services have been contacted.
g) Monitor and document any changes (e.g. physical, cognitive, emotional/behavioural) in the student.
h) Refer to OSBIE Incident Report form for documentation procedures.
i) If the student regains consciousness, encourage him/her to remain calm and to lie still. Do not administer medication. If the student requires medication for other conditions, consult school administration and follow the student's medical plan.

ii) Conscious student

a) Stop the activity immediately.
b) Initiate school Emergency Response Plan.
c) When the student can be safely moved, remove him/her from the current activity or game.
d) Conduct an initial concussion assessment of the student (refer to Form AF 6814 "Suspected Concussion Identification Tool").

iii) Teacher or other employee response if sign(s) are observed and/or symptom(s) are reported and/or the student fails the Quick Memory Function Assessment (refer to Form AF 6814 "Suspected Concussion Identification Tool")

a) A concussion should be suspected. Do not allow the student to return to play in the activity, game or practice that day even if the student states that he/she is feeling better.
b) Contact the student's parent/guardian (or emergency contact) to inform them:
    1) of the incident;
    2) that they need to come and pick up the student; and,
    3) that the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.
c) Monitor and document any changes (e.g. physical, cognitive, emotional/behavioural) in the student. If any signs or symptoms worsen, call 911.
d) Refer to the OSBIE Incident Report form for documentation procedures.
e) Do not administer medication. If the student requires medication for other conditions, consult the school administration and follow the student's medical plan.
f) Stay with the student until her/his parent/guardian (or emergency contact) arrives.
g) The student must not leave the premises without parent/guardian (or emergency contact) supervision.

iv) Information to be provided to the parent/guardian

a) Parent/Guardian must be:
    1) provided with a copy of AF 6814 "Suspected Concussion Identification Tool", signed by the teacher;
    2) informed that the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day; and,
    3) informed that they need to communicate to the school principal the results of the medical examination (e.g. the student does not have a diagnosed concussion or the student has a diagnosed concussion) prior to the student returning to school (see Form AF 6815 Documentation of Medical Examination-Concussion).
b) If no concussion is diagnosed: the student may resume regular learning and physical activities.
c) If a concussion is diagnosed: the student follows a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan.

v) Teacher or other employee response if signs are NOT observed, symptoms are NOT reported AND the student passes the Quick Memory Function Assessment (refer to Form AF 6814 "Suspected Concussion Identification Tool"):

a) A concussion is not suspected. The student may return to physical activity. However the student's parent/guardian (or emergency contact) must be contacted and informed of the incident.

vi) Information to be provided to the parent/guardian

a) Parent/Guardian must be:
    1) Provided with a copy of AF 6814 "Suspected Concussion Identification Tool", signed by the school professional who completed the form.
    2) Informed that:
        i. signs and symptoms may not appear immediately and may take hours or days to emerge;
        ii. the student should be monitored for 24-48 hours following the incident; and,

iii. 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.

vii) Responsibilities of the school principal

a) Once a student has been identified as having a suspected concussion, the school principal must:
   1) inform all school staff (e.g. classroom teachers, physical education teachers, intramural supervisors, coaches) and volunteers; and,
   2) indicate that the student shall not participate in any learning or physical activities until the parent/guardian communicates the results of the medical examination (e.g. the student does not have a diagnosed concussion or the student has a diagnosed concussion) to the school principal (e.g. by completing AF 6815 "Documentation of Medical Examination-Concussion").

viii) Documentation of the medical examination

a) Prior to a student with a suspected concussion returning to school, the parent/guardian must communicate the results of the medical examination (e.g. student does not have a diagnosed concussion or the student has a diagnosed concussion) to the school principal (refer to Form AF 6815 Documentation of Medical Examination-Concussion).
   1) If no concussion is diagnosed the student may resume regular learning and physical activities.
   2) If a concussion is diagnosed the student follows a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan (refer to section b) Management Procedures for a Diagnosed Concussion, below).

ix) Responsibilities of the school principal

a) Once the parent/guardian has informed the school principal of the results of the medical examination, the school principal must:
   1) inform all school staff (e.g. classroom teachers, physical education teachers, intramural supervisors, coaches) and volunteers who work with the student of the diagnosis; and
   2) file written documentation (e.g. AF 6815 " Documentation of Medical Examination", parent's note) of the results of the medical examination in the student's OSR.

4.2 MANAGEMENT PROCEDURES FOR A DIAGNOSED CONCUSSION

i) Return to Learn/Return to Physical Activity Plan

a) A student with a diagnosed concussion needs to follow a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan. While return to learn and return to physical activity processes are combined within the Plan, a student with a diagnosed concussion must be symptom free prior to returning to regular learning activities (e.g. Step 2b: Return to Learn) and beginning Step 2: Return to Physical Activity.
b) In developing the Plan, the return to learn process is individualized to meet the particular needs of the student. There is no preset formula for developing strategies to assist a student with a concussion to return to his/her learning activities. In contrast, the return to physical activity process follows an internationally recognized graduated six-step approach.

ii) Collaborative team approach

a) It is critical to a student's recovery that the Return to Learn/Return to Physical Activity Plan be developed through a collaborative team approach. Led by the school principal, the team should include:
   1) the concussed student;
   2) her/his parents/guardians;
   3) school staff and volunteers who work with the student; and,
   4) the medical doctor or nurse practitioner.

b) Ongoing communication and monitoring by all members of the team is essential for the successful recovery of the student.

iii) Completion of the steps within the Plan

a) The steps of the Return to Learn/Return to Physical Activity Plan may occur at home or at school. The members of the collaborative team must factor in special circumstances which may affect the setting in which the steps may occur (e.g. at home and/or school), for example:
   1) the student has a diagnosed concussion just prior to winter break, march break or summer vacation; or,
   2) the student is neither enrolled in Health and Physical Education class nor participating on a school team.

b) Given these special circumstances, the collaborative team must ensure that steps 1-4 of the Return to Learn/Return to Physical Activity Plan are completed. As such, written documentation from a medical doctor or nurse practitioner (e.g. AF 6816 "Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan) that indicates the student is symptom free and able to return to full participation in physical activity must be provided by the student's parent/guardian to the school principal and kept on file in the student's OSR.

c) It is important to note:
   1) Cognitive or physical activities can cause a student's symptoms to reappear.
   2) Steps are not days. Each step must take a minimum of 24 hours and the length of time needed to complete each step will vary based on the severity of the concussion and the student.
   3) The signs and symptoms of a concussion often last for 7 – 10 days, but may last longer in children and adolescents.

5.0 STEPS & RESPONSIBILITIES FOR RETURN TO LEARN/RETURN TO PHYSICAL ACTIVITY PLAN

It is critical that a student diagnosed with a concussion follows their individualized Return to Learn/Return to Physical Activity Plan. Research suggests that a child or youth who suffers a second concussion before he or she is symptom free from the first concussion is susceptible to a prolonged period of recovery, and possibly Second Impact Syndrome.

5.1 Signs and symptoms present

i. Return to Learn/Return to Physical Activity: Step 1
ii. The student does not attend school during Step 1.
iii. The most important treatment for concussion is rest (e.g. cognitive and physical).
iv. Cognitive rest includes limiting activities that require concentration and attention (e.g. reading, texting, television, computer, video/electronic games).
v. Physical rest includes restricting recreational/leisure and competitive physical activities.
vi. Step 1 continues for a minimum of 24 hours and until:
   a) the student's symptoms begin to improve; or,
   b) the student is symptom free; as determined by the parents/guardians and the concussed student.
vii. Before the student can return to school, the parent/guardian must communicate to the school principal (refer to AF 6816 "Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan") either that:
   a) the student's symptoms are improving (and the student will proceed to Step 2a: Return to Learn); or,
   b) the student is symptom free (and the student will proceed directly to Step 2b:Return to Learn and Step 2:Return to Physical Activity).

5.2 **Return to learn and the designated school staff lead**

i. Once the student has completed Step 1 and is therefore able to return to school (and begins either Step 2a: Return to Learn or Step 2b: Return to Learn, as appropriate), one school staff member (e.g. a member of the collaborative team, either the school principal or another staff person designated by the school principal) will serve as the main point of contact for the student, the parents/guardians, other school staff and volunteers who work with the student, and the medical doctor or nurse practitioner.

ii. The designated school staff lead will monitor the student's progress through the Return to Learn/Return to Physical Activity Plan. This may include identification of the student's symptoms and how he/she responds to various activities in order to develop and/or modify appropriate strategies and approaches that meet the changing needs of the student.

5.3 **Symptoms are improving**

i. Return to Learn, Step 2a

a) A student with symptoms that are improving, but who is not yet symptom free, may return to school and begin Step 2a – Return to Learn.
b) During this step, the student requires individualized classroom strategies and/or approaches to return to learning activities. These will need to be adjusted as recovery occurs (refer to Appendix E: Return to Learn Strategies and Approaches). At this step, the student's cognitive activity should be increased slowly (both at school and at home), since the concussion may still affect his/her academic performance. Cognitive activities can cause a student's concussion symptoms to reappear or worsen.
c) It is important for the designated school staff lead, in consultation with other members of the collaborative team, to identify the student's symptoms and how he/she responds to various learning activities in order to develop appropriate strategies and/or approaches that meet the needs of the student. School staff and volunteers who work with the student need to be aware of the possible difficulties (e.g. cognitive, emotional/behavioural) a student may encounter when returning to learning activities following a concussion. These difficulties may be subtle and temporary, but may significantly impact a student's performance.
d) The parent/guardian must communicate to the school principal (refer to Form AF 6816 Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan) that the student is symptom free before the student can proceed to Step 2b: Return to Learn and Step 2: Return to Physical Activity.

5.4 **Symptom free**

i. Return to Learn, Step 2b (symptom free) occurs concurrently with Step 2: Return to Physical Activity.

a) A student who:
   1) has progressed through Step 2a: Return to Learn and is now symptom free may proceed to Step 2b:Return to Learn; or,
   2) becomes symptom free soon after the concussion may begin at Step 2b:Return to Learn (and may return to school if previously at Step 1).

b) At this step, the student begins regular learning activities without any individualized classroom strategies and/or approaches. This step occurs concurrently with Step 2: Return to Physical Activity.
c) Note: Since concussion symptoms can reoccur during cognitive and physical activities, students at Step 2b:Return to Learn or any of the following return to physical activity steps must continue to be closely monitored by the designated school staff lead and collaborative team for the return of any concussion symptoms and/or a deterioration of work habits and performance.
d) If, at any time, concussion signs and/or symptoms return and/or deterioration of work habits or performance occur, the student must be examined by a medical doctor or nurse practitioner. The parent/guardian must communicate the results and the appropriate step to resume the Return to

Learn/Return to Physical Activity Plan to the school principal (e.g. refer to AF 6816 "Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan") before the student can return to school.

ii. Return to physical activity: Step 2 (home)

a) Activity: Individual light aerobic physical activity only (e.g. walking, swimming or stationary cycling keeping intensity below 70% of maximum permitted heart rate).
b) Restrictions: No resistance or weight training. No competition (including practices, scrimmages). No participation with equipment or with other students. No drills. No body contact.
c) Objective: To increase heart rate.
d) Parent/Guardian: Must report back to the school principal (e.g. refer to AF 6816 "Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan") that the student continues to be symptom free in order for the student to proceed to Step 3.

iii. Return to physical activity: Step 3 (school)

a) Activity: Individual sport-specific physical activity only (e.g. running drills in soccer, skating drills in hockey, shooting drills in basketball).
b) Restrictions: No resistance/weight training. No competition (including practices, scrimmages). No body contact, no head impact activities (e.g. heading a ball in soccer) or other jarring motions (e.g. high speed stops, hitting a baseball with a bat).
c) Objective: To add movement.

iv. Return to physical activity: Step 4 (school)

a) Activity: Activities where there is no body contact (e.g. dance, badminton). Progressive resistance training may be started. Non-contact practice and progression to more complex training drills (e.g. passing drills in football and ice hockey).
b) Restrictions: No activities that involve body contact, head impact (e.g. heading the ball in soccer) or other jarring motions (e.g. high speed stops, hitting a baseball with a bat).
c) Objective: To increase exercise, coordination and cognitive load.
d) Teacher: Communicates with parents/guardians that the student has successfully completed Steps 3 and 4 (refer to AF 6816 "Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan").
e) Parent/Guardian: Must provide the school principal with written documentation from a medical doctor or nurse practitioner (e.g. completed AF 6816 "Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan") that indicates the student is symptom free and able to return to full participation in physical activity in order for the student to proceed to Step 5: Return to Physical Activity.
f) School principal: Written documentation (e.g. AF 6816 "Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan") is then filed (e.g. in the student's OSR) by the school principal.

v. Return to physical activity: Step 5 (school)

a) Activity: Full participation in regular physical education/intramural/interschool activities in non-contact sports. Full training/practices for contact sports.
b) Restrictions: No competition (e.g. games, meets, events) that involve body contact.
c) Objective: To restore confidence and assess functional skills by teacher/coach.

vi. Return to physical activity: Step 6 (school), contact sports only

a) Activity: Full participation in contact sports.
b) Restrictions: None.

6.0 OTHER CONSIDERATIONS

6.1 Recess

i. All playground equipment (e.g. play structures, swings, slides, climbers) should be restricted from use until the student is cleared to return to physical activities as indicated in Step 4.
ii. Students are advised not to participate in active playground games (e.g. tag, skipping, sports-related activities) until cleared to return to physical activities as indicated in sections 4-6.

6.2 Physical Education classes

Accommodations need to be considered with regard to the types of activities that may be appropriate at each stage of return to physical activity.

6.3 Field trips/out of school learning/off school-site activities

Considerations given to in-school learning activities will apply to all out of school learning activities.

6.4 Students of legal age

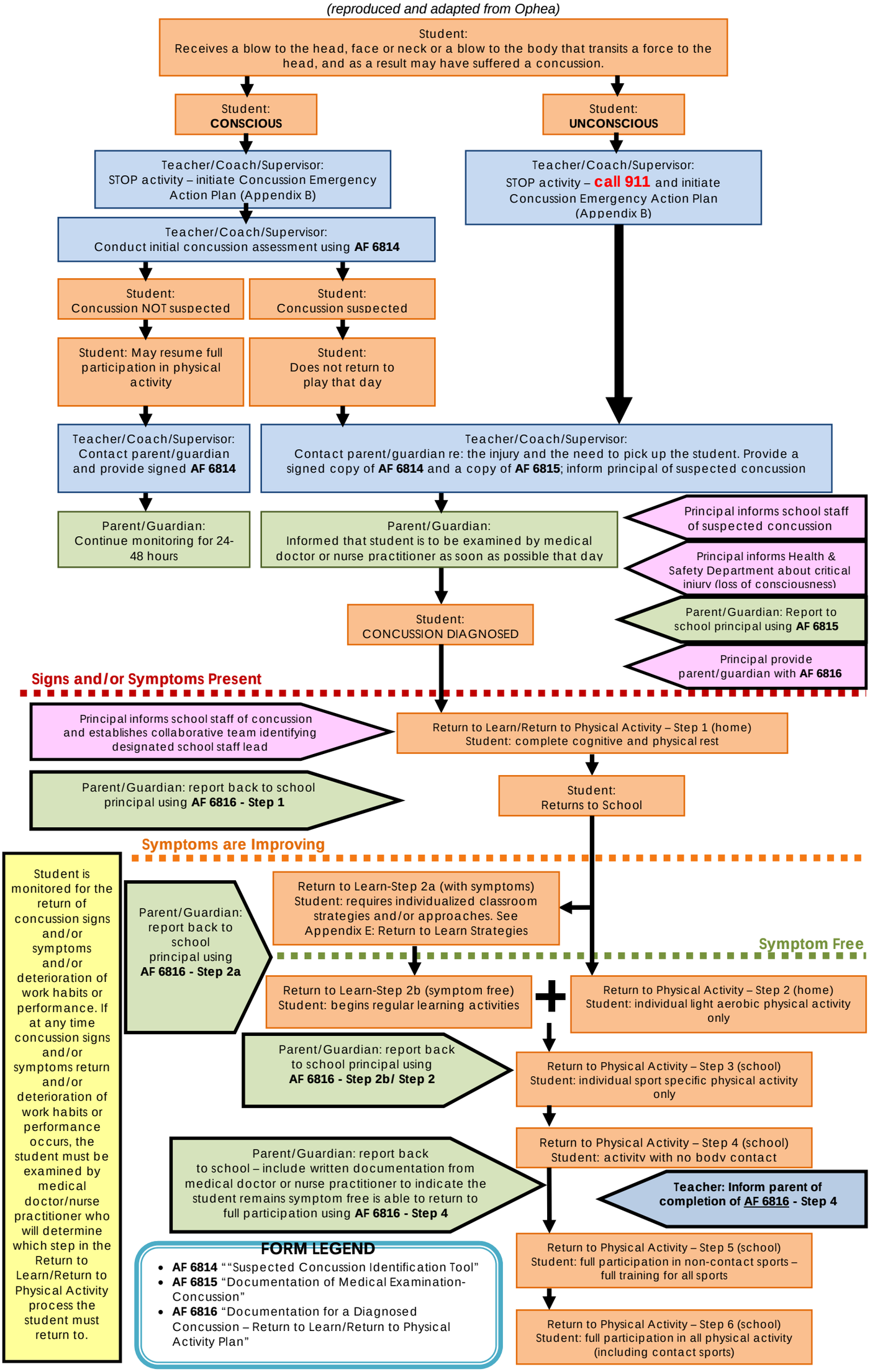
It is highly recommended that parents/legal guardians be advised of any incident where their child (of legal age) is suspected of receiving a head injury that could result in a concussion.

6.5 Bussing

Bus Operators and drivers should be made aware of any student riding the bus that has sustained a head injury and appropriate seating should be arranged for the student to support monitoring of signs/ symptoms and to ensure the potential for jarring motions created by the bus ride are minimized.

APPENDIX A: STEPS AND RESPONSIBILITIES FOR POSSIBLE CONCUSSION INJURIES

(reproduced and adapted from Ophea)



APPENDIX B: CONCUSSION EMERGENCY ACTION PLAN

CONCUSSION EMERGENCY ACTION PLAN

If a student receives a bump, blow or jolt to the head, face, neck or body that may have resulted in a concussion, the individual (e.g. teacher/coach) responsible for that student must take immediate action as follows:

UNCONSCIOUS STUDENT *(or where there was any loss of consciousness)*	CONSCIOUS STUDENT
• Stop activity immediately – assume there is a concussion • **Call 911** • Assume there is a possible neck injury – only if trained remove immobilize the student before emergency medical services arrive o DO NOT remove athletic equipment unless there is difficulty breathing • Stay with student until emergency medical services arrive • Contact the student's parent/guardian/emergency contact to inform them of the incident • Monitor and document any changes (i.e. physical, cognitive, emotional, behavioural) • If the student regains consciousness, encourage him/her to remain calm and lie still. • Do not administer medication (unless the student requires medication for other conditions (e.g. insulin for diabetes)	• Stop activity immediately • When the student can be safely moved, remove him/her from the current activity or game • Conduct an initial concussion assessment of the student (Complete AF 6814) • Follow steps below regarding signs and symptoms

IF SIGNS ARE OBSERVED OR SYMPTOMS REPORTED:

- A concussion should be suspected – do not allow the student to return to play in the activity, game or practice that day even if the student states that he/she is feeling better.
- Contact the student's parent/guardian/emergency contact to inform them:
  - of the incident;
  - that they need to come and pick up the student; and
  - that the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.
- Monitor and document any changes (i.e. physical, cognitive, emotional and/or behavioural) in the student. If any signs or symptoms worsen, call 911.
- Do not administer medication (unless the student requires medication for other conditions (e.g. insulin for diabetes)
- Stay with the student until her/his parent/guardian/emergency contact arrives.
- The student SHOULD NOT leave the premises without parent/guardian/emergency contact supervision.

IF SIGNS ARE NOT OBSERVED AND SYMPTOMS ARE NOT REPORTED

(and student passes Quick Memory Function Assessment section on AF 6814):

- A concussion is not suspected – precautionary removal from physical activity is recommended.
- The student's parent/guardian/emergency contact must be contacted and informed of the incident.

IF IN DOUBT SIT THEM OUT

Reproduced and adapted with permission from Ophea, Ontario Physical Education Safety Guidelines, Appendix C-4 Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan, 2013

APPENDIX C: SIGNS & SYMPTOMS OF A CONCUSSION

SIGNS & SYMPTOMS OF A CONCUSSION

A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a fall or blow to the body that causes the head to move rapidly back and forth. Even a mild bump to the head can be serious.

A student **DOES NOT** need to be knocked out (lose consciousness) to have a concussion.

BE ALERT FOR ANY OF THE FOLLOWING SIGNS & SYMPTOMS OF A CONCUSSION

SIGNS OBSERVED BY SCHOOL PROFESSIONALS

monitor signs/symptoms for deterioration

- Appears dazed or stunned
- Answers questions slowly
- Repeats questions
- Is confused about events
- Loses consciousness (even briefly)
- Can't recall events prior to and/or after hit, bump or fall
- Shows behaviour or personality changes
- Forgets class schedule or assignments

SYMPTOMS REPORTED BY THE STUDENT

THINKING/REMEMBERING

- Difficulty thinking clearly (e.g. does not know time or place)
- Feeling sluggish or foggy
- Difficulty concentrating or remembering
- Confused

PHYSICAL

- Headache
- Dizziness/Balance issues
- Stomach ache
- Nausea or vomiting
- Blurry or double vision
- Feeling dazed/stunned
- Ringing in the ears
- Sleepiness
- Sensitive to light/noise

EMOTIONAL

- Strange or inappropriate emotions (e.g. crying or getting mad easily)
- Nervous
- Irritable

SLEEP

- Drowsy
- Sleeps more or less than usual
- Trouble falling asleep

MEDICAL ATTENTION IS REQUIRED

**** A student should be seen in an emergency room immediately if he/she has any of the following symptoms/signs:***

- **Loss of Consciousness (even briefly)**
- **Drowsiness or cannot be awakened**
- **One pupil larger than the other**
- **Nausea or repeated vomiting**
- **Weakness, numbness, or decreased coordination**
- **Seizures or convulsions**
- **Slurred speech**
- **Difficulty recognizing people or places**
- **Increasing confusion or agitation**
- **Unusual behaviour**

APPENDIX D: POCKET CONCUSSION RECOGNITION TOOL *(can be printed and cut-out for quick access)*

Pocket CONCUSSION RECOGNITION TOOL™

To help identify concussion in children, youth and adults

RECOGNIZE & REMOVE

Concussion should be suspected **if one or more** of the following visible clues, signs, symptoms or errors in memory questions are present.

1. Visible clues of suspected concussion

Any one or more of the following visual clues can indicate a possible concussion:

Loss of consciousness or responsiveness
Lying motionless on ground/Slow to get up
Unsteady on feet / Balance problems or falling over/Incoordination
Grabbing/Clutching of head
Dazed, blank or vacant look
Confused/Not aware of plays or events

2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

- Loss of consciousness
- Seizure or convulsion
- Balance problems
- Nausea or vomiting
- Drowsiness
- More emotional
- Irritability
- Sadness
- Fatigue or low energy
- Nervous or anxious
- "Don't feel right"
- Difficulty remembering
- Headache
- Dizziness
- Confusion
- Feeling slowed down
- "Pressure in head"
- Blurred vision
- Sensitivity to light
- Amnesia
- Feeling like "in a fog"
- Neck Pain
- Sensitivity to noise
- Difficulty concentrating

3. Memory function

Failure to answer any of these questions correctly may suggest a concussion.

"What venue are we at today?"
"Which half is it now?"
"Who scored last in this game?"
"What team did you play last week/game?"
"Did your team win the last game?"

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

RED FLAGS

If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

- Athlete complains of neck pain
- Increasing confusion or irritability
- Repeated vomiting
- Seizure or convulsion
- Weakness or tingling/burning in arms or legs
- Deteriorating conscious state
- Severe or increasing headache
- Unusual behaviour change
- Double vision

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to so do
- Do not remove helmet (if present) unless trained to do so.

from McCrory et. al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013

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APPENDIX E: RETURN TO LEARN STRATEGIES AND/OR APPROACHES

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

APPENDIX E: RETURN TO LEARN STRATEGIES AND/OR APPROACHES *continued….*

EMOTIONAL/BEHAVIOURAL DIFFICULTIES		
Post-Concussion Symptoms	**Impact on Student's Learning**	**Potential Strategies and/or Approaches**
Anxiety	Decreased attention/concentration Overexertion to avoid falling behind	• inform the student of any changes in the daily timetable/schedule • adjust the student's timetable/schedule as needed to avoid fatigue (e.g., 1-2 hours/periods, half-days, full-days) • build in more frequent breaks during the school day • provide the student with preparation time to respond to questions
Irritable or Frustrated	Inappropriate or impulsive behaviour during class	• encourage teachers to use consistent strategies and approaches • acknowledge and empathize with the student's frustration, anger or emotional outburst if and as they occur • reinforce positive behaviour • provide structure and consistency on a daily basis • prepare the student for change and transitions • set reasonable expectations • anticipate and remove the student from a problem situation (without characterizing it as punishment)
Light/Noise sensitivity	Difficulties working in classroom environment (e.g., lights, noise, etc.)	• arrange strategic seating (e.g., move the student away from window or talkative peers, proximity to the teacher or peer support, quiet setting) • where possible provide access to special lighting (e.g., task lighting, darker room) • minimize background noise • provide alternative settings (e.g., alternative work space, study carrel) • avoid noisy crowded environments such as assemblies and hallways during high traffic times • allow the student to eat lunch in a quiet area with a few friends • where possible provide ear plugs/headphones, sunglasses
Depression/ Withdrawal	Withdrawal from participation in school activities or friends	• build time into class/school day for socialization with peers • partner student with a "buddy" for assignments or activities

Reproduced and adapted with permission from Ophea, Ontario Physical Education Safety Guidelines, Appendix C-1 Concussion Management Procedures: Return to Learn - Return to Physical Activity – Return to Learn Strategies/Approaches Table 2, 2013.

APPENDIX F: GUIDELINES FOR STUDENTS RECOVERING FROM A CONCUSSION

It is important for students to be active and play sports. However, a student with a diagnosed concussion needs to follow a medically supervised, individualized Return to Learn/Return to Physical Activity Plan.

Return to Learn and Return to Physical Activity
Step 1 for a student with a diagnosed concussion is the same for Return to Learn and Return to Physical Activity.

Step 1: Rest, with limited cognitive and physical activity. This means limited TV, computer, texting, video games, or reading. The student does not attend school during Step 1. Step 1 continues for a minimum of 24 hours and until the student's symptoms/signs begin to improve or the student is symptom/sign/free.

Return to Learn*
The Return to Learn process is individualized and gradual to meet the particular needs of the student. There is no preset formula for developing strategies to assist a student with a concussion to return to his/her learning activities.

Step 2A: (symptoms improving)
During this step, the student requires individualized classroom strategies and/or approaches to return to full learning activities – these will need to be adjusted as recovery occurs.

At this step, the student's cognitive activity should be increased slowly (both at school and at home) because the concussion may affect his/her academic performance.

Note: Cognitive activities can cause a student's concussion symptoms to reappear or worsen.

Step 2B: (symptom-free)
Student begins regular learning activities without any individualized classroom strategies and/or approaches. Even when students are symptom-free, they should continue to be closely monitored to see if symptoms/signs return and/or there is a deterioration of work habits or performance.

Note: This step occurs at the same time as Step 2 – Return to Physical Activity. Some students may progress from Step 1 directly to Step 2B if they are symptom-free.

Return to Physical Activity

Step 2:
Individual, light aerobic physical activity only such as walking or stationary cycling.

Step 3:
Individual activity related to specific sports, e.g., skating in hockey, running in soccer. No body contact.

Step 4:
Activities where there is no body contact, such as progressive resistance training, non-contact practice and progression to more complex training drills, e.g., passing drills in football and ice hockey.

Note: Clearance by a medical doctor or nurse practitioner is required before Step 5.

Step 5:
Full participation in regular physical activity in non-contact sports following medical clearance.
Full training/practice for contact sports.

Step 6:
Full participation in contact sports.

Note: Steps are not days. Each step must take a minimum of 24 hours and the length of time needed to complete each step will vary based on the severity of the concussion and the child/youth.
If at any time concussion signs and/or symptoms return and/or deterioration of work habits or performance occurs, the student needs to be examined by a medical doctor or nurse practitioner.

For more information on concussions visit:
Concussions Ontario: www.concussionsontario.org
Ophea: safety.ophea.net
Parachute: www.parachutecanada.org/active-and-safe
Ontario Government: www.ontario.ca/concussions

** Reproduced with permission from Ophea, Ontario Physical Education Safety Guidelines (updated annually). Developed based on tools in the literature including the International Consensus Statement on Concussion in Sport (2013) and the ThinkFirst concussion tool.This tool has been reviewed by the Parachute/ThinkFirst Canada Concussion Education and Awareness Committee and theRecognition and Awareness Working Group, part of the mTBI/Concussion Strategy, of the Ontario Neurotrauma Foundation who funded the development of this tool.*

http://www.health.gov.on.ca/en/public/programs/concussions/docs/onf_concussion_tool_en.pdf