

Procedure Title	Concussion Prevention and Management		
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References			
Education Act, R.S.O. 1990, c. E.2.; Ministry of Education, Policy/Program Memorandum 158 "School Board Policies on Concussions"; Ontario Physical and Health Education Association (OPHEA) Physical Education Safety Guidelines; Keel Cottrelle LLP Draft Concussion Policy and Procedure; osbie.on.ca; Rowan's Law (Concussion Safety), 2018			

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:
 - a) a concussion is a serious injury which requires appropriate follow-up measures to reduce risk of potential additional injury;
 - b) 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;
 - c) 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; and
 - d) 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

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; and

- 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.*

School Collaborative Team

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 administrator, the team should include:

- a) the concussed student;
- b) the student's parent(s)/guardian(s);
- c) school staff and volunteers who work with the student;
- d) designated team lead; and
- e) the medical doctor or nurse practitioner.

Interschool Sports

School sponsored, competitive programs, which involve competitions against outside teams.

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 40 joint ventures in Ontario. The primary goals of the Exchange are to insure member school boards against losses, and to promote safe school practices

Ontario Physical and Health Education Association (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 (HandPE) that has developed a number of HandPE Curriculum Supports, which include OPHEA's H and PE Curriculum Support Resources, workshops, and consultations designed to increase the knowledge and skills of educators.

Return to Learn (RTL)

A detailed process to support/accommodate students, as needed, when returning to the classroom after a concussion.

Return to Physical Activity (RTPA)

A six-step process to reintroduce students to activities and/or athletics after a concussion.

Rowan's Law Day

Commemorated on the last Wednesday of September of each calendar year, whereby our schools acknowledge and review safe practices and preventative steps to help minimize concussions. The [Rowan's Law Day Toolkit for Schools](#) has been developed by OPHEA to help schools and classrooms recognize Rowan's Law Day and encourage students to speak up about concussions.

Second Impact Syndrome (SIS)

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.

Sign

Outward, objective evidence of illness, injury, or disease (e.g., loss of consciousness).

Symptom

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

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

- a) 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.
- b) Appendix D: Signs and Symptoms of a Concussion, Appendix E: Pocket Concussion Recognition Tool, and AF 6814 “Suspected Concussion Identification Tool” should be utilized.
- c) The following information should be noted in relation to concussions:
 - i. Signs and symptoms may be different for everyone.
 - ii. Signs and symptoms can appear immediately after the injury or may take hours or days to emerge.
 - iii. Concussion symptoms for younger students may not be as obvious compared to older students.
 - iv. A student may be reluctant to report symptoms because of a fear that they will be removed from the activity, their status on a team or in a game could be jeopardized or academics could be impacted.
 - v. 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.
 - vi. If student loses consciousness (critical injury) or signs or symptoms worsen, call 911 and also notify the board's Health and Safety department of the incident.

2.3 Post-Diagnosis Facts

- a) Cognitive or physical activities can cause student's symptoms to reappear.
- b) 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.
- c) The signs and symptoms of a concussion often last for 7-10 days but may last longer in children and adolescents.
- d) 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.
- e) 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.
- f) Administrators, supervising staff, coaches and volunteers must not place pressure on injured students to Return to Learn or Return to Physical Activity prematurely.
- g) Parents/guardians must report non-school related concussions.
- h) Return to Learn/Return to Physical Activity steps must be followed regardless of where a diagnosed concussion occurred.

3.0 CONCUSSION PREVENTION AND MANAGEMENT— GENERAL RESPONSIBILITIES

- 3.1** Regardless of the steps taken to prevent injury, any time a student/athlete is involved in physical activity, there is a chance of sustaining a concussion. It is important to encourage a culture of safety mindedness and take a preventative approach when students are physically active. Evidence shows the severity of the injury can be mitigated through education. With this in mind, Bluewater District School Board supports the annual recognition of Rowan's Law Day in our schools, the last Wednesday of September, as an excellent opportunity for administrators and schools to review prevention strategies with students and the broader community. [Rowan's Law Day Toolkit for Schools](#) has been developed by OPHEA to help schools and classrooms recognize Rowan's Law Day.
- 3.2** 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.
- 3.3** In an attempt to mitigate concussion-related injuries, it is the expectation of Bluewater District School Board that the following responsibilities will be met.

a) Administrative Council will:

- i. perform an annual review of this procedure and its related forms to ensure guidelines align with current best practice recommendations and, at a minimum, OPHEA concussion guidelines;
- ii. ensure that information on the seriousness of concussions, with strategies for prevention, identification and management of concussions are in place at all schools and worksites and on the board website (www.bwdsb.on.ca/students/concussion_awareness);
- iii. implement concussion awareness and education strategies for students and their parents/guardians
- iv. 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;
- v. ensure that this procedure and awareness resources are 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; and
- vi. encourage all staff to complete the OPHEA e-learning module for Concussion Identification, Management and Prevention for schools, available at <https://ophea.net/professional-learning/opheas-concussion-prevention-identification-and-management-schools-202223-e>.

b) Administrators will:

- i. ensure OPHEA safety guidelines are being followed;
- ii. coordinate Rowan's Law Day events at their school;
- iii. implement, where possible, some/all of the sample strategies/tools provided in Appendix J to educate students about concussion prevention information;
- iv. encourage their staff to complete the OPHEA e-learning module for Concussion Identification, Management and Prevention for schools, available at <https://ophea.net/professional-learning/opheas-concussion-prevention-identification-and-management-schools-202223-e>;
- v. ensure staff, volunteers, parents/guardians, and students are aware of this procedure and understand their roles and responsibilities;
- vi. annually provide concussion in-servicing for staff, and coaching/training/officials volunteers (as required);
- vii. ensure that a copy of AF 6814 "Suspected Concussion Identification Tool" is included in occasional teacher lesson plans and field trip folders;
- viii. work closely with students, parents/guardians, staff, volunteers, and health professionals to support concussed students with their recovery and academic success;
- ix. encourage parent/guardian cooperation - if the parent/guardian refuses a physician consultation and/or refuses to adhere to this procedure the administrator 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/guardian refusal.
 7. inform parent/guardian that school is obligated to follow the steps of the Return to Learn (RTL)/Return to Physical Activity (RTPA) process.
 8. if unsuccessful in acquiring full parent/guardian cooperation, seek support from senior administration.
- x. complete AF 6819 "Concussion Training and Student Diagnosis Tracking Report" as each injury occurs and submit to the appropriate area superintendent twice per year;
- xi. ensure that all incidents are recorded, reported, and filed as required by this administrative procedure, as appropriate, and with an OSBIE incident report form;
- xii. attempt to obtain parental/guardian cooperation in reporting all non-school related concussions;
- xiii. coordinate the development of an Individual Education Plan (IEP), where appropriate, for students who are experiencing difficulty in their learning environment as a result of a concussion (see Appendix F for Return to Learn Strategies/Approaches);
- xiv. approve any adjustments to the student's schedule as required;
- xv. alert appropriate staff about students with a suspected or diagnosed concussion;

- xvi. appoint lead staff member (team lead), once concussion is diagnosed, to act as the student's liaison to ensure adequate communication and coordination of their needs;
- xvii. convene the School Collaborative Team to develop the School Concussion Management - Return to Learn/Return to Physical Activity Plan (AF 6816-II) for each concussed student;
- xviii. ensure completion and/or collection of the following documentation as part of the RTL/RTPA Plan:
 - 1. AF 6814 "Suspected Concussion Identification Tool"
 - 2. AF 6815 "Documentation of Initial Medical Examination - Concussion"
 - 3. AF 6816-I "Home Concussion Management – Return to Learn / Return to Physical Activity Plan"
 - 4. AF 6816-II "School Concussion Management – Return to Learn / Return to Physical Activity Plan"
 - 5. AF 6817 "Documentation of Medical Assessment (Concussion) and Return to Physical Activity Clearance"
- xix. file above documents ((r)1,2, 3, 4, and 5) in student's Ontario Student Record (OSR), ensuring that parent(s)/guardian(s) and appropriate school staff have a copy;
- xx. oversee that AF 5605 "Interschool Athletic Participation" is distributed to all staff and remind all staff that form must be completed prior to student participation in school sports;
- xxi. oversee that AF 6818 "Coach/Trainer/Official Acknowledgement - Concussion Awareness Resource and Code of Conduct" is annually distributed to all individuals acting in the role of coach, trainer, and/or official. This form must be completed and returned to the administrator(or designate) prior to acting in the role of coach, trainer or official for Bluewater District School Board sports.

c) Teachers, support staff, and volunteers will:

- i. follow current OPHEA safety guidelines in coordination with this procedure, and implement risk management and injury prevention strategies;
- ii. participate in concussion training;
 - o OPHEA e-learning module for Concussion Identification, Management and Prevention for schools, available at <https://ophea.net/professional-learning/opheas-concussion-prevention-identification-and-management-schools-202223-e>.
- iii. ensure that AF 5605 "Interschool Athletic Participation - Elementary/Secondary" is distributed (as appropriate), and completed and signed by parent/guardian/adult student prior to student participation in a sport;
- iv. for students participating in activities that could result in concussions, ensure that there is concussion education that also includes prevention information;
- v. 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;
- vi. be able to recognize signs, symptoms and respond appropriately in the event of a concussion (Appendices A-I);
- vii. make sure that occasional teaching/support staff are updated on concussed student's condition, using the occasional teacher folder; and
- viii. Communicate with the student's parents/guardians, thereby providing a channel to obtain and share information with them about the student's progress and challenges through recovery.

d) Coaches, trainers, and officials (interschool and intramural) will:

- i. participate in concussion training, where appropriate;
 - o OPHEA e-learning module for Concussion Identification, Management and Prevention for schools, available at <https://ophea.net/professional-learning/opheas-concussion-prevention-identification-and-management-schools-202223-e>.
- ii. be knowledgeable this procedure and its related forms for prevention, identification, and Return to Learn/Return to Physical Activity Plan;
- iii. ensure that copies of AF 6814 "Suspected Concussion Identification Tool" are available and completed if required;
- iv. be knowledgeable of the age-appropriate Concussion Awareness Resource and Concussion Code of Conduct, and annually complete AF 6818 "Coach / Trainer / Official Acknowledgement – Concussion Awareness Resource and Code of Conduct" and submit to the administrator (or designate);
- v. provide age-appropriate Concussion Awareness Resources and Concussion Code of Conduct to parents/guardians of students under 18 years of age and adult students (all resources are available through the board's website);
- vi. provide age-appropriate Concussion Awareness Resources and Concussion Code of Conduct (See Appendix H) to team trainers and officials (where applicable);

- vii. follow school procedures to confirm the review of these resources with all of the above individuals (AF 5605 for student athletes and AF 6818 for coaches/trainers/officials);
- viii. be knowledgeable about safe practices in the activity/sport (e.g., the rules and regulations and the specific activity/sport pages in the Ontario Physical Activity Safety Standards in Education);
- ix. be familiar with the risks of a concussion or other potential injuries associated with the activity/sport and how to minimize those risks;
- x. be up to date and enforce school board/athletic association/referee rule changes associated with minimizing the risks of concussion;
- xi. determine that protective equipment is approved by a recognized equipment standards association (e.g., Canadian Safety Standards, National Operating Committee on Standards for Athletic Equipment), is well maintained, and is visually inspected prior to activity;
- xii. teach skills and techniques in the proper progression;
- xiii. provide activity/sport-specific concussion information when possible;
- xiv. teach and enforce the rules and regulations of the activity/sport during practices and games/competition (particularly those that limit or eliminate body contact, or equipment on body contact);
- xv. reinforce the principles of head-injury prevention (e.g., keeping the head up and avoiding collision);
- xvi. teach students/athletes involved in body contact activities/sports about:
 - 1. activity/sport-specific rules and regulations of body contact (e.g., no hits to the head); and
 - 2. body contact skills and techniques and require the successful demonstration of these skills in practice prior to competition.
- xvii. discourage others from pressuring injured students/athletes to play/participate;
- xviii. demonstrate the ethical values of fair play and respect for opponents;
- xix. encourage students/athletes to follow the rules of play, and to practice fair play;
- xx. use game/match officials in higher-risk interschool sports that are knowledgeable, certified and/or experienced in officiating the sport; and
- xxi. inform students about the importance using protective equipment (e.g., helmets, padding, guards) that is properly fitted (as per manufacturer's guidelines) and properly worn.

e) Parents/Guardians will:

- i. follow parents/guardian roles and responsibilities in this procedure;
- ii. review with their child, the concussion information provided by the school/board, as well as information that is distributed through the school;
- iii. reinforce concussion prevention strategies with their child;
- iv. in the event of a suspected concussion, ensure child is assessed as soon as possible by physician/nurse practitioner, on the same day;
- v. cooperate with school to facilitate a Return to Learn/Return to Physical Activity Plan if a concussion is diagnosed;
- vi. follow physician/nurse practitioner recommendations to promote recovery;
- vii. be responsible for the completion of all required documentation in coordination with the school (i.e., where applicable, AF 5605 "Interschool Athletic Participation", "AF 6814 "Suspected Concussion Identification Tool", "AF 6815 "Documentation of Initial Medical Examination – Concussion", AF 6816-I "Home Concussion Management – Return to Learn/Return to Physical Activity Plan", AF 6816-II "School Concussion Management – Return to Learn/Return to Physical Activity Plan", AF 6817 "Documentation of Medical Assessment (Concussion) and Return to Learn/Return to Physical Activity Plan";
- viii. support their child's progress through the recommended Return to Learn/Return Physical Activity Plan;
- ix. collaborate with school to manage suspected or diagnosed concussions appropriately; and
- x. report non-school related concussion to administrator so that a Return to Learn/Return to Physical Activity Plan can be established.

f) Students will:

- i. learn about concussions, including prevention strategies, signs and symptoms, concussion management and student roles and responsibilities;
- ii. follow their supervising staff/coach's/volunteer's safety instructions at all times, including the use of appropriate sport-specific equipment;
- iii. immediately inform school staff of suspected or diagnosed concussions occurring during or outside of school;
- iv. inform school staff if they experience any concussion related symptoms (immediate, delayed or reoccurring);

- v. communicate concerns and challenges during recovery process with school collaborative team lead, other school staff (as appropriate), parents/guardians, and health care providers; and
- vi. follow concussion management strategies as per medical doctor/nurse practitioner direction and Return to Learn/Return to Physical Activity Plan.

4.0 CONCUSSION IDENTIFICATION - INITIAL RESPONSE

Note: The following appendices are essential tools to be used in coordination with procedures noted in Section 4:

- Appendix A: Identifying a Suspected Concussion - Steps and Responsibilities
- Appendix C: Concussion Emergency Action Plan
- Appendix D: Signs and Symptoms of a Concussion
- Appendix E: Pocket Concussion Recognition Tool

4.1 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 responsible for that student must take immediate action as follows:

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

- i. Stop the activity immediately. Assume there is a concussion.
- ii. Initiate school Emergency Response Plan and call 911. Do not move the student.
- iii. Assume there is a possible neck injury and, only if trained, immobilize the student before emergency medical services arrive.
- iv. Do not remove athletic equipment (e.g., helmet) unless the student is having difficulty breathing.
- v. Stay with the student until emergency medical services arrive.
- vi. Contact the student's parent/guardian (or emergency contact) to inform them of the incident and that emergency medical services have been contacted.
- vii. Monitor and document any changes (e.g., physical, cognitive, emotional/behavioural) in the student.
- viii. Refer to OSBIE Incident Report form for documentation procedures.
- ix. If the student regains consciousness, encourage the student 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.

b) Conscious student

- i. Stop the activity immediately.
- ii. Initiate Appendix C: Concussion Emergency Action Plan.
- iii. When the student can be safely moved, remove them from the current activity or game.
- iv. Conduct an initial concussion review of the student using form AF 6814 "Suspected Concussion Identification Tool".
- v. Do not allow the student to return to play in the activity, game or practice that day even if the student states that they are feeling better.
- 1. Contact the student's parent/guardian (or emergency contact) to inform them:
 - A. of the incident;
 - B. that they need to come and pick up the student; and,
 - C. that the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.
- 2. Monitor and document any changes (e.g., physical, cognitive, emotional/behavioural) in the student. If any signs or symptoms worsen, call 911.
- 3. Refer to the OSBIE Incident Report form for documentation procedures.
- 4. Do not administer medication. If the student requires medication for other conditions, consult the school administration and follow the student's medical plan.
- 5. Stay with the student until their parent/guardian (or emergency contact) arrives.
- 6. The student must not leave the premises without parent/guardian (or emergency contact) supervision and must not operate a vehicle.

c) Information to be provided to the parent/guardian

- i. Parent/Guardian must be:
 - 1) provided with a copy of AF 6814 "Suspected Concussion Identification Tool", signed by the administrator (or designate)/coach;
 - 2) provided with a copy of AF 6815 "Documentation of Initial Medical Examination - Concussion";
 - 3) informed that:
 - A. the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day;
 - B. they need to communicate to the school administrator 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 (return completed form AF 6815 "Documentation of Medical Examination-Concussion" to the school).
 - C. signs and symptoms may not appear immediately and may take hours or days to emerge;
 - D. the student should be monitored for 24-48 hours following the incident; and,
 - E. 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.
- ii. If a concussion is NOT diagnosed: the student can attend school but cannot participate in any physical activity for a minimum of 24 hours.
 - 1) The student will be monitored at home and at school for the emergence of sign(s) and/or symptoms for 24 hours following the incident;
 - 2) Continued monitoring by the parents/guardians (beyond 24 hours) may be necessary as signs and/or symptoms may take hours or days to emerge; and
 - 3) Parents/guardians must communicate the results of the continued monitoring to the administrator /designate:
 - A. If any signs/symptoms are observed or reported, the students needs an urgent medical assessment as soon as possible that same day (by a medical doctor/nurse practitioner).
 - B. If after 24 hours of observation, signs/symptoms do not emerge, the student may return o physical activity. Medical clearance is **not** required.
- iii. 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 5.0).

d) Responsibilities of the school administrator

- i. Once a student has been identified as having a suspected concussion, the school administrator must inform all school staff (e.g., classroom teachers, physical education teachers, intramural supervisors, coaches) and volunteers, who work with the student, 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 administrator.

5.0 CONCUSSION DIAGNOSED

Note: The following appendices are essential tools to be used in coordination with procedures noted in Sections 5, 6 and 7:

- Appendix B: Concussion Diagnosed - Stages and Responsibilities
- Appendix F: Return to Learn Strategies and/or Approaches
- Appendix G: Parachute's Protocol for Return to Learn After a Concussion

- 5.1 If a concussion is diagnosed by a medical doctor or nurse practitioner (Form AF 6815 "Documentation of Initial Medical Examination - Concussion"), the student will follow a medically supervised, individualized, and gradual Return to Learn Plan (RTL) and Return to Physical Activity Plan (RTPA). The RTL and RTPA

plans are interrelated, however, they are not interdependent. A student's progress through the stages of RTL is independent from their progression through the RTPA stages.

- 5.2 Knowledge of how to manage a diagnosed concussion is critical in a student's recovery and is essential in helping to prevent the student from returning to school or unrestricted physical activities too soon and risking further complications. Ultimately, this awareness and knowledge could help contribute to the student's long-term health and academic success.
- 5.3 The management of a student's concussion is a shared responsibility, requiring regular communication between the home, school (collaborative team lead) and sport organizations with which a student is involved and registered, with consultation from the student's medical doctor or nurse practitioner. Other licensed healthcare providers (a healthcare provider who is licensed by a national professional regulatory body to provide concussion-related healthcare services that fall within their licensed scope of practice) may play a role in the management of a diagnosed concussion. Examples include nurses, physiotherapists, chiropractors, and athletic therapists.

6.0 HOME CONCUSSION MANAGEMENT - RETURN TO LEARN / RETURN TO PHYSICAL ACTIVITY (Form AF 6816-I)

- 6.1 There are two parts to a student's RTL and RTPA Plan. The first part occurs at home and prepares the student for the second part, which occurs at school. The home stages of the RTL and RTPA plans (Initial Rest to Stage 2 of RTL and Initial Rest to Stage 2b of RTPA) occur under the supervision of the parent/guardian, in consultation with the medical doctor or nurse practitioner (and other licenced healthcare provider, as applicable).
- 6.2 The administrator will provide and explain administrative form AF 6816-I "Home Concussion Management - Return to Learn / Return to Physical Activity" to the parents/guardians.
- 6.3 Parents/guardians will use AF 6816-I to communicate to the administrator /designate when the student has successfully completed the stages of Initial Rest to Stage 2 of the Return to Learning (RTL) plan and the stages of Initial Rest to Stage 2b of the Return to Physical Activity (RTPA)
 - a) Student has completed Stage 2 RTL (tolerates up to 1 hour of cognitive activity in two 30 minutes intervals and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms) and is to begin RTL Stage 3a at school.
 - b) Student has completed Stage 2b RTPA (activities are tolerated and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms) and is to begin RTPA Stage 3 at school.
- 6.4 The administrator will prepare for the student's return by identifying the school collaborative team who will be in contact with the student.
- 6.5 The administrator, or designate, will file the completed AF 6816-I in the student's OSR and ensure that the parent(s)/guardian(s) have a copy.

7.0 SCHOOL CONCUSSION MANAGEMENT - RETURN TO LEARN / RETURN TO PHYSICAL ACTIVITY (Form AF 6816-II)

- 7.1 The stages of the School Concussion Management RTL/RTPA Plan occur at school, and begin with a parent/guardian and administrator /designate meeting (for example, in-person, phone conference, video conference, email) to provide information on:
 - a) the school package of the RTL/RTPA Plan (AF 6816-II);
 - b) the school collaborative team members and their role (for example, parent/guardian, student, administrator /designate, team lead, teacher(s), medical doctor or nurse practitioner, and appropriate licensed healthcare provider where appropriate); and
 - c) A student conference to determine the individualized RTL Plan and to identify:

- i. The RTL learning strategies/approaches required by the student based on the post-concussion symptoms; and
- ii. The best way to provide opportunities for the permissible activities.

- 7.2 For the student, who is a member of an outside sporting team, communication is essential between the parent/ guardian/ student, outside coach and school.
- 7.3 Stages are not days. Each stage must take a minimum of 24 hours and the length of time needed to complete each stage will vary based on the severity of the concussion and the student.
- 7.4 Completion of the School Concussion Management - RTL/RTPA Plan may take one to four weeks. A student moves forward to the next stage when activities at the current stage are tolerated, and the student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms. A student is tolerating an activity if their symptoms are not exacerbated (e.g., aggravated, intensified, made worse).
- 7.5 While the RTL and RTPA stages are inter-related, they are not interdependent. A student's progress through the stages of RTL is independent from their progression through the RTPA stages. However, students must have completed Stage 4a and 4b of RTL and Stage 4 of RTPA and have obtained Medical Clearance (completed AF 6817 "Documentation of Medical Assessment (Concussion) and Return to Physical Activity Clearance") prior to beginning Stage 5 of RTPA.

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

- 7.6 **Steps to complete AF 6816-II "School Concussion Management - Return to Learn/Return to Physical Activity"**
- a) At each stage, a hard/electronic copy will go back and forth between the school and the student's home.
 - b) If symptoms return, or new symptoms appear at any stage of the School Concussion Management - RTL / RTPA Plan, the student returns to previous stage for a minimum of 24 hours and only participates in activities that can be tolerated.
 - c) Upon completion of AF 6816-II "School Concussion Management - RTL/RTPA Plan", the form is returned to the administrator /designate, to be filed in the student's OSR.

8.0 OTHER CONSIDERATIONS

8.1 Recess

- a) 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 through AF 6816-II "School Concussion Management - RTL/RTPA".
- b) Students are advised not to participate in active playground games (e.g., tag, skipping, and sports-related activities) until cleared to return to physical activities as indicated through AF 6816-II "School Concussion Management - RTL/RTPA".

8.2 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.

8.3 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.

8.4 Students of legal age

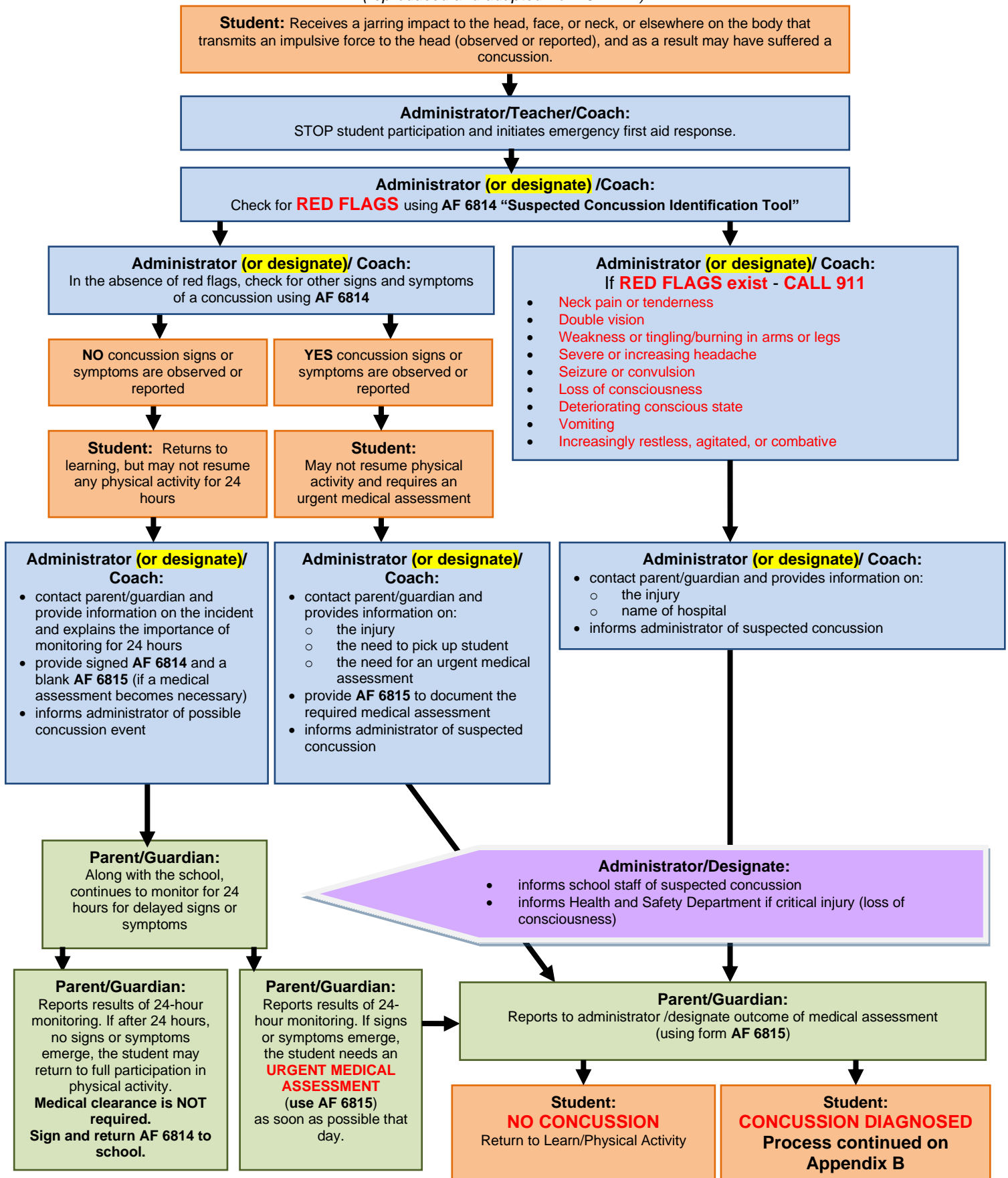
It is highly recommended that parents/legal guardians be advised of any incident where their child (of legal age) is suspected of receiving a head injury that could result in a concussion.

8.5 Transportation by Bus

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: IDENTIFYING A SUSPECTED CONCUSSION - STEPS AND RESPONSIBILITIES

(reproduced and adapted from OPHEA)



APPENDIX B: CONCUSSION DIAGNOSED - STAGES AND RESPONSIBILITIES

(reproduced and adapted from OPHEA)

Student: **CONCUSSION DIAGNOSED** (continued from Appendix A)

Administrator /Designate:

Informs appropriate school staff of the diagnosis and meets with parent(s)/guardian(s) to provide and explain the Return to School (RTS) Plan, which includes **Return to Learning (RTL)**, and **Return to Physical Activity (RTPA)**. Provide and explain **form AF 6816-I** to parents/guardians for completion at home.

HOME

Student completes Stage 2 RTL and Stage 2b RTPA at home

Parent/Guardian:

Reports to administrator /designate using **form AF 6816-I** that student has completed:

- Stage 2 RTL
- Stage 2b RTPA

SCHOOL

Student returns to school to begin the School Concussion Management Plan

Administrator/Designate:

Meets with parent(s)/guardian(s) to:

- provide and explain the purpose of the required School Concussion Management forms (**6816-II/AF 6817**)
- explain the Collaborative Team approach and their role on the team

Return to Learning - Stage 3a

Student attends school (two(2) hours) with adaptations of learning strategies and/or approaches.

Return to Learning - Stage 3b

Student attends school (half time) with moderate workload.

Return to Learning - Stage 4a

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

Return to Learning - Stage 4b

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

RTL COMPLETE

At the completion of each stage, student progress is documented, with results shared between school and home. Parent(s)/guardian(s) confirm completion of each stage by returning AF 6816-II with a signature.

Return to Physical Activity - Stage 3

Student may participate in simple locomotor activities/sport-specific exercise to add movement.

Return to Physical Activity - Stage 4

Student may participate in increased physical activity, non-contact training drills (for coordination and increased thinking).

Collaborative Team Lead/Designate:

Reports to parent/guardian completion of Stage 4b RTL and Stage 4 RTPA and provides medical clearance using **form AF 6817**

Parent/Guardian:

Provides administrator with signed/ completed **form AF 6817**.

Return to Physical Activity - Stage 5

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

Return to Physical Activity - Stage 6

Student may return to full participation in physical activity.

RTPA COMPLETE

At each stage, student is monitored for return of symptoms, new symptoms, or worsening symptoms.

During RTS Stages 1-4, if the student exhibits/reports **return of symptoms or new symptoms**, student must return to the previous stage for a minimum of 24 hours.

If, during any stage, the student exhibits or reports **worsening symptoms**, they must return to a medical doctor/nurse practitioner.

During Stage 5 and 6, a return of symptoms, or development of new symptoms, requires medical clearance (AF 6817)

APPENDIX C: 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 responsible for that student must take immediate action as follows:

UNCONSCIOUS STUDENT <i>(or where there was any loss of consciousness)</i>	CONSCIOUS STUDENT
<ul style="list-style-type: none"> Stop activity immediately – assume there is a concussion Call 911 Assume there is a possible neck injury – only if trained immobilize the student before emergency medical services arrive <ul style="list-style-type: none"> 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 them to remain calm and lie still. Do not administer medication (unless the student requires medication for other conditions (e.g., insulin for diabetes)) 	<ul style="list-style-type: none"> Stop activity immediately When the student can be safely moved, remove them from the current activity or game Conduct an initial concussion review 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 for 24 hours, even if the student states that they are 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 their 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 Review section on AF 6814):

- A concussion is not suspected – removal from physical activity for 24 hours regardless of the presence of symptoms.
- The student's parent/guardian/emergency contact must be contacted and informed of the incident so that they can monitor for 24 hours.

HIT STOP SIT

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 D: SIGNS and SYMPTOMS OF A CONCUSSION

SIGNS AND 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 and SYMPTOMS OF A CONCUSSION

SIGNS OBSERVED BY SCHOOL PROFESSIONALS

**monitor signs/symptoms for deterioration*

- | | |
|---|--|
| <ul style="list-style-type: none"> Appears dazed or stunned Answers questions slowly Repeats questions Is confused about events Loses consciousness (even briefly) | <ul style="list-style-type: none"> 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	PHYSICAL	EMOTIONAL
<ul style="list-style-type: none"> Difficulty thinking clearly (e.g., does not know time or place) Feeling sluggish or foggy Difficulty concentrating or remembering Confused 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Strange or inappropriate emotions (e.g., crying or getting mad easily) Nervous Irritable
		SLEEP
		<ul style="list-style-type: none"> Drowsy Sleeps more or less than usual Trouble falling asleep

RED FLAGS - MEDICAL ATTENTION REQUIRED

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

- | | |
|---|--|
| <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> Seizures or convulsions Slurred speech Difficulty recognizing people or places Increasing confusion or agitation Unusual behaviour |
|---|--|

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

CONCUSSION RECOGNITION TOOL 5[®]

To help identify concussion in children, adolescents and adults



FIFA[®]

Supported by



FEI

RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS – CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

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STEP 3: SYMPTOMS

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

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

- Failure to answer any of these questions (modified appropriately for each sport) 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?"

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

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CONCUSSION RECOGNITION TOOL 5[®]

To help identify concussion in children, adolescents and adults



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- Loss of consciousness
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Remember:

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- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

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APPENDIX F: RETURN TO LEARN STRATEGIES AND/OR APPROACHES

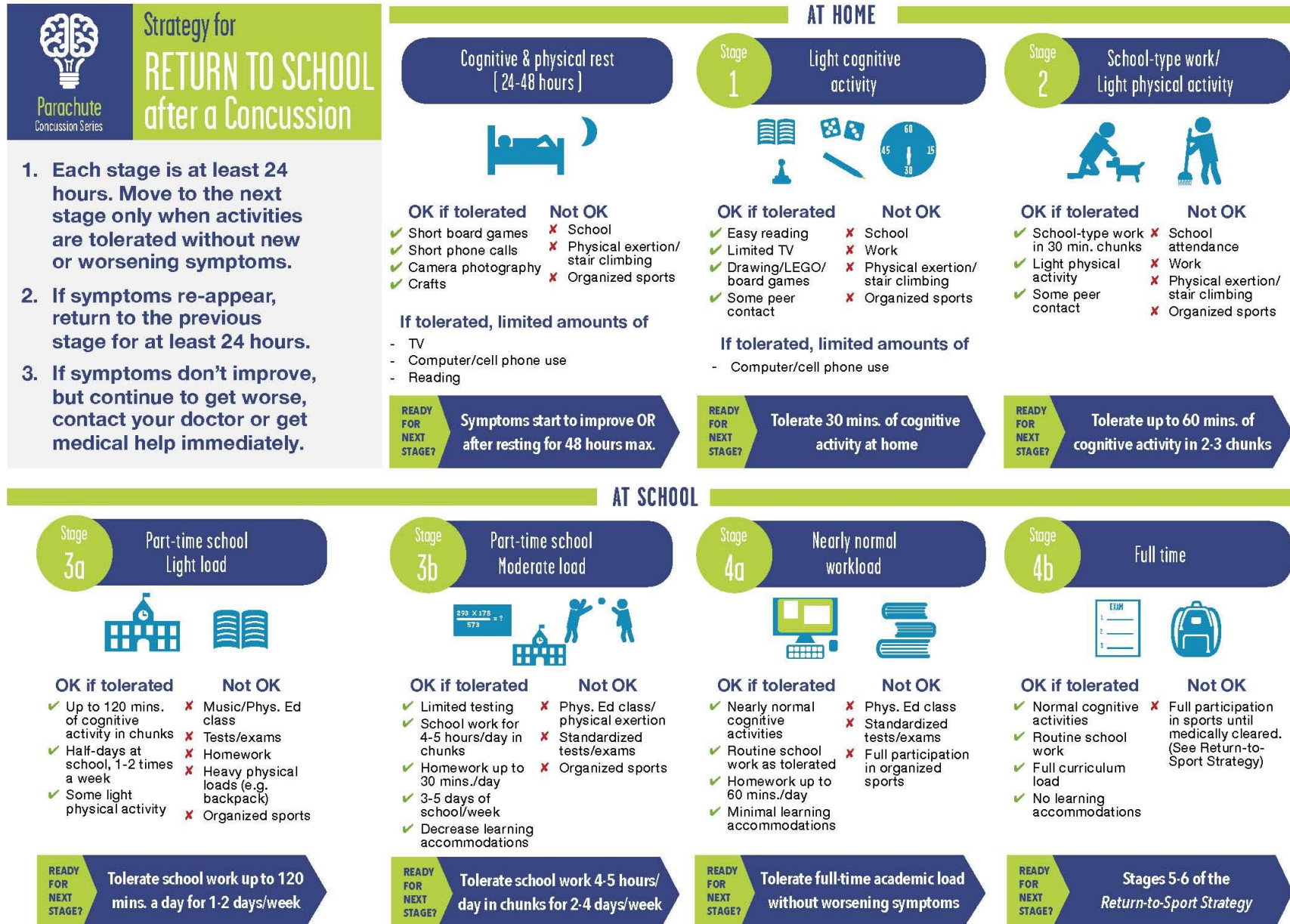
COGNITIVE DIFFICULTIES		
Post-Concussion Symptoms	Impact on Student's Learning	Potential Strategies and/or Approaches
Headache and Fatigue	Difficulty concentrating, paying attention or multitasking	<ul style="list-style-type: none"> ensure instructions are clear (e.g., simplify directions, have the student 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<p style="text-align: center;">Decreased attention/concentration</p> <p style="text-align: center;">Overexertion to avoid falling behind</p>	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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.)	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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, Sample Return to School Strategies and/or Approaches for Cognitive and Emotional/Behavioural Difficulties.

APPENDIX G: PARACHUTE'S PROTOCOL FOR RETURN TO LEARN AFTER A CONCUSSION Courtesy of Parachute Canada, www.parachutecanada.org



**APPENDIX H: BLUEWATER DISTRICT SCHOOL BOARD COACH/TRAINER/OFFICIAL
CONCUSSION CODE OF CONDUCT FOR INTERSCHOOL SPORTS**
(also available at www.bwdsb.on.ca/students/concussion_awareness)

As a coach / trainer /official for Bluewater District School Board interschool sport(s) it is my responsibility to review (each school year) and adhere to this Concussion Code of Conduct in accordance with Ontario Regulation 161/19 “Rowan’s Law (Concussion Safety), 2018”.

Please complete AF 6818 “Rowan’s Law Concussion Awareness Resource and Concussion Code of Conduct - Acknowledgement of Review” each school year and submit to your administrator / supervisor.

Maintaining a safe learning environment

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

Fair play and respect for all

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

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

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

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

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

Providing opportunities to discuss potential issues related to concussions

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

Concussion recognition and reporting

- I have read and am familiar with an approved Concussion Awareness Resource identified by Bluewater District School Board.
- I will emphasize the seriousness of a concussion to my students along with outlining the signs and symptoms of a concussion.
- I will provide instruction to students about the importance of removing themselves from the sport and reporting to a coach/team trainer or caring adult if they have signs or symptoms of a concussion.
- I will provide instruction to students about the importance of informing the coach/caring adult when they suspect a teammate may have a concussion.
- I will immediately remove from play, any student who receives a jarring/significant impact to the head, face, neck, or elsewhere on the body and adhere to administrative procedure AP 6814-D “Concussion Prevention and Management” prior to allowing return to physical activity.

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

- I will support and adhere to a process for communication to take place between myself and the student, parent/guardian, and relevant school staff.
- I will promote the importance of communication about a suspected or diagnosed concussion between the student, parent/guardian, and all sport organizations with which the student has registered.

Supporting the implementation of a Return to Learn/Return to Physical Activity Plan for students with a concussion diagnosis

- I will support the implementation of the Return to Learn/Return to Physical Activity Plan for students with a diagnosed concussion.

Prioritizing a student's return to learning as part of the Return to Learn/Return to Physical Activity Plan

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

**APPENDIX I: BLUEWATER DISTRICT SCHOOL BOARD STUDENT ATHLETE (PARENT/GUARDIAN)
CONCUSSION CODE OF CONDUCT FOR INTERSCHOOL SPORTS**
(also available at www.bwdsb.on.ca/students/concussion_awareness)

Parent(s)/Guardian(s): Please review/discuss the following Student Athlete Concussion Code of Conduct for Interschool Sports with your student(s) (under 18 years of age). Student athletes over the age of 18 are also expected to review and abide by this Code of Conduct. Annual review of this Code of Conduct is a requirement to participate in Bluewater District School Board interschool sports/activities, in accordance with Ontario Regulation 161/19 "Rowan's Law (Concussion Safety), 2018". You will be required to acknowledge your review of this document (and a Concussion Awareness Resource) on administrative form AF 5605 "Interschool Athletic Participation".

As a student athlete, it is my responsibility to review and adhere to this Concussion Code of Conduct.

Maintaining a safe learning environment

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

Fair play and respect for all

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

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

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

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

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

Providing opportunities to discuss potential issues related to concussions

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

Concussion recognition and reporting

- I have read and am familiar with an approved Concussion Awareness Resource.
- I will remove myself immediately from any sport and will tell the coach or other adult if I think I might have a concussion.
- I will tell the coach or other adult immediately when I think a teammate might have a concussion.
- I understand that if I receive a jarring impact to the head, face, neck, or elsewhere on my body that is observed by or reported to the coach, that I will be removed immediately from the sport, and:
- I am aware that when I have signs or symptoms I should go to a medical doctor or nurse practitioner to be diagnosis as soon as reasonably possible that day and will report the results to appropriate school staff.
- I am aware that not all signs and symptoms emerge immediately and there are times when signs and symptoms emerge hours or days after the incident and I must stop physical activities and be monitored for the next 24 hours.
- If no signs or symptoms appear after 24 hours, I will inform the appropriate school staff and I can then be allowed to participate.
- If signs or symptoms begin, I will be assessed by a medical doctor or nurse practitioner as soon as reasonably possible that day and will report the results to appropriate school staff.

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

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

Supporting the implementation of a Return to Learn/Return to Physical Activity Plan for students with a concussion diagnosis

- I understand that I will have to follow the Return to Learn/Return to Physical Activity Plan if diagnosed with a concussion.
- I understand I will not be able to return to full participation, including practice or competition, until permitted to do so in accordance with administrative procedure AP 6814-D "Concussion Prevention and Management".
- I understand that I will need medical clearance, as required by the Return to Learn/Return to Physical Activity Plan, prior to returning to full participation in "non-contact sports" or returning to a practice that includes full contact in "contact sports".

Prioritizing a student's return to learning as part of the Return to Learn/Return to Physical Activity Plan

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

**APPENDIX J: SAMPLE STRATEGIES/TOOLS TO EDUCATE STUDENTS ABOUT CONCUSSION
PREVENTION INFORMATION**

- i. Hold a pre-season/activity group/team meeting on concussion education.
- ii. Develop and distribute an information checklist for students/athletes about prevention strategies.
- iii. Post concussion information to inform/reinforce regarding symptoms, signs, and what to do if a concussion is suspected.
- iv. Post information posters on prevention of concussions (for example, encouraging students to report concussion symptoms) in high traffic student areas (for example, change room/locker area/classroom/gymnasium).
- v. Implement concussion classroom learning modules, aligned with the curriculum expectations.
- vi. Distribute concussion fact sheets (prevention, signs and symptoms) for each student/athlete on school teams.
- vii. Provide age-appropriate concussion awareness resources to all students, not just student athletes.