



SUSPECTED AND DIAGNOSED CONCUSSION POLICY

As per the Durham Regional Health Department, a concussion, also known as a mild traumatic brain injury, can result when someone receives a blow to their head, face, neck or body that transmits force to the head that can change the way the brain functions. Concussions cannot be seen on routine X-rays, CT scans or MRI's.

Rowan's Law was created in memory of Rowan Stringer, a high school rugby player who died in spring 2013 after experiencing three suspected concussions over six days while playing rugby. Rowan's Law Day was established to bring awareness to concussions and concussion safety and occurs on the last Wednesday in September every year. For more information on Rowan Stringer and Rowan's Law Day, please consult the Government of Ontario's concussion website.

The sudden jarring of the brain can produce symptoms such as:

- ❖ Headache
- ❖ Dizziness
- ❖ Difficulty concentrating or remembering
- ❖ Depression or irritability
- ❖ Drowsiness or difficulty falling asleep
- ❖ Confusion
- ❖ Fogginess
- ❖ Nausea or vomiting
- ❖ Fatigue

Recovery takes time - sometimes months. After a blow the student/staff should be removed from the activity and assessed by a medical practitioner. Parents/Emergency Contact(s) will be notified immediately of the incident and advised that the Health Department suggests the person be seen by their doctor or medical practitioner.

BEWARE - symptoms can be subtle and go unnoticed. Without proper management and identification concussions can result in brain damage.

Please see the following:



Student/Staff Conscious

- ❖ Stop activity immediately
- ❖ Initiate the Tool to Identify a Suspected Concussion
- ❖ No signs of concussion. When the student/staff can be safely moved, remove them from the current activity or game
- ❖ Student/Staff can resume activity
- ❖ Contact parent/emergency contact & relay information with the importance of monitoring
- ❖ Fill out incident report

Student/Staff Unconscious

- ❖ Stop activity - assume concussion
- ❖ Initiate the Tool to Identify a Suspected Concussion & Call 911
- ❖ Ensure student/staff safety & comfort but do not move them.
- ❖ Assume possible neck injury & immobilize the student/staff in position found.
- ❖ Do not remove athletic equipment (e.g. helmet) unless there is difficulty breathing.
- ❖ Stay with the student/staff & monitor and document any changes (i.e. physical, cognitive, emotional/behavioural) in the student/staff.
- ❖ If student/staff regains responsiveness, encourage them to remain calm and to lie still.
- ❖ Do not administer medication (unless required for other conditions i.e. insulin)
- ❖ Contact parent/guardian to relay incident & that medical services have been contacted
- ❖ Follow direction of EMS staff
- ❖ Complete incident report
- ❖ Review concussion follow up protocol

Maintain constant contact with the parent/emergency contact regarding follow-up (preferably written) instructions from their doctor.

Please see included guidelines for additional information.

Concussion: Definition and Diagnosis

Concussion is the term for a clinical diagnosis that is communicated by a physician or a nurse practitioner. School staff, board staff, or volunteers cannot make a concussion diagnosis, but must advise students who are suspected of having sustained a concussion and their parents to seek a medical assessment by a physician or a nurse practitioner. The definition of concussion given below is adapted from the definition provided in the concussion protocol in the Ontario Physical Activity Safety Standards in Education.



A concussion:

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

Research demonstrates that a concussion can have a significant impact on an individual - cognitively, physically, emotionally, and/or socially. Most individuals with a concussion get better in one to four weeks, but, for some, the healing process may take longer. It is possible for a concussion to have long-term effects. Individuals may experience symptoms that last for months or even years - symptoms such as headaches, neck pain, or vision problems. Some individuals may even experience lasting changes in their brain that lead to issues such as memory loss, difficulty concentrating, or depression. It should also be noted that if an individual suffers a second concussion before they are free from symptoms sustained from the first concussion, this may lead to "second impact syndrome", a rare condition that causes rapid and severe brain swelling and often has catastrophic results.

Concussion Awareness Training

Staff will receive annual concussion training before the start of each school year with provisions for new staff during the year. Discussions on concussions will take place with students on Rowans Law Day on the last Wednesday in September.

Concussion Prevention

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

Concussion prevention is important, "...there is evidence that education about concussion leads to a reduction in the incidence of concussion and improved outcomes from concussion..."

When educating stakeholders responsible for student safety on concussions, information should include:



- Awareness (definition and the seriousness of concussion, possible mechanisms of injury, second impact syndrome);
- Prevention (steps that can be taken to prevent concussions and other injuries from occurring at schools and at off-site events);
- Identification (common signs and symptoms, safe removal of an injured student from the activity);
- Procedures for a student who has suffered a suspected concussion or a more serious head injury (that is, obtain a Medical Assessment);
- Management for a diagnosed concussion (Return to School Plan which includes the Return to Learning and Return to Physical Activity plans); and
- Return to Physical Activity Medical Clearance requirements.

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

- Primary: information/actions that prevent concussions from happening (for example, rules and regulations, minimizing slips and falls by checking that classroom floor and activity environments provide for safe traction and are obstacle free);
- Secondary: management of a concussion (for example, identification and management - Return to School Plan) that is designed to prevent the worsening of a concussion;
- Tertiary: strategies to help prevent long-term complications of a concussion (chronic traumatic encephalopathy) by advising the participant to permanently discontinue a physical activity/sport based on evidence-based guidelines.

Primary and secondary strategies are the focus of the concussion injury prevention information which can be found in Concussion Prevention Strategies.

Concussion prevention is also supported by Concussion Awareness Resources and Concussion Codes of Conduct.

Codes of Conduct

The concussion policy will be available for review at all times in hard copy in the main office or on the MLCP website www.mlcp.ca.

Physical Education Teachers in particular will review the codes of conduct regularly as needed to maintain a safe learning environment, teaching the rules of the each sport, fair play and respect, concussion discussions, recognizing and reporting suspected concussions maintaining liaison and contact between parents, students and school after a diagnosis until the Return to School Plan is finalized.



Tool to Identify a Suspected Concussion

This tool was adapted from Davis GA, et al. Br J Sports Med 2017;0:1. doi:10.1136/bjsports-2017- 097508CRT5

This tool, completed by school staff (for example, teachers/coaches/intramural supervisors), is used to identify the signs and/or symptoms of a suspected concussion, to respond appropriately and to communicate this information and follow-up requirements to parents/guardians.

This tool may also be used for continued monitoring of the student. Complete the appropriate steps.

Student name:

Time of Incident:

Date:

Teacher/Coach:

Identification of Suspected Concussion: If after a jarring impact to the head, face or neck or elsewhere on the body, an impulsive force is transmitted to the head (observed or reported), and the individual (for example, teacher/coach) responsible for that student suspects a concussion, the Steps within this tool must be taken immediately.



Step A: Red Flags Signs and Symptoms

Check for Red Flag sign(s) and or symptom(s).

If any one or more red flag sign(s) or symptom(s) are present, call 911, followed by a call to parents/guardians/emergency contact.

Red Flag Signs and Symptoms:

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



Step B: Other Signs and Symptoms

If Red Flag(s) are not identified continue and complete the steps (as applicable) and Step E: Communication to Parents/Guardians

Step B1: Other Concussion Signs

Check visual cues (what you see).

- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Blank or vacant look
- Disorientation or confusion, or an inability to respond appropriately to questions
- Facial injury after head trauma
- Lying motionless on the playing surface (no loss of consciousness)
- Slow to get up after a direct or indirect hit to the head

Step B2: Other Concussion Symptoms Reported (What the Student is Saying)

Check what student reports feeling.

- | | |
|--|--|
| <input type="radio"/> Balance problems | <input type="radio"/> Headache |
| <input type="radio"/> Blurred vision | <input type="radio"/> More emotional |
| <input type="radio"/> Difficulty concentrating | <input type="radio"/> More irritable |
| <input type="radio"/> Difficulty remembering | <input type="radio"/> Nausea |
| <input type="radio"/> Dizziness | <input type="radio"/> Nervous or anxious |
| <input type="radio"/> "Don't feel right" | <input type="radio"/> "Pressure in head" |
| <input type="radio"/> Drowsiness | <input type="radio"/> Sadness |
| <input type="radio"/> Fatigue or low energy | <input type="radio"/> Sensitivity to light |
| <input type="radio"/> Feeling like "in a fog" | <input type="radio"/> Sensitivity to noise |
| <input type="radio"/> Feeling slowed down | |

If any sign(s) or symptom(s) worsens call 911.



Step B3: Conduct Quick Memory Function Check

Questions may need to be modified for very young students, the situation/activity/sport and/or students receiving special education programs and services. Failure to answer any one of the questions correctly indicates a suspected concussion. Record student responses.

Is it before or after lunch?

What activity/sport/game are we playing now?

What field are we playing on today?

What is the name of your teacher/coach?

What room are we in right now?

What school do you go to?



Step C: When sign(s) are observed and/or symptom(s) are reported, and/or the student fails to answer any of the Quick Memory Function questions correctly

Actions required:

- a concussion should be suspected;
- the student must stop participation immediately and must not be allowed to return to play that day even if the student states that they are feeling better; and
- the student must not:
 - leave the premises without parent/guardian (or emergency contact) supervision;
 - drive a motor vehicle until cleared to do so by a medical doctor or a nurse practitioner;
 - take medications except for life threatening medical conditions (for example, diabetes, asthma).

The teacher/coach informs the parent/guardian that the student needs an urgent medical assessment (as soon as possible that day) by a medical doctor or nurse practitioner. Medical doctors and nurse practitioners are the only healthcare professionals in Canada with licensed training and expertise to diagnose a concussion; therefore, all students with a suspected concussion must undergo evaluation by one of these professionals. In rural or northern regions, the medical assessment may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner.

The parents/guardians must be provided with a completed copy of this tool and a copy of a Medical Assessment Form. The teacher/coach informs the principal of incident.



Step D: If there are no signs observed, no symptoms reported, and the student answers all questions in the Quick Memory Function Check correctly but a possible concussion event was recognized by teacher/coach.

Actions required:

- The student must stop participation immediately and must not be allowed to return to play that day even if the student states that they are feeling better. Principals must be informed of the incident.
- The teacher/coach informs the parent/guardian of the incident and that the student attends school and requires continued monitoring for 24 hours as signs and or symptoms can appear hours or days after the incident:
 - If any red flags emerge call 911 immediately.
 - If any other sign(s) and/or symptom(s) emerge, the student needs an urgent medical assessment (as soon as possible that day) by a medical doctor or nurse practitioner.
 - The parent/guardian communicate the results of the medical assessment to the appropriate school personnel using a Medical Assessment Form.
 - If after 24 hours of monitoring no sign(s) and or symptom(s) have emerged, the parent/guardian communicate the results to the appropriate school official using the school's process and/or form. The student is permitted to resume physical activities. Medical clearance is not required.



Step E: Communication to Parents/Guardians

Summary of Suspected Concussion Check - Indicate appropriate results and follow-up requirements.

Your child/ward was checked for a suspected concussion (that is, Red Flags, Other Signs and Symptoms, Quick Memory Function Check) with the following results:

- Red Flag sign(s) were observed and/or symptom(s) reported and emergency medical services (EMS) called.
- Other concussion sign(s) were observed and/or symptom(s) reported and/or the student failed to correctly answer all the Quick Memory Function questions.
- No sign(s) or symptom(s) were reported, and the student correctly answered all of the questions in the Quick Memory Function Check but a possible concussion event was recognized. Student attends school, no physical activity, with continued monitoring at school and home for 24 hours. Continued monitoring is required (consult Step D).

Teacher/Coach/Intramural Supervisor signature (optional):

Forms for parents/guardians to accompany this tool:

- The Medical Assessment Form

Parent/Guardian must communicate to the principal/designate the results of the 24-hour monitoring (using school process/form) period:

- Results of the Medical Assessment
- No concussion sign(s) and/symptom(s) were observed or reported after the 24 hours monitoring period.



Sample Medical Concussion Assessment Form

The Medical Assessment Form is provided to a student that demonstrates or reports concussion signs and or symptoms. For more information consult the Sample Tool to Identify a Suspected Concussion.

Student Name:

Date:

The student must be assessed as soon as possible by a medical doctor or nurse practitioner. In Canada, only medical doctors and nurse practitioners are qualified to provide a concussion diagnosis.

In rural or northern regions, a nurse with pre-arranged access to a medical doctor or nurse practitioner may be used to assess the suspected concussion. Prior to returning to school, the parents/guardians must inform the school principal of the results of the medical assessment.

Results of the Medical Assessment

- My child/ward has been assessed and a concussion has not been diagnosed and therefore may resume full participation in learning and physical activity without any restrictions.
- My child/ward has been assessed and a concussion has been diagnosed and therefore must begin a medically supervised, individualized, and gradual Return to School (RTS) and Return to Physical Activity (RTPA) Plan.

Once the parent/guardian has informed the school principal of the results of the medical examination, the school principal must 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 file written documentation of the results of the medical examination in the student's OSR.

For more information, consult the Sample Home Concussion Management Form (RTS and RTPA).

- My child/ward has been assessed and a concussion has not been diagnosed but the assessment led to the following diagnosis and recommendations:



Comments:

Medical doctor/nurse practitioner

Name:

Phone Number:

Parent/Guardian

Signature:

Date:



Background Information on the Concussion Recovery Process

A student with a diagnosed concussion needs to follow a Return to School Plan which includes an individualized and gradual Return to Learning (RTL) plan and Return to Physical Activity (RTPA) plan. In developing the Return to School Plan, the RTL process is designed to meet the particular needs of the student, as there is not a pre-set plan of strategies and/or approaches to assist a student returning to their learning activities. In contrast the RTPA plan follows an internationally recognized graduated approach.

The management of a student concussion is a shared responsibility, requiring regular communication, between the home, school (Collaborative Team) and sport organizations with which the student is involved and registered with consultation from the student's medical doctor or nurse practitioner and/or other licensed healthcare providers (for example, nurses, physiotherapists, chiropractors and athletic therapists).

There are two parts to a student's RTL and RTPA plan. This first part occurs at home and prepares the student for the second part which occurs at school. The school part of the plan begins with:

- A meeting with the principal/designate to provide the parent(s)/guardian(s) information on:
 - the school part of the RTL and RTPA plan
 - the Collaborative Team participants and parent(s)/guardian(s) role on the team
- A student assessment to determine possible strategies and/or approaches for student learning

The home stages of the Return to School Plan for RTL and RTPA (Initial Rest to Stage 2 for RTS and Initial Rest to Stage 2b of RTPA) focuses on a student's progression through the home stages of the RTL and RTPA plan. It has been designed to provide direction for, and documentation of the stages of the RTL and RTPA plan.



Home Concussion Management Form (Return to School Plan)

The Return to Learning (RTL) and Return to Physical Activity (RTPA) Plans have been developed in partnership with Parachute and are based on the most recent research and recommendations of the expert scientific community on concussion, that is the Canadian Guidelines on Concussion in Sport, July 2017 and the Berlin Consensus Statement on Concussion in Sport, October 2016.

The RTL and RTPA plans are inter-related however, they are not interdependent. A student's progress through the stages of RTL is independent from their progression through the RTPA stages. Different students will progress at different rates.

Before using the Home Concussion Management Form (Return to School Plan), consult the General Procedures and the Instructions for the Home Concussion Management Form (Return to School Plan).

The Home Concussion Management Form (Return to School Plan) derives from the stage of Initial Rest to Stage 2 of the Concussion Return to School Plan for Return to Learning and the stages of Initial Rest to Stage 2b of the Concussion Return to School Plan for Return to Physical Activity.

Student Name:

Date:



General Procedures For a Home Concussion Management Form (Return to School Plan)

- The stages of the plan occur at home under the supervision of the parent/guardian in consultation with the medical doctor/nurse practitioner and/or other licensed healthcare providers.
- A student moves forward to the next stage when activities at the current stage are tolerated and the student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- If symptoms return, or new symptoms appear during stages 1 and 2 of the Concussion Return to School Plan for Return to Learning (RTL) and the Concussion Return to School Plan for Return to Physical Activity (RTPA), the student returns to previous stage for a minimum of 24 hours and only participates in activities that can be tolerated.
- If at any time symptoms worsen, the student/parent/guardian should contact the medical doctor/nurse practitioner or seek medical help immediately.
- While the RTL and RTPA stages are inter-related they are not interdependent. Students do not have to go through the same stages of RTL and RTPA at the same time. However, before a student can return to school they must have completed RTL Stage 2 and RTPA Stage 2b.
- A student must not return to vigorous or organized physical activities where the risk of re-injury is possible, until they have successfully completed all stages of the Return to School plan.
- However early introduction of some low intensity physical activity in controlled and predictable environments with no risk of re-injury is appropriate.
- This plan does not replace medical advice.
- Progression through the plan is individual, timelines and activities may vary.



Instructions for the Home Concussion Management Form (Return to School Plan)

- Review the activities (permitted and not permitted) at each stage prior to beginning the plan.
- Check the boxes at the completion of each stage to record student's progress through the stages.
- A student may progress through the Return to Learning (RTL) stages at a faster or slower rate than the Return to Physical Activity (RTPA) stages.
- When the student has successfully completed stages 1 and 2 of the Concussion Return to School Plan for RTL and RTPA, parent(s)/guardian(s) must sign and date this form.
- Communicate to the school principal/designate that the student is ready to begin the school portion of the RTL and RTPA plan.



Return to Learning (RTL)

Each stage must last a minimum of 24 hours.

- Initial Rest
 - 24 - 48 hours of relative cognitive rest:
 - Sample activities permitted if tolerated by student:
 - Short board/card games
 - Short phone calls
 - Photography (with camera)
 - Crafts
 - Activities that are not permitted at this stage:
 - TV
 - Technology use (for example, computer, laptop, tablet, iPad)/cell phone (for example, texting/games/photography)
 - Video games
 - Reading
 - Attendance at school or school-type work
- The student moves to Stage 1 when:
 - Symptoms start to improve or after resting 2 days maximum (whichever occurs first).

Stage 1

- Light cognitive (thinking/memory/ knowledge) activities
- Gradually increase cognitive activity up to 30 minutes. Take frequent breaks.
 - Activities permitted if tolerated by student:
 - Activities from previous stage
 - Easy reading (for example, books, magazines, newspaper)
 - Limited TV
 - Limited cell phone conversations
 - Drawing/building blocks/puzzles
 - Some contact with friends
 - Activities that are not permitted at this stage:
 - Technology use (for example, computer, laptop, tablet, cell phone (for example, texting/games/photography))
 - Attendance at school or school-type work
- The student moves to Stage 2 when:
 - the student tolerates 30 minutes of light cognitive activity (for example a student should be able to complete 3-4 of the permitted activities listed above) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.



- The student has completed a minimum of 24 hours at Stage 1.
- However:
 - The student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms.
 - The student must return to a medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.

Stage 2

- Gradually add cognitive activity (as per activities permitted). When light cognitive activity is tolerated, introduce school work (at home and facilitated by the school).
 - Activities permitted if tolerated by student:
 - Activities from previous stage
 - School-type work in 30-minute increments Crosswords, word puzzles, Sudoku, word search
 - Limited technology use (for example, computer, laptop, tablet, cell phone (for example, texting/games/photography)) starting with shorter periods and building up as tolerated.
 - Activities that are not permitted at this stage:
 - School attendance
- The student moves to Stage 3a when:
 - The student tolerates the additional cognitive activity (for example a student should be able to complete 3-4 of the activities permitted) and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms.
 - The student has completed a minimum of 24 hours at Stage 2.
- However:
 - The student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms.
 - The student must return to a medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.



Return to Physical Activity (RTPA)

Each stage must last a minimum of 24 hours.

- Initial Rest
 - 24 - 48 hours of relative physical rest
 - Sample activities permitted if tolerated by student:
 - Limited movement that does not increase heart rate or break a sweat
 - Moving to various locations in the home
 - Daily hygiene activities
 - Activities that are not permitted at this stage:
 - Physical exertion (increases breathing and heart rate and sweating)
 - Stair climbing other than to move locations throughout the home
 - Sports/sporting activity
- The student moves to Stage 1 when:
 - Symptoms start to improve or after resting 2 days maximum (whichever occurs first).

Stage 1

- Light physical activities (as per activities permitted) that do not provoke symptoms.
- Movements that can be done with little effort (do not increase breathing and/or heart rate or break a sweat).
 - Activities permitted if tolerated by student:
 - Daily household tasks (for example, bed-making, dishes, feeding pets, meal preparation)
 - Slow walking for short time
 - Activities that are not permitted at this stage:
 - Physical exertion (increases breathing and heart rate and sweating)
 - Sports/sporting activity
 - Stair climbing, other than to move locations throughout the home
- The student moves to Stage 2a when:
 - The student tolerates light physical activities (completes both activities permitted from Stage 1) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
 - The student has completed a minimum of 24 hours at Stage 1.
- However:
 - The student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms.
 - The student must return to a medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.



Stage 2a

- Daily activities that do not provoke symptoms.
- Add additional movements that do not increase breathing and/or heart rate or break a sweat.
 - Activities permitted if tolerated by student:
 - Activities from previous stage
 - Light physical activity (for example, use of stairs)
 - 10-15 minutes slow walking 1-2x per day inside and outside (weather permitting)
 - Activities that are not permitted at this stage:
 - Physical exertion (increases breathing and/or heart rate and sweating)
 - Sports
 - Sporting activities
- The student moves to Stage 2b when:
 - The student tolerates daily physical activities (completes activities permitted in Stage 2a) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
 - The student has completed a minimum of 24 hours at Stage 2a
- However:
 - The student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms.
 - The student must return to a medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.

Stage 2b

- Light aerobic activity
 - Activities permitted if tolerated by student:
 - Activities from previous stage
 - 20-30 minutes walking/stationary cycling/recreational (that is, at a pace that causes some increase in breathing/heart rate but not enough to prevent a student from carrying on a conversation comfortably)
 - Activities that are not permitted at this stage:
 - Resistance or weight training
 - Physical activities with others
 - Physical activities using equipment
- The student moves to Stage 3 when:



- The student tolerates light aerobic activities (completes activities permitted in Stage 2b) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms
- The student has completed a minimum of 24 hours at Stage 2b.
- However:
 - The student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms.
 - The student must return to a medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.

Parent/Guardian

- My child/ward has successfully completed the stages of Initial Rest to Stage 2 of the Concussion Management Plan for Return to School and the stages of Initial Rest to Stage 2b of the Concussion Management Plan for Return to Physical Activity and is ready to return to school.

Signature:

Date:

Comments:



Home Concussion Management Form

The Return to Learning (RTL) and Return to Physical Activity (RTPA) Plans have been developed in partnership with Parachute and are based on the most recent research and recommendations of the expert scientific community on concussion, that is the Canadian Guidelines on Concussion in Sport, July 2017 and the Berlin Consensus Statement on Concussion in Sport, October 2016.

The Home Return to School Form is for parents/guardians to track and communicate to the school a student's progress through the stages of the **Return to Learning (RTL) plan** and the **Return to Physical Activity (RTPA) plan** following a diagnosed concussion.

This section includes:

Background Information on the Concussion Recovery Process

General Procedures for a Home Concussion Management Form (Return to School Plan)

Instructions for a Home Concussion Management Form (Return to School Plan)

Home Concussion Management Form (Return to School Plan)



Medical Concussion Clearance Form

The Medical Concussion Clearance Form is for students who have completed Stage 4b of the Concussion Management Plan for Return to School (RTS) and Stage 4 of the Concussion Management Plan for Return to Physical Activity (RTPA) . The student must be medically cleared by a medical doctor/nurse practitioner prior to moving on to full participation in non-contact physical activities and full contact practices (RTPA Stage 5).

Student Name:

Date:

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

- Full participation in Physical Education classes
- Full participation in Intramural physical activities (non-contact)
- Full participation in non-contact Interschool Sports (practices and competition)
- Full-contact training/practice in contact Interschool Sports

Other comments:



Medical Doctor/Nurse Practitioner

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

Name:

Signature:

Date:

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



Concussions Awareness Resources

<https://safety.ophea.net/concussions>

<http://www.edu.gov.on.ca/eng/healthyschools/concussion.html>

<https://www.ontario.ca/search/search-results?query=concussion>

Rowan's Law: Concussion safety

<https://www.ontario.ca/page/rowans-law-concussion-awareness-resources>

Government of Ontario Concussion Awareness Resource E-Booklet (Ages 10 and Under)

<https://www.ontario.ca/page/ontario-government-concussion-awareness-resource-e-booklet-ages-10-and-under>

Government of Ontario Concussion Awareness Resource E-Booklet (Ages 11-14)

<https://www.ontario.ca/page/ontario-government-concussion-awareness-resource-e-booklet-ages-11-14>

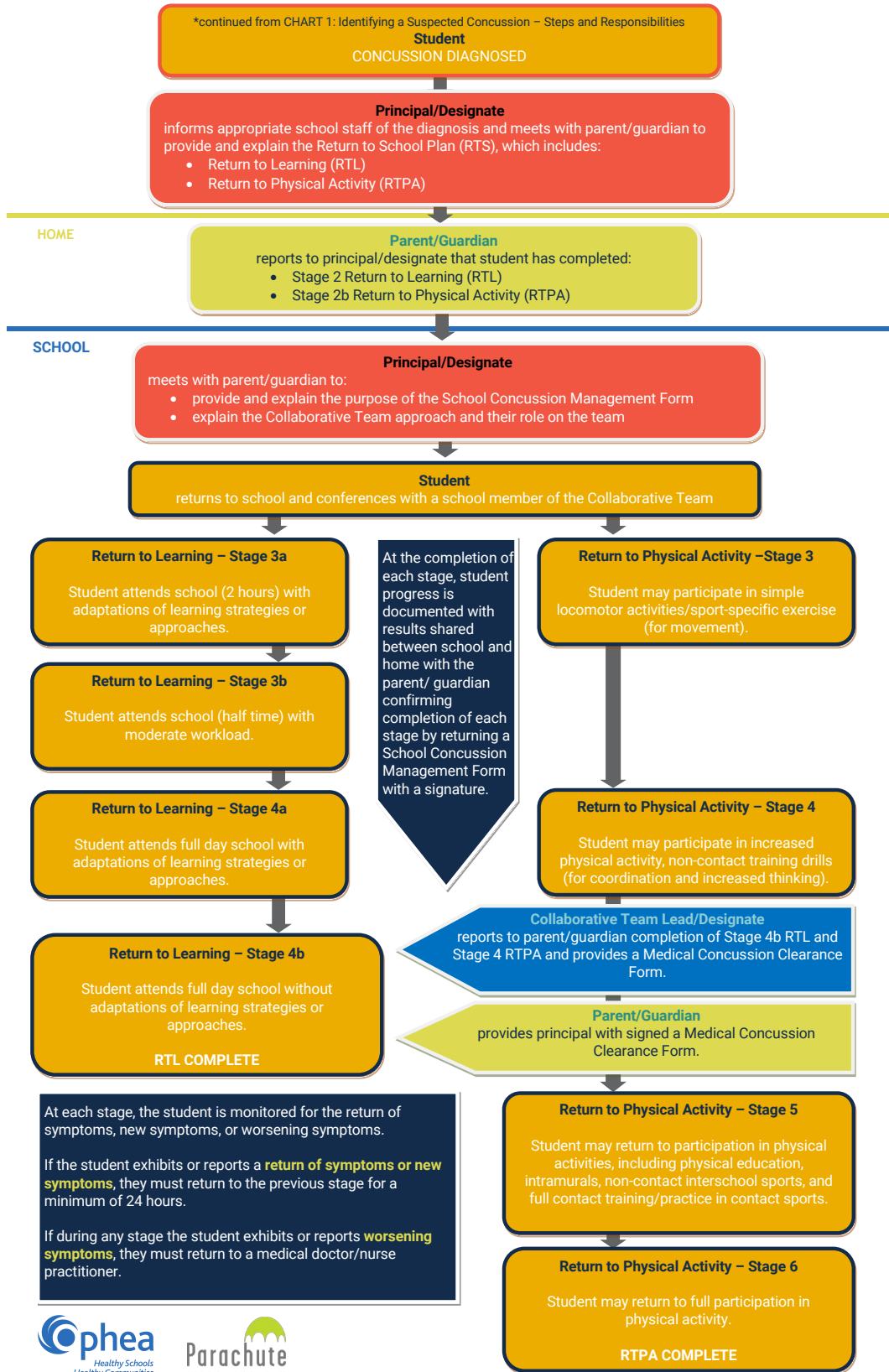
Government of Ontario Concussion Awareness Resource E-Booklet (Ages 15 and Up)

<https://www.ontario.ca/page/ontario-government-concussion-awareness-resource-e-booklet-ages-15-and-up>

Ophea's Rowan's Law Day Toolkit for Schools

<https://teachingtools.ophea.net/supplements/rowans-law-day-toolkit-schools>

CHART 2: Diagnosed Concussion - Stages and Responsibilities



CONCUSSION MANAGEMENT

Return to School Guidelines for Children & Youth

A concussion is a brain injury and must be taken seriously!



Return to School Guidelines

These stages are designed to strike a balance between the importance of returning to school and brain recovery. Work with your school to put these recommendations into place.

STAGE 1: Brain Rest - NO SCHOOL

- No school for at least one week
- Lots of cognitive rest (NO TV, video games, texting, reading)
- When symptom free, move to STAGE 2

"If symptoms persist past 2 weeks, move to STAGE 2"

STAGE 2: Getting Ready to Go Back

- Begin gentle activity guided by symptoms (walking, 15 minutes of screen time twice daily, begin reading)
- When symptom free, move to STAGE 3

"If symptoms persist, stay in this stage for a maximum of 2 weeks and discuss moving to STAGE 3 with your physician or brain injury clinician"

STAGE 3: Back to School/Modified Academics

- This stage may last for days or months depending on rate of recovery
- Go to bed early and get lots of sleep. Have a quiet retreat space in school
- Academic Modifications:
 - Timetable/attendance: Start by going for one hour, half days or every other day
 - Curriculum: Attend less stressful classes, no tests, homework in 15 minute blocks up to a maximum of 45 minutes daily
 - Environment: Preferential seating, avoid music class, gym class, cafeteria, taking the bus, carrying heavy books
 - Activities: Limit screen/TV time into 15 minute blocks for up to 1 hour daily
- When symptom free, move to STAGE 4

"If symptoms persist past 4 weeks → A recovery Individualized Education Plan (IEP) may be needed"

STAGE 4: Nearly Normal Routines

- Back to full days of school, but can do less than 5 days a week if needed
- Complete as much homework as possible and a maximum of 1 test per week
- When symptom free, move to STAGE 5

STAGE 5: Fully Back to School

- Gradual return to normal routines including attendance, homework, tests and extracurricular activities

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STAGE 1: Brain Rest - NO SCHOOL

STAGE 2: Getting Ready to Go Back

STAGE 3: Back to School/Modified Academics

STAGE 4: Nearly Normal Routines

STAGE 5: Fully Back to School



STOP If symptoms worsen at any stage, reduce activity!

Important Notes

- Anxiety can be high after a brain injury. Many children worry about school failure and need reassurance about the temporary accommodations.
- Depression is common during recovery from a brain injury, especially when the child is unable to be active. This may make symptoms worse or prolong recovery.

Talk with the child about these issues and offer encouragement and support.

Also see the McMaster Return to Activity Guidelines

Concussion Facts

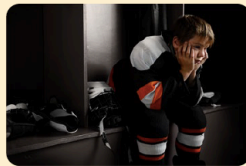
The **biggest risk** is going back to play before the brain heals and getting another concussion!

Higher risk of prolonged recovery with:

- Multiple concussions
- History of learning or behaviour problems
- History of migraines
- Symptoms of amnesia, foginess or dizziness

Percentage of children who are symptom free in:

- 15 days=25%
- 26 days=50%
- 45 days=75%
- 92 days=90%



WHEN IN DOUBT SIT THEM OUT

WHEN THEY'RE OKAY RETURN TO PLAY



For more information, please visit www.canchild.ca



CONCUSSION

A concussion, also known as a mild traumatic brain injury (MTBI), changes the way the brain functions. An MTBI can be caused by a direct or indirect hit, blow or force to the head or body.

SYMPTOMS OF CONCUSSION

- Sleep disturbances or drowsiness
- Headache
- Nausea and vomiting
- Poor balance or coordination
- Dizziness
- Visual problems
- Sensitivity to light or noise
- Memory foggy
- Difficulty concentrating, remembering
- Irritability
- Sadness
- Nervousness

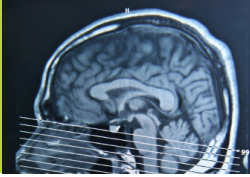
Symptoms should be evaluated daily to show healing and recovery

RED FLAG SYMPTOMS

If any of the following symptoms develop, go to the emergency department/seek further investigation immediately:

- Increased drowsiness or cannot be awakened
- Headaches worsen or neck pain
- Pupils not equal
- Pupils are unequal in size
- Seizures
- Confusion or short-term memory loss
- Blurred vision, slurred speech or loss of motor function
- Change in behaviour (irritability, agitation or aggression)

After a Concussion Guidelines for RETURN TO PLAY



A CONCUSSION is a serious event, but you can recover fully from such an injury if the brain is given enough time to rest and recuperate. Returning to normal activities, including sport participation, is a step-wise process that requires patience, attention, and caution.

Each step must take a **minimum of one day** but could last longer, depending on the player and his or her specific situation.

If symptoms reappear at any stage, go back to the previous stage until symptom-free for at least 24 hours.

STEP 1: No physical/sporting activity.

Complete the *Return to Learn* protocol before beginning the *Return to Play* process. Refrain from participating in any sporting and physical activities. Only indulge in activities that do not worsen symptoms. Once symptoms are gone, a physician, preferably one with experience managing concussions, should be consulted before beginning a step wise return to play process.

STEP 2: Light aerobic exercise.

Activities such as walking or stationary cycling. The player should be supervised by someone who can help monitor for symptoms and signs. No resistance training or weight lifting. The duration and intensity of the aerobic exercise can be gradually increased over time if no symptoms or signs return during the exercise or the next day.

Symptoms? Return to rest until symptoms have resolved. If symptoms persist, consult a physician.

No symptoms? Proceed to Step 3 the next day.

STEP 3: Sport specific activities.

Activities such as skating or throwing can begin at step 3. There should be no body contact or other jarring motions such as high speed stops or hitting a baseball with a bat.

Symptoms? Return to rest until symptoms have resolved. If symptoms persist, consult a physician.

No symptoms? Proceed to Step 4 the next day.

STEP 4: Begin Drills without body contact.

Symptoms? Return to rest until symptoms have resolved.

If symptoms persist, consult a physician.

No symptoms? The time needed to progress from non-contact exercise will vary with the severity of the concussion and with the player. **Proceed to Step 5 only after medical clearance.**

STEP 5: "On Field" practice with body contact, once cleared by a doctor.

Symptoms? Return to rest until symptoms have resolved.

If symptoms persist, consult a physician.

No symptoms? Proceed to Step 6 the next day.

STEP 6: Game play.



Our aim is an injury-free Canada. Parachute is bringing attention to the issue of preventable injury and to help Canadians reduce their risks of injury and enjoy long lives lived to the fullest.

RETURN TO PLAY GUIDELINE



NEVER RETURN TO PLAY IF YOU STILL HAVE SYMPTOMS!

A player who returns to active play before full recovery from the first concussion is at high risk of sustaining another concussion, with symptoms that may be increased and prolonged.

HOW LONG DOES THIS PROCESS TAKE?

These steps do not correspond to days! It may take many days to progress through one step, especially if the concussion is severe. As soon as symptoms appear, the player should return to rest until symptoms have resolved and wait at least one more day before attempting any activity. **The only way to heal a brain is to rest it.**

HOW DO I FIND THE RIGHT DOCTOR?

When dealing with concussions, it is important to see a doctor who is knowledgeable in concussion management. This might include your physician or someone such as a sports medicine specialist. Your family doctor may be required to submit a referral to see a specialist. Contact the Canadian Academy of Sport and Exercise Medicine (CASEM) to find a sports medical physician in your area. Visit www.casm-acms.org for more information. You can also refer your doctor to parachutecanada.org for more information.

WHO DO THESE GUIDELINES APPLY TO?

These guidelines were developed for children over the age of 10; those younger may require special guidelines, and more conservative treatment and care. Return to Play Guidelines should be at the discretion of the physician.

WHAT IF MY SYMPTOMS RETURN DURING THIS PROCESS?

Sometimes these steps can cause symptoms of a concussion to return. This means that the brain has not yet healed, and needs more rest. If any signs or symptoms return during the Return To Play process, they should stop the activity and rest until symptoms have resolved. The player must be re-evaluated by a physician before trying any activity again. Remember, symptoms may return later that day or the next, not necessarily during the activity!

www.parachutecanada.org