

Appendix C-1

Concussion Management Procedures: Return to School and Return to Sport/Physical Activity

Revised 2019

Introduction

Concussion is a serious injury and the prevention, identification and management are a priority. Evidence based best practices in identifying and managing concussion is reviewed roughly every 4 years by the Scientific Committee and Expert Panel of the International Consensus Conference on Concussion in Sport¹. This has led to some changes in how concussions are identified and managed. The concussion protocol, contained within this appendix comes from various sources including the Canadian Guideline on Concussion in Sport², Ophea³, Parachute Canada Organization, District Scolaire Francophone – Sud⁴ and NB Trauma Program⁵. This protocol was also revised following consultation and collaboration with the NB Trauma Program, Vitalité Health Network, Horizon Health Network, the Office of Chief Medical Officer of Health, the Sport and Recreation Branch from the Department of Tourism, Heritage and Culture, the Francophone and Anglophone School Districts, as well as, the New Brunswick Interscholastic Athletic Association.

Context

Recent research indicates that a concussion can have a significant impact on a student's cognitive and physical abilities. In fact, research shows that activities that require concentration can actually cause a student's concussion symptoms to reappear or worsen. It is equally important to develop strategies to assist students as they "return to school" as it is to develop strategies to assist them as they "return to sport/physical activity". Without addressing identification and proper management, a concussion can result in permanent brain damage and in rare occasions, even death.

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

Due to the seriousness of a concussion, school administrators, educators (including supply teachers), school staff, students, parents/guardians, and identified school volunteers all have important roles to play in implementing the school district's concussion strategy, i.e. prevention, identification, and ongoing monitoring and management of a student with a concussion.

¹McCroly et al. (2017). Consensus statement on concussion in sport – the 5th international conference on concussion in sport held in Berlin, October 2016. *British Journal of Sports Medicine*, 51 (11), 838-847.

²Parachute Canada. (2017). Canadian Guideline on Concussion in Sport. Toronto: Parachute <http://www.parachutecanada.org/injury-topics/item/canadian-guideline-on-concussion-in-sport> Parachute Canada Organization (2017). <http://www.parachutecanada.org>

³Ophea (2018) Revised Concussion Protocols and Implementation Tools. <http://safety.ophea.net/concussions>

⁴District Scolaire Francophone -Sud <http://francophonesud.nbed.nb.ca>

⁵New Brunswick Trauma Program. <https://nbtrauma.ca>

Key Terms

Baseline Testing: Is the practice of having athlete complete certain concussion assessment tools before sport participation – usually before the start of a season – to get baseline or “pre-injury” measurements. Baseline Testing is not required. See [Parachute](#) for further information.

Collaborative Team: The collaborative team consists of the student, the student’s parents/guardian, school personnel who work with the student, the licensed healthcare provider and in some cases, outside coaches or community group leaders who have the shared responsibility for the student’s recovery. In consultation with the parent/guardian, the collaborative team identifies the student’s needs and provides strategies and approaches or adaptations for the prescribed stages.

Concussion Management Lead: This individual will serve as the main point of contact for the student, the parents/guardians, and other school staff and volunteers who work with the student, as well as monitor the student’s progress through the Return to School and Return to Sport/Physical Activity Strategies.

Licensed Healthcare Professional: 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. Examples include medical doctors, nurses, physiotherapists, and athletic therapists. Among licensed healthcare professionals, only medical doctors and nurse practitioners are qualified to conduct a comprehensive medical assessment and provide a concussion diagnosis in New Brunswick.

Multidisciplinary Concussion Clinic: A facility or network of licensed healthcare professionals that provide assessment and treatment of concussion patients and are supervised by a physician with training and experience in concussion.

Persistent Symptoms: Concussion symptoms that last longer than 2 weeks after injury in adults and longer than 4 weeks after injury in youth.

Return-to-School Strategy: A graduated stepwise strategy for the process of recovery and return to academic activities after a concussion. This was commonly referred to as “return to learn”.

Responsible Adult: The adult in charge of the student at the time of the incident (teacher, principal, coach, volunteer, educational assistant, etc.)

Return-to-Sport/Physical Activity Strategy: A graduated stepwise strategy for the process of recovery and then return to sport participation after a concussion. This was commonly referred to as “return to play”. For the purpose of the public school system, this will be referred to as “Return to Sport/Physical Activity”.

COMPONENTS OF THE CONCUSSION PROTOCOL

Concussion Definition

A concussion is:

- is a traumatic brain injury that causes changes in how the brain functions, leading to signs and symptoms that can emerge immediately or in the hours or days after the injury;
- signs and symptoms 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);

- may be caused by a jarring impact to the head, face, neck or body, with an impulsive force transmitted to the head, that causes the brain to move rapidly and hit the walls of the skull (for a visual description of how a concussion occurs, see [cdn.hockeycanada.ca/hockey- canada/Hockey-Programs/Safety/Concussion/Infographic/english.html](http://cdn.hockeycanada.ca/hockey-canada/Hockey-Programs/Safety/Concussion/Infographic/english.html))
- can occur even if there has been no loss of consciousness (in fact most concussions occur without a loss of consciousness); and, cannot normally be seen on X-rays, standard CT scans or MRIs.

There are three components to the concussion protocol: **Prevention, Identification and Management.**

1. PREVENTION COMPONENT

It is important to encourage a culture of safety awareness and to take a preventative approach when students are physically active.

Evidence indicates that concussion education and awareness leads to a reduction in the incidence and improved outcomes. Thus, it is essential to educate individuals to achieve improvement in the prevention identification and management of concussion which includes students, parents, school administration, teachers, coaches, referees, and health care professionals (**Refer to Appendix C-2: Concussion Education Sheet**).

Concussion education to stakeholders responsible for student safety should include information on:

- Prevention
- Identification and Procedures
- Management

The concussion injury prevention approach includes primary, secondary, and tertiary strategies.

Primary prevention refers to all actions or measures taken to reduce the incidence of any disease or injury, including head injuries that may lead to brain-related concussion in school-aged children.

To decrease risk of injury, it is necessary to ensure the environment is as safe as reasonably possible (school, playgrounds, gymnasium, etc.) to minimize situations that can cause concussions including:

1. Promoting a culture of fair play and respect for all activities;
2. Providing a safe environment and adequate facilities (see specific guidelines for each sport/activity in the NB Physical Education Guidelines);
3. Setting up and enforcing safe rules of the game;
4. Wearing appropriate protective equipment, and where appropriate, limiting participation in contact sports and limiting contact during practices;
5. Teaching skills and techniques in the proper progressions and students must be instructed and trained in the appropriate body contact skills and techniques of the activity/sport prior to contact practice/game situations.

Secondary prevention includes all actions taken to reduce the occurrence or number of cases of illness or injury, thus reducing the duration of such disease or injury. In the context of these guidelines, it refers to early identification and expert management of a concussion, which help to reduce the aggravation of concussions in students who have received head injuries.

Tertiary prevention are strategies determined in collaboration with health care providers to help prevent long-term complications of a concussion (post-concussion syndromes and second impact syndromes).

Primary and secondary prevention strategies are the focus of the concussion injury prevention information located in the following Appendices (**Appendix C-1, C-2, C-3, C-4, C-5, C-6, C-7, C-8**).

2. IDENTIFICATION COMPONENT

Identification of a Suspected Concussion

Responsible adults are accountable for identifying and reporting students who demonstrate signs and/ or symptoms of a concussion. In some instances, the responsible adult may not observe any signs, or have any symptoms reported, but because of the nature of the impact, will suspect a concussion.

The identification component is comprised of the following interventions:

- a) initial response;
- b) identification of a suspected concussion (e.g. **Appendix C-3: Tool to Identify a Suspected Concussion**);
- c) steps required following the identification of a possible concussion; and
- d) steps required when sign(s) and/or symptom(s) are not identified but a possible concussion event was recognized.

a) INITIAL RESPONSE (Teachers, Coaches, Trainers, Officials, Students)

If a student receives a blow to the head, face, neck or a blow to the body that transmits a force to the head, the responsible adult must take immediate action:

- Determine if this a medical emergency and follow basic first aid.
- If there is a medical emergency, **Call 911** and initiate Emergency Action Plan ([Appendix E](#))

b) IDENTIFICATION OF A SUSPECTED CONCUSSION – Use [Appendix C-3: Tool to Identify a Suspected Concussion](#)

Step 1. Check for **Red Flag** sign(s) and/or symptom(s).

If any **Red Flag** sign(s) and or symptom(s) are present, **call 911 immediately and do not attempt to move the student unless trained** to do so.

RED FLAGS	
<p>You see:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Vomiting <input type="checkbox"/> Seizure or convulsion <input type="checkbox"/> Deteriorating conscious state <input type="checkbox"/> Loss of consciousness <input type="checkbox"/> Increasingly restless, agitated or combative 	<p>The student complains of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Neck pain or tenderness <input type="checkbox"/> Double vision <input type="checkbox"/> Severe or increasing headache <input type="checkbox"/> Weakness or tingling/burning in arms or legs

If there are No Red Flag sign(s) and/or symptom(s) follow steps 2 - 4 as outlined in [Appendix C-3: Tool to Identify a Suspected Concussion](#).

c) STEPS REQUIRED FOLLOWING THE IDENTIFICATION OF A SUSPECTED CONCUSSION (signs observed and/or symptoms reported)

If sign(s) are observed and/or symptom(s) are reported and/or the student fails the Quick Memory Function Check (see Appendix C-3):

Responsible Adult Response

If a concussion is suspected – do not allow the student to return to the classroom or return to play in the activity, game or practice that day, even if the student states that they are feeling better.

- Contact the student's parent/guardian (or 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/behavioural) in the student. If the parent/guardian of the student cannot be reached, the responsible adult must remain with the student. If symptoms worsen or red flags appear, contact 911. A designated responsible adult must accompany the student in the ambulance to the hospital.
- Refer to [Policy 129 – Procedure for Reporting Accidents on Public School Premises Appendix A - Accident Report Form](#) or your School District's injury report form for documentation procedures.
- Do not administer medication (unless the student requires medication for other conditions – e.g. insulin for a student with diabetes).
- Stay with the student until the parent/guardian (or emergency contact) arrives.
- The student must not operate a motor vehicle.

Information Provided to Parent/Guardian

Parent/Guardian must be:

- provided with a copy of “**Appendix C-3: Tool to Identify a Suspected Concussion**”, **Appendix C-4: Documentation of Medical Examination**, **Appendix 5: Return to School Strategy**, **Appendix** and **C-7: Return to Sport/Physical Activity Strategy**;
- informed that the student needs an urgent Medical Assessment (as soon as possible that day) by a medical doctor or nurse practitioner; and,

- informed that they need to communicate to the school principal the results of the medical assessment (i.e. the student does not have a diagnosed concussion or the student has a diagnosed concussion) prior to the student returning to school (refer to the sample reporting form “**Appendix C-4: Documentation of Medical Examination**”).

If no concussion is diagnosed: the student may resume regular learning and physical activities.

If a concussion is diagnosed: the student follows a medically supervised, individualized and gradual Return to School/Return to Sport/Physical Activity Strategies. (refer to **Appendix C-5: Return to School Strategy** and **Appendix C-7: Return to Sport/Physical Activity Strategy**)

d) STEPS REQUIRED WHEN SIGNS AND/OR SYMPTOMS ARE NOT IDENTIFIED BUT A POSSIBLE CONCUSSION EVENT WAS RECOGNIZED

If signs and/symptoms are not observed or reported and the student correctly answers all the Quick Memory Function questions, however, the responsible adult recognized that a possible concussion event occurred and since signs and symptoms can occur hours do days later, the procedures to be followed are:

Responsible Adult Response

- Students must not return to physical activity for a minimum of 24 hours as signs and/or symptoms can take hours or days to emerge.
- The student’s parent/guardian (or emergency contact) must be contacted and informed of the incident.
- A record of all information given to the parent/guardian must be kept;
- The student must be monitored by school staff for delayed sign(s) and/or symptom(s).
- If any sign(s) and/or symptom(s) emerge (observed or reported) during the school day, a parent/guardian must be informed immediately that the student needs an urgent Medical Examination (as soon as possible that day).
- After a minimum of 24 hours under observation, if the student has not shown/reported any signs and/or symptoms, they may resume physical activity without Medical Clearance.

Information to be Provided to Parent/Guardian

Parent/Guardian must be:

- provided with a copy of “**Appendix C-3: Tool to Identify a Suspected Concussion**”. If possible, provide parents with the signed copy of Appendix C-3 and provide the principal with the original copy to be added to the student’s cumulative record folder;
- informed that the student can attend school but cannot participate in any physical activity for a minimum of a minimum of 24 hours;
- informed that signs and symptoms may not appear immediately and may take hours or days to emerge;
- informed that the student should be monitored following the incident for a minimum of 24 hours (at school and home) for the emergence of sign(s) and/or symptom(s);
- continued observation by parent/guardian (minimum 24 hours) may be necessary as signs and/or symptoms may take hours or days to emerge;
- informed that if any signs or symptoms emerge, the student needs an urgent Medical Examination (as soon as possible that day) by a medical doctor or nurse practitioner; and
- informed that if after 24 hours of observation sign(s) and symptom(s) do not emerge, the student may return to physical activity. Medical clearance is not required.

3. MANAGEMENT COMPONENT: PROCEDURES FOR A DIAGNOSED CONCUSSION – RETURN TO SCHOOL AND RETURN TO SPORT/PHYSICAL ACTIVITY

If a concussion is diagnosed by a medical doctor or nurse practitioner, the student follows a medically supervised, individualized, and gradual Return to School and Return to Sport/Physical Activity Strategies.

There are two parts to a student's Return to School and Return to Sport/Physical Activity Strategies. The first part occurs at home and prepares the student for the second part which occurs at school.

The home stages of Return to School and Return to Sport/Physical Activity Strategies occur under the supervision of the parent/guardian in consultation with the medical doctor or nurse practitioner or other licensed healthcare provider.

The management of a student's concussion is a shared responsibility, requiring regular communication between the home, school (Collaborative Team), and outside sports team (where appropriate), with consultation from the student's medical doctor or nurse practitioner. 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.

The Collaborative Team Approach

The school collaborative team provides an important role in a student's recovery. In consultation with the parent/guardian, the team identifies the student's needs and provides learning strategies and approaches or adaptations for the prescribed stages in Table 1: Learning Strategies for Students Following a Concussion.

The collaborative team should consist of:

- school principal/designate (leads the team)
- the student;
- the student's parents/guardians;
- teachers and volunteers who work with the student; and
- the medical doctor or nurse practitioner and/or appropriate licensed healthcare providers (e.g. nurses, physiotherapists, chiropractors, and athletic therapists).

It is important for the school principal/designate lead, in consultation with other members of the collaborative team, to understand the student's symptoms and how they respond to various learning activities to develop appropriate strategies and/or approaches that meet the needs of the student. School staff and volunteers who work with the student need to be aware of the possible difficulties (i.e., cognitive, emotional/behavioural) a student may encounter when returning to learning activities following a concussion. These difficulties may be subtle and temporary but may significantly impact a student's performance.

Responsibility of Parent/Guardian

Parents and guardians need to understand what a concussion is and the potential effects on school learning and performance. Medical attention will be required and following professional guidance will ensure the most rapid and complete recovery possible.

Once a student has been diagnosed with a concussion, the parent/guardian must communicate to the school the results of the Medical Examination (see reporting form, **Appendix C-4: Documentation of Medical Examination**) who will then follow a medically supervised, individualized, and gradual Return to School and Return to Sport/Physical Activity Strategies. (**Appendix C-5, Appendix C-6 and Appendix C-7**)

Responsibility of the School Principal/Designate

Once the parent/guardian has informed the school principal/designate of the results of the Medical Examination, the school principal/designate must:

- inform all school staff (e.g. classroom teachers, physical education teachers, intramural supervisors, coaches) and volunteers who work with the student of the results of the Medical Examination;
- establish the collaborative team along with the concussion management lead;
- ensure that the student follows the stages of Return to School and Return to Sport/Physical Activity Strategy;
- inform the student that they will not be participating in any learning activity or physical activity until the parent/guardian submits the results of the medical examination to the school principal/designate by completing **Appendix C-4: Documentation for Medical Examination**;
- record the written statement (**Appendix C-4: Documentation of Medical Examination**) or written document from a parent/guardian regarding the results of the Medical Examination in the student's cumulative record folder; and,
- meet with parent/guardian, and where appropriate the student (record all steps taken with parents, including date, time and documents provided);
 - to receive from the parents a completed copy of the **Appendix C-4: Documentation of Medical Examination**;
 - to explain the stages of Return to School and Return to Sport/Physical Activity Strategy that occur at home;
 - to explain the importance of completing home preparations before returning to school;
 - to provide a copy of the Return-to-School Strategy and the Return to Sport/Physical Activity Strategy; and
 - to provide information about concussion recovery:
 - Most students who sustain a concussion while participating in sport/physical activities will make a complete recovery and be able to return to full school and sport/physical activities within 1-4 weeks of injury.
 - Approximately 15-30% of individuals will experience symptoms that persist beyond this time frame.
 - Individuals who experience persistent post-concussion symptoms (more than 4 weeks) may benefit from referral to a medically supervised multidisciplinary concussion clinic that has access to professionals with licensed training in traumatic brain injury that may include experts in sport medicine, neuropsychology, physiotherapy, occupational therapy, neurology, neurosurgery, and rehabilitation medicine.
- Ensure all documentation is filed as per school district (e.g. **Appendix C3: Tool to Identify a Suspected Concussion, Appendix C-4: Documentation of Medical Examination**, as well as, the Collaborative Team's Learning Strategies and Adaptations for Student Recovery).

Responsibility of the Teachers

Teachers can often help observe changes in a student, including symptoms that may be worsening. Teachers are also in a position to interact regularly with the student's parents, thereby providing a channel to obtain and share information with them about the student's progress and challenges. Teachers must also provide student feedback that is appropriate to their age, level of understanding, and emotional status.

Responsibility of the Student

The affected student should be actively involved and encouraged to share their thoughts about how things are going, and share the symptoms they are experiencing.

Responsibility of the Health Care Professionals

Health care professionals involved in the student's diagnosis and recovery should provide an individualized plan for a student returning to school to help manage cognitive and physical exertion following a concussion. As a student recovers, health care professionals can help guide the gradual removal of academic adjustments or supports that may be instituted as part of the recovery process. Health care professionals must also provide student feedback that is appropriate to their age, level of understanding, and emotional status. Health Care Professionals are encouraged to use Appendix C-3 – Tool to Identify a Suspected Concussion or complete a Medical Assessment using the Sport Concussion Assessment Tool 5 (SCAT5 or the Child-SCAT5).

The home stages of the Return to School and Return to Sport/Physical Activity Strategies occur under the supervision of the parent/guardian in consultation with the medical doctor or nurse practitioner. Initially the student needs cognitive and physical rest followed by stages of cognitive and physical activity which are best accommodated in the home environment.

Each stage should last a minimum of 24 hours. If symptoms reappear or if the student is unable to tolerate the suggested activities at any specific stage, they should return to the previous stage. The student may need to move back a stage more than once during the recovery process. If signs, symptoms appear, persist or worsen, consult a medical doctor or nurse practitioner as soon as possible to discuss the next steps to follow.

While the Return to School Strategy and the Return to Sport/Physical Activity Strategy are inter-related, they are not interdependent. Both Return to School and Return to Sport/Physical Activity Strategies can be done in parallel. **However, Return to School Strategy should be completed before starting Stage 5 of the Return to Sport/Physical Activity Strategy.** A student's progress through the stages of Return to School is independent from their progression through the Return to Sport/Physical Activity stages. Different students will progress at different rates.

A student that has no symptoms when they return to school must progress through all of the Return to School and Return to Sport/Physical activity stages and remain symptom free for a minimum of 24 hours in each stage prior to moving to the next stage.

Concussion Education Sheet



WHAT IS A CONCUSSION?

A concussion is a traumatic brain injury that causes changes in how the brain functions, leading to signs and symptoms that can emerge immediately or in the hours or days after the injury.

WHAT CAUSES A CONCUSSION?

Any blow to the head, face or neck, or somewhere else on the body that causes a sudden jarring of the head may cause a concussion. Examples include getting body-checked in hockey or hitting one's head on the floor in physical education class, colliding with another player or falling as a result of a collision.

WHEN SHOULD I SUSPECT A CONCUSSION?

A concussion should be suspected in any student who sustains a significant impact to the head, face, neck, or body and reports ANY symptoms or demonstrates ANY visual signs of a concussion. A concussion should also be suspected if a student reports ANY concussion symptoms to one of their peers, parents, teachers, or coaches or if anyone witnesses a student exhibiting ANY of the visual signs of concussion. **Some students will develop symptoms immediately while others will develop delayed symptoms (beginning 24-48 hours after the injury).**

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

A student does not need to be knocked out (lose consciousness) to have had a concussion.

Common symptoms include:

- Headaches or head pressure
- Easily upset or angered
- Dizziness
- Sadness
- Nausea and vomiting
- Nervousness or anxiety
- Blurred or fuzzy vision
- Feeling more emotional
- Sensitivity to light or sound
- Sleeping more or sleeping less
- Balance problems
- Having a hard time falling asleep
- Feeling tired or having no energy
- Difficulty working on a computer
- Not thinking clearly
- Difficulty reading
- Feeling slowed down
- Difficulty learning new information

WHAT ARE THE VISUAL SIGNS OF A CONCUSSION?

Visual signs of a concussion may include:

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

WHAT SHOULD I DO IF I SUSPECT A CONCUSSION?

You should stop playing right away. Continuing to play increases your risk of more severe, longer-lasting concussion symptoms, as well as, increases your risk of other injury.

Tell a responsible adult (coach, parent, official, teacher) that you think you may have a concussion.

Note:

Any student who is suspected of having sustained a concussion during sports or physical activity must not be allowed to return to physical activity.

It is important that ALL students with a suspected concussion undergo medical assessment by a medical doctor or nurse practitioner, as soon as possible. It is also important that ALL students with a suspected concussion receive written medical clearance from a medical doctor or nurse practitioner before returning to certain sport/physical activities.

WHEN CAN I RETURN TO SCHOOL AND SPORTS?

It is important that all students diagnosed with a concussion follow a personalized step wise approach for Return to School and Return to Sport/Physical Activity Strategies. Students are encouraged to work with a medical doctor or nurse practitioner and their school throughout the recovery process.

HOW LONG WILL IT TAKE FOR ME TO RECOVER?

Most students who sustain a concussion will recover within 1-4 weeks. Approximately 15-30% of people will experience persistent symptoms that last more than 4 weeks and may require specialized medical assessment and management.

HOW CAN I HELP PREVENT CONCUSSIONS AND THEIR CONSEQUENCES?

Concussion prevention, recognition and management require students to follow the rules and regulations of their sport, respect their opponents, avoid head contact, and report suspected concussions.

For more information please visit the following websites:

- horizon.parachutecanada.org/wp-content/uploads/2014/10/Concussion-Parents-Caregivers.pdf
- www.nbtrauma.ca/injury-prevention/concussions/

SIGNATURES (Highly Recommended):

Please sign below to verify you have read this information sheet.



Concussion education sheet reviewed.

Printed name of student: _____

Signature of student: _____ Date _____

Printed name of parent: _____

Signature of parent: _____ Date _____

Tool to Identify a Suspected Concussion

This form must be completed by the responsible adult at the scene of the incident.

Student Name: _____

Date of Incident _____ Time _____

Location of Incident: _____

Name of the responsible adult monitoring the student at the scene: _____

Cause of Injury: Blow to the head Hit to the body Uncertain

Describe the Incident: _____

1 Stop the activity immediately to determine if this is a medical emergency

- A)** Initiate the first steps of the Emergency Action Plan
- Wear gloves if blood is present.
 - If a student cannot start a movement by themselves, do not move the body part for them.
 - Stay calm. Keep an even tone in your voice.
 - Instruct any bystanders not to approach the injured student.
- B)** Identify if the student shows any of the **Red Flag** signs and symptoms below. (Check all that apply).

RED FLAGS

You see:

- | | |
|--|---|
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Increasing restlessness |
| <input type="checkbox"/> Seizure or convulsion | <input type="checkbox"/> agitation or combativeness |
| <input type="checkbox"/> Deteriorating conscious state | |
| <input type="checkbox"/> Loss of consciousness | |

The student complains of:

- | |
|---|
| <input type="checkbox"/> Neck pain or tenderness |
| <input type="checkbox"/> Double vision |
| <input type="checkbox"/> Severe or increasing headache |
| <input type="checkbox"/> Weakness or tingling/burning in arms or legs |

- C)** If there is any **Red Flags** or other serious injury present:
- **Call 911**
 - Stay with the injured student and monitor them until Emergency Medical Services arrives.
 - Inform the parent of the situation and the steps that are being taken.
 - If the student is not fully conscious, suspect a cervical spine injury and do not move the student.
 - If applicable, do not remove the student's helmet - wait for Emergency Medical Services to arrive.

2 Remove the student from the activity

If the injury does **NOT** require Emergency Medical Services, **remove the student from participating in the activity** and do not let them return to any activities that day. Proceed to Step 3 and 4 to complete this form.

STEPS 3&4
NEXT PAGE

3

Identify the signs and symptoms

A) Look for the following signs and symptoms of a suspected concussion and **check off any that apply**.

SIGNS AND SYMPTOMS OF A SUSPECTED CONCUSSION	
<p>Possible Signs Observed</p> <p>A sign is something that is observed by another person (e.g. teacher, coach, supervisor, peer).</p>	<p>Possible Symptoms Reported</p> <p>A symptom is something that the student reports.</p>
<p>Physical</p> <ul style="list-style-type: none"> <input type="checkbox"/> Slurred speech <input type="checkbox"/> Poor coordination or balance <input type="checkbox"/> Dazed, or vacant look <input type="checkbox"/> Motionless on the ground or slow to get up <input type="checkbox"/> Grabbing or clutching of the head <p>Cognitive</p> <ul style="list-style-type: none"> <input type="checkbox"/> Difficulty concentrating <input type="checkbox"/> Easily distracted <input type="checkbox"/> General confusion <input type="checkbox"/> Slowed reaction time (e.g. answering questions) <p>Emotional/Behavioral</p> <ul style="list-style-type: none"> <input type="checkbox"/> Strange or inappropriate emotions (e.g. laughing, crying, easily angered) <p>Other: _____</p>	<p>Physical</p> <ul style="list-style-type: none"> <input type="checkbox"/> Headache <input type="checkbox"/> Ringing in the ears <input type="checkbox"/> Sensitivity to light or noise <input type="checkbox"/> Seeing stars, flashing lights <input type="checkbox"/> Fatigue or feeling tired <input type="checkbox"/> Balance problems or dizziness <input type="checkbox"/> Difficulty seeing or blurry / loss of vision <input type="checkbox"/> Nausea <input type="checkbox"/> Feeling off / not right <p>Cognitive</p> <ul style="list-style-type: none"> <input type="checkbox"/> Difficulty concentrating or remembering <input type="checkbox"/> Slowed down, fatigue or low energy <input type="checkbox"/> Dazed or “in a fog” <p>Emotional/Behavioral</p> <ul style="list-style-type: none"> <input type="checkbox"/> Irritable, sad, more emotional than usual <input type="checkbox"/> Nervous or anxious <p>Other: _____</p>

B) Ask these questions to test memory and check off if the response is correct or incorrect.

Sample Quick Memory Test Questions	Correct	Incorrect
What room are we in right now?		
What field are we playing on today?		
Is it before or after lunch?		
What is the name of your teacher/coach?		
What school do you go to?		

4

Next steps

Suspect a concussion if **ONE** sign is observed or **ONE** symptom is reported or **ONE** Quick Memory Test Question is answered incorrectly.

- Contact the parent or emergency contact to come and pick up the student. Continue to observe the student for signs and symptoms of a concussion. Ensure they are with a responsible adult **at all times**.

The parent/emergency contact should have the student examined by a medical doctor or nurse practitioner as soon as possible if a concussion is suspected.

Continued surveillance undertaken by the parent/guardian

The student should be monitored during the first 24 to 48 hours after the injury as signs and symptoms may appear hours or days later. If signs and/or symptoms appear, the student should be examined by a medical doctor or nurse practitioner as soon as possible.

Name of the responsible adult: _____

Provide this completed form to the school principal. A copy should also be provided to the parent/emergency contact.

Adapted from the Concussion Response Tool 5 (CRT5) from the Concussion in Sport Group.

Documentation of Medical Examination

This form is to be provided to the parent/guardian of all students with a suspected concussion. Appendix C-4 or a record of a written statement or a document from one of the parents or guardians regarding the results of the Medical Examination must be included in the student's file.

Student Name: _____

Date: _____

Prior to returning to school, the parent/guardian must inform the principal/designate of the results of the medical examination.

Results of Medical Examination

- My child has been examined by a medical doctor or nurse practitioner and no concussion has been diagnosed.
- My child has been examined by a medical doctor or nurse practitioner and a concussion has been diagnosed. My child will begin a medically supervised, progressive and personalized **Return to School and Return to Sport/Physical Activity Strategies**. I understand that my child will not be able to fully participate in regular classroom activities, physical education class, intramural and/or interschool activities.

Parent/guardian signature : _____

Date: _____

Documentation for a Diagnosed Concussion

Return-to-School Strategy

This form is to be used by parents/guardians and schools to communicate the recovery progress of a student with a diagnosed concussion. This completed form must be copied, with the original filed and the copy provided to the parent/guardian.

Each stage of the **Return-to-School Strategy** must last at least 24 hours. **If symptoms reappear or if the student is unable to tolerate the suggested activities at any specific stage, they should return to the previous stage for at least 24 hours.** The student may need to move back a stage more than once during the recovery process.

Date of the incident _____ Date of the diagnosis _____

Rest

- This step is to be completed at home.
- Rest is for 24-48 hours maximum.
- **Cognitive Rest** – includes avoiding all activities that require concentration and attention. (e.g., reading, texting, television, computer, video/electronic games).
- **Physical Rest** – includes avoiding participation in activities that require physical effort (e.g., training, sports, recreational activities).
- **Social Rest** – includes limiting social interactions that may elicit or worsen anxiety, nervousness, irritability, etc.
- Reminder: The parent/guardian must inform the school administration/designate of the results of the medical examination.
- Student's symptoms has been sufficiently improving within a 24 hour period and will proceed to Stage A – Daily Activities at Home.*
- Student has been resting at home for a maximum of two days and will proceed to Stage A – Daily Activities at Home.*

STAGE A - Daily Activities at Home

Date _____

- The student may gradually increase cognitive activity up to 30 minutes. Take breaks as necessary. (e.g. reading, crossword puzzles, crafts, drawing, basic board games, etc.).
- Student can tolerate 30 minutes of cognitive activity without a break. Student will proceed to Stage B - School Work at Home.*

Date _____

STAGE B – School Work at Home

- Gradually increase the duration and/or the number of the cognitive activities as tolerated (e.g. two 30 minute sessions or four 15 minute sessions).
- Parent/guardian should contact the school principal/designate to discuss a plan to return to school.
- Student can return to school part-time with accommodations and length of time based on symptoms. Following the advice of a healthcare professional, the student must proceed to Stage C – Back to School Part-time as an Observer.*
- Student can return to school part-time with accommodations and length of time based on symptoms. Unless advised otherwise, the student will proceed directly to Stage D – Return to School Part-time.*

Date _____

Please provide a copy of this form to the school administration/designate once the student returns to school.

Parent/guardian signature _____ Date _____

STAGE C – Back to School Part-time as an Observer

- The student may return to school part-time as an observer.
- In the classroom, the student requires maximum usage of learning accommodations which will allow for a gradual increase in cognitive activity (e.g. avoiding noisy locations, modifying the lighting, repeating instructions, etc.).
- No music class, classroom evaluations or homework.
- Student can tolerate a half-day of cognitive activity at school as an observer during 30-45 minute sessions and will proceed to Stage D – Return to School Part-time.*

Date _____

STAGE D – Return to School Part-time

- Half a day at school with a gradual reintroduction of learning activities.
- Requires a moderate usage of personalized accommodations for a return to learn as tolerated (start with 45 minute sessions, reduce the student's workload, extend deadlines to complete assignments, divide assignments into smaller parts).
- Build to 30 minutes of homework per day as tolerated.
- Student can tolerate a half-day of cognitive activities at school during 45-60 minute sessions. Following the advice of a healthcare professional, the student must proceed to Stage E – Gradual Elimination of Accommodations.*
- Student can tolerate a half-day of cognitive activities at school during 45-60 minute sessions. Unless advised otherwise the student will proceed directly to Stage F – Return to School Full-time.*

Date _____

STAGE E – Gradual Elimination of Accommodations

- Full day at school with minimal usage of learning accommodations.
- Adapted classroom evaluations are permitted.
- Build to 1 hour of homework per day as tolerated.
- Student can tolerate school full-time with no learning accommodations. Student will proceed to Stage F – Return to School Full-time.*

Date _____

STAGE F – Return to School Full-time

- Student returns to regular learning activities at school without any accommodations.
- Student can tolerate their full academic workload at school and at home. Student may proceed with efforts to complete any remaining stages of their Return-to-Sport/Physical Activity Strategy.*

Date _____

CONFIRMATION OF MEDICAL SUPERVISION

As a parent/guardian, I recognize that my child will not be able to fully participate in regular physical education class, intramural activities and/or interschool activities which involve full contact practice or non-contact game play without having informed the school of the results from the medical examination.

Parent/Guardian signature _____ Date _____



Return-to-School

Both Return-to-School and Return-to-Sport / Physical Activity Strategies can be done in parallel. However, the Return-to-School Strategy should be completed before starting Stage 5 of the Return-to-Sport / Physical Activity Strategy.

Each stage must take a minimum of 24 hours, but could last longer depending on the student and their specific situation. **If the student experiences new or worsening symptoms at any specific stage, they should go back to the previous stage for at least 24 hours.** The student may need to move back a stage more than once during their recovery process.

		AT HOME		AT SCHOOL			
Objective of each stage	REST	STAGE A	STAGE B	STAGE C	STAGE D	STAGE E	STAGE F
	Acceptable activities	<p>Stay home in a quiet and calm environment and keep any social visits brief</p> <p>Activities:</p> <ul style="list-style-type: none"> Short phone calls Short and basic board and/or card games Crafts <p>Inform the school administration of the results of the medical examination</p>	<p>Daily Activities at Home</p> <p>Adding activities during the day that do not provoke symptoms</p> <ul style="list-style-type: none"> Start with 5 to 15 minutes at a time and gradually build to 15 to 30 minute sessions <p>Activities from previous stage plus:</p> <ul style="list-style-type: none"> Limited TV Drawing or building blocks Board and/or card games Easy reading 	<p>School Work at Home</p> <ul style="list-style-type: none"> Build to the equivalent of 1 hour of school-type work in 30 minute increments <p>Activities from previous stage plus:</p> <ul style="list-style-type: none"> Limited computer, laptop or tablet use Limited texting or games with cell phone <p>Contact school to prepare for the student's return to school part-time</p>	<p>Back to School Part-time as an Observer</p> <p>Note: The student may proceed directly to Stage D, unless advised otherwise</p> <p>Attend school part-time as an observer with maximum usage of accommodations</p> <ul style="list-style-type: none"> Build to a half day of cognitive activity Start with 30-45 min. intervals 	<p>Return to School Part-time</p> <p>Gradually decrease the use of learning accommodations as tolerated</p> <ul style="list-style-type: none"> Build towards 45-60 min. intervals of school work Allow for classroom tests with adaptations <p>Homework Build to 30 min. of homework per day</p>	<p>Gradual Elimination of Accommodations</p> <p>Note: The student may proceed directly to Stage F, unless advised otherwise</p> <ul style="list-style-type: none"> Gradually eliminate the use of learning accommodations as tolerated <p>Homework Build to 1 hour per day as tolerated</p>
Activities not permitted	<ul style="list-style-type: none"> No school work or reading No physical exertion / sports No TV or video games No computer, laptop, tablet or cell phone use (texting) No alcohol, tobacco, caffeine and no other stimulant use <p>No driving until consulted by a healthcare professional</p>	<ul style="list-style-type: none"> No school or homework No computer, laptop or tablet use No texting or games with cell phone No alcohol, tobacco, caffeine and no other stimulant use 	<ul style="list-style-type: none"> No school attendance Limited caffeine use 	<ul style="list-style-type: none"> No music class No homework No adapted tests No standardized tests No carrying heavy physical loads (e.g. backpacks) 	<ul style="list-style-type: none"> No standardized tests 	<ul style="list-style-type: none"> No more than one adapted evaluation per day No standardized tests 	<ul style="list-style-type: none"> No usage of any learning accommodations No participation in competitive sports or physical activities until the student has been given medical clearance
Timeline	<p>When symptoms start to improve or after resting for 48 hours max:</p> <p>Begin STAGE A</p>	<p>Able to tolerate 30 min. of cognitive activity without a break?</p> <p>No: Return to Rest Yes: Begin Stage B</p>	<p>Able to tolerate 1 hour of cognitive tasks in two 30 minute sessions?</p> <p>No: Return to Stage A Yes: Begin Stage C</p>	<p>Able to tolerate a half day at school as an observer?</p> <p>No: Return to Stage B Yes: Begin Stage D</p>	<p>Able to tolerate a half day of school work with moderate usage of learning accommodations?</p> <p>No: Return to Stage C Yes: Begin Stage E</p>	<p>Able to tolerate a full day with minimal usage of learning accommodations?</p> <p>No: Return to Stage D Yes: Begin Stage F</p>	<p>Able to tolerate a full academic workload?</p> <p>No: Return to Stage E Yes: The Return-to-School Strategy is completed</p>

This tool is a guideline for managing a student's return to school following a concussion and does not replace medical advice. Timelines and activities may vary by direction of a health care professional. Contact your primary healthcare provider or seek medical help as soon as possible if symptoms persist or worsen. Persistent concussion symptoms occur when they last more than 2 weeks for adults or more than 4 weeks for youth under the age of 18.

Adapted from: 2016 Berlin Consensus Statement on Concussion in Sport and the Protocol for Return to Learn after a concussion by Parachute (2017). 201907V3

Individualized Learning Accommodations Following a Concussion

Cognitive activities can cause a student's concussion symptoms to reappear or worsen. Knowing the signs and symptoms and how to properly manage a diagnosed concussion is critical in a student's recovery.

Once a student is ready and able to return to school, the school principal/designate will serve as the main point of contact for the student and the parents/guardians.

The **principal/designate**, in consultation with other members of the collaborative team (student, parents/guardian, healthcare provider and teachers), will identify learning accommodations that will support the student as they move through the stages of the Return-to-School Strategy.

We encourage parents/guardians and students to use the **Learning Accommodations for Students Following a Concussion Table** to help identify which learning accommodations will support the student's Return-to-School Strategy.

It is important to note:

- Cognitive or physical activities can cause a student's symptoms to reappear.
- Most students who sustain a concussion will make a complete recovery and be able to return to school and sport/physical activity within 1-4 weeks.
- Approximately 15-30% of individuals will experience symptoms that persist beyond this time frame.
- If a student's symptoms are persistent (i.e., last longer than 4 weeks for youth under 18), they may benefit from a referral to a medically supervised multidisciplinary concussion clinic.

Learning Accommodations for Students Following a Concussion Table

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 and 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 and/or concentrating	Limited/short-term focus on schoolwork Difficulty maintaining a regular academic workload or keeping pace with schoolwork 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
Anxiety	Decreased attention/concentration Overexertion leading to learning delays	<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

Documentation for a Diagnosed Concussion

Return-to-Sport / Physical Activity Strategy

This form is to be used by parents/guardians and schools to communicate the recovery progress of a student with a diagnosed concussion. This completed form must be copied, with the original filed and the copy provided to the parent/guardian.

Each stage of the **Return to Sport/Physical Activity Strategy** must last at least 24 hours. **If symptoms reappear or if the student is unable to tolerate the suggested activities at any specific stage, they should return to the previous stage for at least 24 hours.** The student may need to move back a stage more than once during the recovery process.

Rest

- This step is to be completed at home.
 - Rest is for 24-48 hours maximum.
 - **Cognitive Rest** – includes avoiding all activities that require concentration and attention. (e.g., reading, texting, television, computer, video/electronic games).
 - **Physical Rest** – includes avoiding participation in activities that require physical effort (e.g., training, sports, recreational activities).
 - **Social Rest** - includes limiting social interactions that may elicit or worsen anxiety, nervousness, irritability, etc.
 - Reminder: The parent/guardian must inform the school administration/designate of the results of the medical examination.
- Student's symptoms has been sufficiently improving within a 24 hour period and will proceed to Stage 1 – Symptom-limited Activity.*
- Student has been resting at home for a maximum of two days and will proceed to Stage 1 – Symptom-limited Activity.*

Date: _____

Stage 1 – Symptom-limited Activity

- This step is to be completed at home.
 - Student may participate in daily activities that do not provoke symptoms (e.g. walking, daily household tasks).
 - Students should avoid any intense physical activities.
- Student can tolerate symptom-limited activities without any new or worsening symptoms for 24 hours. Student will proceed to Stage 2 – Light Aerobic Activity.*

Date: _____

Stage 2 – Light Aerobic Activity

- The student may start light aerobic activities and/or exercises individually with the aim of gently increasing their heart rate (e.g. stair climbing, stationary cycling or walking for 15-30 minutes).
- Student can tolerate light aerobic activities without any new or worsening symptoms for 24 hours. Student will proceed to Stage 3 – Individual Physical Activity with No Contact.*

Date: _____

Stage 3 – Individual Physical Activity with No Contact

- Student may begin non-contact activities individually (e.g. skating drills in hockey, running drills in soccer, shooting hoops, target games, yoga).
 - Limited recess activities (no tag games, no catching activities, no climbing).
 - Progressively increase workout time to 60 minutes.
 - Avoid activities that involve jarring movements and head impacts (e.g. serves in volleyball, hitting a baseball, high speed stops).
 - Modified physical education class.
- The student can tolerate individual sport-specific physical activity/exercise with no contact without any new or worsening symptoms for 24 hours. Student will proceed to Stage 4 – No-contact Training Drills.*

Date: _____

Stage 4 – No-contact Training Drills

- The student may begin non-contact training activities with or without teammates (e.g. dance, badminton, tennis, light resistance/weight training, training exercises and/or team practice with no contact).
- The student may progress to more complex training drills (e.g. passing drills) and activities which involve high speed stops and sprinting to increase exercises, coordination and cognitive load.
- Recess activities can include running, games with no body contact or activities with risks of falling.
- No full participation in physical education class or intramural activities.

Student has successfully completed Stage 4 and is symptom free after participating in no-contact physical activity/training drills. The student will proceed to Stage 5 – Unrestricted Practice after receiving a medical clearance from a medical doctor or nurse practitioner.

Date _____

MEDICAL EXAMINATION

Student must receive medical clearance for sport from a medical doctor or nurse practitioner.

What if symptoms recur?

Any student who has been cleared for unrestricted practice and has a recurrence of symptoms, should immediately remove themselves from the activity and inform the teacher or coach. The student who experiences new or worsening symptoms should return to the previous stage of the **Return-to-Sport/Physical Activity Strategy** for at least 24 hours before attempting to progress to the next stage. The student may need to move back a stage more than once during the recovery process. The student must also undergo another Medical Assessment by a medical doctor or nurse practitioner before being allowed to return to unrestricted practice.

My child has been assessed by a medical doctor or nurse practitioner and has been cleared to participate in Stage 5 of the Return to Sport/Physical Activity Strategy.

Parent/guardian signature _____ Date _____

Stage 5 – Unrestricted Practice

- The student may return to training including activities involving risks of collision, fall or contact.
- The student may resume full participation in team practices which involves contact.

Student has successfully completed Stage 5 and is symptom free after participating in unrestricted practice. The student will proceed to Stage 6 - Return to Game Play and/or Competition.

Date _____

Stage 6 – Return to Game Play and/or Competition

- The student may resume regular physical education class, intramural activities and/or inter-school activities.
- The student may resume full participation in any physical activity, practice, game and/or sport competition with no restrictions.

Student has successfully completed Stage 6 and is symptom free after their full participation in contact sports. Student is permitted to return to full participation in all sport/physical activities.

Date _____



Return-to-Sport / Physical Activity

Both Return-to-School and Return-to-Sport / Physical Activity Strategies can be done in parallel. However, the Return-to-School Strategy should be completed before starting Stage 5 of the Return-to-Sport / Physical Activity Strategy.

Each stage must take a minimum of 24 hours, but could last longer depending on the individual and their specific situation. **If the student experiences new or worsening symptoms at any specific stage, they should go back to the previous stage for at least 24 hours.** The student may need to move back a stage more than once during their recovery process.

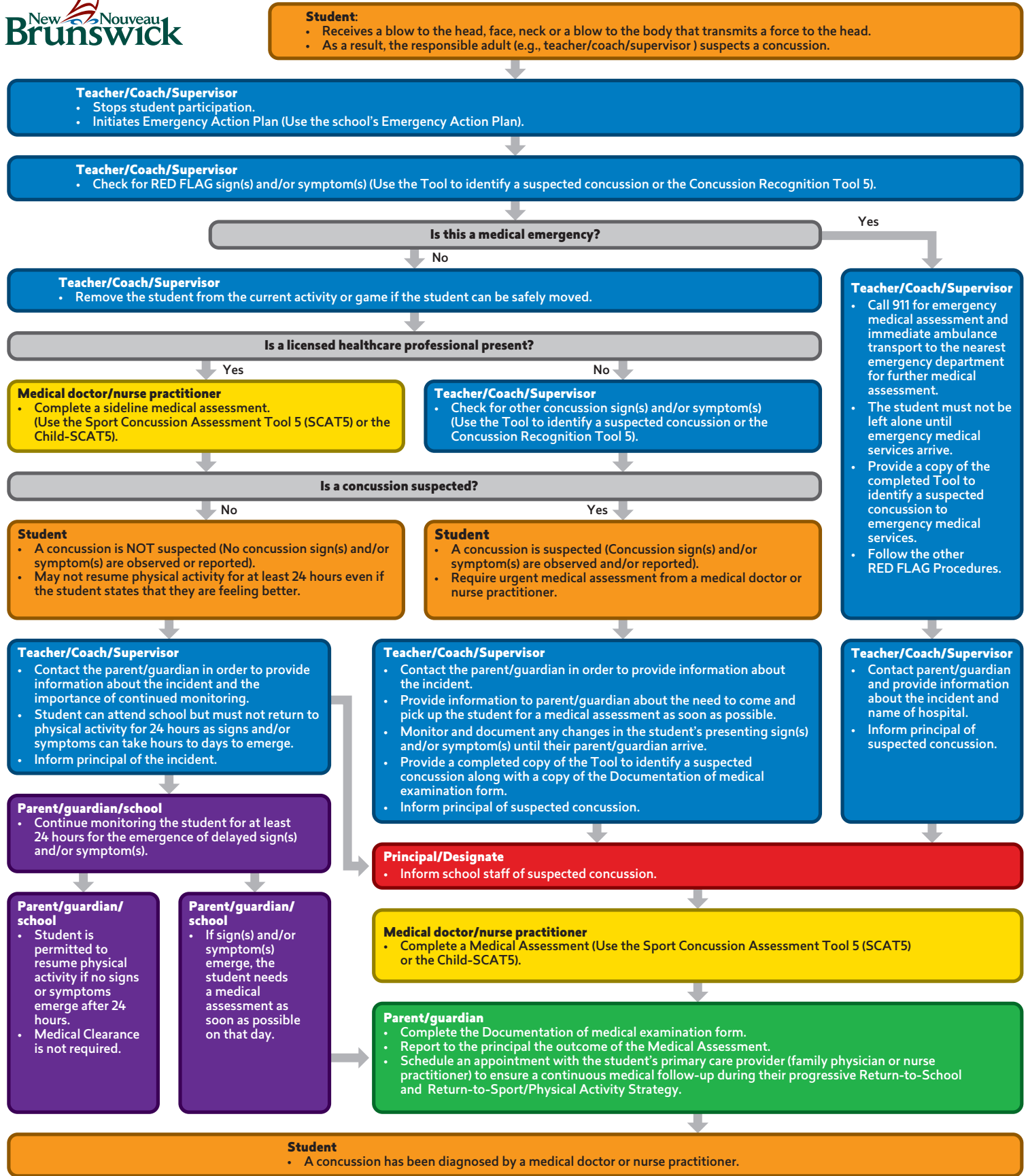
AT HOME		AT SCHOOL, IN THE GYM OR ON THE FIELD OF PLAY						
Objective of each stage	REST	STAGE 1	STAGE 2	STAGE 3	STAGE 4	ALL students are required to obtain a medical clearance before moving to STAGE 5	STAGE 5	STAGE 6
	Acceptable activities	Stay home in a quiet and calm environment and keep any social visits brief Activities: <ul style="list-style-type: none"> Short phone calls Short and basic board and/or card games Crafts Inform the school administration of the results of the medical examination	Daily activities that do not trigger symptoms Add activities that do not increase heart rate or break a sweat <ul style="list-style-type: none"> Walking at a slow/medium pace Daily household tasks <ul style="list-style-type: none"> meal preparation doing dishes, doing the laundry 	Progressively increase duration of workout to 15-30 minutes <ul style="list-style-type: none"> Walking / jogging Stationary cycling at slow to medium pace 	Progressively increase duration of workout to 60 minutes Practice sport-specific drills individually <ul style="list-style-type: none"> Skating drills in hockey Running drills in soccer Shooting drills in basketball Individual activities in physical education <ul style="list-style-type: none"> Shooting hoops Limited recess activities		<ul style="list-style-type: none"> May start progressive resistance training Progression to more complex training drills (e.g. passing drills) May include activities which involves sprinting and high speed stops May participate in activities without any body contact <ul style="list-style-type: none"> Zumba/aerobics Badminton/tennis May participate in recess activities with no contact or risk of falling 	Full return to training including activities involving risks of collision, fall or contact Full participation in team practices which involves contact
Activities not permitted	<ul style="list-style-type: none"> No school work or reading No physical exertion / sports No TV or video games No computer, laptop, tablet or cell phone use (texting) No alcohol, tobacco, caffeine and no other stimulant use No driving until consulted by a healthcare professional	<ul style="list-style-type: none"> No intense physical exertion or sports 	<ul style="list-style-type: none"> No resistance or weight training No training drills or team/group practice No physical activities which involve using sporting equipment 	<ul style="list-style-type: none"> No full participation in physical education class and intramural activities No activities involving head impacts: <ul style="list-style-type: none"> No heading soccer balls No activities involving jarring motions: <ul style="list-style-type: none"> No hitting a baseball No high speed stops 	<ul style="list-style-type: none"> No full participation in physical education class and intramural activities No activities involving body contact <ul style="list-style-type: none"> No hockey, football or rugby No judo / wrestling Complete Return to School Strategy before moving to Stage 5.	<ul style="list-style-type: none"> No participation in any competitive activity 		
Timeline	When symptoms start to improve or after resting for 48 hours max: Begin STAGE 1	Able to tolerate symptom-limited activity without any new or worsening symptoms for 24 hours? No: Return to Rest Yes: Begin Stage 2	Able to tolerate light aerobic activity without any new or worsening symptoms for 24 hours? No: Return to Stage 1 Yes: Begin Stage 3	Able to tolerate sport-specific exercise without any new or worsening symptoms for 24 hours? No: Return to Stage 2 Yes: Begin Stage 4	Symptom-free for 24 hours? No: Return to Stage 3 Yes: Begin Stage 5	Symptom-free for 24 hours? No: Return to Stage 4 Yes: Begin Stage 6	Symptom-free for 24 hours? No: Return to Stage 5 Yes: The Return-to-Sport/ Physical Activity Strategy is completed	

This tool is a guideline for managing an individual's return to sport or other physical activities following a concussion and does not replace medical advice. Timelines and activities may vary by direction of a health care professional. Contact your primary healthcare provider or seek medical help as soon as possible if symptoms persist or worsen. Persistent concussion symptoms occur when they last more than 2 weeks for adults or more than 4 weeks for youth under the age of 18.

Adapted from: 2016 Berlin Consensus Statement on Concussion in Sport and the Canadian Guideline on Concussion in Sport by Parachute (2017). 201907V3

Decision-Making Pathway for Concussions

Steps and Responsibilities: Identifying a Suspected Concussion



Decision-Making Pathway for Concussions

Steps and Responsibilities: Diagnosed Concussion



Student

- Begins the medically supervised gradual Return-to-School and Return-to-Sport/Physical Activity Strategy.

Principal/Designate

- Inform all school staff who works with the concussed student of the diagnosis.
- Establish the collaborative team along with a designated lead.
- Meet with the parent/guardian to:
 - Receive a completed copy of the Documentation of Medical Examination form.
 - Explain the importance of completing home preparations before returning to school.
 - Provide a copy of the Return-to-School Strategy, Return-to-Sport Strategy and Return of Symptoms forms.

Student

- Begins medically supervised gradual Return to School and Return to Sport/Physical Activity Strategy.

Parent/guardian

- Contact the principal/designate once the student has:
 - Completed Stage A and Stage B of the Return to School Strategy and;
 - Completed at least Stage 1 of the Return to Sport/Physical Activity Strategy.

Principal/Designate

- Meet with the parent/guardian to:
 - Explain the school's role in supporting the student's progression through each step of the Return-to-School and Return-to-Sport/Physical Activity Strategy.
 - Provide a copy of the Individualized Learning Accommodations Following a Concussion form.
 - Inform them of the Collaborative Team participants and the parent/guardian role on the team.
 - Encourage open communication to help complete the remaining steps with a Collaborative Team approach.

Student

- Returns to school.
- Conference with the designate to identify which learning accommodations are required based on post-concussion symptoms.

Return-to-School - Stage C

- The student attends school part-time as an observer with maximum usage of learning accommodations.

The student may proceed directly to Stage D, unless advised otherwise.

Return-to-School - Stage D

- The student attends school part-time with moderate usage of learning accommodations.
- The student may gradually increase their academic activities.

Return-to-School - Stage E

- The student may work towards a full day at school with minimal usage of learning accommodations.

The student may proceed directly to Stage F, unless advised otherwise.

Return-to-School - Stage F

- The student attends school full-time with no learning accommodations.
- The student may gradually resume their regular academic activities and catch up on missed school work.
- The Return-to-School Strategy is complete.

Student

- Continues to progress gradually through the remaining stages of the Return to Sport/Physical Activity Strategy.

Return-to-Sport/Physical Activity - Stage 2

- The student may complete individual light aerobic physical activity to increase their heart rate.

Return-to-Sport/Physical Activity - Stage 3

- The student may complete individual sport-specific physical activity to add movement.

Return-to-Sport/Physical Activity - Stage 4

- The student may complete non-contact training drills to add coordination and increased cognitive load.

Principal/Designate

- Report to a parent/guardian the student's completion of Return to School - Stage F and Return to Sport/Physical Activity - Stage 4.

Parent/guardian

- Provide the principal with a Return-to-Sport/Physical Activity Strategy form with the Medical Examination section signed by a parent/guardian.

Return-to-Sport/Physical Activity - Stage 5

- The student may engage in full participation in physical activity (physical education, intramurals or interschool) during contact practice and/or non-contact sport competition.

Return-to-Sport/Physical Activity - Stage 6

- The student may fully participate in any physical activity, practice or sport competition with or without contact
- The Return-to-Sport Strategy is complete.

If the student exhibits or reports any new or worsening signs or symptoms, the student must obtain a Medical Clearance reassessment.

- The student is monitored for any new or worsening signs and/or symptoms by both school and parent/guardian.
- The student is monitored for any deterioration of work habits or academic performance by both school and parent/guardian.
- If the student is unable to tolerate recommended activities at any specific stage, they should go back to the previous stage for at least 24 hours.
- The student may need to move back a stage more than once during their recovery process.
- The student's progress is documented with results shared between school and home at the completion of each stage.