

HAMILTON-WENTWORTH CATHOLIC DISTRICT SCHOOL BOARD



Believing, Achieving, Serving

CONCUSSION MANAGEMENT PROTOCOL

Return to Learn and Return to Physical Activity

January 2015



1. INTRODUCTION

The Hamilton-Wentworth Catholic District School Board (HWCDSD) recognizes that children and adolescents are among those at greatest risk for concussions. The potential for a concussion is greatest during activities where collisions can occur, such as during physical education (PE) class, playground time, or school-based sports activities. However, concussions can happen any time a student's head comes into contact with a hard object, such as a floor, desk, or another student's head or body.

Recent research has made it clear that a concussion can have a significant impact on a student's cognitive and physical abilities. Research shows that activities that require concentration can actually cause a student's concussion symptoms to reappear or worsen. It is equally important to help students as they "return to learn" in the classroom as it is to help them "return to physical activity". Without identification and proper management, a concussion can result in permanent brain damage and in rare occasions, even death. Research also suggests that a child or youth who suffers a second concussion before he or she is symptom free from the first concussion is susceptible to a prolonged period of recovery, and possibly Second Impact Syndrome – a rare condition that causes rapid and severe brain swelling and often catastrophic results. Educators and school staff play a crucial role in the identification of a suspected concussion as well as the ongoing monitoring and management of a student with a concussion. Awareness of the signs and symptoms of concussion and knowledge of how to properly manage a diagnosed concussion is critical in a student's recovery and is essential in helping to prevent the student from returning to learning or physical activities too soon and risking further complications. Ultimately, this awareness and knowledge could help contribute to the student's long-term health and academic success.

APPLICABLE LEGISLATION

Education Act, R.S.O. 1990

DEFINITION

A concussion is a type of traumatic brain injury that results from a bump, blow, or jolt to the head (or by a hit to the body) that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, stretching and damaging the brain cells and creating chemical changes in the brain. It can occur even if there has been no loss of consciousness and cannot normally be seen on X-rays, standard CT scans or MRIs. A concussion is clinical diagnosis made by a medical doctor.



2. TRAINING

Basic Awareness Training

All HWCDSB school staff must review this protocol upon hire and every September. The protocol will be made available on the board's website. Initial roll out of the program will be facilitated by the principal during a P.D. day or staff meeting.

Advanced Awareness Training

Administrators, school first aiders and coaches must complete advanced awareness training upon hire and every three years. This training will include a more thorough understanding of concussion risk, hazards, symptoms, treatment and prevention.



3. RESPONSIBILITIES

RESPONSIBILITIES of HWCDSB

- Establish a protocol to address head injuries and concussions including:
 - Distribute awareness information about the prevention of head injuries, the identification of symptoms of concussions and the management of concussions to principals.
 - Ensure all staff, students and volunteers are trained on the expectations of this protocol by principals.
 - Exclusion from athletics and physical education after a student is suspected of having sustained a concussion.
 - Meeting the educational needs of the student while the student is recovering from a head injury or concussion.

RESPONSIBILITIES of Administrator/First Aider or Coach

- As soon as an injury occurs, first aid must be administered.
- **Do not leave the student alone.**
- Monitor signs and symptoms for deterioration and be alert for symptoms that worsen over time.
- Determine if the student has a potential concussion using *Appendix A “Tool to Identify a Suspected Concussion.”*
- Do not administer medication.
- The student should be seen in an emergency department immediately if he/she has symptoms as listed in *Appendix A “Tool to identify a Suspected Concussion”*.

RESPONSIBILITIES of the School Principal

- The school principal should appoint staff members to monitor and ensure adequate communication and coordination to meet the student’s academic needs.
- The school principal will also be responsible for approving any adjustments to the student’s schedule.
- Ensure appropriate staff participates in basic or advance concussion training.
- The school principal will share information contained in this protocol to all staff, parents/guardians, coaches, volunteers and necessary external agencies. (e.g. CYO, daycare). The sharing of information and awareness may include but is not limited to:
 - Catholic School Council meetings
 - Staff meetings
 - Newsletters
 - Student Agendas
 - School website
 - School assemblies
- In some circumstances, the principal, in collaboration with the classroom teacher and the Special Education Resource Teacher (SERT) may find it necessary to develop an Individual Education Plan (IEP) for the student. This will facilitate the collaborative

problem solving, decision making and planning for students who are experiencing difficulty in their learning environment as a result of a concussion.

- Ensures the completion of the online student injury reporting. (OSBIE report).
- Ensures the completed Return to Learn Plan is filed in the OSR by the Teacher/Coach.

RESPONSIBILITIES of all staff

- All staff will help observe changes in a student, including symptoms that may be worsening and report those changes to administration.
- Teachers to implement any IEP recommendations to support during return to learn. Teachers are 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.
- School coaching staff who are responsible for a student after-school hours can play an important role in monitoring participation in after-school activities and observing any changes in symptoms.
- In some circumstances it may be necessary to involve HWCDSB system support such as psychologists and speech language pathologists, etc.
- Teachers will teach concussion awareness in the health and physical education curriculum as part of the personal safety and injury prevention expectations (Healthy Living strand). Teachers may access available resources that will be provided that support education around concussion awareness.
- Teachers will ensure the Return to Learn Plan is filed in the OSR.

RESPONSIBILITIES of the student

- The affected student should be encouraged to share any symptoms they are experiencing. The student should receive feedback from monitoring staff that is appropriate to his/her age, level of understanding, and emotional status.
- Follow prevention strategies included in this protocol to prevent future injuries.
- Follow directions given by their health care professional.

RESPONSIBILITIES of the parent/guardian

- Parents/guardian must complete the Form Appendix B to ensure the safe return of their child.

After the concussion, the student may experience many different kinds of symptoms, and it is important to remember that some symptoms may appear immediately and others later. Students may be reluctant to report symptoms of concussion because of a fear that they will be removed from a game, or jeopardize their status on a team. But it is important to consider the permanent repercussions of a concussion. Concussion should be suspected in the presence of any one or more of the following symptoms and signs outlined in *Appendix A “Tool to identify a Suspected Concussion”*.



4. INITIAL RESPONSE: IDENTIFICATION

Unconscious Student (or where there was any loss of consciousness)

- Stop the activity immediately – assume there is a concussion and call 911.
- Assume there is a possible neck injury and, only if trained, immobilize the student before emergency medical services arrive. Do not remove athletic equipment (e.g., helmet) unless there is difficulty breathing.
- Stay with the student until emergency medical services arrive.
- Contact the student’s parent/guardian (or emergency contact) to inform them of the incident and that emergency medical services have been contacted.
- Monitor and document any changes (i.e., physical, cognitive, emotional/behavioural) in the student. Complete board’s injury report form for documentation procedures and makes sure administration receives a copy.

*If the student regains consciousness, encourage him/her to remain calm and to lie still. Do not administer medication (unless the student requires medication for other conditions – e.g., insulin for a student with diabetes).

Conscious Student

- Stop the activity immediately.
- When the student can be safely moved, remove him/her from the current activity or game.
- Conduct an initial concussion assessment of the student (i.e., check for common signs and symptoms of concussion using *Appendix A “Tool to Identify a Suspected Concussion”*). ***This tool to be kept near the first aid kit.***

If Signs are Observed or Symptoms are Identified:

- A concussion should be suspected – do not allow the student to return to play in the activity, game or practice that day even if the student states that he/she is feeling better.
- Contact the student’s parent/guardian (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 any signs or symptoms worsen, call 911.
- Stay with the student until her/his parent/guardian (or emergency contact) arrives. The student must not leave the premises without parent/guardian (or emergency contact) supervision.

If Signs are Not Observed or Symptoms are not Identified:

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

Information to be provided to Parent/Guardian

Parent/Guardian of a student with a suspected concussion:

Parent/Guardian must be informed that the student needs to be examined by a medical doctor as soon as possible that day and they need to inform the school principal of the results of the medical examination (i.e., the student does not have a diagnosed concussion or the student has a diagnosed concussion) prior to the student returning to school (see the reporting form Appendix C “*Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan*”)

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 Learn/Return to Physical Activity Plan.

Parent/Guardian of a student who was removed from activity for an initial concussion assessment and concussion is not suspected:

Parent/Guardian must be reminded that signs and symptoms may not appear immediately and may take hours or days to emerge. The student should be monitored for 24-48 hours following the incident and if any signs or symptoms emerge, the student needs to be examined by a medical doctor as soon as possible that day.

5. MANAGEMENT PROCEDURES FOR A DIAGNOSED CONCUSSION



A student with a diagnosed concussion needs to follow a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan. While return to learn and return to physical activity processes are combined within the Plan, a student with a diagnosed concussion must be symptom free prior to returning to regular learning activities

In developing the Plan, the return to learn process is individualized to meet the particular needs of the student.

Collaborative Team Approach:

It is critical to a student's recovery that the Return to Learn/Return to Physical Activity Plan be developed through a collaborative team approach. Led by the school principal, the team should include:

- the concussed student;
- her/his parents/guardians;
- school staff and volunteers who work with the student; and,
- the medical doctor or nurse practitioner.

It is important to note:

- **Cognitive or physical activities can cause a student's symptoms to reappear.**
- **Each "step" through the process is not measured in days – each step must take a minimum of 24 hours and the length of time needed to complete each step will vary based on the severity of the concussion and the student.**
- **The signs and symptoms of a concussion often last for 7 – 10 days, but may last longer in children and adolescents.**

Step 1 – Return to Learn/Return to Physical Activity

The student does not attend school during Step 1. The most important treatment for concussion is rest (i.e., cognitive and physical).

- Cognitive rest includes limiting activities that require concentration and attention (e.g., reading, texting, television, computer, video/electronic games).
- Physical rest includes restricting recreational/leisure and competitive physical activities.

Step 1 continues for a minimum of one (1) week and until:

- the student’s symptoms begin to improve; **OR,**
- the student is symptom free as determined by the parents/guardians and the concussed student.

Before the student can return to school, the parent/guardian must provide the school principal, classroom teacher(s), and SERT with documentation of the diagnosed concussion using:

Appendix B - *Documentation for a Medical Examination* stating either that

- **the student’s symptoms are improving; OR,**
- **the student is symptom free**

Step 2 – Return to Learn

A student with symptoms that are improving, but who is not yet symptom free, may return to school and begin Step 2 – Return to Learn.

During this step, the principal will meet with the student and parent to determine if the student requires individualized classroom strategies and/or approaches to return to learning activities - these will need to be adjusted as recovery occurs. At this step, the student’s cognitive activity should be increased slowly (both at school and at home), since the concussion may still affect his/her academic performance. Cognitive activities can cause a student’s concussion symptoms to reappear or worsen.

Step 3 – Return to Learn

A student who has progressed through Step 2 is now symptom free or becomes symptom free soon after the concussion may proceed to Step 3.

At this step, the student begins regular learning activities without any individualized classroom strategies and/or approaches

Note: Since concussion symptoms can reoccur during cognitive “exertion” students at Step 3 must continue to be closely monitored by the school staff and the collaborative team for the return of any concussion symptoms and/or a deterioration of work habits and performance. If, at any time, concussion symptoms return and/or deterioration of work habits or performance occur, the student must be examined by a medical doctor.

Step 4 – Return to Physical Activity

Activity: Individual light aerobic physical activity only (e.g., walking, swimming or stationary cycling keeping intensity below 70% of maximum permitted heart rate)

Restrictions: No resistance or weight training. No competition (including practices, scrimmages). No participation with equipment or with other students. No drills. No body contact.

Objective: To increase heart rate

Step 5 – Return to Physical Activity

Activity: Individual sport-specific physical activity only (e.g., running drills in soccer, skating drills in hockey, shooting drills in basketball)

Restrictions: No resistance/weight training. No competition (including practices, scrimmages). No body contact, no head impact activities (e.g., heading a ball in soccer) or other jarring motions (e.g., high speed stops, hitting a baseball with a bat).

Objective: To add movement

Step 6 – Return to Physical Activity

Activity: Activities where there is no body contact (e.g., dance, badminton). Progressive resistance training may be started. Non-contact practice and progression to more complex training drills (e.g., passing drills in football and ice hockey).

Restrictions: No activities that involve body contact, head impact (e.g., heading the ball in soccer) or other jarring motions (e.g., high speed stops, hitting a baseball with a bat)

Objective: To increase exercise, coordination and cognitive load

Parent/Guardian:

Must provide the school principal with written documentation from a medical doctor or nurse practitioner (e.g., completed *Appendix C “Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan”*) that indicates the student is symptom free and able to return to full participation in physical activity in order for the student to proceed to Step 7 – Return to Physical Activity

Step 7 – Return to Physical Activity

Activity: Full participation in regular physical education/intramural/interschool activities in non-contact sports. Full training/practices for contact sports.

Restrictions: No competition (e.g., games, meets, events) that involve body contact

Objective: To restore confidence and assess functional skills by teacher/coach

Step 8 – Return to Physical Activity (Contact sports only)

Activity: Full participation in contact sports

Restrictions: None



6. PREVENTION

The prevention strategies have been organized into two main sections according to when they should be implemented:

- those strategies that should be used prior to physical activity (at the beginning of the school year) and/or prior to the sport season (e.g., interschool teams, intramural/house league activities);
- those strategies that should be used during a unit of physical activity, and/or sport season or intramural activities.

1. Prior to the sport season/beginning of the school year a) teachers/coaches/supervisors should:

- be knowledgeable of HWCDSB concussion policy and procedures for prevention, identification, and management (return to learn and return to physical activity);
- be knowledgeable about safe practices in the sport/activity e.g., the rules and regulations and the specific sport/activity pages in the Ontario Physical Education Safety Guidelines;
- be familiar with the risks of a concussion or other potential injuries associated with the activity/sport and how to minimize those risks;
- be up to date and enforce Board/Athletic Association/Referee rule changes associated with minimizing the risks of concussion.
- be up to date with current body contact skills and techniques (e.g., safe tackling in tackle football), when coaching/supervising contact activities;
- be knowledgeable (when applicable) with the requirements for wearing helmets. (To date there is no evidence that helmets protect against concussions.) For more information on helmets please see the Generic Section.
- determine that protective equipment is approved by a recognized equipment standards association (e.g., CSA, NOCSAE), is well maintained, and is visually inspected prior to activity; and
- determine (where applicable) that protective equipment is inspected within approved timelines, by a certified re-conditioner as required by manufacturer (e.g., football helmet)

b) Boards, Athletic Associations and Referee Associations should:

- Consider rule changes to the activity, to reduce the head injury incidence or severity, where a clear-cut mechanism is implicated in a particular sport.
- Consider rule enforcement to minimize the risk of head injuries.

It is important for students/athletes and their parents/guardians to be provided information about the prevention of concussions. This concussion information must be as activity/sport specific as possible and should be communicated **prior to the next activity sessions**.

If students/athletes are permitted to bring their own protective equipment (e.g., helmets), student/athletes and parents/guardians must be informed of the importance of determining that the equipment is properly fitted and in good working order and suitable for personal use.

c) Parents/guardians to be informed of the:

- risks and possible mitigations of the activity/sport;
- dangers of participating with a concussion;
- signs and symptoms of a concussion;
- board's identification, diagnosis and management procedures; and
- importance of encouraging the ethical values of fair play and respect for opponents.

d) Student/athletes to be informed about:

- Concussions;
 - definition
 - seriousness of concussions
 - causes,
 - signs and symptoms, and
 - the board's Identification and management procedure
- The risks of a concussion associated with the activity/sport and how to minimize those risks;
- The importance of respecting the rules of the game and practising Fair Play (e.g., to follow the rules and ethics of play, to practice good sportsmanship at all times and to respect their opponents and officials); and
- The dangers of participating in an activity while experiencing the signs and symptoms of a concussion and potential long-term consequences.
- The importance of;

- immediately informing the teacher/coach of any signs or symptoms of a concussion, and removing themselves from the activity;
 - encouraging a teammate with signs or symptoms to remove themselves from the activity and to inform the teacher/coach; and
 - informing the teacher/coach when a classmate/teammate has signs or symptoms of a concussion.
- the use of helmet when they are required for a sport/activity:
 - helmets do not prevent concussions. They are designed to protect against skull fractures, major brain injuries (including bleeding into or around the brain), brain contusions and lacerations;
 - helmets are to be properly fitted and worn correctly (e.g., only one finger should fit between the strap and the chin when strap is done up).

Sample strategies/tools to educate students/athletes about concussion prevention information:

- hold a preseason/activity group/team meeting on concussion education;
- develop and distribute an information checklist for students/athletes about prevention strategies;
- post-concussion information to inform/reinforce symptoms and signs and what to do if a concussion is suspected;
- post information posters on prevention of concussions (e.g., encouraging students to report concussion symptoms) in high traffic student areas (e.g., change room/locker area/classroom/gymnasium);
- implement concussion classroom learning modules aligned with the curriculum expectations;
- distribute concussion fact sheets (prevention, signs and symptoms) for each student/athlete on school teams;
- Distribute and collect completed student concussion contract or pledge (signed by student/athlete and parents/guardians).

2. During the physical activity unit/sport season/intramural activity a) teachers/coaches /supervisors should:

- teach skills and techniques in the proper progression;
- provide activity/sport-specific concussion information when possible;

- teach and enforce the rules and regulations of the sport/activity during practices and games/competition (particularly those that limit or eliminate body contact, or equipment on body contact);
- reinforce the principles of head-injury prevention (e.g., keeping the head up and avoiding collision);
- teach students/athletes involved in body contact activities:
 - sport-specific rules and regulations of body contact e.g., no hits to the head;
 - body contact skills and techniques and require the successful demonstration of these skills in practice prior to competition;
 - discourage others from pressuring injured students/athletes to play/participate;
 - demonstrate and role model the ethical values of fair play and respect for opponents;
 - encourage students/athletes to follow the rules of play, and to practice fair play;
 - use game/match officials in higher-risk interschool sports that are knowledgeable, certified and/or experienced in officiating the sport; and
- inform students about the importance of protective equipment fitting correctly (e.g., helmets, padding, guards).

b) During the physical activity unit/sport season/intramural activity students/athletes should:

- attend safety clinics/information sessions on concussions for the activity/sport;
- be familiar with the seriousness of concussion and the signs and symptoms of concussion;
- demonstrate safe contact skills during controlled practice sessions prior to competition;
- demonstrate respect for the mutual safety of fellow athletes e.g., no hits to the head, follow the rules and regulations of the activity;
- wear properly fitted protective equipment;
- report any sign or symptom of a concussion immediately to teacher/coach from a hit, fall or collision;
- encourage team mates/fellow students to report sign(s) or symptom(s) of a concussion and to refrain from pressuring injured students/athletes to play.



6. APPENDICES

Appendix A - Tool to Identify a Suspected Concussion

Appendix B - Documentation of Medical Examination

Appendix C- Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan

Appendix D Return to Learn/Return to Physical Activity Flow Chart

Appendix A

Tool to Identify a Suspected Concussion

This tool is to be used as a quick-reference in helping to identify a suspected concussion. In all cases of a suspected concussion, the student must be examined by a medical doctor or nurse practitioner for diagnosis and must follow "Appendix C - Documentation for a Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan".

Identification of Suspected Concussion

Following a blow to the head, face or neck, or a blow to the body that transmits a force to the head, a concussion must be suspected in the presence of **any one or more** of the following signs or symptoms:

The following signs were observed or symptoms reported (check all that apply) for

_____ (student name) _____ (date).

Signs and symptoms of suspected concussion	
Possible Signs Observed	Possible Symptoms Reported
<p><i>A sign is something that will be observed by another person (e.g., parent/guardian, teacher, coach, supervisor, peer).</i></p> <p><i>A symptom is something the student will feel/report.</i></p>	
<p>Physical</p> <ul style="list-style-type: none"> <input type="checkbox"/> vomiting <input type="checkbox"/> slurred speech <input type="checkbox"/> slowed reaction time <input type="checkbox"/> poor coordination or balance <input type="checkbox"/> blank stare/glassy-eyed/dazed or vacant look <input type="checkbox"/> decreased playing ability <input type="checkbox"/> loss of consciousness or lack of responsiveness <input type="checkbox"/> lying motionless on the ground or slow to get up <input type="checkbox"/> amnesia <input type="checkbox"/> seizure or convulsion <input type="checkbox"/> grabbing or clutching of 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"/> cannot remember things that happened before and after the injury (see <i>Quick Memory Function Assessment on page 2</i>) <input type="checkbox"/> does not know time, date, place, class, type of activity in which he/she was participating <input type="checkbox"/> slowed reaction time (e.g., answering questions or following directions) <p>Emotional/Behavioural</p> <ul style="list-style-type: none"> <input type="checkbox"/> strange or inappropriate emotions (e.g., laughing, crying, getting angry easily) <p>Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> _____ 	<p>Physical</p> <ul style="list-style-type: none"> <input type="checkbox"/> headache <input type="checkbox"/> pressure in head <input type="checkbox"/> neck pain <input type="checkbox"/> feeling off/not right <input type="checkbox"/> ringing in the ears <input type="checkbox"/> seeing double or blurry/loss of vision <input type="checkbox"/> seeing stars, flashing lights <input type="checkbox"/> pain at physical site of injury <input type="checkbox"/> nausea/stomach ache/pain <input type="checkbox"/> balance problems or dizziness <input type="checkbox"/> fatigue or feeling tired <input type="checkbox"/> sensitivity to light or noise <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/Behavioural</p> <ul style="list-style-type: none"> <input type="checkbox"/> irritable, sad, more emotional than usual <input type="checkbox"/> nervous, anxious, depressed <p>Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> _____
<p>If any observed signs or symptoms worsen, call 911.</p>	

Quick Memory Function Assessment

Failure to answer any of these questions correctly may indicate a concussion:

- What room are we in right now? *Answer:* _____
- What activity/sport/game are we playing now? *Answer:* _____
- What field are we playing on today? *Answer:* _____
- What part of the day is it? *Answer:* _____
- What is the name of your teacher/coach? *Answer:* _____
- What school do you go to? *Answer:* _____

If there are **any** signs observed or symptoms reported, or if the student fails to answer any of the above questions correctly, a concussion should be suspected and the **student must be immediately removed from play and must not be allowed to return to play that day even if the student states that he/she is feeling better**. Students with a suspected concussion should not be left alone and must not leave the premises without parent/guardian (or emergency contact) supervision.

Continued Monitoring

- Students should be monitored for 24 - 48 hours following the incident as signs and symptoms can appear immediately after the injury or **may take hours or days to emerge**.
- If any signs or symptoms emerge, the student needs to be examined by a medical doctor or nurse practitioner.

Appendix B Documentation of Medical Examination

This form to be provided to all students suspected of having a concussion. For more information see [“Appendix C - Documentation for a Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan”](#).

_____ (Student name) sustained a suspected concussion on _____ (date). As a result, this student must be seen by a medical doctor or nurse practitioner. Prior to returning to school, the parent/guardian must inform the school principal of the results of the medical examination by completing the following:

Results of Medical Examination

- € My child/ward has been examined and **no concussion** has been diagnosed and therefore may resume full participation in learning and physical activity with no restrictions.
- € My child/ward has been examined and **a concussion has been diagnosed** and therefore must begin a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan.

Parent/Guardian signature: _____

Date: _____

Comments:

Appendix C

Documentation for a Diagnosed Concussion Return to Learn/Return to Physical Activity Plan

This form is to be used by parents/guardians to communicate their child's/ward's progress through the plan and is to be used with Hamilton-Wentworth Catholic District School Board Concussion Management Protocol.

The Return to Learn/Return to Physical activity Plan is a combined approach. Step 2 – Return to Learn must be completed prior to the student returning to physical activity. Each step must take a minimum of 24 hours (Note: Step – Return to Learn and Step – 4 Return to Physical Activity occur concurrently).

Step 1 – Return to Learn/Return to Physical Activity

- *Completed at home.*
- *Cognitive Rest – includes limiting activities that require concentration and attention (e.g., reading, texting, television, computer, video/electronic games).*
- *Physical Rest – includes restricting recreational/leisure and competitive physical activities.*

€ My child/ward has completed Step 1 of the Return to Learn/Return to Physical Activity Plan (cognitive and physical rest at home) and his/her **symptoms have shown improvement**. My child/ward will proceed to Step 2 – Return to Learn.

€ My child/ward has completed Step 1 of the Return to Learn/Return to Physical Activity Plan (cognitive and physical rest at home) and is **symptom free**. My child/ward will proceed directly to Step 3 – Return to Learn and Step 4 – Return to Physical Activity.

Parent/Guardian Signature: _____

Date: _____

Comments:

If at any time during the following steps symptoms return, please refer to the "Return of Symptoms" section on Page 1 of this form.

Step 2 – Return to Learn

- *Student returns to school.*
- *Requires individualized classroom strategies and/or approaches which gradually increase cognitive activity.*
- *Physical rest – includes restricting recreational/leisure and competitive physical activities.*

€ My child/ward has been receiving individualized classroom strategies and/or approaches and is **symptom free**. My child/ward will proceed to Step 3 – Return to Learn and Step 4 – Return to Physical Activity.

Parent/Guardian Signature: _____

Date: _____

Comments:

Step 3 – Return to Learn

- *Student returns to regular learning activities at school.*

Step 4 – Return to Physical Activity

- *Student can participate in individual light aerobic physical activity only.*
- *Student continues with regular learning activities.*

€ My child/ward is symptom free after participating in light aerobic physical activity. My child/ward will proceed to Step 5 – Return to Physical activity.

€ Appendix C will be returned to the teacher to record progress through Steps 3 and 4.

Parent/Guardian Signature: _____

Date: _____

Comments:

Step 5 – Return to Physical Activity

- *Student may begin individual sport-specific physical activity only.*

€ My child/ward is symptom free after participating in individual sport-specific physical activity. My child/ward will proceed to Step 6 – Return to Physical activity.

€ Appendix C will be returned to the teacher to record progress through Steps 6.

Parent/Guardian Signature: _____

Date: _____

Comments:

Step 6 – Return to Physical Activity

- *Student may begin activities where there is no body contact (e.g., dance, badminton); light resistance/weight training; non-contact practice; and non-contact sport-specific drills.*

€ Student has successfully completed Step 6 and is symptom free.

€ Appendix C will be returned to parent/guardian to obtain medical doctor/nurse practitioner diagnosis and signature.

Principal Signature: _____

Medical Examination

€ I, _____ (medical doctor/nurse practitioner name) have examined _____ (student name) and confirm he/she continues to be symptom free and is able to return to regular physical education class/intramural activities/interschool activities in non-contact sports and full training/practices for contact sports.

Medical Doctor/Nurse Practitioner Signature:

Date: _____

Step 7 – Return to Physical Activity

- *Student may resume regular physical education/intramural activities/interschool activities in non-contact sports and full training/practices for contact sports.*

Step 8 – Return to Physical Activity

- *Student may resume full participation in contact sports with no restrictions.*

Return of Symptoms

€ *My child/ward has experienced a return of concussion signs and/or symptoms and has been examined by a medical doctor/nurse practitioner, who has advised a return to:*

- Step ____ of the Return to Learn/Return to Physical Activity Plan.

Parent/Guardian Signature: _____

Date: _____

Comments:

Appendix D

RETURN TO LEARN/RETURN TO PHYSICAL ACTIVITY PLAN

CONCUSSION DIAGNOSED

Signs and Symptoms Present

Participant and/or Parent/Guardian: report to Coach/Administrator

Symptoms Begin to Improve OR Symptom Free

Return to Learn/Return to Physical Activity-Step 1
Limit cognitive and physical activity which provoke symptoms *at Home

Participant and/or Parent/Guardian: report to Coach/Administrator

Return to Learn/Return to Physical Activity-Step 2
Student returns to school, individualized classroom strategies with a gradual increased cognitive activity

Participant and/or Parent/Guardian: report to Coach/Administrator

Return to Learn/Return to Physical Activity-Step 3
Student returns to regular learning activities

Participant and/or Parent/Guardian: report to Coach/Administrator

Return to Learn/Return to Physical Activity-Step 4
Light aerobic exercise only

Participant and/or Parent/Guardian: report to Coach/Administrator

Return to Learn/Return to Physical Activity-Step 5
Sport specific exercise only

Participant and/or Parent/Guardian: report to Coach/Administrator

Return to Learn/Return to Physical Activity-Step 6
Activity with no body contact

Participant and/or Parent/Guardian: report to Coach/Administrator

Return to Learn/Return to Physical Activity-Step 7
Full participation in non-contact sports

Participant and/or Parent/Guardian: report to Coach/Administrator

Return to Learn/Return to Physical Activity-Step 8
Student may resume full participation in contact sports with no restrictions