

## Concussion Procedure

### **RATIONALE:**

Hamilton-Wentworth District School Board (HWDSB) recognizes the importance of health, safety and overall well-being of its students and is committed to taking steps to reduce the risk of injury.

A concussion is brain injury that causes changes in how the brain functions, leading to symptoms that can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty concentrating or remembering), emotional/behavioral (e.g., depression, irritability) and/or related to sleep (e.g., drowsiness, difficulty falling asleep). A concussion may be caused either by a jarring impact to the head, face or neck, or a impact to the body that transmits a force to the head that causes the brain to move rapidly within the skull. It can occur even if there has been no loss of consciousness (in fact most concussions occur without a loss of consciousness).

The Board recognizes that children and adolescents are among those at greatest risk for concussions and that while there is potential for a concussion any time there is body trauma, the risk is greatest during activities where collisions can occur, such as during physical education classes, playground time, or school-based sports activities.

Research demonstrates that concussions can significantly impact a student's cognitive abilities, and their physical and emotional health. Close monitoring and proper management of a concussion ensures the best outcome for the student's return to school and then physical activity.

Increasing awareness of conditions to prevent and identify symptoms related to concussions will support the proper management of concussions, reducing risk.

A concussion may be suspected following a jarring impact to the head, face or neck, or a impact to the body that transmits an impulsive force to the head when signs or symptoms have been observed and/or reported. It is important to monitor students for one or more of the signs or symptoms of a concussion, which may take hours or days to appear. Students may be reluctant to report symptoms because of a fear that they will be removed from the activity, their status on a team or in a game could be jeopardized or academics could be impacted. The signs and symptoms of a concussion:

- may be different for everyone;
- can appear immediately after the injury or may take hours or days to emerge;
- may not be as obvious for younger students compared to older students;
- may be difficult for students under 10, with special needs, or students for whom English/French is not their first language, to communicate.

Due to their developing brain and risk-taking behaviour, children and adolescents are more susceptible to concussions and take the longest to recover. Recent research has made it clear 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

## Concussion Procedure

worsen. It is equally important to help students as they “return to physical activity” in the classroom as it is to help them “return to school”. 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, including death.

Concussion prevention and management requires the cooperation of all partners in the school community. To ensure the safety of students while they enjoy the many benefits of being active, parents/guardians, students, volunteers, staff, and school boards must all understand and fulfill their responsibilities. It is critical to a student’s recovery that a student’s Return to School (RTS) and Return to Physical Activity (RTPA) be developed and implemented through a collaborative team approach led by the school Principal. This team should include the concussed student, the student’s parent(s)/guardian(s), school staff and volunteers who work with the student, and the medical doctor/nurse practitioner. Ongoing communication and monitoring by all members of the team is essential for the successful recovery of the student.

### TERMINOLOGY:

#### Concussion

According to the *Ontario Physical Activity Safety Standards in Education (OPASSE) Appendix C-1 Concussion Protocol: Identification and Management Procedures*, 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. It is possible for symptoms to take up to 7 days to appear.
- Has signs and symptoms that can be physical (for example, headache, dizziness), cognitive (for example, difficulty concentrating or remembering), emotional/behavioural (for example, depression, irritability) and/or related to sleep (for example, 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, consult [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);
- Cannot normally be seen on X-rays, standard CT scans or MRIs; and
- Is typically expected to result in symptoms lasting 1-4 weeks in children and youth (18 years or under), but in some cases symptoms may be prolonged.

## Concussion Procedure

### PROCEDURES:

#### 1.0 Responsibilities

##### 1.1 Executive Council will:

- 1.1.1 Perform an annual review of the Concussion Procedure to ensure guidelines align with current best practice recommendations and, at a minimum, OPHEA's concussion guidelines.
- 1.1.2 Ensure concussion education is made available to all school personnel and volunteers.
- 1.1.3 Ensure concussion awareness and education strategies are implemented for students and their parents/guardians.
- 1.1.4 Ensure that information on the Concussion Procedure is shared with the school community, including organizations that use the school facilities, such as community sports organizations and licensed child-care providers operating in schools of the Board.
- 1.1.5 Ensure each elementary and secondary school implements the Concussion Procedure outlined in 4.0 below, including Return to School and Return to Physical Activity plans when required.

##### 1.2 Principal will:

- 1.2.1 Ensure the Concussion Procedure, outlined in 4.0 below, is followed by all school staff (including occasional/support staff, recess supervisors), parents/guardians, students, and volunteers.
- 1.2.2 Ensure staff, volunteers, parents/guardians, and students are aware of the Concussion Procedure and understand their roles and responsibilities.
- 1.2.3 Arrange for concussion in-servicing for staff and coaching volunteers and repeat as necessary.
- 1.2.4 Ensure the *C-2 Tool to Identify a Suspected Concussion* is included in occasional teacher lesson plans and field trip folders.
- 1.2.5 Ensure that all incidents or suspected incidents are recorded, reported and filed as required by this Procedure as appropriate, and with an Ontario School Boards Insurance Exchange (OSBIE) incident report form.

##### 1.3 Staff and volunteers will:

- 1.3.1 Understand and follow the Concussion Procedure outlined in 4.0 below.

## Concussion Procedure

- 1.3.2 Attend and complete concussion training (e.g. staff meeting, online, workshop, compliance training sessions, read concussion package, etc.) as part of the annual compliance training.
  - 1.3.3 Review concussion information prior to commencing coaching a sport (i.e. prior to tryouts).
  - 1.3.4 Ensure age-appropriate concussion education, including prevention and awareness of hard-hit impact, is included for all students participating in activities that could result in a concussion. Have students complete and discuss player or athlete code of behavior.
  - 1.3.5 Follow current OPHEA safety standards and implement risk management and injury prevention strategies.
- 1.4 Parents/Guardians will:
- 1.4.1 Review with their child the concussion information found in student agenda/handbook distributed through the school (e.g. recognizing signs and symptoms of concussion)
  - 1.4.2 Reinforce concussion prevention strategies with their child.
  - 1.4.3 Understand and follow parents/guardian roles and responsibilities in the Concussion Procedure, including reporting non-school related concussions to the school.
  - 1.4.4 In the event of a suspected concussion, ensure child is assessed as soon as possible by a physician/nurse practitioner.
  - 1.4.5 Collaborate with the school to develop and implement Return to School and Return to Physical Activity plans.
  - 1.4.6 Report non-school related concussion to Principal (Return to School/Return to Physical Activity guidelines will still apply).
- 1.5 Students will:
- 1.5.1 Learn about concussions throughout applicable curriculum.
  - 1.5.2 Immediately inform school staff of suspected or diagnosed concussions occurring during or outside of school.
  - 1.5.3 Inform school staff if they experience any concussion related symptoms (immediate, delayed or reoccurring).
  - 1.5.4 Remain on school premises until parent/guardian arrives if concussion is suspected.
  - 1.5.5 Communicate concerns and challenges during recovery process with staff concussion liaison, school staff, parents/guardians, and health care providers.
  - 1.5.6 Follow concussion management strategies as per medical doctor/nurse practitioner direction and Return to School/Return to Physical Activity plans.
  - 1.5.7 Abide by the Board and school codes of conduct and refrain from behaviour that may cause themselves or another person to receive a jarring impact to the head, face, neck, or body.

## Concussion Procedure

### 1.6 Physician and/or other health care professionals, may:

- 1.6.1 Assist in the development of an individualized academic and physical concussion management plan.
- 1.6.2 Monitor recovery process and modify concussion management plan as required.
- 1.6.3 Complete required documentation.
- 1.6.4 May refer to a brain injury specialist if symptom(s) persist beyond 10 days.
- 1.6.5 Assist the Board to develop a communication strategy for primary care providers to ensure understanding of the Board's Concussion Procedure.

### PROCEDURE

#### 4.0 Procedures

##### 4.1 Suspected Concussions

- 4.1.1 In the event that a student has sustained a jarring impact to the face, head, neck or somewhere else in the body that transmits an impulsive force to the head, a concussion may be suspected. If a concussion is suspected, the student must be removed from the game, activity, etc. immediately and cannot return to the activity for the rest of the day.
- 4.1.2 The staff member or volunteer who witnessed (or has knowledge) of the jarring impact then uses the *C-2 Tool to Identify a Suspected Concussion* (see appendices) to document the event, monitor for the signs and symptoms of concussion, take action in the event signs or symptoms of a concussion and communicate with parents/caregivers. The student must stay at school until a parent/caregiver can escort them home or to medical care if a concussion is suspected.
- 4.1.3 The principal or designate will ensure that form *C-3: Documentation of Medical Assessment* is prepared with a copy to parents/caregivers and a copy to the Ontario Student Record (OSR).
- 4.1.4 The parent/caregiver will also receive the *Home Preparation for Return to School and Return to Physical Activity* reference sheet.
- 4.1.5 The student with a suspected concussion cannot return to school without a completed *C-3 Documentation of Medical Assessment*.
- 4.1.6 The adult who witnessed (or has knowledge) of the event also completes an Ontario School Board's Insurance Exchange (OSBIE) incident form.

##### 4.2 Diagnosed Concussions

- 4.2.1 If a concussion is diagnosed by a medical doctor or nurse practitioner, the principal supervises the procedures outlined in form *C-4: Documentation for Concussion Management: Home Preparation for Return to School/Return to Physical Activity*.

## Concussion Procedure

- 4.2.2 The principal provides and explains *C-4 Documentation for Concussion Management: Home Preparation for Return to School/Return to Physical Activity* to the parents/caregivers.
- 4.2.3 Parents/caregivers use *C-4 Documentation for Concussion Management: Home Preparation for Return to School/Return to Physical Activity* to communicate when their child is ready to return to school and return to physical activity.
- 4.2.4 The principal ensures that *C-4 Documentation for Concussion Management: Home Preparation for Return to School/Return to Physical Activity* is placed in the Ontario Student Record (OSR).
- 4.3 Return to School/Return to Physical Activity
  - 4.3.1 When a parent/caregiver indicates that their child has completed the steps outlined in form *C-4: Documentation for Concussion Management: Home Preparation for Return to School/Return to Physical Activity*, the principal prepares for the student's return by:
    - Identifying a "Return to School Team" of school staff (e.g. homeroom teacher, educational assistant, etc.) who will be in contact with the student;
    - Meeting with the student and parent/caregiver to outline the procedures under form *C-5: Documentation for Concussion Management: Return to School/Return to Physical Activity*;
    - Creating and implementing a communication plan, based on form *C-5a School Strategies/Approaches: Concussion/Brain Injury*, with the Return to School Team, as well as all educators and support staff interacting with the student.
    - Ensuring that parents/caregivers are aware that form *C-6: Documentation for Medical Clearance* to needs to be completed prior to a full return to physical activity.

### C-2: Tool to Identify a Suspected Concussion

This tool is a quick reference, to be completed by the adult who witnessed (or has knowledge) of the event, to help identify a suspected concussion and to communicate this information to parents/guardians. Be sure to fill out OSBIE accident report form and submit to the office as well. If you have enough concern that you begin the protocol in this stage (C-2), then that student is out of the game/activity for 24 hours.

#### Identification of Suspected Concussion

Following a jarring impact to the head, face or neck, or elsewhere on the body that transmits an impulsive force to the head, a concussion may be suspected (observed or reported) in the presence of any one or more of the signs or symptoms outlined in the chart below and/or the failure of the Quick Memory Function Assessment.

#### 1. Check appropriate box

An incident occurred involving \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_ am/pm.  
He/she was observed for signs and symptoms of a concussion.

- ☐ No signs or symptoms described below were noted at the time. **Note:** Continued monitoring of the student is important as signs and symptoms of a concussion may appear hours or days later (**refer to #4 below**). Parents receive Tool to Identify Suspected Concussion C-2 AND Documentation of Medical Examination C-3.
- ☐ The following signs were observed, or symptoms reported:

| Signs and Symptoms of Suspected Concussion  |   |   |
|---|---|---|
| <b>RED FLAGS</b><br><i>Call 911 if you observe <b>any</b> of the following</i>  | <b>POSSIBLE SIGNS OBSERVED</b><br><i>A sign is a visual clue that is observed by another person (e.g., parent/guardian, teacher, coach, supervisor, peer).</i>  | <b>POSSIBLE SYMPTOMS REPORTED</b><br><i>A symptom is something the student will feel/report.</i>  |
| <ul style="list-style-type: none"> <li>○ Neck pain or tenderness</li> <li>○ Double vision</li> <li>○ Weakness or tingling/burning in arms or legs</li> <li>○ Severe or increasing headache</li> <li>○ Seizure or convulsion</li> <li>○ Loss of consciousness</li> <li>○ Deteriorating conscious state</li> <li>○ Vomiting</li> <li>○ Increasingly restless, agitated, or combative</li> </ul> | <ul style="list-style-type: none"> <li>○ Lying motionless (no loss of consciousness)</li> <li>○ Slow to get up after a direct hit or indirect hit to the head</li> <li>○ Disorientation or confusion, or an inability to respond appropriately to questions (<i>see Quick Memory Function Assessment on pg. 2</i>)</li> <li>○ Blank or vacant look</li> <li>○ Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements</li> <li>○ Facial injury after trauma</li> </ul> | <ul style="list-style-type: none"> <li>○ Headache</li> <li>○ "Pressure in head"</li> <li>○ Balance problems</li> <li>○ Nausea or vomiting</li> <li>○ Drowsiness</li> <li>○ Dizziness</li> <li>○ Blurred vision</li> <li>○ Sensitivity to light</li> <li>○ Sensitivity to noise</li> <li>○ Fatigue or low energy</li> <li>○ "Don't feel right," feeling off/not right</li> <li>○ More emotional</li> <li>○ More irritable</li> <li>○ Sadness</li> <li>○ Nervous or anxious</li> <li>○ Neck pain</li> <li>○ Difficulty concentrating</li> <li>○ Difficulty remembering</li> <li>○ Feeling slowed down</li> <li>○ Feeling dazed or "in a fog"</li> </ul> |
| If any observed signs or symptoms worsen, call 911  |   |   |

**Do not administer any medication (unless the student requires medication for other conditions, for example, insulin for diabetes, inhaler for asthma).**



## 2. Perform Quick Memory Function Assessment

Ask the student the following questions, recording the answers below. Failure to answer any one of these questions correctly may indicate a concussion.

- What room are we in right now? \_\_\_\_\_
- What activity/sport/game are we playing 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? \_\_\_\_\_

## 3. Action to be Taken

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;
- The student must be immediately removed from play and must not be allowed to return to the activity/game for 24 hours, even if the student states that they are feeling better; and
- The student must not leave the premises without parent/guardian (or emergency contact) supervision.  
Do not leave the student alone.

In all cases of a suspected concussion, the student must be examined by a medical doctor or nurse practitioner for a diagnosis.

## 4. Continued Monitoring by Parent/Guardian

Parent/Guardian to receive Tool to Identify Suspected Concussion C-2 (Yellow Form) and Documentation of Medical Examination C-3 (Pink Form).

- 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 as soon as possible that day. Use Form “C-3 Documentation of Medical Examination” (Pink Form).

5. Parent/Guardian Signature: \_\_\_\_\_ (no signs/symptoms after 24hrs of observation)

Date: \_\_\_\_\_

This completed form must be copied by the Teacher/Coach/Supervisor. Please keep the original and provide the copy to the parent. This original and the returned signed parent copy must be filed in the student's OSR and used to fill out the OSBIE accident report at [www.osbie.on.ca](http://www.osbie.on.ca), as per our school board policy.

### Notice of Collection of Personal Health Information

The Hamilton-Wentworth District School Board is committed to the security and confidentiality of information under its control, and to the protection of privacy with respect to personal and confidential information that is collected, used, disclosed and retained in the system (*Policy 1.6 Privacy*). Information on this Form is collected under the legal authority of the *Education Act* and its regulations, and in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*. Information collected on this form will be used to assess the student's Return to Learn and Return to Physical Activity under the Concussion Management Procedure. This form will be retained in the OSR by the registering school for one (1) year after retirement/transfer of the student. The information may also be retained independently of the OSR for Ministry of Education reporting purposes. Questions or concerns about the collection of data on this form should be directed to the principal of the school.



### C-3 (Pink Form): Documentation of Medical Assessment

This form must be completed when a student has a suspected concussion.

\_\_\_\_\_ (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 assessment by completing the following:

#### Results of Medical Assessment

- ☐ My child/ward has been assessed 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 assessed and **no concussion** has been diagnosed, but the assessment lead to the following diagnosis and/or recommendations:
- \_\_\_\_\_
- \_\_\_\_\_
- ☐ My child/ward has been assessed and **a concussion has been diagnosed** and therefore must begin a medically supervised, individualized and gradual Return to School/Return to Physical Activity Plan C-4, (Green Form).

Comments: \_\_\_\_\_

\_\_\_\_\_

#### Medical Doctor/Nurse Practitioner Providing Assessment

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

#### Parent/Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Place original in students OSR

#### Notice of Collection of Personal Health Information

The Hamilton-Wentworth District School Board is committed to the security and confidentiality of information under its control, and to the protection of privacy with respect to personal and confidential information that is collected, used, disclosed and retained in the system (*Policy 1.6 Privacy*). Information on this Form is collected under the legal authority of the *Education Act* and its regulations, and in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*. Information collected on this form will be used to assess the student's Return to Learn and Return to Physical Activity under the Concussion Management Procedure. This form will be retained in the OSR by the registering school for one (1) year after retirement/transfer of the student. The information may also be retained independently of the OSR for Ministry of Education reporting purposes. Questions or concerns about the collection of data on this form should be directed to the principal of the school.

## REFERENCE SHEET

### Home Preparation for Return to School and Return to Physical Activity

If a student is diagnosed with a concussion, the student will follow a Return to School and Return to Physical Activity Plan. There are two parts to the plan. This reference sheet outlines the first part, Home Preparation steps for Return to School and Return to Physical Activity Plan for students that have been diagnosed with a concussion. Form C-5 Return to School Strategies/Approaches consists of the second part.

**PLEASE REMEMBER EACH STEP TAKES A MINIMUM OF 24 HOURS TO COMPLETE**

#### Home Preparation for Return to School and Return to Physical Activity – Initial Rest:

- *Relative Cognitive Rest*
- *Relative Physical Rest*

#### Stage 1 – Home Preparation for Return to School and Return to Physical Activity:

- **Return to School:** *Light cognitive (thinking/memory/knowledge) activities (e.g. easy reading, limited TV, puzzles). Gradually increase cognitive activity up to 30 minutes with frequent breaks.*
- **Return to Physical Activity:** *Light physical activity that does not provoke symptoms and movement that can be done with little effort which does not increase breathing and/or heart rate (e.g. light walking, daily household tasks such as bed-making and dishes).*

#### Stage 2 – Home Preparation for Return to School:

- **Return to School:** *Gradually add cognitive activity and when tolerated, school work is introduced at home and facilitated by the school.*

#### Stage 2a – Home Preparation for Return to Physical Activity:

- **Return to Physical Activity:** *Gradually increase daily activities that do not provoke symptoms. Add in additional movement that do not increase breathing and/or heart rate (e.g. walking, stairs).*

#### Stage 2b – Home Preparation for Return to Physical Activity:

- **Return to Physical Activity:** *Introduce light aerobic activities that cause some increase in breathing and/or heart rate but still allow the student to carry on a comfortable conversation (e.g. stationary cycling, walking).*

### C-4: Documentation for Concussion Management Home Preparation for Return to School/Return to Physical Activity

#### Notice of Collection of Personal Health Information

The Hamilton-Wentworth District School Board is committed to the security and confidentiality of information under its control, and to the protection of privacy with respect to personal and confidential information that is collected, used, disclosed and retained in the system (*Policy 1.6 Privacy*). Information on this Form is collected under the legal authority of the *Education Act* and its regulations, and in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*. Information collected on this form will be used to assess the student's Return to Learn and Return to Physical Activity under the Concussion Management Procedure. This form will be retained in the OSR by the registering school for one (1) year after retirement/transfer of the student. The information may also be retained independently of the OSR for Ministry of Education reporting purposes. Questions or concerns about the collection of data on this form should be directed to the principal of the school.

This form is to be used by parents/guardians to communicate their child's/ward's progress through the stages of the Home Preparation for Return to School and Return to Physical Activity following a diagnosed concussion. Each stage below is completed at home.

- **The Return to School/Return to Physical Activity is a combined approach.**
- **The Home Preparation occurs under the supervision of a parent/guardian in consultation with the medical doctor/nurse practitioner.**
- **Home Preparation will take a minimum of four days.**
- **Each additional step must take a minimum of 24 hours.**
- **Students do not have to go through the same stage of the Return to School and Return to Physical Activity at the same time as they are not interdependent.**
- **Before a student can return to school, they must have completed Return to School Stage 2 and Return to Physical Activity Stage 2b.**
- **If at any stage the student exhibits or reports a return of symptoms or new symptoms, they must return to the previous stage for a minimum of 24 hours. If the student exhibits or reports a worsening of symptoms, they student must return to the medical doctor/nurse practitioner for assessment.**
- ***For the care of the student, all steps must be followed.***

#### Instructions:

- Review the activities (permitted and restricted) for each stage prior to beginning the home portion of the plan
- Check (✓) the boxes at each stage to record student's progress throughout the plan
- Once the student has successfully completed all stages of the Home Preparation for Return to School and Return to Physical Activity Plan, the parent/guardian is to sign and date the form and communicate to the school principal/designate that the student is ready to begin the school portion of the Return to School and Return to Physical Activity Plan

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Initial Rest** (24-48 hours of relative cognitive and physical rest at home)

- *Sample Activities Permitted if Tolerated:*
    - **Cognitive:** Short board games/card games, short phone calls, camera photography, crafts
    - **Physical:** Limited movement that does not increase heart rate or break a sweat (e.g. daily hygiene activities and moving to various locations in the home)
  - *Sample Activities to Avoid:*
    - **Cognitive:** television, technology (e.g. computer, laptop, tablet, cell phone), reading, video games
    - **Physical:** Physical exertion that increases breathing and/or heart rate and seating, stair climbing, and sporting activities
- ☐ My child/ward has completed the initial rest period and symptoms are improving or my child/ward has rested for a maximum of 2 days, whichever occurs first. My child/ward will proceed Stage 1 – Home Preparation for Return to School and Stage 1 – Return to Physical Activity.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE REMEMBER EACH STAGE BELOW IS COMPLETED AT HOME AND TAKES A MINIMUM OF 24 HOURS TO COMPLETE.**

| Return to School Stages  | Return to Physical Activity Stages  |
|--|---|
| <p><b><u>Return to School – Stage 1</u></b><br/> <i>Light cognitive (thinking/memory/knowledge) activities, gradually increasing up to 30 minutes at a time with frequent breaks.</i></p> <p><b>Permitted Activities (if tolerated):</b> easy reading, limited TV and phone calls, puzzles/drawing/building blocks, some contact with friends</p> <p><b>Restricted Activities:</b> technology use (e.g. cell phone, tablet)</p> <p><input type="checkbox"/> My child/ward tolerates 30 minutes of light cognitive activity and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms. My child/ward will proceed to Return to School - Stage 2</p> <p><input type="checkbox"/> My child/ward has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.</p> <p><input type="checkbox"/> My child/ward has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</p> | <p><b><u>Return to Physical Activity – Stage 1</u></b><br/> <i>Light physical activities which do not provoke symptoms and can be done with little effort (i.e. do not increase breathing and/or heart rate or break a sweat).</i></p> <p><b>Permitted Activities (if tolerated):</b> daily household tasks (e.g. bed-making, dishes, meal preparation), slow walking</p> <p><b>Restricted Activities:</b> physical exertion, stair climbing (other than to move locations throughout the home), sporting activities</p> <p><input type="checkbox"/> My child/ward tolerates light physical activities and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms. My child/ward will proceed to Return to Physical Activity – Stage 2a.</p> <p><input type="checkbox"/> My child/ward has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.</p> <p><input type="checkbox"/> My child/ward has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</p> |

|   |   |
|---|---|
| <p><b><u>Return to School – Stage 2</u></b><br/> <i>Gradually add cognitive activity and when light cognitive activity is tolerated, introduce school work at home that is facilitated by the school.</i></p> <p><b>Permitted Activities (if tolerated):</b> school-type work in 30-minute increments, crosswords, word puzzles, word searches, and limited technology use starting with shorter periods and building up as tolerated.</p> <p><b>Restricted Activities:</b> school attendance</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> My child/ward tolerates the additional cognitive activity and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms.</li> <li><input type="checkbox"/> My child/ward has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.</li> <li><input type="checkbox"/> My child/ward has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</li> </ul> | <p><b><u>Return to Physical Activity – Stage 2a</u></b><br/> <i>Daily activities that do not provoke symptoms. Gradually add additional movements that do not increase breathing and/or heart rate or break a sweat.</i></p> <p><b>Permitted Activities (if tolerated):</b> light physical activities such as stairs and slow walking</p> <p><b>Restricted Activities:</b> physical exertion, sports, sporting activities</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> My child/ward tolerates daily physical activities and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms. My child/ward will proceed to Return to Physical Activity – Stage 2b.</li> <li><input type="checkbox"/> My child/ward has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.</li> <li><input type="checkbox"/> My child/ward has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</li> </ul> |
|   | <p><b><u>Return to Physical Activity – Stage 2b</u></b><br/> <i>Light aerobic activity that cause some increase in breathing/heart rate.</i></p> <p><b>Permitted Activities (if tolerated):</b> walking, stationary and recreational cycling</p> <p><b>Restricted Activities:</b> resistance or weight training, sporting activities</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> My child/ward tolerates light aerobic activities and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms.</li> <li><input type="checkbox"/> My child/ward has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.</li> <li><input type="checkbox"/> My child/ward has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</li> </ul>   |



**Ontario Physical  
Activity Safety  
Standards in Education**

- ☐ My child/ward has successfully completed all of the stage of the Home Preparation for Return to School and Return to Physical Activity and is prepared to return to school.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

---

---

---

**Place original C-4 form in the student's OSR**

### C-5: Documentation for Concussion Management Return to School/Return to Physical Activity

#### Notice of Collection of Personal Health Information

The Hamilton-Wentworth District School Board is committed to the security and confidentiality of information under its control, and to the protection of privacy with respect to personal and confidential information that is collected, used, disclosed and retained in the system (*Policy 1.6 Privacy*). Information on this Form is collected under the legal authority of the *Education Act* and its regulations, and in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*. Information collected on this form will be used to assess the student's Return to Learn and Return to Physical Activity under the Concussion Management Procedure. This form will be retained in the OSR by the registering school for one (1) year after retirement/transfer of the student. The information may also be retained independently of the OSR for Ministry of Education reporting purposes. Questions or concerns about the collection of data on this form should be directed to the principal of the school.

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

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

**This form is to be used by parents/guardians to communicate their child's/ward's progress through the plan.**

- The Return to School/Return to Physical Activity is a combined approach.
- The Home Preparation for Return to School/Return to Physical Activity (C-4) must be completed before this plan begins.
- Each step must take a minimum of 24 hours.
- A student's progress through the stages of Return to School is independent from their progression through the Return to Physical Activity stages. Meaning they could return to school before resuming school physical activities.
- A student must successfully complete Stages 4, 4a and 4b in this document, as well as obtain Medical Clearance (Form C-6), before beginning Stage 5 below.
- If at any stage the student exhibits or reports a return of symptoms or new symptoms, they must return to the previous stage for a minimum of 24 hours. If the student exhibits or reports a worsening of symptoms, the student must return to the medical doctor/nurse practitioner for assessment.
- **For the care of the student, all steps must be followed.**

#### Instructions:

- Review the activities (permitted and restricted) for each stage prior to beginning the school portion of the plan
- School (e.g. teacher, collaborative team lead, etc.) provides appropriate activity and documents the student's progress throughout the plan by checking (✓), dating and initialing completion of each stage and communicates the information via the form to the parent/guardian
- Parent/guardian checks (✓), dates, and signs the student's tolerance to the activities, permitting the student to progress to the next stage and communicates this information via the form to the school



Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE REMEMBER EACH STAGE TAKES A MINIMUM OF 24 HOURS TO COMPLETE.

| Return to School Stages   | Return to Physical Activity Stages   |
|---|--|
| <p><b>Return to School – Stage 3a</b><br/> <i>Individual Return to School Plan is developed by the collaborative team using possible strategies and/or approaches for student learning. Student begins with an initial time at school of 2 hours and works up to ½ day of cognitive activity.</i></p> <p><b>Permitted activities (if tolerated):</b> school work for up to 2 hours per day, up to ½ day of cognitive activity</p> <p><b>Restricted Activities:</b> tests/exams, homework, music class, assemblies, field trips</p> <p><input type="checkbox"/> Student has demonstrated they can tolerate up to a half day of cognitive activity.</p> <p>School Initial: _____<br/> Date: _____</p> <p><input type="checkbox"/> My child/ward has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms and can now progress to Return to School – Stage 3b.</p> <p><input type="checkbox"/> My child/ward has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.</p> <p><input type="checkbox"/> My child/ward has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</p> <p><b>Parent/Guardian</b><br/> Signature: _____<br/> Date: _____<br/> Comments: _____<br/> _____</p> | <p><b>Return to Physical Activity – Stage 3</b><br/> <i>Simple physical movements and sport-specific exercise to add movement.</i></p> <p><b>Permitted activities (if tolerated):</b> walking, stationary cycling, elliptical, recreational dancing, simple individual drills in predictable and controlled environments, limited recess activities (e.g. walking)</p> <p><b>Restricted activities:</b> full participation in physical education, intramurals, interschool practices and competitions, resistance or weight training, body contact or head impact activities, jarring motions</p> <p><input type="checkbox"/> Student has demonstrated they can tolerate simple individual drills/sport-specific drills.</p> <p>School Initial: _____<br/> Date: _____</p> <p><input type="checkbox"/> My child/ward has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms and can now progress to Return to Physical Activity – Stage 4.</p> <p><input type="checkbox"/> My child/ward has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.</p> <p><input type="checkbox"/> My child/ward has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</p> <p><b>Parent/Guardian</b><br/> Signature: _____<br/> Date: _____<br/> Comments: _____<br/> _____</p> |

### **Return to School – Stage 3b**

*Student continues attending school half time while gradually increasing school attendance time and school work and decreasing in adaptation of learning strategies and/or approaches.*

**Permitted Activities (if tolerated):** School work for 4-5 hours per day in smaller chunks (e.g. 2-4 days of school/week), up to 30 minutes per day of homework, decrease adaptation of learning approaches, classroom testing with adaptations

**Restricted Activities:** Standardized tests/exams

- ☐ Student has demonstrated they can tolerate up to 4-5 hours of cognitive activities.

School Initial: \_\_\_\_\_

Date: \_\_\_\_\_

- ☐ My child/ward has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms and can now progress to Return to School – Stage 4a.
- ☐ My child/ward has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.
- ☐ My child/ward has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.

### **Parent/Guardian**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

|  |  |
|--|--|
| <p><b><u>Return to School – Stage 4a</u></b><br/> <i>Full day school with minimal adaptation of learning strategies and/or approaches. Nearly normal workload.</i></p> <p><b>Permitted Activities:</b> Nearly normal cognitive activities, routine school work as tolerated, minimal adaptation of learning strategies and/or approaches, increase homework to 60 minutes/day, limit routine testing to one test per day with adaptations</p> <p><b>Restricted Activities:</b> Standardized tests/exams</p> <p><input type="checkbox"/> Student has demonstrated they can tolerate a full day of school and a nearly normal workload with minimal adaptation of learning strategies and/or approaches.</p> <p>School Initial: _____<br/>         Date: _____</p> <p><input type="checkbox"/> My child/ward has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms and can now progress to Return to School – Stage 4b.</p> <p><input type="checkbox"/> My child/ward has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.</p> <p><input type="checkbox"/> My child/ward has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</p> <p><b>Parent/Guardian</b><br/>         Signature: _____<br/>         Date: _____<br/>         Comments: _____<br/>         _____</p> | <p><b><u>Return to Physical Activity – Stage 4</u></b><br/> <i>Progressively increased physical activity with non-contact training drills to add coordination and increased thinking.</i></p> <p><b>Permitted Activities:</b> More complex training drills, physical activity with no body contact, participation in practices for non-contact interschool sports, progressive resistance begins, physical activity running/games with no body contact during recess, Daily Physical Activity (elementary)</p> <p><b>Restricted Activities:</b> Full participation in physical education, participation in intramurals, participation in interschool contact sport practices and interschool games/competitions, and body contact or head impact activities</p> <p><input type="checkbox"/> Student has completed the activities in Return to School (Stage 4a and 4b) &amp; Physical Activity – Stage 4 as applicable. C-6 Documentation for Medical Clearance is sent home to parent/guardian.</p> <p>School Initial: _____<br/>         Date: _____</p> <p><input type="checkbox"/> My child/ward has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms.</p> <p><input type="checkbox"/> My child/ward has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.</p> <p><input type="checkbox"/> My child/ward has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</p> <p><b>Parent/Guardian</b><br/>         Signature: _____<br/>         Date: _____<br/>         Comments: _____<br/>         _____</p> |
|--|--|

|   |  |
|---|--|
| <p><b><u>Return to School – Stage 4b</u></b><br/> <i>Full day at school without adaptation of learning strategies and/or approaches.</i></p> <p><b>Permitted Activities:</b> normal cognitive activities, routine school work, full curriculum load, standardized tests/exams, full extracurricular involvement (non-sport/non-physical activity)</p> <p><input type="checkbox"/> Student has demonstrated they can tolerate a full day of school without adaptation of learning strategies and/or approaches.</p> <p>School Initial: _____<br/>         Date: _____</p> <p><input type="checkbox"/> My child/ward has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms and has completed the Return to School Plan</p> <p><input type="checkbox"/> My child/ward has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.</p> <p><input type="checkbox"/> My child/ward has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</p> <p><b>Parent/Guardian</b><br/>         Signature: _____<br/>         Date: _____<br/>         Comments: _____<br/>         _____</p> | <p><b><u>Before progressing to Return to Physical Activity – Stage 5</u></b></p> <p>Student must:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Complete Return to School – Stage 4a and 4b</li> <li><input type="checkbox"/> Complete Return to Physical Activity – Stage 4 and be <b>symptom-free</b></li> <li><input type="checkbox"/> Obtain a signed <b>Medical Clearance Form (C-6)</b> from a medical doctor or nurse practitioner.</li> </ul> <p><i>Note: Premature return to contact sports (full practice and game) may cause a significant setback in recovery.</i></p> |
|---|--|

### **Return to Physical Activity – Stage 5**

*Following Medical Clearance (C-6), full participation in all non-contact physical activities and full contact training/practice in contact sports.*

**Permitted Activities:** physical education, intramural programs, full contact training/practice in contact interschool sports

**Restricted Activities:** competition involving body contact

- ☐ Student has completed the physical activities in Return to Physical Activity – Stage 5.

School Initial: \_\_\_\_\_

Date: \_\_\_\_\_

- ☐ My child/ward has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms and can now progress to Return to Physical Activity – Stage 6.
- ☐ My child/ward has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.
- ☐ My child/ward has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner for Medical Clearance Reassessment.

### **Parent/Guardian**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

|  |   |
|--|---|
|  | <p><b><u>Return to Physical Activity – Stage 6</u></b><br/> <i>Unrestricted return to contact sports, including games and competitions.</i></p> <p><input type="checkbox"/> Student has completed full participation in contact sports.</p> <p>School Initial: _____<br/> Date: _____</p> <p><input type="checkbox"/> My child/ward has not exhibited or reported a return of symptoms and has completed the Return to Physical Activity Plan.</p> <p><input type="checkbox"/> My child/ward has exhibited/reported a return of symptoms or new symptoms and must return to medical doctor or nurse practitioner for Medical Clearance Reassessment.</p> <p><b>Parent/Guardian</b><br/> Signature: _____<br/> Date: _____<br/> Comments: _____<br/> _____</p> |
|--|---|

**Place original C-5 form in the student's OSR**

### C-5a (White Form): Return to School Strategies/Approaches Concussion

**COPY - R2S Team**

|  |                         |      |
|--|-------------------------|------|
| Student Name:  |                         | OEN: |
| Date:  |                         |      |
| Date of Incident:  | Date of Doctor's Visit: |      |
| Date of Next Doctor's Visit:   | Reviewed by:            |      |
| <p>This student has been diagnosed with a concussion by a medical doctor or nurse practitioner. The following accommodations are in place for the student where applicable <b>as indicated below by Return to School (R2S) Team</b>. The student will be monitored on an ongoing basis by the Principal/Vice Principal. Please contact the Principal/Vice Principal if you have any questions.</p> |                         |      |

#### Accommodations

| Instructional Accommodations  | Environmental Accommodations  | Assessment Accommodations  |
|---|---|--|
| <input type="checkbox"/> Buddy/peer tutoring<br><input type="checkbox"/> Note-taking assistance<br><input type="checkbox"/> Duplicated notes<br><input type="checkbox"/> Organization coaching<br><input type="checkbox"/> Time-management aids<br><input type="checkbox"/> More frequent breaks<br><input type="checkbox"/> Visual cueing<br><input type="checkbox"/> Reduced/uncluttered format<br><input type="checkbox"/> Repetition of information<br><input type="checkbox"/> Rewording/rephrasing<br><input type="checkbox"/> Extra Time for processing<br><input type="checkbox"/> Taped texts<br><input type="checkbox"/> Computer options<br><input type="checkbox"/> Technology aids | <input type="checkbox"/> Alternative work space<br><input type="checkbox"/> Strategic seating<br><input type="checkbox"/> Proximity to instructor<br><input type="checkbox"/> Reduction of audio/visual stimuli<br><input type="checkbox"/> Study carrel<br><input type="checkbox"/> Minimizing background noise<br><input type="checkbox"/> Quiet setting<br><input type="checkbox"/> Use of headphones<br><input type="checkbox"/> Special low lighting | <input type="checkbox"/> Extended time limits<br><input type="checkbox"/> Verbatim scribing<br><input type="checkbox"/> Oral responses, including audio recordings<br><input type="checkbox"/> More frequent breaks<br><input type="checkbox"/> Prompts to return student's attention to task<br><input type="checkbox"/> Reduced uncluttered format<br><input type="checkbox"/> Extra-time for processing<br><input type="checkbox"/> Reduction in the number of tasks used to assess a concept or skill<br><input type="checkbox"/> Computer options |

#### Supports

|   |  |
|---|--|
| <input type="checkbox"/> Providing class assistance<br><input type="checkbox"/> Providing extra help<br><input type="checkbox"/> Involving parent/guardian<br><input type="checkbox"/> Counseling in school | <input type="checkbox"/> Withdrawal support<br><input type="checkbox"/> HWDSB Social Worker<br><input type="checkbox"/> Daily Tracking Sheet<br><input type="checkbox"/> Referral to Student Success teacher |
|---|--|

Additional Comments:

---



---

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### C-6: Documentation for Medical Clearance

This form is to be provided to students who have completed the Return to School (Stages 4A and 4B), as well as Return to Physical Activity (Stage 4) within form C-5. The student must be medically cleared by a medical doctor/nurse practitioner prior to participating in non-contact physical activities and full contact practices (Stage 5 in form C-5). This form must be returned to the school.

#### Notice of Collection of Personal Health Information

The Hamilton-Wentworth District School Board is committed to the security and confidentiality of information under its control, and to the protection of privacy with respect to personal and confidential information that is collected, used, disclosed and retained in the system (*Policy 1.6 Privacy*). Information on this Form is collected under the legal authority of the *Education Act* and its regulations, and in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*. Information collected on this form will be used to assess the student's Return to Learn and Return to Physical Activity under the Concussion Management Procedure. This form will be retained in the OSR by the registering school for one (1) year after retirement/transfer of the student. The information may also be retained independently of the OSR for Ministry of Education reporting purposes. Questions or concerns about the collection of data on this form should be directed to the principal of the school.

**Student Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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

- ☐ Full participation in Physical Education classes
- ☐ Full participation in intramural physical activities (non-contact)
- ☐ Full participation in non-contact interschool sports (practices and competition)
- ☐ Full contact training/practice in contact interschool sports

Comments:

---

---

---

#### Medical Doctor/Nurse Practitioner

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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