



CONCUSSION PROTOCOL

PARENT/GUARDIAN INFORMATION PACKAGE

November 2014

PARENT/GUARDIAN CONCUSSION PACKAGE

INTRODUCTION:

The parent/guardian concussion package has been developed to:

- Assist parent/guardians in understanding concussions (refer to general information)
- Provide parents with information on:
 - the HCDSB concussion components of Identification – and Management Procedures for a Diagnosed Concussion – Return to Learn/Return to Physical Activity
 - HCDSB Documentation Forms C-3 and C-4
- Assist parents in moving through the Identification process and Management Steps and identifying, in the process and steps, the role and responsibilities of the parent/guardian.

CONTENT:

1. Introduction and Content ...	...	...	...	...	...	...	...	2
2. Concussion – general information...	...	...	...	...	...	...	...	3
3. Identification Component...	...	...	...	...	...	...	...	7
4. Management Component Return to Learn – Return to Physical Activity ...	...	...	...	...	...	...	...	8
5. Documentation Forms Information...	...	...	...	...	...	...	...	11
6. Document Forms: C-3, C-4...	...	...	...	...	...	...	...	13

CONCUSSION INFORMATION

WHAT IS A CONCUSSION?

A Concussion:

- is a brain injury that causes changes in how the brain functions, leading to symptoms that can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty concentrating or remembering), emotional/behavioural (e.g., depression, irritability) and/or related to sleep (e.g., drowsiness, difficulty falling asleep);
- can occur even if there has been no loss of consciousness (in fact most concussions occur without a loss of consciousness)

Second Impact Syndrome:

- Brains of children and youth are not only more susceptible to concussions but also take longer to heal, leaving them open to potentially catastrophic results should they return to physical activity and receive a second concussion before the symptoms of the first one are gone
- Research indicates 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

WHAT CAUSES A CONCUSSION?

- Any blow to the head, face or neck, or a blow to the body that transmits a force to the head that causes the brain to move rapidly and hit the skull (sometimes violently) causing anything from a bruise to a cerebral hemorrhage

WHO CAN DIAGNOSE A CONCUSSION?

- Only a trained medical doctor and/or nurse practitioner can diagnose a concussion.

WHAT IS THE ROLE OF TEACHERS/COACHES IN IDENTIFYING A SUSPECTED CONCUSSION?

- Teacher and coaches are trained to identify signs and symptoms of a suspected concussion using a Tool to Identify a Suspected Concussion. The tool contains physical, cognitive, emotional and behavioural signs and symptoms and a memory quiz that the teacher/coach references when they observe or student reports an incident where there has been a blow to the head, face or neck or a blow to the body that they suspect may have caused a concussion.

WHAT ARE THE SIGNS AND SYMPTOMS OF A SUSPECTED CONCUSSION?

Concussion should be suspected in the presence of any one or more of the following signs and symptoms. A sign is something that will be observed. A symptom is something the student will feel and explain.

Signs Observed	Symptoms Reported
<p style="text-align: center;"><u>Physical</u></p> <ul style="list-style-type: none"> • Vomiting • Slurred speech • Slowed reaction time • Poor coordination or balance • Blank stare/glassy-eyed • Decreased playing ability • Loss of consciousness • Lying motionless on the ground or slow to get up • Seizure or convulsion • Grabbing or clutching of head 	<p style="text-align: center;"><u>Physical</u></p> <ul style="list-style-type: none"> • Headache • Neck pain • Feeling off/not right • Ringing in the ears • Seeing double or blurry/loss of vision • Seeing stars, flashing lights • Pain at physical site of injury • Nausea/stomach ache/pain • Balance problems or dizziness • Fatigue or feeling tired • Sensitivity to light or noise
<p style="text-align: center;"><u>Cognitive</u></p> <ul style="list-style-type: none"> • Difficulty concentrating • Easily distracted • General confusion • Amnesia • Cannot remember things that happened before and after the injury • Does not know time, date, place, class, type of activity in which he/she was participating • Slow to answer questions or follow directions 	<p style="text-align: center;"><u>Cognitive</u></p> <ul style="list-style-type: none"> • Difficulty concentrating or remembering • Slowed down, fatigue or low energy • Dazed or in a fog
<p style="text-align: center;"><u>Emotional</u></p> <ul style="list-style-type: none"> • Strange or inappropriate emotions, (e.g., laughing, crying, getting mad easily) 	<p style="text-align: center;"><u>Emotional</u></p> <ul style="list-style-type: none"> • Irritable, sad, more emotional than usual • Nervous, anxious, depressed
<p style="text-align: center;"><u>Sleep</u></p> <ul style="list-style-type: none"> • Drowsiness 	<p style="text-align: center;"><u>Sleep</u></p> <ul style="list-style-type: none"> • Drowsy • Sleeps more/less than usual • difficulty falling asleep

WHEN CAN SIGNS AND SYMPTOMS OCCUR?

- Signs and symptoms of a suspected concussion can occur immediately after the incident or can occur hours or days after the incident.

WHAT PROCEDURES TAKE PLACE WHEN MY CHILD IS PARTICIPATING IN AN ACTIVITY AND THERE IS AN INCIDENT WHERE THERE IS A SUSPECTED CONCUSSION?

- The student stops participating in the activity immediately and does not go back to activity even if he/she informs teacher/coach they are feeling better
- For an unconscious student – the teacher/coach will call 911 and will implement the HCDSB unconscious student protocol which includes informing parents as soon as reasonably possible
- For a conscious student they are assessed with the Tool to Identify a Suspected Concussion. The teacher coach will implement the HCDSB conscious student protocol

- Where signs and symptoms are identified the student is not left alone and is continually monitored by teacher/coach. Parent/Guardian are called to pick up their child
- Where student has been checked and there are no signs and symptoms the student does not go back to physical activity until after a 24 hour monitoring period

WHEN SHOULD I TAKE MY CHILD TO THE DOCTOR?

- When informed that your child has a suspected concussion the parent/guardian is to take their child to be seen by a medical doctor or nurse practitioner that same day or as soon as possible
- You should take your child back to the doctor IMMEDIATELY if, after being told your child has a concussion, he/she has worsening of symptoms such as:
 1. Increased confusion
 2. Worsening headache
 3. Vomiting
 4. Not waking up
 5. Trouble walking
 6. Experiencing seizures
 7. Exhibiting strange behaviour
- Problems caused by a head injury can get worse later that day or night. The child should not be left alone and should be checked during the night. If you have any concerns about the child's breathing or how he/she is sleeping, wake him/her up. Otherwise, let him/her sleep. If he/she seems to be getting worse, you should see your doctor immediately

HOW LONG WILL IT TAKE FOR MY CHILD TO GET BETTER?

- There is no one set period of time for everyone. Each concussion is unique and will take a different period of time. In some cases children may take days or weeks or months or longer to heal. Having a previous concussion may increase the chance that a child may take longer to heal

HOW IS A CONCUSSION TREATED?

- The child follows a medically supervised treatment for concussion at home – REST
The most important treatment for a concussion is rest
 - Cognitive rest – may include 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
- If the individual goes back to activities before he/she is better, he/she is more likely to get worse and to have symptoms longer

WHY IS MENTAL REST IMPORTANT TO RECOVERY?

A concussion affects how the brain works, so resting the brain as much as possible is necessary for recovery. In this context, mental activities are defined as those in which the brain must work hard to process information. This includes critical thinking and problem solving activities such as schoolwork, homework, and technology use.

HOW IS COGNITIVE LEARNING AFFECTED BY A CONCUSSION?

Schoolwork demands focus, memory, and concentration – all brain processes that are affected by a concussion. Academic accommodations, ranging from medically necessary absences to extra time for test taking, may be necessary in some cases to decrease symptoms and begin the healing process

WHEN CAN MY CHILD RETURN TO SCHOOL – RETURN TO LEARN?

- If your child is symptom free after the medically supervised rest period:
 - May proceed with regular academic classes
 - Begins an internationally recognized Step procedure before regular physical activity/sports

- **If your child's symptoms are improving after a medically supervised rest period:**
 - May begin attending school for a portion of the day, half day or full day
 - Academic program is modified and accommodated according to the present symptoms
 - No physical activity or sport

IS IT DANGEROUS FOR MY CHILD TO PARTICIPATE IN PHYSICAL ACTIVITY WITH A CONCUSSION?

Yes, without question. Second impact syndrome is a catastrophic event that can occur when a second blow to the head happens before an athlete has completely recovered from a concussion. This second impact, which may be even a minor blow, causes brain swelling, resulting in severe consequences such as brain damage, paralysis, and even death. Therefore, no child should be allowed to participate in any physical activity if he or she has sustained a possible concussion. In addition, no child should return to participation after sustaining a concussion before he or she is cleared by a medical doctor/nurse practitioner.

WHY IS PHYSICAL REST IMPORTANT TO RECOVERY?

In the context of concussions, physical activity is any situation in which a child has an elevated heart rate. Such activities include, but are not limited to, sports, gym class, weight lifting, and active play. Due to the risk of Second Impact Syndrome and other complications, a child who has been diagnosed with a concussion should not return to any physical activity and/or athletics until cleared by a healthcare provider experienced in concussion evaluation and management. Physical rest is essential to keep the child safe and to enable the brain to heal.

WHEN CAN MY CHILD SAFELY GO BACK TO PARTICIPATE IN GYM CLASS AND/OR SPORTS?

A child who has sustained a concussion should not return to physical activity until cleared by a medical doctor/nurse practitioner. The child should be completely symptom free and participating in the regular academic program with no accommodations. Once cleared, the child is to participate in a gradual 6 Step progression back to activity. This gradual 6 Step progression is critical because a return of any signs or symptoms of concussion during mild physical activity signals that the brain has not healed and the child is not ready to return to activity.

Resource: Nationwide Children's Hospital Sports Medicine: A Parent's Guide to Concussions

THE HCDSB CONCUSSION PROTOCOL

PARENT/GUARDIAN ROLE

IDENTIFICATION – INITIAL RESPONSE:

HOW WILL I BE INFORMED IF MY SON/DAUGHTER HAS BEEN IDENTIFIED WITH SIGNS AND SYMPTOMS OF A SUSPECTED CONCUSSION AT SCHOOL/OR AT A SCHOOL SPONSORED ACTIVITY AND REQUIRES A MEDICAL DIAGNOSIS?

- Where signs and or symptoms have been identified by a teacher or coach - you will receive a phone call:
 - If child is unconscious – location of hospital child has been taken
 - If child is conscious to pick up your child at stated location

When you arrive you will receive:

- Information about the incident
- Copy of the completed Tool to Identify a Suspected Concussion for your child
- Copy of the Monitoring/Medical Examination Form
- Information to have your child seen by medical doctor that day or as soon as possible
- Parent brings both the tool and form to the doctor

Next Steps:

- Parent/child sees doctor sharing the results of the tool
- Parent completes the Monitoring/Medical Examination form indicating the doctors diagnosis either:
 - No concussion, OR
 - Concussion diagnosed
- If child has no concussion –
 - Completed Monitoring/Medical Examination Form is returned to the school
 - Student can return to school – regular academic and physical activities
- If child is diagnosed with a concussion:
 - Parent/guardian returns completed Monitoring/Medical Examination Form to the principal
 - Principal provides parent/guardian with Documentation forms - C-4
 - Outlines the Return to Learn – Return to Physical Activity process – forms A, B, C

Child follows a medically supervised treatment plan for concussion at home – REST

HOW WILL I BE INFORMED IF MY SON/DAUGHTER HAS BEEN CHECKED BUT NOT IDENTIFIED WITH SIGNS AND SYMPTOMS OF A SUSPECTED CONCUSSION AT SCHOOL/OR AT A SCHOOL SPONSORED ACTIVITY AND REQUIRES MONITORING?

- You will receive a phone call informing you:
 - About the incident
 - Your child is to be monitored for the next 24 hours for signs and symptoms of a concussion both at home and at school
 - Your child is not to participate in any physical activity at school for the next 24 hours
 - Your child will be bringing home a Tool to Identify a Suspected Concussion for monitoring purposes and the Monitoring/Medical Examination Form in case signs and symptoms occur

Next Steps:

- At the end of the 24 hour period if there is no signs or symptoms – parents are to complete the Monitoring/Examination form indicating no symptoms and return to the school
- If during the 24 hour period signs and symptoms do occur – if at school parents will be notified to take child to doctor for examination as soon as possible.
- If child is not diagnosed with no concussion:

- Completed Monitoring/Medical Examination Form is returned to the school
- student can return to school – regular academic and physical activities
- If child is diagnosed with a concussion:
 - Parent/guardian returns completed Monitoring/Medical Examination Form to the principal
 - Principal provides parent/g with Documentation forms C-4 A,B,C
 - Outlines the Return to Learn – Return to Physical Activity process – forms C-4 A, B, C

Child follows a medically supervised treatment plan for concussion at home – REST

MANAGEMENT PROCEDURES FOR A STUDENT DIAGNOSED WITH A CONCUSSION – RETURN TO LEARN AND RETURN TO PHYSICAL ACTIVITY:

Follows a 6 Step approach to concussion management:

- Step 1 Rest
- Step 2
 - Return to Learn 2a - individualized academic program with accommodations
 - Return to Learn 2b - regular academic classes, no accommodations
 - Return to Physical Activity 2 - begins physical activity
- Step 3, 4, 5, 6 Steps to Return to regular Physical Activity

Documentation Forms - Documentation for a Diagnosed Concussion Return to Learn/Return to Physical Activity C-4 - A, B, C, D, E, F

- Forms have been provided at the end of this document.
- Instruction of when forms are used is outlined at the beginning of the Documentation section
- Forms are identified throughout the Management process as – C-4 A; C-4; etc.

WHAT IS THE PROCESS FOR MY CHILD TO GET BACK TO SCHOOL?

Parent/guardian returns form C-4 A to the principal:

- During the medically supervised rest period the parent/student in consultation with the doctor have identified that the student is either:
 - Symptom free, OR
 - Symptoms have shown improvement

What is the program if my child is symptom free?

- Student can return to school and participate in:
 - Return to Learn – regular academic classes
 - Return to Physical Activity (R2PA) – Step 2 of the R2PA 6 Step process –
 - light aerobic activity at home

RETURN TO LEARN 2A:

- **Return to Learn 2a takes place first, before Return to Physical Activity:**

WHAT IS THE PROGRAM IF MY CHILD’S SYMPTOMS ARE IMPROVING?

- Student can return to school and participate in:
 - Return to Physical Activity – NO physical activity until student is symptom free
 - Return to Learn – Step 2a – modified program with accommodations to meet the needs of symptoms

Background and next steps in this process:

- Principal establishes a Collaborative Team to manage the student’s progress.

- **Elementary school:** Point Person – classroom teacher(s); Physical Education Resource Teacher (PERT); student; parent/guardian; medical doctor/nurse practitioner; other
- **Secondary school:** Point Person – classroom teacher(s); Health & Physical Education Department Head; student; parent/guardian; medical doctor/nurse practitioner; other
- **Communicates with parent/guardian/student:**
 - Briefly explains the steps in the management process so the student and family know what to expect
 - Explains the responsibilities of the student and family e.g.
 - The student is to clearly and honestly communicate their symptoms, academic difficulties and feelings
 - The student to follow recommendations created by members of the collaborative team to best of his/her ability
 - Parent/Guardian to help the student maintain compliance with any medical and/or academic recommendations given to promote recovery
 - Parent/Guardian to submit all forms and physician instructions to the school in a timely manner

WHAT HAPPENS TO MY CHILD WHEN HE/SHE RETURNS TO SCHOOL AT STEP 2A RETURN TO LEARN?

- Parent is to provide principal with information from medical doctor applying to students medical condition e.g. accommodations and initial length of time recommended for child to attend school
- Child will be given a Concussion Assessment survey upon his/her return to school. Based on the symptom survey results accommodations will be put into place
- Results of this survey and accommodations will be shared with parent/guardians
- Principal/Point Person/Classroom teacher(s) will keep in close communication with parent/guardians about the progress of the child throughout the Return to Learn process

HOW LONG DOES RETURN TO LEARN STEP 2A WITH ACCOMMODATIONS CONTINUE?

- There will come a time when the child will no longer need accommodations and parent/guardian will be informed by member of school collaborative team.
- Parent/guardian will complete form C-4 B that indicates the child is symptom free and can move on to:
 - Return to Learn - regular academic work with no accommodations – Step 2b
 - Return to Physical Activity (R2PA) – Step 2 of the R2PA 6 Step process –
 - 'light aerobic activity' at home

RETURN TO PHYSICAL ACTIVITY STEPS 2-6:

- Student must first be symptom free and participating in regular classroom learning (step 2b of the Return to Learn)
- Steps are not days – each step must take a minimum of 24 hours and the length of time needed to complete each step will vary based on the severity of the concussion and the student

Step 2 takes place with parent/guardian and student at HOME:

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.

Parent/Guardian – Principal – Form C-4 - C:

Parent/Guardian must report to the school principal, using form C-4 C, that the student continues to be symptom free (after the light aerobic exercises at home) in order for the student to proceed to Step 3 at the school.

Step 3 – Return to Physical Activity – SCHOOL

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).

Teacher/Coach: If no signs and/or symptoms present themselves teacher/coach moves onto Step 4 in the R2PA plan.

Step 4 – Return to Physical Activity – School

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).

Principal Provides Parent Guardian with C-4 D1:

Principal provides parent /guardian with Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan C-4 – D1 that indicates student:

- has completed Steps 3 and 4
- must be examined by medical doctor/nurse practitioner

Parent/Guardian Provides Principal – with C-4 D2:

Parent/ Guardian must communicate to the school principal with written documentation/signature from a medical doctor or nurse practitioner using form Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan C-4 D2 that indicates the student is symptom free and able to continue to Step 5 (full participation in non-contact physical activity and/or full body contact practice).

STEP 5 Return to Physical Activity – School

Activity: Student participation in regular non-contact physical education/intramural/interschool activities

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

SECONDARY SCHOOL ONLY WHERE A STUDENT PARTICIPATES IN AN INTERSCHOOL FULL BODY CONTACT ACTIVITY:

Activity: Full body contact practice for contact sport.

Principal Provides Parent Guardian with C-4 E1:

Principal provides parent /guardian with form C-4 E1 that indicates:

- the student participated in full body contact practice
- parents must complete and return the form C4 E2 before student can participate in full body contact competition

Parent/Guardian Provides Principal with C-4 E2:

Parent/ guardian must communicate to the school principal with written acknowledgement/signature, using form C-4 E2, that the student has no signs or symptoms and consent for their child to participate in full contact competitions.

Step 6 – Return to Physical Activity (Contact sports only)

Activity: Full participation in contact sports

Restrictions: None

WHAT HAPPENS DURING THE SYMPTOM FREE PORTION OF THE STEP PROCESS WHEN THERE IS A RETURN OF SIGNS AND SYMPTOMS OF A SUSPECTED CONCUSSION?

- Throughout the symptom free portion of the Step process the student is monitored for the return of concussion signs and/or symptoms and/or deterioration of work habits or performance
- If at any time concussion signs and/or symptoms return and/or deterioration of work habits or performance occurs, parent/guardians are informed by collaborative team member, using C-4 F, and the student must be examined by a medical doctor/nurse practitioner
- The medical doctor or nurse practitioner will determine whether signs or symptoms of a concussion have returned and determine which step in the Return to Learn/Return to Physical Activity the student must return (refer to C-4 F)
- Parent/Guardian will complete Return of Symptoms form C-4 F and return it to the principal

DOCUMENTATION FORMS

1. Monitoring/Medical Examination Form C-3

- To be used during IDENTIFICATION STAGE when medical doctor/nurse practitioner is diagnosing signs and symptoms. Parent/guardian reports medical doctor/nurse practitioners diagnosis, either:
 - a concussion has been diagnosed
 - no concussion
- Returns completed form to principal

2. Documentation for a Diagnosed Concussion Return to Learn/Return to Physical Activity C-4 A, B, C, D, E, F

- To be used during the MANAGEMENT STAGE of the Return to Learn – Return to Physical Activity
Parent/Guardians provided with Forms A, B, C. School keeps D, E, F
- **Form A** – to be used after Step 1 – Rest, to report either
 - Student is symptom free, OR
 - Students symptoms are improving
- **Form B** – to be used after Step 2a Return to Learn with accommodations, to report:
 - Student is symptom free
- **Form C** - to be used after light aerobic activity at home, to report:
 - Student symptom free after light aerobic activity at home.
- **Form D1:**
 - School reports to parent/guardian that student has completed Steps 3 and 4 of the Return to Physical Activity. School provides parents with D2
- **Form D2:**
 - Parent/Guardian takes D2 to Medical Doctor/Nurse Practitioner for signature to report:
Student is symptom free and can return to regular non-contact physical activity

Secondary student participating in full body contact activity:

- **Form E1:**
 - School reports to parent/guardian that student has completed a full body contact practice. School provides parents with E2
- **Form E2:**
 - Parent/Guardian signs E2 that their child is given permission to participate in full body contact competition

Return of signs and symptoms of a concussion during symptom free Return to Learn and Return to Physical Activity Steps:

- **Form F**
 - School provides parent/guardian with form F indicating there has been a return of signs and symptoms
 - Parent/Guardian takes the form to medical doctor for a diagnosis
 - Parent returns completed form to principal reporting either:
 - Student is symptom free, OR
 - Concussion has been diagnosed with a return to appropriate step

This form is provided to the parent/guardian, in conjunction with Tool to Identify a Suspected Concussion, Form C-2.

_____ (student/athlete name) _____ (date), sustained a blow to the head, face or neck or a blow to the body that transmits a force to the head, and as a result may have suffered a concussion.

Results of initial assessment using Tool to Identify a Suspected Concussion:

- NO SIGNS OR SYMPTOMS OBSERVED AT TIME OF INCIDENT.**
However, signs or symptoms can appear immediately after the injury or may take hours or days to emerge. Your child/ward is not to participate in physical activity and is to be monitored for a 24 hour period. While at home parent/guardian is to monitor their child/ward using the Tool to Identify a Suspected Concussion. School Staff will monitor the student/athlete while at school.

Actions: If no signs/symptoms occur during the monitoring period, parent/guardian is to complete the following Results of Monitoring section prior to their child/ward returning to school.

Results of Monitoring

- As the parent/guardian, my child/ward has been observed for the 24 hour period, and no signs/symptoms have been observed.

Parent/Guardian signature: _____ Date: _____

Comments:

- SIGNS OR SYMPTOMS OBSERVED:** _____ **AT TIME OF INCIDENT**
_____ **DURING THE 24 HOUR MONITORING PERIOD**

For the signs and/or symptoms observed at the time of incident/during the 24 hour monitoring period, refer to the Tool to Identify a Suspected Concussion (Form C-2) provided by teacher/coach/supervisor

Actions: Your child/ward must be seen by a medical doctor or nurse practitioner as soon as possible with the *Results of Medical Examination* form (below) returned to the school principal after medical examination.

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 (Form C-4)

Parent/Guardian signature: _____

Date: _____

Comments:

The Return to Learn/Return to Physical Activity Plan is a collaborative effort between home and school to support the student's progress through the plan following a diagnosed concussion.

The 6 Step Plan is necessary and identifies the sequence of supporting a Return to Learn priority prior to a Return to Physical Activity focus.

A minimum of 24 hours is necessary for EACH step.

Should you have any questions, please feel free to contact:

School Contact _____ Phone: _____

Summary of Steps:

Return to Learn/Return to Physical Activity – Step 1

- Completed at home; Cognitive Rest; and Physical Rest
- If symptom free, student may go directly to Return to Learn Step 2b and Return to Physical Activity Step 2

Return to Learn – Step 2a

- Symptoms improving
- Return to school with monitored re-integration to classroom and cognitive effort; and Physical Rest

Return to Learn – Step 2b

- Symptom free
- Return to regular school routine, learning activities

Return to Physical Activity – Step 2

- Light aerobic physical activity; and regular learning activities

Return to Physical Activity – Step 3

- Begin sport specific type of physical activities

Return to Physical Activity – Step 4

- Greater range of physical activity options permitted, but no body contact

Return to Physical Activity – Step 5

- Full participation in all non-contact type physical activities
- Return to full contact practice in sport specific contact sports

Return to Physical Activity – Step 6

- For contact sports - full participation, no restrictions

BUT

IF, AFTER RETURN TO LEARN STEP 2a, CONCUSSION SYMPTOMS RETURN, THE STUDENT WILL RETURN TO THE DESIGNATED STEP, AS DIRECTED BY THE PHYSICIAN - WHICH COULD BE STEP 1.

This form is to be used by parents/guardians and school contact, to communicate the child's/ward's progress through the plan.

The Return to Learn/Return to Physical Activity Plan is a combined approach, with collaborative effort between home and school.

Return to Learn Step 2a must be completed prior to the student returning to physical activity.

Each step must take a minimum of 24 hours (Note: Return to Learn Step 2b and Return to Physical Activity Step 2 occur concurrently).

All steps must be followed. There are 6 documentation forms labeled A through F, that support the monitoring and tracking of progress of the student/athlete through their stages of recovery.

C-4 A

Return to Learn/Return to Physical Activity – Step 1 (Must be completed prior to moving to Step 2a)

- *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 is ready to proceed to Return to Learn - Step 2a.
 - Student Concussion Form to be completed
 - Classroom Concussion Accommodations Form to be completed
- 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 is ready to proceed directly to Return to Learn - Step 2b and Return to Physical Activity - Step 2.

Parent/Guardian signature: _____

Date: _____

Comments:

Principal/School Contact Signature: _____

If at any time during the following steps symptoms return, please refer to the "Return of Symptoms" section on page 2 of this form.

C-4 **B**

Return to Learn – Step 2a

- *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 is ready to proceed to Return to Learn - Step 2b and Return to Physical Activity - Step 2.

Parent/Guardian signature: _____

Date: _____

Comments:

C-4 C

Return to Learn – Step 2b

- *Student returns to regular learning activities at school*

Return to Physical Activity – Step 2

- *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 is ready to proceed to Return to Physical Activity - Step 3.

- Form C-4 will be returned to the school contact to record progress through Steps 3 and 4.

Parent/Guardian signature: _____

Date: _____

Comments:

C-4 D₁

Return to Physical Activity – Step 3

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

Return to Physical Activity – Step 4

- *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 completed Steps 3 and 4
- Form C-4 will be returned to parent/guardian to obtain medical doctor/nurse practitioner diagnosis and signature, by the school contact

School Contact Name: _____

Date: _____

C-4 D₂

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/interscholar activities in non-contact sports and full training/practices for contact sports.

Medical Doctor/Nurse Practitioner Signature: _____

Date: _____

Comments:

This form C-4, with medical doctor/nurse practitioner signature, is to be returned to the School Contact before the student may proceed to Step 5.

C-4 E

Return to Physical Activity – Step 5

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

C-4 E₁

Return to full body contact competition:

Student has completed full body contact practice for _____
(Name activity)

School Contact Name: _____

Date: _____

C-4 E₂

- My child/ward is symptom free after participating in activities, in practice, where there is body contact and has my permission to participate fully, including participation in competition.

Parent/Guardian signature: _____ Date: _____

Comments: _____

This C-4 form is to be returned to parent/guardian for final signature:

Return to Physical Activity – Step 6

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

C-4 F

Return of Signs and Symptoms Student's Name: _____

During the symptom free Steps of Return to Learn and Return to Physical Activity, signs observed by staff and/or symptoms communicated by your child, of a suspected concussion, are indicated on the checklist below.

Signs and Symptoms of Suspected Concussion	
*If any observed signs or symptoms worsen, call 911.	
Possible Signs Observed <i>A sign is something that is observed by another person (e.g., parent/guardian, teacher, coach, supervisor, peer).</i>	Possible Symptoms Reported <i>A symptom is something the student/athlete will feel/report.</i>
<p>Physical</p> <ul style="list-style-type: none"> <input type="checkbox"/> loss of consciousness * <input type="checkbox"/> lack of responsiveness (ER Action Plan to be followed)* <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"/> lying motionless on the ground * or slow to get up <input type="checkbox"/> seizure or convulsion * <p>Cognitive</p> <ul style="list-style-type: none"> <input type="checkbox"/> grabbing or clutching of head <input type="checkbox"/> difficulty concentrating <input type="checkbox"/> easily distracted <input type="checkbox"/> general confusion <input type="checkbox"/> amnesia* <input type="checkbox"/> cannot remember things that happened before and after the injury <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>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

Actions: Your child/ward must be seen by a medical doctor or nurse practitioner as soon as possible with the results of the Medical Examination returned to school principal.

Results of Medical Examination:

- My child/ward has been examined and continues to be symptom free and therefore may resume their Return To Learn/Return To Physical Activity Step.
- My child/ward has been examined and a **concussion has been diagnosed**. The medical doctor/nurse practitioner, who has advised a return to:
 - Step 1 Rest
 - Step 2a Return to Learn

Parent/Guardian signature: _____

Date: _____

Comments: _____