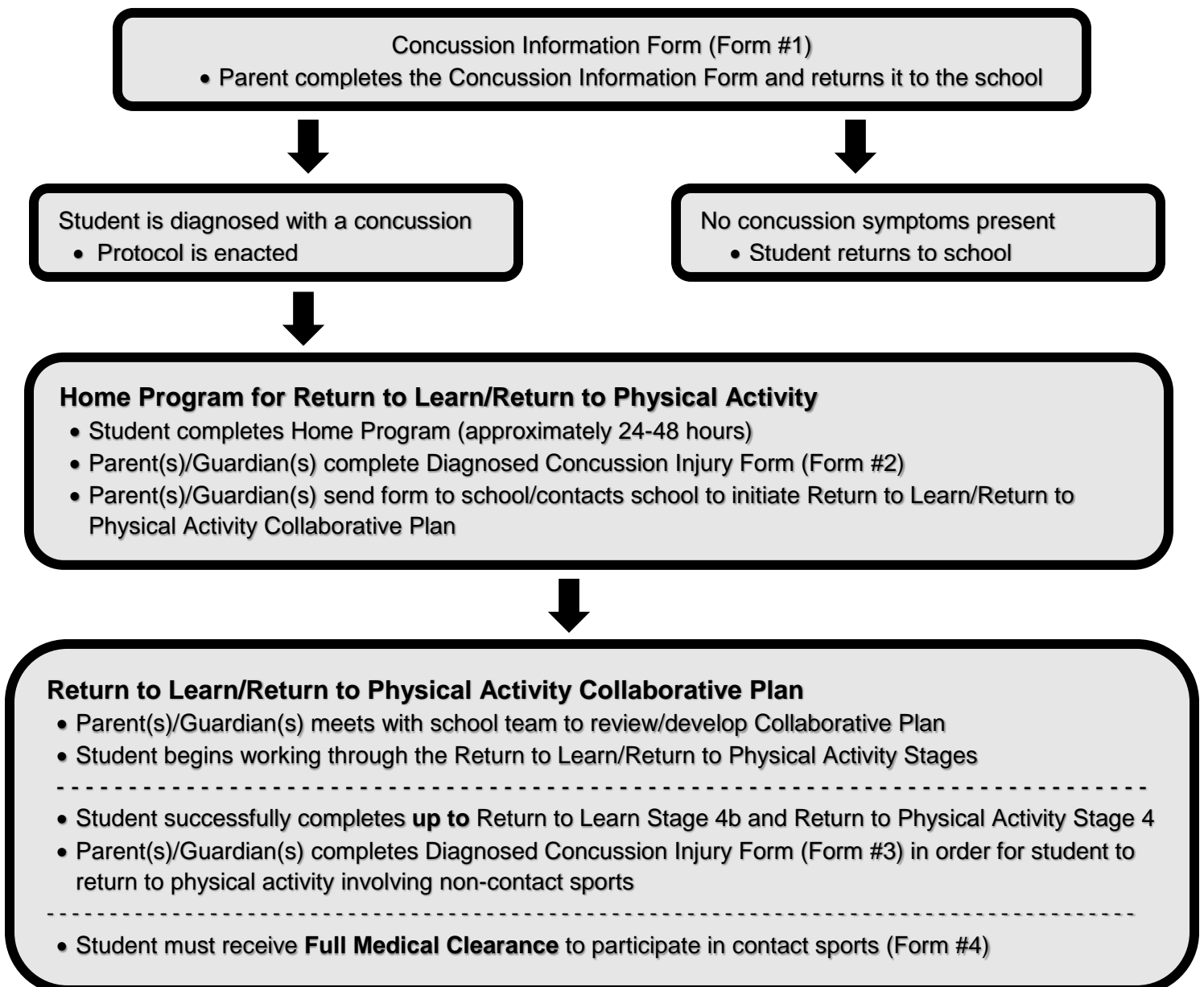


Concussion Protocol Package for Parents

Dear Parent/Guardian,

Your child was administered the attached Head Injury Information Form which indicated sufficient concern to suspect that your child may have sustained a concussion. We strongly advise you to take your child to a medical professional (family doctor, walk-in clinic) to further assess your child's head injury.

Please follow the below steps from the Concussion Protocol following your child's assessment by a medical professional:



Additional information is posted on the Board website at dcdsb.ca. The resources include links to organizations have resources and videos for parents, teachers and students on concussion recognition, prevention and management.

Parent/Guardian: Concussion Information Form (Form #1)

This form is to be completed by the parent/guardian and returned to the school Principal/designate

Name of Student: _____

Grade: _____

Name of School: _____

Date of Incident: _____

This student sustained a suspected concussion. As a result, this student must be seen by a medical doctor or nurse practitioner to confirm whether or not the student has a concussion. Prior to returning to school, the parent/guardian must inform the school principal of the results of the medical assessment by completing the following:

Name of Medical Doctor/Nurse Practitioner: _____

Address of Treatment Center: _____

Date of Appointment: _____ Medical Doctor/Nurse Practitioner Signature: _____

Results of the Medical Appointment:

- The student has been assessed and no concussion was diagnosed. The student may resume full participation in physical and classroom activities with no restrictions
- The student has been assessed and no concussion has been diagnosed, but the assessment lead to the following diagnosis and/or recommendations:

- The student has been assessed and a concussion has been diagnosed and therefore must begin a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan.

Comments: _____

***Note: A signed doctor's note will be required before the child can return to activities that involve physical contact if a concussion was diagnosed.**

Immediate actions when a concussion has been diagnosed

- ❖ The student should remain at home for at least 24 hours until symptoms have shown signs of improvement.
- ❖ Once the student completes the Home Program for Return to Learn and Return to Physical Activity Plan, the parent/guardian should contact the school to initiate a Return to Learn/Return to Physical Activity Collaborative Plan with the school team.

- I am aware that my child sustained a head injury and that signs/symptoms of a concussion were observed/reported. I have observed my child and have **chosen not to seek medical advice**. I give permission for my child to return to regular school activities (classroom, recess, physical education class and extracurricular sports and activities). If the school staff observes signs/symptoms of a concussion, my child will be removed from physical activity. Such removal is at the sole discretion of school staff.

Parent/Guardian Name (printed)

Parent/Guardian (signature)

Date

Please attach additional information and/or doctor's note if available

cc:OSR

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Parent Information Resource

Home Program for Return to Learn and Return to Physical Activity

If a student has been diagnosed with a concussion, the following stages must be completed at home before your child can return to school using the Return to Learn/Return to Physical Activity Collaborative Plan.

Initial Rest Stage:

Immediately following a concussion, a student should rest for 24 to 48 hours. This includes both cognitive rest and physical rest.

Return to Learn - Stage 1

Home Monitoring: Light cognitive (thinking/memory/knowledge) activities (e.g., easy reading, limited TV, puzzles). Gradually increase cognitive activity up to 30 minutes with frequent breaks

Permitted Activities (if tolerated): easy reading, limited TV and phone calls, puzzles/drawing/building blocks, some contact with friends

Restricted Activities: technology use (e.g., cell phone, tablet)

- 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 Learn - Stage 2
- My child/ward has exhibited or reported a return of symptoms, or new symptoms, and must return to the initial rest 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

Return to Learn - Stage 2

Home Monitoring: Gradually add cognitive activity and when light cognitive activity is tolerated, introduce school work at home that is facilitated by the school.

Permitted Activities (if tolerated): 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.

Restricted Activities: school attendance

- My child/ward tolerates the additional cognitive activity and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms
- 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

Return to Physical Activity - Stage 1

Home Monitoring: Light physical activities that 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).

Permitted Activities (if tolerated): daily household tasks (e.g. bed-making, dishes, meal preparation), slow walking

Restricted Activities: physical exertion, stair climbing (other than to move locations throughout the home), sporting activities

- 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.
- My child/ward has exhibited or reported a return of symptoms, or new symptoms, and must return to the initial rest 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.

Return to Physical Activity - Stage 2a

Home Monitoring: Daily activities that do not provoke symptoms. Gradually add additional movements that do not increase breathing and/or heart rate or break a sweat.

Permitted Activities (if tolerated): light physical activities such as stairs and slow walking

Restricted Activities: physical exertion, sports, sporting activities

- 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
- 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

Return to Physical Activity - Stage 2b

Home Monitoring: Light aerobic activity that causes some increase in breathing/heart rate.

Permitted Activities (if tolerated): walking, stationary and recreational cycling

Restricted Activities: resistance or weight training, sporting activities

- My child/ward tolerates light aerobic activities and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms
- 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
- My child/ward has successfully completed all of the stages of the Home Program for Return to Learn and Return to Physical Activity and is prepared to return to school

*****Complete Diagnosed Concussion Injury Form (Form #2) and return to principal/designate*****

Diagnosed Concussion Injury Form (Form #2) Completion of the Home Program

This form is to be completed by the parent/guardian of the student before the student is permitted to proceed to Stage 2b/Step 3. This form should be returned to the school Principal/designate in order to proceed with the Return to Learn and Return to Physical Activity Collaborative Plan

Name of Student: _____

Grade: _____ School: _____

Please indicate your acknowledgment and agreement by checking all boxes confirming the following:

Parental Consent

My child has successfully completed all the stages of the Home Program for Return to Learn (Stage 2) and Return to Physical Activity (Stage 2b)

- My child can proceed to Stage 3a Return to Learn
- My child can proceed to Stage 3 Return to Physical Activity

- If my child experiences a return of concussion-like symptoms, I agree to remove my child from the school for at least 24 hours and to seek the advice of my child's medical doctor/nurse practitioner for their recommendation to return to the appropriate step in the return to learn/return to play process and to advise the Principal of this medical decision.

- I have contacted the school to organize a team meeting to initiate the Return to Learn/Return to Physical Activity.

Parent/Guardian Name (printed)

Parent/Guardian Signature

Date

Please attach additional information if available

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Parent Information Resource

Return to Learn/Return to Physical Activity Collaborative Plan

Upon completion of the Home Program for Return to Learn/Return to Physical Activity, the student begins this next step in the Concussion Protocol which provides an individualized and gradual Return to Learn and Return to Physical Activity Plan. The Return to Learn 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).

- Review the activities (permitted and restricted) for each stage prior to beginning the school portion of the plan
- Both parent and school team agree that the student has met the expectations for one stage before moving to the next stage.

Return to Learn Stage 3a

Student returns to school for a limited time frame and increases it to half day of cognitive activity.

Permitted activities (if tolerated): school work for up to 2 hours per day, up to half day of cognitive activity

Restricted Activities: tests/exams, homework, music class, assemblies, field trips

- Student has demonstrated he/she can tolerate up to a half day of cognitive activity.
- Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms and can now progress to Return to Learn – Stage 3b
- Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage (Return to Learn Stage 2) for a minimum of 24 hours
- Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner

Return to Learn Stage 3b

Student continues attending school half time while gradually increasing school attendance time and schoolwork while decreasing the 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, classroom testing with adaptations

Restricted Activities: Standardized tests/exams

- Student has demonstrated he/she can tolerate up to 4-5 hours of cognitive activities.
- Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms and can now progress to Return to Learn – Stage 4a
- Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours
- Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner

Return to Learn Stage 4a

Full day school with minimal adaptation of learning strategies and/or approaches.

Permitted Activities: Nearly normal cognitive activities, routine schoolwork as tolerated, minimal adaptation of learning strategies and/or approaches, homework to up to 60 minutes/day, one test/assessment per day with adaptations

Restricted Activities: Standardized tests, exams

- Student has demonstrated he/she can tolerate a full day of school and a nearly normal workload with minimal adaptation of learning strategies and/or approaches.
- Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms and can now progress to Return to Learn – Stage 4b.
- Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.
- Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner

Return to Learn Stage 4b

Full day at school without adaptation of learning strategies and/or approaches.

Permitted Activities: normal cognitive activities, routine schoolwork, full curriculum load, standardized tests, exams, full non-sport/non-physical activity extracurricular involvement

- Student has demonstrated he/she can tolerate a full day of school without adaptation of learning strategies and/or approaches.
- Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms and has completed the Return to Learn Plan
- Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours
- Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner

Return to Physical Activity Stage 3

Simple physical movements and sport-specific exercise to add movement.

Permitted activities (if tolerated): walking, stationary cycling, elliptical, recreational dancing, simple individual drills in predictable and controlled environments, limited recess activities (e.g., walking)

Restricted activities: full participation in physical education, intramurals, interschool practices and competitions, resistance or weight training, body contact or head impact activities, jarring motions

- Student has demonstrated they can tolerate simple individual drills/sport-specific drills.
- Student 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
- Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage (Return to Physical Activity Stage 2b) for a minimum of 24 hours
- Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner

Return to Physical Stage 4

Progressively increased physical activity with non-contact training drills to add coordination and increased thinking.

Permitted Activities: 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)

Restricted Activities: 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

- Student has completed the activities in Return to Learn (Stage 4a and 4b) & Physical Activity – Stage 4 as applicable.
- Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms
- Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours
- Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner

Before progressing to Return to Physical Activity Stage 5

The Student:

- Must** complete Return to Learn – Stage 4a and 4b
- Must** complete Return to Physical Activity – Stage 4 and be symptom-free
- Must** obtain a medical assessment to proceed to Return to Physical Activity (Stage 5) following a Concussion from a medical doctor or nurse practitioner.



*****Complete Diagnosed Concussion Injury Form (Form #3)*****

Note: Premature return to contact sports (full practice and game) may cause a significant setback in recovery.

Return to Physical Activity Stage 5

Following medical clearance, 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
- Student 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
- Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.
- Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner for medical clearance reassessment.

*****Complete Diagnosed Concussion Injury Form (Form #4)*****

Please note: Form #4 is only required for students who are participating in contact sports, games and competitions.

Return to Physical Activity Stage 6

Unrestricted return to contact sports, including games and competitions.

- Student has successfully participated in contact sports and remainder symptom free
- Student has not exhibited or reported a return of symptoms and has completed the Return to Physical Activity Plan
- Student has exhibited/reported a return of symptoms or new symptoms and must return to medical doctor or nurse practitioner for medical clearance reassessment

Diagnosed Concussion Injury Form (Form #3)

This form is to be completed by the parent/guardian of the student following medical assessment at the end of Return to Learn Stage 4a + b, Return to Physical Activity Stage 4 before participating in non-contact physical activities and full contact practices Stage 5

Name of Student: _____

Grade: _____ School: _____

Date: _____

- Student has some symptoms present and must remain at Stage 4
- Student has some symptoms present and must return to light aerobic activity (Stage 3)
- This student is medically cleared to participate in the following (Stage 5) 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 (or attach doctor's note):

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.

CC: OSR

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Diagnosed Concussion Injury Form (Form #4)

This form is to be completed by the parent/guardian of the student when the student receives full medical clearance for unrestricted participation in contact sports including games and competitions – Return to Physical Activity Stage 6

Name of Student: _____

Grade: _____ School: _____

Date: _____

Student is fully able to participate in contact sports including games and competitions

Comments (or attach doctor's note):

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.

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