



Administrative Procedures Memorandum

APH 027 Concussion Procedures

DATE OF ISSUE: October 17, 2014
Revised: October 2015

MEMO TO: All Staff

FROM: Director of Education

PURPOSE

To educate students and staff on concussion prevention and create an awareness for parents. This education will include recognition of signs and symptoms of a concussion, return to learn and return to play protocols.

REFERENCES

- Ontario Ministry of Education – Program/Policy Memorandum 158 School Board Policies on Concussion
- Ontario School Boards' Insurance Exchange (OSBIE)
- Ontario Physical and Health Education Association (OPHEA)
- Ontario Ministry of Health and Long-Term Care (www.ontario.ca/concussions)

FORMS/LETTERS

- FORM APH027-01 Informed Consent/Permission Form for Sports and Recreation
- FORM APH027-02 Concussion Signs and Symptoms Form
- FORM APH027-03 Letter to Parent about Suspected Concussion
- FORM APH027-04 Concussion Passport
- FORM APH027-05 Emergency Action Plan
- FORM APH027-06 Informed Consent/Transportation of Students
- FORM APH027-07 Informed Consent Permission Form for Intramurals

APPENDICES

- Appendix A Concussion Fact Sheet for Schools
- Appendix B An Administrator's Guide to Concussion
- Appendix C An Offsite Guide to Concussion
- Appendix D An Educator's Guide to Return to Learn
- Appendix E Concussion Guide for Community Users

ACKNOWLEDGEMENT

The Waterloo Catholic District School Board wishes to thank the Upper Grand District School Board, Wellington Catholic District School Board and Wellington-Dufferin-Guelph Public Health for sharing their Concussion Procedures Manual.

COMMENTS AND GUIDELINES

1. General

Specific procedures on the identification and management of concussion, including the return to learn and return to physical activity are outlined the Guides (see *appendices*). Information for parents and students can be located on the board website and at Concussion Web Portal, Government of Ontario, www.ontario.ca/concussions. The awareness and training strategies for all school staff/volunteers, students and parents/guardians is also addressed.

2. Definitions

Concussion

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow or jolt to the head. Concussion can also occur from a fall or blow to the body that causes the head and brain to move rapidly. Concussion is the term for a clinical diagnosis that is made by a medical doctor or a nurse practitioner.

Concussion Signs and Symptoms

A concussion sign is something an individual will feel. A concussion symptom is something others may notice. There is no single indicator for concussion; the signs and/or symptoms can take time to appear. A concussion cannot be seen and some individuals may not experience or report symptoms until hours or days after the injury; these can become more noticeable during activities requiring concentration or during physical activities.

Ontario School Boards' Insurance Exchange (OSBIE)

OSBIE is the company that insures most of the school boards in the province. It is self-funded by its member school boards. A concussion procedure is an insurance requirement.

OSBIE Incident Report

An OSBIE Incident Report is a form that is completed when an incident occurs involving bodily injury to anyone other than an employee, or property damage occurs. If a person has been admitted to hospital or fatally injured the OSBIE claims department, the administrator and the board office must be immediately notified. Completed forms are submitted electronically by the school to OSBIE. The incident report is retained by OSBIE for insurance purposes.

Appendices/Guides

Appendix A Concussion Fact Sheet for Schools is designed for all school staff, parents and community users. Subtitled Know Your Concussion ABCs, it provides an overview of concussion: what it is, how concussions can happen, the signs and symptoms and danger signs for concussion, a What to Do? flow chart for staff, an overview of the Return to Learn and Return to Physical Activity process, links to additional information and online training programs approved by the Board, prevention strategies for concussion and the long term problems associated with concussions.

Appendix B An Administrator's Guide to Concussion is for Principals/Vice-principals/designates. It includes a brief overview of the concussion documents and Administrator's responsibilities, a *What to do?* flow chart for staff, the Concussion Signs and Symptoms Form, the Concussion Passport which includes a Return to Learn/Physical Activity Plan and Concussion Card, Letter to Parents about a possible concussion, Collaborative Plan for Return to Learn, Return to Learn Accommodations, Informed Consent/ Permission Form for School Teams, and an Emergency Action Plan.

Appendix C An Offsite Guide to Concussion is designed for staff and volunteer coaches who are taking students to offsite events, including practices. It includes a brief overview of the concussion documents and teacher's responsibilities, a Possible Concussion Offsite flow chart, First Aid measures for Possible Concussion, Concussion Signs and Symptoms Form, the Concussion Passport which includes a Return to Learn/Physical Activity Plan, and Concussion Card, the OSBIE Incident Report Form, Letter to Parents about a possible concussion, Informed Consent/Permission for Sports Teams and an Emergency Action Plan.

Appendix D An Educator's Guide to Return to Learn and Return to Physical Activity is designed to guide staff who are assisting a student with a concussion. It contains questions and answers for teachers on the management of Return to Learn program of the Board, age appropriate activity suggestions for Return to Learn, a sample collaborative plan for Return to Learn, Return to Learn Accommodations for students, and Graduated Return to Physical Activity Plan for students with a concussion with age appropriate activity suggestions.

Appendix E Concussion Guide for Community Users contains information on what a concussion is, how it can be recognized and how concussions happen. Observed and reported signs and symptoms of concussion and the danger signs are included, as well as links to online learning.

Forms

FORM APH027-01 Informed Consent/Permission Form for Sports and Recreation is a document that must be read and signed by a parent/guardian or student who is 18 years of age or older for participation by a student on a school team. It outlines the elements of risk involved and provides notification of the availability of Student Accident Insurance. This form is required for both elementary and secondary school teams. It is retained for one year only.

FORM APH027-02 Concussion Signs and Symptoms Form is used to monitor a student with a possible concussion, and is completed as soon as possible after the incident. The form is filled in by the Principal or Teacher with Delegation of Authority if offsite, and filed in the student's Ontario Student Record (OSR) and a copy is provided to parents for the medical professional to review.

FORM APH027-03 Letter to Parent about Suspected Concussion, the Letter to Parents is prepared and signed by the principal and given to the parent/guardian indicating that an incident occurred that may have caused a concussion and indicates that the Board has a concussion program. It explains what a concussion is, provides and explains the Signs and Symptoms form and the Concussion Passport which are attached to the letter.

FORM APH027-04 Concussion Passport is a document that is given to the student or parent/guardian to determine when or if a medical examination of the student is undertaken to see if there has been a concussion diagnosed. It is returned to the school as soon as possible. It also includes a copy of the Return to Learn/Return to Physical Activity Plan (left blank) to inform parents and to be used by the school, parents and student if a concussion is diagnosed. The completed form is filed and retained for life in the student's Ontario Student Record (OSR)

Note: only a medical doctor or a nurse practitioner can make a medical diagnosis of a concussion.

FORM APH027-05 Emergency Action Plan is a document that is completed and taken with staff participating in a sporting event or an offsite activity including practices. It assists staff to respond to an emergency situation and is completed at the start of the sport season or prior to any offsite activity. The plan is retained for the school year.

FORM APH027-06 Informed Consent/Transportation of Students is a document that is completed by parents or guardians indicating mode of transportation for which permission is given for son or daughter to be transported for the identified school/Board activity/event.

FORM APH027-07 Informed Consent/Permission Form for Intramurals is a document that must be read and signed by a parent/guardian or student who is 18 years of age or older for participation by a student in intramural activities. It outlines the elements of risk and provides safety notes for participation. This form is required for both elementary and secondary intramurals. It is retained for one year only.

3. Role and Responsibilities of Senior Administration

The appropriate Senior Administrator(s) will:

- 3.1 Conduct an annual review of the Concussion Procedures and Board supporting documents to ensure that they align with the current best practices, and at a minimum, the OPHEA Concussion guidelines and OSBIE requirements.
- 3.2 Ensure that concussion training is made available to all school staff and volunteers including the signs and symptoms of concussion, and immediate action to take if a concussion is suspected, prevention strategies and other information as appropriate to their roles.
- 3.3 Ensure that concussion awareness and education strategies are made available to students and parents (*websites, hand-outs, newsletters, team meetings, curriculum, etc.*)
- 3.4 Provide support to school administrators and staff to ensure enforcement of these Concussion Procedures and the Return to Learn and Return to Physical Activity Plan.
- 3.5 Ensure that information on the Concussion procedures is provided to Community Users of school facilities and licensed third-party care providers not operating Extended Day programs.

4. Role and Responsibilities of Principals/Vice-Principals

Principals and Vice-principals (*or designates*) will:

- 4.1 Ensure that up-to-date students' emergency contact information is maintained.
- 4.2 Abide by the Concussion Procedures and read and understand An Administrator's Guide to Concussion.
- 4.3 Ensure that the WCDSB Informed Consent/Permission Form for Sport and Recreation is provided to parents/guardians or students over the age of 18 before any student participation in sports teams each year.
- 4.4 Ensure that the WCDSB Informed Consent/Permission Form for Intramurals is completed, returned by the student and is on file prior to the student participating in any intramural activities.
- 4.5 Ensure all OPHEA Safety Guidelines are being followed.
- 4.6 Ensure that all staff and volunteers understand their responsibilities, are aware of, and follow the Concussion Procedures as appropriate to their roles.
- 4.7 Ensure additional training is provided to those staff/volunteers that are attending sports events/activities or offsite activities, as required and repeat as necessary.
- 4.8 Ensure that forms are available to all staff.
- 4.9 Ensure the Fact Sheet for School Staff is included in all occasional teacher lesson plans and An

Offsite Guide to Concussion is included in all field trip folders.

- 4.10 Ensure an Emergency Action Plan Checklist is completed at the start of each season of activity for sports teams and for all offsite activities including field trips.
- 4.11 Communicate and share concussion information, concussion signs and symptoms and information on their roles and responsibilities with students and parents/guardians (*e.g. curriculum, class time, team meetings, hand-outs, newsletters, website, etc.*)
- 4.12 Develop a tracking system in the school for students with a possible concussion each term or semester and ensure that the Concussion Signs and Symptoms and the Concussion Passport are filed in the student's OSR.
- 4.13 Inform staff who have contact with the student when the student has a diagnosed concussion.
- 4.14 Approve any adjustments to the student's schedule as necessary.
- 4.15 Designate a Return to Learn school staff lead.
- 4.16 Organize a Collaborative Team for students who need that level of support.
- 4.17 Request and ensure that additional assistance is available for students with ongoing problems (*In School Team, Collaborative Team, Home instruction, development of an IEP, etc.*) and communicate concerns to appropriate senior administrators and senior board staff.
- 4.18 Attempt to get students' and parents'/guardians' cooperation in reporting any non-school related concussions.
- 4.19 Ensure that the school works as closely as possible with parents/guardians to support students with a concussion with their recovery and academic success.
- 4.20 Encourage medical practitioners to support students with a concussion with their recovery.

5. Role of school staff, support staff, coaches, volunteers

School staff, support staff, coaches and volunteers will:

- 5.1 Know what to do in the event of a concussion.
- 5.2 Participate in required training and understand and follow Concussion Procedures as outlined in the Fact Sheet for School Staff and An Offsite Guide to Concussion, as appropriate to their roles.
- 5.3 Ensure that the *WCDSB Informed Consent/Permission Form for Sport and Recreation* is completed, returned by the student and is on file prior to the student participating in any onsite or offsite sports or activities.
- 5.4 Ensure that the *WCDSB Informed Consent/Permission Form for Intramurals* is completed, returned by the student and is on file prior to the student participating in any intramural activities.
- 5.5 Participate only in activities they are qualified for.

- 5.6 Follow all OPHEA Safety Guidelines.
- 5.7 Check to see that all equipment is certified (*if applicable*), in good condition, worn properly and is appropriate for the activity.
- 5.8 Plan age appropriate activities and supervise students at all times.
- 5.9 Provide students with appropriate safety/concussion training prior to participating in the activity.
- 5.10 Be aware of the methods of preventing concussion applicable to a specific activity and communicate these to students.
- 5.11 Be aware of the management protocol in the event of a concussion, including Return to Learn and Return to Physical Activity.
- 5.12 Fill in an Emergency Action Plan before any sporting event or offsite activity including practices.

6. The Role and Responsibility of Students

Students will:

- 6.1 Complete (*students over the age of 18 years and parents/guardians*) and return the Informed Consent/Permission Form for Sport and Recreation before participating in a school team activity.
- 6.2 Participate in all safety training and learn to recognize the signs/symptoms of concussion.
- 6.3 Wear any required equipment in the correct manner.
- 6.4 Follow all rules and regulations of the activity.
- 6.5 Immediately report any concussion symptoms to staff/coaches.
- 6.6 Inform staff/coaches if they notice/observe concussion signs in any of their peers.
- 6.7 Follow concussion management strategies of their medical practitioner.
- 6.8 Understand and follow the Return to Learn and Return to Physical Activity Guidelines as directed by school staff.

7. The Role and Responsibility of Parents/Guardians

Parents/Guardians will:

- 7.1 Learn the signs and symptoms of concussion and review them with students
- 7.2 Have a student assessed by a medical doctor or nurse practitioner as soon as possible in the event that a concussion is possible

- 7.3 Collaborate with the school and medical doctor or nurse practitioner to manage possible or diagnosed concussions appropriately
- 7.4 Support concussed students with their recovery
- 7.5 Cooperate with school staff and support a student on the Return to Learn and Return to Physical Activity Program
- 7.6 Report any non-school related concussion to the school principal so the Return to Learn and Return to Physical Activity Program can be followed

8. The Role and Responsibility of Medical Doctor or Nurse Practitioner

Medical Doctors and Nurse Practitioners may:

- 8.1 Review The Concussion Signs and Symptoms Form completed by the school
- 8.2 Provide support and medical assistance to the student's recovery process
- 8.3 Participate with the school in the recovery process and in the development or review of an individualized Return to Learn and Return to Physical Activity Plan

9. Training Requirements (See Administrator's Guide)

- 9.1 Develop and implement procedures to train school staff and volunteers on concussion, including signs and symptoms, prevention, identification and management as appropriate to their roles
- 9.2 Develop strategies to raise awareness and inform students on concussion, their roles and responsibilities and create or use curriculum strands/resources as available
- 9.3 Develop strategies to raise awareness of concussion in parents/guardians and inform them of their roles and responsibilities

INFORMED CONSENT / PERMISSION FORM FOR SPORT & RECREATION

PART A:

This form is to be completed on behalf of a student who wishes to participate in sport and recreation activities or interschool athletics, and must be returned to the coach prior to the student's first team tryout or participation in the sport and recreation activity. This page is to be retained for your information.

Dear Parent/Guardian,

Your son/daughter has indicated a desire to participate in the following sport and recreation activity:

_____ or interschool team: _____.

The content of this page is to provide you with information on the activities.

ELEMENTS OF RISK NOTICE

The risk of injury exists in every athletic activity. Falls, collisions, and other incidents may occur and cause injury. Due to the nature of some activities, injuries may range from minor sprains and strains to more serious injuries affecting the head, neck or back and/or drowning in water based activities/sports. Some injuries can lead to paralysis or prove to be life-threatening. Injuries as a result of participation in an activity can occur without fault on either the part of the student, or the school board and its employees or agents, or the facility where the activity is taking place. A student choosing to participate in the activity assumes the risk of an injury occurring. The chances of an injury can be reduced by carefully following instructions at all times while engaged in the activity. The school board attempts to manage, as effectively as possible, the risk involved for students while participating in school sport and recreation activities.

Student Accident Insurance Notice:

The Waterloo Catholic District School Board does not provide any accidental death, disability, dismemberment/medical/dental expense insurance for student participation in school sponsored activities (e.g., curricular, intramural and interschool). For insurance coverage of injuries, parent/guardians are encouraged to consider a Student Accident Insurance Plan from an insurance company of their choice.

In the interest of safety, we strongly recommend:

1. Students have an annual medical examination.
2. Students bring emergency medications (e.g., asthma inhalers, epinephrine auto injector) to all activities.
3. Students remove eyeglasses during practices or games. If eyeglasses cannot be removed, the student must wear an eyeglass strap or shatterproof lenses.
4. Students must be made aware of ways to protect themselves from environmental conditions (e.g., use of hats, sunscreen, sunglasses, access to liquid replacement, insect repellent, appropriate clothing).
5. A safety inspection is carried out at home of any equipment brought to school for personal use in sport and recreation activities as well as practices and interschool competitions (e.g., skis, skates, helmets).

Concussions:

If your son/daughter/ward is presently diagnosed with a concussion by a medical doctor/nurse practitioner, that was sustained inside or outside of school activity, the "Concussion Passport for WCDSB" must be completed before the student returns to physical education classes, intramural activities and interschool practices and competitions. Request the form from the school administrator.

Freedom of Information Notice:

The information provided on this form is collected pursuant to the schools board's education responsibilities as set out in the Education Act and its regulations. This information is protected under the Freedom of Information and protection of privacy act, and will be utilized only for the purpose related to the Board's policy on Risk Management for sport and recreation activities and interschool athletics. Any questions with respect to this information should be directed to your school principal.



INFORMED CONSENT / PERMISSION FORM FOR SPORT & RECREATION

PART B:

Parent/Guardians are requested to complete the following form and return to the appropriate school personnel.

Note: the student is ineligible to participate in the sport and recreation activity and interschool athletic tryouts, practices and competitions without first providing teacher/coach with the completed form.

Student name:

Health card # (optional):

Home address:

Physician name:

Home phone #:

Physician phone #:

Parent/Guardian name:

Emergency contact name:

Work phone #:

Emergency contact phone #:

Cell phone #:

Acknowledgement of Risks/Request to Participate/Informed Consent Agreement

I have read and understand the notices of Elements of Risk. _____ (initials of Parent/Guardian)

I have read and understand the notices of Accident Insurance. _____ (initials of Parent/Guardian)

I request our son/daughter to tryout/participate in _____ sport and recreation activity during the _____ school year.

I hereby acknowledge and accept the risk inherent in the requested activity and assume responsibility for my son/daughter/ward for personal health, medical, dental and accident insurance coverage.

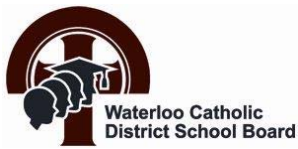
Signature of Parent/Guardian: _____ Date: _____

Signature of Athlete: _____ Date: _____
(Secondary students only)

Medical Services Authorization (optional)

In a situation when emergency medical or hospital services are required by the above listed participant, and with the understanding that every reasonable effort will be made by the school/hospital to contact me, my signature on this form authorizes medical personnel and/or hospital to administer medical and/or surgical services, including anesthesia and drugs. I understand that any cost will be my responsibility.

Signature of Parent/Guardian: _____ Date: _____



Form APH027-02 Concussion Signs and Symptoms Form

Student's Name: _____ Student's Grade: _____ Date/Time of Incident: _____

Where and How Incident Occurred: *(Be sure to include description of the bump or blow to the head or body.)* _____

Description of Incident: *(Be sure to include information about any loss of consciousness and for how long, memory loss, or seizures following the incident, or previous concussions, if any. See the section on **Danger Signs** on the back of this form.)* _____

**Any student involved in an incident requiring this form does NOT return to physical activity that day.
Further observation by a parent/guardian and/or medical professional is required.**

DIRECTIONS:

Use this form to monitor a student with a possible concussion. Check for signs or symptoms as soon as possible after the incident.

A student who is experiencing one or more of the signs or symptoms of concussion should:

- 1) sit out academic and physical activities (rest)**
- 2) have a parent/guardian contacted**
- 3) be seen by a medical doctor or nurse practitioner as soon as possible**

Send a copy of this form, along with the concussion information package, with the student/parent for the medical professional to review. Original to be retained by the school and filed in the OSR.

To learn more about concussion please visit:
www.ontario.ca/concussions

OBSERVED SIGNS OR REPORTED SYMPTOMS	
Appears dazed or stunned	
Is confused about events	
Repeats questions	
Answers questions slowly	
Can't recall events <i>prior</i> to the hit, bump, or fall	
Can't recall events <i>after</i> the hit, bump, or fall	
Loses consciousness (even briefly)	
Show behavior or personality changes	
Forgets class schedule or assignments	
PHYSICAL	
Headache or "pressure" in head	
Nausea or vomiting	
Balance problems or dizziness	
Fatigue or feeling tired	
Blurry or double vision	
Sensitivity to light	
Sensitivity to noise	
Numbness or tingling	
Does not "feel right"	
COGNITIVE	
Difficulty thinking clearly	
Difficulty concentrating	
Difficulty remembering	
Feeling more slowed down	
Feeling sluggish, hazy, foggy, or groggy	
EMOTIONAL	
Irritable	
Sad	
More emotional than usual	
Nervous	

Danger Signs:

The student should be seen in an emergency department right away if s/he has:

- * One pupil (the black part in the middle of the eye) larger than the other
- * Drowsiness or cannot be awakened
- * A headache that gets worse and does not go away
- * Weakness, numbness, or decreased coordination
- * Repeated vomiting or nausea
- * Slurred speech
- * Convulsions or seizures
- * Difficulty recognizing people or places
- * Increasing confusion, restlessness, or agitation
- * Unusual behavior
- * Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Additional Information:

A concussion is a brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, hit or jolt to the head OR a fall or blow to the body that causes the head to move rapidly.

A student should be monitored by a parent/guardian for 24 to 48 hours following an incident as the signs and symptoms of a concussion can take time to emerge and a medical professional may need to be consulted.

Parents should ask the student about possible sleep symptoms. Drowsiness, sleeping more or less than usual, or difficulty falling asleep may indicate a concussion.

Resolution of Incident – in all instances a copy of this checklist is provided to parent and/or medical professional

- ☐ **NO** Signs or symptoms – parent informed, student returned to class with parent consent, student does **NOT** participate in any physical activity
- ☐ Signs and/or symptoms present – parent informed, student picked up or left school with parent permission
- ☐ Signs or symptoms present prompted the decision to call 911, parent informed.

Name of school staff completing this form: _____

Job title: _____ School _____

COMMENTS:

To maintain confidentiality and ensure privacy, this form is intended only for use by appropriate school staff, medical professionals, and the student's parent/ guardian(s).

This information is collected pursuant to the Board's responsibilities as set out in the Education Act. The information will be used for educational purposes and securely stored and retained in the Ontario Student Record. Questions about this collection should be directed to principal.



Form APH027-03 Letter to Parent about Suspected Concussion

Dear Parent/Guardian,

The Waterloo Catholic District School Board is committed to keeping all of our students safe. In response to the implementation of the Ontario Physical and Health Education Association (OPHEA) Safety Guidelines and following the direction of the Ministry of Education, the Boards have developed and implemented a concussion program.

While participating in a school activity, an event occurred, that may cause 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*). Since a concussion can only be diagnosed by a medical doctor or a nurse practitioner, educators, school staff or volunteers cannot make the diagnosis of concussion. The Boards' concussion program indicates that if a concussion is possible, information is provided to ensure appropriate actions are taken.

You are being provided with the following information adapted from OPHEA:

- Concussion Signs and Symptoms Form
- Concussion Passport

Please return the Concussion Passport prior to/or when your student returns to school.

If a concussion is diagnosed by a medical doctor or nurse practitioner, the Concussion Passport will assist the school team to work with you in facilitating an individualized Return to Learn/Return to Physical Activity Plan for your student.

If you have any questions, please do not hesitate to contact the undersigned.

Name of School Principal

Name of School

Concussion Passport for WCDSB

_____ (student name) sustained a possible concussion on _____ (date).

It is recommended that this student be seen by a medical doctor or nurse practitioner and this form be completed and returned to _____ (school name).

Results of Medical Examination

- ☐ Student has been examined and **no concussion** has been diagnosed and therefore may resume full participation in learning and physical activity with no restrictions.
- ☐ Student has been examined and **a concussion has been diagnosed** and therefore should begin a Return to Learn/Return to Physical Activity Plan (see next page). The Plan is an individualized, gradual, approach to assist a student to return to both learning and physical activity. Each stage must take a minimum of 24 hours. The student must return to regular learning activities, without any learning accommodations, prior to the student returning to physical activity.
- ☐ I have been informed of the school's concern and decline to have my student assessed by a medical professional.

Parent/Guardian name: _____ (please print)

Parent/Guardian signature: _____ Date: _____

Comments: _____

This information is collected pursuant to the Board's responsibilities as set out in the Education Act. The information will be used for educational purposes and securely stored and retained in accordance with the Board's Records Management Policy. The original of this form will be retained by the school and filed in the OSR. Questions about this collection should be directed to the principal.


Revised November 2014

Return to Learn/Return to Physical Activity Plan

Student Name _____ Start Date _____

If at any time during the following stages of the Plan, signs and/or symptoms of a concussion return, an examination of the student by a medical doctor/nurse practitioner is recommended. The student will resume the plan at an appropriate stage as needed.

Each stage must take a minimum of 24 hours and a student must be symptom free to proceed to the next stage.

Stage	Stage Description	Date Completed	Parent Initials	Student Initials	Notes
1.Total Rest at Home	Cognitive (limiting reading, texting, TV, music, etc.) and physical rest (no recreational & competitive activities) <input type="checkbox"/> Concussion symptoms have shown improvement – go to Stage 2a <input type="checkbox"/> Concussion symptoms are no longer present – go to Stage 2b				
2a. Return to Learn with Accommodations	Student returns to school and receives individualized classroom strategies which gradually increase cognitive load. Physical rest continues. <input type="checkbox"/> No return of symptoms				
2b. Return to Learn	Student returns to school and regular learning activities with no individualized strategies. Physical rest continues. <input type="checkbox"/> No return of symptoms				
A student not involved in any physical activities at school may end the plan after 2b. Parent/guardian and student initial here to close the plan after 2b.  Otherwise the student progresses through the rest of the stages to return to full physical activity.					

Stage	Stage Description	Date Completed	Parent Initials	Student Initials	Notes
3. Return to Light Physical Activity	<p>Student returns to light aerobic activity (walking, swimming etc.) keeping heart rate at 70% or less. No weight training/drills or contact.</p> <p><input type="checkbox"/> No return of symptoms</p>				
4. Return to Individual Sport Specific Physical Activity	<p>Student returns to individual sport specific activities (shooting drill in basketball, skating drill in hockey etc.). No weight training/drills or contact.</p> <p><input type="checkbox"/> No return of symptoms</p>				
5. Return to Non-Contact Practice	<p>Student returns to activities where there is no body contact (badminton, dance etc.) and non-contact practices and progressions of skills (passing drill in hockey). Weight training may be started.</p> <p><input type="checkbox"/> No return of symptoms</p>				
Medical Examination	<p>Prior to returning to physical activities with contact, it is recommended that a student have a medical exam to confirm the student is ready for physical activities that involve contact.</p>				
6. Return to Physical Activity with Contact	<p>Student returns to regular participation in all physical education classes and full training/practices for contact sports. No competition.</p> <p><input type="checkbox"/> No return of symptoms</p>				
7. Return to Competition	<p>Student returns to full participation in all sports including contact sports and all competitions.</p> <p><input type="checkbox"/> No return of symptoms</p>				

Concussion

Signs & Symptoms



A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head.

Concussions can also occur from a fall or blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

It is extremely important to seek medical attention immediately if signs or symptoms of a concussion are present.

No two concussions are exactly the same. Brains are unique, so signs and symptoms can vary.

When in Doubt, Sit Them Out!

Recovering from a Concussion?

**Only rest will heal a concussion.
That means limiting:**



Rest is very important after a concussion because it helps the brain heal.

Anyone with a suspected concussion should not return to school, work or play until he or she has seen a medical doctor or nurse practitioner.

If not treated appropriately, a concussion can result in lifelong problems. For a successful recovery follow a medically supervised program.

Notify the school if your student has a concussion

For more information on concussion and injury prevention please visit:

www.ontario.ca/concussions

When in Doubt, Sit Them Out!



**Waterloo Catholic
District School Board**

Emergency Action Plan

Access to Telephone	<input type="checkbox"/> Cell phone, battery well charged <input type="checkbox"/> Practices <input type="checkbox"/> Home venues <input type="checkbox"/> Away venues <input type="checkbox"/> List of emergency phone numbers (home competitions) <input type="checkbox"/> List of emergency phone numbers (away competitions)
Directions to access the site	<input type="checkbox"/> Accurate directions to the site (practice) <input type="checkbox"/> Accurate directions to the site (home competitions) <input type="checkbox"/> Accurate directions to the site (away competitions)
Participant Information	<input type="checkbox"/> Personal profile forms <input type="checkbox"/> Location of student medication <input type="checkbox"/> Emergency contacts <input type="checkbox"/> Medical profiles <input type="checkbox"/> Location of First Aid Kit
Personnel Information	<input type="checkbox"/> Person in charge is identified

The medical profile of each participant should be up to date and located with the first aid kit. A first aid kit must be accessible at all times and must be checked regularly.

Emergency phone number: 911 for all emergencies.

In-Charge Person: _____

Cell phone number of coach/volunteer: _____

Cell phone number of assistant coach/volunteer: _____

Phone number of home facility: _____

Designated school contact (name and phone number): _____

Address and location of facility:

Facility Name: _____

Address: _____

Telephone Number: _____

Main Entrance: _____

Secondary Entrance: _____

****Bring all required board forms including Concussion package and OSBIE incident report form****

This information is collected pursuant to the Board's responsibilities as set out in the Education Act. The information will be used for educational purposes and securely stored and retained in accordance with the Board's Records Management Policy. Questions about this collection should be directed to the principal.

Form APH027-06 Transportation of Students
INFORMED CONSENT / TRANSPORTATION OF STUDENTS

Throughout the school year, a variety of activities take place at facilities off school property. These activities include, but are not limited to, field trips, work experience programs, sporting events, courses and other school/Board sponsored events. In most cases, students require transportation to these facilities. Transportation will be accomplished by:

1. Students driving themselves.
2. Students riding in a personal vehicle driven by an authorized Trip Driver, including but not limited to, a volunteer, teacher, or other WCDSB employee WCDSB trustee, or another student who is at least 18 years of age and has a G licence (G1 and G2 prohibited).
3. School bus/taxi.

PARENT/GUARDIAN CONSENT

Please indicate the mode(s) of transportation for which you provide your permission for your son or daughter to be transported for the identified school/Board activity/event by signing below.

Name of Student (print): _____

School Year: _____

Activity/Event/Sport Season: _____

I hereby give permission for my son/daughter to travel to and from the activity/event described above using the following mode(s) of transportation (please check all boxes that apply)

- ☐ Drive himself/herself
- ☐ Ride in a private vehicle operated by a volunteer
- ☐ Ride in a private vehicle operated by a Waterloo Catholic District School Board trustee teacher or other employee
- ☐ Ride in a private vehicle operated by another student who is at least 18 years of age and has a G licence (G1 and G2 prohibited)
- ☐ Ride in a school bus/taxi

Parent/Guardian Signature: _____

Date Signed: _____

Any student, volunteer, WCDSB trustee, teacher or other WCDSB employee driving, on a school or Board sponsored activity or event, who has obtained school or Board Office permission, will be designated the "Trip Driver" and is required to complete a Volunteer Drivers form (APO004-04) prior to transporting students. Students who drive other passengers must be at least 18 years of age with a G license. G1 and G2 licensed drivers are not permitted to drive.

Personal information on this form is collected under the legal authority of the Education Act as amended. This information will be used for the purpose of: planning and administering out-of-school programs for students, insurance, and statistical analysis. For more information contact the school principal.



APH027-07 INFORMED CONSENT / PERMISSION FORM FOR INTRAMURALS

Dear Parent/Guardian,

Physical activity is essential for healthy growth and development. Growing bones and muscles require not only good nutrition, but also the stimulation of vigorous physical activity to increase the strength and endurance necessary for a physically active lifestyle. Active participation in, intramural activities provides opportunities for students to develop the skills and confidence necessary to play and work co-operatively and competitively with their peers.

Some examples of the types of intramural activities that may be offered this school year include:

ELEMENTS OF RISK NOTICE

The risk of injury exists in every athletic activity. However, due to the very nature of some activities, the risk of injury may increase. Injuries may range from minor sprains and strains to more serious injuries (e.g. concussion). These injuries result from the nature of the activity and can occur without fault on either the part of the student, the school board or its employees/agents or the facility where the activity is taking place. The safety and well-being of students is a prime concern and attempts are made to manage, as effectively as possible, the foreseeable risks inherent in physical activity. Please call the school to discuss safety concerns related to any physical activity in which your child/ward is participating.

In the interest of safety:

1. Students must wear appropriate attire for safe participation — running shoes with a flat rubber treaded sole which are secured to the foot are a minimum requirement along with appropriate clothing for the physical activity (e.g., shorts or sweat pants and t-shirt/sweat shirt).
2. For intramural activities:
 - a. Certain types of jewelry can pose a hazard and cause injury to the wearer and/or other participants during intramural physical activity. Students must comply with the instructions of the teacher/supervisor, following board/school procedures, when requested to remove jewelry.
 - b. Medic alert identification and religious articles of faith that cannot be removed must be taped or securely covered.
3. Students must bring emergency medications (e.g., asthma inhalers, epinephrine auto injectors) to all intramural activities.

Name of Student: _____ Grade: _____

Name of Teacher: _____

Elements of Risk Notice:

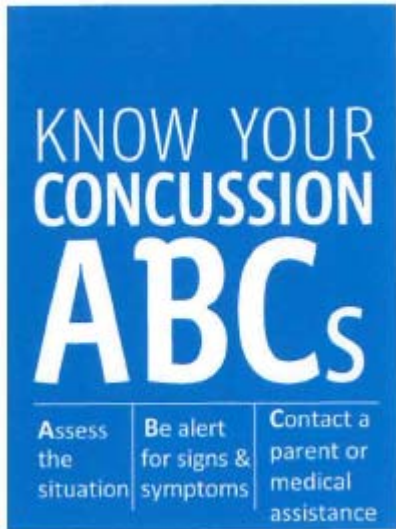
I acknowledge and have read the Elements of Risk notice.

Parent/Guardian Signature: _____ Date: _____

Intramural Activities/Clubs Permission:

I give permission for my child/ward to participate in intramural activities/clubs.

Parent/Guardian Signature: _____ Date: _____



Concussion Fact Sheet for Schools

THE FACTS:

- * All concussions are serious.
- * Most concussions occur without loss of consciousness.
- * Recognition and proper response to concussions when they first occur can help aid recovery and prevent further injury.

What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow or jolt to the head.

Concussions can also occur from a fall or blow to the body that causes the head and brain to move rapidly.

How can I recognize a concussion?

To help you recognize a concussion, ask the person or witnesses of the incident about:

1. *Any* kind of forceful blow to the head or to the body that resulted in rapid movement of the head.

-and-

2. *Any* physical change in the person's behavior, thinking, or physical functioning. (See the signs and symptoms of concussion.)

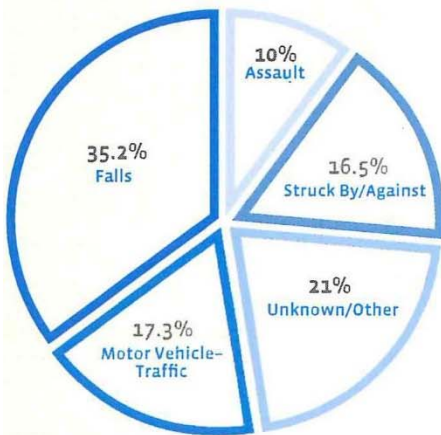


How can concussions happen in schools?

Children and adolescents are among those at greatest risk for concussion. Concussions can result from a fall, or any time a person's head comes into contact with a hard object, such as the floor, a desk, or another person's head or body. The potential for a concussion is greatest during activities where collisions can occur, such as during physical education class, playground time, or school-based sports activities.

Students may also get a concussion when doing activities outside of school, but then come to school when symptoms of the concussion are presenting. For example, a concussion from motor vehicle accident, a fall or from a sports activity.

Concussions can have a serious effect on a young, developing brain and need to be addressed correctly. Proper recognition and response to concussion signs and symptoms can prevent further injury and can help with recovery.



Causes of Concussion



What are the signs and symptoms of concussion?

Students who experience *one or more* of the signs and symptoms listed below after a bump, blow, or jolt to the head or body should be seen by a medical professional.

There is no one single indicator for concussion. The signs and symptoms of concussion can take time to appear and can become more noticeable during concentration and/or activities. For this reason, it is important to watch for changes in how the person is acting or feeling, if signs or symptoms become worse, or if the person just "doesn't feel right."

POSSIBLE SIGNS OBSERVED

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to the hit, bump, or fall
- Can't recall events *after* the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes

POSSIBLE SYMPTOMS REPORTED BY THE PERSON

Thinking/Remembering:

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Emotional:

- Irritable
- Sad
- More emotional than usual
- Nervous

Physical:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

Sleep*:

- Drowsy
- Sleeps *less* than usual
- Sleeps *more* than usual
- Has trouble falling asleep

**Only ask about sleep symptoms if the injury occurred on a prior day.*



Remember, you can't see a concussion and some people may not experience or report symptoms until hours or days after the injury. Most people with a concussion will recover quickly and fully. But for some, concussion signs and symptoms can last for days, weeks, or longer.



What are concussion danger signs?

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. The person should be taken to an emergency department right away if s/he exhibits any of the following danger signs after a bump, blow, or jolt to the head or body:

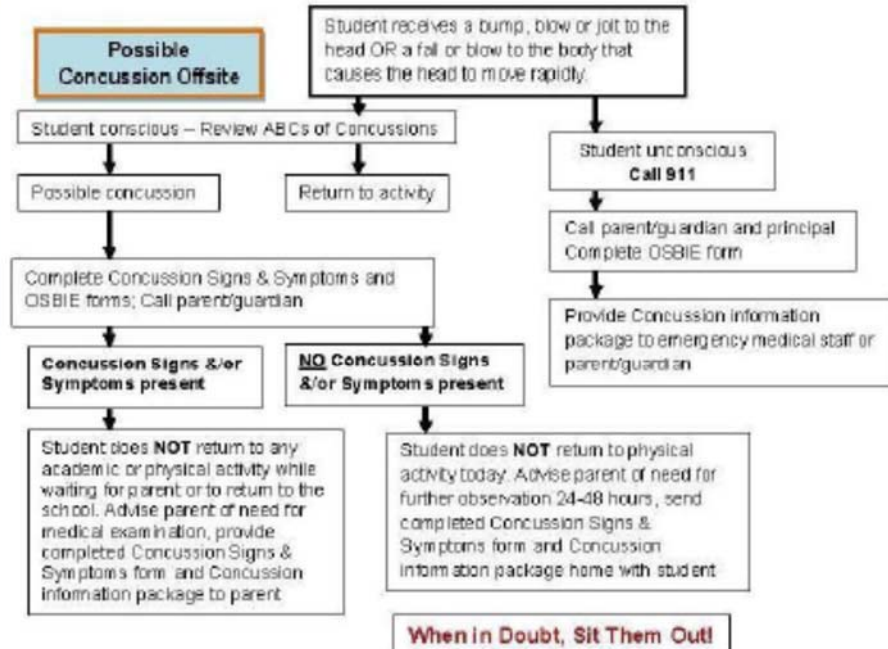
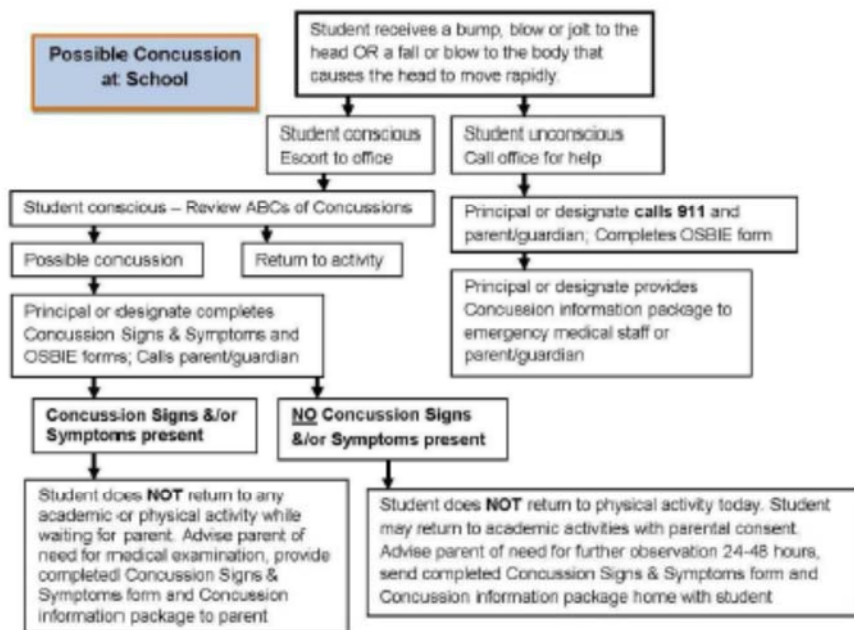
- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination

- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

To learn more about concussion please visit: **www.ontario.ca/concussions**

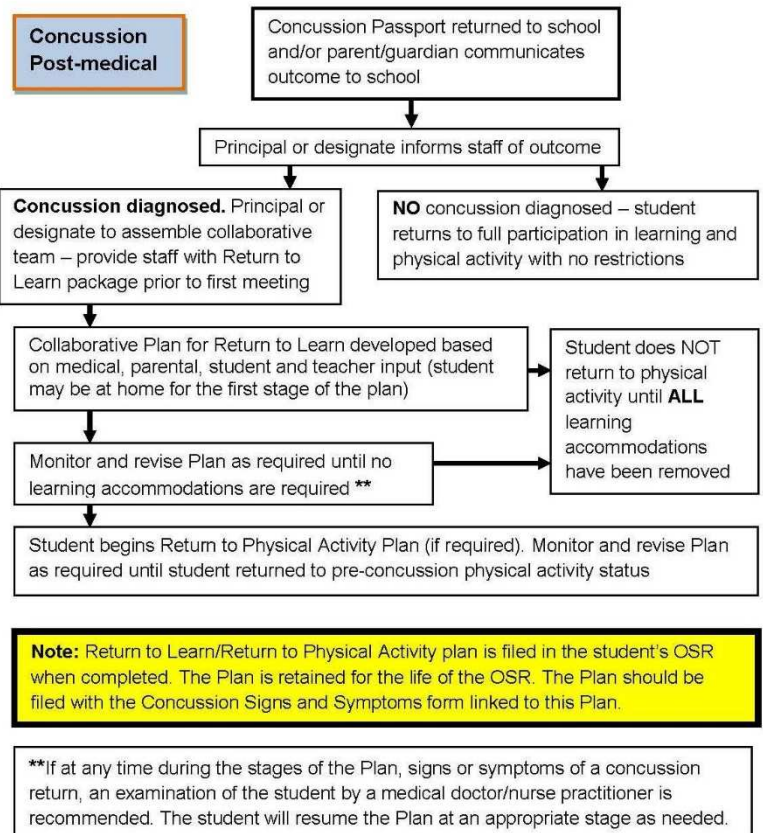
Watch a 5 minute video on concussion at <http://www.youtube.com/watch?v=zCCD52Pty4>

What should school staff do?



Note: Concussion Signs and Symptoms form is filed in the student's OSR when complete. The form is retained for the life of the OSR.

See Concussion Passport Returned to School (post-medical) flowchart on the next page →



What do I need to know about students returning to school after a concussion?

Supporting a student recovering from a concussion requires a collaborative approach among school professionals, health care professionals, parents and students. All school staff who interact with the student should be informed about a returning student's injury and symptoms, as they can assist with the transition process and making the accommodations for a student. Accommodations are implemented when students have a disability (temporary or permanent) that affects their performance in any manner. Services and accommodations for students may include reduced time at school, environmental adaptations, classroom accommodations and behavioral strategies.

Students who return to school after a concussion may need to:

- Spend fewer hours at school
- Take rest breaks as needed
- Reduce time spent on computer, reading or writing
- Work in an area that is quiet and/or has less light
- Be given more time to take a test or complete an assignment

Encourage fellow teachers and coaches to monitor students who return to school after a concussion. Students may need to limit activities while they are recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms such as headache or tiredness to reappear or get worse.

After a concussion, physical and cognitive activities such as concentration and learning should be carefully monitored and managed by medical and school professionals. If a student already had a medical condition at the time of the concussion, it may take longer to recover from the concussion. Anxiety and depression may also make it harder to adjust to the symptoms of a concussion. School staff should watch for students who show increased problems paying attention, problems remembering or learning new information, inappropriate or impulsive behavior during class, greater irritability, less ability to cope with stress, or difficulty organizing tasks.

Developing brains are highly variable and no two concussions are the same. An individualized approach for each student is needed.

It is normal for a student to feel frustrated, sad, and even angry because s/he cannot return to physical activity right away, or cannot keep up with schoolwork. The student should hear a consistent message from everyone involved that they understand what a concussion is and what a student may be experiencing. This sympathy, understanding and consistency for all involved will help to decrease stress and aid with recovery. As the student's symptoms decrease, the extra help or support can be gradually removed.

What can I do to prevent and prepare for a concussion?

Here are some steps you can take to prevent concussions in school and ensure the best outcome for your students.

Parents, teachers and coaches know their students well and may be the first to notice when a student is not acting normally. Encourage teachers, coaches and students to:

- Learn about the potential long-term effects of concussion and the dangers of returning to activity too soon.
- Complete the Concussion Signs and Symptoms Form if you observe any signs or symptoms or even suspect that a concussion has occurred.

View a 5 minute video about concussion here

<http://www.youtube.com/watch?v=zCCD52Pty4A>



Take some additional training

- 1) CDC Heads Up online training course (free) - http://www.cdc.gov/concussion/HeadsUp/online_training.html
- 2) National Coaching Certification Program (free) - <http://www.coach.ca/-p153487>

Prevent long-term problems

A repeat concussion that occurs before the brain recovers from the previous concussion, usually within a short period of time (hours, days or weeks), can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in brain swelling, permanent brain damage, and even death. Keep students with a known or possible concussion out of physical activity, sports, or playground activity on the day of the incident and until a medical professional says they are symptom-free and it is OK for the student to return to physical activity.

Create safe school environments

The best way to protect students from concussions is to prevent concussions from happening. Make sure your school has procedures to ensure that the environment is a safe, healthy place for students. Talk to school staff and administrators and encourage them to keep the physical space safe, keep stairs and hallways clear of clutter, secure rugs to the floor, and check the surfaces of all areas where students are physically active, such as playing fields and playground.

Instruct and supervise students

Students need to be taught skills and techniques, in progression, appropriate to their age and development level. This includes the importance of respect, fair play and good sportsmanship among participants. Document the delivery of safety lessons and take attendance in class and at practice. Ensure parents have given consent for their student to participate on a school team.

Monitor the health of your student athletes

Make sure to ask whether an athlete has ever had a concussion and insist that your athletes are in good condition to participate in sports. Keep track of athletes who sustain concussions during the school year. This will help in monitoring injured athletes who participate in multiple sports throughout the school year.

Teach student athletes about head injury prevention and the responsibilities to report ALL injuries to their teacher/coach immediately. Helmets and mouthguards do NOT prevent concussion but may reduce the severity of injuries such as skull fractures and dental damage. Protective equipment must be properly fitted and worn, and inspected as required.

Ensure you have an Emergency Action Plan completed **prior** to a sporting event or going offsite.

Follow the OPHEA and board guidelines for all sports and activities.

<http://safety.ophea.net/>

*Again, remember your
concussion ABCs:*

- A – Assess the situation
- B – Be alert for signs and symptoms
- C – Contact a parent or medical assistance

An Administrator's Guide to Concussion



Administrator Summary & Flowcharts

Concussion Signs and Symptoms Form

Concussion Passport

Concussion Card

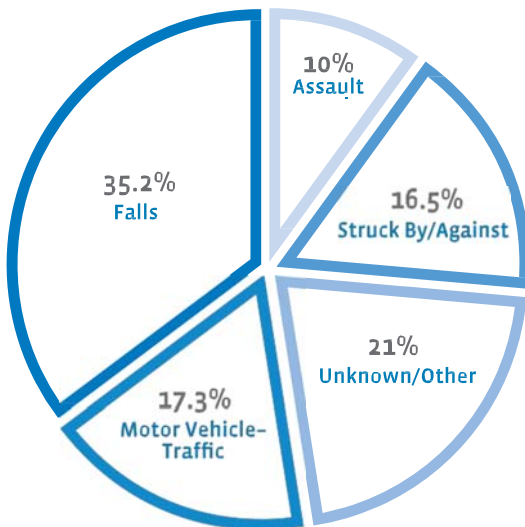
Letter to Parents

Collaborative Return to Learn Plan template

Informed Consent for School Teams

Emergency Action Plan

Causes of Concussion



What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a fall or blow to the body that causes the head and brain to move rapidly.

THE FACTS:

- All concussions are serious.
- Most concussions occur without loss of consciousness.
- Recognition and proper response to concussions when they first occur can help aid recovery and prevent further injury, or even death.

Administrator Summary

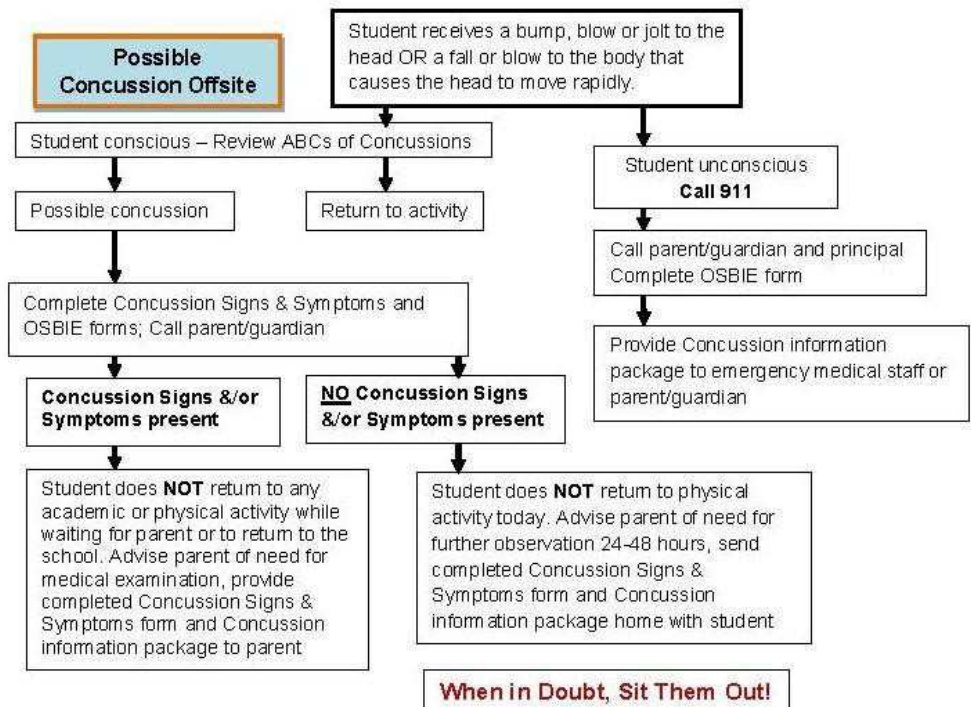
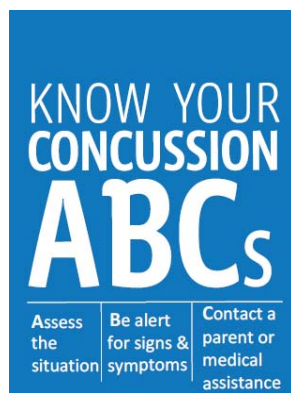
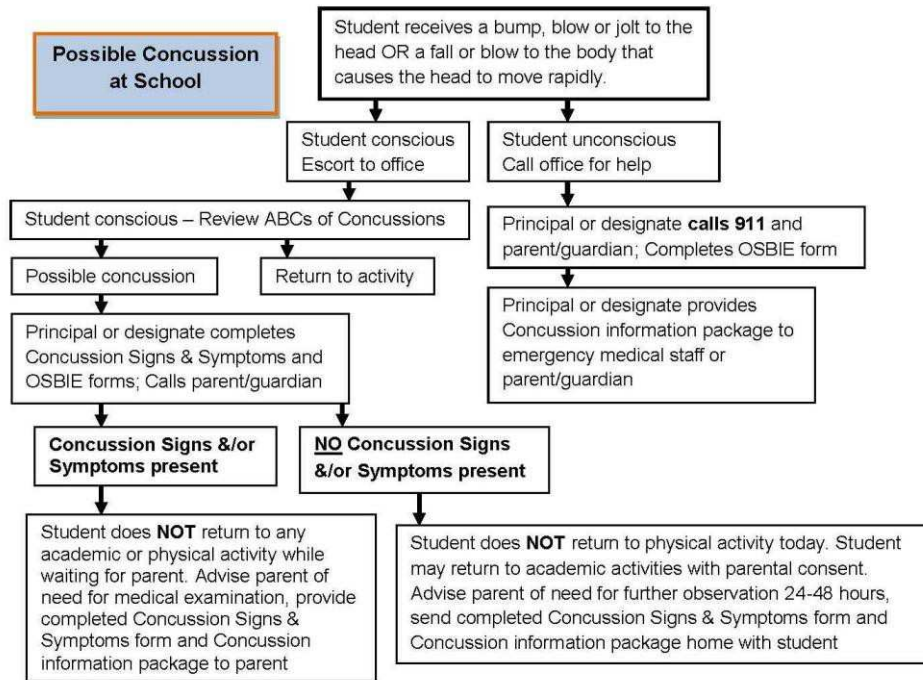
The WCDSB has developed documents, based on the OPHEA Guidelines, to assist staff. These documents and an explanation of each are contained in this guide. As a quick reference, the chart below summarizes the documents.

Document	Purpose of Document	When filled out	Who fills it out	Record Retention
Concussion Fact Sheet for Schools	Provides basic information about concussion and the return to learn and return to physical activity process.	N/A	N/A	N/A
Concussion Signs and Symptoms form	Document the occurrence of a possible concussion, inform parents and provide next steps for parents	Any time there is a possibility or risk of concussion	Principal or designate as determined by the school	Filed in OSR, retained for life of OSR
Concussion Passport	Provide documentation to confirm concussion and progress through Return Plan	When a concussion is possible	Parent or guardian and student	Filed in OSR, retained for life of OSR
Concussion Card	Introductory information for parents and staff about concussion's key points	N/A	N/A	N/A
Return to Learn Plan	More specific information for staff who have a student with a concussion or who want to learn more	N/A	N/A	N/A
Return to Physical Activity Plan	More specific information for staff who have a student with a concussion or who want to learn more	N/A	N/A	N/A
Letter to Parents – possible concussion	Inform parent/guardian about the occurrence of a possible concussion and explain attached forms	Created at the start of the school year and kept on file	N/A	N/A
Informed Consent - Permission Form for School Teams	Inform parent/guardian about participation on a school team	Prior to a student participating on a school team	Parent or guardian and student	1 year retention
Emergency Action Plan Checklist (EAP)	Assist staff in responding to emergency situations during a sporting event or an offsite activity	Start of the sport season or prior to any offsite activity	Staff responsible for a sport/offsite activity	School year

Responsibilities of Administrators

- ensure staff are trained on concussion awareness and what to do if a student is hurt; consider the need for additional training for staff and volunteer coaches and physical education teachers etc.*
- ensure forms are available to staff
- provide coaches with “An Offsite Guide to Concussion”
- communicate to parents via newsletter, school website, etc.
- develop tracking system in the school for students with a possible concussion including filing Concussion Signs and Symptoms Form and the Concussion Passport in the OSR and sending forms to the board office as per board procedure
- inform staff, who have contact with the student, when a student has a confirmed concussion
- organize the Collaborative Team for students who need that level of support
- designate a Return to Learn School Staff Lead
- request additional assistance for students with ongoing problems (in school team, collaborative team, home instruction) and communicate concerns to appropriate senior level board staff

What should school staff do?



Note: Concussion Signs and Symptoms form is filed in the student's OSR when complete. The form is retained for the life of the OSR.

**See Concussion Passport Returned to School
(post-medical) flowchart on the next page →**

**Concussion
Post-medical**

Concussion Passport returned to school
and/or parent/guardian communicates
outcome to school

Principal or designate informs staff of outcome

Concussion diagnosed. Principal or
designate to assemble collaborative
team – provide staff with Return to
Learn package prior to first meeting

NO concussion diagnosed – student returns
to full participation in learning and physical
activity with no restrictions

Collaborative Plan for Return to Learn developed based on
medical, parental, student and teacher input (student may be
at home for the first stage of the plan)

Student does NOT
return to physical
activity until **ALL**
learning
accommodations
have been removed

Monitor and revise Plan as required until no
learning accommodations are required **

Student begins Return to Physical Activity Plan (if required). Monitor and revise Plan as
required until student returned to pre-concussion physical activity status

Note: Return to Learn/Return to Physical Activity plan is filed in the student's OSR when
completed. The Plan is retained for the life of the OSR. The Plan should be filed with the
Concussion Signs and Symptoms form linked to this Plan.

****If** at any time during the stages of the Plan, signs or symptoms of a concussion return, an
examination of the student by a medical doctor/nurse practitioner is recommended. The
student will resume the Plan at an appropriate stage as needed.

Form APH027-02 Concussion Signs and Symptoms

Student's Name: _____ Student's Grade: _____ Date/Time of Incident: _____

Where and How Incident Occurred: *(Be sure to include description of the bump or blow to the head or body.)* _____

Description of Incident: *(Be sure to include information about any loss of consciousness and for how long, memory loss, or seizures following the incident, or previous concussions, if any. See the section on **Danger Signs** on the back of this form.)* _____

Any student involved in an incident requiring this form does NOT return to physical activity that day.

Further observation by a parent/guardian and/or medical professional is required.

DIRECTIONS:

Use this form to monitor a student with a possible concussion. Check for signs or symptoms as soon as possible after the incident.

A student who is experiencing one or more of the signs or symptoms of concussion should:

- 1) sit out academic and physical activities (rest)**
- 2) have a parent/guardian contacted**
- 3) be seen by a medical doctor or nurse practitioner as soon as possible**

Send a copy of this form, along with the concussion information package, with the student/parent for the medical professional to review. Original to be retained by the school and filed in the OSR.

To learn more about concussion please visit:
www.ontario.ca/concussions

OBSERVED SIGNS OR REPORTED SYMPTOMS	
Appears dazed or stunned	
Is confused about events	
Repeats questions	
Answers questions slowly	
Can't recall events <i>prior</i> to the hit, bump, or fall	
Can't recall events <i>after</i> the hit, bump, or fall	
Loses consciousness (even briefly)	
Show behavior or personality changes	
Forgets class schedule or assignments	
PHYSICAL	
Headache or "pressure" in head	
Nausea or vomiting	
Balance problems or dizziness	
Fatigue or feeling tired	
Blurry or double vision	
Sensitivity to light	
Sensitivity to noise	
Numbness or tingling	
Does not "feel right"	
COGNITIVE	
Difficulty thinking clearly	
Difficulty concentrating	
Difficulty remembering	
Feeling more slowed down	
Feeling sluggish, hazy, foggy, or groggy	
EMOTIONAL	
Irritable	
Sad	
More emotional than usual	
Nervous	

Danger Signs:

The student should be seen in an emergency department right away if s/he has:

- * One pupil (the black part in the middle of the eye) larger than the other
- * Drowsiness or cannot be awakened
- * A headache that gets worse and does not go away
- * Weakness, numbness, or decreased coordination
- * Repeated vomiting or nausea
- * Slurred speech
- * Convulsions or seizures
- * Difficulty recognizing people or places
- * Increasing confusion, restlessness, or agitation
- * Unusual behavior
- * Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Additional Information:

A concussion is a brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, hit or jolt to the head OR a fall or blow to the body that causes the head to move rapidly.

A student should be monitored by a parent/ guardian for 24 to 48 hours following an incident as the signs and symptoms of a concussion can take time to emerge and a medical professional may need to be consulted.

Parents should ask the student about possible sleep symptoms. Drowsiness, sleeping more or less than usual, or difficulty falling asleep may indicate a concussion.

Resolution of Incident – in all instances a copy of this checklist is provided to parent and/or medical professional

- ☐ **NO** Signs or symptoms – parent informed, student returned to class with parent consent, student does **NOT** participate in any physical activity
- ☐ Signs and/or symptoms present – parent informed, student picked up or left school with parent permission
- ☐ Signs or symptoms present prompted the decision to call 911, parent informed.

Name of school staff completing this form: _____

Job title: _____ School _____

COMMENTS:

To maintain confidentiality and ensure privacy, this form is intended only for use by appropriate school staff, medical professionals, and the student's parent/ guardian(s).

This information is collected pursuant to the Board's responsibilities as set out in the Education Act. The information will be used for educational purposes and securely stored and retained in the Ontario Student Record. Questions about this collection should be directed to principal.

Form APH027-04 Concussion Passport for WCDSB

_____(student name) sustained a possible concussion on _____ (date).
It is recommended that this student be seen by a medical doctor or nurse practitioner and this form be completed and returned to ____
_____(school name).

Results of Medical Examination

- ☐ Student has been examined and **no concussion** has been diagnosed and therefore may resume full participation in learning and physical activity with no restrictions.
- ☐ Student has been examined and **a concussion has been diagnosed** and therefore should begin a Return to Learn/Return to Physical Activity Plan (see next page). The Plan is an individualized, gradual, approach to assist a student to return to both learning and physical activity. Each stage must take a minimum of 24 hours. The student must return to regular learning activities, without any learning accommodations, prior to the student returning to physical activity.
- ☐ I have been informed of the school's concern and decline to have my student assessed by a medical professional.

Parent/Guardian name: _____ (please print)

Parent/Guardian signature: _____ Date: _____

Comments: _____


This information is collected pursuant to the Board's responsibilities as set out in the Education Act. The information will be used for educational purposes and securely stored and retained in accordance with the Board's Records Management Policy. The original of this form will be retained by the school and filed in the OSR. Questions about this collection should be directed to the principal.

Return to Learn/Return to Physical Activity Plan

Student Name _____ Start Date _____

If at any time during the following stages of the Plan, signs and/or symptoms of a concussion return, an examination of the student by a medical doctor/nurse practitioner is recommended. The student will resume the plan at an appropriate stage as needed.

Each stage must take a minimum of 24 hours and a student must be symptom free to proceed to the next stage.

Stage	Stage Description	Date Completed	Parent Initials	Student Initials	Notes
1. Total Rest at Home	Cognitive (limiting reading, texting, TV, music, etc.) and physical rest (no recreational & competitive activities) <input type="checkbox"/> Concussion symptoms have shown improvement – go to Stage 2a <input type="checkbox"/> Concussion symptoms are no longer present – go to Stage 2b				
2a. Return to Learn with Accommodations	Student returns to school and receives individualized classroom strategies which gradually increase cognitive load. Physical rest continues. <input type="checkbox"/> No return of symptoms				
2b. Return to Learn	Student returns to school and regular learning activities with no individualized strategies. Physical rest continues. <input type="checkbox"/> No return of symptoms				
A student not involved in any physical activities at school may end the plan after 2b. Parent/guardian and student initial here to close the plan after 2b.  Otherwise the student progresses through the rest of the stages to return to full physical activity.					

Stage	Stage Description	Date Completed	Parent Initials	Student Initials	Notes
3. Return to Light Physical Activity	<p>Student returns to light aerobic activity (walking, swimming etc.) keeping heart rate at 70% or less. No weight training/drills or contact.</p> <p><input type="checkbox"/> No return of symptoms</p>				
4. Return to Individual Sport Specific Physical Activity	<p>Student returns to individual sport specific activities (shooting drill in basketball, skating drill in hockey etc.). No weight training/drills or contact.</p> <p><input type="checkbox"/> No return of symptoms</p>				
5. Return to Non-Contact Practice	<p>Student returns to activities where there is no body contact (badminton, dance etc.) and non-contact practices and progressions of skills (passing drill in hockey). Weight training may be started.</p> <p><input type="checkbox"/> No return of symptoms</p>				
Medical Examination	<p>Prior to returning to physical activities with contact, it is recommended that a student have a medical exam to confirm the student is ready for physical activities that involve contact.</p>				
6. Return to Physical Activity with Contact	<p>Student returns to regular participation in all physical education classes and full training/practices for contact sports. No competition.</p> <p><input type="checkbox"/> No return of symptoms</p>				
7. Return to Competition	<p>Student returns to full participation in all sports including contact sports and all competitions.</p> <p><input type="checkbox"/> No return of symptoms</p>				

Concussion

Signs & Symptoms



A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head.

Concussions can also occur from a fall or blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

It is extremely important to seek medical attention immediately if signs or symptoms of a concussion are present.

No two concussions are exactly the same. Brains are unique, so signs and symptoms can vary.

When in Doubt, Sit Them Out!

Recovering from a Concussion?

**Only rest will heal a concussion.
That means limiting:**



Rest is very important after a concussion because it helps the brain heal.

Anyone with a suspected concussion should not return to school, work or play until he or she has seen a medical doctor or nurse practitioner.

If not treated appropriately, a concussion can result in lifelong problems. For a successful recovery follow a medically supervised program.

Notify the school if your student has a concussion

For more information on concussion and injury prevention please visit:

www.ontario.ca/concussions

When in Doubt, Sit Them Out!



Waterloo Catholic
District School Board



Form APH027-03 Letter to Parent about Suspected Concussion

Dear Parent/Guardian,

The Waterloo Catholic District School Board is committed to keeping all of our students safe. In response to the implementation of the Ontario Physical and Health Education Association (OPHEA) Safety Guidelines and following the direction of the Ministry of Education, the Boards have developed and implemented a concussion program.

While participating in a school activity, an event occurred, that may cause 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*). Since a concussion can only be diagnosed by a medical doctor or a nurse practitioner, educators, school staff or volunteers cannot make the diagnosis of concussion. The Boards' concussion program indicates that if a concussion is possible, information is provided to ensure appropriate actions are taken.

You are being provided with the following information adapted from OPHEA:

- Concussion Signs and Symptoms Form
- Concussion Passport

Please return the Concussion Passport prior to/or when your student returns to school.

If a concussion is diagnosed by a medical doctor or nurse practitioner, the Concussion Passport will assist the school team to work with you in facilitating an individualized Return to Learn/Return to Physical Activity Plan for your student.

If you have any questions, please do not hesitate to contact the undersigned.

Name of School Principal

Name of School

Collaborative Plan for Return to Learn

Name of Student: _____ Developed on _____ (date)

- Developed with "Return to Learn Accommodations" chart or similar resource
- Common Accommodations for all classes listed below
- Specific class accommodations and time line listed in chart below

Subject/Class	Teacher	Accommodations	Time line



This information is collected pursuant to the Board's responsibilities as set out in the Education Act. The information will be used for educational purposes and securely stored and retained in accordance with the Board's Records Management Policy. Questions about this collection should be directed to the principal.

Revised November 2014

Return to Learn Accommodations*

COGNITIVE DIFFICULTIES		
Concussion Symptoms	Impact on Student's Learning	Potential Accommodations
Headache and Fatigue	Difficulty concentrating, paying attention or multitasking	<ul style="list-style-type: none"> • ensure instructions are clear (e.g., simplify directions, have the student repeat directions back to the teacher) • allow the student to have frequent breaks, or return to school gradually (e.g., 1-2 hours, half-days, late starts) • keep distractions to a minimum (e.g., move the student away from bright lights or noisy areas) • limit materials on the student's desk or in their work area to avoid distractions • provide alternative assessment opportunities (e.g., give tests orally, allow the student to dictate responses to tests or assignments, provide access to technology)
Difficulty remembering or processing speed	Difficulty retaining new information, remembering instructions, accessing learned information	<ul style="list-style-type: none"> • provide a daily organizer and prioritize tasks • provide visual aids/cues and/or advance organizers (e.g., visual cueing, non-verbal signs) • divide larger assignments/assessments into smaller tasks • provide the student with a copy of class notes • provide access to technology • repeat instructions • provide alternative methods for the student to demonstrate mastery
Difficulty paying attention/ concentrating	<p>Limited/short-term focus on schoolwork</p> <p>Difficulty maintaining a regular academic workload or keeping pace with work demands</p>	<ul style="list-style-type: none"> • coordinate assignments and projects among all teachers • use a planner/organizer to manage and record daily/weekly homework and assignments • reduce and/or prioritize homework, assignments and projects • extend deadlines or break down tasks • facilitate the use of a peer note taker • provide alternate assignments and/or tests • check frequently for comprehension • consider limiting tests to one per day and student may need extra time or a quiet environment

*Adapted from Davis GA, Purcell LK. The evaluation and management of acute concussion differs in young children. Br J Sports Med. Published Online First 23 April 2013 doi:10.1136/bjsports-2012-092132

EMOTIONAL/BEHAVIOURAL DIFFICULTIES		
Concussion Symptoms	Impact on Student's Learning	Potential Accommodations
Anxiety	<p>Decreased attention/concentration</p> <p>Overexertion to avoid falling behind</p>	<ul style="list-style-type: none"> inform the student of any changes in the daily timetable/schedule adjust the student's timetable/schedule as needed to avoid fatigue (e.g., 1-2 hours/periods, half-days, full-days) build in more frequent breaks during the school day provide the student with preparation time to respond to questions
Irritable or Frustrated	Inappropriate or impulsive behaviour during class	<ul style="list-style-type: none"> encourage teachers to use consistent strategies and approaches acknowledge and empathize with the student's frustration, anger or emotional outburst if and as they occur reinforce positive behaviour provide structure and consistency on a daily basis prepare the student for change and transitions set reasonable expectations anticipate and remove the student from a problem situation (without characterizing it as punishment)
Light/Noise Sensitivity	Difficulties working in classroom environment (e.g., lights, noise, etc.)	<ul style="list-style-type: none"> arrange strategic seating (e.g., move the student away from window or talkative peers, proximity to the teacher or peer support, quiet setting) where possible provide access to special lighting (e.g., task lighting, darker room) minimize background noise provide alternative settings (e.g., alternative work space, study carrel) avoid noisy crowded environments such as assemblies and hallways during high traffic times allow the student to eat lunch in a quiet area with a few friends where possible provide ear plugs/headphones, sunglasses
Depression/Withdrawal	Withdrawal from participation in school activities or friends	<ul style="list-style-type: none"> build time into class/school day for socialization with peers partner student with a "buddy" for assignments or activities

INFORMED CONSENT / PERMISSION FORM FOR SPORT & RECREATION

PART A:

This form is to be completed on behalf of a student who wishes to participate in sport and recreation activities or interschool athletics, and must be returned to the coach prior to the student's first team tryout or participation in the sport and recreation activity. This page is to be retained for your information.

Dear Parent/Guardian,

Your son/daughter has indicated a desire to participate in the following sport and recreation activity:

_____ or interschool team: _____.

The content of this page is to provide you with information on the activities.

ELEMENTS OF RISK NOTICE

The risk of injury exists in every athletic activity. Falls, collisions, and other incidents may occur and cause injury. Due to the nature of some activities, injuries may range from minor sprains and strains to more serious injuries affecting the head, neck or back and/or drowning in water based activities/sports. Some injuries can lead to paralysis or prove to be life-threatening. Injuries as a result of participation in an activity can occur without fault on either the part of the student, or the school board and its employees or agents, or the facility where the activity is taking place. A student choosing to participate in the activity assumes the risk of an injury occurring. The chances of an injury can be reduced by carefully following instructions at all times while engaged in the activity. The school board attempts to manage, as effectively as possible, the risk involved for students while participating in school sport and recreation activities.

Student Accident Insurance Notice:

The Waterloo Catholic District School Board does not provide any accidental death, disability, dismemberment/medical/dental expense insurance for student participation in school sponsored activities (e.g., curricular, intramural and interschool). For insurance coverage of injuries, parent/guardians are encouraged to consider a Student Accident Insurance Plan from an insurance company of their choice.

In the interest of safety, we strongly recommend:

1. Students have an annual medical examination.
2. Students bring emergency medications (e.g., asthma inhalers, epinephrine auto injector) to all activities.
3. Students remove eyeglasses during practices or games. If eyeglasses cannot be removed, the student must wear an eyeglass strap or shatterproof lenses.
4. Students must be made aware of ways to protect themselves from environmental conditions (e.g., use of hats, sunscreen, sunglasses, access to liquid replacement, insect repellent, appropriate clothing).
5. A safety inspection is carried out at home of any equipment brought to school for personal use in sport and recreation activities as well as practices and interschool competitions (e.g., skis, skates, helmets).

Concussions:

If your son/daughter/ward is presently diagnosed with a concussion by a medical doctor/nurse practitioner, that was sustained inside or outside of school activity, the "Concussion Passport for WCDSB" must be completed before the student returns to physical education classes, intramural activities and interschool practices and competitions. Request the form from the school administrator.

Freedom of Information Notice:

The information provided on this form is collected pursuant to the schools board's education responsibilities as set out in the Education Act and its regulations. This information is protected under the Freedom of Information and protection of privacy act, and will be utilized only for the purpose related to the Board's policy on Risk Management for sport and recreation activities and interschool athletics. Any questions with respect to this information should be directed to your school principal.



INFORMED CONSENT / PERMISSION FORM FOR SPORT & RECREATION

PART B:

Parent/Guardians are requested to complete the following form and return to the appropriate school personnel.

Note: the student is ineligible to participate in the sport and recreation activity and interschool athletic tryouts, practices and competitions without first providing teacher/coach with the completed form.

Student name:

Health card # (optional):

Home address:

Physician name:

Home phone #:

Physician phone #:

Parent/Guardian name:

Emergency contact name:

Work phone #:

Emergency contact phone #:

Cell phone #:

Acknowledgement of Risks/Request to Participate/Informed Consent Agreement

I have read and understand the notices of Elements of Risk. _____ (initials of Parent/Guardian)

I have read and understand the notices of Accident Insurance. _____ (initials of Parent/Guardian)

I request our son/daughter to tryout/participate in _____ sport and recreation activity during the _____ school year.

I hereby acknowledge and accept the risk inherent in the requested activity and assume responsibility for my son/daughter/ward for personal health, medical, dental and accident insurance coverage.

Signature of Parent/Guardian: _____ Date: _____

Signature of Athlete: _____ Date: _____
(Secondary students only)

Medical Services Authorization (optional)

In a situation when emergency medical or hospital services are required by the above listed participant, and with the understanding that every reasonable effort will be made by the school/hospital to contact me, my signature on this form authorizes medical personnel and/or hospital to administer medical and/or surgical services, including anesthesia and drugs. I understand that any cost will be my responsibility.

Signature of Parent/Guardian: _____ Date: _____

Emergency Action Plan

Access to Telephone	<input type="checkbox"/> Cell phone, battery well charged <input type="checkbox"/> Practices <input type="checkbox"/> Home venues <input type="checkbox"/> Away venues <input type="checkbox"/> List of emergency phone numbers (home competitions) <input type="checkbox"/> List of emergency phone numbers (away competitions)
Directions to access the site	<input type="checkbox"/> Accurate directions to the site (practice) <input type="checkbox"/> Accurate directions to the site (home competitions) <input type="checkbox"/> Accurate directions to the site (away competitions)
Participant Information	<input type="checkbox"/> Personal profile forms <input type="checkbox"/> Location of student medication <input type="checkbox"/> Emergency contacts <input type="checkbox"/> Medical profiles <input type="checkbox"/> Location of First Aid Kit
Personnel Information	<input type="checkbox"/> Person in charge is identified

The medical profile of each participant should be up to date and located with the first aid kit. A first aid kit must be accessible at all times and must be checked regularly.

Emergency phone number: 911 for all emergencies.

In-Charge Person: _____

Cell phone number of coach/volunteer: _____

Cell phone number of assistant coach/volunteer: _____

Phone number of home facility: _____

Designated school contact (name and phone number): _____

Address and location of facility:

Facility Name: _____

Address: _____

Telephone Number: _____

Main Entrance: _____

Secondary Entrance: _____

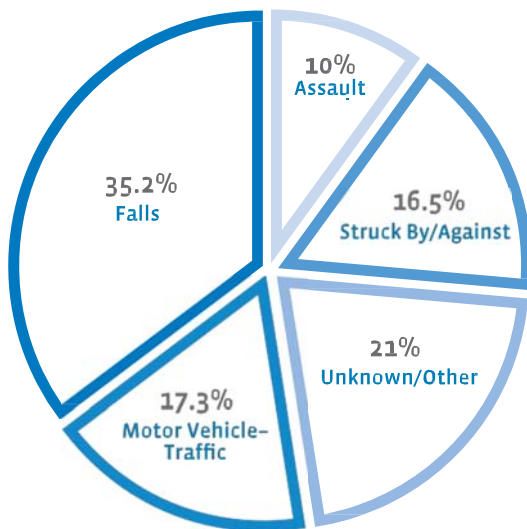
****Bring all required board forms including Concussion package and OSBIE incident report form****

This information is collected pursuant to the Board's responsibilities as set out in the Education Act. The information will be used for educational purposes and securely stored and retained in accordance with the Board's Records Management Policy. Questions about this collection should be directed to the principal.

An Offsite Guide To Concussion



Causes of Concussion



Form Summary

Flowchart –
Concussion Offsite &
First Aid Measures

Concussion Signs and
Symptoms Form

Concussion Passport

Concussion Card

OSBIE Form

Letter to Parents –
Possible Concussion

Informed Consent for
Sports Teams

Emergency Action
Plan



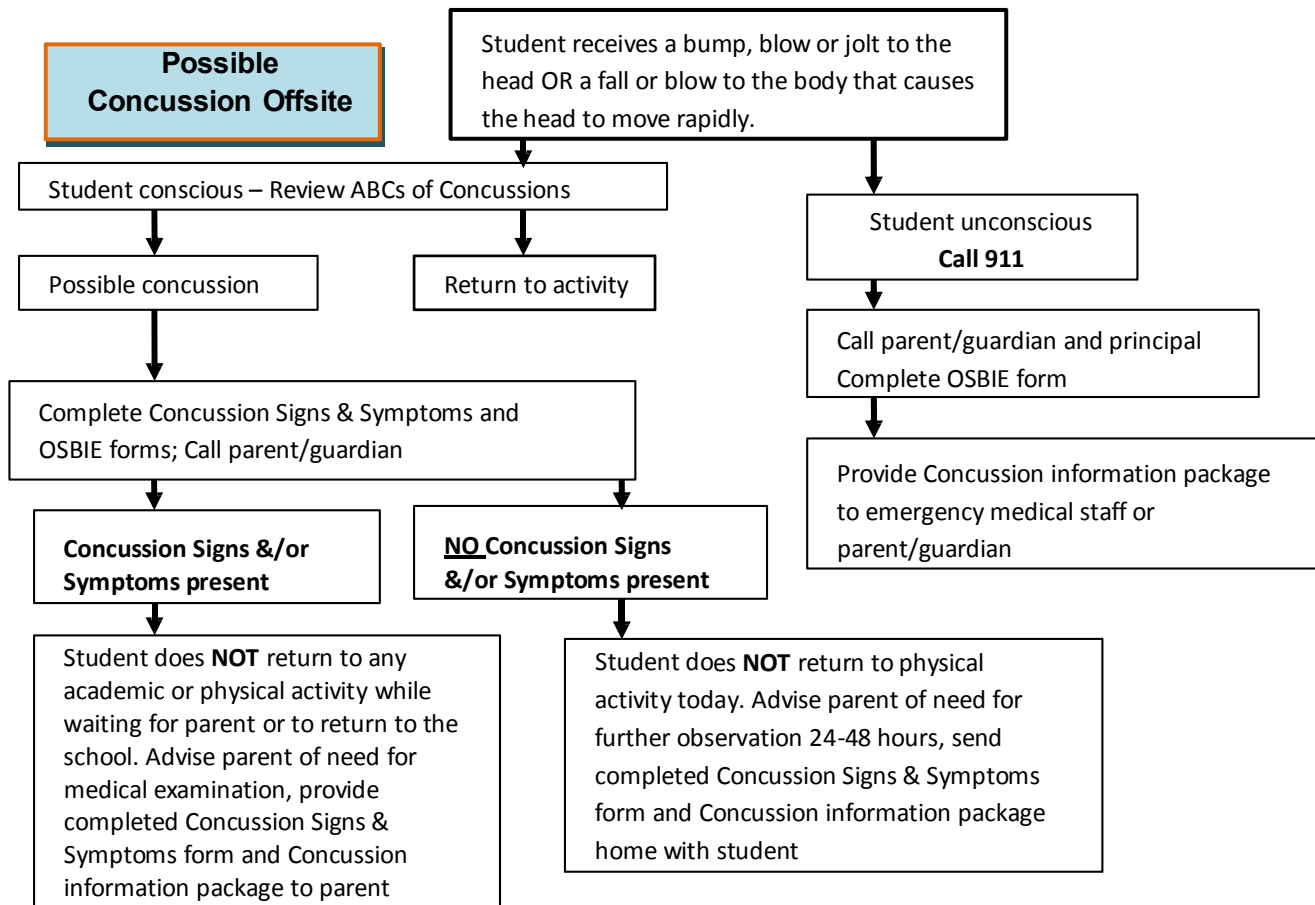
Form Summary

The WCDSB has developed documents, based on the OPHEA Guidelines, to assist staff. These documents and an explanation of each are contained in this guide. As a quick reference, the chart below summarizes the documents.

Document	Purpose of Document	When filled out	Who fills it Out	Record Retention
Concussion Fact Sheet for Schools	Provides basic information about concussion and the return to learn and return to physical activity process.	N/A	N/A	N/A
Concussion Signs and Symptoms form	Document the occurrence of a possible concussion, inform parents and provide next steps for parents	Any time there is a possibility or risk of concussion	Principal or designate as determined by the school	Filed in OSR, retained for life of OSR
Concussion Passport	Provide documentation to confirm concussion and progress through Return Plan	When a concussion is possible	Parent or guardian and student	Filed in OSR, retained for life of OSR
Concussion Card	Introductory information for parents and staff about concussion's key points	N/A	N/A	N/A
Return to Learn Plan	More specific information for staff who have a student with a concussion or who want to learn more	N/A	N/A	N/A
Return to Physical Activity Plan	More specific information for staff who have a student with a concussion or who want to learn more	N/A	N/A	N/A
Letter to Parents – possible concussion	Inform parent/guardian about the occurrence of a possible concussion and explain attached forms	Created at the start of the school year and kept on file	N/A	N/A
Informed Consent - Permission Form for School Teams	Inform parent/guardian about participation on a school team	Prior to a student participating on a school team	Parent or guardian and student	1 year retention
Emergency Action Plan Checklist (EAP)	Assist staff in responding to emergency situations during a sporting event or an offsite activity	Start of the sport season or prior to any offsite activity	Staff responsible for a sport/offsite activity	School year

Responsibilities of Administrators

- ensure staff are trained on concussion awareness and what to do if a student is hurt; consider the need for additional training for staff and volunteer coaches and physical education teachers etc.*
- ensure forms are available to staff
- provide coaches with “An Offsite Guide to Concussion”
- communicate to parents via newsletter, school website, etc.
- develop tracking system in the school for students with a possible concussion including filing Concussion Signs and Symptoms Form and the Concussion Passport in the OSR and sending forms to the board office as per board procedure
- inform staff, who have contact with the student, when a student has a confirmed concussion
- organize the Collaborative Team for students who need that level of support
- designate a Return to Learn School Staff Lead
- request additional assistance for students with ongoing problems (in school team, collaborative team, home instruction) and communicate concerns to appropriate senior level board staff



When in Doubt, Sit Them Out!

KNOW YOUR CONCUSSION ABCs

Assess the situation

Be alert for signs & symptoms

Contact a parent or medical assistance

What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a fall or blow to the body that causes the head and brain to move rapidly

THE FACTS:

- All concussions are serious.
- Most concussions occur without loss of consciousness.
- Recognition and proper response to concussions when they first occur can help aid recovery and prevent further injury, or even death.

First Aid Measures for Possible Concussion

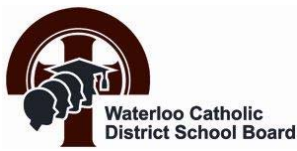
Unconscious Student (or where there was any loss of consciousness)

- Stop the activity immediately – assume there is a concussion.
- Initiate Emergency Action Plan and call 911.
- Do not move the student.
- Instruct all other students and bystanders to leave the injured student alone.
- Assume there is a possible neck injury and, only if trained, immobilize the student before emergency medical services arrive.
- Do not remove athletic equipment (e.g., helmet) unless there is difficulty breathing.
- Stay with the student until emergency medical services arrive. When they arrive, instruct them on what happened, how it happened and what actions have been taken. If aware, you can inform them about any medical-related problems or past injuries of the student.
- The in-charge person should designate a responsible adult (e.g., teacher, parent, volunteer) to accompany the injured student and give the relevant medical history and injury circumstances to the physician.
- Contact the student's parent/guardian (or emergency contact) and the principal to inform them of the incident and that emergency medical services have been contacted.
- If the student regains consciousness, encourage him/her to remain calm and to lie still. If the student regains consciousness, he/she should still be taken to the hospital for examination.
- Do not administer medication (unless the student requires medication for other conditions – e.g., insulin for a student with diabetes).
- Refer to the board's incident report form (OSBIE form)

Conscious Student

- Stop the activity immediately.
- Initiate Emergency Action Plan.
- If the student can not initiate a movement voluntarily, **do not** move the body part for the student.
- When the student can be safely moved, remove him/her from the current activity or game.
- Conduct an initial concussion assessment of the student (complete Concussion Signs and Symptoms form).

Do NOT feel pressured to move a student with a possible injury.



Form APH027-02 Concussion Signs and Symptoms

Student's Name: _____ Student's Grade: _____ Date/Time of Incident: _____

Where and How Incident Occurred: *(Be sure to include description of the bump or blow to the head or body.)* _____

Description of Incident: *(Be sure to include information about any loss of consciousness and for how long, memory loss, or seizures following the incident, or previous concussions, if any. See the section on **Danger Signs** on the back of this form.)* _____

**Any student involved in an incident requiring this form does NOT return to physical activity that day.
Further observation by a parent/guardian and/or medical professional is required.**

DIRECTIONS:

Use this form to monitor a student with a possible concussion. Check for signs or symptoms as soon as possible after the incident.

A student who is experiencing one or more of the signs or symptoms of concussion should:

- 1) sit out academic and physical activities (rest)**
- 2) have a parent/guardian contacted**
- 3) be seen by a medical doctor or nurse practitioner as soon as possible**

Send a copy of this form, along with the concussion information package, with the student/parent for the medical professional to review. Original to be retained by the school and filed in the OSR.

To learn more about concussion please visit:
www.ontario.ca/concussions

OBSERVED SIGNS OR REPORTED SYMPTOMS	
Appears dazed or stunned	
Is confused about events	
Repeats questions	
Answers questions slowly	
Can't recall events <i>prior</i> to the hit, bump, or fall	
Can't recall events <i>after</i> the hit, bump, or fall	
Loses consciousness (even briefly)	
Show behavior or personality changes	
Forgets class schedule or assignments	
PHYSICAL	
Headache or "pressure" in head	
Nausea or vomiting	
Balance problems or dizziness	
Fatigue or feeling tired	
Blurry or double vision	
Sensitivity to light	
Sensitivity to noise	
Numbness or tingling	
Does not "feel right"	
COGNITIVE	
Difficulty thinking clearly	
Difficulty concentrating	
Difficulty remembering	
Feeling more slowed down	
Feeling sluggish, hazy, foggy, or groggy	
EMOTIONAL	
Irritable	
Sad	
More emotional than usual	
Nervous	

Danger Signs:

The student should be seen in an emergency department right away if s/he has:

- * One pupil (the black part in the middle of the eye) larger than the other
- * Drowsiness or cannot be awakened
- * A headache that gets worse and does not go away
- * Weakness, numbness, or decreased coordination
- * Repeated vomiting or nausea
- * Slurred speech
- * Convulsions or seizures
- * Difficulty recognizing people or places
- * Increasing confusion, restlessness, or agitation
- * Unusual behavior
- * Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Additional Information:

A concussion is a brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, hit or jolt to the head OR a fall or blow to the body that causes the head to move rapidly.

A student should be monitored by a parent/guardian for 24 to 48 hours following an incident as the signs and symptoms of a concussion can take time to emerge and a medical professional may need to be consulted.

Parents should ask the student about possible sleep symptoms. Drowsiness, sleeping more or less than usual, or difficulty falling asleep may indicate a concussion.

Resolution of Incident – in all instances a copy of this checklist is provided to parent and/or medical professional

NO Signs or symptoms – parent informed, student returned to class with parent consent, student does **NOT** participate in any physical activity

Signs and/or symptoms present – parent informed, student picked up or left school with parent permission

Signs or symptoms present prompted the decision to call 911, parent informed.

Name of school staff completing this form: _____

Job title: _____ School _____

COMMENTS:

To maintain confidentiality and ensure privacy, this form is intended only for use by appropriate school staff, medical professionals, and the student's parent/ guardian(s).

This information is collected pursuant to the Board's responsibilities as set out in the Education Act. The information will be used for educational purposes and securely stored and retained in accordance with the Board's Records Management Policy. Questions about this collection should be directed to principal.

Form APH027-04 Concussion Passport

_____(student name) sustained a possible concussion on _____(date).
It is recommended that this student be seen by a medical doctor or nurse practitioner and this form be completed and returned to
_____(school name).

Results of Medical Examination

- ☐ Student has been examined and **no concussion** has been diagnosed and therefore may resume full participation in learning and physical activity with no restrictions.
- ☐ Student has been examined and **a concussion has been diagnosed** and therefore should begin a Return to Learn/Return to Physical Activity Plan (see next page). The Plan is an individualized, gradual, approach to assist a student to return to both learning and physical activity. Each stage must take a minimum of 24 hours. The student must return to regular learning activities, without any learning accommodations, prior to the student returning to physical activity.
- ☐ I have been informed of the school's concern and decline to have my student assessed by a medical professional.

Parent/Guardian name: _____(please print)

Parent/Guardian signature: _____ Date: _____

Comments: _____

This information is collected pursuant to the Board's responsibilities as set out in the Education Act. The information will be used for educational purposes and securely stored and retained in accordance with the Board's Records Management Policy. The original of this form will be retained by the school and filed in the OSR. Questions about this collection should be directed to the principal.


Revised November 2014

Return to Learn/Return to Physical Activity Plan

Student Name _____ Start Date _____

If at any time during the following stages of the Plan, signs and/or symptoms of a concussion return, an examination of the student by a medical doctor/nurse practitioner is recommended. The student will resume the plan at an appropriate stage as needed.

Each stage must take a minimum of 24 hours and a student must be symptom free to proceed to the next stage.

Stage	Stage Description	Date Completed	Parent Initials	Student Initials	Notes
1.Total Rest at Home	Cognitive (limiting reading, texting, TV, music, etc.) and physical rest (no recreational & competitive activities) <input type="checkbox"/> Concussion symptoms have shown improvement – go to Stage 2a <input type="checkbox"/> Concussion symptoms are no longer present – go to Stage 2b				
2a. Return to Learn with Accommodations	Student returns to school and receives individualized classroom strategies which gradually increase cognitive load. Physical rest continues. <input type="checkbox"/> No return of symptoms				
2b. Return to Learn	Student returns to school and regular learning activities with no individualized strategies. Physical rest continues. <input type="checkbox"/> No return of symptoms				
A student not involved in any physical activities at school may end the plan after 2b. Parent/guardian and student initial here to close the plan after 2b.  Otherwise the student progresses through the rest of the stages to return to full physical activity.					

Stage	Stage Description	Date Completed	Parent Initials	Student Initials	Notes
3. Return to Light Physical Activity	<p>Student returns to light aerobic activity (walking, swimming etc.) keeping heart rate at 70% or less. No weight training/drills or contact.</p> <p><input type="checkbox"/> No return of symptoms</p>				
4. Return to Individual Sport Specific Physical Activity	<p>Student returns to individual sport specific activities (shooting drill in basketball, skating drill in hockey etc.). No weight training/drills or contact.</p> <p><input type="checkbox"/> No return of symptoms</p>				
5. Return to Non-Contact Practice	<p>Student returns to activities where there is no body contact (badminton, dance etc.) and non-contact practices and progressions of skills (passing drill in hockey). Weight training may be started.</p> <p><input type="checkbox"/> No return of symptoms</p>				
Medical Examination	<p>Prior to returning to physical activities with contact, it is recommended that a student have a medical exam to confirm the student is ready for physical activities that involve contact.</p>				
6. Return to Physical Activity with Contact	<p>Student returns to regular participation in all physical education classes and full training/practices for contact sports. No competition.</p> <p><input type="checkbox"/> No return of symptoms</p>				
7. Return to Competition	<p>Student returns to full participation in all sports including contact sports and all competitions.</p> <p><input type="checkbox"/> No return of symptoms</p>				

Concussion

Signs & Symptoms



A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head.

Concussions can also occur from a fall or blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

It is extremely important to seek medical attention immediately if signs or symptoms of a concussion are present.

No two concussions are exactly the same. Brains are unique, so signs and symptoms can vary.

When in Doubt, Sit Them Out!

Recovering from a Concussion?

**Only rest will heal a concussion.
That means limiting:**



Rest is very important after a concussion because it helps the brain heal.

Anyone with a suspected concussion should not return to school, work or play until he or she has seen a medical doctor or nurse practitioner.

If not treated appropriately, a concussion can result in lifelong problems. For a successful recovery follow a medically supervised program.

Notify the school if your student has a concussion

For more information on concussion and injury prevention please visit:

www.ontario.ca/concussions

When in Doubt, Sit Them Out!



**Waterloo Catholic
District School Board**



ONTARIO SCHOOL BOARDS' INSURANCE EXCHANGE
FONDS D'ÉCHANGE D'ASSURANCE DES CONSEILS SCOLAIRES DE L'ONTARIO
INCIDENT REPORT FORM/RAPPORT D'INCIDENT

To be completed by Person In Charge. Not to be completed by Parent or Injured Party.
À remplir par la personne responsable. À remplir par une personne autre que le parent ou la personne blessée.

I - INJURED PERSON(S)/PERSONNE(S) BLESSÉE(S)

IF PERSON HAS BEEN ADMITTED TO HOSPITAL, OR IF FATALLY INJURED, **IMMEDIATELY** TELEPHONE OSBIE CLAIMS DEPARTMENT
SI LA PERSONNE EST HOSPITALISÉE OU EST DÉCÉDÉE, TÉLÉPHONER **IMMÉDIATEMENT** AU SERVICE DES SINISTRES DE L'OSBIE

1-800-668-6724 (519) 767-2182 FAX (519) 767-0281

Name/Nom	Last/Nom de famille	First/Prénom	Date of Birth/Date de naissance	D	M	Y
Address/Adresse	Street/Rue	City/Ville	Postal Code/Code postal			
Sex(e) [M/F]	Age/Âge	Grade Level/Année de classe	Telephone ()			
Student/Élève	Parent/Parent	Volunteer/Bénévole	Visitor/Visiteur	Other/Autre		
Name of Parent or Guardian/Parent ou Tuteur						
Type of Bodily Injury or Property Damage/Type de blessure corporelle ou Dommages aux biens						

II - DETAILS OF INCIDENT/DÉTAILS DE L'INCIDENT

Date				<input type="checkbox"/> <input type="checkbox"/>	1 <input type="checkbox"/> Bodily injury/Blessure corporelle	2 <input type="checkbox"/> Property damage/Dommages aux biens
Day/Jour	Month/Mois	Year/Année	Time/Heure A.M. P.M.			

III - NATURE OF INCIDENT/NATURE DE L'INCIDENT

1 <input type="checkbox"/> Sports injury/Blessure sportive	2 <input type="checkbox"/> Assault/Agression	4 <input type="checkbox"/> Other/Autre
3 <input type="checkbox"/> Slip or fall/Glissade ou chute		Description _____
5 <input type="checkbox"/> Rough Play/Jeu brutal		
Name of Sport/Nom du sport _____		
Classroom/Classe..... <input type="checkbox"/>	6 Gymnasium/Gymnase..... <input type="checkbox"/>	11 Field trip/Excursion..... <input type="checkbox"/>
Portable/Classe mobile..... <input type="checkbox"/>	7 School yard/Terrain de jeux..... <input type="checkbox"/>	12 Washroom/Toilette..... <input type="checkbox"/>
3 Cafeteria/Cafétéria..... <input type="checkbox"/>	8 Slide/Glissaire..... <input type="checkbox"/>	13 Shop/Atelier..... <input type="checkbox"/>
4 Hallway/Corridor..... <input type="checkbox"/>	9 Swings/Balanoire..... <input type="checkbox"/>	14 Swimming pool/Piscine..... <input type="checkbox"/>
5 Stairs/Escalier..... <input type="checkbox"/>	10 Climber/Grimpeur..... <input type="checkbox"/>	15 Other/Autre..... <input type="checkbox"/>
16 Sidewalk/Trottoir..... <input type="checkbox"/>	17 Parking Lot/Terrain de stationnement..... <input type="checkbox"/>	18 Driveway/Allée..... <input type="checkbox"/>
19 Path/Sentier..... <input type="checkbox"/>		

DID INCIDENT OCCUR ON SCHOOL BOARD PREMISES/EST-CE QUE L'INCIDENT S'EST PRODUIT DANS LES LOCAUX DU CONSEIL SCOLAIRE? ☐ YES/OUI ☐ NO/NON
IF "NO", GIVE FULL ADDRESS OF INCIDENT SITE/SI "NON" VEUILLEZ DONNER L'ADRESSE COMPLÈTE DU LIEU DE L'INCIDENT:

IV - DESCRIPTION OF INCIDENT/DESCRIPTION DE L'INCIDENT

HOW/WHERE INCIDENT OCCURRED/OÙ ET COMMENT L'INCIDENT EST SURVENU :

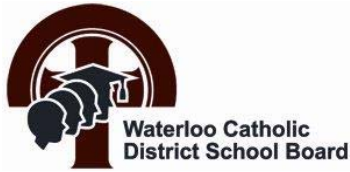
V - WITNESSES/TEMOINS

	NAME/NOM	AGE/ÂGE*	HOME ADDRESS/ADRESSE À LA MAISON	HOME TELEPHONE/NUMÉRO DE TÉLÉPHONE À LA MAISON
1				()
2				()
3				()
4				()

*INDICATE ADULT (A) OR MINOR (M) *INDIQUER ADULTE (A) OU MINEUR (M)

VI - SCHOOL DETAILS/DÉTAILS DE L'ÉCOLE

School Board/Conseil scolaire	
School/École	
Address of School/Adresse de l'école	
Person in charge/Personne responsable	
Principal/Directeur	
DATE:	COMPLETED BY/REPLI PAR : TELEPHONE: ()



Dear Parent/Guardian,

The Waterloo Catholic District School Board is committed to keeping all of our students safe. In response to the implementation of the Ontario Physical and Health Education Association (OPHEA) Safety Guidelines and following the direction of the Ministry of Education, the Boards have developed and implemented a concussion program.

While participating in a school activity, an event occurred, that may cause 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*). Since a concussion can only be diagnosed by a medical doctor or a nurse practitioner, educators, school staff or volunteers cannot make the diagnosis of concussion. The Boards' concussion program indicates that if a concussion is possible, information is provided to ensure appropriate actions are taken.

You are being provided with the following information adapted from OPHEA:

- Concussion Signs and Symptoms Form
- Concussion Passport

Please return the Concussion Passport prior to/or when your student returns to school.

If a concussion is diagnosed by a medical doctor or nurse practitioner, the Concussion Passport will assist the school team to work with you in facilitating an individualized Return to Learn/Return to Physical Activity Plan for your student.

If you have any questions, please do not hesitate to contact the undersigned.

Name of School Principal

Name of School

INFORMED CONSENT / PERMISSION FORM FOR SPORT & RECREATION

PART A:

This form is to be completed on behalf of a student who wishes to participate in sport and recreation activities or interschool athletics, and must be returned to the coach prior to the student's first team tryout or participation in the sport and recreation activity. This page is to be retained for your information.

Dear Parent/Guardian,

Your son/daughter has indicated a desire to participate in the following sport and recreation activity:

_____ or interschool team: _____.

The content of this page is to provide you with information on the activities.

ELEMENTS OF RISK NOTICE

The risk of injury exists in every athletic activity. Falls, collisions, and other incidents may occur and cause injury. Due to the nature of some activities, injuries may range from minor sprains and strains to more serious injuries affecting the head, neck or back and/or drowning in water based activities/sports. Some injuries can lead to paralysis or prove to be life-threatening. Injuries as a result of participation in an activity can occur without fault on either the part of the student, or the school board and its employees or agents, or the facility where the activity is taking place. A student choosing to participate in the activity assumes the risk of an injury occurring. The chances of an injury can be reduced by carefully following instructions at all times while engaged in the activity. The school board attempts to manage, as effectively as possible, the risk involved for students while participating in school sport and recreation activities.

Student Accident Insurance Notice:

The Waterloo Catholic District School Board does not provide any accidental death, disability, dismemberment/medical/dental expense insurance for student participation in school sponsored activities (e.g., curricular, intramural and interschool). For insurance coverage of injuries, parent/guardians are encouraged to consider a Student Accident Insurance Plan from an insurance company of their choice.

In the interest of safety, we strongly recommend:

1. Students have an annual medical examination.
2. Students bring emergency medications (e.g., asthma inhalers, epinephrine auto injector) to all activities.
3. Students remove eyeglasses during practices or games. If eyeglasses cannot be removed, the student must wear an eyeglass strap or shatterproof lenses.
4. Students must be made aware of ways to protect themselves from environmental conditions (e.g., use of hats, sunscreen, sunglasses, access to liquid replacement, insect repellent, appropriate clothing).
5. A safety inspection is carried out at home of any equipment brought to school for personal use in sport and recreation activities as well as practices and interschool competitions (e.g., skis, skates, helmets).

Concussions:

If your son/daughter/ward is presently diagnosed with a concussion by a medical doctor/nurse practitioner, that was sustained inside or outside of school activity, the "Concussion Passport for WCDSB" must be completed before the student returns to physical education classes, intramural activities and interschool practices and competitions. Request the form from the school administrator.

Freedom of Information Notice:

The information provided on this form is collected pursuant to the schools board's education responsibilities as set out in the Education Act and its regulations. This information is protected under the Freedom of Information and protection of privacy act, and will be utilized only for the purpose related to the Board's policy on Risk Management for sport and recreation activities and interschool athletics. Any questions with respect to this information should be directed to your school principal.



INFORMED CONSENT / PERMISSION FORM FOR SPORT & RECREATION

PART B:

Parent/Guardians are requested to complete the following form and return to the appropriate school personnel.

Note: the student is ineligible to participate in the sport and recreation activity and interschool athletic tryouts, practices and competitions without first providing teacher/coach with the completed form.

Student name:

Health card # (optional):

Home address:

Physician name:

Home phone #:

Physician phone #:

Parent/Guardian name:

Emergency contact name:

Work phone #:

Emergency contact phone #:

Cell phone #:

Acknowledgement of Risks/Request to Participate/Informed Consent Agreement

I have read and understand the notices of Elements of Risk. _____ (initials of Parent/Guardian)

I have read and understand the notices of Accident Insurance. _____ (initials of Parent/Guardian)

I request our son/daughter to tryout/participate in _____ sport and recreation activity during the _____ school year.

I hereby acknowledge and accept the risk inherent in the requested activity and assume responsibility for my son/daughter/ward for personal health, medical, dental and accident insurance coverage.

Signature of Parent/Guardian: _____ Date: _____

Signature of Athlete: _____ Date: _____
(Secondary students only)

Medical Services Authorization (optional)

In a situation when emergency medical or hospital services are required by the above listed participant, and with the understanding that every reasonable effort will be made by the school/hospital to contact me, my signature on this form authorizes medical personnel and/or hospital to administer medical and/or surgical services, including anesthesia and drugs. I understand that any cost will be my responsibility.

Signature of Parent/Guardian: _____ Date: _____

Emergency Action Plan

Access to Telephone	<input type="checkbox"/> Cell phone, battery well charged <input type="checkbox"/> Practices <input type="checkbox"/> Home venues <input type="checkbox"/> Away venues <input type="checkbox"/> List of emergency phone numbers (home competitions) <input type="checkbox"/> List of emergency phone numbers (away competitions)
Directions to access the site	<input type="checkbox"/> Accurate directions to the site (practice) <input type="checkbox"/> Accurate directions to the site (home competitions) <input type="checkbox"/> Accurate directions to the site (away competitions)
Participant Information	<input type="checkbox"/> Personal profile forms <input type="checkbox"/> Location of student medication <input type="checkbox"/> Emergency contacts <input type="checkbox"/> Medical profiles <input type="checkbox"/> Location of First Aid Kit
Personnel Information	<input type="checkbox"/> Person in charge is identified

The medical profile of each participant should be up to date and located with the first aid kit. A first aid kit must be accessible at all times and must be checked regularly.

Emergency phone number: 911 for all emergencies.

In-Charge Person: _____

Cell phone number of coach/volunteer: _____

Cell phone number of assistant coach/volunteer: _____

Phone number of home facility: _____

Designated school contact (name and phone number): _____

Address and location of facility:

Facility Name: _____

Address: _____

Telephone Number: _____

Main Entrance: _____

Secondary Entrance: _____

****Bring all required board forms including Concussion package and OSBIE incident report form****

This information is collected pursuant to the Board's responsibilities as set out in the Education Act. The information will be used for educational purposes and securely stored and retained in accordance with the Board's Records Management Policy. Questions about this collection should be directed to the principal.

An Educator's Guide to Return to Learn & Return to Physical Activity

APH027 Appendix D – An Educator's Guide to
Return to Learn & Return to Physical Activity

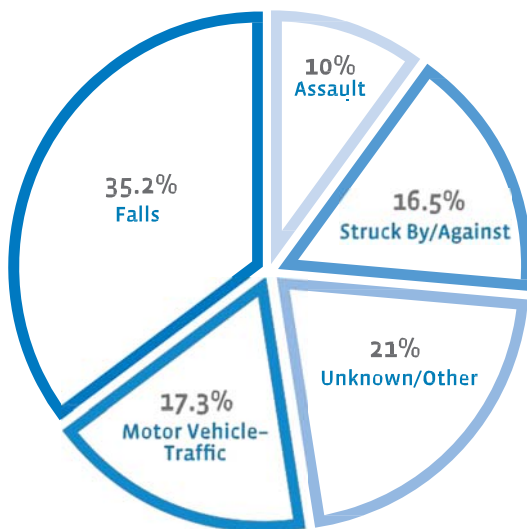


**Graduated Return to
Learn Plan for a Student
with a Concussion**

**Return to Learn
Accommodations**

**Graduated Return to
Physical Activity Plan
for a Student with a
Concussion**

Causes of Concussion



Graduated Return to Learn Plan for Student with a Concussion

Supporting a student recovering from a concussion requires a collaborative approach among school and medical professionals, parents/guardians and the student.

- 1. I am an educator. Why should concussions matter to me?**
- 2. What is a concussion?**
- 3. How does a concussion affect a student?**
- 4. How are concussions managed by medical professionals?**
- 5. Will a medical professional treating a student with a concussion send a note to school with specific academic accommodations?**
- 6. How are concussions managed by schools?**
- 7. Who develops the Plan for a student?**
- 8. What is the role of the Return to Learn Designated School Staff Lead?**
- 9. Where do the stages of the Plan happen?**
- 10. What does Return to Learn with Accommodations mean?**
- 11. Why is it important to prioritize work?**
- 12. What are the symptom-specific accommodations I can make?**
- 13. How do I determine which symptoms will affect the student in the classroom?**
- 14. How do I know when a student's symptoms are worsening?**
- 15. Who else can help me manage a student with a concussion?**
- 16. What if the student is still struggling even with these management techniques?**
- 17. Do many students struggle with academic work after a concussion?**
- 18. Can a student return to physical activity while still needing learning accommodations?**
- 19. Are there age appropriate learning activity suggestions as a student returns to academic activity?**
- 20. Is there a template for the collaborative plan for Return to Learn?**

1. I am an educator. Why should concussions matter to me?

If you received notice that a student in your class had a concussion and needed academic accommodations, would you know how to change the student's work not only to help him continue participating in class, but also to help him recover? Would you be able to explain to a parent what changes you have made and why?

Concussions are serious brain injuries that have a significant influence on the brain's ability to function at its normal capacity. The key to recovery from a concussion is both physical and mental rest, followed by a gradual progression back to activity. Concussions usually resolve within a few days or weeks, so the management of a student will be no different than that of one who missed time due to minor illness, family emergency or a school trip.

However, some concussion symptoms linger and have the potential to cause long-term academic, emotional and social difficulties for the student. If unmanaged, these problems have the potential to significantly impact the student's academic career.

Educators are used to hearing excuses for why classwork or homework is not finished, and therefore, may be skeptical by nature. Because a concussion is an invisible injury, it may be difficult to understand why a particular student is still complaining of symptoms and taking so long to heal.

Proper management of a student in the classroom by his or her educators can allow the student to continue making academic progress through accommodations designed to help. An educator's involvement and encouragement is vital.

2. What is a concussion?

A concussion may be caused by a blow, bump or jolt to the head, or by any fall or hit that jars the brain. This invisible injury disrupts the way the brain normally works by affecting mental stamina, as the brain must work longer and harder even to complete simple tasks. Concussions also affect reaction time, short-term memory, working memory and cognitive processing speed.

According to the Canadian Paediatric Society, concussions represent nearly 10 per cent of all high school athletic injuries. Slips and falls are a leading cause of concussion as are motor vehicle accidents. OSBIE, the insurance provider for school boards, recorded 634 concussions in 2011. Ultimately, ALL concussions are serious, regardless of how or where they occurred, because they are brain injuries.

3. How does a concussion affect a student?

Though an invisible injury, a concussion can affect a student in many different ways: physically, cognitively, emotionally and by disturbing sleep. These symptoms can have a significant impact on classroom learning and schoolwork. Physical symptoms may interfere with the student's ability to focus and concentrate, while cognitive symptoms may impact the ability of the student to learn, memorize and process information, as well as keep track of assignments and tests. Struggles with school work may worsen the frustration, nervousness and/or irritability that were originally caused by changes in brain chemistry. Lastly, disturbances in sleep patterns often result in fatigue and drowsiness during the day, factors which may compound all the other problems the student may experience.

4. How are concussions managed by medical professionals?

No two concussions are exactly the same, so individualized treatment is necessary. Developing brains are highly variable, so one student's symptoms may be completely different from another's. Even if the students become concussed in the same way, each student will have unique symptoms and recovery time. Some students will take longer to recover from a concussion for various reasons. Therefore, how a medical professional manages a concussion depends on a great number of variables.

5. Will a medical professional treating a student with a concussion send a note to school with specific academic accommodations?

The contents of a note you receive may differ amongst providers. Some will give detailed descriptions of academic accommodations suited to a particular student and his or her concussion, which can easily be followed by educators. Others may provide little or no details about the concussion. In the latter instance, educators should still help to determine if the student needs academic assistance, and if so, in what.

6. How are concussions managed by schools?

A student with a possible concussion should be provided with a Concussion Passport (the Passport) for the student and parents/guardians to use with their medical doctor or nurse practitioner. Only a medical doctor or nurse practitioner can diagnose a concussion.



Concussion Passport for WCOSS

(Student name) sustained a possible concussion on _____ (date).
 It is recommended that this student be seen by a medical doctor or nurse practitioner and this form be completed and returned to _____ (school name).

Results of Medical Examination

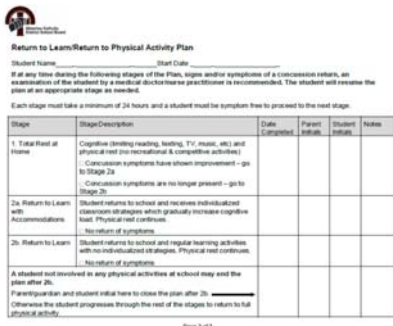
1) Student has been examined and no concussion has been diagnosed and therefore may resume full participation in learning and physical activity with no restrictions.

2) Student has been examined and a concussion has been diagnosed and therefore should begin a Return to Learn/Return to Physical Activity Plan (see next page). This Plan is an individualized, gradual, approach to assist a student to return to both learning and physical activity. Each stage must take a minimum of 24 hours. The student must return to regular learning activities, without any learning accommodations, upon the student returning to physical activity.

3) I have been informed of the school's concern and decline to have my student assessed by a medical professional.

Parent/Guardian name: _____ (please print)
 Parent/Guardian signature: _____ Date: _____
 Comments: _____

This information is collected pursuant to the Board's responsibilities as set out in the Education Act. This information will be used for educational purposes and is not shared or related to incidents with the Board's Health Management Policy. The original of this form will be retained by the school and filed in the CDR. Questions about this collection should be directed to the principal. Revised July 2014. Form 500 Concussion Passport



Return to Learn/Return to Physical Activity Plan

Student Name: _____ Start Date: _____

At any time during the following stages of the Plan, signs and/or symptoms of a concussion return, an examination of the student by a medical doctor/nurse practitioner is recommended. The student will resume the plan at an appropriate stage as needed.

Each stage must take a minimum of 24 hours and a student must be symptom free to proceed to the next stage.

Stage	Stage Description	Date Completed	Parent Initials	Student Initials	Notes
1. Total Rest at Home	Cognitive (reading, writing, TV, music, etc) and physical rest (no recreational & competitive activities). - Concussion symptoms have shown improvement - go to Stage 2a - Concussion symptoms are no longer present - go to Stage 2b				
2a. Return to Learn with Accommodations	Student returns to school and receives individualized classroom strategies which gradually increase cognitive load. Physical rest continues. - No return of symptoms				
2b. Return to Learn	Student returns to school and regular learning activities with no individualized strategies. Physical rest continues. - No return of symptoms				
A student not involved in any physical activities at school may end the plan after 2b. Parent/guardian and student initial here to close the plan after 2b: _____ Otherwise the student progresses through the rest of the stages to return to full physical activity.					

Page 2 of 3

A student with a diagnosed concussion should follow a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan (the Plan) outlined on the Passport. While return to learn and return to physical activity processes are combined within the Plan, a student with a diagnosed concussion **MUST** be symptom free prior to returning to regular learning

activities (Stage 2b – Return to Learn) and beginning Stage 3 – Return to Light Physical Activity.

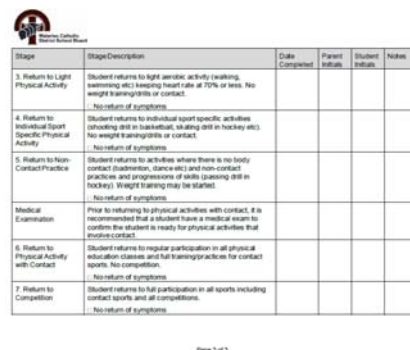
In developing the Plan, the return to learn process is individualized to meet the particular needs of the student. There is no preset formula for developing strategies to assist a student with a concussion to return to his/her learning activities. In contrast, the return to physical activity process follows an internationally recognized

graduated stepwise approach. Not all students will complete the physical activity part of the Plan. Those who do not have physical education, recess, or participate in intramurals or play on a sports team may end the Plan after 2b.

7. Who develops the Plan for a student?

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

- the student with a concussion;
- his/her parents/guardians;
- school staff and volunteers who work with the student, including a Return to Learn designated school staff lead
- board staff; and
- the medical doctor or nurse practitioner (who provide information but usually do not attend meetings).



Stage	Stage Description	Date Completed	Parent Initials	Student Initials	Notes
3. Return to Light Physical Activity	Student returns to light aerobic activity (walking, swimming etc) keeping heart rate at 70% or less. No weight training or contact. - No return of symptoms				
4. Return to Individual Sport Specific Physical Activity	Student returns to individual sport specific activities (swimming drill in basketball, skating drill in hockey etc). No weight training or contact. - No return of symptoms				
5. Return to Non-Contact Practice	Student returns to activities where there is no body contact (badminton, dance etc) and non-contact practices and progressions of skills (passing drill in hockey). Weight training may be started. - No return of symptoms				
Medical Examination	Prior to returning to physical activities with contact, it is recommended that a student have a medical exam to confirm the student is ready for physical activities that involve contact.				
6. Return to Physical Activity with Contact	Student returns to regular participation in all physical education classes and full training/practice for contact sports. No competition.				
7. Return to Competition	Student returns to full participation in all sports including contact sports and all competitions. - No return of symptoms				

Page 3 of 3

Ongoing communication and monitoring by all members of the team is essential for the successful recovery of the student.

8. What is the role of the Return to Learn Designated School Staff Lead?

Once the student has completed Stage 1 (as communicated to the school by the parent/guardian) and is therefore able to return to school (and begin either Stage 2a – Return to Learn with Accommodations or Stage 2b – Return to Learn) one school staff (e.g., a member of the collaborative team, either the school principal or another staff person designated by the school principal) needs to serve as the main point of contact for the student, the parents/guardians, other school staff and volunteers who work with the student, and the medical doctor or nurse practitioner. The designated school staff lead will monitor the student's progress through the Plan. This may include identification of the student's symptoms and how he/she responds to various activities in order to develop and/or modify appropriate strategies and approaches that meet the changing needs of the student.

9. Where do the stages of the Plan happen?

The stages of the Plan may occur at home or at school. The members of the collaborative team must factor in special circumstances which may affect the setting in which the stages may occur (e.g., at home and/or school), for example:

- the student has a diagnosed concussion just prior to winter break, spring break or summer vacation; and/or
- the student is not enrolled in Health and Physical Education class nor participating on a school team.

Given these special circumstances, the collaborative team must ensure that stages 1 and 2 of the Plan are completed. Additionally, written documentation (the completed Plan) that indicates the student is symptom free and able to return to full participation in physical activity should be provided by the student's parent/guardian to the school and kept on file in the student's OSR.

10. What does Return to Learn with Accommodations mean?

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

During this stage, the student requires individualized classroom strategies and/or approaches (accommodations) to return to learning activities – these will need to be adjusted as recovery occurs. At this stage, the student's cognitive activity should be increased slowly (both at school and at home), since the concussion may still affect his/her academic performance. Cognitive activities can cause a student's concussion symptoms to reappear or worsen. At this stage it is important to determine priorities.

11. Why is it important to prioritize work?

It is very easy for a student who is behind in academic work to become stressed, frustrated and emotional. In combination with the chemical changes taking place in the brain, making up schoolwork may seem downright impossible and lead to undue emotional distress that can worsen overall symptoms. Educators therefore must decide what is essential and what is not.

Prioritization should occur, for example, in selecting which classes a student on a half- day schedule will attend. It may make more sense for him or her to attend core classes than electives. Because a student may take so many different classes, it can be extremely difficult for him or her to make up every piece of missed work. Take time to decide what is necessary for true learning and then eliminate unessential work to help lighten the load of make-up work.

12. What are the symptom-specific accommodations I can make?

The concussed brain must work harder and longer to process information. In general, allowing students to postpone assignments, projects and/or tests until they feel better will help keep the injury from adversely affecting achievement. When the student does feel well enough to resume coursework and/or attend school, certain accommodations can be made based on areas where he or she is having issues.

What accommodations do most students with a concussion need?

- For those who feel well enough to take a test, extend test time to give the brain longer to process information.

What if the student seems to be easily distracted?

- Break down assignments into small, manageable chunks that can be completed in a half hour or less. Then provide a break before moving onto the next task.
- Issue short and concise written instructions or have the student write instructions down in a step-by-step sequence.
- Allow the student to take tests in a separate, quiet room.
- Move the student's seat to the front of the room so that he or she may be better observed and less easily distracted.
- Use color coding and/or highlighting to emphasize important information.

What if the student has problems with sensitivity to light and/or noise?

- Move the student away from windows or dim the lights in the room.
- Allow the student to wear sunglasses and/or a hat.
- Allow the student to avoid assemblies and to eat lunch in a location other than a loud cafeteria environment.
- Encourage the student to avoid pep rallies, athletic events, school dances and other events where there may be loud noises and/or bright lights.

What if the student complains of memory problems?

- Provide class notes to the student or allow the use of a tape recorder for lectures.

- Allow the use of fact sheets on tests to reduce the demand on memory.
- Use multiple-choice and open-book tests (rather than short answer or essay) to minimize demand on memory.
- Help the student devise ways to memorize information (mnemonic devices, association, rehearsal, repetition, etc.)

What if the student has difficulty with organizational skills and/or trouble being on time?

- Encourage and assist with the use of a planner to keep track of assignments, tests and due dates.
- Use diagrams, time lines and charts to organize information and projects.
- Use “to-do” lists and checklists.
- Check the student’s comprehension of directions or instructions and allow the student to restate the information in his or her own words.

13. How do I determine which symptoms will affect the student in the classroom?

There is no way to predict which symptoms will be the most significant for a student, because symptoms will vary from day to day and even within a single class or period. Therefore, at the initial contact with the student after injury, an in-depth conversation should occur that will help the educator target major barriers to learning and achievement.

To identify where the student may struggle, the educator should ask questions that focus on concussion symptoms. Examples of such questions include:

- How is your _____ today? (Insert a symptom, such as headache, dizziness, nausea, tiredness, etc.)
- Are you having trouble focusing or concentrating?
- Are lights and/or noise worsening your symptoms?
- Have you had trouble remembering things? What things do you seem to forget?
- What are you having the most trouble with in class?

Questions should be made course or subject specific. For example, a math teacher could ask if remembering formulas has been difficult. An English teacher could ask if reading has any effect on headache or other physical symptoms. A music teacher could ask if the noise in the room has an effect on headache or other physical symptoms.

Once the initial and most significant problems are identified, accommodations can be made that address each issue so that the student may continue coursework, but not overload the healing brain. The student should be encouraged to report any changes in symptoms or issues so further alterations may be made. Continuous communication with the student, parent and collaborative team is important.

14. How do I know when a student's symptoms are worsening?

Some students may continue to have difficulties even when these management techniques are used. Observe the student for the following signs that classwork is becoming increasingly difficult:

- Greater irritability
- Increased problems paying attention or concentrating
- More emotional than normal/emotional reactions that are disproportionate to situation
- Less ability to cope with emotions than normal
- Increased difficulty learning or remembering new information
- Difficulty organizing tasks
- Increased forgetfulness
- Inappropriate or impulsive behaviors during class
- Repeating themselves

In severe cases, the student may struggle with behavior, emotional and/or social problems. These should be addressed with the same importance as other symptoms, using the following techniques:

- Allow the student a break from the environment, if frustrated or emotional.
- Encourage the student to communicate the difficulties to parents, the guidance counselor and yourself. Encourage and assist the student in seeking help.
- Monitor the student's peer relations.
- Don't put the student on the spot in front of the class.

Note: Compared to older students, elementary school children are more likely to complain of physical problems or misbehave in response to cognitive overload, fatigue, and other concussion symptoms.

15. Who else can help me manage a student with a concussion? Academic concussion management should be a collaborative approach. The collaborative team, including the student's medical professional, administrators, guidance counselor, teachers, school and board staff and parents should be able to send the student a consistent message of treatment or support. Varying or mixed messages may cause the student unnecessary distress, so communication within the team is vital. If you are unsure of how information is communicated about students with concussion within your school or need help, speak with your administrators.

16. What if the student is still struggling even with these management techniques?

Students with ongoing problems may need special assistance to continue their schoolwork. Additional support and interventions may be necessary:

- One-on-one tutoring sessions
- Oral examinations
- Use of a note-taker or scribe for lectures and/or tests
- Use of a reader or reading technology to read aloud assignments or examinations
- In School Team, Collaborative Team
- An individualized education plan (IEP) for those with severe or prolonged symptoms

17. Do many students struggle with academic work after a concussion?

Every concussion is different, and therefore, some students may need to miss school to help their brains heal for varying amounts of time, while others will be able to continue their work with some accommodations. Many students, with rest, are symptom free seven to 10 days after a concussion.

18. Can a student return to physical activity while still needing learning accommodations?

No. The Canadian Paediatric Society states that return to learn must precede return to physical activity. Only after a student has been symptom free for seven to 10 days and has fully returned to school (no learning accommodations are required) should the student begin a medically supervised return to physical activity. They also state that return to physical activity decisions should be conservative, cautious and individualized.

19. Are there age appropriate learning activity suggestions as a student returns to academic activity?

Age Appropriate Activity Suggestions for Return to Learn *			
Stage	2 - 4 Years	5 -10 Years	11+ Years
One	Crafts, colouring, painting, play in the sand, play with small toys, listen to stories, watch fish in an aquarium, supervised walking	Crafts, colouring, painting, board/card games, puzzles, help cook or garden, listen to quiet music (no headphones), talk to one person at a time	Crafts, painting, games, puzzles, reading (not on screen), help cook or garden, listen to quiet music or audiobook (no headphones), talk to one person at a time yoga, walking
Two	Crawling, walking, playing for longer period of time, play with a pet, listen to quiet music	Challenging board games or puzzles, small group activities, computer applications (no gaming), food preparation, singing (if not noise sensitive)	Challenging board games or puzzles, small group activities, computer applications (no gaming), food preparation, singing (if not noise sensitive)

Three	Lessons in class, group games as tolerated	Lessons and activities in class as tolerated	Lessons and activities in class as tolerated
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Perform activities only if symptom free. If symptoms appear during an activity, STOP.

*Adapted from McMaster University and McMaster Children's Hospital activity suggestions.

20. Is there a template for the collaborative plan for Return to Learn?

Yes there is suggested template and list of accommodations. Schools are free to develop their own template if they choose to.

A sample collaborative plan for a secondary student with four classes

Collaborative Plan for Return to Learn			
Name of Student: __Jane Smith _____ Developed on __May 14, 2014_____(date)			
- Developed with "Return to Learn Accommodations" chart or similar resource - Common Accommodations for all classes listed below - Specific class accommodations and time line listed in chart <ul style="list-style-type: none"> • Half day return only – core subjects, allow the student to have frequent breaks, late starts, allow the student to rest if symptoms return or to go home if symptoms persist, • reduce and/or prioritize homework, assignments and projects, • arrange strategic seating (e.g., move the student away from window or talkative peers, proximity to the teacher) 			
Subject/Class	Teacher	Accommodations	Time line
English	Ms. Paragraph	provide the student with a copy of class notes	2 weeks – reevaluate progress
Math	Mr. Calculus	check frequently for comprehension	2 weeks – reevaluate progress
Geography	Ms. Map	Does not attend at this time	2 weeks – reevaluate progress
Physical Education	Mr. Aerobic	Does not attend at this time	4 weeks – reevaluate progress

Collaborative Plan for Return to Learn

Name of Student: _____ Developed on _____ (date)

- Developed with "Return to Learn Accommodations" chart or similar resource
- Common Accommodations for all classes listed below
- Specific class accommodations and time line listed in chart below

Subject/Class	Teacher	Accommodations	Time line



This information is collected pursuant to the Board's responsibilities as set out in the Education Act. The information will be used for educational purposes and securely stored and retained in accordance with the Board's Records Management Policy. Questions about this collection should be directed to the principal.

Revised November 2014

Return to Learn Accommodations*

COGNITIVE DIFFICULTIES		
Concussion Symptoms	Impact on Student's Learning	Potential Accommodations
Headache and Fatigue	Difficulty concentrating, paying attention or multitasking	<ul style="list-style-type: none"> ensure instructions are clear (e.g., simplify directions, have the student repeat directions back to the teacher) allow the student to have frequent breaks, or return to school gradually (e.g., 1-2 hours, half-days, late starts) keep distractions to a minimum (e.g., move the student away from bright lights or noisy areas) limit materials on the student's desk or in their work area to avoid distractions provide alternative assessment opportunities (e.g., give tests orally, allow the student to dictate responses to tests or assignments, provide access to technology)
Difficulty remembering or processing speed	Difficulty retaining new information, remembering instructions, accessing learned information	<ul style="list-style-type: none"> provide a daily organizer and prioritize tasks provide visual aids/cues and/or advance organizers (e.g., visual cueing, non-verbal signs) divide larger assignments/assessments into smaller tasks provide the student with a copy of class notes provide access to technology repeat instructions provide alternative methods for the student to demonstrate mastery
Difficulty paying attention/concentrating	<p>Limited/short-term focus on schoolwork</p> <p>Difficulty maintaining a regular academic workload or keeping pace with work demands</p>	<ul style="list-style-type: none"> coordinate assignments and projects among all teachers use a planner/organizer to manage and record daily/weekly homework and assignments reduce and/or prioritize homework, assignments and projects extend deadlines or break down tasks facilitate the use of a peer note taker provide alternate assignments and/or tests check frequently for comprehension consider limiting tests to one per day and student may need extra time or a quiet environment

*Adapted from Davis GA, Purcell LK. The evaluation and management of acute concussion differs in young children. Br J Sports Med. Published Online First 23 April 2013
doi:10.1136/bjsports-2012-092132

EMOTIONAL/BEHAVIOURAL DIFFICULTIES		
Concussion Symptoms	Impact on Student's Learning	Potential Accommodations
Anxiety	<p>Decreased attention/concentration</p> <p>Overexertion to avoid falling behind</p>	<ul style="list-style-type: none"> inform the student of any changes in the daily timetable/schedule adjust the student's timetable/schedule as needed to avoid fatigue (e.g., 1-2 hours/periods, half-days, full-days) build in more frequent breaks during the school day provide the student with preparation time to respond to questions
Irritable or Frustrated	Inappropriate or impulsive behaviour during class	<ul style="list-style-type: none"> encourage teachers to use consistent strategies and approaches acknowledge and empathize with the student's frustration, anger or emotional outburst if and as they occur reinforce positive behaviour provide structure and consistency on a daily basis prepare the student for change and transitions set reasonable expectations anticipate and remove the student from a problem situation (without characterizing it as punishment)
Light/Noise Sensitivity	Difficulties working in classroom environment (e.g., lights, noise, etc.)	<ul style="list-style-type: none"> arrange strategic seating (e.g., move the student away from window or talkative peers, proximity to the teacher or peer support, quiet setting) where possible provide access to special lighting (e.g., task lighting, darker room) minimize background noise provide alternative settings (e.g., alternative work space, study carrel) avoid noisy crowded environments such as assemblies and hallways during high traffic times allow the student to eat lunch in a quiet area with a few friends where possible provide ear plugs/headphones, sunglasses
Depression/Withdrawal	Withdrawal from participation in school activities or friends	<ul style="list-style-type: none"> build time into class/school day for socialization with peers partner student with a "buddy" for assignments or activities

Graduated Return to Physical Activity Plan for Student with a Concussion

A return to learn (no accommodations) MUST occur before return to physical activity

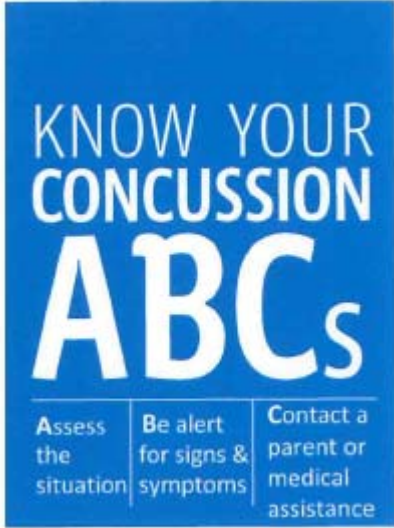
Each stage must take a minimum of 24 hours, with no return of symptoms to proceed to the next stage		
Stage	Functional Activity	Objective of each stage
Return to Light Physical Activity	Student returns to light aerobic activity (walking, swimming etc.) keeping heart rate at 70% or less. No weight training/drills or contact. <input type="checkbox"/> No return of symptoms	Increase heart rate
Return to Individual Sport Specific Physical Activity	Student returns to individual sport specific activities (shooting drill in basketball, skating drill in hockey etc.). No weight training/drills or contact. <input type="checkbox"/> No return of symptoms	Add movement
Return to Non-Contact Practice	Student returns to activities where there is no body contact (badminton, dance etc.) and non-contact practices and progressions of skills (passing drill in hockey). Weight training may be started. <input type="checkbox"/> No return of symptoms	Increase exercise, coordination and cognitive load
Medical Examination	Prior to returning to physical activities with contact, it is recommended that a student have a medical exam to confirm the student is ready for physical activities that involve contact.	Confirm physical health
Return to Physical Activity with Contact	Student returns to regular participation in all physical education classes and full training/practices for contact sports. No competition. <input type="checkbox"/> No return of symptoms	Restore confidence and assess functional skills by staff/coach
Return to Competition	Student returns to full participation in all sports including contact sports and all competitions. <input type="checkbox"/> No return of symptoms	Return to pre-concussion status

If at any time during the stages of the graduated return to physical activity, signs and/or symptoms of a concussion return, an examination of the student by a medical doctor/nurse practitioner is recommended. The student will resume the plan at an appropriate stage as needed.

Age Appropriate Activity Suggestions for Return to Physical Activity Stages *			
Stage	2 - 4 Years	5 -10 Years	11+ Years
Return to Light Physical Activity	Crafts, colouring, painting, play in the sand, play with small toys, listen to stories, watch fish in an aquarium, supervised walking	Crafts, colouring, painting, board/card games, puzzles, cook, listen to quiet music (no headphones), play catch, gardening, swimming, walking	Crafts, painting, games, puzzles, cook, listen to quiet music (no headphones), play catch, gardening, swimming, billiards, camping, beach, yoga, walking, light jogging
Return to Individual Sport Specific Physical Activity	Crawling, walking	Air hockey, foosball, cycling, dribbling a basketball, golf, badminton, skating, sprinklers/splash pads, tag, tai chi	Shopping at the mall, air hockey, foosball, cycling, dribbling a basketball, golf, badminton, skating, curling, hiking, tai chi, running, volleyball drills
Return to Non-Contact Practice	Dance, swim, sport lessons	Baseball, cricket, basketball, dance, field hockey, figure skating (no jumps), hockey drills, non- contact soccer (no heading), slides & swings at playground, squash, swimming, tennis, volleyball (no diving)	Aerobics, baseball, cricket, basketball, dance and cheers (no stunts), canoeing/kayaking, figure skating (no jumps), football drills, hockey drills, light weight training, non-contact soccer (no heading), squash, swimming & scuba diving, tennis, track & field, volleyball (no diving)

Perform activities only if symptom free. If symptoms appear during an activity, STOP.

*Adapted from McMaster University and McMaster Children's Hospital activity suggestions.



Concussion Guide for Community Users

What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow or jolt to the head.

Concussions can also occur from a fall or blow to the body that causes the head and brain to move rapidly.

How can I recognize a concussion?

To help you recognize a concussion, ask the person or witnesses of the incident about:

1. *Any* kind of forceful blow to the head or to the body that resulted in rapid movement of the head.

-and-

2. *Any* physical change in the person's behavior, thinking, or physical functioning. (See the signs and symptoms of concussion.) →

THE FACTS:

- * All concussions are serious.
- * Most concussions occur without loss of consciousness.
- * Recognition and proper response to concussions when they first occur can help aid recovery and prevent further injury.

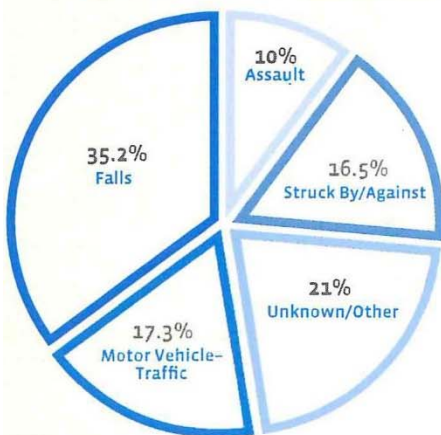


How can concussions happen?

Children and adolescents are among those at greatest risk for concussion. Concussions can result from a fall, or any time a person's head comes into contact with a hard object, such as the floor, a desk, or another person's head or body. The potential for a concussion is greatest during activities where collisions can occur, such as during physical activity, play time, or sports activities.

A person may also get a concussion when doing activities outside of school, but then come to an activity when symptoms of the concussion are presenting. For example, a concussion from motor vehicle accident, a fall or from a sports activity.

Concussions can have a serious effect on a young, developing brain and need to be addressed correctly. Proper recognition and response to concussion signs and symptoms can prevent further injury and can help with recovery.



Causes of Concussion

What are the signs and symptoms of concussion?

A person who experiences *one or more* of the signs and symptoms listed below after a bump, blow, or jolt to the head or body should be seen by a medical doctor or nurse practitioner as soon as possible.

There is no one single indicator for concussion. The signs and symptoms of concussion can take time to appear and can become more noticeable during concentration and/or activities. For this reason, it is important to watch for changes in how the person is acting or feeling, if signs or symptoms become worse, or if the person just "doesn't feel right."

POSSIBLE SIGNS OBSERVED

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to the hit, bump, or fall
- Can't recall events *after* the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes

POSSIBLE SYMPTOMS REPORTED BY THE PERSON

Thinking/Remembering:

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Emotional:

- Irritable
- Sad
- More emotional than usual
- Nervous

Physical:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

Sleep*:

- Drowsy
- Sleeps *less* than usual
- Sleeps *more* than usual
- Has trouble falling asleep

**Only ask about sleep symptoms if the injury occurred on a prior day.*



Remember, you can't see a concussion and some people may not experience or report symptoms until hours or days after the injury. Most people with a concussion will recover quickly and fully. But for some, concussion signs and symptoms can last for days, weeks, or longer.



What are concussion danger signs?

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. The person should be taken to an emergency department right away if s/he exhibits any of the following danger signs after a bump, blow, or jolt to the head or body:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

To learn more about concussion please visit: **www.ontario.ca/concussions**

Watch a 5 minute video on concussion at <http://www.youtube.com/watch?v=zCCD52Pty4>