TCDSB

Protocols for Concussions

Prepared by the
Physical/Health/Outdoor Education
Department
2014
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>PAGE</th>
<th>TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Acknowledgements</td>
</tr>
<tr>
<td>2</td>
<td>Purpose of this Document</td>
</tr>
<tr>
<td>3-4</td>
<td>A School Plan of Action for Concussions</td>
</tr>
<tr>
<td>5-6</td>
<td>Chart of TCDSB Forms used to Monitor Concussion</td>
</tr>
<tr>
<td>7-11</td>
<td>Timeline of TCDSB Concussion Protocols</td>
</tr>
<tr>
<td>12</td>
<td>Title Page of Appendix I – TCDSB Concussion Forms</td>
</tr>
<tr>
<td>13</td>
<td>Incident Form “Documentation of Medical Examination”</td>
</tr>
<tr>
<td>14</td>
<td>Form One: End of Step 1 – Return to Learn</td>
</tr>
<tr>
<td>15</td>
<td>Form Two: End of Step 2 – Return to Learn</td>
</tr>
<tr>
<td>16</td>
<td>Form Three: End of Step 3 – Return to Physical Activity</td>
</tr>
<tr>
<td>17</td>
<td>Form Four: End of Step 4 – Return to Physical Activity</td>
</tr>
<tr>
<td>18</td>
<td>Form Five: End of Step 5 – Documentation of Final Medical Examination</td>
</tr>
<tr>
<td>19</td>
<td>Form Six: End of Step 6 – Return to Physical Activity</td>
</tr>
<tr>
<td>20</td>
<td>Form Seven: End of Step 7 – Return to Physical Activity</td>
</tr>
<tr>
<td>21</td>
<td>Form Eight: Return of Symptoms</td>
</tr>
<tr>
<td>22</td>
<td>Form Nine: Advisory of Non-Compliance with Doctor’s Orders</td>
</tr>
<tr>
<td>23-25</td>
<td>Form Ten: Concussion Management Team Meeting – Concussion Safety Plan</td>
</tr>
<tr>
<td>26</td>
<td>Form Eleven: TCDSB Concussion Protocol Checklist</td>
</tr>
<tr>
<td>27</td>
<td>Title Page of Appendix II – TCDSB Physical Education Forms</td>
</tr>
<tr>
<td>28-29</td>
<td>Sample Information Letter to Parents/Guardians</td>
</tr>
<tr>
<td>30-32</td>
<td>Medical Information Form</td>
</tr>
<tr>
<td>33-53</td>
<td>Appendix III – OPHEA Concussion Information</td>
</tr>
<tr>
<td>54-57</td>
<td>Sample Concussion Prevention Strategies</td>
</tr>
<tr>
<td>58</td>
<td>Title Page of Appendix IV – TCDSB Concussion Information Handouts</td>
</tr>
<tr>
<td>59</td>
<td>Pocket Concussion Information Tool</td>
</tr>
<tr>
<td>60-61</td>
<td>Information for Parents/Guardians</td>
</tr>
<tr>
<td>62-63</td>
<td>Information for Teachers</td>
</tr>
<tr>
<td>64-65</td>
<td>Information for the Coach/Trainer</td>
</tr>
<tr>
<td>66-67</td>
<td>Information for the Athletes/Students</td>
</tr>
<tr>
<td>68</td>
<td>Further Information on Concussions- Website for Parachute Canada –</td>
</tr>
</tbody>
</table>
CONCUSSION PROTOCOL AND GUIDELINES

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Purpose of this Document

A significant number of our students are exposed to activities where there is a possibility of sustaining a concussion. The purpose of this document is to provide an action plan for school personnel to take the necessary actions to provide the first steps in recognizing and dealing with a student who may have suffered a suspected concussion. This document provides the information to school personnel so that they can develop an action plan to:

- Diagnose concussions and prevent further injury
- Recognize the symptoms of a concussion
- Know the first steps to dealing with a possible concussion and then to feel empowered to contact appropriate medical authorities

What is a concussion?
A concussion is a brain injury that cannot be seen on routine x-rays, CT scans, or MRIs. It affects the way a person may think and remember things and can cause a variety of symptoms and signs. You do NOT need to lose consciousness to have a concussion.

What causes a concussion?
Any blow to the head, face or neck, or a blow to the body that transmits a force to the head may cause a concussion, e.g., a ball to the head in soccer, being checked into the boards in hockey.

A concussion can occur from a blow to the head or body that causes the brain to move rapidly back and forth within the skull. It is a brain injury that causes changes in how the brain functions, leading to symptoms that may include:

- Headache;
- Dizziness;
- Difficulty concentrating or remembering;
- Depression or irritability; and
- Drowsiness or difficulty falling asleep.

Though concussions are common sport injuries, particularly among children and adolescents, the subtle symptoms of concussions may go unnoticed. Without identification and proper management, a concussion can result in permanent or severe brain damage.
A Board Plan of Action for Awareness of the

TCDSB Concussion Protocol

1) The TCDSB Health and Physical Education Department will provide appropriate inservicing to school administrators on the implementation of the TCDSB Concussion Protocol.

2) The TCDSB Health and Physical Education Department will distribute to all Athletic Representatives and Department Heads of Physical Education the OPHEA Safety Guidelines, which will alert staff to the prevention of concussions.

3) The TCDSB Health and Physical Education Department will provide coaches appropriate orientation to the Concussion Protocol through a standing item at Athletic Representatives Regional Meetings in September of each school year.

4) Each school principal will inservice school staff annually, in September, on the Concussion Protocol.

A School Plan of Action for Concussions

Concussion:
A concussion is a brain injury that changes 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). It cannot normally be seen on routine x-rays, CT scans, or MRIs. You do NOT need to lose consciousness to have a concussion.*

School Board Responsibilities:
As more information becomes available about the impact of blows to the head, students and staff alike must become aware of the protocol to follow in order to respond to a student who has sustained a possible concussion. As per School Board Responsibilities required in PPM 158.

School Responsibilities:
An effective plan of action to meet this challenge of protecting students and staff should include the following:

- Principal to review the Toronto Catholic District School Board Concussion Protocol and Guidelines with all school staff at the very first staff meeting of the school year.
- Principal is to ensure TCDSB staff use only the forms provided by TCDSB.
- Principal to present the Concussion Protocol and Guidelines to parents at the first or second Catholic School Advisory Council (CSAC) meeting.
- A copy of the Concussion Protocol and Guidelines is to be kept in a prominent place in the main office where staff can easily access the forms.
- Principal must advise all appropriate school personnel (e.g. specialist teachers, occasional teachers, volunteers and coaches) of relevant information pertaining to any concussed student.
TCDSB/School Responsibilities: If parents/guardians do not return TCDSB Incident Form or return student to school against medical advice.

- There is liability to TCDSB if it is known that a doctor has advised that a child should not yet return to school, and TCDSB permits the child to return to school anyway.

- In such circumstances, it would be prudent for the Principal to deliver a message in writing to the parent(s)/guardian(s), that the Principal strongly advises the parent(s)/guardians(s) that the child should not return to school until permitted to do so by a doctor.

- As TCDSB cannot contract out of liability or negligence in such a situation and Program Policy Memorandum (PPM) 158 authorizes schools and the board to effectively guide a student’s return to learning, the TCDSB protocol advises that if a concussion is suspected, students will not return to school unless medical clearance has been received.

- A parent/guardian cannot insist the child return to school. When the child does return, a safety plan would need to be developed by the principal in conjunction with appropriate school staff to help mitigate the chance of new/re-injury.

Parent Responsibilities:

Parents of students who are suspected of having a concussion must:

- Complete TCDSB Form 1 Documentation and return to the school principal or designee
- Inform your child’s school. At that point the school’s Concussion Protocol would come into effect. TCDSB Form 1 would be completed and returned to the school.

*From Concussion Tool: For Coaches, Teachers, Parents, Students and Athletic Therapists, December 2013*
TCDSB Forms used to Monitor Concussion

<table>
<thead>
<tr>
<th>Activity</th>
<th>TCDSB Form Needed</th>
<th>Process</th>
<th>Signed By</th>
</tr>
</thead>
</table>
| Suspected Concussion   | **Incident Form**
“Documentation of Medical Examination” | Doctor Examination                       | Parents/Guardians  |
| • No concussion        | File Form One in OSR no further action required        |                                        |                    |
| • Concussion Diagnosed | Student’s recovery process is monitored as indicated below |                                        |                    |

<table>
<thead>
<tr>
<th>Activity</th>
<th>TCDSB Form used at end of present Step in order for student to Move to Next Step</th>
<th>Activity student will progress to</th>
<th>Signed By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>Form One: End of Step 1 – Return to Learn</td>
<td>Student returns to school with individualized learning as needed</td>
<td>Parents/Guardians</td>
</tr>
<tr>
<td>Step 2</td>
<td>Form Two: End of Step 2 – Return to Learn</td>
<td>Return to regular classroom instruction and return to light physical activity</td>
<td>Parents/Guardians</td>
</tr>
<tr>
<td>Step 3</td>
<td>Form Three: End of Step 3 – Return to Physical Activity</td>
<td>Return to individual sport-specific Physical activity</td>
<td>Parents/Guardians</td>
</tr>
</tbody>
</table>

**Step 3** is a return to regular classroom activities so “Return to Learn” part of recovery process is completed.

| Step 4   | Form Four: End of Step 4 – Return to Physical Activity                          | Return to Physical Activity with No Body Contact | Parents/Guardians  |
| Step 5   | Form Five: End of Step 5 - Documentation of Final Medical Examination          | Doctor Examination – return to physical activities where there is no body contact | Doctor or Nurse Practitioner |
| Step 6   | Form Six: End of Step 6 – Return to Physical Activity                           | Return to all physical activity but no participation in contact sport games | Parents/Guardians  |
| Step 7   | Form Seven: End of Step 7 – Return to Physical Activity                        | Return to all physical activity               | Parents/Guardians  |

After Step 7 (Return to all normal physical activities) all forms filed in student’s OSR

| If Symptoms Return | Form Eight: Return of Symptoms | Return of Symptoms | Parents/Guardians  |

If symptoms return student returns to previous step and process is repeated.

N.B.: Steps are not days – each step must take a minimum of 24 hours. The length of time needed to complete each step will vary based on the severity of the concussion and the student.

**ONLY FORMS PROVIDED BY TCDSB ARE TO BE USED**
# Timeline of TCDSB Concussion Protocols

## Prior to Any Incident Occurring (September)

<table>
<thead>
<tr>
<th>Description</th>
<th>Who is responsible</th>
<th>Paperwork/Special Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Be able to react to an incident where a concussion is suspected.</td>
<td>Principal/Teacher/Coach</td>
<td>1. Review “Pocket Concussion Recognition Tool” p. 61</td>
</tr>
<tr>
<td>2. Be able to identify the common signs and/or symptoms of a suspected concussion</td>
<td></td>
<td>2. Review OPHEA Appendix C-1 “Concussion Management Procedures: Return to Learn and Return to Physical Activity” (pages)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Review OPHEA Table 1: “Common Signs and Symptoms of a Concussion” (Appendix C-1 page)</td>
</tr>
</tbody>
</table>
### Timeline of TCDSB Concussion Protocols

#### Responsibilities and Procedures When an Incident Occurs

<table>
<thead>
<tr>
<th>Description</th>
<th>Who is responsible</th>
<th>Paperwork/Special Notes</th>
</tr>
</thead>
</table>
| Incident occurs where a suspected concussion is present | Principal/Teacher/Coach | 1. Provide appropriate care to injured student.  
2. Refer to "Pocket Concussion Information Tool" p. 61  
3. Refer to Ophea Document C-1 “Concussion Management Procedures: Return to Learn and Return to Physical Activity” (pages.)  
4. Provide Parents/Guardians with copies of TCDSB Incident Form: “Documentation of Medical Examination” |
| Follow up of incident | Parents/Guardians          | 1. Have child examined by a medical doctor or nurse practitioner.  |
| Follow up of incident | Medical Doctor/Nurse Practitioner | 1. Examine student and complete TCDSB Form One “Incident Form: "Documentation of Medical Examination" |
| Follow up of incident | Parents/Guardians          | 1. Inform school principal of the results of the examination by returning completed TCDSB Incident Form: “Documentation of Medical Examination” |
| Follow up of incident | Principal                  | 1. If no concussion diagnosed file form TCDSB Incident Form: “Documentation of Medical Examination in student’s OSR – no further action required.  
2. If concussion diagnosed file TCDSB Incident Form: “Documentation of Medical Examination OSR and initiate “Return to Learn/Return to Physical Activity Plan”  
3. Inform all school staff (e.g., classroom teachers, physical education teachers, intramural supervisors, coaches) and volunteers who work with the student of the diagnosis; and,  
4. File written documentation (e.g., “TCDSB Incident Form: "Documentation of Medical Examination", parent’s note) in the student’s OSR. |
### Timeline of TCDSB Concussion Protocols

**Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan**

#### Collaborative Team Approach:

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

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

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

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Who is responsible</th>
<th>Paperwork/Special Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Rest:</strong> No activity, complete physical and cognitive rest.  &lt;br&gt;<strong>Duration:</strong> minimum of 24 hours  &lt;br&gt;<strong>Restrictions:</strong> NA as no activity is allowed</td>
<td>Parents/Guardians</td>
<td>• Younger students must be monitored closely to ensure cognitive and physical rest are upheld.  &lt;br&gt;• The parent/guardian must communicate the results and the appropriate step to resume by completing TCDSB Form One: “End of Step 1 – Return to Learn” before the student can return to school.  &lt;br&gt;• <strong>If the doctor indicates student should not return to school but parent/guardian decides otherwise it is recommended that TCDSB Form Nine, “Advisory of Non-Compliance with Doctor’s Order” be completed and sent home.</strong></td>
</tr>
</tbody>
</table>

#### Return to Learn – Designated School Staff Lead:

Once the student has completed Step 1 and is therefore able to return to school one school staff (i.e. a member of the collaborative team 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.

#### Return of Concussion Symptoms

If, at any time, concussion symptoms return and/or deterioration of work habits or performance occur, the student must be examined by a medical doctor or nurse practitioner. In this case parents/guardians must complete and return TCDSB Form 8 “Return of Symptoms” which will indicate which step student must repeat. This form must be filed in student’s OSR.
### Timeline of TCDSB Concussion Protocols

#### Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan

The Return to Learn/Return to Physical Activity Plan is a combined approach. Step 2a - Return to Learn must be completed prior to the student returning to physical activity. Each step must take a **minimum of 24 hours**

#### Return to Learn

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Who is responsible</th>
<th>Paperwork/Special Notes</th>
</tr>
</thead>
</table>
| 2    | The student requires individualized classroom strategies and/or approaches to return to learning activities - these will need to be adjusted as recovery occurs | Teacher/Coach/Designated Member of Collaborative Team | 1. Refer to OPHEA Appendix C-1 Table 2: "Return to Learn Strategies"  
2. **Parent-Guardian**: Must communicate to the school principal by completing **TCDSB Form 2 “End of Step 2 – Return to Learn”** that the student is symptom free before the student can proceed to Step 3 – Return to Learn and Return to Physical Activity. |

#### End of Return to Learn

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

| Principal | All forms should be filed in student’s OSR. |

### Return to Physical Activity

| Step | Activity: Individual light aerobic physical activity only (e.g., recess, walking, swimming or stationary cycling keeping intensity below 70% of maximum permitted heart rate)  
Restrictions: No resistance or weight training. No competition (including practices, scrimmages). No participation with equipment or with other students. No drills. No body contact.  
Objective: To increase heart rate  
Duration: **minimum of 24 hours** | Teacher/Coach/Designated Member of Collaborative Team | At the end of Step 3, **Parent/Guardian**: Must report back to the school principal by completing **TCDSB Form 3 “End of Step 3 – Return to Learn and Return to Physical Activity”** that the student continues to be symptom free in order for the student to proceed to Step 4. |
<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Who is responsible</th>
<th>Paperwork/Special Notes</th>
</tr>
</thead>
</table>
| 4    | **Activity**: Individual sport-specific physical activity only (e.g., running drills in soccer, skating drills in hockey, shooting drills in basketball)  
**Restrictions**: No resistance/weight training. No competition (including practices, scrimmages). No body contact, no head impact activities (e.g., heading a ball in soccer) or other jarring motions (e.g., high speed stops, hitting a baseball with a bat).  
**Objective**: To add movement  
**Duration**: minimum of 24 hours | Teacher/Coach/Designated Member of Collaborative Team | At the end of Step 4  
**Parent/Guardian**: Must report back to the school principal by completing TCDSB Form 4 “End of Step 4 – Return to Physical Activity” that the student continues to be symptom free in order for the student to proceed to Step 5. |
| 5    | **Activity**: Activities where there is no body contact (e.g., dance, badminton). Progressive resistance training may be started. Non-contact practice and progression to more complex training drills (e.g., passing drills in football and ice hockey).  
**Restrictions**: No activities that involve body contact, head impact (e.g., heading the ball in soccer) or other jarring motions (e.g., high speed stops, hitting a baseball with a bat)  
**Objective**: To increase exercise, coordination and cognitive load  
**Duration**: minimum of 24 hours | Teacher/Coach/Designated Member of Collaborative Team | At the end of Step 5  
**Doctor or Nurse Practitioner**: Must report back to the school principal by completing TCDSB Form 5 “End of Step 5 – Documentation of Final Medical Examination” that the student continues to be symptom free in order for the student to proceed to Step 6. |
# Timeline of TCDSB Concussion Protocols

## Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Who is responsible</th>
<th>Paperwork/Special Notes</th>
</tr>
</thead>
</table>
| 6    | **Activity:** Full participation in regular physical education/intramural/interschool activities in non-contact sports. Full training/practices for contact sports.  
**Restrictions:** No competition (e.g., games, meets, events) that involve body contact  
**Objective:** To restore confidence and assess functional skills by teacher/coach  
**Duration:** *minimum of 24 hours* | Teacher/Coach/Designated Member of Collaborative Team | At the end of Step 6 Parent/Guardian: Must report back to the school principal by completing TCDSB Form 6 “End of Step 6 – Return to Physical Activity” that the student continues to be symptom free in order for the student to proceed to Step 7. |
| 7    | **Activity:** Full participation in contact sports  
**Restrictions:** None | Teacher/Coach/Designated Member of Collaborative Team | At the end of Step 7 Parent/Guardian: Must report back to the school principal by completing TCDSB Form 7 “End of Step 7 – Return to Physical Activity” that the student continues to be symptom free in order for the student to proceed to all normal physical activities. |

*After Step 7 principal or designate must ensure all forms are filed in student’s OSR*
APPENDIX I

TCDSB CONCUSSION FORMS

ONLY FORMS PROVIDED BY TCDSB ARE TO BE USED
**TCDSB INCIDENT FORM**

**Documentation of Medical Examination**

This form to be provided to all students suspected of having a concussion. This injury may have occurred during a TCDSB related activity or during a non-related TCDSB activity. For more information see “Appendix C-1 – Concussion Management Procedures: Return to Learn and Return to Physical Activity”.

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

**Results of Medical Examination**

- [ ] My child/ward has been examined and **no concussion** has been diagnosed and therefore may resume full participation in learning and physical activity with no restrictions.

- [ ] My child/ward has been examined and **a concussion has been diagnosed** and therefore must begin a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan.

**Parent/Guardian Signature:** ________________________________

**Date:** ________________________________

**Comments:**

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

*This step should be accompanied by a Doctor’s Note.*
TCDSB FORM ONE

End of Step 1 – Return to Learn

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

Parent/Guardian Signature: ________________________________

Date: ________________________________

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

This form indicates student has completed Step 1 at home and either:

1. Student’s symptoms have shown improvement so is able to start Step 2 “Return to Learn” but cannot start Step 3 “Return to Physical Activity”(i.e. The student requires individualized classroom strategies and/or approaches to return to learning activities - these will need to be adjusted as recovery occurs)
TCDSB FORM TWO

End of Step 2 - Return to Learn

If at any time during the following steps symptoms return, parents must complete and return Form Eight “Return of Symptoms”.

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

Parent/Guardian Signature: ________________________________

Date: ______________________________

Comments:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

This form indicates student has completed Step 2 at school, is symptom free and is able to start Step 3 “Return to Physical Activity”.

15
TCDSB FORM THREE

End of Step 3 – Return to Physical Activity

If at any time during the following steps symptoms return, parents must complete and return Form Eight “Return of Symptoms”.

☐ My child/ward is symptom free after participating in light aerobic physical activity (e.g. recess). My child/ward will proceed to Step 4 – Return to Physical Activity.

Parent/Guardian Signature: ________________________________

Date: __________________________

Comments:

________________________________________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________________________________________________________________________________________________

This form indicates student has completed Step 3 at school, is symptom free and is able to start Step 4 “Return to Physical Activity”.


TCDSB FORM FOUR

End of Step 4 – Return to Physical Activity

If at any time during the following steps symptoms return, parents must complete and return Form Eight “Return of Symptoms”.

☐ My child/ward is symptom free after participating in sport-specific physical activity. My child/ward will proceed to Step 5 – Return to Physical Activity.

Parent/Guardian Signature: ________________________________

Date: _____________________________

Comments:
__________________________________________________________
__________________________________________________________
__________________________________________________________

This form indicates student has completed Step 4 at school, is symptom free and is able to start Step 5 “Return to Physical Activity”.

17
TCDSB FORM FIVE

Documentation of Final Medical Examination

(End of Step 5)

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

Medical Doctor/Nurse Practitioner Signature: _________________________________

Date: _________________________________

Comments:
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________

This form indicates student has recovered from a diagnosed concussion and is able to return to (observed) full physical activity.
TCDSB FORM SIX

End of Step 6 – Return to Physical Activity

If at any time during the following steps symptoms return, parents must complete and return Form Eight “Return of Symptoms”.

- Student can participate in all physical activities including games with full body contact.

☐ My child/ward is symptom free after participating in sport-specific physical activity. My child/ward will proceed to Step 7 – Return to Physical Activity.

Parent/Guardian Signature: ________________________________

Date: ________________________________

Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

This form indicates student has completed Step 6 at school, is symptom free and is able to start Step 7 “Return to Physical Activity”.

N.B. It is not required but parents may wish to check with the student’s doctor before signing this form.
TCDSB FORM SEVEN

End of Step 7 – Return to Physical Activity

If at any time, after the student has returned to normal activities, symptoms return, parents must complete and return Form Eight “Return of Symptoms”.

☐ My child/ward is symptom free after completing all steps of the concussion protocol process and is able to return to the regular school program.

Parent/Guardian Signature: ________________________________

Date: _______________________

Comments:
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________

This form indicates student has completed all steps of the recovery process and is completely healed from the diagnosed concussion.

After Step 7 (Return to all normal physical activities) all forms must be filed in student’s OSR.
TCDSB FORM EIGHT

Return of Symptoms

☐ My child/ward has experienced a return of concussion signs and/or symptoms and has been examined by a medical doctor/nurse practitioner, who has advised a return to:
Step__________ of the Return to Learn/Return to Physical Activity Plan

Parent/Guardian Signature: __________________________________________

Date: __________________________

Comments:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

This form indicates the student has had a return of concussion symptoms and must return to a previous step (as indicated above) in the Return to Learn/Return to Physical Activity Plan
TCDSB FORM NINE

Advisory of Non-Compliance with Doctor’s Order

According to information received at ________________________________
School your son/daughter has been diagnosed by a doctor as having suffered a concussion.
The doctor has advised that the student remain at home until the doctor advises that the student
is ready to return to school. If you decide to return your son/daughter to school against medical
advice please read, sign and return a copy of this form.

I, as the principal of the school, strongly advise you to follow the doctor’s advice and keep your
son/daughter at home until the doctor advises you that it is safe for your son/daughter to return
to school. However since it is ultimately your decision, as the student’s parent/guardian, as to
when your son/daughter returns to school TCDSB will endeavour to develop a safety plan
to help mitigate the chance of new/re-injury. However TCDSB must advise you that TCDSB
cannot take responsibility for any further injury.

Principal’s Signature:

Date: ________________________________

Parent/Guardian Signature: ________________________________

Date: ________________________________

Comments:
________________________________________
________________________________________
________________________________________
________________________________________
TCDSB FORM TEN
Concussion Management Team Meeting – Concussion Safety Plan

The purpose of this meeting is to articulate agreed upon strategies to support a student as they return to learn and return to the learning environment and activities within the school community. Consider accommodations as that relate to the needs in this situation.

<table>
<thead>
<tr>
<th>Post Concussion Symptoms</th>
<th>Considerations</th>
<th>Specific Strategies</th>
</tr>
</thead>
</table>
| **Cognitive Difficulties:**
  Symptom and Impact of learning | Aspects to be considered. | Student Specific: consider individual needs, timetable, school community and timelines |
| **Headache and Fatigue**
  Difficulty concentrating, paying attention or multitasking | *Graduated return to school
  *Allow the student to have frequent breaks
  *Ensure instructions are clear
  *Keep distractions to a minimum (light/noise)
  *Limit material on students' desk
  *Provide alternative assignments
  *Provide alternative assessment opportunity | |
| **Difficulty remembering processing speed**
  Difficulty retaining new information, remembering instruction, or accessing learned information | *Provide a daily organizer
  *Provide visual aids
  *Divide large assignments/tasks into smaller tasks
  *Provide student with own copy of class notes
  *Provide access to technology
  *Repeat instructions
  *Provide alternative methods for the student to demonstrate mastery | |
| **Difficulty paying attention/concentrating**
  Limited/short term focus on school work
  Difficulty maintaining a regular academic workload or keeping pace with demands | *Co-ordinate assignments among all teachers – co-ordinate overall expectations of the day
  *Use a planner/organizer to manage and record
  *Prioritize/reduce workload; extended deadlines
  *Facilitate use of peer note taker
  *Check frequently for concentration | |
## TCDSB Form Ten
### Concussion Management Team Meeting – Concussion Safety Plan

<table>
<thead>
<tr>
<th>Emotional /Behaviour Difficulties</th>
<th>Aspects to consider:</th>
<th>Student Specific: consider individual needs, timetable, school community and timelines</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anxiety</strong></td>
<td><em>Inform the student of any changes in their daily schedule/timetable</em></td>
<td></td>
</tr>
<tr>
<td>Decreased Attention</td>
<td><em>Adjust the student’s schedule/timelines</em></td>
<td></td>
</tr>
<tr>
<td>Overreacting to avoid falling behind</td>
<td><em>Build in frequent breaks</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Provide student with preparation time to respond to questions</em></td>
<td></td>
</tr>
<tr>
<td><strong>Irritable or Frustrated</strong></td>
<td><em>Encourage teachers to use consistent strategies/approaches</em></td>
<td></td>
</tr>
<tr>
<td>Inappropriate or impulsive behaviour during class time</td>
<td><em>Acknowledge and empathize with student’s frustration, anger, outburst if and as they occur</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Reinforce positive behaviour</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Provide structure and consistency</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Prepare student for transitions</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Set reasonable expectations</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Anticipate and remove student from a problem situation (without characterizing it as punishment)</em></td>
<td></td>
</tr>
<tr>
<td><strong>Light/ Noise Sensitivity</strong></td>
<td><em>Arrange strategic seating</em></td>
<td></td>
</tr>
<tr>
<td>Difficulties working in classroom environment or parts of school</td>
<td><em>Where possible, provide access to special lighting</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Minimize background noise</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Provide alternative setting</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Avoid noisy crowds (assemblies, hallways…)</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Accommodations for lunch</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Consider ear plugs, headphones, sunglasses,</em></td>
<td></td>
</tr>
<tr>
<td><strong>Depression-Withdrawal</strong></td>
<td><em>Build time into class/school day for socialization</em></td>
<td></td>
</tr>
<tr>
<td>Withdrawal from participation in school activities or friends</td>
<td><em>Partner student with a “buddy” for assignments/activities</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Other:</strong> Other issues different from student base line requiring consideration</td>
<td></td>
</tr>
</tbody>
</table>

24
TCDSB FORM TEN
Concussion Management Team Meeting – Concussion Safety Plan

Considerations:

________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________

Have all documents been collected? Yes ☐ No ☐

Who will provide lead in co-ordinating at school on daily basis?

Date for sharing concussion management plan with key staff involved with student:

Who will continue communication with home?

Signatures

Parent(s):

Student:

Administrator:

Lead Co-ordinator:

Staff:

Staff:

Adapted from OPHEA guideline
 TCDSB Form 11
Concussion Protocol Checklist

This document is designed to assist in the tracking of the concussed student’s process as she/he moves through the steps involved in the recovery process.

School: ___________________________ Incident Date ___________________________
Student Name: ___________________________ Student Number: __________________
Principal: ___________________________
Lead Co-ordinator: ___________________________

<table>
<thead>
<tr>
<th>Form</th>
<th>Title</th>
<th>Date Returned/ Completed</th>
<th>Check when Filed in OSR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incident Report</td>
<td>Documentation of Medical Examination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form One</td>
<td>End of Step 1 – Return to Learn</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form Two</td>
<td>End of Step 2 – Return to Learn</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form Three</td>
<td>End of Step 3 - Return to Physical Activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form Four</td>
<td>End of Step 4 - Return to Physical Activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form Five</td>
<td>End of Step 5 - Documentation of Final Medical Examination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form Six</td>
<td>End of Step 6 – Return to Physical Activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form Seven</td>
<td>End of Step 7 – Return to Physical Activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form Ten</td>
<td>TCDSB Concussion Management Team Meeting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form Nine</td>
<td>Advisory of Non-Compliance with Doctor’s Orders</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: “NA” – means document was not used

If symptoms return then complete the following:

<table>
<thead>
<tr>
<th>Form Eight</th>
<th>Return of Symptoms</th>
<th>Date Returned/ Completed</th>
<th>Check when Filed in OSR</th>
</tr>
</thead>
</table>

Step when occurred: ___________________________
Student must return to previous step and restart the process at that point

Date when recovery process is complete: ___________________________

Principal’s Signature ___________________________ Date ___________________________
APPENDIX II

TCDSB PHYSICAL EDUCATION FORMS
Sample Information Letter to Parents/Guardians

Dear Parent/Guardian:

Please retain this page for your information.

Physical activity is essential for normal, 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 physical education classes, which includes games, dance, gymnastics, and outdoor pursuits, provides opportunities for students to develop the skills and confidence necessary to play and work co-operatively and competitively with their peers.

**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. 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.

Student Accident Insurance Notice:

The Toronto 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, parents/guardians are encouraged to consider a Student Accident Insurance Plan from an insurance company of their choice.

*In this section, individual schools should highlight various curricular physical education topics at the kindergarten, primary, junior, intermediate and senior levels. Be sure to identify unique programs which take students into the immediate community (e.g., in-class cross-country running and skating.)*

As part of the Ministry of Education’s **Daily Physical Activity (DPA)** initiative, every student at our school will be participating daily in 20 minutes of moderate-to-vigorous physical activity. Research has shown that daily, sustained physical activity has a positive impact on students’ academic achievement, readiness to learn, behaviour, self-esteem, and level of physical fitness. This DPA program will take place in physical education classes and in other areas of the school on non-physical education days. Aerobic routines, fitness circuits, and power walks are some examples of DPA sessions.

Students will also have opportunities to participate in **co-curricular intramural** and **club** activities that may include, but are not limited to, ball hockey, volleyball, basketball and badminton.

*In this section, schools should identify examples of intramural activities which may be offered to students during the school year.*
Sudden Arrhythmia Death Syndrome (SADS)

Refers to a variety of cardiac disorders which are often genetic and undiagnosed that can be responsible for sudden cardiac death in young apparently healthy people.

Fainting or seizure during/after physical activity or resulting from emotional excitement, emotional distress or being startled can be a warning sign of sudden arrhythmia death syndrome. The school response is to call emergency medical services (911) and inform the parents/guardians.

In the event of such an episode Parents/guardians will be provided with Appendix M – Sudden Arrhythmia Death Syndrome (SADS), which contains information about SADS as well as a Documentation of a Fainting Episode Form. The student is not to participate in physical activity until cleared by a medical assessment and the Documentation of a Fainting Episode.

Form is completed by parent/guardian and returned to the school administrator/designate.

Further information – www.sads.ca

In the interest of safety, it is strongly recommend that:

1. For the DPA program: students wear appropriate running shoes and loose-fitting clothing that will not inhibit movement.
2. For physical education classes and intramural activities: students should wear appropriate attire for safe participation (e.g., t-shirt, shorts or track pants). Running shoes that provide good support and traction are a minimum requirement.
3. For physical education classes: students should not wear hanging jewelry (e.g., necklaces, hoop earrings). In some activities (e.g., tag games), no jewelry can be worn. Jewelry which cannot be removed must be taped or covered.
4. Students have an annual medical examination.
5. Students bring emergency medications (e.g., asthma inhalers, epinephrine auto injectors) to all curricular and co-curricular physical activities.
6. Students remove eyeglasses during DPA, physical education classes and intramurals. If eyeglasses cannot be removed, the student must wear an eyeglass strap or shatterproof lenses.
7. Students be made aware of ways to protect themselves from environmental conditions (e.g., use of hats, sunscreen, sunglasses, liquid replacement, insect repellent, appropriate clothing).
8. A safety inspection is carried out at home of any equipment brought to school for personal use in class, or in intramural/club activities (e.g., skis, skates, helmets).
“Documentation of Medical Examination” must be completed before the student returns to physical education classes, DPA, intramural activities and interschool practices and competitions. Request the form from the school administrator.

Elements of Risk Notice:
I acknowledge and have read the Elements of Risk notice.

Parent/Guardian Signature: ________________________________ Date: ________________

Intramural Activities/Clubs Permission:
Optional: This signature space may be used in lieu of collecting a separate Intramural permission form.

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

Parent/Guardian Signature: ________________________________ Date: ________________
Medical Information Form

Parents/guardians are requested to complete the following medical information form and return it to their child/ward’s teacher.

PLEASE NOTE: FREEDOM OF INFORMATION- The information provided on this form is collected pursuant to the 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 purposes related to the Board’s Policy on Risk Management. Any questions with respect to this information should be directed to your school principal.

Name of Student: _____________________________________________ Grade: __________________

School: _______________________________________________________

Name of Teacher: ______________________________________________

(Where your son’s/daughter’s/ward’s condition is confidential or requires further explanation you are requested to contact your son’s/daughter’s teacher.)

Date of last complete medical examination: _______________________

Date of last tetanus immunization: ________________________________

Is your son/daughter allergic to any drugs, food or medication/other? Yes____No ___

If yes, provide details ____________________________________________

1. Medic Alert Information:

   Does your son/daughter/ward wear a medical alert bracelet? Yes____No ___

   A neck chain? Yes____No   Carry a medical alert card? Yes____No ___

   If yes, please specify what is written on it: ____________________________

2. Oral and Visual Appliance:

   Does your son/daughter/ward wear eyeglasses? Yes____No ___

   Contact lenses? Yes____No ___

   Orthodontic appliance? Yes____No____Crowns? Yes____No____Bridges? Yes____No ___

31
3. **Medical Conditions:**

   Please indicate if your son/daughter/ward has been diagnosed as having any of the following medical conditions and provide pertinent details.

   Has your son/daughter/ward been identified as anaphylactic? **Y___N___**
   
   If yes, does he/she carry an epinephrine auto injector (e.g., EpiPen/Allerject)? **Y___N___**
   
   Circle any that apply and provide relevant details:

<table>
<thead>
<tr>
<th>Asthma</th>
<th>Epilepsy</th>
<th>Type I Diabetes</th>
<th>Type II Diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disorders</td>
<td>Allergies</td>
<td>Deafness</td>
<td>Other</td>
</tr>
</tbody>
</table>


4. **Physical Ailments:** Circle any that apply and provide relevant details:

<table>
<thead>
<tr>
<th>Arthritis or Rheumatism</th>
<th>Spinal Conditions</th>
<th>Orthopaedic Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Nosebleeds</td>
<td>Fainting</td>
<td>Trick or Lock Knee</td>
</tr>
<tr>
<td>Dizziness</td>
<td>Headaches</td>
<td>Hernia</td>
</tr>
<tr>
<td>Swollen, Hyper-mobile or Painful Joints</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Head or back conditions or injuries, including any diagnosed concussions (in the past two years)

Please indicate any other medical condition that will limit participation:

If your son/daughter/ward is presently diagnosed with a concussion by a medical doctor/nurse practitioner that was sustained outside of school physical activity, **TCDSB Form One:** "Documentation of Medical Examination" must be completed.
APPENDIX III

OPHEA CONCUSSION INFORMATION

The following pages are not part of the TCDSB concussion protocols. They are taken from the Ophea website. They should be used for background information only. Ophea updates their resources regularly so for the most up-to-date resources please refer to the Ophea website at ophea.net
Appendix C-1
Concussion Protocol: Prevention, Identification and Management Procedures

For a visual overview of the steps and role responsibilities in suspected and diagnosed concussions, see Chart 1 (pg )

INTRODUCTION

The Ministry of Education expects all school boards in Ontario to develop and maintain a policy on concussion as outlined in Policy/Program Memorandum No. 158: School Board Policies on Concussion. In partnership with the Ministry of Education, the ThinkFirst Concussion Education and Awareness Committee, and the Recognition and Awareness Working Group of the Mild Traumatic Brain Injury/Concussion Strategy, the Ontario Physical and Health Education Association (Ophea) has developed a concussion protocol as part of the Ontario Physical Education Safety Guidelines. The concussion protocol, contained within this appendix, is based on current research and knowledge and provides information on concussion prevention, identification of a suspected concussion and management procedures for a diagnosed concussion, including a plan to help a student return to learning and to physical activity. PPM 158 recognizes the Ontario Physical Education Safety Guidelines Concussion Protocol outlined in this document to be the minimum standard.

School boards may localize the components of the concussion protocol, to meet the specific needs of their school district, keeping in mind that they can raise the minimum standards but cannot lower the standards. Although it is important to be familiar with the Ontario Physical Education Safety Guideline Concussion Protocol, educators must ensure that they use their own board’s concussion protocol.

The Ontario Physical Education Safety Guidelines Concussion Protocol (OPESGCP) is a living document. Concussion information and procedures for the components of prevention, identification and management are always evolving with new research and consensus guidelines. In order to keep users of this document up to date with the newest information and procedures, this document will be reviewed and revised where necessary on a yearly basis. School boards and users of this document are advised to refer to the OPESGCP each and every year in September for the current OPESGCP.

Where revisions are of a critical nature Ophea will inform users through electronic notification.
CONTEXT

Recent research has made it clear that a concussion can have a significant impact on a student’s cognitive and physical abilities. In fact, research shows that activities that require concentration can actually cause a student’s concussion symptoms to reappear or worsen. It is equally important to develop strategies to assist students as they “return to learn” in the classroom as it is to develop strategies to assist them “return to physical activity”. Without addressing identification and proper management, a concussion can result in permanent brain damage and in rare occasions, even death.

Research also suggests that a child or youth who suffers a second concussion before he or she is symptom free from the first concussion is susceptible to a prolonged period of recovery, and possibly Second Impact Syndrome – a rare condition that causes rapid and severe brain swelling and often catastrophic results.

Administrators, educators (including occasional teachers), school staff, students, parents and school volunteers play an important in the prevention of concussion, identification of a suspected concussion, as well as the ongoing monitoring and management of a student with a concussion.

CONCUSSION DEFINITION

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);
- may be caused either by a direct blow to the head, face or neck, or a blow to the body that transmits a force to the head that causes the brain to move rapidly within the skull;
- can occur even if there has been no loss of consciousness (in fact most concussions occur without a loss of consciousness); and,
- cannot normally be seen on X-rays, standard CT scans or MRIs.
CONCUSSION DIAGNOSIS

A concussion is a clinical diagnosis made by a medical doctor or nurse practitioner. It is critical that a student with a suspected concussion be examined by a medical doctor or nurse practitioner.

1. PREVENTION COMPONENT

Concussion prevention is important, “...there is evidence that education about concussion leads to a reduction in the incidence of concussion and improved outcomes from concussion...”

Any time a student/athlete is involved in physical activity, there is a chance of sustaining a concussion. Therefore it is important to take a preventative approach encouraging a culture of safety mindedness when students are physically active.

PPM 158 states that the policy should include strategies for preventing and minimizing the risk of sustaining concussions (and other head injuries) in schools and at off-site school events.

One approach to the prevention of any type of injury includes primary, secondary and tertiary strategies. Listed below are the three strategies for concussion injury prevention:

- Primary – information/actions that prevent concussions from happening (e.g., rules and regulations, minimizing slips and falls by checking that classroom floor and activity environments provide for safe traction and are obstacle free);
- Secondary – expert management of a concussion that has occurred (e.g., Identification, and Management - Return to Learn and Return to Physical Activity) that is designed to prevent the worsening of a concussion;
- Tertiary – strategies help prevent long-term complications of a concussion (chronic traumatic encephalopathy) by advising the participant to permanently discontinue a physical activity/sport based on evidence-based guidelines.

Primary and secondary strategies are the focus of the concussion injury prevention information located in Appendix C- 5: Sample Concussion Prevention Strategies

1 Journal of Clinical Sport Psychology, 2012, 6, 293-301; Charles H. Tator, Professor of Neurosurgery, Toronto Western Hospital, Toronto, ON Can.

2 Journal of Clinical Sport Psychology, 2012, 6, 293-301; Charles H. Tator, Professor of Neurosurgery, Toronto Western Hospital, Toronto, ON Can.
2. IDENTIFICATION COMPONENT

“The identification component provides strategies for the following:

a) A teacher/coaches initial response for safe removal from the activity of a student injured as a result of a blow to the head, face or neck or a blow to the body that transmits a force to the head (e.g., student is conscious, student is conscious but lost consciousness even for a short period of time, student is unconscious)

b) Initial concussion –assessment strategies (e.g., use of common symptoms and signs of a concussion.

c) Steps to take following an initial assessment3”

a) INITIAL RESPONSE:

If a student receives a blow to the head, face or neck, or a blow to the body that transmits a force to the head that causes the brain to move rapidly within the skull, and as a result may have suffered a concussion, the individual (e.g., teacher/coach) responsible for that student must take immediate action as follows:

**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.
- Assume there is a possible neck injury and, only if trained, immobilize the student before emergency medical services arrive.
- Do not remove athletic equipment (e.g., helmet) unless there is difficulty breathing.
- Stay with the student until emergency medical services arrive.
- Contact the student’s parent/guardian (or emergency contact) to inform them of the incident and that emergency medical services have been contacted.
- Monitor and document any changes (i.e., physical, cognitive, emotional/behavioural) in the student.
- Refer to your board’s injury report form for documentation procedures.
- If the student regains consciousness, encourage him/her to remain calm and to lie still. Do not administer medication (unless the student requires medication for other conditions – e.g., insulin for a student with diabetes).

---

Conscious Student

- Stop the activity immediately.
- Initiate Emergency Action Plan.
- When the student can be safely moved, remove him/her from the current activity or game.
- Conduct an initial concussion assessment of the student (e.g., using “Appendix C-2 – Sample Tool to Identify a Suspected Concussion”).

b) INITIAL CONCUSSION ASSESSMENT

Following a blow to the head, face or neck, or a blow to the body that transmits a force to the head, a concussion should be suspected in the presence of any one or more of the following signs or symptoms:
### TABLE 1: Common Signs and Symptoms of a Concussion

<table>
<thead>
<tr>
<th>Possible Signs Observed</th>
<th>Possible Symptoms Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical</strong></td>
<td><strong>Physical</strong></td>
</tr>
<tr>
<td>vomiting</td>
<td>headache</td>
</tr>
<tr>
<td>slurred speech</td>
<td>pressure in head</td>
</tr>
<tr>
<td>slowed reaction time</td>
<td>neck pain</td>
</tr>
<tr>
<td>poor coordination/orbitance</td>
<td>feeling off/not right</td>
</tr>
<tr>
<td>blank stare/glassy-eyed/dazed or vacant look</td>
<td>ringing in the ears</td>
</tr>
<tr>
<td>decreased playing ability</td>
<td>seeing double or blurry/loss of vision</td>
</tr>
<tr>
<td>loss of consciousness or lack of responsiveness</td>
<td>seeing stars, flashing lights</td>
</tr>
<tr>
<td>lying motionless on the ground or slow to get up</td>
<td>pain at physical site of injury</td>
</tr>
<tr>
<td>amnesia</td>
<td>nausea/stomach ache/pain</td>
</tr>
<tr>
<td>seizure or convulsion</td>
<td>balance problems or dizziness</td>
</tr>
<tr>
<td>grabbing or clutching of head</td>
<td>fatigue or feeling tired</td>
</tr>
<tr>
<td></td>
<td>sensitivity to light or noise</td>
</tr>
<tr>
<td><strong>Cognitive</strong></td>
<td><strong>Cognitive</strong></td>
</tr>
<tr>
<td>difficulty concentrating</td>
<td>difficulty concentrating or remembering</td>
</tr>
<tr>
<td>easily distracted</td>
<td>slowed down, fatigue or low energy</td>
</tr>
<tr>
<td>general confusion</td>
<td>dazed or in a fog</td>
</tr>
<tr>
<td>cannot remember things that happened before and after the injury</td>
<td><strong>Emotional/Behavioural</strong></td>
</tr>
<tr>
<td>does not know time, date, place, class, type of activity in which he/she was participating</td>
<td>irritable, sad, more emotional than usual</td>
</tr>
<tr>
<td>slowed reaction time (e.g., answering questions or following directions)</td>
<td>nervous, anxious, depressed</td>
</tr>
<tr>
<td><strong>Emotional/Behavioural</strong></td>
<td><strong>Sleep Disturbance</strong></td>
</tr>
<tr>
<td>strange or inappropriate emotions (e.g., laughing, crying, getting angry easily)</td>
<td>drowsy</td>
</tr>
<tr>
<td></td>
<td>sleeping more/less than usual</td>
</tr>
<tr>
<td><strong>Sleep Disturbance</strong></td>
<td><strong>Sleep Disturbance</strong></td>
</tr>
<tr>
<td>drowsiness</td>
<td>drowsy</td>
</tr>
<tr>
<td>insomnia</td>
<td>sleeping more/less than usual</td>
</tr>
<tr>
<td></td>
<td>difficulty falling asleep</td>
</tr>
</tbody>
</table>

**Note:**
- Signs and symptoms can appear immediately after the injury or may take hours or days to emerge.
- Signs and symptoms may be different for everyone.
- A student may be reluctant to report symptoms because of a fear that he/she will be removed from the activity, his/her status on a team or in a game could be jeopardized or academics could be impacted.
- It may be difficult for younger students (under the age of 10), students with special needs or students for whom English/French is not their first language to communicate how they are feeling.
- Signs for younger students (under the age of 10) may not be as obvious as in older students.
C) STEPS TO TAKE FOLLOWING AN INITIAL ASSESSMENT

i. If sign(s) are observed and/or symptom(s) are reported and/or the student fails the Quick Memory Function Assessment (see Appendix C-2):

Teacher Response

• A concussion should be suspected – do not allow the student to return to play in the activity, game or practice that day even if the student states that he/she is feeling better.

• Contact the student’s parent/guardian (or emergency contact) to inform them:
  - of the incident;
  - that they need to come and pick up the student; and,
  - that the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.

• Monitor and document any changes (i.e., physical, cognitive, emotional/behavioural) in the student. If any signs or symptoms worsen, call 911.
  - Refer to your board’s injury report form for documentation procedures.

• Do not administer medication (unless the student requires medication for other conditions – e.g., insulin for a student with diabetes).

• Stay with the student until her/his parent/guardian (or emergency contact) arrives.
  - The student must not leave the premises without parent/guardian (or emergency contact) supervision.

Information to be Provided to Parent/Guardian:

• Parent/Guardian must be:
  - informed that the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day; and, provided with a copy of the tool used to identify the suspected concussion, (see “Appendix C-2 – Sample Tool to Identify a Suspected Concussion”)
  - informed that they need to communicate to the school principal the results of the medical examination (i.e., the student does not have a diagnosed concussion or the student has a diagnosed concussion) prior to the student returning to school (see the sample reporting form “Appendix C-3 – Sample Documentation of Medical Examination”).
    - If no concussion is diagnosed: the student may resume regular learning and physical activities.
    - If a concussion is diagnosed: the student follows a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan.
ii. **If signs are NOT observed, symptoms are NOT reported AND the student passes the Quick Memory Function Assessment (see Appendix C-2):**

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

Information to be Provided to Parent/Guardian:
- Parent/Guardian must be:
  - informed that:
    - signs and symptoms may not appear immediately and may take hours or days to emerge;
    - the student should be monitored for 24-48 hours following the incident; and,
    - if any signs or symptoms emerge, the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.
- Schools may wish to use “Appendix C-2 – Sample Tool to Identify a Suspected Concussion” to communicate this information.

Responsibilities of the School Principal

Once a student has been identified as having a suspected concussion, the school principal must:
- inform all school staff (e.g., classroom teachers, physical education teachers, intramural supervisors, coaches) and *volunteers who work with the student with the suspected concussion; and, (*Prior to communicating with volunteers refer to board protocol for sharing of student information.)
- indicate that the student shall not participate in any learning or physical activities until the parent/guardian communicates the results of the medical examination (i.e., the student does not have a diagnosed concussion or the student has a diagnosed concussion) to the school principal (e.g., by completing “Appendix C-3 – Sample Documentation of Medical Examination” or by returning a note signed and dated by the parent/guardian).

**DOCUMENTATION OF MEDICAL EXAMINATION:**

Prior to a student with a suspected concussion returning to school, the parent/guardian must communicate the results of the medical examination (i.e., student does not have a diagnosed concussion or the student has a diagnosed concussion) to the school principal (see the sample reporting form “Appendix C-3 – Sample Documentation of Medical Examination”).
- If no concussion is diagnosed: the student may resume regular learning and physical activities.
- If a concussion is diagnosed: the student follows a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan (see section below: Management Procedures for a Diagnosed Concussion).
Responsibilities of the School Principal

Once the parent/guardian has informed the school principal of the results of the medical examination, the school principal must:

- inform all school staff (e.g., classroom teachers, physical education teachers, intramural supervisors, coaches) and "volunteers who work with the student of the diagnosis; and, (*Prior to communicating with volunteers refer to board protocol for sharing of student information.)
- file written documentation (e.g., “Appendix C-3 – Sample Documentation of Medical Examination”, parent’s note) of the results of the medical examination (e.g., in the student’s OSR).
- Principal provides parent/guardian with a form to record documentation of the student’s progress through the Return to Learn/Return to Physical Activity Plan (e.g., Appendix C-4 – Sample Documentation for a Diagnosed Concussion –Return to Learn/Return to Physical Activity Plan).

3. MANAGEMENT PROCEDURES FOR A DIAGNOSED CONCUSSION

“Given that children and adolescents spend a significant amount of their time in the classroom, and that school attendance is vital for them to learn and socialize, full return to school should be a priority following a concussion.”

Knowledge of how to properly manage a diagnosed concussion is critical in a student’s recovery and is essential in helping to prevent the student from returning to learning or physical activities too soon and risking further complications. Ultimately, this awareness and knowledge could help contribute to the student’s long-term health and academic success.

Return to Learn/Return to Physical Activity Plan

A student with a diagnosed concussion needs to follow a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan. While return to learn and return to physical activity processes are combined within the Plan, a student with a diagnosed concussion must be symptom free prior to returning to regular learning activities (i.e., Step 2b – Return to Learn) and beginning Step 2 – Return to 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.

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4 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 (p. 3)
Collaborative Team Approach:

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

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

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

Completion of the Steps within the Plan:

The steps of the Return to Learn/Return to Physical Activity 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 steps may occur (i.e., at home and/or school), for example:

- the student has a diagnosed concussion just prior to winter break, spring break or summer vacation; or,
- the student is neither enrolled in Health and Physical Education class nor participating on a school team.

Given these special circumstances, the collaborative team must ensure that steps 1-4 of the Return to Learn/Return to Physical Activity Plan are completed. As such, written documentation from a medical doctor or nurse practitioner (e.g., “Appendix C-4 – Sample Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan”) that indicates the student is symptom free and able to return to full participation in physical activity must be provided by the student’s parent/guardian to the school principal and kept on file (e.g., in the student’s OSR).

It is important to note:

- Cognitive or physical activities can cause a student’s symptoms to reappear.
- Steps are not days – each step must take a minimum of 24 hours and the length of time needed to complete each step will vary based on the severity of the concussion and the student.
- The signs and symptoms of a concussion often last for 7 – 10 days, but may last longer in children and adolescents.\(^5\)

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Step 1 – Return to Learn/Return to Physical Activity

The student does not attend school during Step 1.

The most important treatment for concussion is rest (i.e., cognitive and physical).

- Cognitive rest includes limiting activities that require concentration and attention (e.g., reading, texting, television, computer, video/electronic games).
- Physical rest includes restricting recreational/leisure and competitive physical activities. Step 1 continues for a minimum of 24 hours and until:
  - the student’s symptoms begin to improve; OR,
  - the student is symptom free; as determined by the parents/guardians and the concussed student.

Parent/Guardian:

Before the student can return to school, the parent/guardian must communicate to the school principal (see sample “Appendix C-4 – Sample Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan”) either that:

- the student’s symptoms are improving (and the student will proceed to Step 2a – Return to Learn); OR,
- the student is symptom free (and the student will proceed directly to Step 2b – Return to Learn and Step 2 – Return to Physical Activity).

Return to Learn – Designated School Staff Lead:

Once the student has completed Step 1 (as communicated to the school principal by the parent/guardian) and is therefore able to return to school (and begins either Step 2a – Return to Learn or Step 2b – Return to Learn, as appropriate), one school staff (i.e. 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 Return to Learn/Return to Physical Activity 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.
**Step 2a – Return to Learn**

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

During this step, the student requires individualized classroom strategies and/or approaches to return to learning activities - these will need to be adjusted as recovery occurs (see Table 2 - Return to Learn Strategies/Approaches). At this step, the student’s cognitive activity should be increased slowly (both at school and at home), since the concussion may still affect his/her academic performance. Cognitive activities can cause a student’s concussion symptoms to reappear or worsen.

It is important for the designated school staff lead, in consultation with other members of the collaborative team, to identify the student’s symptoms and how he/she responds to various learning activities in order to develop appropriate strategies and/or approaches that meet the needs of the student. School staff and volunteers who work with the student need to be aware of the possible difficulties (i.e., cognitive, emotional/behavioural) a student may encounter when returning to learning activities following a concussion. These difficulties may be subtle and temporary, but may significantly impact a student’s performance.

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## TABLE 2: Return to Learn Strategies/Approaches

<table>
<thead>
<tr>
<th>Post Concussion Symptoms</th>
<th>Impact on Student’s Learning</th>
<th>Potential Strategies and/or Approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache and Fatigue</td>
<td>Difficulty concentrating, paying attention or multitasking</td>
<td>• 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)</td>
</tr>
<tr>
<td>Difficulty remembering or processing speed</td>
<td>Difficulty retaining new information, remembering instructions, accessing learned information</td>
<td>• 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</td>
</tr>
<tr>
<td>Difficulty paying attention/ concentrating</td>
<td>Limited/short-term focus on schoolwork Difficulty maintaining a regular academic workload or keeping pace with work demands</td>
<td>• 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</td>
</tr>
</tbody>
</table>

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7 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

<table>
<thead>
<tr>
<th>Post Concussion Symptoms</th>
<th>Impact on Student’s Learning</th>
<th>Potential Strategies and/or Approaches</th>
</tr>
</thead>
</table>
| Anxiety                  | Decreased attention/concentration | • 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 | • 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.) | • 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 | • build time into class/school day for socialization with peers  
• partner student with a “buddy” for assignments or activities |
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.”

Parent/Guardian:

Must communicate to the school principal (see sample “Appendix C-4 – Sample Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan”) that the student is symptom free before the student can proceed to Step 2b – Return to Learn and Step 2 – Return to Physical Activity.

**Step 2b – Return to Learn (occurs concurrently with Step 2 – Return to Physical Activity)**

A student who:

- has progressed through Step 2a – Return to Learn and is now symptom free may proceed to Step 2b – Return to Learn; or,
- becomes symptom free soon after the concussion may begin at Step 2b – Return to Learn.

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

- This step occurs concurrently with Step 2 – Return to Physical Activity.

**Note:** Since concussion symptoms can reoccur during cognitive and physical activities, students at Step 2b – Return to Learn or any of the following return to physical activity steps must continue to be closely monitored by the designated school staff lead and collaborative team for the return of any concussion symptoms and/or a deterioration of work habits and performance.

- If, at any time, concussion signs and/or symptoms return and/or deterioration of work habits or performance occur, the student must be examined by a medical doctor or nurse practitioner.
- The parent/guardian must communicate the results and the appropriate step to resume the Return to Learn/Return to Physical Activity Plan to the school principal (e.g., see “Appendix C-4 – Sample Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan”) before the student can return to school.

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8 Concussion in the Classroom. (n.d.). Upstate University Hospital Concussion Management
Step 2 – Return to Physical Activity

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

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

**Objective:** To increase heart rate

**Parent/Guardian:**

Must report back to the school principal (e.g., see “Appendix C-4 – Sample Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan”) that the student continues to be symptom free in order for the student to proceed to Step 3.

Step 3 – Return to Physical Activity

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

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

**Objective:** To add movement

Step 4 – Return to Physical Activity

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

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

**Objective:** To increase exercise, coordination and cognitive load

**Teacher:**

Communicates with parents/guardians that the student has successfully completed Steps 3 and 4 (see “Appendix C-4 – Sample Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan”)
Parent/Guardian:

Must provide the school principal with written documentation from a medical doctor or nurse practitioner (e.g., completed “Appendix C-4 – Sample Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan”) that indicates the student is symptom free and able to return to full participation in physical activity in order for the student to proceed to Step 5 – Return to Physical Activity.

School Principal:

Written documentation (e.g., “Appendix C-4 – Sample Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan”) is then filed (e.g., in the student’s OSR) by the school principal.

Step 5 – Return to Physical Activity

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

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

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

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

Activity: Full participation in contact sports

Restrictions: None

For a single-page, electronic 11” x 17” version of the chart, please email safety@ophea.net.
The page below shows how the previous 2 pages can be combined.
Appendix C-5

Sample Concussion Prevention Strategies

PPM 158 (Policy/Program Memorandum #158: School Board Policies on Concussion) recognizes the importance of prevention and states that every board policy should include strategies for preventing and minimizing the risk of sustaining concussions (and other head injuries) in schools and at off-site school events.

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

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

1. Prior to the sport season/beginning of the school year

a) Teachers/coaches/supervisors should:

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

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

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

c) Parents/guardians to be informed of the:
   - risks and possible mitigations of the activity/sport;
   - dangers of participating with a concussion;
   - signs and symptoms of a concussion;
   - board’s identification, diagnosis and management procedures; and
   - importance of encouraging the ethical values of fair play and respect for opponents.

d) Student/athletes to be informed about:
   - concussions;
     - definition
     - seriousness of concussions
     - causes,
     - signs and symptoms, and
     - the board’s identification and management procedure

   - the risks of a concussion associated with the activity/sport and how to minimize those risks;

   - the importance of respecting the rules of the game and practising Fair Play (e.g., to follow the rules and ethics of play, to practice good sportsmanship at all times and to respect their opponents and officials);

   - the dangers of participating in an activity while experiencing the signs and symptoms of a concussion and potential long-term consequences.
• the importance of:
  - immediately informing the teacher/coach of any signs or symptoms of a concussion, and removing themselves from the activity;
  - encouraging a team mate with signs or symptoms to remove themselves from the activity and to inform the teacher/coach; and
  - informing the teacher/coach when a classmate/teammate has signs or symptoms of a concussion.

• the use of helmet when they are required for a sport/activity:
  - helmets do not prevent concussions. They are designed to protect against skull fractures, major brain injuries (including bleeding into or around the brain), brain contusions and lacerations;
  - helmets are to be properly fitted and worn correctly (e.g., only one finger should fit between the strap and the chin when strap is done up).

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

• hold a preseason/activity group/team meeting on concussion education;
• develop and distribute an information checklist for students/athletes about prevention strategies;
• post concussion information to inform/reinforce symptoms and signs and what to do if a concussion is suspected;
• post information posters on prevention of concussions (e.g., encouraging students to report concussion symptoms) in high traffic student areas (e.g., change room/locker area/classroom/gymnasium);
• implement concussion classroom learning modules aligned with the curriculum expectations;
• distribute concussion fact sheets (prevention, signs and symptoms) for each student/athlete on school teams;
• Distribute and collect completed student concussion contract or pledge (signed by student/athlete and parents/guardians).
2. During the physical activity unit/sport season/intramural activity
   a) teachers/coaches /supervisors should:
      • teach skills and techniques in the proper progression;
      • provide activity/sport-specific concussion information when possible;
      • teach and enforce the rules and regulations of the sport/activity during practices and games/competition (particularly those that limit or eliminate body contact, or equipment on body contact);
      • reinforce the principles of head-injury prevention (e.g., keeping the head up and avoiding collision);
      • teach students/athletes involved in body contact activities:
         - sport-specific rules and regulations of body contact e.g., no hits to the head.
         - body contact skills and techniques and require the successful demonstration of these skills in practice prior to competition.
      • discourage others from pressuring injured students/athletes to play participate;
      • demonstrate and role model the ethical values of fair play and respect for opponents;
      • encourage students/athletes to follow the rules of play, and to practice fair play;
      • use game/match officials in higher-risk interschool sports that are knowledgeable, certified and/or experienced in officiating the sport; and
      • Inform students about the importance of protective equipment fitting correctly e.g., helmets, padding, guards).

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

RESOURCES
• Ontario portal: www.Ontario.ca/concussions

Students/athletes who are absent for safety lessons (e.g. information, skills, techniques) must be provided with the information and training prior to the next activity sessions.
The following documents are designed to be copied and handed out to anyone who is involved with a student who has suffered a concussion. They are designed as follows:

1. Pocket Concussion Recognition Tool
2. Parents/Guardians
3. Teachers
4. Coaches
5. Students
Do not remove helmet (if present) unless friend/parent says so.

Do not permit the player to return to the game if any concussion symptoms persist.

Remember:

- Difficulty concentrating
- Sensitivity to noise
- Neck pain
- Feeling like “in a fog”
- Amnesia
- Sensitivity to light
- Blurred vision
- Reversals or memory
- Inability to think
- Problems with concentration
- Problems with memory
- Headache

2. Signs and Symptoms of Suspected Concussion

Combinations of one or more of the following signs/symptoms may suggest a concussion:

- Loss of consciousness
- Seizure of concussion
- Loss of balance
- Dizziness
- Headache

3. Memory Function

- Did your team win the last game?
- Who won the game?
- Who scored in this game?
- What did the coach say?
- What are the team’s next games?
CONCUSSION GUIDELINES FOR THE PARENTS/CAREGIVERS

WHAT IS A CONCUSSION?
A concussion is a brain injury that cannot be seen on routine x-rays, CT scans, or MRIs. It affects the way your child may think and remember things, and can cause a variety of symptoms.

WHAT ARE THE SYMPTOMS AND SIGNS OF CONCUSSION?
YOUR CHILD DOES NOT NEED TO BE KNOCKED OUT (LOSE CONSCIOUSNESS) TO HAVE HAD A CONCUSSION.

<table>
<thead>
<tr>
<th>THINKING PROBLEMS</th>
<th>CHILD’S COMPLAINTS</th>
<th>OTHER PROBLEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Does not know time, date, place, period of game, opposing team, score of game</td>
<td>• Headache</td>
<td>• Poor coordination or balance</td>
</tr>
<tr>
<td>• General confusion</td>
<td>• Dizziness</td>
<td>• Blank stare/glassy eyed</td>
</tr>
<tr>
<td>• Cannot remember things that happened before and after the injury</td>
<td>• Feels dazed</td>
<td>• Vomiting</td>
</tr>
<tr>
<td>• Knocked out</td>
<td>• “Dinged” or stunned; “having my bell rung”</td>
<td>• Slurred speech</td>
</tr>
<tr>
<td></td>
<td>• Sees stars, flashing lights</td>
<td>• Slow to answer questions or follow directions</td>
</tr>
<tr>
<td></td>
<td>• Ringing in the ears</td>
<td>• Easily distracted</td>
</tr>
<tr>
<td></td>
<td>• Sleepiness</td>
<td>• Poor concentration</td>
</tr>
<tr>
<td></td>
<td>• Loss of vision</td>
<td>• Strange or inappropriate emotions (i.e. laughing, crying, getting mad easily)</td>
</tr>
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WHAT CAUSES A CONCUSSION?
Any blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion (i.e. a ball to the head, being checked into the boards in hockey).

WHAT SHOULD YOU DO IF YOUR CHILD GETS A CONCUSSION?
YOUR CHILD SHOULD STOP PLAYING THE SPORT RIGHT AWAY. They should not be left alone and should be seen by a doctor as soon as possible that day. If your child is knocked out, call an ambulance to take him/her to a hospital immediately. Do not move your child or remove any equipment such as helmets until the paramedics arrive.

HOW LONG WILL IT TAKE FOR MY CHILD TO GET BETTER?
The signs and symptoms of a concussion often last for 7-10 days but may last much longer. In some cases, athletes may take many weeks or months to heal. Having had previous concussions may increase the chance that a person may take longer to heal.

HOW IS A CONCUSSION TREATED?
THE MOST IMPORTANT TREATMENT FOR A CONCUSSION IS REST. The child should not exercise, go to school or do any activities that may make them worse, like riding a bike, play wrestling, reading, working on the computer or playing video games. If your child goes back to activities before they are completely better, they are more likely to get worse, and to have symptoms longer. Even though it is very hard for an active child to rest, this is the most important step.

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CONCUSSION GUIDELINES FOR THE PARENTS/CAREGIVERS

Once your child is completely better at rest (all symptoms have resolved), they can start a step-wise increase in activities. It is important that your child is seen by a doctor before he/she begins the steps needed to return to activity, to make sure he/she is completely better. If possible, your child should be seen by a doctor with experience in treating concussions.

WHEN CAN MY CHILD RETURN TO SCHOOL?
Sometimes children who have a concussion may find it hard to concentrate in school and may get a worse headache or feel sick to their stomach if they are in school. Children should stay home from school if their symptoms get worse while they are in class. Once they feel better, they can try going back to school part time to start (e.g. for half days initially) and if they are okay with that, then they can go back full time.

WHEN CAN MY CHILD RETURN TO SPORT?
IT IS VERY IMPORTANT THAT YOUR CHILD NOT GO BACK TO SPORTS IF HE/SHE HAS ANY CONCUSSION SYMPTOMS OR SIGNS. Return to sport and activity must follow a step-wise approach:

STEP 1) No activity, complete rest. Once back to normal and cleared by a doctor, go to step 2.
STEP 2) Light exercise such as walking or stationary cycling, for 10-15 minutes.
STEP 3) Sport specific aerobic activity (i.e. skating in hockey, running in soccer), for 20-30 minutes. NO CONTACT.
STEP 4) “On field” practice such as ball drills, shooting drills, and other activities with NO CONTACT (i.e. no checking, no heading the ball, etc.).
STEP 5) “On field” practice with body contact, once cleared by a doctor.
STEP 6) Game play.
NOTE: EACH STEP MUST TAKE A MINIMUM OF ONE DAY. If your child has any symptoms of a concussion (e.g. headache, feeling sick to his/her stomach) that come back either during activity, or later that day, your child should stop the activity immediately and rest until symptoms resolve, for a minimum of 24 hours. Your child should be seen by a doctor and cleared again before starting the step wise protocol again.

WHEN SHOULD I TAKE MY CHILD TO THE DOCTOR?
Every child who gets a head injury should be seen by a doctor as soon as possible. Your child should go back to the doctor IMMEDIATELY if, after being told he/she has a concussion, he/she has worsening of symptoms such as:

1. being more confused
2. headache that is getting worse
3. vomiting more than twice
4. strange behaviour
5. not waking up
6. having any trouble walking
7. having a seizure

Problems caused by a head injury can get worse later that day or night. The child should not be left alone and should be checked throughout the night. If you have any concerns about the child’s breathing or how they are sleeping, wake them up. Otherwise, let them sleep. If they seem to be getting worse, you should see your doctor immediately. NO CHILD SHOULD GO BACK TO SPORT UNTIL THEY HAVE BEEN CLEARED TO DO SO BY A DOCTOR.

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CONCUSSIONS GUIDELINES FOR THE TEACHER

WHAT IS A CONCUSSION?
A concussion is a brain injury that cannot be seen on routine x-rays, CT scans, or MRIs. It affects the way a person may think and remember things, and can cause a variety of symptoms.

WHAT ARE THE SYMPTOMS AND SIGNS OF CONCUSSION?
A STUDENT DOES NOT NEED TO BE KNOCKED OUT (LOSE CONSCIOUSNESS) TO HAVE HAD A CONCUSSION.

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WHAT CAUSES A CONCUSSION?
Any blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion (i.e. a ball to the head, being checked into the boards in hockey).

WHAT SHOULD YOU DO IF A STUDENT GETS A CONCUSSION?
You will most often have students who have sustained a concussion outside of school, but it is important to know how to deal with a student whom you suspect has sustained a concussion while participating in a sport or activity at school. IF YOU SUSPECT A CONCUSSION, THE STUDENT SHOULD STOP PLAYING THE SPORT OR ACTIVITY RIGHT AWAY. He/she should not be left alone and should be seen by a doctor as soon as possible that day. If a student is knocked out for more than a minute, call an ambulance to take him/her to a hospital immediately. Do not move him/her or remove athletic equipment like a helmet; wait for paramedics to arrive.

Anyone with a concussion should not go back to play that day, even if he/she says he/she is feeling better. Problems caused by a head injury can get worse later that day or night. He/she should not return to activity until he/she has been seen by a doctor.

HOW LONG WILL IT TAKE FOR THE STUDENT TO GET BETTER?
The signs and symptoms of a concussion often last for 7-10 days but may last much longer. In some cases, children may take many weeks or months to heal. Having had previous concussions may increase the chance that a person may take longer to heal.

The ThinkFirst Canada Concussion resources were developed based on the Zurich Guidelines outlined in the Consensus Statement on Concussion in Sport and have been reviewed with great thanks to the ThinkFirst Concussion Education and Awareness Committee.

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CONCUSSIONS GUIDELINES FOR THE TEACHER

HOW IS A CONCUSSION TREATED?
IT IS CLEAR THAT EXERTION, BOTH PHYSICAL AND MENTAL, WORSENS CONCUSSION SYMPTOMS AND MAY DELAY RECOVERY. THUS, THE MOST IMPORTANT TREATMENT FOR CONCUSSION IS REST. Many students find that attending school aggravates their symptoms, and may have to stay home and rest. It is not possible to know when symptoms will improve, as each concussion is unique. Therefore, a specific return date to school may not initially be possible for the student, their parents, or doctor to provide. Once they feel better, they can try going back to school, initially part time (e.g. half days at first) and, if their symptoms do not return, they can go back full time. Remember that mental exertion can make symptoms worse, so the student’s workload may need to be adjusted accordingly.

IT IS VERY IMPORTANT THAT A STUDENT DOES NOT GO BACK TO ACTIVITY IF HE/SHE HAS ANY CONCUSSION SYMPTOMS OR SIGNS.
Return to sport and activity must follow a step-wise approach:

STEP 1) No activity, complete rest. Once back to normal and cleared by a doctor, go to step 2.
STEP 2) Light exercise such as walking or stationary cycling, for 10-15 minutes.
STEP 3) Sport specific aerobic activity (i.e. skating in hockey, running in soccer), for 20-30 minutes. NO CONTACT.
STEP 4) “On field” practice such as ball drills, shooting drills, and other activities with NO CONTACT (i.e. no checking, no heading the ball, etc.).
STEP 5) “On field” practice with body contact, once cleared by a doctor.
STEP 6) Game play.

NOTE: EACH STEP MUST TAKE A MINIMUM OF ONE DAY. If a student has any symptoms of a concussion (e.g. headache, feeling sick to his/her stomach) that come back either during activity, or later that day, he/she should stop the activity immediately and rest for a minimum of 24 hours. The student should be seen by a doctor and cleared again before starting the step wise protocol again. The protocol needs to be individualized to the patient: their injury, and the types of activities they are returning to. This protocol is used for all physical activities, including Physical Education classes. Therefore P.E. teachers should speak with the child’s parents in order to determine what kind of participation the child can have in class.

WHEN CAN A STUDENT WITH A CONCUSSION RETURN TO SPORT?
It is very important that a student not play any sports, including P.E. class activities if he/she has any signs or symptoms of concussion. The student must rest until he/she is completely back to normal.
When he/she has been back to normal and has been seen by a doctor, he/she can then go through the steps of increasing activity described above. When the student has progressed through these steps with no symptoms or problems, and has received clearance from a doctor, he/she may return to play. If you are unsure if a student should participate, remember... when in doubt, sit them out!

The ThinkFirst Canada Concussion resources were developed based on the Zurich Guidelines outlined in the Consensus Statement on Concussion in Sport and have been reviewed with great thanks to the ThinkFirst Concussion Education and Awareness Committee.

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CONCUSSION GUIDELINES FOR THE COACH/TRAINER

WHAT IS A CONCUSSION?
A concussion is a brain injury that cannot be seen on routine x-rays, CT scans, or MRIs. It affects the way a person may think and remember things for a short time and can cause a variety of symptoms.

WHAT ARE THE SYMPTOMS AND SIGNS OF CONCUSSION?
AN ATHLETE DOES NOT NEED TO BE KNOCKED OUT (LOSE CONSCIOUSNESS) TO HAVE HAD A CONCUSSION.

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WHAT CAUSES A CONCUSSION?
Any blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion (ie. a ball to the head, being checked into the boards in hockey).

WHAT SHOULD YOU DO IF AN ATHLETE GETS A CONCUSSION?
The athlete should stop playing the sport right away. They should not be left alone and should be seen by a doctor as soon as possible that day. If an athlete is knocked out, call an ambulance to take them to a hospital immediately. Do not move the athlete or remove athletic equipment like a helmet as there may also be a cervical spine injury; wait for paramedics to arrive.

An athlete with a concussion should not go back to play that day, even if they say they are feeling better. Problems caused by a head injury can get worse later that day or night. They should not return to sports until he/she has been seen by a doctor.

HOW LONG WILL IT TAKE FOR THE ATHLETE TO GET BETTER?
The signs and symptoms of a concussion often last for 7-10 days but may last much longer. In some cases, athletes may take many weeks or months to heal. Having had previous concussions may increase the chance that a person may take longer to heal.

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CONCUSSION GUIDELINES
FOR THE COACH/TRAINER

HOW IS A CONCUSSION TREATED?
IT IS VERY IMPORTANT THAT AN ATHLETE DOES NOT GO BACK TO SPORTS IF THEY HAVE ANY CONCUSSION SYMPTOMS OR SIGNS.

Return to sport and activity must follow a step-wise approach:

STEP 1) No activity, complete rest. Once back to normal and cleared by a doctor, go to step 2.

STEP 2) Light exercise such as walking or stationary cycling, for 10-15 minutes.

STEP 3) Sport specific aerobic activity (ie. skating in hockey, running in soccer), for 20-30 minutes. NO CONTACT.

STEP 4) “On field” practice such as ball drills, shooting drills, and other activities with NO CONTACT (ie. no checking, no heading the ball, etc.).

STEP 5) “On field” practice with body contact, once cleared by a doctor.

STEP 6) Game play.

NOTE: EACH STEP MUST TAKE A MINIMUM OF ONE DAY. If an athlete has any symptoms of a concussion (e.g. headache, feeling sick to his/her stomach) that come back either with activity, or later that day, he/she should stop the activity immediately and rest until symptoms resolve, for a minimum of 24 hours. The athlete should be seen by a doctor and cleared before starting the step wise protocol again. This protocol must be individualized to the athlete, their injury and the sport they are returning to.

WHEN CAN AN ATHLETE WITH A CONCUSSION RETURN TO SPORT?
It is very important that an athlete not play any sports if they have any signs or symptoms of concussion. The athlete must rest until he/she is completely back to normal. When he/she is back to normal and has been seen by a doctor, he/she can then go through the steps of increasing activity described above. When the athlete has progressed through these steps with no symptoms or problems, and has received clearance from a doctor, he/she may return to play. If you are unsure if an athlete should play, remember...when in doubt, sit them out!

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What is a concussion?
A concussion is a brain injury that cannot be seen on x-rays, CT scans, or MRIs. It affects the way you think and remember things, and can cause a variety of symptoms.

What are the symptoms and signs of concussion?
It is important to know that you don’t need to be knocked out (lose consciousness) to have had a concussion. A variety of problems may happen after a concussion, including:

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What causes a concussion?
Any blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion (i.e. a ball to the head, being checked into the boards in hockey).

What should you do if you get a concussion?
You should stop playing your sport right away. Continuing to play increases your risk of more severe, longer lasting concussion symptoms, as well as increases your risk of other injury. You should tell your coach, trainer, parent or other responsible person that you are concerned you have had a concussion, and should not return to play that day. You should not be left alone and should be seen by a doctor as soon as possible that day.

How long will it take for me to get better?
The signs and symptoms of concussion (see above) often last for 7-10 days but may last much longer. In some cases, athletes may take many weeks or months to heal. Having had previous concussions may increase the chance that you may take longer to heal.
**How is a concussion treated?**

*It is clear that concussion symptoms are made worse by exertion, both physical and cognitive (mental).* The most important treatment for a concussion is rest. You should not exercise or do any activities that may make you worse, reading or working/playing on the computer. No snow shovelling, chopping wood, cutting the lawn, moving heavy objects, etc. If mental activities (e.g. reading, concentrating, using the computer) worsen your symptoms, you may have to stay home from school. You may also have to miss work, depending on what type of job you have, and whether it worsens your symptoms. If you go back to activities before you are completely better, you are more likely to get worse, and to have symptoms last longer. *Even though it is very hard for an active person to rest, this is the most important step.*

Return to school and work should not occur until you feel better, and school/work activities do not aggravate your symptoms. It is best to return to school/work part-time at first, moving to full time if you have no problems. Once you are completely better at rest, you can start a step-wise increase in activities (see "**When can I return to sport?**") It is important that you are seen by a doctor before you begin the steps needed to return to activity, to make sure you are completely better. If possible, you should be seen by a doctor with experience in treating concussions.

Once your doctor determines you have fully recovered then complete the form “**Request to Resume Physical Education Activities: Concussion-Related Injuries Form**”. This form should be filled in and signed by your doctor. The form should be returned to the appropriate school official.

**When can I return to sport?**

*It is very important that you do not go back to sports if you have any concussion symptoms or signs.* Return to sport and activity must follow a step-wise approach:

1) No activity, complete rest. Once back to normal at rest, **and cleared by a doctor**, go to step 2.

2) Light exercise such as walking or stationary cycling, for 10-15 minutes.

3) Sport specific aerobic activity (i.e. skating in hockey, running in soccer), for 20-30 minutes **—NO CONTACT**.

4) “On field” practice such as ball drills, shooting drills, and other activities with NO CONTACT (i.e. no checking, no heading the ball, etc.).

5) “On field” practice with body contact, **once cleared by a doctor**.

6) Game play.

**Note:** *Each step must take a minimum of one day.* If you have any symptoms of a concussion (e.g. headache, feeling sick to your stomach) that come back either during activity, or later that day, you should stop the activity immediately and rest for a minimum of 24 hours. You should be seen by a doctor and cleared again before starting the step wise protocol again. The protocol must be individualized to the athlete, their injury, and the types of activities they are returning to.
When should I go back to the doctor?
You should go back to the doctor IMMEDIATELY if you have worsening of symptoms such as:

1. being more confused
2. headache that is getting worse
3. vomiting more than twice
4. not waking up
5. having any trouble walking
6. having a seizure
7. strange behaviour

Remember you should not go back to sport until you have been cleared to do so by a doctor.

Pocket CONCUSSION RECOGNITION TOOL
To help identify concussion in children, youth and adults

RECOGNIZE & REMOVE
Concussion should be suspected if one or more of the following visible clues, signs, symptoms or events in memory questions are present.

1. Visible clues of suspected concussion
   Any one or more of the following visual clues can indicate a possible concussion
   - Loss of consciousness or responsiveness
   - Being moody or ground/Slow to get up
   - Unsteady on feet / Balance problems on turning, change in coordination
   - Dizziness, blinking or vision
   - Dazed, blinks or weak look
   - Confused/Not aware of plays or events

   2. Signs and symptoms of suspected concussion
   Presence of any one or more of the following signs & symptoms may suggest a concussion
   - Loss of consciousness
   - Severe or confusion
   - Balance problems
   - Nausea or vomiting
   - Dizziness
   - More emotional
   - Inability
   - Sadness
   - Fatigue or low energy
   - Nervous or anxious
   - “Don’t feel right”
   - Difficulty remembering

   3. Memory function
   Failure to answer any of these questions correctly may suggest a concussion.
   - “At what venue were we at today?”
   - “Which half is it now?”
   - “Who scored last in this game?”
   - “What team did you play last week / game?”
   - “Did your team win the last game?”

   Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

   Red Flags
   If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:
   - Athlete complains of neck pain
   - Increasing confusion or irritability
   - Severe or increasing headache
   - Repeated vomiting
   - Seizure or convulsion
   - Weakness or tingling/burning in arms or legs
   - Fatigue or low energy
   - Nervous or anxious
   - Feeling like “in a fog”
   - Neck pain
   - Sensitivity to noise
   - Difficulty concentrating

Further Information on Concussions
Summaries (appropriate hand-outs) of this information and much more are available on the Parachute website: info@parachutecanada.org

General Information:
Parachute is a national, charitable organization, formed in July 2012, which unites the former organizations of Safe Communities Canada, Safe Kids Canada, SMARTRISK and ThinkFirst Canada into one strong leader in injury prevention. This passionate, unified voice leverages 80 years of combined injury-prevention experience and we cannot be underestimated in our resolve and capacity to effect change.