

**TITLE: CONCUSSION MANAGEMENT**

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**1.0 OBJECTIVE**

To establish practices which support the prevention of head injuries during school and school related activities and to support students as they return to school after concussions.

**2.0 DEFINITIONS**

In this procedure,

- 2.1 **Board** means the Board of Trustees.
- 2.2 **Concussion** means a brain injury that causes changes in how the brain functions, leading to symptoms that can be physical, cognitive, emotional and/or related to sleep. A concussion can occur from a direct blow to the head, face or neck but may also occur from a major physical trauma to other parts of the body and a concussion can occur with or without a loss of consciousness.
- 2.3 **Concussion Assessment** means the process of gathering information, from the student, parents, witnesses, medical professionals, staff and others to assess the physical, cognitive or emotional state of a student, to determine the likelihood of the student having a concussion.
- 2.4 **District** means the Ottawa-Carleton District School Board.
- 2.5 **Return to School** means a personalized strategy to support a student's return to school as outlined in the Return to Learn and Return to Physical Activity Plan after suffering a concussion.
- 2.6 **Return to Learn** means a student's return to doing school work, including reading and writing, but does not include physical activities.
- 2.7 **Return to Physical Activity** means the student's return to participation in any physical activity that increases the student's heart rate. It includes a student's return to activities such as sports or physical education class.

## 3.0 RESPONSIBILITY

- 3.1 The school principal will:
- a) ensure that all staff/coaches/supervisors of school activities are aware of their responsibilities in promoting awareness about head injury prevention, managing head injuries, and their role in any Return to Learn Plan as outlined in this procedure;
  - b) ensure that all staff/coaches/supervisors are provided with the principal's contact information in case of emergency; and
  - c) ensure that the OCDSB Emergency Notification System is initiated in the event of an emergency.
- 3.2 The teacher will:
- a) review this procedure (PR.561.SCO Concussion Management) and where appropriate the Ontario Physical and Health Education Association (OPHEA) guidelines for sport;
  - b) implement any educational accommodations (as deemed appropriate by the principal or designate as a student suffering from a concussion returns to school (see Appendix E and Appendix F for a list of possible accommodations); and
  - c) discuss safe play and rules of play with students prior to engaging in physical activity.
- 3.3 The coach/supervisor (includes teacher if he/she is activity supervisor) will:
- a) review this procedure (PR.561.SCO Concussion Management) and the OPHEA guidelines for sport;
  - b) ensure that parents are made aware of the potential concussion risks inherent in sport by sharing the "Concussion Tool for Coaches, Teachers, Parents, Students and Athletic Therapists" (Appendix A);
  - c) obtain signed parental permission prior to participation in extra-curricular activities (Appendix B);
  - d) create a practice schedule that takes into consideration the safety and well-being of the athletes;
  - e) discuss the rules of play, safe play, concussion prevention and concussion management with all students;
  - f) have a copy of the Incident Management section of this procedure and the "Tool to Identify a Suspected Concussion" (Appendix C) with them during all practices and games;
  - g) ask all team members to identify all injuries or concerns that may affect play before each practice and game; and

- h) when a head injury is suspected, follow the Incident Management section of this procedure (sections 4.2, 4.3 and 4.4).
- 3.4 The student will:
- a) become familiar, in an age appropriate manner, with the signs and symptoms of concussion;
  - b) notify his or her teachers, coaches or the principal of suspected or diagnosed concussions which occur at school or out of school; and
  - c) take an increasing and age appropriate responsibility for his or her own safety and the safety of others.
- 3.5 The parent will:
- a) complete the parental consent forms for extra-curricular activities prior to allowing his or her child to participate or in a timely way;
  - b) notify the school of any suspected or diagnosed concussions which occur at school or out of school; and
  - c) work in partnership with the school in support of a Return to Learn/Return to Play strategy.

## 4.0 PROCEDURES

### Concussion Prevention and Awareness

- 4.1 As part of the introduction to the class or team sport, the teacher/coach/supervisor must meet with students to discuss the following:
- a) the rules of the game and the importance of practicing fair play;
  - b) the risks for concussion associated with the activity/sport and how to minimize those risks;
  - c) the definition and causes of a concussion, signs and symptoms, and dangers of participating in an activity while experiencing the signs and symptoms of a concussion;
  - d) the student's responsibility to immediately inform the teacher and parent/guardian of any signs or symptoms of a concussion, and to remove him or herself from the activity;
  - e) the importance of ensuring a student with a suspected concussion is not left alone;
  - f) the need for evaluation by a medical doctor when there is a suspected concussion; and
  - g) the importance of wearing properly fitted protective equipment.

## Concussion Incident Management

- 4.2 When a student is suspected of having suffered a concussion at school or during a school-organized activity, the teacher/coach/supervisor will manage the incident as outlined below.
- 4.3 If the student is conscious and a concussion is suspected; the teacher/coach/supervisor will:
- a) stop the activity immediately and when safe to do so, remove the student from the activity or game;
  - b) use Appendix C to assess the students for signs and symptoms of a concussion and perform the Quick Memory Function Assessment;
  - c) if sign(s) of concussion are observed and/or symptom(s) are reported and/or the student fails the Quick Memory Function Assessment (see Appendix C) the teacher/coach/supervisor will:
    - (i) determine whether emergency medical attention is needed immediately, and if so contact 911;
    - (ii) contact the parent/guardian to inform them of the incident, request that the student be picked up immediately and encourage them to have the student examined by a medical doctor or nurse practitioner as soon as possible;
    - (iii) monitor and document any changes (i.e. physical, cognitive, emotional/behavioural) in the student;
    - (iv) not administer any medications to treat the suspected concussion, except when required for other known conditions;
    - (v) stay with the student or ensure that the student is appropriately supervised until his or her parent/guardian arrives;
    - (vi) ensure that the student does not leave the premises without parent/guardian supervision or consent (or that of the emergency contact);
    - (vii) provide a copy of Appendix C, Tool to Identify a Suspected Concussion and Appendix D, Documentation of Medical Examination to the parent/guardian;
    - (viii) once the immediate medical needs of the student have been met, inform the school principal; and
    - (ix) complete and file Appendix C and fill out an Ontario School Boards' Insurance Exchange (OSBIE) Incident Report.
  - d) If signs of concussion are not observed, no concussion symptom(s) are reported and the student passes the Quick Memory Function Assessment:
    - (i) The student may return to physical activity at the discretion of the teacher/coach/supervisor.
    - (ii) The parent/guardian (or emergency contact) must be informed of the incident by the teacher/coach/supervisor on the day of the incident.
- 4.4 If the student is unconscious or has experienced any loss of consciousness the teacher/coach/supervisor will:
- a) stop the activity immediately and call 911. Do not move the student and do not remove athletic equipment unless the student is having difficulty breathing;

- b) contact the student's parent/guardian (or emergency contact) to inform them of the incident and advise that emergency medical services have been contacted;
- c) stay with the student, or ensure that the student is appropriately supervised until emergency medical services arrive;
- d) monitor and document any changes in the student (i.e. physical, cognitive, emotional/behavioural);
- e) if the student regains consciousness, encourage him/her to remain calm and to lie still;
- f) do not administer any medications related to the suspected concussion, unless required for other known conditions;
- g) once the immediate medical needs of the student have been met, inform the school principal; and
- h) complete and file Appendix C and fill out an OSBIE Incident Report.

4.5 When a student has incurred a concussion or a suspected concussion, he/she should be seen by a doctor or nurse practitioner prior to returning to school. The parent/guardian must complete Appendix D, Documentation of Medical Examination.

#### Return to School

4.6 The District will use a multi-step Return to School strategy as established by OPHEA and outlined below. The Return to Learn process is individualized and gradual 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. Each step must take a minimum of at least 24 hours and the length of time to complete each step will vary based on the severity of the concussion and the child/youth.

#### Return to Learn/Return to Physical Activity:

4.7 The steps for Return to Learn are as follows:

- a) Step 1: Rest, with limited cognitive and physical activity. The student does not attend school during Step 1. Step 1 continues for a minimum of 24 hours and until the student's symptoms/signs begin to improve or the student is symptom/sign-free.
- b) Step 1 for a student with a diagnosed concussion is the same for Return to Learn and Return to Physical Activity.
- c) Step 2A: Symptoms of Concussion are improving:
  - (i) During this step, the student requires individualized classroom strategies and/or approaches to return to full learning activities – these will need to be adjusted as recovery occurs.
  - (ii) At this step, the student's cognitive activity should be increased slowly (both at school and at home) because the concussion may affect his/her academic performance. Cognitive activities can cause a student's concussion symptoms to reappear or worsen.

- d) Step 2B: Student is symptom-free:
  - (i) Student begins regular learning activities without any individualized classroom strategies and/or approaches. Even when students are symptom-free, they should continue to be closely monitored to see if symptoms/signs return and/or there is a deterioration of work habits or performance. Note: This step occurs at the same time as Step 2 – Return to Physical Activity. Some students may progress from Step 1 directly to Step 2B if they are symptom-free.

4.8 The steps to Return to Physical Activity are as follows:

- a) Step 1: Rest, with limited cognitive and physical activity. The student does not attend school during Step 1. Step 1 continues for a minimum of 24 hours and until the student's symptoms/signs begin to improve or the student is symptom/sign-free.
- b) Step 2: Individual, light aerobic physical activity only such as walking or stationary cycling.
- c) Step 3: Individual practice activity with no body contact, e.g., skating in hockey, running in soccer.
- d) Step 4: Activities, including team activities, where there is no body contact, such as progressive resistance training, non-contact practice and progression to more complex training drills, e.g., passing drills in soccer and hockey Note: Clearance by a medical doctor or nurse practitioner is required before Step 5.
- e) Step 5: Following medical clearance, full participation in regular physical activity full training/practice for contact sports.
- f) Step 6: Full participation in contact sports.

4.9 When a student who has suffered a concussion, whether at school or elsewhere, is ready to return to school on a full or part-time basis:

- a) the school principal will obtain the appropriate medical documentation, including Appendices D and E. The principal shall work with the parents, staff and student to ensure that an appropriate return to school strategy is in place;
- b) the school principal may designate a staff member(s) to monitor and communicate with the student, family, and staff to coordinate support for the student's return to school (see Appendix E for Return to Learn Plan). The principal or designate will monitor the completion of the Return to Learn and Return to Physical Activity steps, and adjust accommodations as required until the student has successfully completed Step 5 of the Return to School Plan;
- c) the principal or designate will ensure that the teaching staff involved with the student are informed of the Return to School Plan and the need for possible accommodations;
- d) the classroom teacher(s) will implement any educational accommodations (as deemed appropriate by the principal or designate) as the student suffering from a

concussion returns to school. Staff should also be encouraged to report any observed changes in a student, including symptoms that may be worsening;

- e) in consultation with the in-school team or the multi-disciplinary team, when appropriate, the principal may direct further supports for the student or that an Individual Education Plan be developed for a student who is suffering from a concussion;
- f) the principal or designate will liaise with the student, staff and parents to monitor the Return to Learn/Return to Physical Activity Plan and adjust accommodations as required until the student has successfully resumed normal activity; and
- g) at any time during the Return to School strategy, the student and/or parent/guardian must advise the school if the student experiences a return of any concussion symptoms so that the plan may be modified accordingly and where appropriate, a medical examination may be required.

## **5.0 REFERENCE DOCUMENTS**

Policy P.137.SCO Concussion Management  
OPHEA documents related to concussion  
PPM 158, School Board Policies on Concussion

## **6.0 APPENDICES**

Appendix A: Concussion Tool for Coaches, Teachers, Parents and Athletic Therapists  
Appendix B: OCDSB Extra-Curricular Sport Consent & Physical Health Information Form  
Appendix C: Tool to Identify a Suspected Concussion  
Appendix D: Documentation of Medical Examination  
Appendix E: Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan  
Appendix F: Possible Accommodations for Return to School



## CONCUSSION TOOL FOR COACHES, TEACHERS, PARENTS AND ATHLETIC THERAPISTS

### 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.

### What are the symptoms and signs of a concussion?

Any one or more of the following symptoms and signs may suggest a concussion:

	Symptoms Reported:		Signs Observed:	
<b>Physical</b>	<ul style="list-style-type: none"> <li>Headache</li> <li>Neck pain</li> <li>Stomach ache</li> <li>Blurred vision</li> </ul>	<ul style="list-style-type: none"> <li>Pressure in head</li> <li>Dizziness</li> <li>Nausea</li> <li>Sensitivity to light/noise</li> </ul>	<ul style="list-style-type: none"> <li>Loss of consciousness</li> <li>Nausea/vomiting</li> <li>Seizure/convulsion</li> <li>Poor coordination/balance</li> </ul>	<ul style="list-style-type: none"> <li>Amnesia</li> <li>Slowed reaction time</li> <li>Slurred speech</li> </ul>
<b>Cognitive</b>	<ul style="list-style-type: none"> <li>Feeling in a fog</li> <li>Difficulty concentrating</li> </ul>	<ul style="list-style-type: none"> <li>Difficulty remembering</li> </ul>	<ul style="list-style-type: none"> <li>Difficulty concentrating</li> <li>Difficulty remembering</li> </ul>	<ul style="list-style-type: none"> <li>Confusion</li> <li>Slowed reaction time</li> </ul>
<b>Behavioural</b>	<ul style="list-style-type: none"> <li>Irritability</li> <li>Sad/emotional</li> </ul>	<ul style="list-style-type: none"> <li>Nervous/anxious</li> <li>Depressed</li> </ul>	<ul style="list-style-type: none"> <li>Inappropriate emotions</li> <li>Depression</li> </ul>	
<b>Sleep</b>	<ul style="list-style-type: none"> <li>Drowsiness</li> </ul>	<ul style="list-style-type: none"> <li>Difficulty falling asleep</li> </ul>	<ul style="list-style-type: none"> <li>Drowsiness</li> </ul>	

**Note:** It may be more difficult for students under the age of 10, those with special needs or students for whom English or French is not their first language, to communicate how they are feeling. The signs of a concussion for younger students may not be as obvious.

### Action plan: What to do if you suspect a student has a concussion

If the student is **unconscious**:

- Initiate the Emergency Action Plan and call 911.
- Assume a possible neck injury and, only if trained, immobilize the student before EMS arrives.
- Do not move the student or remove athletic equipment; wait for EMS to arrive.
- Do not leave the student alone.
- Contact the student's parent/guardian.

If the student is **conscious**:

- Stop the activity immediately.
- When the student can be safely moved, remove from activity.
- Conduct an initial concussion assessment – review Symptoms and Signs, perform Memory Testing and Balance Testing (optional).

#### i. Following the initial assessment, if a **concussion is suspected**:

- Do not allow the student to return to activity.
- Contact the student's parent/guardian to pick up student.
- Stay with the student until parent/guardian arrives.
- If any signs or symptoms worsen, call 911.
- Inform the parent/guardian that the student needs to be examined by a medical doctor or nurse practitioner as soon as possible and provide them with a copy of this tool.

#### ii. Following the initial assessment, if a **concussion is not suspected**:

- The student may return to activity.
- Contact the student's parent/guardian to inform them of the incident.
- Provide the parent/guardian with a copy of this tool and inform them that the student should be monitored for 24-48 hours since signs and symptoms may take hours or days to emerge.

### Memory Testing

Failure to answer any one of these questions correctly may suggest a concussion.

- What activity/sport are we playing right now?
- What field/facility are we at today?
- What part of the day is it?
- What is the name of your teacher/coach?
- What school do you go to?

**Note:** Questions should be geared to student's age and activity.

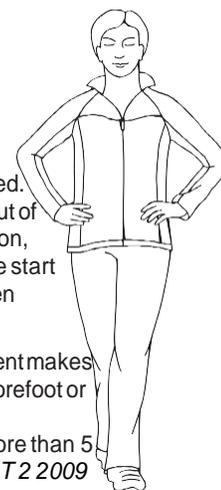
### Balance Testing (OPTIONAL)

#### Instructions for tandem stance

Ask the student to stand heel-to-toe with non-dominant foot in back. Weight should be evenly distributed across both feet.

Student should try to maintain stability for 20 seconds with hands on hips and eyes closed. Count the number of times the student moves out of this position. If student stumbles out of this position, have student open his/her eyes and return to the start position and continue balancing. Start timing when student is set and has eyes closed.

Observe the student for 20 seconds. If the student makes errors (e.g. lifts hands off hips; opens eyes; lifts forefoot or heel; steps, stumbles, or falls; or remains out of the start position for more than 5 seconds), this may suggest a concussion. SCAT 2 2009



## GUIDELINES FOR STUDENTS RECOVERING FROM A CONCUSSION

It is important for students to be active and play sports. However, a student with a diagnosed concussion needs to follow a medically supervised, individualized Return to Learn/Return to Physical Activity Plan.

- **Return to Learn and Return to Physical Activity**

Step 1 for a student with a diagnosed concussion is the same for Return to Learn and Return to Physical Activity.

**Step 1:** Rest, with limited cognitive and physical activity. This means limited TV, computer, texting, video games, or reading. The student does not attend school during Step 1. Step 1 continues for a minimum of 24 hours and until the student's symptoms/signs begin to improve or the student is symptom/sign-free.



- **Return to Learn\***

The Return to Learn process is individualized and gradual 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.

**Step 2A: (symptoms improving)**

During this step, the student requires individualized classroom strategies and/or approaches to return to full learning activities—these will need to be adjusted as recovery occurs.

At this step, the student's cognitive activity should be increased slowly (both at school and at home) because the concussion may affect his/her academic performance.

**Note:** Cognitive activities can cause a student's concussion symptoms to reappear or worsen.

**Step 2B: (symptom-free)**

Student begins regular learning activities without any individualized classroom strategies and/or approaches. Even when students are symptom-free, they should continue to be closely monitored to see if symptoms/signs return and/or there is a deterioration of work habits or performance.

**Note:** This step occurs at the same time as Step 2 – Return to Physical Activity. Some students may progress from Step 1 directly to Step 2B if they are symptom-free.

- **Return to Physical Activity**

**Step 2:**

Individual, light aerobic physical activity only such as walking or stationary cycling.

**Step 3:**

Individual activity related to specific sports, e.g., skating in hockey, running in soccer. No body contact.

**Step 4:**

Activities where there is no body contact, such as progressive resistance training, non-contact practice and progression to more complex training drills, e.g., passing drills in football and ice hockey.

**Note:** Clearance by a medical doctor or nurse practitioner is required before Step 5.

**Step 5:**

Full participation in regular physical activity in non-contact sports following medical clearance. Full training/practice for contact sports.

**Step 6:**

Full participation in contact sports.

**Note:** 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 child/youth.

If at any time concussion signs and/or symptoms return and/or deterioration of work habits or performance occurs, the student needs to be examined by a medical doctor or nurse practitioner.

**For more information on concussions visit:**

**Concussions Ontario:** [www.concussionsontario.org](http://www.concussionsontario.org)

**Ophea:** [safety.ophea.net](http://safety.ophea.net)

**Parachute:** [www.parachutecanada.org/active-and-safe](http://www.parachutecanada.org/active-and-safe)

**Ontario Government:** [www.ontario.ca/concussions](http://www.ontario.ca/concussions)

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Developed based on tools in the literature including the International Consensus Statement on Concussion in Sport (2013) and the ThinkFirst concussion tool.

This tool has been reviewed by the Parachute/ThinkFirst Canada Concussion Education and Awareness Committee and the Recognition and Awareness Working Group, part of the mTBI/Concussion Strategy, of the Ontario Neurotrauma Foundation who funded the development of this tool.



## OCDSB Extra-Curricular Sport Consent & Physical Health Information Form

### CONSENT FOR EXTRA-CURRICULAR SPORT:

Your child has expressed interest in joining \_\_\_\_\_ (insert team name).

It runs from \_\_\_\_\_ to \_\_\_\_\_ (dates) and the expected practice schedule, including league games, tournaments and other related activities is described below:

Team authorities are expected to exercise reasonable precautions to avoid injury. The Ontario Physical Education Safety Guidelines designate:

(name of sport) \_\_\_\_\_

As a HIGHER /LOWER  risk activity. (please select one)

Names of Coaches/Supervisors \_\_\_\_\_

Whom to Contact with or for Information \_\_\_\_\_

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### STUDENT/ATHLETE HEALTH INFORMATION SHEET:

*Please complete the following health information form so that the coaching staff is aware of any medical issues that might affect your child's play.*

Player's Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year

Home Telephone No.: \_\_\_\_\_ - \_\_\_\_\_

Provincial Health Number (optional): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Cell Phone Numbers: \_\_\_\_\_

**Person to contact in case of an accident or emergency if the parents are not available.**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Please circle the appropriate response below pertaining to your child.  
Provide additional details below.**

Yes	No	previous history of concussions <i>(please provide details)</i>	Yes	No	hearing problem
Yes	No	fainting episodes during exercise	Yes	No	heart condition
Yes	No	asthma	Yes	No	diabetic
Yes	No	trouble breathing during exercise	Yes	No	has had an illness lasting more than a week in the past year
Yes	No	epileptic	Yes	No	medication <i>(please provide details)</i>
Yes	No	wears glasses	Yes	No	allergies <i>(please provide details)</i>
Yes	No	are lenses shatterproof?	Yes	No	wears a medic alert bracelet or necklace <i>(please provide details)</i>
Yes	No	wears contact lenses	Yes	No	injuries/illness requiring medical attention in the past year <i>(please provide details)</i>
Yes	No	wears dental appliance <i>(details_____)</i>	Yes	No	presently injured <i>(please provide details)</i>
Yes	No	does your child have any other health problem that would interfere with his/her participation in athletic activities:			

**Please give details below if you answered "Yes" to any of the above items.**

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Recent Injuries: \_\_\_\_\_

Any information not covered above:

Should your son/daughter sustain an injury, concussion or contract an illness requiring medical attention during the competitive season, please notify the coach/teacher/supervisor.

## Parent and Student Consent

I understand that it is my responsibility to keep the team management advised of any change in the above information as soon as possible and that in the event no one can be contacted; team management will take my child to the hospital if deemed necessary.

I hereby authorize the physician and nursing staff to undertake the examination, investigation and necessary treatment of my child.

I also authorize release of information to appropriate people (physician) as deemed necessary.

I understand that participation on a school team is a privilege and, as such, students are expected to obey school rules, follow the National Capital Secondary School Athletic Association (NCSSAA) or Ottawa-Carleton Elementary Athletic Association (OCEAA) Code of Conduct for Athletes, and fulfill their commitment to their team until the season is over. Failure to do so may result in suspension from school athletics for the following season.

I have received and read the background information supplied with this request. Permission is given to the Ottawa-Carleton District School Board for the following student to participate in the activity described above. If the activity supervisor deems the student's behaviour so disruptive and/or inappropriate as to warrant cancellation of his/her activity privileges, I agree that he/she will be returned home at my/our (i.e., parents'/guardians') expense.

I give consent for my child to participate in the designated sporting activity.

Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Student: \_\_\_\_\_

### Freedom of Information Notice

*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 Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and will be utilized only for the purpose of managing student learning and well being. Access to this information will be limited to those who have an administrative need, to the student to whom the information relates and the parent(s)/guardian (s) of a student who is under 18 years of age. Any questions with respect to this information should be directed to the school principal.*

## Concussion Awareness Tool

### Identification of Suspected 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. If a student displays **any one or more** of the signs or symptoms outlined in the chart below **and/or** the fails the Quick Memory Function Assessment, the student shall be considered to have a suspected concussion. **If student needs medical attention, call 911 immediately.**

### 1. Check appropriate box

An incident occurred involving \_\_\_\_\_ (student name) on \_\_\_\_\_ (date).

- The student reported symptoms of a concussion as outlined below; OR  
 None of the symptoms described below were reported at the time.

<b>Signs and Symptoms of Suspected Concussion</b>	
<b>Possible Symptoms Reported</b>	<b>Possible Signs Observed</b>
<i>A symptom is something the student will feel/report. Please note any symptoms reported by student.</i>	<i>A sign is something that is observed by another person (e.g., parent/guardian, teacher, coach, supervisor, peer).</i>
<p><b>Physical</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> headache</li> <li><input type="checkbox"/> pressure in head</li> <li><input type="checkbox"/> neck pain</li> <li><input type="checkbox"/> feeling off/not right</li> <li><input type="checkbox"/> ringing in the ears</li> <li><input type="checkbox"/> seeing double or blurry/loss of vision</li> <li><input type="checkbox"/> seeing stars, flashing lights</li> <li><input type="checkbox"/> pain at physical site of injury</li> <li><input type="checkbox"/> nausea/stomach ache/pain</li> <li><input type="checkbox"/> balance problems or dizziness</li> <li><input type="checkbox"/> fatigue or feeling tired</li> <li><input type="checkbox"/> sensitivity to light or noise</li> </ul> <p><b>Cognitive</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> difficulty concentrating or remembering</li> <li><input type="checkbox"/> slowed down, fatigue or low energy</li> <li><input type="checkbox"/> dazed or in a fog</li> </ul> <p><b>Emotional/Behavioural</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> irritable, sad, more emotional than usual</li> <li><input type="checkbox"/> nervous, anxious, depressed</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> </ul>	<p><b>Physical</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> vomiting</li> <li><input type="checkbox"/> slurred speech</li> <li><input type="checkbox"/> slowed reaction time</li> <li><input type="checkbox"/> poor coordination or balance</li> <li><input type="checkbox"/> blank stare/glassy-eyed/dazed or vacant look</li> <li><input type="checkbox"/> decreased playing ability</li> <li><input type="checkbox"/> loss of consciousness or lack of responsiveness</li> <li><input type="checkbox"/> lying motionless on the ground or slow to get up</li> <li><input type="checkbox"/> amnesia</li> <li><input type="checkbox"/> seizure or convulsion</li> <li><input type="checkbox"/> grabbing or clutching of head</li> </ul> <p><b>Cognitive</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> difficulty concentrating</li> <li><input type="checkbox"/> easily distracted</li> <li><input type="checkbox"/> general confusion</li> <li><input type="checkbox"/> does not know time, date, place, class, type of activity in which he/she was participating</li> <li><input type="checkbox"/> cannot remember things that happened before and after the injury (<i>see Quick Memory Function Assessment on page 2</i>)</li> <li><input type="checkbox"/> slowed reaction time (e.g., answering questions or following directions)</li> </ul> <p><b>Emotional/Behavioural</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> strange or inappropriate emotions (e.g., laughing, crying, getting angry easily)</li> </ul>
<p><b>Note:</b> Continued monitoring of the student is important as signs and symptoms of a concussion may appear hours or days later.</p> <p><b>If any signs or symptoms worsen, call 911.</b></p>	

## 2. Perform Quick Memory Function Assessment

Quick Memory Function Assessment	
Ask the student the following questions, recording the answers below. Failure to answer any one of these questions correctly may indicate a concussion:	
QUESTIONS	ANSWER
1. What activity/sport/game are we playing now?	
2. What field are we playing on today?	
3. What part of the day is it?	
4. What is the name of your teacher/coach?	
5. What room are we in right now?	
6. What school do you go to?	

## 3. Action to be Taken

If there are **any** signs observed or symptoms reported, or if the student fails to answer any of the above questions correctly:

- a concussion should be suspected;
- the student must be immediately removed from play and must not be allowed to return to play that day even if the student states that he/she is feeling better; and
- the student must not leave the premises without parent/guardian (or emergency contact) supervision.

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

## 4. Continued Monitoring by Parent/Guardian

- Students should be monitored for 24 – 48 hours following the incident as signs and symptoms can appear immediately after the injury **or may take hours or days to emerge**.
- **If any signs or symptoms emerge**, the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.

School Contact Name: \_\_\_\_\_

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

This completed form must be copied and provided to the parent/guardian; the original should be filed as per school board policy.

### Freedom of Information Notice

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## Documentation of Medical Examination

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This form to be provided to all students suspected of having a concussion.

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

### Results of Medical Examination

- My child 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 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.
- I understand that the Ottawa-Carleton District School Board recommends that my child receive medical authorization before returning to school. I have chosen not to obtain such medical authorization and give permission for my child to assume full participation in the learning and physical activity with no restrictions during the core instructional day. I understand that this does not include extra-curricular activities where there may be requirement for medical authorization, dependent on the nature of the extra-curricular activity.

Parent/Guardian signature: \_\_\_\_\_

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

Comments:

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## Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan

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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 (Note: Step 2b – Return to Learn and Step 2 – Return to Physical Activity occur concurrently).

### Step 1 – Return to Learn/Return to Physical Activity

- *Completed at home.*
- *Cognitive Rest – includes limiting activities that require concentration and attention (e.g., reading, texting, television, computer, video/electronic games).*
- *Physical Rest – includes restricting recreational/leisure and competitive physical activities.*

- My child 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 will proceed to Step 2a – Return to Learn.
- My child has completed Step 1 of the Return to Learn/Return to Physical Activity Plan (cognitive and physical rest at home) and is **symptom free**. My child will proceed directly to Step 2b – Return to Learn and Step 2 – Return to Physical Activity.

Parent/Guardian signature: \_\_\_\_\_

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

Comments:

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**If at any time during the following steps symptoms return, please refer to the “Return of Symptoms” section on page 3 of this form.**

**Step 2a – Return to Learn**

- *Student returns to school.*
- *Requires individualized classroom strategies and/or approaches which gradually increase cognitive activity.*
- *Physical rest– includes restricting recreational/leisure and competitive physical activities.*

- My child has been receiving individualized classroom strategies and/or approaches and is **symptom free**. My child will proceed to Step 2b – Return to Learn and Step 2 – Return to Physical Activity.

Parent/Guardian signature: \_\_\_\_\_

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

Comments:

\_\_\_\_\_

\_\_\_\_\_

**Step 2b – Return to Learn**

- *Student returns to regular learning activities at school.*

**Step 2 – Return to Physical Activity**

- *Student can participate in individual light aerobic physical activity only.*
- *Student continues with regular learning activities.*

- My child is symptom free after participating in light aerobic physical activity. My child will proceed to Step 3 – Return to Physical Activity.
- Appendix E will be returned to the teacher to record progress through Steps 3 and 4.

Parent/Guardian signature: \_\_\_\_\_

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

Comments:

\_\_\_\_\_

\_\_\_\_\_

**Step 3 – Return to Physical Activity**

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

**Step 4 – Return to Physical Activity**

- *Student may begin activities where there is no body contact (e.g., dance, badminton); light resistance/weight training; non-contact practice; and non-contact sport-specific drills.*

- Student has successfully completed Steps 3 and 4 and is symptom free.
- Appendix E will be returned to parent/guardian to obtain medical doctor/nurse practitioner diagnosis and signature.

Teacher signature: \_\_\_\_\_

**Medical Examination**

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

Medical Doctor/Nurse Practitioner Signature: \_\_\_\_\_

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

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Step 5 – Return to Physical Activity**

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

**Step 6 – Return to Physical Activity**

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

**Return of Symptoms**

- My child 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:

\_\_\_\_\_  
\_\_\_\_\_

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## POSSIBLE ACCOMMODATIONS FOR RETURN TO SCHOOL

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

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