



August 2017

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Dufferin-Peel Catholic District School Board Mission Statement

The Mission of the Dufferin-Peel Catholic District School Board, in partnership with the family and church, is to provide, in a responsible manner, a Catholic education which develops spiritual, intellectual, aesthetic, emotional, social, and physical capabilities of each individual to live fully today and to meet the challenges of the future, thus enriching the community.

Background

School Boards are required to establish policy and guidelines relating to head injuries and concussions, specifically:

- Strategies to develop awareness of the seriousness of concussions
- The prevention of head injuries
- The identification of symptoms
- The management of concussions
- Training for board and school staff

There will be no liability in a civil proceeding for an act or omission if the person, either board employee or volunteer, acts reasonably in the circumstances, in good faith, and in accordance with the *Good Samaritan Act, 2001*, S.O. 2001, c. 2.

Definition

Concussion is the term for a clinical diagnosis that is made by a medical doctor or a nurse practitioner. The definition of *concussion* given below is adapted from the definition provided in the concussion protocol in the Ontario Physical Education Safety Guidelines.

A concussion:

- is a brain injury that causes changes in the way in which the brain functions and that can lead to symptoms that can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty in concentrating or remembering), emotional/behavioural (e.g., depression, irritability), and/or related to sleep (e.g., drowsiness, difficulty in falling asleep);
- may be caused either by a direct blow to the head, face, or neck or by 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);
- cannot normally be seen by means of medical imaging tests, such as X-rays, standard computed tomography (CT) scans, or magnetic resonance imaging (MRI) scans.

It should also be noted that injuries that result from a concussion may lead to “second impact syndrome”, which is a rare condition that causes rapid and severe brain swelling and often catastrophic results, if an individual suffers a second concussion before he or she is free from symptoms sustained from the first concussion. Since concussions can only be diagnosed by a medical doctor or a nurse practitioner, educators, school staff, or volunteers cannot make the diagnosis of concussion.

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Prevention

Safety of students is critical during all curricular and co-curricular activities. Board and related policies and procedures must be adhered to in all situations. Provide a proactive, risk management approach to maximize the safety of students (refer to Ophea Safety Guidelines) and Appendix A of this Guideline.

Principal/designate will review the **DPCDSB Concussion Guidelines** with staff to ensure awareness and compliance should a student sustain an injury to the head at school or during related events.

Particular focus should be given to contact sports and high-risk activities (GAP 414.00 — Dufferin-Peel Physical Education Safety Guidelines and GAP 801.00 — Excursions).

Injury prevention involves different strategies. As outlined in the Concussion Protocol, 2014, there are primary, secondary and tertiary strategies.

Primary strategies are those strategies that are informational and action-based. Examples include, rules and regulations, making classroom floors and activity environments obstacle-free, and providing traction to decrease the likelihood of slip and falls.

Secondary strategies include expert management of a concussion once it has occurred to prevent its worsening, e.g. through identification and management procedures outlined in this Guideline.

Tertiary strategies, as determined by a medical doctor or nurse practitioner, help prevent long-term complications that might follow a concussion. For example, a medical doctor/nurse practitioner might suggest permanently discontinuing a physical activity following concussion.

Symptoms of Concussion

Signs and symptoms may vary. It is critical to report all head injuries to parents/guardians to ensure appropriate medical care. Signs and symptoms may appear immediately after the injury is sustained, or could appear hours or days later. Signs and symptoms may be different for everyone. Self-reporting of symptoms and observation of signs may vary depending on the student's age or any special needs. Students may be reluctant to report signs and symptoms if they are fearful they will no longer be able to participate in physical activities, especially if a team could be impacted.

Physical	Behavioural/Emotional	Cognitive
<ul style="list-style-type: none"> • Loss of consciousness/lack of responsiveness • Blank stare/glassy-eyed/dazed or vacant look • Seizures/convulsions • Slow to get up • Headache/pressure in head/child clutching head • Neck pain • Dizziness • Balance problems/poor coordination • Nausea or vomiting • Loss of vision or blurred or double vision • Seeing stars or lights • Sensitivity to light or noise • Ringing in the ears • Slurred speech 	<ul style="list-style-type: none"> • Tired/lethargic/drowsy • Irritable/easily frustrated or upset • Sad/more emotional • Anxious/nervous • Sleeping more than usual • Difficulty falling asleep • Doesn't "feel right" 	<ul style="list-style-type: none"> • Confusion (not aware of play or events) • Unable to answer memory questions immediately after injury • Feeling "slowed down" • Feeling "in a fog" or "dazed" • Difficulty concentrating • Difficulty learning and remembering

Signs and symptoms were integrated from Ontario Neurotrauma Foundation, Nationwide Children's Hospital, Ophea, Football Canada and Parachute Canada

Management of Concussion

INITIAL RESPONSE

All injuries to the head must be reported to the office and treated accordingly.

Principals/designates are required to contact parents/guardians in the event of an injury to the head and advise them to seek medical attention deemed necessary for the person.

Head injuries and parent/guardian contact must be logged. (See GAP 502.10 and GF 046)

Complete on-line OSBIE Form (see GAP 101.02) for all serious injuries.

As part of the general communications home, principal/designate will remind parents/guardians that they are required to inform school administration in the event of any serious head injury or concussion sustained outside of school. Principal/designate will provide parents/guardians with the **Documentation of Medical Examination for Suspected Concussion form** (GF 081), and the completed form will be filed in the OSR.

Unconscious Student or Student has Experienced Period of Unconsciousness

Assume that the student has a concussion. Assume there is a possible neck injury.

Stop the activity immediately.

Seek emergency care (dial 911). Stay with the student until emergency medical services arrive. (Follow procedures as outlined in GAP 101.02).

Do not move the student (trained personnel may immobilize the student).

Do not remove athletic equipment unless the student is experiencing difficulty breathing.

Monitor the student and note any physical, cognitive, emotional/behavioural changes in the student.

If an unconscious student regains consciousness, encourage the student not to move and to remain calm.

Do not administer medication unless required for another condition, such as insulin for diabetes.

Emergency care (911) should also be sought if the student is experiencing excessive bleeding, and/or difficulty breathing, pursuant to GAP 101.02.

Conscious Student

Stop the activity immediately.

Initiate emergency action plan.

When the student can be safely moved, remove the student from the activity/game.

Conduct an initial concussion assessment using the GF 084 Observations/Signs and Symptoms of Suspected Concussion.

Steps to Take Following an Initial Assessment Where Emergency Services Have Not Been Called

Following a blow to the head, face or neck, or a blow to the body that results in a force to the head, review the signs or symptoms outlined in GF 084 with the student, and complete the Quick Memory Function assessment.

i) If sign(s) are observed and/or symptom(s) are reported and/or the student fails any question on the Quick Memory Function Assessment:

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 OSBIE Online Incident Report, GF 027
- 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 the 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 GF 081 used to identify the suspected concussion.
 - informed that they need to communicate to the school principal/designate the results of the medical examination (i.e., the student has or does not have a diagnosed concussion) prior to the student returning to school.
 - If a concussion is NOT 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, GF 084 Observations/Signs and Symptoms of Suspected Concussion:

Response:

- A concussion is not suspected – the student may return to physical activity.
- 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 should be examined by a medical doctor or nurse practitioner as soon as possible that day.
- Schools should provide parents with GF 082 to communicate this information.

In all cases of suspected concussion, the principal/designate must inform all school staff who work with the student, and make it clear that the student is not to participate in any activities at school until the principal/designate advises otherwise.

Return to Activity Overview

The Dufferin-Peel Return to Activity Guidelines have 8 phases.

A gradual, monitored phase-in of classroom activities followed by a gradual re-introduction of physical activities supports concussion recovery. Please see Appendix E which outlines Roles and Responsibilities through the protocol.

Signs or symptoms of concussion that occur following the re-introduction of classroom or physical activities of any kind indicate that **the student's brain is still recovering and not ready or able to manage that level of activity.**

Dufferin-Peel has developed **8 phases** for concussion management: 5 phases for **Return to Learn** and 3 phases for **Return to Play**. As you move a student through the 8 phases keep these key principles in mind:

1. **Signs or symptoms** of concussion can be **physical, cognitive/sensory or emotional/behavioural**.
2. **Recreational activities** (e.g., recess, sports and use of electronic devices) **that increase brain demands are as potentially harmful as academic/physical activities during the recovery process** and need to be re-introduced slowly.
3. **A student does not return to any physical activity** (e.g., phys. ed. classes, running at recess, dance or sports) **until the student is in school full-time without signs or symptoms while learning.**
4. The student needs **frequent monitoring** because this information will guide progression through the phases. **Most concussions resolve within 1 month – CSQs must be administered daily during that period.** When concussion recovery is prolonged, the frequency of the CSQ administration is determined with Psychology input and based on whether or not symptoms have plateaued and are not worsening.
5. **Generally, movement through phases is determined by presence/absence and severity of signs/symptoms.** The student moves forward as symptoms subside. The student moves to a previous phase if symptoms recur or become worse.
6. **Medical documentation is required at 3 points in this 8-phase process:**
 - 1) Diagnosis of Concussion (GF 081) or medical script/note (staple to GF 081)
 - 2) Full Return to Learn and start of gradual Return to Play, (GF 083)
 - 3) Full Return to Play (GF 404)
7. It is important for the school to work closely with the student's parent/guardian, as a collaborative approach helps to ensure that the student can move successfully through the phases. **Parents are required to complete the Return to Activity Plan Parts GF 086A, GF 086B, GF 086C, GF 086D.**
8. **For secondary students taking phys ed classes or participating on a school sports team,** all 8 phases must be completed with appropriate medical documentation.
9. **For secondary students not taking phys ed classes or not on a school sports team,** the Concussion Protocol ends once the student has completed Phase 5 and a doctor/nurse practitioner has signed GF 404.

Moving Through The Return To Activity Phases

Movement through the phases begins at the point that a concussion has been diagnosed by a medical doctor/nurse practitioner. Phases 1-8, outlining detailed restrictions for each phase, appear in Appendix B: ISP-C, DPCDSB Phases for Return to Activity.

Note that this process does not apply if the medical documentation provided by the student indicates that a concussion has not been diagnosed. When this occurs, the student may resume regular academic and physical activities.

1. If a concussion is diagnosed, the principal/designate shall share that information with school staff who work with the student, and file the written documentation of the medical examination in the student's OSR.
2. Principal/designate informs parents/guardians regarding Psychology's role in Return to Activity as per DPCDSB Concussion Guidelines. If parent/guardian declines the DPCDSB protocol, parent/guardian must indicate they will obtain medical guidance regarding **Return to Activity**. Principal/designate to complete **Parent Acknowledgement of Dufferin-Peel Concussion Protocol (GF 087)**.
3. If parent agrees to Psychology involvement, Psychology staff will obtain informed consent from parent/guardian to open the Psychology file, meet with student as needed, and consult with educators and school administrator(s) as student progresses through phases.
4. **Whenever possible, informed consent should be obtained before the student returns to school.** If the student returns to school without advanced notice to school administration, Psychology staff have 48 hours to obtain informed consent and complete the first CSQ after the student returns to school.
5. When the student returns to school, Psychology staff completes the **first** Concussion Symptom Questionnaire (CSQ) with student and teacher before the student goes home for the day (see Appendix C). All subsequent CSQs are administered by the administration until the student has recovered from the concussion. Note: questions vary by student grade.
6. Based on CSQ results the principal/designate, Psychology staff and school staff will determine appropriate phase placement and accommodations (see Appendix D).
7. The principal/designate then begins **daily** monitoring of student progress with the CSQ **just before the student goes home**.
8. Principal/designate contacts school staff at the end of the school day and asks the Educator questions on the CSQ.
9. Principal/designate contacts Psychology staff every 1 – 2 days and discusses student and educator responses on the CSQ to determine whether student progresses to next phase, remains at current phase, or moves back a phase.
10. When the student has completed Phase 5, give parent/guardian GF 083 (**Medical Documentation for Full Return to Learn and Gradual Return to Play**) for doctor/nurse practitioner signature. No physical activity begins until GF 083 is returned to the school.
11. When student begins Phase 6, continue to administer CSQ and obtain feedback from a coach where applicable.
12. At the end of Phase 8, give parents/guardian GF 404 for doctor's or nurse practitioner's signature. This form indicates the student is allowed to complete all physical activities including contact sports.
13. Once GF 404 is completed, CSQs are stored in the Psychology file, and the Return to Activity Plan (GF 086A-D), the ISP-C and all other forms pertaining to concussion are placed in the OSR.

Resources

Parachute, Preventing Injuries, Saving Lives

Parachute is a national, charitable organization dedicated to preventing injury and saving lives. It was created from the amalgamation of four leading Canadian injury prevention groups: Safe Communities Canada, Safe Kids Canada, SMARTRISK and ThinkFirst Canada. Parachute's injury prevention programming and advocacy efforts are designed to help Canadians reduce their risks of injury while enjoying long lives lived to the fullest. <http://parachutecanada.org/>

Elementary Programs

Brain Day

Brain Day is a free, informative and fun half day neuroscience presentation for students in grades 4 to 6. Trained volunteers with an understanding and passion for injury prevention bring the hands-on program, which includes activity booklets, helmet fitting tips, and Jello Brains, to classrooms across Canada. For more information <http://parachutecanada.org/brain-day/>

TD ThinkFirst for Kids

This curriculum-based program introduces key injury prevention messages to kids in kindergarten to Grade 8. Using lessons and fun activities, the program is interactive and flexible, allowing educators to focus on specific injury risks or general prevention units to engage their students in learning how to think first before participating in their favourite activities at home, school and play. Through educational activities, the program empowers kids to make safe decisions and teaches them how to navigate risks in their daily lives that could lead to injury. Each grade section corresponds with multiple curriculum requirements for health and injury prevention in most provinces and territories. TD ThinkFirst for Kids is available on-line and includes all of the materials for each grade grouping.

Kindergarten Grade 1-3 Grade 4-6 Grade 7-8 - See more at:

<http://www.parachutecanada.org/programs/topic/C61#sthash.Gi5cUlzh.dpuf>

Have a Word with Yourself

[Have a Word with Yourself](#) is new campaign developed in partnership with Preventable. The campaign is directed at Canadian youth and aims to increase helmet use. In our pilot year of this program, innovative activities have been planned in 10 schools across Canada to raise awareness among students on the importance of wearing helmets. The program features great contests with lots of prizes to get youth excited about the campaign.

Concussion Training Video

The training video can be accessed by clicking on the following link: [Concussion Training July 19, 2017](#)

Secondary Programs

No Regrets

Every year more than 700 Canadian youth die due to a preventable injury. **No Regrets** is a secondary school based peer lead program working to change that. The program trains staff advisers and student leaders across the country to raise awareness and implement injury prevention activities and events in their schools. These activities and events are designed to promote at least one of the five key messages (Buckle Up, Look First, Wear the Gear, Get Trained, and Drive Sober) and influence the risk-taking behaviour of students related to activities such as: driving, biking, skateboarding, skiing, snowboarding, snowmobiling, and partying. In fact, a recent evaluation of the program found that students reported 17% fewer injuries requiring medical care following a single year's exposure to the program's messages. Visit www.smartrisknoregrets.ca to access some of our great injury prevention resources!

No Regrets Live

No Regrets Live is an hour long presentation that combines fast-paced video clips of young people taking risks with a live presentation by an injury survivor who speaks candidly about how the injury has affected his or her life, while presenting positive choices that can be made to reduce the risk of injury. View the show trailer here: <http://www.smartrisknoregrets.ca/index.php/live/>

Cost: The Live show is \$1350.00 per show date (a show date includes up to 4 shows at a single venue). The cost of the peer leadership program varies depending on the training format you would be interested in (face to face vs. online).

Ophea

Safety Guidelines

The Ontario Physical Education Safety Guidelines represent the minimum standards for risk management practice for physical education, physical activities and sports within school boards. They outline safe practices for activities in order to minimize the risk of accidents or injuries. <http://www.Ophea.net/programs-services/additional-resources/safety-guidelines>

Centre for Disease Control and Prevention

CDC's mission is collaborating to create the expertise, information, and tools that people and communities need to protect their health – through health promotion, prevention of disease, injury and disability, and preparedness for new health threats. <http://www.cdc.gov/TraumaticBrainInjury/>

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John Hrajnik	Associate Director of Education, Corporate Services, Chief Financial Officer & Treasurer, DPCDSB

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Appendix A

Concussion Prevention Strategies

The Dufferin-Peel Catholic District School Board encourages a culture of safety-mindedness. The strategies outlined in this document are designed to prevent and minimize the risk of sustaining concussions (and other head injuries) in schools and at off-site school events.

Prevention strategies are implemented at both the beginning of the year or sports season, as well as during units of physical activity, sports seasons and 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 Play);
- 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. *Refer to the Ophea Guidelines: www.ophea.net.*
- 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, in good working order, and suitable for personal use.

c) Parents/guardians should be informed of the:

- risks and possible mitigations of the activity/sport;
- dangers of participating in sports with concussion;
- signs and symptoms of a concussion;
- school board's identification, diagnosis and management procedures; and
- importance of encouraging the ethical values of fair play and respect for opponents. (*Refer to: DPAVEC Guideline – Dufferin-Peel Athletic Virtues and Ethical Conduct (A Sense of Celebration)*).

d) Student/athletes should 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 practicing 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 symptoms of a concussion, and removing themselves from the activity;
 - encouraging a teammate 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 helmets when they are required for a sport/activity:
 - helmets do not prevent concussions. They are designed to reduce the risk of 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). (*Refer to Ontario Curriculum for Health & Physical Education, Grades 9-12, 2015, Grades 1 to 8*)

Below are some possible strategies/tools to educate students/athletes about concussion prevention information that schools may wish to use as appropriate:

- hold a pre-season/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 as well as what to do if a concussion is suspected;
- post information posters on prevention of concussions 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 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
- Ophea: www.Ophea.net

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.

Adapted from the Ophea Concussion Protocol, 2014, Appendix C-5.

APPENDIX B: DPCDSB PHASES FOR RETURN TO ACTIVITY

THE DUFFERIN-PEEL CATHOLIC DISTRICT SCHOOL BOARD

WRITTEN MEDICAL DOCUMENTATION FOR CONCUSSION DIAGNOSIS SUBMITTED TO PRINCIPAL/DESIGNATE (GF 081)

BEGIN PSYCHOLOGY CONTACT & START PROGRESSION THROUGH PHASES

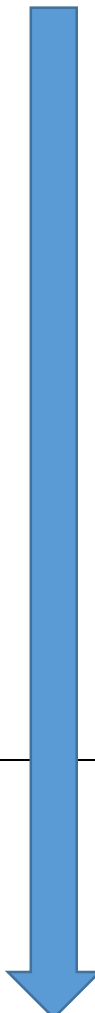
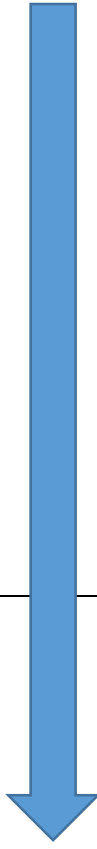
Individual Student Plan – Concussion (ISP – C)

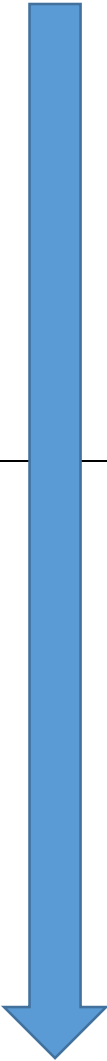

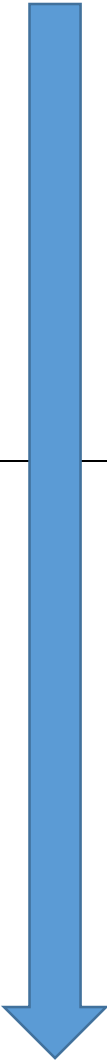

Name: _____

PHASES	PHYSICAL	COGNITIVE	SENSORY	DATE
PHASE 1 Student at Home fully symptomatic no school no physical activity reduced stimulation	<ul style="list-style-type: none"> • No attendance at any school activities • No physical activity (nothing that increases heart rate) • No sports • No working-out 	<ul style="list-style-type: none"> • No attendance at classes • No assignments, studying, tests • No studying playbooks • No other team materials 	<ul style="list-style-type: none"> • Very little/NO screen time • Very little/NO communication with sports team • No group/team meetings • Avoid noisy team rooms, gyms etc. • At home, very little/NO TV, video/computer games, texting, reading, loud music • Avoid triggers that worsen symptoms 	Accommodations #s _____ _____ _____
PHASE 2 Return to Learn trial class attendance up to half day	<ul style="list-style-type: none"> • No gym class/dance class • No field trips • No labs or clinics • No extracurricular sports • Indoor recess with quiet activity (see sensory restrictions) 	<ul style="list-style-type: none"> • Trial class attendance up to half day at most • Prioritize classes to attend & how often • Reduce amount of in-class work 	<ul style="list-style-type: none"> • No extracurricular activities • Minimal screen time • No tech/media/music classes • No group work/team meetings • Limited social interaction 	Accommodations #s _____ _____ _____

<p>no physical activity</p> <p>Introduce concussion accommodations</p> <p>reduced stimulation</p>		<ul style="list-style-type: none"> • Address student symptoms with specific accommodations (see Appendix D) • No note-taking • Little or no participation in class discussions • No assignments, studying, tests, homework • Limited exposure to cognitive tasks, including sports playbooks 	<ul style="list-style-type: none"> • No spectator attendance • Avoid noisy team rooms, gyms, assemblies, pep rallies 	
<p>PHASE 3</p> <p>Return to Learn</p> <p>Continued progression of class attendance</p> <p>No physical activity that increases heart rate</p> <p>Begin increasing stimulation</p>	<ul style="list-style-type: none"> • No gym/dance classes • No field trips • No labs • No extracurricular sports • Indoor recess with quiet activity (see sensory restrictions) 	<ul style="list-style-type: none"> • Progression of class attendance at school • Participation in class note-taking (possibly assisted) • No assignments, studying, tests • Increased exposure to cognitive tasks • Adjust accommodations as recovery occurs 	<ul style="list-style-type: none"> • No extracurricular activities • Minimal screen time • No tech/media/music classes • Limited group work • Brief team meetings • Increased social interaction • No attendance as a spectator or involvement in practices or games • Avoid noisy team rooms, gyms, assemblies, pep rallies 	<p>Accommodations #s</p> <hr/> <hr/> <hr/>

<p>PHASE 4 Return to Learn</p> <p>Full day attendance with some concussion accommodations</p> <p>No physical activity that increases heart rate</p> <p>Increased stimulation</p>	<ul style="list-style-type: none"> • No gym/dance classes • No field trips • No labs • No extracurricular sports • Indoor recess with quiet activity (<i>see sensory restrictions</i>) 	<ul style="list-style-type: none"> • Attendance at most classes, but no tech/media/music classes • Near normal participation in class • Some note-taking • Focus on in-class learning with oral responses to determine comprehension • No studying/written assignments/tests 	<ul style="list-style-type: none"> • Increased screen time • Increased group work • No tech/media/music classes • Attend team meetings but no physical involvement 	<p>Accommodations #s</p> <hr/> <hr/> <hr/>
<p>PHASE 5 Return to Learn</p> <p>Full day attendance with fewer concussion accommodations</p> <p>No physical activity that increases heart rate</p> <p>Increased stimulation</p>	<ul style="list-style-type: none"> • No gym/dance classes • Attend field trips, but no physical activities that increase heart rate (i.e., No amusement park rides that accelerate head movement) • No extracurricular sports • Outdoor recess with quiet activity (no running) 	<ul style="list-style-type: none"> • Full attendance • Full participation in class • Full note-taking • Introduce homework/assignments with accommodations to evaluate comprehension • Provide flexible deadlines for accommodated homework • No catch-up tests for previous material • Some studying with limited testing (no more than 1 test per day & limit number of tests per week) • Allow test accommodations (e.g., multiple-choice, fact sheets, open book) 	<ul style="list-style-type: none"> • Normal screen time • Normal group meetings/ group assignments • Attend tech/media/music classes • Normal social interaction related to sports (i.e., attend team functions but no participation in practice, drills or games) 	<p>Accommodations #s</p> <hr/> <hr/> <hr/>

WRITTEN MEDICAL PERMISSION FOR FULL RETURN TO LEARN & INTRODUCTION FOR LIGHT PHYSICAL ACTIVITY (GF 083) When secured move to Phase 6: Full Day attendance with NO accommodations OR pre-concussion level of modifications/accommodations				
PHASE 6 Return to Play Full day attendance with NO concussion accommodations with the exception of IEP accommodations & modifications at <u>pre-concussion levels</u> Begin simple sports specific drills Normal sensory activity	ACTIVITY ALLOWED <ul style="list-style-type: none"> Light aerobic physical activity (e.g., walking, swimming, stationary cycling) and/or simple individual sport-specific, non-contact physical activity/drills (e.g., running drills in soccer; skating drills in hockey, shooting drills in baseball) RESTRICTIONS <ul style="list-style-type: none"> No resistance/weight training No competition, scrimmages No body contact No head impact activities (e.g., heading ball in soccer) No jarring motions (e.g., high speed stops, hitting baseball with bat) 	<ul style="list-style-type: none"> Full academic activities Full participation in all <u>cognitive</u> activities related to sports 	<ul style="list-style-type: none"> Normal screen time Normal group work Normal tech/media/music classes Normal sensory exposure & social interaction, participation in sports drills only 	Accommodations #s <hr/> <hr/> <hr/>
PHASE 7 Return to Play Full day attendance with NO concussion accommodations	ACTIVITY ALLOWED <ul style="list-style-type: none"> Activities with no body contact (e.g., dance, badminton) Progressive resistance training may be started Non-contact practice & progression to more 			Accommodations #s <hr/> <hr/> <hr/>

<p>with the exception of IEP accommodations & modifications at <u>pre-concussion levels</u></p> <p>Increase physical activity by increasing exercise, coordination & cognitive load</p>	<p>complex training drills (e.g., passing drills in football & hockey)</p> <p>RESTRICTIONS</p> <ul style="list-style-type: none"> No body contact or head impact (e.g., heading ball in soccer) No jarring motions (e.g., high speed stops, hitting baseball with bat) 			
<p>PHASE 8</p> <p>Return to Play</p> <p>Full day attendance with NO concussion accommodations with the exception of IEP accommodations & modifications at <u>pre-concussion levels</u></p> <p>Full participation in non-contact sports to restore confidence</p>	<p>ACTIVITY ALLOWED</p> <ul style="list-style-type: none"> Full participation in non-contact sports Full training/practices for contact sports but not involving body contact <p>RESTRICTIONS</p> <ul style="list-style-type: none"> No competitions (games, meets, events) that involve body contact 			<p>Accommodations #s</p> <hr/> <hr/> <hr/>
<p>WRITTEN MEDICAL PERMISSION FOR FULL RETURN TO PLAY (GF 404)</p> <p>When medical permission is secured, student is cleared for full day attendance with full participation in all physical activities including contact sports.</p>				

The above phases were developed/adapted by the DPCDSB Consulting Neuropsychology Service from the David L. MacIntosh Sport Medicine Clinic protocol (University of Toronto), Nationwide Children's Hospital and Ophea concussion material

APPENDIX C: CONCUSSION SYMPTOM QUESTIONNAIRE (CSQ)												
PRIMARY GRADES (FDK – GRADE 4)												
INSTRUCTIONS:												
<ul style="list-style-type: none"> • Question student and educator at end of each day using the appropriate set of questions for student's grade • Discuss student's answers with psychology staff every 1 – 2 days to determine whether to stay at current phase or move back a phase 												
STUDENT NAME:		QUESTIONS TO ASK STUDENT										
	SYMPTOMS	QUESTIONS TO ASK AT END OF DAY	START DATE:									
			Day 1		2		3		4		5	
PHYSICAL	Headache/pressure in head/neck pain	Did your head feel funny today?	Y	N	Y	N	Y	N	Y	N	Y	N
		If yes, did your head:										
		• hurt?	Y	N	Y	N	Y	N	Y	N	Y	N
		• feel dizzy?	Y	N	Y	N	Y	N	Y	N	Y	N
		• not feel right?	Y	N	Y	N	Y	N	Y	N	Y	N
	Nausea/vomiting	Did your tummy hurt/ feel sick to your stomach today?	Y	N	Y	N	Y	N	Y	N	Y	N
		If yes, did your tummy hurt										
		• When you were working	Y	N	Y	N	Y	N	Y	N	Y	N
		• At or right after recess	Y	N	Y	N	Y	N	Y	N	Y	N
		• Some of the day	Y	N	Y	N	Y	N	Y	N	Y	N
		• All day	Y	N	Y	N	Y	N	Y	N	Y	N
	Blurred/double vision	Did you have trouble seeing things in class today?	Y	N	Y	N	Y	N	Y	N	Y	N
• Do you wear glasses?		Y	N	Y	N	Y	N	Y	N	Y	N	
• Were you wearing them today?		Y	N	Y	N	Y	N	Y	N	Y	N	
• Were things blurry or fuzzy?		Y	N	Y	N	Y	N	Y	N	Y	N	

	Sensitivity to light	Did the lights in class hurt your eyes today?	Y	N	Y	N	Y	N	Y	N	Y	N
	Sensitivity to noise	Did the noise in class make it hard to think today? Did the noise in class make your head hurt today?	Y	N	Y	N	Y	N	Y	N	Y	N
COGNITIVE	Difficulty concentrating on work	Did you have trouble doing your work today?	Y	N	Y	N	Y	N	Y	N	Y	N
BEHAVIOUR / EMOTIONAL	Feeling sleepy or exhausted	Did you feel sleepy or tired today?	Y	N	Y	N	Y	N	Y	N	Y	N
		Did you have trouble going to sleep/staying asleep last night?	Y	N	Y	N	Y	N	Y	N	Y	N

PART B: QUESTIONS FOR EDUCATOR												
STUDENT NAME:			Day 1		2		3		4		5	
PHYSICAL	Balance/Coordination	Did the student seem more clumsy or uncoordinated today compared to before the concussion?	Y	N	Y	N	Y	N	Y	N	Y	N
COGNITIVE	Feeling slowed down/thinking more slowly/ "foggy" or "out of it"	Did the student seem to be reacting more slowly than usual or seem "out of it" today?	Y	N	Y	N	Y	N	Y	N	Y	N
	Difficulty paying attention to the educator	Did you need to remind the student to pay attention or get back to work more often than usual today?	Y	N	Y	N	Y	N	Y	N	Y	N

	Difficulty learning/remembering	Did the student seem to have more trouble understanding what you were teaching than usual today?	Y	N	Y	N	Y	N	Y	N	Y	N
		Did the student seem to have more trouble than usual remembering the instructions you gave today?	Y	N	Y	N	Y	N	Y	N	Y	N
BEHAVIOR / EMOTIONAL	Increased emotional & behavioural reactions	Compared to before the concussion, did the student seem to be more										
		• easily annoyed or frustrated	Y	N	Y	N	Y	N	Y	N	Y	N
		• nervous or worried	Y	N	Y	N	Y	N	Y	N	Y	N
		• upset/sad/withdrawn	Y	N	Y	N	Y	N	Y	N	Y	N

APPENDIX C: CONCUSSION SYMPTOM QUESTIONNAIRE

ELEMENTARY GRADES 5 – 8

INSTRUCTIONS

- Question student and educator at end of each day using the appropriate set of questions for student's grade
- Discuss student's answers with psychology staff every 1 – 2 days to determine whether to stay at current phase or move back a phase

STUDENT NAME:		QUESTIONS TO ASK STUDENT											
SYMPTOMS		QUESTIONS TO ASK AT END OF DAY	START DATE:										
			Day 1		2		3		4		5		
PHYSICAL	Headache/pressure in head/neck pain	Did your head feel funny today?	Y	N	Y	N	Y	N	Y	N	Y	N	
		If yes, did your head:											
		• hurt?	Y	N	Y	N	Y	N	Y	N	Y	N	
		• feel dizzy?	Y	N	Y	N	Y	N	Y	N	Y	N	
		• not feel right?	Y	N	Y	N	Y	N	Y	N	Y	N	
	Nausea/vomiting	Did you feel sick to your stomach today?	Y	N	Y	N	Y	N	Y	N	Y	N	
		If yes, did you feel sick											
		• When you were working	Y	N	Y	N	Y	N	Y	N	Y	N	
		• At or right after recess	Y	N	Y	N	Y	N	Y	N	Y	N	
		• Some of the day	Y	N	Y	N	Y	N	Y	N	Y	N	
		• All day	Y	N	Y	N	Y	N	Y	N	Y	N	
	Blurred/double vision	Did you have trouble seeing things in class today?	Y	N	Y	N	Y	N	Y	N	Y	N	
• Do you wear glasses?		Y	N	Y	N	Y	N	Y	N	Y	N		
• Were you wearing them today?		Y	N	Y	N	Y	N	Y	N	Y	N		
	• Were things blurry or fuzzy?	Y	N	Y	N	Y	N	Y	N	Y	N		

	Sensitivity to light	Did the lights in class hurt your eyes today?	Y	N	Y	N	Y	N	Y	N	Y	N
	Sensitivity to noise	Did the noise in class make it hard to think today? Did the noise in class make your head hurt today?	Y	N	Y	N	Y	N	Y	N	Y	N
COGNITIVE	Feeling slowed down/thinking more slowly	Did you feel like everything was in slow motion today?	Y	N	Y	N	Y	N	Y	N	Y	N
	Feeling in a “fog” or “out of it”	Did you feel “out of it” or not quite right today?	Y	N	Y	N	Y	N	Y	N	Y	N
	Difficulty concentrating on work	Did you have trouble doing your work today?	Y	N	Y	N	Y	N	Y	N	Y	N
	Difficulty paying attention to the educator	Did you have trouble paying attention to the teacher today?	Y	N	Y	N	Y	N	Y	N	Y	N
BEHAVIOUR / EMOTIONAL	Increased irritability/ more easily frustrated	Were you easily annoyed or frustrated today?	Y	N	Y	N	Y	N	Y	N	Y	N
	Nervousness/worried/ anxious	Did you worry or feel anxious today?	Y	N	Y	N	Y	N	Y	N	Y	N
	Increased sadness/ feeling blue	Did you feel less happy than usual today?	Y	N	Y	N	Y	N	Y	N	Y	N
	Feeling sleepy or exhausted	Did you feel sleepy or tired today? Did you have trouble going to sleep/staying asleep last night?	Y	N	Y	N	Y	N	Y	N	Y	N

PART B: QUESTIONS FOR EDUCATOR												
STUDENT NAME:			Day 1		2		3		4		5	
PHYSICAL	Balance/Coordination	Did the student seem more clumsy or uncoordinated today compared to before the concussion?	Y	N	Y	N	Y	N	Y	N	Y	N
COGNITIVE	Feeling slowed down/thinking more slowly/ "foggy" or "out of it"	Did the student seem to be reacting more slowly than usual or seem "out of it" today?	Y	N	Y	N	Y	N	Y	N	Y	N
	Difficulty paying attention to the educator	Did you need to remind the student to pay attention or get back to work more often than usual today?	Y	N	Y	N	Y	N	Y	N	Y	N
	Difficulty learning/remembering	Did the student seem to have more trouble understanding what you were teaching than usual today?	Y	N	Y	N	Y	N	Y	N	Y	N
		Did the student seem to have more trouble than usual remembering the instructions you gave today?	Y	N	Y	N	Y	N	Y	N	Y	N
BEHAVIOR / EMOTIONAL	Increased emotional & behavioural reactions	Compared to before the concussion, did the student seem to be more										
		• easily annoyed or frustrated	Y	N	Y	N	Y	N	Y	N	Y	N
		• nervous or worried	Y	N	Y	N	Y	N	Y	N	Y	N
		• upset/sad/withdrawn	Y	N	Y	N	Y	N	Y	N	Y	N

CONCUSSION SYMPTOM QUESTIONNAIRE

APPENDIX C: SECONDARY SCHOOL

INSTRUCTIONS

- Question student and educator at end of each day using the appropriate set of questions for student's grade
- Discuss student's answers with psychology staff every 1 – 2 days to determine whether to stay at current phase or move back a phase

STUDENT NAME:		QUESTIONS TO ASK STUDENT											
	SYMPTOMS	QUESTIONS TO ASK AT END OF DAY	Day 1		2		3		4		5		
PHYSICAL	Headache/pressure in head/neck pain	Did your head hurt or did you feel dizzy today?	Y	N	Y	N	Y	N	Y	N	Y	N	
	Nausea/vomiting	Did you feel sick to your stomach today? If yes, did you feel sick <ul style="list-style-type: none"> • When you were working • At lunch • Some of the day • All day 	Y	N	Y	N	Y	N	Y	N	Y	N	
			Y	N	Y	N	Y	N	Y	N	Y	N	
			Y	N	Y	N	Y	N	Y	N	Y	N	
			Y	N	Y	N	Y	N	Y	N	Y	N	
	Blurred/double vision	Were you seeing double or was your vision blurry today?	Y	N	Y	N	Y	N	Y	N	Y	N	
	Balance	Did you feel off balance or clumsy/less coordinated today?	Y	N	Y	N	Y	N	Y	N	Y	N	
	Sensitivity to light	Did the lights seem too bright in class today?	Y	N	Y	N	Y	N	Y	N	Y	N	
	Sensitivity to noise	Did the noise in class bother you more today than before your concussion?	Y	N	Y	N	Y	N	Y	N	Y	N	

COGNITIVE	Feeling slowed down/thinking more slowly	Did your thinking seem slower so it took you longer to do your work or make sense of what you heard today?	Y	N	Y	N	Y	N	Y	N	Y	N
	Feeling in a “fog” or “out of it”	Did you feel “out of it” or not quite right today?	Y	N	Y	N	Y	N	Y	N	Y	N
	Difficulty concentrating on work	Did you have trouble concentrating on your work today?	Y	N	Y	N	Y	N	Y	N	Y	N
	Difficulty paying attention to the educator	Did you have trouble paying attention to the teacher today?	Y	N	Y	N	Y	N	Y	N	Y	N
	Difficulty learning/remembering	Was it hard to remember what the teacher said in class today?	Y	N	Y	N	Y	N	Y	N	Y	N
	Difficulty staying organized	Did you feel disorganized today – like losing track of where you needed to be, or missing things you needed to get your work done?	Y	N	Y	N	Y	N	Y	N	Y	N
BEHAVIOUR / EMOTIONAL	Increased irritability/ more easily frustrated	Were you easily annoyed or frustrated today?	Y	N	Y	N	Y	N	Y	N	Y	N
	Nervousness/worried/ anxious	Did you worry or feel anxious today?	Y	N	Y	N	Y	N	Y	N	Y	N
	Increased sadness/ feeling blue	Did you feel less happy than usual today?	Y	N	Y	N	Y	N	Y	N	Y	N
		Have you considered hurting yourself today? <i>(If student answers yes, consult with psychology, CYW or social worker and parent/guardian immediately)</i>	Y	N	Y	N	Y	N	Y	N	Y	N
	Feeling sleepy or exhausted	Did you feel sleepy or tired today?	Y	N	Y	N	Y	N	Y	N	Y	N
		Will you need a nap after school today?	Y	N	Y	N	Y	N	Y	N	Y	N
		Are you drinking more caffeinated drinks to stay awake or alert today?	Y	N	Y	N	Y	N	Y	N	Y	N

PART B: QUESTIONS FOR EDUCATOR													
STUDENT NAME:			Day 1		2		3		4		5		
PHYSICAL	Balance/Coordination	Did the student seem more clumsy or uncoordinated today compared to before the concussion?	Y	N	Y	N	Y	N	Y	N	Y	N	
COGNITIVE	Feeling slowed down/thinking more slowly/ "foggy" or "out of it"	Did the student seem to be reacting more slowly than usual or seem "out of it" today?	Y	N	Y	N	Y	N	Y	N	Y	N	
	Difficulty paying attention to the educator	Did you need to remind the student to pay attention or get back to work more often than usual today?	Y	N	Y	N	Y	N	Y	N	Y	N	
	Difficulty learning/remembering	Did the student seem to have more trouble understanding what you were teaching than usual today?	Y	N	Y	N	Y	N	Y	N	Y	N	
		Did the student seem to have more trouble than usual remembering the instructions you gave today?	Y	N	Y	N	Y	N	Y	N	Y	N	
BEHAVIOR / EMOTIONAL	Increased emotional & behavioural reactions	Compared to before the concussion, did the student seem to be more	Y	N	Y	N	Y	N	Y	N	Y	N	
		• easily annoyed or frustrated	Y	N	Y	N	Y	N	Y	N	Y	N	
		• nervous or worried	Y	N	Y	N	Y	N	Y	N	Y	N	
		• upset/sad/withdrawn	Y	N	Y	N	Y	N	Y	N	Y	N	

APPENDIX D: CONCUSSION ACCOMMODATIONS
FOR COGNITIVE & BEHAVIOURAL/EMOTIONAL SYMPTOMS
THE DUFFERIN-PEEL CATHOLIC DISTRICT SCHOOL BOARD

CONCUSSION ACCOMMODATIONS
FOR COGNITIVE & BEHAVIOURAL/EMOTIONAL SYMPTOMS
(CHOOSE ACCOMMODATIONS AS APPROPRIATE FOR STUDENT SYMPTOMS)

Concussions in children and teens produce a collection of symptoms that affect thinking, learning, behaviour and emotions. These symptoms may worsen challenges already observed at school, or may result in new challenges not seen before because the brain has been injured and needs time and reduced stimulation to recover. **Asking too much of the brain too soon can worsen and prolong concussion symptoms — especially in children and teens whose brains are still developing.**

During the recovery process, accommodations are critical to allow the brain to rest so that healing can happen. Immediately after concussion, the student should remain at home until the doctor or nurse practitioner recommends return to school.

With parental permission, psychology staff will review the student's progress with school administration every 1 - 2 days until recovery is complete as determined by a medical doctor or nurse practitioner. School accommodations need to be introduced in Phase 2. Accommodations are based on CSQ results and are determined by the principal/designate, psychology staff and educator.

Listed below are possible accommodations that might be required. As the student moves through the phases, accommodations may change, evolve or be removed depending on the student's progress. The student, parents/guardians and educators need to be aware of what accommodations are needed, and why, from a brain recovery perspective.

COGNITIVE ACCOMMODATIONS		
Post-Concussion Symptoms	General Accommodations & Strategies	Phase-specific Concussion Accommodations
Headache Nausea	<ol style="list-style-type: none"> 1. Allow student to have a break in health room/area to see if headache/nausea subsides 2. If headache/nausea persists even with rest, call parent/guardian 3. Reduce sensory stimulation: dim lights & reduce noise as much as possible 4. Keep student in at recess; no physical exertion 	<ul style="list-style-type: none"> • Reduce work demands whenever headache or nausea recur in response to increased work load (i.e., go back to previous Phase) • If headache/nausea persists, consider reducing attendance hours
Light or Noise Sensitivity	<ol style="list-style-type: none"> 5. Arrange strategic seating (e.g., move student away from window, talkative peers) 6. Where possible, provide access to special lighting, (e.g., task lighting or darker room) 7. Minimize background noise 8. Provide alternative work space, study carrel 9. Avoid noisy, crowded environments (e.g., school assemblies, cafeteria, hallways during high traffic times, loud athletic events, school dances) 10. Allow student to eat lunch in quiet area with a few friends 11. Where possible, allow student to use ear plugs, headphones, sunglasses and/or hat 	<ul style="list-style-type: none"> • No group or team meetings in Phase 1 or 2 • No or minimal screen time in Phases 1 – 3 • Gradual increase in screen time in Phase 4 & normal screen time in Phase 5 • No tech/media/music classes in Phases 1 – 4
Difficulty paying attention/concentrating/ easily distracted	<ol style="list-style-type: none"> 12. Limit/coordinate schoolwork as per DP Concussion Guidelines for Return to Activity 13. Move seat to front of class 14. Colour-code or highlight important information 15. Simplify instructions; have student repeat instructions back to educator 16. Break down tasks into steps/chunks that can be completed in fewer than 30 minutes 17. Allow student to take body breaks (e.g., get a drink, stretch, but no running, or physical exertion) 18. Give 1 step/chunk at a time & check progress at end of each one 	<ul style="list-style-type: none"> • Have peer take notes for student in Phase 2 or educator provides copy of notes • Gradually increase amount of note-taking by student in Phases 3 and phase 4; full note-taking in phase 5 • Homework and out-of-class assignments are not re-introduced until Phase 5 • No tests until Phase 5 when limited testing with accommodations is introduced

	<p>19. Check for comprehension of in-class learning through oral questioning</p> <p>20. Keep distractions to a minimum; limit materials on student's desk or work area to avoid distractions</p> <p>21. Establish "quiet zone" where the rest of classroom is partially screened off; allow student to complete seatwork in "quiet zone" if highly distractible</p> <p>22. Provide short breaks from schoolwork to reset attention but ensure minimal cognitive demands during break and no access to electronic devices</p> <p>23. Allow student on rotary to move to next class in quiet hallway by dismissing student early</p>	
<p>Slowed processing speed / Slowed learning</p>	<p>24. Provide extra time to allow student to process information</p> <p>25. Limit the number of items to complete in class</p> <p>26. Slow down delivery of instructions & repeat as necessary</p> <p>27. Provide more response time for student's answers</p> <p>28. Provide access to text-to-speech assistive technology so student can listen to material multiple times if necessary</p>	
<p>Memory</p>	<p>29. Provide access to text-to-speech assistive technology so student can listen to material multiple times in order to learn new material</p> <p>30. Simplify & repeat instructions; have student repeat instructions back to educator to ensure comprehension</p>	<ul style="list-style-type: none"> • Have peer take notes for student in Phase 2; gradually increase amount of note-taking by student in Phases 3 & 4 • In Phase 5, do not give short answer or essay questions; <u>determine comprehension</u> (not memory for content) using true/false statements or multiple-choice items with no more than 2 options • In Phase 5, allow use of fact sheets or open books during testing to reduce memory demands
<p>Organization</p>	<p>31. Encourage & assist in use of planner</p> <p>32. Provide visual cues/schedule in classroom</p> <p>33. Use diagrams, time lines & charts to organize information</p> <p>34. Provide clear expectations for essential work & reduce or eliminate nonessential work</p>	<p>Provide accommodated homework/assignments in Phase</p>

BEHAVIOURAL/EMOTIONAL ACCOMMODATIONS		
Post-Concussion Symptoms	General Accommodations & Strategies	Phase-specific Concussion Accommodations
General strategies to reduce emotional symptoms	<p>35. Access psychology staff to help student understand need to rest brain for optimal recovery</p> <p>36. Have psychology staff provide education to student and parents regarding concussion effects including difficulty managing emotions, slower processing speed, and acting quickly before thinking. Help student to understand that recovery is individual, takes time, and is not always predictable, and educators have been informed that accommodations and support will be provided at school as long as the student needs it.</p> <p>37. Educate students and educators that mistakes in the context of concussion recovery are <u>not careless</u>; errors are predictable and to be expected as the brain heals</p> <p>38. Explain recovery phases to student to clarify how work expectations and testing will be adjusted for optimal recovery</p> <p>39. Discuss potential positive factors or obstacles that may impact student recovery and performance at school</p> <p>40. Ask parents/guardians & student what strategies work to relieve emotional symptoms</p> <p>41. Make student aware of support services availability</p> <p>42. Have support services explore community supports and services as needed</p> <p>43. Consider developing a Safety Plan as needed</p>	<ul style="list-style-type: none"> Psychology staff to meet with student at beginning of Phase 2 to review process When homework/assignments are introduced in Phase 5, provide flexible deadlines since emotional and cognitive functioning may fluctuate
Anxiety	<p>44. Have support service staff work with student to develop and practice relaxation, mindfulness and coping strategies</p> <p>45. Inform student of any changes in daily schedule</p> <p>46. Reduce amount of in-class work and eliminate homework, assignments & studying to lower anxiety over falling behind</p> <p>47. Make clear that no catch-up work/tests will be required after symptoms disappear</p>	<ul style="list-style-type: none"> Reduce attendance to half-day in Phase 2 Have peer take notes for student or have educator provide notes in Phase 2 Gradually increase amount of note-taking by student in Phases 3 & 4 Do not introduce homework and out-of-class assignments until Phase 5; check that assignments have been written correctly in agenda and student is aware of deadlines

	<p>48. Build in breaks during the school day to reduce potential anxiety</p> <p>49. Do not put the student on the spot in front of class</p> <p>50. Provide the student with preparation time to respond to questions</p> <p>51. Provide consistent messaging across parents/guardians, educators and principal/</p> <p>52. Have support service staff explore the need for additional community supports and services</p> <p>53. Maintain regular routine as much as possible keeping in mind phase-specific restrictions</p> <p>54. Reduce expectations and structure work in manageable chunks to decrease potential anxiety</p> <p>55. Allow extra time to complete tests to reduce anxiety about time pressure when testing is re-introduced according to phase restrictions</p> <p>56. Exempt student from surprise quizzes/tests while still symptomatic</p> <p>57. Discourage multi-tasking (e.g., have student finish one step at a time before starting another step in a complex task)</p> <p>58. Develop a coping plan for unexpected events (e.g., fire drill or substitute teacher)</p> <p>59. Answer student questions as often as needed to reduce anxiety using concrete explanation and maintain a calm voice</p>	<ul style="list-style-type: none"> • No tests until Phase 5 when <u>limited</u> testing with accommodations is introduced • In Phase 5 review basic test-taking strategies (e.g., use calm breathing before starting, scan entire test, start with easiest questions, advise student avoid post-test discussion with peers, etc.)
<p>Irritable</p> <p>or</p> <p>Frustrated</p>	<p>60. Provide structure and consistency on a daily basis</p> <p>61. Eliminate surprises; prepare student for change and transitions</p> <p>62. Reduce expectations and structure work in manageable chunks to decrease potential frustration</p> <p>63. Acknowledge and empathize with student's frustration, anger or emotional outburst if/when it occurs and problem-solve what coping strategies could be used in the future</p>	<ul style="list-style-type: none"> • If student's frustration is rising, reduce amount or difficulty level of work and/or revert to an earlier phase

	<p>64. <u>Do not punish outbursts</u> - explore whether irritability or frustration may stem from physical symptoms (e.g., headache, nausea), fatigue, disturbed sleep, or cognitive symptoms (e.g., trouble processing information)</p> <p>65. Have support services staff work with student to develop and practise relaxation, mindfulness and coping strategies</p> <p>66. If student is becoming frustrated, irritable or angry, suggest student take a break from class</p> <p>67. Check to find out whether student has a network of support (e.g., parents/guardians, relatives, friends)</p>	
<p>Depression</p> <p>Or</p> <p>Withdrawal</p>	<p>68. Have support services staff provide ongoing support/consultation with student to address feelings of sadness, depressive symptoms and social withdrawal</p> <p>69. Build time into class/school day for socialization with peers, keeping in mind restrictions at each phase</p> <p>70. Partner student with a buddy for in-class work</p> <p>71. Monitor student for potential suicide risk and follow appropriate suicide-risk protocol when concerns arise</p>	<ul style="list-style-type: none"> • In Phase 2, allow student to choose partner for indoor recess with quiet activity • In Phase 3, begin attendance at brief team meetings and limited group work
<p>Loss of social/ group identity</p> <p>Reduced social interactions</p>	<p>72. Provide individual intervention to address feelings of loss and explain that restrictions from physical and social activities are temporary</p> <p>73. Discuss the importance of not bowing to peer pressure and being honest about symptoms</p> <p>74. Have support service staff address thinking traps, for example, catastrophizing (“I won’t get my athletic scholarship”; black and white thinking (“I’ll never recover” etc.)</p> <p>75. Address possible guilt feelings at letting the team down</p>	<ul style="list-style-type: none"> • In Phase 3, limited group work and team meetings begin • As student moves to each phase, inform student of current restrictions on sports, electronic use and social involvement

The above information was compiled, integrated and adapted by the DPCDSB Consulting Neuropsychology Service from Nationwide Children’s Hospital and Opha concussion material

APPENDIX E: ROLES & RESPONSIBILITIES TABLE

ELEMENTARY & SECONDARY STUDENTS TAKING PHYS. ED. OR ON SCHOOL SPORTS TEAM

STEPS	RESPONSIBILITY
<ul style="list-style-type: none"> All head injuries are reported to main office & GF 084 is completed Parent is informed by school of head injury Head injuries are logged in GF 046 & OSBIE form is completed Parent is given DP PAMPHLET GF 082 Parent is given GF 081 if they are planning to go to doctor 	Principal/Designate +/- Admin. Assistant
Possible Concussion – Conscious Student <ul style="list-style-type: none"> Stop activity & initiate emergency action plan Remove student from activity when student can be safely moved Conduct initial concussion assessment using GF 084 	Principal/Designate +/- Admin. Assistant
Possible Concussion – Unconscious Student <ul style="list-style-type: none"> Call 911, stop activity, assume concussion/possible neck injury Do not move student/do not remove athletic equipment unless trouble breathing and monitor status If student regains consciousness encourage not to move Do not administer medication unless required for another condition 	Principal/Designate +/- Admin. Assistant
<ul style="list-style-type: none"> Concussion diagnosed on medical note or GF 081 → documentation to school 	Parent → Principal
<ul style="list-style-type: none"> Request parental permission for Psychology contact & use of DP Concussion Protocol Complete GF 087 	Principal/Designate
<ul style="list-style-type: none"> Psychology Referral Form is completed 	Principal/Designate +/- or SERT
<ul style="list-style-type: none"> Obtain Informed Consent (IC) preferably before student comes back to school Have parent sign Psychology Referral Form after informed consent & open Psychology file Do <u>voluntary</u> parent education using video “Concussion Management and Return to Learn” 	Psychology
<ul style="list-style-type: none"> Parent/guardian informs administration of when the student will return to school Principal/designate informs Psychology staff of return date 	Parent + Principal/Designate

STEPS	RESPONSIBILITY
<ul style="list-style-type: none"> Parent signs Return to Activity Plan Part A (GF 086A) 	Parent
<ul style="list-style-type: none"> 1st day back, administer CSQ, preferably with Principal/Designate observing Provide student education, when appropriate 	Psychology
<ul style="list-style-type: none"> Develop ISP-C following 1st CSQ Begin Phase 2 of Return to Learn and determine appropriate accommodations 	Principal/Designate, Psychology + Teacher
<ul style="list-style-type: none"> Inform all relevant teachers of ISP-C and accommodations 	Principal/Designate
<ul style="list-style-type: none"> Administer CSQ toward end of each day until recovery is complete 	Principal/Designate
<ul style="list-style-type: none"> Review CSQ results every 1 – 2 days to determine progression through phases & changes to accommodations 	Principal to contact Psychology
<ul style="list-style-type: none"> At the end of Phase 5, obtain medical documentation to start Phase 6 (GF 083 Gradual Return to Play) 	Parent
<ul style="list-style-type: none"> Parent signs Return to Activity – Part B (GF 086B) 	
<ul style="list-style-type: none"> Continue to give CSQ daily 	Principal/Designate
<ul style="list-style-type: none"> Review CSQ results every 1 – 2 days to determine progression through phases 6 - 8 and changes to accommodations 	Principal/Designate + Psychology
<ul style="list-style-type: none"> Continue to inform teachers of any changes to ISP-C and accommodations 	Principal/Designate
<ul style="list-style-type: none"> At end of Phase 6, parent signs top part of Return to Activity – Part C (GF 086C) 	Parent
<ul style="list-style-type: none"> At end of Phase 7, parent signs bottom part of Return to Activity – Part C (GF 086C) 	Parent
<ul style="list-style-type: none"> At end of Phase 8, parent completes GF 086D & obtains medical documentation for Full Return to Play (GF 404) 	Parent
<ul style="list-style-type: none"> End of Phase 8, file medical documentation & ISP-C in OSR File CSQs in Psychology file & close 	Principal/Designate Psychology

APPENDIX E: ROLES & RESPONSIBILITIES TABLE

SECONDARY STUDENTS NOT TAKING PHYS. ED. AND NOT ON SCHOOL SPORTS TEAM

STEPS	RESPONSIBILITY
<ul style="list-style-type: none"> All head injuries are reported to main office & GF 084 is completed Parent is informed by school of head injury Head injuries are logged in GF 046 & OSBIE form is completed Parent is given DP PAMPHLET GF 082 Parent is given GF 081 if they are planning to go to doctor 	Principal/Designate +/- Admin. Assistant
Possible Concussion – Conscious Student <ul style="list-style-type: none"> Stop activity & initiate emergency action plan Remove student from activity when student can be safely moved Conduct initial concussion assessment using GF 084 	Principal/Designate +/- Admin. Assistant
Possible Concussion – Unconscious Student <ul style="list-style-type: none"> Call 911, stop activity, assume concussion/possible neck injury Do not move student/do not remove athletic equipment unless trouble breathing and monitor status If student regains consciousness encourage not to move Do not administer medication unless required for another condition 	Principal/Designate +/- Admin. Assistant
<ul style="list-style-type: none"> Concussion diagnosed on medical note or GF 081 → documentation to school 	Parent → Principal
<ul style="list-style-type: none"> Request parental permission for Psychology contact & use of DP Concussion Protocol Complete GF 087 	Principal/Designate
<ul style="list-style-type: none"> Psychology Referral Form is completed 	Principal/Designate +/- or SERT
<ul style="list-style-type: none"> Obtain Informed Consent (IC) preferably before student comes back to school Have parent sign Psychology Referral Form after informed consent & open Psychology file Do <u>voluntary</u> parent education using video “Concussion Management and Return to Learn” 	Psychology
<ul style="list-style-type: none"> Parent/guardian informs administration of when the student will return to school Principal/designate informs Psychology staff of return date 	Parent + Principal/Designate
<ul style="list-style-type: none"> Parent signs Return to Activity Plan Part A (GF 086A) 	Parent

STEPS	RESPONSIBILITY
<ul style="list-style-type: none"> • 1st day back, administer CSQ, preferably with Principal/Designate observing • Provide student education, when appropriate 	Psychology
<ul style="list-style-type: none"> • Develop ISP-C following 1st CSQ • Begin Phase 2 of Return to Learn and determine appropriate accommodations 	Principal/Designate, Psychology + Teacher
<ul style="list-style-type: none"> • Inform all relevant teachers of ISP-C and accommodations 	Principal/Designate
<ul style="list-style-type: none"> • Administer CSQ toward end of each day until recovery is complete 	Principal/Designate
<ul style="list-style-type: none"> • Review CSQ results every 1 – 2 days to determine progression through phases & changes to accommodations 	Principal to contact Psychology
<ul style="list-style-type: none"> • At end of Phase 5, parent completes GF 086D & obtains medical documentation for Full Return to Play (GF 404) 	Parent
<ul style="list-style-type: none"> • End of Phase 5, file medical documentation & ISP-C in OSR 	Principal/Designate
<ul style="list-style-type: none"> • End of Phase 5, file CSQs in Psychology file & close 	Psychology

DOCUMENTATION OF HEAD INJURIES

Date	Student	Details of Injury (location, witnesses)	Reporting Staff Member	First Aid Administered	Parent/Guardian Contact (date, time)	'Concussions Are Serious' Pamphlet Provided

MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: Personal information on this form is collected under the legal authority of the Education Act, R.S.O. 1990. c.E.2., as amended. This information will be used for purposes of planning and administering Physical Education programs for students and providing health and safety services in the event of an emergency. Questions regarding the collection of personal information are to be directed to the School Principal.

Revised April 2015

Documentation of Medical Examination for Suspected Concussion

_____ (student's name) sustained a blow to the head or body on

_____ (date). As a result, we recommend that your child be seen by a medical doctor or nurse practitioner.

Results of Medical Examination

☐ _____ (student's name) has been examined by me and **no concussion has been diagnosed**. Therefore he/she may resume full participation in learning and physical activity with no restrictions.

☐ _____ (student's name) has been examined by me and **a concussion has been diagnosed**. Therefore he/she must begin an individualized and gradual Return to Learn/Return to Play.



Physician's Stamp

Physician/Nurse Practitioner Signature: _____

Date: _____

MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT, R.S.O. 1990, c. M-56; Personal Health Information and Protection of Privacy Act, 2004, S.O. 2004, c. 3 : Personal information and personal health information is collected on this form by the Dufferin-Peel Catholic District School Board under the legal authority of the Education Act, R.S.O. 1990.c.E.2., as amended. This information will be used for purposes of planning and administering Physical Education programs for the student and responding to emergency situations. Questions regarding the collection of personal information and personal health information are to be directed to the School Principal.

WHAT SHOULD YOU DO IF YOU SUSPECT YOUR CHILD HAS A CONCUSSION?

Your child should not be left alone and should be seen by a doctor as soon as possible that day.

If your child loses consciousness, call an ambulance to take your child to the hospital immediately. Do not move your child or remove any sports equipment until the paramedics arrive.

Problems caused by a concussion can get worse later that day or night. Your child should not be left alone, and should be checked regularly throughout the night. If you have any concerns about your child's breathing or sleeping, wake your child up.

You should see a doctor immediately if your child's symptoms get worse, such as:

- Trouble waking up
- Increased confusion
- Seizures
- Trouble walking
- Headache that gets worse
- Vomiting more than once

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

No two concussions are exactly the same. Most concussion symptoms disappear within a few days or weeks. Some symptoms can last much longer, however, because child and teen brains are still developing, making them more vulnerable. It may take longer to heal from a concussion if your child or teen has had a concussion before.

HOW IS A CONCUSSION TREATED?

The most important treatment right after a concussion is resting the body and the brain. The child should not exercise, go to school, or do any activities that over-work the brain, such as reading, watching TV, listening to music, or using electronics (e.g., texting, playing video games, and using computers).

Too much stimulation of the brain too soon can make concussion symptoms worse and last longer - especially in children and teens whose brains are still developing. When children and teens start to feel better, it is important to increase learning and then play activities gradually so the brain has time to heal without being overloaded.



Dufferin-Peel Catholic District School Board has developed guidelines for supporting **Return to Activity** following concussion. These guidelines include a 5-phase process for **Return to Learn** followed by a 5-phase process for **Return to Play**. Concussion is a brain injury. With parental consent, school administration will work collaboratively with school psychology staff to monitor your child's progress through the 10 phases.

For more information, contact your child's school.

"Peace, peace, to the far and the near, says the Lord; and I will heal them." (Isaiah:57.19)



Additional resources for students and parents can be accessed at Parachute Canada.(www.parachutecanada.org).

GF 082

We want to give you a heads up



Concussions are serious



WHAT IS A CONCUSSION?

Concussions are brain injuries caused by rapid movement of the brain inside the skull. Concussions can result from a blow to the head or body (e.g., receiving a check in hockey, falling from a jungle gym, and being in a car crash even if the head has not hit anything).

Concussion changes brain function, which results in a variety of physical, cognitive, and behavioural/emotional signs or symptoms.

A concussion is difficult to diagnose. Brain scans do not always determine if a concussion exists, but ignoring the symptoms of a potential concussion can have serious and long-lasting effects.

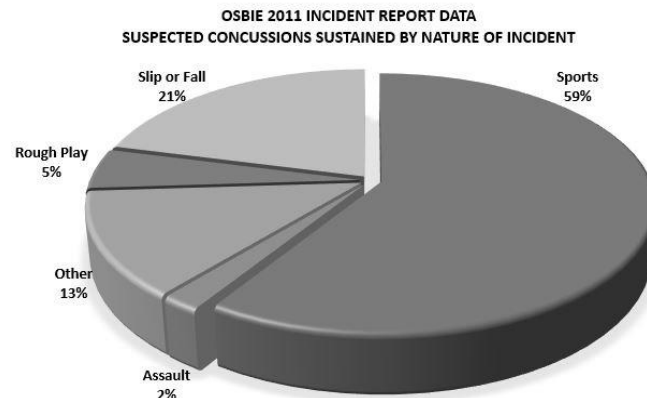
It should be noted that injuries that result from a concussion may lead to 'second impact syndrome', which is a rare condition that causes rapid and severe brain swelling, and often catastrophic results, if an individual suffers a second concussion before he/she is free from symptoms sustained from the first concussion.

Since concussions can only be diagnosed by a medical doctor or a nurse practitioner, educators, school staff, or volunteers cannot make the diagnosis of concussion.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

PHYSICAL

- Loss of consciousness/lack of responsiveness
- Blank stare/glassy-eyed/dazed or vacant look
- Seizures/convulsions
- Slow to get up
- Headache/pressure in head/child clutching head
- Neck pain
- Dizziness
- Balance problems/poor coordination
- Nausea or vomiting
- Loss of vision or blurred or double vision
- Seeing stars or lights
- Sensitivity to light or noise
- Ringing in the ears
- Slurred speech



WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

COGNITIVE

- Confusion (not aware of play or events)
- Unable to answer memory questions immediately after injury
- Feeling "slowed down"
- Feeling "in a fog" or "dazed"
- Difficulty concentrating
- Difficulty learning and remembering

BEHAVIOURAL/EMOTIONAL

- Tired/lethargic/drowsy
- Irritable/easily frustrated or upset
- Sad/more emotional
- Anxious/nervous
- Sleeping more than usual
- Difficulty falling asleep
- Doesn't "feel right"

YOUR CHILD CAN HAVE A CONCUSSION WITHOUT BEING KNOCKED OUT/LOSE CONSCIOUSNESS

**IF ANY OBSERVED SIGNS OR SYMPTOMS WORSEN
SEEK MEDICAL ATTENTION**

MEDICAL DOCUMENTATION FOR FULL RETURN TO LEARN & GRADUAL RETURN TO PLAY

_____ (student's name) sustained a concussion on _____ (date). After returning to school, and working through an individualized and gradual Return to Learn Plan, _____ (student's name) has been examined by me and he/she **may resume full participation in regular learning activities at school with no restrictions**. A gradual **Return to Play** process can now be implemented by the school.

Additional Comments:

Physician Signature: _____

Date: _____

MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT, R.S.O. 1990, c. M-56; Personal Health Information and Protection of Privacy Act, 2004, S.O. 2004, c. 3 : Personal information and personal health information is collected on this form by the Dufferin-Peel Catholic District School Board under the legal authority of the Education Act, R.S.O. 1990.c.E.2., as amended. This information will be used for the administration of the Return to Learn/Return Physical Activity Plan. Any questions regarding this collection may be directed to the School Principal.

Observations/Signs and Symptoms of a Suspected Concussion

This tool is a quick reference, to be completed to help identify a suspected concussion and to communicate this information to parent/guardian.

Identification of Suspected Concussion

Following a blow to the head, face or neck, or a blow to the body that transmits a force to the head, a concussion must be suspected in the presence of **any one or more** of the signs or symptoms outlined in the chart below **and/or** the failure of the Quick Memory Function Assessment.

1. Check appropriate box

An incident occurred involving _____ (student name) on _____ (date).
He/she was observed for signs and symptoms of a concussion _____ (time).

- ☐ No signs or symptoms described below were noted at the time. **Note:** *Continued monitoring of the student is important as signs and symptoms of a concussion may appear hours or days later (refer to #4 below).*
- ☐ The following signs were observed or symptoms reported:

Signs and Symptoms of Suspected Concussion	
Possible Signs Observed <i>A sign is something that is observed by another person (e.g., parent/guardian, teacher, coach, supervisor, peer).</i>	Possible Symptoms Reported <i>A symptom is something the student will feel/report.</i>
Physical <input type="checkbox"/> vomiting <input type="checkbox"/> slurred speech <input type="checkbox"/> slowed reaction time <input type="checkbox"/> poor coordination or balance <input type="checkbox"/> blank stare/glassy-eyed/dazed or vacant look <input type="checkbox"/> decreased playing ability <input type="checkbox"/> loss of consciousness or lack of responsiveness <input type="checkbox"/> lying motionless on the ground or slow to get up <input type="checkbox"/> amnesia <input type="checkbox"/> seizure or convulsion <input type="checkbox"/> grabbing or clutching of head Cognitive <input type="checkbox"/> difficulty concentrating <input type="checkbox"/> easily distracted <input type="checkbox"/> general confusion <input type="checkbox"/> cannot remember things that happened before and after the injury (<i>see Quick Memory Function Assessment on page 2</i>) <input type="checkbox"/> does not know time, date, place, class, type of activity in which he/she was participating <input type="checkbox"/> slowed reaction time (e.g., answering questions or following directions) Emotional/Behavioural <input type="checkbox"/> strange or inappropriate emotions (e.g., laughing, crying, getting angry easily) Other <input type="checkbox"/> _____	Physical <input type="checkbox"/> headache <input type="checkbox"/> pressure in head <input type="checkbox"/> neck pain <input type="checkbox"/> feeling off/not right <input type="checkbox"/> ringing in the ears <input type="checkbox"/> seeing double or blurry/loss of vision <input type="checkbox"/> seeing stars, flashing lights <input type="checkbox"/> pain at physical site of injury <input type="checkbox"/> nausea/stomach ache/pain <input type="checkbox"/> balance problems or dizziness <input type="checkbox"/> fatigue or feeling tired <input type="checkbox"/> sensitivity to light or noise Cognitive <input type="checkbox"/> difficulty concentrating or remembering <input type="checkbox"/> slowed down, fatigue or low energy <input type="checkbox"/> dazed or in a fog Emotional/Behavioural <input type="checkbox"/> irritable, sad, more emotional than usual <input type="checkbox"/> nervous, anxious, depressed Other <input type="checkbox"/> _____

If any observed signs or symptoms worsen, call 911.

2. Perform 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:

- What room are we in right now? *Answer:* _____
- What activity/sport/game are we playing now? *Answer:* _____
- What field are we playing on today? *Answer:* _____
- What part of the day is it? *Answer:* _____
- What is the name of your teacher/coach? *Answer:* _____
- What school do you go to? *Answer:* _____

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 and must follow the Concussion Guideline.

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.

5. Administrator/signature: _____ Date: _____

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

Adapted from McCroy et. al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013, as cited in the Opeha Concussion Protocol, 2014

Return to Activity Plan - Part A

This form is to be used by parents/guardians to communicate their child's/ward's progress through the plan and is to be used with the Concussion Guidelines.

The Return to Activity Plan (Return to Learn & Return to Play) is a combined approach which takes into account learning and physical activity.

It is recommended that a student remain at home for a minimum of 24 hours following a medical diagnosis of concussion.

Phase 1 - Return to Learn

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

- ☐ My child/ward has completed Phase 1 of the Return to Activity Plan (cognitive and physical rest at home) and his/her symptoms have shown improvement. My child/ward will proceed to Phase 2
AND
- ☐ I have submitted documentation of Medical Examination for Concussion, (GF 081) or doctor's script completed by a physician or nurse practitioner.

Parent/Guardian signature: _____

Date: _____

Comments:

Return to Activity Plan - Part B

If at any time during the following phases symptoms return, please refer to the “Symptoms of Concussion” section on page 4 of this document. The time allotted to complete each of the phases depends on the severity of the concussion but will be no less than 24 hours.

Time required to complete Phases 2 to 5 will depend on the individual needs of the student but will be no less than 24 hours.

Phases 2 to 5 – 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/ward has been receiving individualized classroom strategies and/or approaches and is symptom-free. My child/ward will proceed to Phase 6

AND

☐ I have submitted medical documentation (GF 083 or a doctor’s script) for Full Return to Learn and Gradual Return to Play completed by a physician or nurse practitioner.

Parent/Guardian signature: _____

Date: _____

Comments:

Return to Activity Plan - Part C

Time required to complete Phase 6 will be no less than 24 hours.

Phase 6 – Return to Play

- *Student participates in all regular learning activities at school.*
- *Student can participate in individual light aerobic physical activity and simple sports specific physical activity/drills only.*

☐ My child/ward is symptom-free after participating in the above physical activity. My child/ward will proceed to Phase 7.

☐ Return to Activity Plan will be returned to the main office to record progress through Phases 7 and 8.

Parent/Guardian signature: _____

Date: _____

Comments:

Time required to complete Phase 7 will be no less than 24 hours.

Phase 7 – Return to Play

- *Student may engage in activities with no body contact (e.g., dance, badminton); light resistance/weight training; non-contact practice; and non-contact sport-specific drills, with progression to more complex training drills.*

☐ Student has successfully completed Phase 7 and is symptom-free.

☐ Appendix GF 086 A-C, Return to Activity Plan, will be returned to parent/guardian.

☐ My child/ward is symptom free and is able to return to all school-related physical activities, including physical education.
My child/ward will proceed to Phase 8

Parent signature: _____

Admin signature: _____

(Forms received)

Date: _____

GF 086D

Return to Activity Plan - Part D

Time required to complete Phase 8 will be no less than 24 hours.

Phase 8 – 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 but not engage in body contact until GF 404 is signed.*

☐ I have submitted GF 404, Medical Documentation for Full Return to Play completed by a physician/nurse practitioner.

Should symptoms or concussion signs return, seek medical attention and guidance to place child/ward in the appropriate phase.

Parent/Guardian signature: _____

Date: _____

Comments:

Adapted from the Opeha Concussion Protocol, 2014, Appendix C-4

PARENT ACKNOWLEDGEMENT OF DUFFERIN-PEEL CONCUSSION PROTOCOL

Student _____ has been diagnosed with concussion on _____

Parent _____ has been offered the Dufferin-Peel Concussion Protocol and has:

☐ Declined the protocol _____
date

☐ Has agreed to speak with Psychology about the Dufferin-Peel Protocol _____
date



Dufferin-Peel
Catholic District
School Board

GF 404

REQUEST TO RESUME ATHLETIC PARTICIPATION – ELEMENTARY AND SECONDARY CURRICULUM/INTRAMURALS/INTERSCHOOL RETURN TO PLAY

This form is to be completed by both a medical professional and the parent(s)/guardian(s) for any student who was unable to participate due to an injury or concussion, requiring professional medical attention, and returned to the school.

I, _____, have tested/examined _____,
(Name of Professional and Title) (Name of Student)

after the specified injury or concussion _____ and certify that, in my professional opinion,
(Injury/Concussion)

he/she will be ready to resume participation as of _____
(Date)

COMMENTS/LIMITATIONS: _____

(Date) (Professional's Signature)

I, _____, acknowledge the fact that, _____ has received care
(Name of Parent/Guardian) (Name of Student)

for an injury/illness affecting his/her _____ and request his/her participation to resume on _____.
(Date)

COMMENTS: _____

(Date) Parent/Guardian

(Date) Adult Student

Distribution to:

☐ Parent/Guardian/Adult Student

☐ School

MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: Personal information on this form is collected under the legal authority of the Education Act, R.S.O. 1990, c.E.2., as amended. This information will be used for purposes of planning and administering Physical Education programs for students and providing health and safety services in the event of an emergency. Questions regarding the collection of personal information are to be directed to the School Principal.