



# **TCDSB**

## **Protocols for Concussions**

Prepared by the  
Physical/Health/Outdoor Education  
Departments  
2018-19

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## Purpose of this Document

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

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

### What is a Concussion?

A concussion is a traumatic brain injury that causes changes in how the Brain functions, leading to signs and symptoms that can emerge immediately or in the hours or days after the injury. It is possible for symptoms to take up to 7 days to appear

### What Causes a Concussion?

A concussion may be caused by a jarring impact to the head, face, neck or body, With an impulsive force transmitted to the head, that causes the brain to move Rapidly and hit the walls of the skull (for a visual description of how a concussion occurs consult: <https://cdn.hockeycanada.ca/hockey-canada/Hockey-Programs/Safety/Concussion/Infographic/english.html>)

### Signs and Symptoms of a Concussion can be Physical, Cognitive, Emotional/Behavioral, and/or related to sleep, also

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

Though concussions are common sport injuries, particularly among children and adolescents, the subtle symptoms of concussions may go unnoticed.

Without identification and proper management, a concussion can result in permanent or severe brain damage

## **A Board Plan of Action for Awareness of the TCDSB Concussion Protocol**

- 1) The TCDSB Health and Physical Education Department will provide appropriate in-servicing to school administrators on the implementation of the TCDSB Concussion Protocol.
- 2) The TCDSB Health and Physical Education Department will distribute to all Athletic Representatives and Department Heads of Physical Education the OPHEA Safety Guidelines, which will alert staff to the prevention of concussions.
- 3) The TCDSB Health and Physical Education Department will provide coaches appropriate orientation to the Concussion Protocol through a standing item at Athletic Representatives Regional Meetings in September of each school year.
- 4) The TCDSB Health and Physical Education Department will provide parents with Concussion Prevention Education as well as appropriate orientation to the Board's Concussion Protocol.
- 5) Each school principal will in-service school staff annually, in September, on the Concussion Protocol.
- 6) The TCDSB Health and Physical Education Department will develop and implement a Code of Conduct for student athletes and coaches.

## A School Plan of Action for Concussions

A concussion is a brain injury that changes how the brain functions leading to symptoms that can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty concentrating or remembering), emotional/behavioral (e.g., depression, irritability) and/or related to sleep (e.g., drowsiness, difficulty falling asleep). It cannot normally be seen on routine x-rays, CT scans, or MRIs. You do NOT need to lose consciousness to have a concussion.

### ***School Board Responsibilities:***

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

### ***School Responsibilities:***

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

- Principal to review the Toronto Catholic District School Board **Concussion Protocol and Guidelines** with **all** school staff at the very first staff meeting of the school year.
- Principal is to ensure TCDSB staff use only the forms provided by TCDSB.
- Principal to present the **Concussion Protocol and Guidelines** to parents at the first or second Catholic School Advisory Council (CSAC) meeting.
- A copy of the **Concussion Protocol and Guidelines** is to be kept in a prominent place in the main office where staff can easily access the forms.
- Principal must advise all appropriate school personnel (e.g. specialist teachers, occasional teachers, volunteers and coaches) of relevant information pertaining to any concussed student.

### **Coaches Responsibilities:**

- Inform student athletes and their parents about the seriousness of concussions and the signs and symptoms of concussions
- Follow the Concussion Code of Conduct and also have student athletes follow the Concussion Code of Conduct
- Be aware of and follow the Concussion Protocols

***TCDSB/School Responsibilities: If parents/guardians do not return TCDSB Incident Form or return student to school against medical advice.***

- There **is liability** to TCDSB if it is known that a doctor has advised that a child should not yet Return to School/Learn, and TCDSB permits the child to Return to School/Learn anyway.

- In such circumstances, it would be prudent for the **Principal** to deliver a message in writing to the parent(s)/guardian(s), that the Principal **strongly advises** the parent(s)/guardians(s) that the child should not Return to School/Learn until permitted to do so by a doctor.
- As TCDSB cannot contract out of liability or negligence in such a situation and Program Policy Memorandum (PPM) 158 authorizes schools and the board to effectively guide a student's Return to School/Learn, the TCDSB protocol advises that if a concussion is suspected, students **will not** Return to School/Learn unless medical clearance has been received.
- A parent/guardian cannot insist the child Return to School/Learn. When the child does return, **a safety plan would need to be developed by the principal in conjunction with appropriate school staff** to help mitigate the chance of new/re-injury.

### ***Parent Responsibilities:***

- Parents/Guardians are responsible for reviewing the *Heads Up* Concussion Information Sheet provided by the school and/or reviewing the Parent/Guardian Concussion Guideline PowerPoint provided on the TCDSB Board website.
- Parents/Guardians must sign off on the permission form indicating they have reviewed the Heads Up Concussion Information Sheet and/or the Parent/Guardian Concussion PowerPoint.

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

- Complete TCDSB Documentation of Medical Examination and return to the school principal or designate accompanied by a doctor's note
- Inform your child's school. At that point the school's Concussion Protocol would come into effect. TCDSB Documentation of Medical Examination would be completed and returned to the school accompanied by a doctor's note.

### ***Athlete's Responsibilities:***

- Athletes are responsible for reviewing the Heads Up Concussion Education Information Sheet and/or the TCDSB Parent/Guardian Concussion Guideline PowerPoint provided on the TCDSB Board website.
- Follow the Concussion Code of Conduct

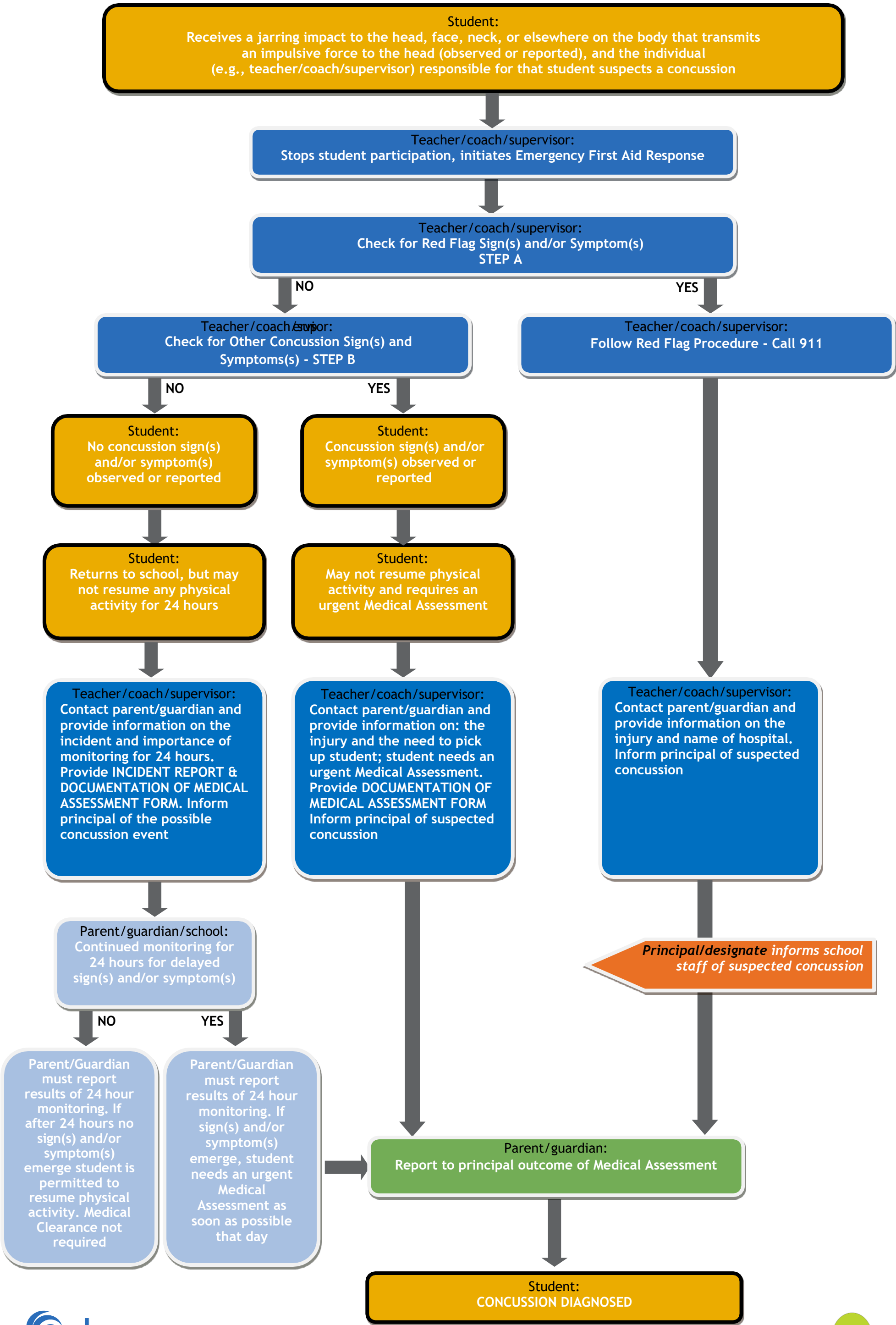
## **CONCUSSION CODE OF CONDUCT**

Prior to the sport season/intramural activity beginning of the school year, Teacher/Coach/Supervisor should inform students/athletes about:

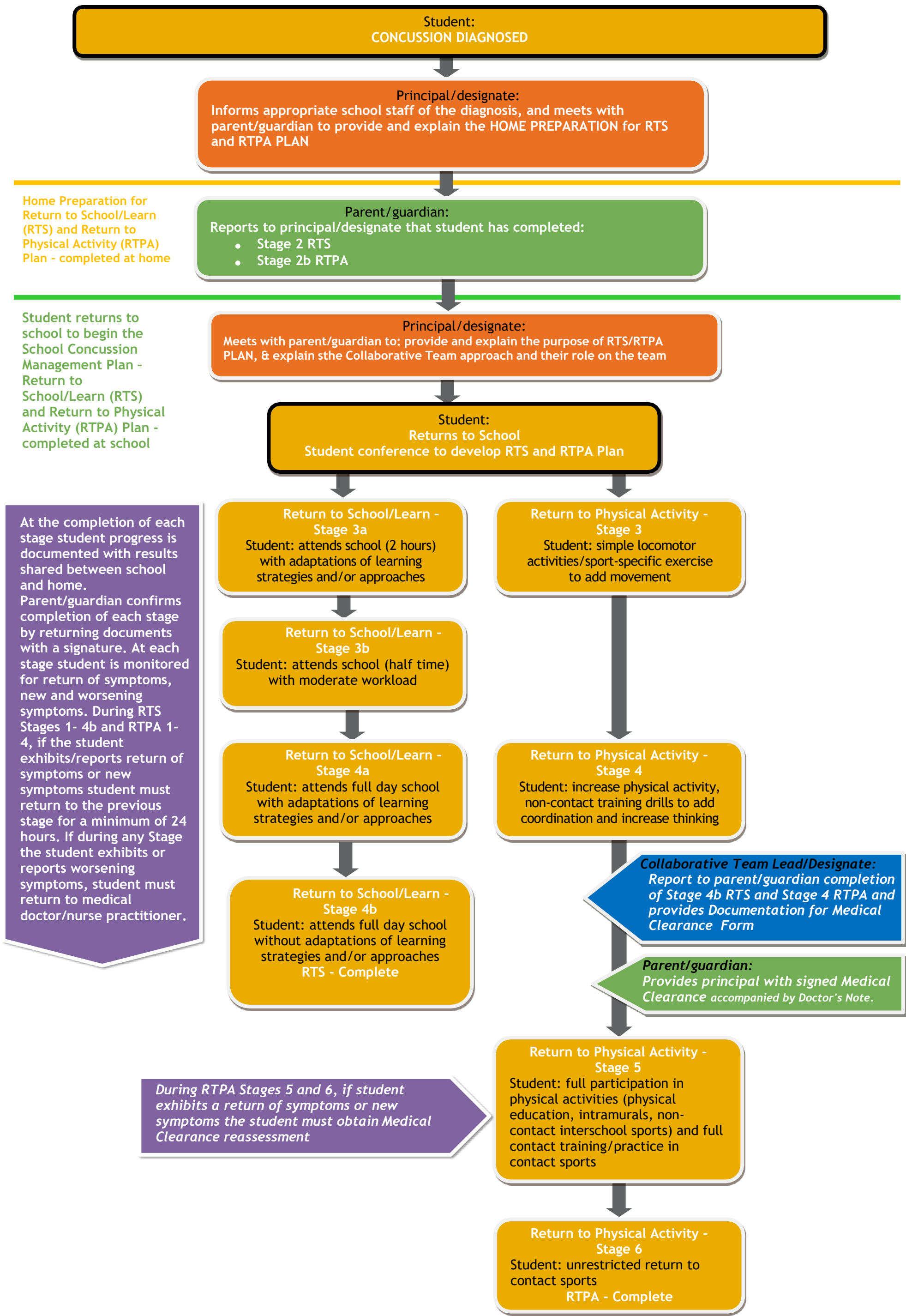
- The seriousness of concussion and the signs and symptoms of concussion.
- The importance of respecting and following the rules of the game and practicing fair play.
- The importance of practicing good sportsmanship, respecting their opponents and officials at all times.
- The importance of informing the teacher/coach/supervisor of any signs or symptoms of a concussion and removing themselves from the activity.
- The importance of encouraging a teammate with signs or symptoms of a concussion to remove themselves from the activity and to inform the teacher/coach/supervisor.
- The importance of informing the teacher/coach/supervisor when a classmate/teammate/opponent has signs or symptoms of a concussion.
- The importance of discouraging others from pressuring injured students/athletes to play/participate.

During the physical activity unit/sport season/intramural activity, the Teacher/Coach/Supervisor should:

- Demonstrate safe contact skills during controlled practice sessions prior to competition.
- Demonstrate respect for the mutual safety of fellow athletes (For example, no hits to the head, follow the rules and regulations of the activity).
- Report any sign or symptom of a concussion immediately to teacher/coach/supervisor from a hit, fall or collision.
- Encourage teammates/fellow students to report sign(s) or symptoms of a concussion and to refrain from pressuring students/athletes to play.







## **TCDSB Forms used to Monitor Concussion**

Activity	TCDSB Form Needed	Process	Action
Suspected Concussion	Incident Form	Staff Generated	Filled out by staff and copy given to Parent
	Documentation of Medical Examination	Doctor Examination	Signed and returned by Parent/Guardian
• No concussion	File Documentation of Medical Examination in OSR. No further action required.		
• Concussion Diagnosed	Follow Return to School/Learn (RTS) and Return to Physical Activity (RTPA) Protocol as indicated below		
Return to School/Learn, Return to Physical Activity Protocol	TCDSB Forms Used	Actions	Signed By
Home Preparation for Return to School/Learn/Return to Physical Activity	<b>Step 1</b> <b>Stage 1</b> <b>Stage 2</b>	-Package given by school to parent. -Parent monitors student and checks off stages. -Parent returns signed package and meets with Principal once stage 2 is completed	Parents/ Guardians
	<b>Stage 3</b> - RTS 3 - RTPA 3a	-Develop an individualized plan collaboratively between child, parent, principal, and teacher. -Hand out stage 3 package. -Parent and school complete RTS 3 & RTPA 3a -Parent returns signed package	Parents/ Guardians & School Designate
RTS / RTPA 3	<b>Stage 3</b> - RTS 3b	-School follows RTS 3b guidelines and child continues with RTPA 3 -Parent monitors child at home -Both school and parent complete 3b	Parents/ Guardians & School Designate
	<b>Stage 4</b> - RTS 4a - RTPA 4	-Hand out stage 4 package. -Parent and school complete RTS 4a & RTPA 4 -Parent returns signed package	Parents/ Guardians & School Designate
RTS / RTPA 4	<b>Stage 4</b> - RTS 4b	-School follows RTS 4b guidelines and child continues with RTPA 4 -Parent monitors child at home -Both school and parent complete 4b	Parents/ Guardians & School Designate
<b><u>Complete Documentation for Medical Clearance Form (End of Stage 4) - required before moving on to RTPA Stages 5 &amp; 6</u></b>			
RTPA 5	<b>Stage 5</b>	-Hand out stage 5 sheet. -Parent and school complete RTPA 5 -Parent returns signed sheet	Parents/ Guardians & School Designate
RTPA 6	<b>Stage 6</b>	-Hand out stage 6 sheet. -Parent and school complete RTPA 6 -Parent returns signed sheet	Parents/ Guardians & School Designate
If symptoms return student returns to previous step and process is repeated.			

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



## **TCDSB Incident Report** – Tool to Identify a Suspected Concussion

*This checklist tool, completed by school staff (for example, teachers/coaches/intramural supervisors), is used to identify the sign(s) and/or symptom(s) of a suspected concussion, to respond appropriately and to communicate this information and follow-up requirements to parent/guardian. This tool may also be used for continued monitoring of the student.*

Complete appropriate steps below.

Student name: \_\_\_\_\_ Time of Incident: A.M. ☐ P.M. ☐ Date: \_\_\_\_\_

Identification of Suspected Concussion: If after a jarring impact to the head, face or neck or elsewhere on the body, an impulsive force is transmitted to the head (observed or reported), and the individual (for example, teacher/coach) responsible for that student suspects a concussion, the following actions must be taken immediately:

### **STEP A**

#### **RED FLAGS:**

Check (☐) for Red Flag sign(s) and or symptom(s).

If any one or more red flag sign(s) or symptom(s) are present, **CALL 911**, followed by a call to parents/guardians/emergency contact.

- ☐ Neck pain or tenderness
- ☐ Severe or increasing headache
- ☐ Deteriorating conscious state
- ☐ Double vision
- ☐ Seizure or convulsion
- ☐ Vomiting
- ☐ Weakness or tingling/burning in arms or legs
- ☐ Loss of consciousness
- ☐ Increasingly restless, agitated or combative

**If Red Flag(s) identified, complete only Step E - Communication to Parent/Guardian**

### **STEP B**

#### **Other Sign(s) and Symptoms(s)**

If red flag(s) not identified continue and complete the following steps (as applicable) and **Step E - Communication with Parents/Guardians**.

**STEP B1****Other Concussion Signs**

Check ( ) visual cues (what you see).

- ☐ Lying motionless on the playing surface (no loss of consciousness)
- ☐ Disorientation or confusion, or an inability to respond appropriately to questions
- ☐ Balance, gait difficulties, motor incoordination, stumbling, slow labored movements
- ☐ Slow to get up after a direct or indirect hit to the head
- ☐ Blank or vacant look
- ☐ Facial injury after head trauma

**STEP B2****Other Concussion Symptoms reported (what the student is saying)**

Check ( ) what you feel.

- ☐ Headache
- ☐ Blurred vision
- ☐ More emotional
- ☐ Difficulty concentrating
- ☐ "Pressure in head"
- ☐ Sensitivity to light
- ☐ More irritable
- ☐ Difficulty remembering
- ☐ Balance problems
- ☐ Sensitivity to noise
- ☐ Sadness
- ☐ Feeling slowed down
- ☐ Nausea
- ☐ Fatigue or low energy
- ☐ Nervous or anxious
- ☐ Feeling like "in a fog"
- ☐ Drowsiness
- ☐ "Don't feel right"
- ☐ Dizziness

***IF ANY SIGN(S) OR SYMPTOM(S) WORSEN, CALL 911***

**STEP B3****Conduct Quick Memory Function Check**

Questions may need to be modified for very young students, the situation/activity/sport and/or students receiving special education programs and services. Failure to answer any one of these questions correctly indicates a suspected concussion. Record student responses below.

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:* \_\_\_\_\_

Is it before or after lunch? *Answer:* \_\_\_\_\_

What is the name of your teacher/coach? *Answer:* \_\_\_\_\_

What school do you go to? *Answer:* \_\_\_\_\_

**STEP C**

**Where sign(s) observed and/or symptom(s) are reported, and/or if the student fails to answer any of the Quick Memory Function questions correctly**

Actions Required:

- ☐ a concussion should be suspected;
- ☐ the student must stop participation immediately and must not be allowed to return to play that day even if the student states that they are feeling better; and
- ☐ the student must not:
  - leave the premises without parent/guardian (or emergency contact) supervision;
  - drive a motor vehicle until cleared to do so by a medical doctor or a nurse practitioner;
  - take medications except for life threatening medical conditions (for example, diabetes, asthma).

Teacher/coach to inform parent/guardian that the student needs urgent Medical Assessment (as soon as possible that day) by a medical doctor or nurse practitioner. Medical doctors and nurse practitioners are the only healthcare professionals in Canada with licensed training and expertise to diagnose a concussion; therefore all students with a suspected concussion should undergo evaluation by one of these professionals. In rural or northern regions, the Medical Assessment may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner.

**Parent/guardian must be provided with a completed copy of this incident report and a copy of the *Medical Assessment Document*. Teacher/coach informs principal of incident.**

**STEP D**

**If there are no signs observed, nor symptoms reported, and the student answers correctly all questions in the Quick Memory Function Check but a possible concussion event was recognized by teacher/coach.**

Actions Required:

- ☐ The student must stop participation immediately and must not be allowed to return to play that day even if the student states that they are feeling better. Principals must be informed of the incident.

Teacher/coach to inform parent/guardian and principal of the incident and that the student requires continued monitoring for 24 hours as sign(s) and/or symptom(s) can appear hours or days after the incident:

- ☐ If any red flags emerge call 911 immediately.
- ☐ If any other sign(s) and/or symptom(s) emerge, the student needs urgent Medical Assessment (as soon as possible that day) by a medical doctor or nurse practitioner.
- ☐ Parent/guardian is to communicate the results of the Medical Assessment to the school Principal using the *Medical Assessment Document*.

If after 24 hours of monitoring no sign(s) and/or symptom(s) have emerged the parent/guardian is to communicate the results to the school Principal using the Medical Assessment Form. Student is permitted to resume physical activities. Medical Clearance is not required.

**STEP E****Communication to Parent/Guardian:**

Copy of the Incident Report – Indicate ( ) appropriate results and follow-up requirements.

Your child/ward was checked for a suspected concussion (i.e., Red Flags, Other Signs and Symptoms, Quick Memory Function) with the following results:

- ☐ Red Flag(s) sign(s) observed and/or symptom(s) reported and EMS called.
- ☐ Other concussion sign(s) were observed and/or symptom(s) reported and/or student failed to correctly answer all the Quick Memory Function questions.
- ☐ No sign(s) or symptom(s) were reported and student correctly answered all of the questions in the Quick Memory Function Check but a possible concussion event was recognized. Continued monitoring is required.

Teacher/Coach/Intramural Supervisor name: \_\_\_\_\_

**Forms for Parent/Guardian to accompany the Incident Report:**

- ☐ Medical Assessment Document

**Parent/Guardian:**

**Must communicate to principal/designate the results of the Medical Assessment and the results of 24 hour monitoring (using the Medical Assessment Document, and accompanied by a Doctor's Note):**

- ☐ Medical Assessment Document



## Documentation of Medical Assessment

This form is to be provided to all students suspected of having a concussion. The injury may have occurred during a TCDSB related activity or during a non-related TCDSB activity.

Consult the Sample Tool to identify a Concussion.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

The student must be assessed as soon as possible by a medical doctor or nurse practitioner. In Canada, only medical doctors and nurse practitioners are qualified to provide a concussion diagnosis. In rural or northern regions, a nurse with pre-arranged access to a medical doctor or nurse practitioner may be used to assess the suspected concussion. Prior to returning to school, the parent/guardian must inform the school principal of the results of the medical assessment by completing the following:

### **RESULTS OF MEDICAL ASSESSMENT**

- ☐ My child/ward has been assessed and a concussion has not been diagnosed and therefore may resume full participation in learning and physical activity without any restrictions, and
- ☐ No concussion sign(s) and/symptom(s) observed or reported after 24 hours monitoring.

- ☐ My child/ward has been assessed and a concussion has not been diagnosed but the assessment led to the following diagnosis and recommendations:

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

- ☐ My child/ward has been assessed and a concussion has been diagnosed and therefore must begin a medically supervised, individualized, and gradual Return to School/Learn (RTS) and Return to Physical Activity (RTPA) Plan. I will report the findings to the school Principal/designate; and obtain a copy of the Home Preparation for Return to School/Learn (RTS) and Return to Physical Activity (RTPA) Plan from the school.

Comments:

\_\_\_\_\_

Medical Doctor/Nurse Practitioner providing assessment:

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* This document should be accompanied by a Doctor's Note  
Staple and file both documents in student OSR.**



## **CONCUSSION DIAGNOSED:**



### **STEP 1 - Home Preparation for Return to School/Learn (RTS) and Return to Physical Activity (RTPA) Plan**

Home Preparation for Return to School/Learn (RTS) Stages	Home Preparation for Return Physical Activity (RTPA) Stages
Each stage must last a minimum of 24 hours.	Each stage must last a minimum of 24 hours.
<p style="text-align: center;"><u><b>RTS—Initial Rest</b></u></p> <p>24 – 48 hours of relative cognitive rest (sample activities below):</p> <p><u>Sample activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> <li>✓ Short board/card games</li> <li>✓ Short phone calls</li> <li>✓ Photography (with camera)</li> <li>✓ Crafts</li> </ul> <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> <li>✗ TV</li> <li>✗ Technology use(e.g., computer, laptop, tablet, iPad)/cell phone (e.g.,texting/games/photography)</li> <li>✗ Video games</li> <li>✗ Reading</li> <li>✗ Attendance at school or school-type work</li> </ul>	<p style="text-align: center;"><u><b>RTPA –Initial Rest</b></u></p> <p>24 – 48 hours of relative physical rest (sample activities below):</p> <p><u>Sample activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> <li>✓ Limited movement that does not increase heart rate or break a sweat</li> <li>✓ Moving to various locations in the home</li> <li>✓ Daily hygiene activities</li> </ul> <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> <li>✗ Physical exertion (increases breathing and heart rate and sweating)</li> <li>✗ Stair climbing other than to move locations throughout the home</li> <li>✗ Sports/sporting activity</li> </ul>
<p>Student moves to RTS Stage 1 when:</p> <p><input type="checkbox"/> Symptoms start to improve or after resting 2 days maximum (whichever occurs first).</p>	<p>Student moves to RTPA Stage 1 when:</p> <p><input type="checkbox"/> Symptoms start to improve or after resting 2 days maximum (whichever occurs first).</p>



## STAGE I – HOME PREPARATION TO RETURN TO SCHOOL/LEARN / RETURN TO PHYSICAL ACTIVITY

<u>RTS – Stage I</u>	<u>RTPA – Stage I</u>
<p>Light cognitive (thinking/memory/ knowledge) activities (as per activities permitted listed below).</p> <p>Gradually increase cognitive activity up to 30 minutes. Take frequent breaks.</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> <li>✓ Activities from previous stage</li> <li>✓ Easy reading (e.g., books, magazines, etc...)</li> <li>✓ Limited TV</li> <li>✓ Limited cellphone conversations</li> <li>✓ Drawing/building blocks/puzzles</li> <li>✓ Some contact with friends</li> </ul> <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> <li>✗ Technology use (e.g., computer, laptop, tablet, iPad)/cell phone (e.g. texting/game/photography)</li> <li>✗ Attendance at school or school-type work</li> </ul>	<p>Light physical activities (as per activities permitted listed below) that do not provoke symptoms.</p> <p>Movements that can be done with little effort (do not increase breathing and/or heart rate or break a sweat).</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Daily household tasks (e.g., bed- making, dishes, feeding pets, meal preparation)</li> <li><input type="checkbox"/> Slow walking for short time</li> </ul> <p><u>Activities that are not permitted at this stage</u></p> <p>Physical exertion (increases breathing and heart rate and sweating)</p> <ul style="list-style-type: none"> <li>✗ Sports/sporting activity</li> <li>✗ Stair climbing, other than to move locations throughout the home</li> </ul>
<p><u>Student moves to RTS Stage 2 when:</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Student tolerates 30 minutes of light cognitive activity (for example a student should be able to complete 3-4 of the permitted activities listed above) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.</li> <li><input type="checkbox"/> Student has completed a minimum of 24 hours at RTS – Stage I.</li> <li><input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms and must return to the previous stage for a minimum of 24 hours.</li> <li><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</li> </ul>	<p><u>Student moves to RTPA Stage 2a when:</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Student tolerates light physical activities (completes both activities above) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.</li> <li><input type="checkbox"/> Student has completed a minimum of 24 hours at RTPA – Stage I.</li> <li><input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms and must return to the previous stage for a minimum of 24 hours.</li> <li><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</li> </ul>

**STAGE 2 – HOME PREPARATION TO RETURN TO SCHOOL/LEARN / RETURN TO PHYSICAL ACTIVITY****RTS -Stage 2**

Gradually add cognitive activity (as per activities permitted listed below). When light cognitive activity is tolerated, introduce school work (at home and facilitated by the school).

**Activities permitted if tolerated by student**

- ☐ Activities from previous stage
- ☐ School-type work in 30-minute increments
- ☐ Crosswords, word puzzles, Sudoku, word search
- ☐ Limited technology use (e.g., computer, laptop, tablet, iPad)/cell phone (e.g., texting/games/photography) starting with shorter periods and building up as tolerated

**Activities that are not permitted at this stage**

- ✗ School attendance

**RTPA –Stage 2a**

Daily activities that do not provoke symptoms.

Add additional movements that do not increase breathing and/or heart rate or break a sweat.

**Activities permitted if tolerated by student**

- ☐ Activities from previous stage
- ☐ Light physical activity (e.g., use of stairs)
- ☐ 10-15 minutes slow walking 1-2x per day inside and outside (weather permitting)

**Activities that are not permitted at this stage**

- ✗ Physical exertion (increases breathing and/or heart rate and sweating)
- ✗ Sports
- ✗ Sporting activities

**Student moves to RTS Stage 3a when:**

- ☐ Student tolerates the additional cognitive activity (for example a student should be able to complete 3-4 of the activities permitted) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms
- ☐ Student has completed a minimum of 24 hours at RTS – Stage 2.

**Student moves to RTPA Stage 2b when:**

- ☐ Student tolerates daily physical activities (completes activities permitted listed above) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- ☐ Student has completed a minimum of 24 hours at RTPA – Stage 2a.

<ul style="list-style-type: none"> <li><input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms and must return to the previous stage for a minimum of 24 hours.</li> <li><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms and must return to the previous stage for a minimum of 24 hours.</li> <li><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</li> </ul>
	<p><u>RTPA- Stage 2b Light aerobic activity</u></p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 20-30 minutes walking/stationary cycling/recreational (i.e., at a pace that causes some increase in breathing/heart rate but not enough to prevent a student from carrying on a conversation comfortably)</li> </ul> <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> <li>✗ Resistance or weight training</li> <li>✗ Physical activities with others</li> <li>✗ Physical activities using equipment</li> </ul>
	<p><u>Student moves to RTPA Stage 3 when:</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Student tolerates light aerobic activities (completes activities above) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms</li> <li><input type="checkbox"/> Student has completed a minimum of 24 hours at RTPA – Stage 2b.</li> </ul>



## **END OF STAGE 2:**

### **HOME PREPARATION TO RETURN TO SCHOOL/LEARN / RETURN TO PHYSICAL ACTIVITY**

*To be completed and signed by the parent/guardian and handed into the Principal*

#### **Responsibilities of Parent/Guardian**

When your child has successfully completed Step 1, and Stages 1 and 2 of Home Preparation for Return to School/Learn (RTS) and Return to Physical Activity (RTPA) please call or meet to inform the school principal; and hand in this completed and signed form:

- ☐ My child has completed Stage 2 RTS (tolerates up to 1 hour of cognitive activity in two 30 minutes intervals and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.) and is to begin RTS Stage 3a at school.
- ☐ My child has completed Stage 2b RTPA (activities are tolerated and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.) and is to begin RTPA Stage 3 at school.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Next Steps:**

Meet with the school to review the School Concussion Management Plan for Return to School/Learn / Return to Physical Activity



## STAGE 3 – RETURN TO SCHOOL/LEARN / RETURN TO PHYSICAL ACTIVITY

Return to School/Learn (RTS) Stages	Return to Physical Activity (RTPA) Stages
<p style="text-align: center;"><u><b>RTS - Stage 3a</b></u></p> <p>Student begins with an initial time at school of 2 hours.</p> <p>The individual RTS Plan is developed by Collaborative Team following the student conference and assessment of the student's individual needs determining possible strategies and/or approaches for student learning (consult Table 5 in Appendix C-I).</p> <p style="text-align: center;"><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> <li>✓ Activities from previous stage (consult Appendix C-I – Sample Documentation for Concussion Management – Home Preparation for RTS and RTPA)</li> <li>✓ School work for up to 2 hours per day in smaller chunks (completed at school) working up to a 1/2 day of cognitive activity</li> <li>✓ Adaptation of learning strategies and/or approaches</li> </ul> <p style="text-align: center;"><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> <li>✗ Tests/exams</li> <li>✗ Homework</li> <li>✗ Music class</li> <li>✗ Assemblies</li> <li>✗ Field trips</li> </ul>	<p style="text-align: center;"><u><b>RTPA –Stage 3</b></u></p> <p>Simple locomotor activities/sport-specific exercise to add movement.</p> <p style="text-align: center;"><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> <li>✓ Activities from previous stage (20-30 minutes walking/stationary cycling/elliptical/recreational dancing at a moderate pace)</li> <li>✓ Simple individual drills (e.g., running/throwing drills, skating drills in hockey, shooting drills in basketball) in predictable and controlled environments with no risk of re-injury</li> <li>✓ Restricted recess activities (e.g., walking)</li> </ul> <p style="text-align: center;"><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> <li>✗ Full participation in physical education or DPA</li> <li>✗ Participation in intramurals</li> <li>✗ Full participation in interschool practices</li> <li>✗ Interschool competitions</li> <li>✗ Resistance or weight training</li> <li>✗ Body contact or head impact activities (e.g., heading a soccer ball)</li> <li>✗ Jarring motions (e.g., high speed stops, hitting a baseball with a bat)</li> </ul>
<p><u>School</u></p> <p><input type="checkbox"/> Student has demonstrated they can tolerate up to a half day of cognitive activity.</p> <p><input type="checkbox"/> Stage 3a RTS/Stage 3 RTPA plan sent home</p> <p>School Initial (e.g., collaborative team lead/designate): _____</p> <p>Date: _____</p>	<p><u>School</u></p> <p><input type="checkbox"/> Student has demonstrated they can tolerate simple individual drills/sport- specific drills as listed in permitted activities.</p> <p><input type="checkbox"/> Stage 3a RTS/Stage 3 RTPA plan sent home</p> <p>School Initial (e.g., collaborative team lead/designate): _____</p> <p>Date: _____</p>

Home

- ☐ Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- ☐ Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.
- ☐ Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
- ☐ Stage 3a RTS/Stage 3 RTPA plan sent back

Parent/Guardian:

Signature: \_\_\_\_\_

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

Comments: \_\_\_\_\_

Home

- ☐ Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- ☐ Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.
- ☐ Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
- ☐ Stage 3a RTS/Stage 3 RTPA plan sent back

Parent/Guardian:

Signature: \_\_\_\_\_

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

Comments: \_\_\_\_\_

RTS - Stage 3b

Student continues attending school half time with gradual increase in school attendance time, increased school work and a decrease in the adaptation of learning strategies and/or approaches.

Activities permitted if tolerated by student

- ✓ Activities from previous stage
- ✓ School work for 4-5 hours per day, in smaller chunks (e.g., 2-4 days of school/week)
- ✓ Homework – up to 30 minutes per day
- ✓ Decrease adaptation of learning strategies and/or approaches
- ✓ Classroom testing with accommodations.

Activities that are not permitted at this stage

- ✗ Standardized tests/exams

School

- ☐ Student has demonstrated they can tolerate up to 4-5 hours of the cognitive activities listed above.

- ☐ Stage 3b RTS Plan sent home.

School Initial (e.g., collaborative team

lead/designate): \_\_\_\_\_

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

Home

- ☐ Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.

- ☐ Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.

- ☐ Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.

- ☐ Stage 3b RTS plan sent back to school.

Parent/Guardian Signature: \_\_\_\_\_

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

Comment: \_\_\_\_\_





## STAGE 4 – RETURN TO SCHOOL/LEARN / RETURN TO PHYSICAL ACTIVITY

APPENDIX B

Return to School/Learn (RTS) Stages	Return to Physical Activity (RTPA) Stages
<p style="text-align: center;"><u>RTS– Stage 4a</u></p> <p>Full day school, minimal adaptation of learning strategies and/or approaches</p> <p>Nearly normal workload.</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> <li>✓ Activities from previous stage</li> <li>✓ Nearly normal cognitive activities</li> <li>✓ Routine school work as tolerated</li> <li>✓ Minimal adaptation of learning strategies and/or approaches <ul style="list-style-type: none"> <li>• Start to eliminate adaptation of learning strategies and/or approaches</li> <li>• Increase homework to 60 minutes per day</li> <li>• Limit routine testing to one test per day with accommodations (e.g., supports - such as more time)</li> </ul> </li> </ul> <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> <li>✗ Standardized tests/exams</li> </ul>	<p style="text-align: center;"><u>RTPA –Stage 4</u></p> <p>Progressively increase physical activity. Non-contact training drills to add coordination and increased thinking.</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> <li>✓ Activities from previous stage</li> <li>✓ More complex training drills (e.g., passing drills in soccer and hockey)</li> <li>✓ Physical activity with no body contact (e.g., dance, badminton)</li> <li>✓ Participation in practices for non- contact interschool sports (no contact)</li> <li>✓ Progressive resistance training may be started</li> <li>✓ Recess – physical activity running/games with no body contact</li> <li>✓ DPA (elementary)</li> </ul> <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> <li>✗ Full participation in physical education</li> <li>✗ Participation in intramurals</li> </ul> <p>Body contact or head impact activities (e.g., heading a soccer ball)</p> <p>Participation in interschool contact sport practices, or interschool games/competitions (non-contact and contact)</p>
<p><u>School</u></p> <p><input type="checkbox"/> Student has demonstrated they can tolerate a full day of school and a nearly normal workload with minimal adaptation of learning strategies and/or approaches.</p> <p><input type="checkbox"/> Stage 4a RTS/Stage 4 RTPA sent home</p> <p>School Initial (e.g., collaborative team lead/designate): _____</p> <p>Date: _____</p>	<p><u>School</u></p> <p><input type="checkbox"/> Student has completed the activities in RTPA Stage 4 as applicable.</p> <p><input type="checkbox"/> Stage 4a RTS/ Stage 4 RTPA sent home to parent</p> <p><input type="checkbox"/> Documentation for Medical Clearance sent home to parent/guardian.</p> <p>School Initial (e.g., collaborative team lead/designate): _____</p> <p>Date: _____</p>

<p><u>Home</u></p> <p><input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.</p> <p><input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.</p> <p><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</p> <p><input type="checkbox"/> C-5 Stage 4a RTS/Stage 4 RTPA sent back Parent/Guardian:</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Comments: _____</p>	<p><u>Home</u></p> <p><input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.</p> <p><input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.</p> <p><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</p> <p><input type="checkbox"/> Stage 4a RTS/Stage 4 RTPA sent back Parent/Guardian:</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Comments: _____</p>
<p style="text-align: center;"><u>RTS - Stage 4b</u></p> <p>At school: full day, without adaptation of learning strategies and/or approaches</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> <li>✓ Normal cognitive activities</li> <li>✓ Routine school work</li> <li>✓ Full curriculum load (attend all classes, all homework, tests)</li> <li>✓ Standardized tests/exams</li> <li>✓ Full extracurricular involvement (non-sport/non-physical activity - e.g., debating club, drama club, chess club)</li> </ul>	<p><u>Before progressing to RTPA Stage 5, the student must:</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> have completed RTS Stage 4a and 4b (full day at school without adaptation of learning strategies and/or approaches),</li> <li><input type="checkbox"/> have completed RTPA Stage 4 and be symptom-free, and</li> <li><input type="checkbox"/> obtain a signed Medical Clearance from a medical doctor or nurse practitioner.</li> </ul> <p><i>Please Note:</i> Premature return to contact sports (full practice and game play) may cause a significant setback in recovery.</p>
<p><u>School</u></p> <p><input type="checkbox"/> Student has demonstrated they can tolerate a full day of school without adaptation of learning strategies and/or approaches</p> <p><input type="checkbox"/> Stage 4b RTS plan sent home.</p> <p>School Initial (e.g., collaborative team lead/designate): _____</p> <p>Date: _____</p>	

Home

- ☐ Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- ☐ Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.
- ☐ Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.

Parent/Guardian:

Signature: \_\_\_\_\_

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

Comments: \_\_\_\_\_



## End of Stage 4

### Documentation for Medical Clearance

*This form is to be provided to students who have completed the Return to School/Learn (RTS) Stage 4b and Return to Physical Activity (RTPA) Stage 4 (consult the School Concussion Management Plan below). Student must be medically cleared by a medical doctor/nurse practitioner prior to moving on to full participation in non-contact physical activities and full contact practices (RTPA Stage 5).*

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

I have examined this student and confirm they are medically cleared to participate in the following activities:

- Full participation in Physical Education classes
- Full participation in Intramural physical activities (non-contact)
- Full participation in non-contact Interschool Sports (practices and competition)
- Full-contact training/practice in contact Interschool Sports Other

comments:

\_\_\_\_\_

Medical Doctor/Nurse Practitioner

*In rural or northern regions, the Medical Clearance Letter may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner. Forms completed by other licensed healthcare professionals will not be accepted.*

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

Signature: \_\_\_\_\_

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

**\* This document should be accompanied by a Doctor's Note**

**End of Stage 4**  
**Documentation for Medical Clearance** (page 2)

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**School Concussion Management Plan Summary**

What if symptoms recur? A student who has received Medical Clearance and has a recurrence of symptoms or new symptoms appear, must immediately remove themselves from play, and inform their parent/guardian/teacher/coach, and return to medical doctor or nurse practitioner for Medical Clearance reassessment before returning to physical activity.

**School Concussion Management Plan**

Return to School/Learn (RTS) Stages	Return to Physical Activity (RTPA) Stages
Each stage must last a minimum of 24 hours.	Each stage must last a minimum of 24 hours.
<p style="text-align: center;"><u>RTS - Stage 3a</u></p> <p>Student begins with an initial time at school of 2 hours.</p> <p>The individual RTS Plan is developed by Collaborative Team following the student conference and assessment of the student's individual needs determining possible strategies and/or approaches for student learning.</p>	<p style="text-align: center;"><u>RTPA -Stage 3</u></p> <p>Simple locomotor activities/sport-specific exercise to add movement.</p>
<p style="text-align: center;"><u>RTS - Stage 3b</u></p> <p>Student continues attending school half time with gradual increase in school attendance time, increased school work, and decrease in learning strategies and/or approaches.</p>	

**End of Stage 4**  
**Documentation for Medical Clearance (page 3)**

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**School Concussion Management Plan Summary (con't)**

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<p style="text-align: center;"><u>RTS- Stage 4a</u></p> <p>Full days school, minimal adaptation of learning strategies and/or approaches. Nearly normal workload.</p>	<p style="text-align: center;"><u>RTPA -Stage 4</u></p> <p>Progressively increase physical activity. Non- contact training drills to add coordination and increased thinking.</p>
<p style="text-align: center;"><u>RTS - Stage 4b</u></p> <p>At school: full day, without adaptation of learning strategies and/or approaches.</p>	<p style="text-align: center;"><u>Before progressing to RTPA Stage 5, the student must:</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> have completed RTS Stage 4a and 4b (full day at school without adaptation of learning strategies and/or approaches</li> <li><input type="checkbox"/> have completed RTPA Stage 4 and be symptom-free, and obtain signed Medical Clearance from a medical doctor or nurse practitioner.</li> </ul>
	<p style="text-align: center;"><u>RTPA-Stage 5</u></p> <p>Following medical clearance, full participation in all non-contact physical activities (i.e., non-intentional body contact) and full contact training/practice in contact sports.</p>
	<p style="text-align: center;"><u>RTPA - Stage 6</u></p> <p style="text-align: center;">Unrestricted return to contact sports</p>



# STAGE 5 – RETURN TO SCHOOL/LEARN / RETURN TO PHYSICAL ACTIVITY

## APPENDIX B

Return to School/Learn (RTS) Stages	Return to Physical Activity (RTPA) Stages
	<p><u>RTPA–Stage 5</u> Following medical clearance, full participation in all non-contact physical activities (i.e., non-intentional body contact) and full contact training/practice in contact sports.</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> <li>✓ Physical Education</li> <li>✓ Intramural programs</li> <li>✓ Full contact training/practice in contact interschool sports</li> </ul> <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> <li>✗ Competition (e.g., games, meets, events) that involves body contact</li> </ul>
	<p><u>School</u></p> <p><input type="checkbox"/> Student has successfully completed the applicable physical activities in RTPA Stage 5.</p> <p><input type="checkbox"/> Stage 5 PTPA plan sent home</p> <p>School Initial (e.g., collaborative team lead/designate): _____</p> <p>Date: _____</p>
	<p><u>Home</u></p> <p><input type="checkbox"/> Student has not exhibited or reported a return of symptoms or new symptoms.</p> <p><input type="checkbox"/> Student has exhibited or reported a return of symptoms or new symptoms and must return to medical doctor or nurse practitioner for Medical Clearance reassessment.</p> <p><input type="checkbox"/> Stage 5 RTPA plan sent back</p> <p>Parent/Guardian Signature: _____</p> <p>Date: _____</p> <p>Comment: _____</p>

**STAGE 6 — RETURN TO SCHOOL/LEARN / RETURN TO PHYSICAL ACTIVITY**

Return to School/Learn (RTS) Stages	Return to Physical Activity (RTPA) Stages
	<p><u>RTPA - Stage 6</u></p> <p>✓ Unrestricted return to contact sports. Full participation in contact sports games/competitions</p>
	<p><u>School</u></p> <p><input type="checkbox"/> Student has successfully completed full participation in contact sports.</p> <p><input type="checkbox"/> Stage 6 RTPA plan sent home.</p> <p>School Initial (e.g., collaborative team lead/designate): _____</p> <p>Date: _____</p>
	<p><u>Home</u></p> <p><input type="checkbox"/> Student has not exhibited or reported a return of symptoms or new symptoms.</p> <p><input type="checkbox"/> Student has exhibited or reported a return of symptoms or new symptoms and must return to medical doctor or nurse practitioner for Medical Clearance reassessment.</p> <p><input type="checkbox"/> Stage 6 RTPA plan sent back to school for documentation purposes</p> <p>Parent/Guardian Signature: _____</p> <p>Date: _____</p> <p>Comment: _____</p>



## **APPENDIXES**

### **TCDSB FORMS**



ONLY FORMS PROVIDED BY TCDSB ARE TO BE USED

## APPENDIX 1

### ATHLETE PERMISSION FORM



**TCDSB Permission Form for Athletic Activities**

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

Teacher(s)/Coach(es) in charge \_\_\_\_\_

Principal Signature: \_\_\_\_\_

Dear Parent/Guardian, your child has expressed an interest in trying out for and/or participating in

\_\_\_\_\_.

Before participating we require (provided in this package):

- a) a signed Permission/Consent Form
- b) a signed Acknowledgement of Concussion Education
- c) a completed Student Health & Safety Medical Information Form

**ACTIVITY INFORMATION**

Practice Times & Location	
Game/Tournament Date(s), Time(s), and Location(s)	
Transportation to/from games/tournaments	

**ELEMENTS OF RISK*****ELEMENTS OF RISK NOTICE***

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

**Student Accident Insurance Notice:**

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

I acknowledge and have read the Elements of Risk and Student Accident Insurance notice.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CONCUSSIONS:

## APPENDIX B

Toronto Catholic District School Board concussion policy and procedures will be followed if a student sustains a hit or blow to the head or body and shows signs and/or symptoms of concussion. Please be advised that your child will be removed from the activity and you will be asked to seek medical attention (i.e. medical doctor or nurse practitioner) for your child/ward if signs and/or symptoms of concussion occur. If Red Flag signs/symptoms are present coach/teacher/convenor/event organizer will call 911. Concussion information for parents/guardians and students is available on the TCDSB website under Health and Physical Education.

You are advised, along with your child, to review the ***Heads Up Concussion Information Sheet*** (attached)

For a diagnosed concussion that occurs as a result of activity outside of the school setting, you must inform the school principal as soon as possible.

You are advised to be aware of:

- the dangers of participating with a concussion;
- the TCDSB concussion policy; and
- the importance of encouraging the ethical values of fair play and respect for opponents.

Athlete: I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete Name Printed: \_\_\_\_\_

Date: \_\_\_\_\_ Athlete Signature: \_\_\_\_\_

Parent: I have read the Heads Up Concussion Information sheet and/or the TCDSB Concussion Guideline Power Point provided on the TCDSB Board website with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

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

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

## PERMISSION TO PARTICIPATE:

I give permission for my child/ward to participate in tryouts and training for \_\_\_\_\_

If my child should be successful in making the team I give permission for my child to participate in games/tournaments; and travel to/from these games/tournaments as indicated on the activity information section of this form. **If an alternate travel, accommodation or activity plan for your child has been made, list details on a separate sheet and sign that your permission is given for these changes.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION (Please Print)

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Cell # \_\_\_\_\_ Work/Home # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Cell # \_\_\_\_\_ Work/Home # \_\_\_\_\_



## TORONTO CATHOLIC DISTRICT SCHOOL BOARD STUDENT'S HEALTH AND SAFETY INFORMATION FORM

*The information on this form is collected under the authority of the Education Act, R.S.O. 1991, Section 170(1) and will be used for administration of school excursions and in the event of a medical emergency. If you have any questions regarding the collection or use of this information, please contact the school Principal.*

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

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
Last Name First Name Y- M- D M or F

Student's Home Address: \_\_\_\_\_  
Number Street City Postal Code

Student's Home Phone Number: \_\_\_\_\_

Father's (Guardian's) Name: \_\_\_\_\_

Father's (Guardian's) Address: \_\_\_\_\_  
 (If different from student's)

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's (Guardian's) Name: \_\_\_\_\_

Mother's (Guardian's) Address: \_\_\_\_\_  
 (If different from student's)

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any special condition which must or should be taken into consideration in his/her participation in a full academic and physical program?

Allergy: ☐insect ☐plant ☐food ☐drug ☐other \_\_\_\_\_

Asthma: \_\_\_\_\_

Blood Type (if known): \_\_\_\_\_

Diabetes: \_\_\_\_\_

Epilepsy: \_\_\_\_\_

Feet or Legs: \_\_\_\_\_

Heart: \_\_\_\_\_

Skin: \_\_\_\_\_

Previous Concussion (date): \_\_\_\_\_

Details of Concussion: \_\_\_\_\_



# TORONTO CATHOLIC DISTRICT SCHOOL BOARD

## STUDENT'S HEALTH AND SAFETY INFORMATION FORM

Recent illness or operation:

---

Other:

---



---

Does your child carry any medication for the above-mentioned condition(s)? If so, please give details: (e.g. Epi Pen © or Allerject®?)

---



---

Does your child carry an EpiPen® or Allerject®? Yes ☐ No ☐

Has he/she any drug allergy or sensitivity? If so, please give details:

---



---

Has he/she any serum sensitivity? If so, please give details:

---



---

Date of last tetanus shot (if known):

---

If there are any medical details that you feel might be of some assistance to the teacher to ensure the safety of your child, please contact the teacher at school or use the space below to inform the teacher of these details.

---



---



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Signature of Parent or Guardian

(or student over the age of 18 years or students 16 or 17 years old who have withdrawn from parental control)

Date

Signature of Teacher-in-charge of Excursion

Date

## APPENDIX 2

### *CONCUSSION CODE OF CONDUCT*



## **CONCUSSION CODE OF CONDUCT PLEDGE**

**As a coach/teacher/athletic supervisor I will:**

- **Educate my student athletes about the seriousness of concussions and the signs and symptoms of concussions.**
- **Educate my student athletes about the importance of SPEAKING UP when experiencing any signs or symptoms of a concussion.**
- **Promise my student athletes I will never ask them to play if they are injured and/or are experiencing signs or symptoms of concussion.**
- **Encourage my student athletes to inform me if they suspect a team mate to have a concussion.**
- **Teach safe contact skills during practice prior to competition and demonstrate respect for the mutual safety of fellow athletes.**
- **Be a role model for my student athletes, always demonstrating sportsmanship, fair play and Christian values.**

**I, the student athlete, will:**

- **Learn the signs and symptoms of concussions.**
- **Speak up if I am experiencing any signs or symptoms of concussions and TELL my Teacher/Coach/Supervisor.**
- **Speak up if my fellow classmate/teammate and/or opponent is experiencing any signs or symptoms of concussions.**
- **Not play injured or return to play from an injury too soon.**
- **Never pressure a fellow teammate to play injured or to return to play from an injury too soon.**
- **Be a role model who always demonstrates sportsmanship, fair play and Christian values.**

**I, the student athlete's parent/guardian, will:**

- **Learn the signs and symptoms of concussions using the TCDSB Concussion Guideline PowerPoint and/or *Heads Up* information in the TCDSB Concussion Protocol.**
- **Encourage my child/teen to speak up if he/she is experiencing any signs or symptoms of concussions and to tell his/her Teacher/Coach/Supervisor.**
- **Encourage my child/teen to speak up if his/her fellow classmate/teammate and/or opponent is experiencing any signs or symptoms of concussions.**
- **Remove my child/teen from the game/activity if he/she is showing signs or symptoms of concussion.**
- **Be a role model who always demonstrates the importance of sportsmanship, fair play and Christian values.**



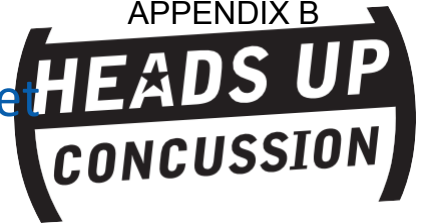
## APPENDIX 3

### *HEADS UP* CONCUSSION INFORMATION SHEET



# CONCUSSION Information Sheet

APPENDIX B



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

## What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

## How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - Work with their coach to teach ways to lower the chances of getting a concussion.
  - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
  - Ensure that they follow their coach's rules for safety and the rules of the sport.
  - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



**Plan ahead.** What do you want your child or teen to know about concussion?

## How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

### Signs Observed by Parents or Coaches

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behavior, or personality changes.
- Can't recall events *prior to* or *after* a hit or fall.

### Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

**Talk with your children and teens about concussion.** Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that

*it's better to miss one game than the whole season.*



Centers for Disease  
Control and Prevention  
National Center for Injury  
Prevention and Control

To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)

# Concussions affect each child and teen differently.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



## What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.



Children and teens who continue to play while

having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

Revised 5/2015

## What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen Return to School/Learn. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's Return to School/Learn and sports should be a gradual process that is carefully managed and monitored by a health care provider.



To learn more, go to  
[www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)

You can also download the CDC [HEADS UP](#) app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

## APPENDIX 4

# CONCUSSION RECOGNITION TOOL AND GUIDELINES



# CONCUSSION RECOGNITION TOOL 5<sup>©</sup>

To help identify concussion in children, adolescents and adults



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## RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

### STEP 1: RED FLAGS — CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/ burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

#### Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

### STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

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### STEP 3: SYMPTOMS

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More Irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

### STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:

- "What venue are we at today?"
- "Which half is it now?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last game?"

### Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

**ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE**

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## 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 an athlete may think and remember things, and can cause a variety of symptoms.

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

**An athlete does not need to be knocked out (lose consciousness) to have had a concussion.** The athlete might experience one or more of the following:

Thinking Problems	Athlete's Complaints	Other Problems
<ul style="list-style-type: none"> <li>Does not know time, date, place, period of game, opposing team, score of game</li> <li>General confusion</li> <li>Cannot remember things that happened before and after the injury</li> <li>Knocked out</li> </ul>	<ul style="list-style-type: none"> <li>Headache</li> <li>Dizziness</li> <li>Feeling dazed</li> <li>Feeling "dinged" or stunned; "having my bell rung"</li> <li>Seeing stars, flashing lights</li> <li>Ringing in the ears</li> <li>Sleepiness</li> <li>Loss of vision</li> <li>Seeing double or blurry vision</li> <li>Stomachache, stomach pain, nausea</li> </ul>	<ul style="list-style-type: none"> <li>Poor co-ordination or balance</li> <li>Blank stare/glassy-eyed</li> <li>Vomiting</li> <li>Slurred speech</li> <li>Slow to answer questions or follow directions</li> <li>Easily distracted</li> <li>Poor concentration</li> <li>Strange or inappropriate emotions (i.e., laughing, crying, getting mad easily)</li> <li>Not playing as well</li> </ul>

**Get medical help immediately if an athlete has any "red flag" symptoms** such as neck pain, repeated vomiting, growing confusion, seizures, and weakness or tingling in their arms or legs. These may be signs of a more serious injury.



### What causes a concussion?

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

### What should I do if I think an athlete might have a concussion?

**In all suspected cases of concussion, the athlete should stop playing right away.** Continuing to play increases their risk of more severe, longer-lasting concussion symptoms, as well as increases their risk of other injury.

The [Concussion Recognition Tool 5](#) (CRT5) can be used by anyone to help recognize the signs and symptoms of a possible concussion.

The athlete should not be left alone and should be seen by a doctor as soon as possible that day. They should not drive.

If the athlete loses consciousness, call an ambulance to take them to the hospital right away. Do not move them or remove any equipment such as a helmet.

The athlete should not return to play the same day.

### How long will it take for the athlete to get better?

The signs and symptoms of a concussion usually last for one to four weeks, but may last longer. In some cases, it may take many weeks or months to heal. If the athlete has had a previous concussion, they may take longer to heal.

If the athlete's symptoms are persistent (i.e., last longer than two weeks in adults or longer than four

weeks in youth under 18 years old) they should be referred to a healthcare professional who is an expert in the management of concussion.

### How is concussion treated?

After an initial short period of rest (24 to 48 hours), light cognitive and physical activity can begin, as long as these don't worsen symptoms.

As the athlete is recovering from concussion, they should not do any activities that may make their symptoms worse. This might mean limiting activities such as exercising, driving, and screen time on their phone or other devices.

Recovering from concussion is a process that takes patience. Going back to activities before the athlete is ready is likely to make their symptoms worse, and their recovery may take longer.

### When should the athlete go to the doctor?

Anyone with a possible head injury should be seen by a doctor as soon as possible.

The athlete should go back to the doctor immediately if, after being told they have a concussion, they have worsening symptoms, such as:

- being more confused
- headache that is getting worse
- vomiting more than twice
- not waking up
- having any trouble walking
- having a seizure
- strange behaviour

# When can the athlete Return to School?

On average, students with concussion miss one to four days of school. Each concussion is unique, so the athlete may progress at a different rate than others.

The [Return-to-School Strategy](#) provides information on the stages of returning to the classroom. **Return to School must come before full return to sport.**

# When can the athlete return to sport?

It is very important that an athlete not go back to full participation in sport if they have any concussion signs or symptoms. Return to sport and physical activity must follow a step-wise approach.

In this approach:

- Each stage is at least 24 hours.
- The athlete moves on to the next stage when they can tolerate activities without new or worsening symptoms.
- If any symptoms worsen, the athlete should stop and go back to the previous stage for at least 24 hours.

**Stage 1: After an initial 24 to 48 hours of rest, light cognitive and physical activity** can begin, as long as these don't worsen symptoms. The athlete can start with daily activities such as moving around the home and simple chores, such as making their bed.

**Stage 2: Light aerobic activity** such as walking or stationary cycling, for 10 to 15 minutes. The athlete shouldn't do any resistance training or other heavy lifting.

**Stage 3: Individual sport-specific exercise** with no contact for 20 to 30 minutes (e.g., running, throwing). The athlete shouldn't do any resistance training.

**Stage 4: Begin practicing with no contact** (no checking, no heading the ball, etc.). Add in more challenging drills. Start to add in resistance training.

**Stage 5: Participate in practice with contact**, once cleared by a doctor.

**Stage 6: Full game play or competition.**

The [Return-to-Sport Strategy](#) provides more information on the stages of returning to sport.

# An athlete should never return to sport until cleared by a doctor!

Returning before full recovery from concussion puts athletes at higher risk of sustaining another concussion, with symptoms that may be more severe and last longer.

## Additional Resources

### Return-to-School Strategy

<http://horizon.parachutecanada.org/en/article/parachutes-return-to-learn-protocol>

### Return-to-Sport Strategy

<http://horizon.parachutecanada.org/wp-content/uploads/2017/06/Concussion-ReturnToSport.pdf>

### Canadian Guideline on Concussion in Sport

<http://www.parachutecanada.org/guideline>

### Concussion: Baseline Testing

<http://www.parachutecanada.org/downloads/injurytopics/BaselineTesting-FactSheet-Parachute.pdf>

### Making Headway eLearning (Coaching Association of Canada)

<https://coach.ca/making-head-way-concussion-elearning-series-p153487&language=en>





## 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 student may think and remember things, and can cause a variety of symptoms.

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

**A student does not need to be knocked out (lose consciousness) to have had a concussion.** The student might experience one or more of the following:

Thinking Problems	Student's Complaints	Other Problems
<ul style="list-style-type: none"> <li>Does not know time, date, place, details about a recent activity</li> <li>General confusion</li> <li>Cannot remember things that happened before and after the injury</li> <li>Knocked out</li> </ul>	<ul style="list-style-type: none"> <li>Headache</li> <li>Dizziness</li> <li>Feels dazed</li> <li>Feels “dinged” or stunned; “having my bell rung”</li> <li>Sees stars, flashing lights</li> <li>Ringing in the ears</li> <li>Sleepiness</li> <li>Loss of vision</li> <li>Sees double or blurry</li> <li>Stomachache, stomach pain, nausea</li> </ul>	<ul style="list-style-type: none"> <li>Poor co-ordination or balance</li> <li>Blank stare/glassy-eyed</li> <li>Vomiting</li> <li>Slurred speech</li> <li>Slow to answer questions or follow directions</li> <li>Easily distracted</li> <li>Poor concentration</li> <li>Strange or inappropriate emotions (i.e., laughing, crying, getting mad easily)</li> <li>Not participating well</li> </ul>

**Get medical help immediately if a student has any “red flag” symptoms** such as neck pain, repeated vomiting, growing confusion, seizures, and weakness or tingling in their arms or legs. These may be signs of a more serious injury.



# What causes a concussion?

Any blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion (e.g., a ball to the head, colliding with another person).

# What should I do if I suspect a student has a concussion?

**In all suspected cases of concussion, the student should stop the activity right away.**

Continuing increases their risk of more severe, longer-lasting concussion symptoms, as well as increases their risk of other injury.

The [Concussion Recognition Tool 5](#) (CRT5) can be used by anyone to help recognize the signs and symptoms of a possible concussion.

The student should not be left alone and should be seen by a doctor as soon as possible that day. They should not drive.

If the student loses consciousness, call an ambulance to take them to the hospital right away. Do not move them or remove any equipment such as a helmet.

The student should not return to play the same day.

# How long will it take for the student to get better?

The signs and symptoms of a concussion often last for one to four weeks but may last longer. In some cases, students may take many weeks or months to heal. If the student has had a concussion before, they may take longer to heal.

If the student's symptoms are persistent (i.e., last longer than four weeks in youth under 18 years old or last longer than two weeks in students aged 18

or older), they should be referred to a healthcare professional who is an expert in the management of concussion.

# How is concussion treated?

After an initial short period of rest (24 to 48 hours), light cognitive and physical activity can begin, as long as these don't worsen symptoms.

As the student is recovering from concussion, they should not do any activities that may make their symptoms worse. This might mean limiting activities such as exercising, driving, and screen time on their phone or other devices. If mental activities (e.g., reading, using the computer) worsen the student's symptoms, they might have to stay home from school.

Recovering from concussion is a process that takes patience. If the student goes back to activities before they are ready, it is likely to make their symptoms worse, and their recovery might take longer.

# When should the student go to the doctor?

Anyone with a possible head injury should be seen by a doctor as soon as possible.

The student should go back to the doctor immediately if, after being told they have a concussion, they have worsening symptoms, such as:

- being more confused
- headache that is getting worse
- vomiting more than twice
- not waking up
- having any trouble walking
- having a seizure
- strange behaviour

## When can the student Return to School?

The student may find it hard to concentrate in class, may get a worse headache, or feel sick to their stomach. They should stay home from school if being in class makes their symptoms worse. Once they feel better, they can try going back to school part time to start (i.e., for half days) and if they are OK with that, then they can go back full time.

On average, students with concussion miss one to four days of school. Each concussion is unique, so the student may progress at a different rate than others.

The [Return-to-School Strategy](#) provides information on the stages of returning to the classroom. Return to School must come before full return to sport.

## When can the student return to sport and physical activity?

It is very important that the student does not go back to full participation in sport if they have any concussion signs or symptoms. Return to sport and physical activity must follow a step-wise approach.

In this approach:

- Each stage is at least 24 hours.
- The student moves on to the next stage when they can tolerate activities without new or worsening symptoms.
- If any of the student's symptoms worsen, they should stop and go back to the previous stage for at least 24 hours.

**Stage 1: After an initial 24 to 48 hours of rest, light cognitive and physical activity** can begin, as long as these don't worsen symptoms. The student can start with daily activities like moving around the home and simple chores, such as making their bed.

**Stage 2: Light aerobic activity** such as walking or stationary cycling, for 10 to 15 minutes. The student

shouldn't do any heavy lifting or resistance training (e.g., bodyweight exercises, weight training).

**Stage 3: Individual physical activity with no risk of contact** for 20 to 30 minutes. The student can participate in simple, individual activities, such as going for a walk at recess or shooting a basketball. The student shouldn't do any resistance training.

**Stage 4: Begin practicing with no contact** (no checking, no heading the ball, etc.). Add in longer and more challenging physical activity. Start to add in resistance training (if appropriate for the student).

**Get clearance from a doctor before moving on to Stages 5 and 6.**

**Stage 5: Participate in practice with contact**, if the student plays a contact sport.

**Stage 6: Full game play or competition.**

The [Return-to-Sport Strategy](#) provides more information on the stages of returning to sport.

## The student should never return to sport until cleared by a doctor!

Returning before full recovery from concussion puts the student at higher risk of sustaining another concussion, with symptoms that may be more severe and last longer.

## Additional Resources

### Return-to-School Strategy

<http://horizon.parachutecanada.org/en/article/parachutes-return-to-learn-protocol>

### Return-to-Sport Strategy

<http://horizon.parachutecanada.org/wp-content/uploads/2017/06/Concussion-ReturnToSport.pdf>

### Canadian Guideline on Concussion in Sport

<http://www.parachutecanada.org/guideline>



## 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 child may think and remember things, and can cause a variety of symptoms.

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

**Your child does not need to be knocked out (lose consciousness) to have had a concussion.** Your child might experience one or more of the following:

Thinking Problems	Child's Complaints	Other Problems
<ul style="list-style-type: none"> <li>Does not know time, date, place, details about a recent activity</li> <li>General confusion</li> <li>Cannot remember things that happened before and after the injury</li> <li>Knocked out</li> </ul>	<ul style="list-style-type: none"> <li>Headache</li> <li>Dizziness</li> <li>Feels dazed</li> <li>Feels “dinged” or stunned; “having my bell rung”</li> <li>Sees stars, flashing lights</li> <li>Ringing in the ears</li> <li>Sleepiness</li> <li>Loss of vision</li> <li>Sees double or blurry</li> <li>Stomachache, stomach pain, nausea</li> </ul>	<ul style="list-style-type: none"> <li>Poor co-ordination or balance</li> <li>Blank stare/glassy-eyed</li> <li>Vomiting</li> <li>Slurred speech</li> <li>Slow to answer questions or follow directions</li> <li>Easily distracted</li> <li>Poor concentration</li> <li>Strange or inappropriate emotions (i.e., laughing, crying, getting mad easily)</li> <li>Not participating well</li> </ul>

It is harder for infants, toddlers, and preschoolers to communicate how they are feeling. If you have a young child, you might notice any of the following: crying more than usual; unsteady walking; lack of interest in favourite toys; changes in nursing, eating or sleeping patterns; or loss of new skills, such as toilet training.

**Get medical help immediately if your child has any “red flag” symptoms** such as neck pain, repeated vomiting, growing confusion, seizures, and weakness or tingling in their arms or legs. These may be signs of a more serious injury.



## What causes a concussion?

Any blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion (e.g., a ball to the head, colliding with another person).

## What should I do if I suspect my child has a concussion?

**In all suspected cases of concussion, your child should stop the activity right away.** Continuing increases their risk of more severe, longer-lasting concussion symptoms, as well as increases their risk of other injury.

The [Concussion Recognition Tool 5](#) (CRT5) can be used by anyone to help recognize the signs and symptoms of a possible 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 them to the hospital right away. Do not move your child or remove any equipment such as a helmet.

Your child should not return to play the same day.

## How long before my child gets better?

The signs and symptoms of a concussion often last for one to four weeks but may last longer. In some cases, children may take many weeks or months to heal. If your child has had a concussion before, they may take longer to heal.

If your child's symptoms are persistent (i.e., last longer than four weeks in youth under 18 years old), they should be referred to a healthcare professional who is an expert in the management of concussion.

## How is concussion treated?

After an initial short period of rest (24 to 48 hours), light cognitive and physical activity can begin, as long as these don't worsen symptoms. A medical doctor, preferably one with experience managing concussions, should be consulted before beginning step-wise [Return-to-School](#) and [Return-to-Sport](#) Strategies.

As your child is recovering from concussion, they should not do any activities that may make their symptoms worse. This might mean limiting activities such as riding their bike, play wrestling, reading, working on the computer or playing video games.

Recovering from concussion is a process that takes patience. If your child goes back to activities before they are ready, it is likely to make their symptoms worse, and their recovery might take longer.

## When should my child go to the doctor?

Anyone with a possible head injury should be seen by a doctor as soon as possible. If your child is diagnosed with a concussion, the doctor should schedule a follow-up visit within the next one to two weeks.

Take your child back to the doctor immediately if, after being told they have a concussion, they have worsening symptoms, such as:

- being more confused
- headache that is getting worse
- vomiting more than twice
- not waking up
- having any trouble walking
- having a seizure
- strange behaviour

## When can my child Return to School?

Your child may find it hard to concentrate in class, may get a worse headache, or feel sick to their



stomach. Your child should stay home from school if being in class makes their symptoms worse. Once they feel better, they can try going back to school part time to start (i.e., for half days) and if they are OK with that, then they can go back full time.

On average, children with concussion miss one to four days of school. Each concussion is unique, so your child may progress at a different rate than others.

The [Return-to-School Strategy](#) provides information on the stages of returning to the classroom. Return to School/Learn must come before full return to sport.

## When can my child return to sport and physical activity?

It is very important that your child does not go back to full participation in sport if they have any concussion signs or symptoms. Return to sport and physical activity must follow a step-wise approach.

In this approach:

- Each stage is at least 24 hours.
- Your child moves on to the next stage when they can tolerate activities without new or worsening symptoms.
- If any of your child's symptoms worsen, they should stop and go back to the previous stage for at least 24 hours.

**Stage 1: After an initial 24 to 48 hours of rest, light cognitive and physical activity** can begin, as long as these don't worsen symptoms. Your child can start with daily activities such as moving around the home and simple chores, such as making their bed.

**Stage 2: Light aerobic activity** such as walking or stationary cycling, for 10 to 15 minutes. Your child shouldn't do any heavy lifting or resistance training (e.g., bodyweight exercises, weight training).

**Stage 3: Individual physical activity with no risk of contact** for 20 to 30 minutes. Your child can participate in simple, individual activities, such as going for a walk at recess or shooting a basketball. Your child shouldn't do any resistance training.

**Stage 4: Begin practicing with no contact** (no checking, no heading the ball, etc.). Add in longer and more challenging physical activity. Start to add in resistance training (if appropriate for your child).

**Get clearance from a doctor before moving on to Stages 5 and 6.**

**Stage 5: Participate in full practice with contact**, if your child plays a contact sport.

**Stage 6: Full game play or competition.**

The [Return-to-Sport Strategy](#) provides more information on the stages of returning to sport.

## Your child should not return to sport until cleared by a doctor!

Returning too soon before full recovery from concussion puts your child at higher risk of sustaining another concussion, with symptoms that may be more severe and last longer.

## Additional Resources

### Return-to-School Strategy

<http://horizon.parachutecanada.org/en/article/parachutes-return-to-learn-protocol>

### Return-to-Sport Strategy

<http://horizon.parachutecanada.org/wp-content/uploads/2017/06/Concussion-ReturnToSport.pdf>

### Canadian Guideline on Concussion in Sport

<http://www.parachutecanada.org/guideline>

### Concussion: Baseline Testing

<http://www.parachutecanada.org/downloads/injurytopics/BaselineTesting-FactSheet-Parachute.pdf>



## 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 you may think and remember things, and can cause a variety of symptoms.

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

**You do not need to be knocked out (lose consciousness) to have had a concussion.** You might experience one or more of the following:

Thinking Problems	How You Might Feel	Other Problems
<ul style="list-style-type: none"> <li>• Do not know time, date, place, period of game, opposing team, score of game</li> <li>• General confusion</li> <li>• Cannot remember things that happened before and after the injury</li> <li>• Knocked out</li> </ul>	<ul style="list-style-type: none"> <li>• Headache</li> <li>• Dizziness</li> <li>• Feeling dazed</li> <li>• Feeling “dinged” or stunned; “having my bell rung”</li> <li>• Seeing stars, flashing lights</li> <li>• Ringing in the ears</li> <li>• Sleepiness</li> <li>• Loss of vision</li> <li>• Seeing double or blurry vision</li> <li>• Stomachache, stomach pain, nausea</li> </ul>	<ul style="list-style-type: none"> <li>• Poor co-ordination or balance</li> <li>• Blank stare/glassy-eyed</li> <li>• Vomiting</li> <li>• Slurred speech</li> <li>• Slow to answer questions or follow directions</li> <li>• Easily distracted</li> <li>• Poor concentration</li> <li>• Strange or inappropriate emotions (i.e., laughing, crying, getting mad easily)</li> <li>• Not playing as well</li> </ul>

**Get medical help immediately if you have any “red flag” symptoms** such as neck pain, repeated vomiting, growing confusion, seizures, and weakness or tingling in your arms or legs. These may be signs of a more serious injury.



## What causes a concussion?

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

## What should I do if I think I might have a concussion?

**You should stop playing right away.** Continuing to play increases your risk of more severe, longer-lasting concussion symptoms, as well as increases your risk of other injury.

Tell a coach, parent, official, or other responsible person that you are concerned you might have a concussion. You should not be left alone and should be seen by a doctor as soon as possible that day. You should not drive.

If you lose consciousness, an ambulance should be called to take you to a hospital immediately.

Do not return to play the same day.

## What should I do if I think my teammate might have a concussion?

If another athlete tells you about symptoms or if you notice signs they might have a concussion, tell a coach, parent, official or other responsible person. They should not be left alone and should be seen by a doctor as soon as possible that day.

If another athlete is knocked out, an ambulance should be called to take them to a hospital immediately.

## How long will it take to get better?

The signs and symptoms of a concussion usually last for one to four weeks, but may last longer. In some cases, it may take many weeks or months to heal. If you have had a previous concussion, you may take longer to heal.

If your symptoms are persistent (i.e., last longer than four weeks if you're under 18 or last longer than two weeks if you're 18 or older) you should be referred to a healthcare professional who is an expert in the management of concussion.

## How is concussion treated?

After an initial short period of rest (24 to 48 hours), light cognitive and physical activity can begin, as long as these don't worsen your symptoms.

As you're recovering from concussion, you should not do any activities that may make your symptoms worse. This might mean limiting activities such as exercising, driving, and screen time on your phone or other devices. If mental activities (e.g., reading, using the computer) worsen your symptoms, you might have to stay home from school or work.

Recovering from concussion is a process that takes patience. Going back to activities before you are ready is likely to make your symptoms worse, and your recovery may take longer.

## When should I go to the doctor?

Anyone with a possible head injury should be seen by a doctor as soon as possible. If you are diagnosed with a concussion, your doctor should schedule a follow-up visit with you within the next one to two weeks.

You should go back to the doctor immediately if, after being told you have a concussion, you have worsening symptoms, such as:



- being more confused
- headache that is getting worse
- vomiting more than twice
- not waking up
- having any trouble walking
- having a seizure
- strange behaviour

## When can I Return to School?

You may find it hard to concentrate in class, may get a worse headache, or feel sick to your stomach. You should stay home from school if being in class makes your symptoms worse. Once you feel better, you can try going back to school part-time to start (i.e., for half days) and if you are OK with that, then you can go back full time.

On average, students with concussion miss one to four days of school. Each concussion is unique, so you may progress at a different rate than other people you know.

The [Return-to-School Strategy](#) provides information on the stages of returning to the classroom. Remember, Return to School/Learn must come before full return to sport.

## When can I return to sport?

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

In this approach:

- Each stage is at least 24 hours.
- Move on to the next stage when you can tolerate activities without new or worsening symptoms.
- If any symptoms worsen, stop and go back to the previous stage for at least 24 hours.

**Stage 1: After an initial 24 to 48 hours of rest, light cognitive and physical activity** can begin, as long as these don't worsen your symptoms. Start with daily activities like moving around your home and simple chores, such as making your bed.

**Stage 2: Light aerobic activity** such as walking or stationary cycling, for 10 to 15 minutes. Don't do any resistance training or other heavy lifting.

**Stage 3: Individual sport-specific exercise** with no contact for 20 to 30 minutes (e.g., running, throwing). Don't do any resistance training.

**Stage 4: Begin practising with no contact** (no checking, no heading the ball, etc.). Add in more challenging drills. Start to add in resistance training.

**Stage 5: Participate in practice with contact**, once cleared by a doctor.

**Stage 6: Full game play or competition.**

The [Return-to-Sport Strategy](#) provides more information on the stages of returning to sport.

## Never return to sport until cleared by a doctor!

Returning to active play before full recovery from concussion puts you at higher risk of sustaining another concussion, with symptoms that may be more severe and last longer.

## Additional Resources

### Return-to-School Strategy

<http://horizon.parachutecanada.org/en/article/parachutes-return-to-learn-protocol>

### Return-to-Sport Strategy

<http://horizon.parachutecanada.org/wp-content/uploads/2017/06/Concussion-ReturnToSport.pdf>

### Canadian Guideline on Concussion in Sport

<http://www.parachutecanada.org/guideline>

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