



**Concussion
200.08**

Adopted:	January 27, 2015
Last Reviewed/Revised:	February 10, 2020
Responsibility:	Superintendent of Education
Next Scheduled Review:	January, 2021

POLICY STATEMENT:

The Brant Haldimand Norfolk Catholic District School Board believes in ensuring the safety and well-being of students and is committed to promoting school and workplace environments that are safe, inclusive and provide opportunities for every student to reach their fullest potential. This policy includes building concussion awareness, prevention, identification, and management across the district. Implementation of the Concussion policy is an important step in sustaining our healthy schools and the safety of our students.

In accordance with the Ministry of Education, Policy and Program Memorandum 158, School Board Policies on Concussions, the Brant Haldimand Norfolk Catholic District School Board is:

- 1) committed to promoting the safety and well-being of students and recognizes that concussions can adversely impact the cognitive, physical, emotional, and social development of students;
- 2) committed to developing awareness about concussion prevention, identification and management amongst staff, students, parents/guardians, and community partners; and
- 3) committed to providing training and practices for the identification and management of concussions.

APPLICATION AND SCOPE:

The Brant Haldimand Norfolk Catholic District School Board is committed to ensuring the safety and well-being of students and recognizes concussions as a serious injury. PPM 158 was updated based on the Rowan's Law Advisory Committee's recommendations and the introduction of Bill 193 in 2018 where the Education Act was amended.

REFERENCES:

Thanks to the Brant County and Haldimand Norfolk Health Units for contributing to the development and revision of this policy.

- PPM 158 Ministry of Education Policy/Program Memorandum Pertaining to Concussions, 2014. Retrieved from: <http://www.edu.gov.on.ca/extra/eng/ppm/ppm-158-jan-2020.pdf>
- www.Ontario.ca/concussions
- Parachute Canada 2019. <http://parachutecanada.ca/en/injury-topic/concussion/>
- OPHEA Safety Guidelines, 2019 updates. Retrieved from: <http://safety.ophea.net/concussions>
- Concussions 101, a Primer for Kids and Parents <https://www.youtube.com/watch?v=zCCD52Pty4A>

It is the policy of the Board that the following administrative/procedures addressing concussion awareness, prevention, identification and management, be followed.

FORMS:

- FORM A – Parent/Guardian Acknowledgement Form
- FORM B – Parent/Guardian Concussion Code of Conduct
- FORM C – Student/Athlete Concussion Code of Conduct
- FORM D – Coach/Trainer/Supervisor/Staff Member Acknowledgement Form
- FORM E – Coach/Trainer/Supervisor/Staff Member Concussion Code of Conduct
- FORM F – Adult Student Athlete Acknowledgement Form



Brant Haldimand Norfolk Catholic District School Board

Board Policy and Administrative Procedure

- FORM G – Informed Consent/Permission Form for School Teams
- FORM H – Tools to Identify a Suspected Concussion
- FORM I – Medical Assessment for a Suspected Concussion
- FORM J – Medical Clearance to proceed to Stage 5 Return to Physical Activity (RTPA)
- FORM K – Concussion Management – Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan (*Stages 1-2*)
- FORM L – School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan
- FORM M – Classroom Concussion Symptoms Form – Student Return to School (RTS)
- FORM N – Classroom Concussion Accommodations Form – Student Return to School (RTS)
- FORM O – Student Concussion Tracking Form
- FORM P – School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan (*Stages 3-6*)
- FORM Q – Student Concussion Diagnosis Report
- FORM R – Staff Concussion Tracking Sheet – *Optional Tracking Tool for Schools*

DEFINITIONS:

A concussion:

- is a brain injury that causes changes in how the brain functions, leading to symptoms that can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty concentrating or remembering), emotional/behavioural (e.g., depression, irritability) and/or related to sleep (e.g., drowsiness, difficulty falling asleep);
- may be caused either by a direct blow to the head, face or neck, or a blow to the body that transmits a force to the head that causes the brain to move rapidly within the skull;
- can occur even if there has been no loss of consciousness (in fact most concussions occur without a loss of consciousness);
- cannot be seen on X-rays, standard CT scans or MRIs; and
- is a clinical diagnosis made by a medical doctor or nurse practitioner.

ADMINISTRATIVE PROCEDURES:

Superintendent of Education

The Superintendent of Education will:

- Perform an annual review of the Concussion Administrative Procedure to ensure guidelines align with current best practice recommendations and, at a minimum, the Ontario Physical and Health Education Association (OPHEA) concussion guidelines;
- Ensure that school principals record and submit concussion incidents using the Student Concussion Diagnosis Report (Form Q) on January 30 and June 28 annually and review feedback to ensure compliance with and effectiveness of the Board's Concussion Administrative Procedure;
- Ensure concussion education and awareness, and its administrative procedure, is made available and followed by all school personnel and volunteers;
- Ensure acknowledgement of resources are completed on student verification process (Forms A, D and/or F);
- Ensure Codes of Conduct are received annually (Forms B, C and E);
- Provide annual concussion training for all relevant school staff;
- Implement concussion awareness and education strategies for students and their parents/guardians;
- Ensure that information on concussions is available to the school community, including organizations that use school facilities such as, community sports organizations and licensed childcare providers operating in schools of the board; and
- Ensure that each elementary and secondary school implements the Documentation for a Diagnosed Concussion Return to School/Return to Physical Activity Plan (Forms L, M, N, O and P) and provides support to schools and staff as required to ensure compliance with the Board Concussion Policy and Administrative Procedure.



Principal/Vice-Principal

The Principal/Vice-Principal will:

- implement and abide by the Concussion Administrative Procedure;
- ensure all staff, volunteers, parents/guardians, and students are aware of the Concussion Administrative Procedure and understand their roles and responsibilities;
- arrange for training and ensure the Concussion Administrative Procedure is followed by all school staff including occasional staff/support staff, recess supervisors and volunteers;
- ensure concussion information is accessible to all school staff, parents/guardians, and volunteers and repeat as necessary;
- ensure the Tools to Identify a Suspected Concussion (Form H) is available to occasional teachers for in school and field trip activities;
- maintain up to date emergency contact and telephone numbers;
- work as closely as possible with students, parents/guardians, staff, volunteers, and health professionals to support concussed students with their recovery and academic success;
- encourage parent/guardian cooperation in reporting all non-school related concussions;
- ensure that the Board Informed Consent/Permission for School Teams is completed for applicable students (Form G);
- complete Student Concussion Diagnosis Report (Form Q) – to be submitted to the school Superintendent of Education on January 30 and June 28 annually and OSBIE Injury Report Form for documentation following incident and upon student's return to school, as required;
- for students who are having trouble in their learning environment as a result of a concussion, discuss the need to coordinate the development of an Individual Education Plan (IEP); if necessary
- prior to the student's return to school following a suspected concussion, ensure completion and collection of the following documentation:
 - Documentation of Medical Assessment for a Suspected Concussion (Form I).
 - Documentation for a Diagnosed Concussion – Medical Clearance Form (Form J) and Concussion Management – Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan (*Stages 1-2*) (Form K).
 - Ontario School Boards' Insurance Exchange (OSBIE) incident report.
- file above documents (Form I, J and K) in student's Ontario Student Record (OSR) and provide copy to appropriate school staff;
- if a concussion is diagnosed, appoint primary staff member to act as the student's liaison to ensure adequate communication and coordination of their needs;
- approve any adjustments to the student's schedule as required; and
- alert appropriate staff about students with a suspected or diagnosed concussion.

School Staff (includes administration staff, teaching staff, team trainers, officials, support staff, coaches, volunteers, etc.)

School staff will:

- review, understand and implement the Concussion Administrative Procedure, supporting documents and forms;
- participate in training, including learning about and acknowledging prevention strategies (Forms D and E), Tools to Identify a Suspected Concussion (Form H), and Concussion Management (Forms L, M, N, O and P);
- ensure age appropriate concussion education, including prevention, is included for all students participating in activities that could result in a concussion;
- follow current OPHEA safety guidelines related to concussions and implement risk management and injury prevention strategies;
- ensure that occasional teaching staff are updated on concussed student's condition; and
- all school staff (includes administration staff, teaching staff, team trainers, officials, support staff, coaches, volunteers, etc.), participating in board sponsored interschool sports (K-12) must review and confirm participation in one of Ontario's official concussion resources (Form D) and the Concussion Code of Conduct (Form E).



Parents/Guardians

Parents/Guardians will:

- review with their child, the concussion information that is shared from the school (Forms A, B and C);
- understand and follow parents/guardians' roles and responsibilities in the Administrative Procedure;
- review and confirm participation in one of the (age appropriate) Ontario's official concussion resources (Forms A and/or F), and the Board's Concussion Code of Conduct (parent/guardian (Form B) and student (Form C)) prior to their child participating in interschool sports (Form G);
- reinforce concussion prevention strategies with their child, for example the Student/Athlete Concussion Code of Conduct (Form C);
- in the event of a suspected concussion, ensure child is assessed as soon as possible by medical doctor/nurse practitioner (Form I);
- be responsible for the completion and return of all required documentation (Medical Clearance (Form J));
- report any non-school related concussion or suspected concussion to the Principal (Return to Learn/Return to Physical Activity guideline will apply) and collaborate with school to manage suspected or diagnosed concussions (Forms I and J);
- support and cooperate with their child's progress through Concussion Management – Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan (*Stages 1-2*) (Form K); and
- support their child's progress using the Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan (*Stages 3-6*) (Form P).

Students

Students will:

- learn about concussions, including prevention strategies, signs and symptoms, concussion management and student roles and responsibilities;
- immediately inform school staff of suspected or diagnosed concussions occurring during or outside of school;
- inform school staff if experiencing any concussion-related symptoms (immediate, delayed or reoccurring);
- communicate concerns and challenges during recovery process with staff concussion liaison, school staff, parents/guardians, and health care providers;
- follow concussion management strategies as per medical doctor/nurse practitioner direction and Return to School/Return to Physical Activity guidelines; and
- review and confirm participation in one of the (age appropriate) Ontario's official concussion resources and the Student/Athlete Concussion Code of Conduct (Form C) prior to participating in interschool sports (Form G).

Collaborative Team Members (including Health Care Professionals)

Collaborative team members will:

- work together to follow the concussion management procedure to ensure the safe return of students to learning and physical activities

INFORMATION:

It is critical that a student with a suspected concussion be examined by a medical doctor or nurse practitioner as soon as possible on the same day.

Recent research has made it clear that a concussion can have a significant impact on a student's cognitive and physical abilities. In fact, research shows that activities that require concentration can cause a student's concussion symptoms to reappear or worsen. Following a concussion diagnosis, it is important to help students as they "return to school" and "return to physical activity" in our schools. Without identification and proper management, a concussion can result in permanent brain damage and in rare occasions, even death.



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

Concussion prevention and management requires the cooperation of all partners in the school community. To ensure the safety of students while they enjoy the many benefits of being active, parents/guardians, students, volunteers, staff, and school boards must all understand and fulfill their responsibilities. It is critical to a student's recovery that a Return to School/Return to Physical Activity Plan be developed through a collaborative team approach led by the school principal. This team should include the concussed student (if able), their parents/guardians, school staff and volunteers who work with the student, and the medical doctor/nurse practitioner. Ongoing communication and monitoring, by all members of the team, are essential for the successful recovery of the student.

SIGNS AND SYMPTOMS OF A CONCUSSION:

The first step to managing a concussion is being able to recognize common signs and symptoms. A concussion may be caused by a significant blow to the head, face or neck, or a blow to the body that transmits a force to the head, if **one** or more of the signs or symptoms of a concussion is present. Review the Tools to Identify a Suspected Concussion (Form H) for a list of Red Flags and other possible signs and symptoms and complete the form.

Notes:

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

PREVENTION:

Any time a student/athlete is involved in physical activity, there is a chance of sustaining a concussion; therefore, it is important to take a preventive approach encouraging a culture of safety mindedness when students are physically active. Regardless of the steps taken to prevent injury, some students will continue to be injured. The severity of the injury can be mitigated by the following:

1. Education for coaches, staff, parents, volunteers, and students including acknowledgement of resources are completed on student verification process (Forms A to H):
 - recognize the symptoms of a concussion;
 - remove the student from play;
 - call the parent/guardians; and
 - refer the student to a medical doctor/nurse practitioner.
2. Wearing the sport specific protective equipment:
 - equipment should fit properly;
 - equipment should be well maintained;
 - equipment should be worn consistently and correctly;
 - equipment should meet current safety standards; and
 - damaged or expired equipment should be replaced.
3. Follow OPHEA sport specific safety guidelines and enforce the fair play code of conduct.
4. Ensure all students receive instruction, understand and follow the sport/activity specific safety rules and skills prior to participation (e.g., eliminate all checks to the head and eliminate all hits from behind).
5. Teach skills in proper progression (e.g., emphasize the principles of head-injury prevention keeping the head up and avoiding collision).



6. Outline the concussion risks associated with the activity/sport and demonstrate how they can be minimized, (e.g., teach proper sport techniques - correct tackling in football, effective positioning in soccer, how to avoid over-crowding when using the creative playground).
7. Students must always follow their supervising staff/coach's/volunteer's safety instructions.
- 8. Reinforce the importance of following the OPHEA: Ontario Physical Education Safety Guidelines – Concussions: Return to School: Return to Physical Activity Steps (Forms K and P).**
9. Discourage parents/guardians/teachers/coaches and school staff from pressuring recovering concussed students to learn or play before they are ready.
10. Parents need to reinforce with their child the importance of following the school's safety procedures.
11. Parents need to report concussion history on the school medical form.
12. Provide reassurance, support and request/offer academic accommodations, as needed.

CONCLUSION:

Despite prevention strategies listed above, head injuries will still occur. The Brant Haldimand Norfolk Catholic District School Board staff and volunteers who are involved in intramural or inter-school athletics or any part of the health and physical education curriculum will not be held personally liable in a civil proceeding for an act or omission if the person acts reasonably in the circumstances and in good faith.



PARENT/GUARDIAN

ROWAN'S LAW CONCUSSION AWARENESS RESOURCE AND BRANT HALDIMAND NORFOLK CATHOLIC DISTRICT SCHOOL BOARD CONCUSSION CODE OF CONDUCT

Rowan's Law requires the Brant Haldimand Norfolk Catholic District School Board (BHNCD SB) to confirm that you have reviewed the Concussion Awareness Resource and the BHNCD SB Concussion Code of Conduct (Form B) before you can participate at any BHNCD SB inter-school sport. **These documents must have been reviewed in the past twelve (12) months. For a hard copy of any resource, please contact your school office.**

This form must be signed before the student athlete can participate in any BHNCD SB inter-school sport.

Please access the **Concussion Awareness Procedures** page on the Board's website (www.catholiceducation.ca) for the following resources and review:

1. **Rowan's Law Concussion Awareness Resource**
2. **BHNCD SB Concussion Code of Conduct (Form B)**

Signing a *Parent/Guardian Rowan's Law Concussion Awareness Resource and BHNCD SB Concussion Code of Conduct Form* is acknowledgement that you have:

1. **Completed a full review of both the Rowan's Law Concussion Awareness Resource AND the BHNCD SB Concussion Code of Conduct.**
2. **Discussed/reviewed the information contained in both the Rowan's Law Concussion Awareness Resource AND the BHNCD SB Concussion Code of Conduct with your minor child (student athlete).**

Date: _____
(mm/dd/yyyy)

Student Athlete Name: _____ (student is under 18 years of age)

I, _____, acknowledge that I have completed a full
(please print parent/guardian name – must be over 18 years of age)

review of the Rowan's Law Concussion Awareness Resource **AND** the BHNCD SB Concussion Code of Conduct (Form B) **AND** that I have discussed/reviewed the information contained in both the Rowan's Law Concussion Awareness Resource **AND** the BHNCD SB Concussion Code of Conduct with my minor child (student athlete) (Form C).

Parent/guardian signature: _____

NOTES: Acknowledgement is valid for the current school year (September 1 to August 31).

Information Collection Authorization

Notice of Collection: The personal information you have provided on this form and any other correspondence relating to your involvement in our programs is collected by the Brant Haldimand Norfolk Catholic District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 58.5, 265 and 266 as amended and in accordance with Section 29(2) of the Municipal Freedom of Information and Protection of Privacy Act, (R.S.O. 1990 c.M.56) The information will be used to register and place the student in a school, or for a consistent purpose such as the allocation of staff and resources and to give information to employees to carry out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. If you have any questions, please contact the school principal and/or the Freedom of Information Officer, Brant Haldimand Norfolk Catholic District School Board, 322 Fairview Drive, Brantford, ON, N3T 5M8 (Telephone 519-756-6505, Ext. 234)



PARENT/GUARDIAN

CONCUSSION CODE OF CONDUCT FOR INTERSCHOOL SPORTS

As a parent/guardian, it is my responsibility to review and adhere to this Concussion Code of Conduct.

Maintaining a safe learning environment

- I will encourage my child to bring potential issues related to the safety of equipment and the facilities to the attention of the coach.
- I will ensure the protective equipment that we provide is properly fitted as per the manufacturer's guidelines, in good working order, and suitable for personal use.

Fair play and respect for all

- I will follow the school's fair play guidelines and will support it by demonstrating respect for all students, coaches, officials, and spectators.
- I will encourage my child to demonstrate respect for teammates, opponents, officials, and spectators and to follow the rules of the sport and practice fair play.
- I will not pressure my child to participate in practices or games/competitions if they are injured.

Teaching/learning the rules of a physical activity, including the strict enforcement of consequences for prohibited play that is considered high-risk for causing concussions

- I will encourage my child to learn and follow the rules of the sport and follow the coach's instructions about prohibited play.
- I will support the coach's enforcement of consequences during practices and competition regarding prohibited play.
- I will respect the decisions of officials and the consequences for my child for any prohibited play.

Implementing the skills and strategies of an activity in a proper progression

- I will encourage my child to follow their coach's instructions about the proper progression of skills and strategies of the sport.
- I will encourage my child to ask questions and seek clarity regarding skills and strategies they are unsure of.

Providing opportunities to discuss potential issues related to concussions

- I will encourage my child to participate in discussions/conversations related to concussions, including signs and symptoms, with the coach or caring adult.
- I will encourage my child to talk to their coach/caring adult if they have any concerns about a suspected or diagnosed concussion or about their safety in general.

Concussion recognition and reporting

I have read and am familiar with an approved Concussion Awareness Resource identified by the school board.

- I understand that if my child receives a jarring impact to the head, face, neck, or elsewhere on the body that is observed by or reported to the coach my child will be removed immediately from the sport, and:
- I am aware that if my child has signs or symptoms of a suspected concussion they should be taken to a medical doctor or nurse practitioner for a diagnosis as soon as reasonably possible that day and I will report any results to appropriate school staff.
- I am aware that not all signs and symptoms emerge immediately and there are times when signs and symptoms emerge hours or days after the incident and in these cases my child must stop all physical activities and be monitored at home and at school for the next 24 hours.
- If no signs or symptoms emerge after 24 hours, I will inform the appropriate school staff and I understand my child will be permitted to resume participation.
- If signs or symptoms emerge, I will have my child assessed by a medical doctor or nurse practitioner as soon as

reasonably appropriate that day and will report the results to appropriate school staff.

- I will inform the school principal, coach and/or other relevant school staff when my child experiences signs or symptoms of a concussion, including when the suspected concussion occurs during participation in a sport outside of the school setting.
- I will inform the school principal, coach and/or other relevant school staff any time my child is diagnosed with a concussion by a medical doctor or nurse practitioner.
- I will encourage my child to remove themselves from the sport and report to a coach or caring adult if they have signs or symptoms of a suspected concussion.
- I will encourage my child to inform the coach or caring adult when they suspect a teammate may have sustained a concussion.

Acknowledging the importance of communication between the student, parent, school staff, and any sport organization with which the student has registered

- I will share with the coach, school staff, and/or staff supervisor of all sport organizations with which my child has registered if/when my child has experienced a suspected or diagnosed concussion or general safety issues.

Supporting the implementation of a Return to School Plan for students with a concussion diagnosis

- I understand that if my child has a suspected or diagnosed concussion, they will not return to full participation, including practice or competition, until permitted to do so in accordance with the School Board's Return to School Plan.
- I will ensure my child receives a Medical Clearance as required by the Return to School Plan, prior to returning to full participation in "non-contact sports" or returning to a practice that includes full contact in "contact sports".

Prioritizing a student's return to learning as part of the Return to School Plan

- I will follow the recovery stages and learning strategies proposed by the collaborative team for my child as part of the Return to School Plan.



STUDENT ATHLETE

CONCUSSION CODE OF CONDUCT FOR INTERSCHOOL SPORTS

As a student athlete, it is my responsibility to review and adhere to this Concussion Code of Conduct.

Maintaining a safe learning environment

- I will bring any potential issues related to the safety of equipment and facilities to the attention of the coach.
- I will wear the protective equipment for my sport and wear it properly.

Fair play and respect for all

- I will show respect for my teammates, opponents, officials, spectators, and practice fair play.
- I will not pressure injured teammates to participate in practices or games/competitions.

Teaching/learning the rules of a physical activity, including the strict enforcement of consequences for prohibited play that is considered high-risk for causing concussions

- I will learn and follow the rules of the sport and follow the coach's instructions prohibiting behaviours that are considered high-risk for causing concussions.
- I will respect and accept that the coach will strictly enforce, during practice and competition, the consequences for dangerous behaviour.
- I will respect and accept the decisions of the officials and the consequences for any behaviours that are considered high-risk for causing concussion.

Implementing the skills and strategies of an activity in a proper progression

- I will follow my coach's instructions about the proper progression of skills and strategies of the sport.
- I will ask questions and seek clarity for any skills and strategies of which I am unsure.

Providing opportunities to discuss potential issues related to concussions

- I will talk to my coach or caring adult if I have questions or issues about a suspected or diagnosed concussion or about my safety in general.

Concussion recognition and reporting

- I have read and am familiar with an approved Concussion Awareness Resources provided by my coach.
- I will remove myself immediately from any sport and will tell the coach or caring adult if I think I might have a concussion.
- I will tell the coach or caring adult immediately when I think a teammate might have a concussion.
- I understand that if I receive a jarring impact to the head, face, neck, or elsewhere on my body that is observed by or reported to the coach, that I will be removed immediately from the sport, and:
- I am aware that when I have signs or symptoms I should go to a medical doctor or nurse practitioner to be diagnosis as soon as reasonably possible that day and will report the results to appropriate school staff.
- I am aware that not all signs and symptoms emerge immediately and there are times when signs and symptoms emerge hours or days after the incident and I must stop physical activities and be monitored for the next 24 hours.
- If no signs or symptoms appear after 24 hours, I will inform the appropriate school staff and I can then be allowed to participate.
- If signs or symptoms begin, I will be assessed by a medical doctor or nurse practitioner as soon as reasonably possible that day and will report the results to appropriate school staff.

Acknowledging the importance of communication between the student, parent, school staff, and any sport organization with which the student has registered

- I will communicate with my coaches, parent/guardian, and school staff and any sport organization with which I am registered about a suspected or diagnosed concussion or general safety issues.

Supporting the implementation of a Return to School Plan for students with a concussion diagnosis

- I understand that I will have to follow the Return to School Plan if diagnosed with a concussion.
- I understand I will not be able to return to full participation, including practice or competition until permitted to do so in accordance with the School Board's Return to School Plan.
- I understand that I will need a Medical Clearance as required by the Return to School Plan, prior to returning to full participation in "non-contact sports" or returning to a practice that includes full contact in "contact sports".

Prioritizing a student's return to learning as part of the Return to School Plan

- I will follow the recovery stages and learning strategies proposed by the collaborative team for my Return to School Plan.



COACH/TRAINER/SUPERVISOR/ STAFF MEMBER

ROWAN'S LAW CONCUSSION AWARENESS RESOURCE AND BRANT HALDIMAND NORFOLK CATHOLIC DISTRICT SCHOOL BOARD CONCUSSION CODE OF CONDUCT

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This form must be signed by all COACHES/TRAINERS/SUPERVISORS/STAFF MEMBERS.

Please access the **Concussion Awareness Procedures** page on the Board's website (www.catholiceducation.ca) for the following resources and review:

1. Rowan's Law Concussion Awareness Resource
2. BHNCD SB Concussion Code of Conduct (Form E)

Signing a *Coach/Trainer/Supervisor/Staff Member Rowan's Law Concussion Awareness Resource and BHNCD SB Concussion Code of Conduct Form* is **acknowledgement that you have:**

1. **Completed a full review of both the Rowan's Law Concussion Awareness Resource AND the BHNCD SB Concussion Code of Conduct.**

Date: _____
(mm/dd/yyyy)

I, _____, acknowledge that I have completed a full
(please print coach/trainer/supervisor/staff member name – must be over 18 years of age)

review of the Rowan's Law Concussion Awareness Resource **AND** the BHNCD SB Concussion Code of Conduct (Form E).

Coach/trainer/supervisor/staff member signature: _____

NOTES: Acknowledgement is valid for the current school year (September 1 to August 31).

Information Collection Authorization

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COACH/TRAINER/SUPERVISOR/ STAFF MEMBER

CONCUSSION CODE OF CONDUCT FOR INTERSCHOOL SPORTS

As a coach/trainer/supervisor/staff member, it is my responsibility to review and adhere to this Concussion Code of Conduct.

Maintaining a safe learning environment

- I will review and adhere to the School Board's safety standards for physical activity and concussion protocol, as they apply to my sport prior to taking on the responsibility as coach/team trainer.
- I will check the facilities and equipment, take necessary precautions and bring potential hazards to the attention of the students.
- I will provide and maintain a safe learning environment for my students and uphold a culture of safety-mindedness.
- I will inform students of all ages and their parent/guardian (for students under the age of 18) about the risks of a concussion or other potential injuries associated with the sport and ways to minimize those risks.

Fair play and respect for all

- I will demonstrate a commitment to fair play and will respect my students, opponents, officials, and spectators.
- I will not pressure a student to participate in practices or games/competitions if they are injured.

Teaching/learning the rules of a physical activity, including the strict enforcement of consequences for prohibited play that is considered high-risk for causing concussions

- I will learn the rules of the sport and will provide instructions about prohibited play.
- I will teach students the rules of the sport and will provide instructions about prohibited play.
- I will strictly enforce, during practice and competition, the consequences for prohibited play.
- I will accept and respect the decisions of officials and the consequences for any prohibited play.

Implementing the skills and strategies of an activity in a proper progression

- I will instruct students in training and practices using the proper progression of skills and strategies of the sport.
- I will encourage students to ask questions and seek clarity regarding skills and strategies they are unsure of.

Providing opportunities to discuss potential issues related to concussions

- I will provide opportunities by creating an environment for student discussions/conversations related to suspected and diagnosed concussions, including signs and symptoms, questions, and safety concerns, throughout the day, including before and after practice and competition.

Concussion recognition and reporting

- I have read and am familiar with an approved Concussion Awareness Resource identified by the school board.
- I will emphasize the seriousness of a concussion to my students along with outlining the signs and symptoms of a concussion.
- I will provide instruction to students about the importance of removing themselves from the sport and reporting to a coach/team trainer or caring adult if they have signs or symptoms of a concussion.
- I will provide instruction to students about the importance of informing the coach/caring adult when they suspect a teammate may have a concussion.
- I will immediately remove from play, for assessment, any student who receives a jarring/significant impact to the head, face, neck, or elsewhere on the body and adhere to the School Board's concussion protocol prior to allowing return to physical activity.

Acknowledging the importance of communication between the student, parent, school staff, and any sport organization with which the student has registered

- I will support and adhere to a process for communication to take place between myself and the student, parent/guardian, and relevant school staff.
- I will promote the importance of communication about a suspected or diagnosed concussion between the student, parent/guardian, and all sport organizations with which the student has registered.

Supporting the implementation of a Return to School Plan for students with a concussion diagnosis

- I will support the implementation of the Return to School Plan for students with a diagnosed concussion.

Prioritizing a student's return to learning as part of the Return to School Plan

- I understand the need to prioritize a student's return to learning as part of the Return to School Plan.
- I will follow the Return to School Plan and make sure a student diagnosed with a concussion does not return to training, practice, or competition until permitted to do so in accordance with the Return to School Plan.



ADULT STUDENT ATHLETE

ROWAN'S LAW CONCUSSION AWARENESS RESOURCE AND BRANT HALDIMAND NORFOLK CATHOLIC DISTRICT SCHOOL BOARD CONCUSSION CODE OF CONDUCT

Rowan's Law requires the Brant Haldimand Norfolk Catholic District School Board (BHNCD SB) to confirm that you have reviewed the Concussion Awareness Resource and the BHNCD SB Concussion Code of Conduct (Form C) before you can participate at any BHNCD SB inter-school sport. **These documents must have been reviewed in the past twelve (12) months. For a hard copy of any resource, please contact your school office.**

This form must be signed before the student athlete can participate in any BHNCD SB inter-school sport.

Please access the **Concussion Awareness Procedures** page on the Board's website (www.catholiceducation.ca) for the following resources and review:

1. Rowan's Law Concussion Awareness Resource
2. BHNCD SB Concussion Code of Conduct (Form C)

Signing an *Adult Student Rowan's Law Concussion Awareness Resource and BHNCD SB Concussion Code of Conduct Form* is acknowledgement that you have:

1. Completed a full review of both the Rowan's Law Concussion Awareness Resource AND the BHNCD SB Concussion Code of Conduct.

Date: _____
(mm/dd/yyyy)

I, _____, born _____
(please print name of adult student) (mm/dd/yyyy)

having reached 18 years of age, acknowledge that I have completed a full review both the Rowan's Law Concussion Awareness Resource AND the BHNCD SB Concussion Code of Conduct (Form C).

Adult student signature: _____

NOTES: Acknowledgement is valid for the current school year (September 1 to August 31).

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INFORMED CONSENT

PERMISSION FORM FOR SCHOOL TEAMS

_____ is arranging _____
(Name of School) (Description of Activity)

on _____
(Date(s))

THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT GUARDIAN OF A PARTICIPATING STUDENT IF THE STUDENT IS UNDER 18 YEARS OF AGE.

ELEMENTS OF RISK:

School activities involve certain elements of risk. Injuries may occur while participating in these activities. The following includes, but is not limited to, examples of the types of injury which may result during an activity: fracture, laceration, sprain, strain, contusion, concussion, etc.

The risk of sustaining these types of injuries result from the nature of the activity and can occur without any fault of either the student, or the school board, its employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your student may be injured.

The chance of injury occurring can always be reduced by carefully following instructions while engaged in the activity.

If you choose to participate, you must understand that you bear the responsibility for any injury that might occur.

Please indicate if your student has been diagnosed as having any medical conditions and provide pertinent details.

If your student is presently diagnosed with a concussion by a medical doctor/nurse practitioner, that was sustained outside of school physical activity, the Concussion Passport must be completed before the student returns to physical education classes, Daily Physical Activity (DPA), intramural activities and interschool practices and competitions. Request the form from the school administrator.

The **Brant Haldimand Norfolk Catholic District School Board** does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity. As per school board policy, **all students** participating in extra-curricular athletic activities **MUST** have **Student Accident Insurance** made available by the school to parents at the beginning of the school year **or have private coverage** in effect. Student accident insurance is available all year, not just at the beginning of the school year. Parents can go to www.insuremykids.com to purchase the insurance.

ACKNOWLEDGEMENT:

WE HAVE READ THE ABOVE. WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Date: _____
(mm/dd/yyyy)

Student Name: _____
(First name, Last name)

Student Signature: _____

Parent/Guardian Name: _____ (if student is under 18 years)
(First name, Last name)

Parent/Guardian Signature: _____ (if student is under 18 years)

PERMISSION

I give _____ permission to participate in the activity described above.
(First name, Last name)

Date: _____ Student Signature: _____
(mm/dd/yyyy)

Parent/Guardian Name: _____ (if student is under 18 years)
(First name, Last name)

Parent/Guardian Signature: _____ (if student is under 18 years)

Please print this form double-sided.

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TOOLS TO IDENTIFY A 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 Steps within this tool must be taken immediately.

An incident occurred involving: _____
(Student/Athlete First Name, Last Name)

Date: _____ Time: _____
(mm/dd/yyyy) (XX:XX am/pm)

The student/athlete was observed for signs and symptoms of a concussion:

- No signs or symptoms described in Part B and C were noted at the time.
Note: Continued monitoring of the student is important as signs and symptoms of a concussion may appear hours or days later. Student must NOT participate in any physical activity for the remainder of the day and the child's parents must be notified as signs and symptoms may appear later within 24-48 hours.

OR

- The following signs were observed and/or symptoms reported:

Part A: RED FLAG Signs and/or Symptoms	Part B: Other Possible Signs Observed
<p>If any one or more red flag signs or symptoms are present, call 911 (or access EMS if present on-site), followed by a call to parents/guardians/emergency contact. If Red Flags are identified, skip Part B, C, D and complete only Step E: Communication to Parent/Guardian. (Check all that apply)</p>	<p>A sign is something that will be observed by another person (e.g., parent/guardian, teacher, coach, supervisor, peer). (Check all that apply.)</p>
<p>Red Flag Signs/Symptoms:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Deteriorating conscious state <input type="checkbox"/> Double vision <input type="checkbox"/> Increasingly restless, agitated or combative <input type="checkbox"/> Loss of consciousness <input type="checkbox"/> Neck pain or tenderness <input type="checkbox"/> Seizure or convulsion <input type="checkbox"/> Severe or increasing headache <input type="checkbox"/> Vomiting <input type="checkbox"/> Weakness or tingling/burning in arms or legs 	<p>Red Flag Signs/Symptoms:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements <input type="checkbox"/> Blank or vacant look <input type="checkbox"/> Disorientation or confusion, or an inability to respond appropriately to questions <input type="checkbox"/> Facial injury after head trauma <input type="checkbox"/> Lying motionless on the playing surface (no loss of consciousness) Slow to get up after a direct or indirect hit to the head <input type="checkbox"/> Deteriorating conscious state <input type="checkbox"/> Double vision <input type="checkbox"/> Increasingly restless, agitated or combative <input type="checkbox"/> Loss of consciousness <input type="checkbox"/> Neck pain or tenderness <input type="checkbox"/> Seizure or convulsion <input type="checkbox"/> Severe or increasing headache <input type="checkbox"/> Vomiting <input type="checkbox"/> Weakness or tingling/burning in arms or legs

Part C: Other Possible Symptoms Reported	
A symptom is something the student will feel/report. (Check all that apply)	
<p>What the student will feel/report:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Balance problems <input type="checkbox"/> Blurred vision <input type="checkbox"/> Difficulty concentrating <input type="checkbox"/> Difficulty remembering <input type="checkbox"/> Dizziness <input type="checkbox"/> "Don't feel right" <input type="checkbox"/> Drowsiness <input type="checkbox"/> Fatigue or low energy <input type="checkbox"/> Feeling slowed down <input type="checkbox"/> Headache <input type="checkbox"/> More emotional <input type="checkbox"/> More irritable Nausea <input type="checkbox"/> Nervous or anxious <input type="checkbox"/> "Pressure in head" <input type="checkbox"/> Sadness <input type="checkbox"/> Sensitivity to light <input type="checkbox"/> Dazed or in a fog <input type="checkbox"/> Other signs or symptoms: 	<p>Physical:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Headache <input type="checkbox"/> Pressure in head <input type="checkbox"/> Neck pain <input type="checkbox"/> Feeling off/not right <input type="checkbox"/> Ringing in the ears <input type="checkbox"/> Seeing double or blurry/loss of vision <input type="checkbox"/> Seeing stars, flashing lights <input type="checkbox"/> Pain at site of injury <input type="checkbox"/> Nausea/stomachache/pain <input type="checkbox"/> Balance problems or dizziness <input type="checkbox"/> Fatigue or feeling tired <input type="checkbox"/> Sensitivity to light or noise <p>Cognitive:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Difficulty concentrating or remembering <input type="checkbox"/> Slowed down, fatigue or low energy <input type="checkbox"/> Dazed or in a fog <p>Emotional/Behavioural:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Irritable, sad, more emotional than usual <input type="checkbox"/> Nervous, anxious, depressed <input type="checkbox"/> Other: <p>Sleep Disturbance:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Drowsiness <input type="checkbox"/> Insomnia

Part D: Quick Memory Function Assessment	
Failure to answer any of these questions correctly may indicate a concussion. Questions may be adjusted to better suit younger students.	
Is it before or after lunch?	Answer _____
What room are we in right now?	Answer _____
What activity/sport/game are we playing now?	Answer _____
What is the name of your teacher/coach?	Answer _____
What school do you go to?	Answer _____

Actions to be taken:

If there are any signs observed or symptoms reported, or if the student fails to answer any of the above questions correctly, concussion should be suspected and the student must be immediately removed from play and must not be allowed to return to play that day even if the student states that he/she is feeling better. The principal is to be notified immediately and parents/guardian and/or emergency contacts must be notified immediately. Students with a suspected concussion should not be left alone and must not leave the premises without parent/guardian (or emergency contact) supervision.

If no Red Flags, signs and/or symptoms and the student passes the Memory Assessment, the principal is to be notified immediately and the parents/guardians are to be contacted. Continued monitoring of the student must occur.

Continued Monitoring by Parent/Guardian:

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

Part E: Communication to Parents/Guardians:
Your child/ward was checked for a suspected concussion (that is, Red Flags, Other Signs and Symptoms, Quick Memory Function Check) with the following results (Check all that apply):
<input type="checkbox"/> Red Flag signs were observed and/or symptoms reported and emergency medical services (EMS) called.
<input type="checkbox"/> Other concussion signs were observed and/or symptoms reported and/or the student failed to correctly answer all the Quick Memory Function questions.
<input type="checkbox"/> No signs or symptoms were reported, and the student correctly answered all the questions in the Quick Memory Function Check, but a possible concussion event was recognized. Continued monitoring is required.

Principal/Coach/Teachers Name: _____
(First name, Last name)

Date: _____ Time: _____
(mm/dd/yyyy) (X:XX am/pm)

Principal/Coach/Teachers Signature: _____

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MEDICAL ASSESSMENT FOR A SUSPECTED CONCUSSION

Student Name: _____ has sustained a suspected concussion on
(Student/Athlete First Name, Last Name)

Date: _____ Time: _____
(mm/dd/yyyy) (XX:XX am/pm)

As a result, this student **must** be seen by a medical doctor or nurse practitioner. Prior to returning to school, the parent/guardian must inform the school principal of the results of the medical examination by completing the following:

Results of a 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 with no restrictions.

OR

- 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 (RTS) and Return to Physical Activity Plan (RTPA).

OR

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

Comments:

(describe if concussion happened outside of school and how)

Date: _____ Parent/Guardian Name: _____
(mm/dd/yyyy) (First name, Last name)

Parent/Guardian Signature: _____

Date: _____ Medical Doctor/Nurse Practitioner Name: _____
(mm/dd/yyyy) (First name, Last name)

Medical Doctor/Nurse Practitioner Signature: _____

Please file in the Ontario Student Record – Documentation File.

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MEDICAL CLEARANCE

MEDICAL CLEARANCE TO PROCEED TO STAGE 5 – RETURN TO PHYSICAL ACTIVITY (RTPA)

The 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.

Student Name: _____
(Student/Athlete First Name, Last Name)

Date: _____
(mm/dd/yyyy)

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

Comments:

Date: _____ Parent/Guardian Name: _____
(mm/dd/yyyy) (First name, Last name)

Parent/Guardian Signature: _____

Date: _____ Medical Doctor/Nurse Practitioner Name: _____
(mm/dd/yyyy) (First name, Last name)

Medical Doctor/Nurse Practitioner Signature: _____

- Doctor included a separate medical note (check if this applies)

Please file in the Ontario Student Record – Documentation File

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CONCUSSION MANAGEMENT -

HOME PREPARATION FOR RETURN TO SCHOOL (RTS) AND RETURN TO PHYSICAL ACTIVITY (RTPA) PLAN (Stages 1-2)

Student Name: _____

Date: _____

This form is to be used by parents/guardians to track and to communicate to the school the student's progress through the stages of the Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan following a diagnosed concussion.

- Each stage must take a minimum of 24 hours.
- All stages must be followed.

Background Information on the Concussion Recovery Process

A student with a diagnosed concussion needs to follow an individualized and gradual RTS and RTPA Plan. In developing the Plan, the RTS process is individualized to meet the specific needs of the student, as there is not a pre-set plan of strategies and/or approaches to assist a student returning to their learning activities. In contrast the RTPA Plan follows an internationally recognized graduated approach.

The management of a student concussion is a shared responsibility, requiring regular communication between the Collaborative Team* and outside sports team (where appropriate).

- *The Collaborative Team consists of the student, parents/guardians, staff and volunteers working with the student with consultation from the student's medical doctor or nurse practitioner and/or other licensed healthcare providers (for example, nurses, physiotherapists, chiropractors and athletic therapists).*

There are two parts to a student's RTS and RTPA Plan. The first part of the plan occurs at home (refer to the *Concussion Management – Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan (FORM K)* and prepares the student for the second part which occurs at school (refer to the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan (FORM L)*).

General Procedures for Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan

This Plan does not replace medical advice.

1. The home part of the plan begins with the Parent/Guardian communicating the diagnosis to school principal. Reporting non-school related concussions as well.
2. The school principal or designate will communicate information on the stages of RTS and RTPA Plan that occur at home.
3. The stages of the plan occur at home under the supervision of the parent/guardian in consultation with the medical doctor/nurse practitioner and/or other licensed healthcare providers.
4. A student moves forward to the next stage when activities at the current stage are tolerated and the student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
5. If **symptoms return**, or **new symptoms appear at any stage** in the Home Preparation for RTS and RTPA Plan, the student returns to previous stage for a **minimum of 24 hours** and only participates in activities that can be tolerated.
6. If at any time **symptoms worsen**, the student/parent/guardian contacts medical doctor/nurse practitioner or seeks medical help immediately.

7. While the RTS and RTPA stages are inter-related, they are not interdependent. Students do not have to go through the same stages of RTS and RTPA at the same time. However, **before a student can return to school** to start the second part of the plan (FORM L), they must have completed RTS Stage 2 and RTPA Stage 2b.
8. A student must not return to vigorous or organized physical activities where the risk of re-injury is possible, until they have successfully completed all stages of the RTS Plan. Early introduction of some low intensity physical activity in controlled and predictable environments with no risk of re-injury is appropriate.
9. Progression through the Plan is individual; timelines and activities may vary.
10. Prior to the student returning to school, the principal will identify and inform members of the collaborative team and designate a staff member to serve as the main point of contact for the student and the collaborative team.

INSTRUCTIONS

- Review the activities (permitted and not permitted) at each stage prior to beginning the Plan.
- Check (√) the boxes at the completion of each stage to record student's progress through the stages.
- A student may progress through the RTS stages at a faster or slower rate than the RTPA stages.
- When the student has successfully completed all stages of the Home Preparation for RTS and RTPA Plan, parents/guardians must sign and date this form.
- Please file in the Ontario Student Record – Documentation File.

Communicate to the school principal/designate that the student is ready to begin the school portion of the RTS and RTPA Plan (FORM L).

HOME PREPARATION FOR RETURN TO SCHOOL (RTS) AND RETURN TO PHYSICAL ACTIVITY (RTPA) PLAN

Home Preparation for Return to School (RTS) Stages	Home Preparation for Return to Physical Activity (RTPA) Stages
<p>Each Stage must last a minimum of 24 hours</p>	<p>Each stage must last a Minimum of 24 hours</p>
<p><u>RTS – Initial Rest</u> 24 to 48 hours of relative cognitive rest (sample activities below): <u>Sample activities permitted if tolerated by student:</u></p> <ul style="list-style-type: none"> ✓ Short board/card games ✓ Short phone calls ✓ Photography (with camera) ✓ Crafts <p><u>Activities that are not permitted at this stage:</u></p> <ul style="list-style-type: none"> ✗ TV ✗ Device use (e.g., computer, laptop, tablet, iPad, cell phone) ✗ Video games ✗ Reading ✗ Attendance at school or school-type work 	<p><u>RTS – Initial Rest</u> 24 to 48 hours of relative cognitive rest (sample activities below): <u>Sample activities permitted if tolerated by student:</u></p> <ul style="list-style-type: none"> ✓ Limited movement that does not increase heart rate or break a sweat ✓ Moving to various locations in the home ✓ Daily hygiene activities <p><u>Activities that are not permitted at this stage:</u></p> <ul style="list-style-type: none"> ✗ Physical exertion (increases breathing and heart rate and sweating) ✗ Stair climbing other than to move locations throughout the home ✗ Sports/sporting activities
<p>Student moves to RTS Stage 1 when:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Symptoms start to improve or after resting 2 days maximum, or whichever occurs first. 	<p>Student moves to RTPA Stage 1 when:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Symptoms start to improve or after resting 2 days maximum, or whichever occurs first.
<p>Stage 1</p>	
<p><u>RTS – Stage 1</u> Light cognitive (thinking/memory/knowledge) activities (as per activities permitted listed below). 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"> ✓ Activities from previous stage ✓ Easy reading (for example, books, magazines, newspaper) ✓ Limited TV ✓ Limited cell phone conversations ✓ Drawing/building blocks/puzzles ✓ Some contact with friends <p><u>Activities that are not permitted at this stage:</u></p> <ul style="list-style-type: none"> ✗ Device use (e.g., computer, laptop, tablet, iPad, cell phone) ✗ Attendance at school or school-type work 	<p><u>RTPA – Stage 1</u> Light physical activities (as per activities permitted listed below) that do not provoke symptoms. 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"> ✓ Daily household tasks (for example, bed-making, dishes, feeding pets, meal preparation) ✓ Slow walking for a short time <p><u>Activities that are not permitted at this stage:</u></p> <ul style="list-style-type: none"> ✗ Physical exertion (increased breathing and heart rate and sweating) ✗ Sports/sporting activity ✗ Stair climbing, other than to move locations throughout the home

<p>Student moves to RTS Stage 2 when:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student tolerates 30 minutes of light cognitive activity (for example a student should be able to complete 3 to 4 of the permitted activities above) and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms. <input type="checkbox"/> Student has completed a minimum of 24 hours at RTS – Stage 1. 	<p>Student moves to RTPA Stage 2a when:</p> <ul style="list-style-type: none"> <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. <input type="checkbox"/> Student has completed a minimum of 24 hours at RTPA – Stage 1
<ul style="list-style-type: none"> <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. <input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner. 	<ul style="list-style-type: none"> <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. <input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
Stage 2	
<p><u>RTS – Stage 2</u></p> <p>Gradually add cognitive activity (as per activities permitted listed below). When light cognitive activity is tolerated, introduce work (at home and facilitated by the school).</p> <p><u>Activities permitted if tolerated by student:</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage ✓ School-type work in 30-minute increments ✓ Crosswords, word puzzles, Sudoku, word search ✓ Limited device use (for example, computer, laptop, tablet, iPad, cell phone) (for example, texting/games/photography) starting with shorter periods and building up as tolerated <p><u>Activities that are not permitted at this stage:</u></p> <ul style="list-style-type: none"> ✗ School attendance 	<p><u>RTPA – Stage 2a</u></p> <p>Daily activities that do not provoke symptoms. Add additional movements that do not increase breathing and heart rate or break a sweat.</p> <p><u>Activities permitted if tolerated by student:</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage ✓ Light physical activity for example, use of stairs ✓ 10 to 15 minutes slow walking 1 to 2 times/day inside and outside (weather permitting) <p><u>Activities that are not permitted at this stage:</u></p> <ul style="list-style-type: none"> ✗ Physical exertion (increases breathing and heart rate and sweating) ✗ Sports ✗ Sporting activities
<p>Student moves to RTS Stage 3a when:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student tolerates the additional cognitive activity (for example a student should be able to complete 3 to 4 of the activities permitted) and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms. <input type="checkbox"/> Student has completed a minimum of 24 hours at RTS – Stage 2. 	<p>Student moves to RTPA Stage 2b when:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 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. <input type="checkbox"/> Student has completed a minimum of 24 hours at RTPA – Stage 2a.
<ul style="list-style-type: none"> <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. 	<ul style="list-style-type: none"> <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.
<ul style="list-style-type: none"> <input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner 	<ul style="list-style-type: none"> <input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
	<p><u>RTPA – Stage 2b</u></p> <p>Light aerobic activity</p> <p><u>Activities permitted if tolerated by student:</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage ✓ 20 to 30 minutes walking/stationary cycling (i.e., at a pace that causes some increase in

	<p>breathing/heart rate but not enough to prevent student from carrying on a conversation comfortably)</p> <p><u>Activities that are not permitted at this stage:</u></p> <ul style="list-style-type: none"> ✗ Resistance or weight training ✗ Physical activities with others ✗ Physical activities using equipment
	<p>Student moves to RTPA Stage 3 when:</p> <ul style="list-style-type: none"> <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. <input type="checkbox"/> Student has completed a minimum of 24 hours at RTPA – Stage 2b.
	<ul style="list-style-type: none"> <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. <input type="checkbox"/> Student has reported a worsening of symptoms and must return to medical doctor or medical practitioner.

Parent/Guardian communicates to school principal (by completing the following information on this form) that the student has completed RTS Stage 2 and RTPA Stage 2b and is ready to return to school and begin the school part of the Return to School and Return to Physical Activity Plan (Form L).

- My child has successfully completed all the stages of the Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) and is ready to return to school.

Parent/Guardian Signature: _____ **Date:** _____

Comments:

The school part of the plans begins with:

- Communication from the principal or designate to the Parent/Guardian to provide information on:
 - The school part of the RTS and RTPA Plan (FORM L)
 - Collaborative Team participants and parent/guardian role on the team
- A student assessment to determine possible strategies and/or approaches for student learning.

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SCHOOL CONCUSSION MANAGEMENT

RETURN TO SCHOOL (RTS) AND RETURN TO PHYSICAL ACTIVITY (RTPA) PLAN

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

EMOTIONAL/BEHAVIOURAL DIFFICULTIES		
Post-Concussion Symptoms	Impact on Student's Learning	Potential Strategies and/or Approaches
Anxiety	<ul style="list-style-type: none"> • Decreased attention/concentration • Overexertion to avoid falling behind 	<ul style="list-style-type: none"> • Inform the student of any changes in the daily timetable/schedule • Adjust the student's timetables/schedule as needed to avoid fatigue (e.g., 1-2 hours/periods, half-days, full days) • Build in more frequent breaks during the school day • Provide the student with preparation time to respond to questions
Irritable or Frustrated	<ul style="list-style-type: none"> • Inappropriate or impulsive behaviour during class 	<ul style="list-style-type: none"> • Encourage teachers to use consistent strategies and approaches • Acknowledge and empathize with the student's frustration, anger or emotional outburst if and as they occur • Reinforce positive behaviour • Provide structure and consistency daily • Prepare the student for changes and transitions • Set reasonable expectations • Anticipate and remove the student from a problem situation (without characterizing it as punishment)
Light/Noise sensitivity	<ul style="list-style-type: none"> • Difficulties working in classroom environments (e.g., lights, noise, etc.) 	<ul style="list-style-type: none"> • Arrange strategic seating (e.g., move the student away from window or talkative peers, proximity to the teacher or peer support, quiet setting) • Where possible provide access to special lighting (e.g., task lighting, darker room) • Minimize background noise • Provide alternative settings (e.g., alternative workspace, study carrel) • Avoid noisy crowded environments such as assemblies and hallways during the high traffic times • Allow the student to eat lunch in a quiet area with a few friends • Where possible provide ear plugs/headphones, sunglasses
Depression/Withdrawal	<ul style="list-style-type: none"> • Withdrawal from participation in school activities or friends 	<ul style="list-style-type: none"> • Build time into class/school day for socializing with peers • Partner student with a "buddy" for assignments or activities



CLASSROOM CONCUSSION SYMPTOMS FORM - STUDENT RETURN TO SCHOOL

Student Name: _____

Date: _____

Homeroom Teacher: _____

Class/Period: _____

Time of Completion Re-entry Meeting OR Follow-up meeting No. _____ (1,2,3...)

Instructions for the Student: Read the symptoms below. For each symptom, circle ONE response. Be honest and do not skip any questions. Then, answer the question at the bottom of the second page. Give the form to your educator once completed. (If you have any questions regarding this form, please contact the teacher).

Note for the Instructor: Where appropriate, considering the age/ability/concussion symptoms of the student, the educator may need to provide instructions, read the items, and record what the student responses on the form. Please file in the Ontario Student Record – Documentation File.

Physical Difficulties:					
Description	How it affects me at school	Response			
Headache	I have difficulty concentrating, paying attention or multi-tasking	None	Mild	Moderate	Severe
Dizziness/Balance problems	I lose my balance, I trip/stumble more often, I get dizzy when I (move/get up/...)	None	Mild	Moderate	Severe
Nausea (Feeling sick to my stomach)	I have to vomit; I feel sick during lessons	None	Mild	Moderate	Severe
Drowsiness	I feel sleepy or sluggish	None	Mild	Moderate	Severe
Fatigue	I get tired quickly, I feel exhausted after small/short tasks	None	Mild	Moderate	Severe
Sensitivity to light	I have difficulties working in the classroom environment (e.g., lights, seeing the blackboard)	None	Mild	Moderate	Severe
Sensitivity to noise	I have difficulties working in the classroom environment (e.g., loud music, noise, talking)	None	Mild	Moderate	Severe

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CLASSROOM CONCUSSION ACCOMMODATIONS FORM

RETURN TO SCHOOL (RTS)

Student Name: _____

Date: _____

Homeroom Teacher: _____

Class/Period: _____

Time of Completion Re-entry Meeting OR Follow-up meeting No. _____ (1,2,3...)

Instructions: Use the student's responses to the questions on the **Symptoms Form (Form M)** to devise in-class, symptom-based accommodations. Mark selected accommodations on this list. Discuss the recommended accommodations with the student.

Please file in the Ontario Student Record – Documentation File

Physical Difficulties:		
Symptoms	✓	Accommodations and Strategies
Headache	<input type="checkbox"/>	Mild/moderate: allow classroom participation
	<input type="checkbox"/>	Avoid symptom triggers
	<input type="checkbox"/>	If severe, inform parent/guardian
	<input type="checkbox"/>	Allow frequent breaks
	<input type="checkbox"/>	Consider reduce hours
	<input type="checkbox"/>	Consider gradual return to school (e.g., 1-2 hours, half-days, late starts)
Dizziness/Balance problems	<input type="checkbox"/>	Mild/moderate: allow classroom participation
	<input type="checkbox"/>	Avoid symptom triggers
	<input type="checkbox"/>	If severe, inform parent/guardian
Nausea	<input type="checkbox"/>	Mild/moderate: allow classroom participation
	<input type="checkbox"/>	Avoid symptom triggers
	<input type="checkbox"/>	If severe, inform parent/guardian
Drowsiness	<input type="checkbox"/>	Mild/moderate: allow classroom participation
	<input type="checkbox"/>	Avoid symptom triggers
	<input type="checkbox"/>	If severe, inform parent/guardian
Fatigue	<input type="checkbox"/>	Reduce workload
	<input type="checkbox"/>	Consider reduce hours
	<input type="checkbox"/>	Consider gradual return to school (e.g., 1-2 hours, half-days, late starts)
Sensitivity to Light	<input type="checkbox"/>	Move away from windows
	<input type="checkbox"/>	Allow access to special lighting (dim lights/draw shades/task lighting/darker room)
	<input type="checkbox"/>	Allow sunglasses/hat in class
Forms are based on:		
1. Ontario Physical Education Safety Guideline Concussion Protocol; Table 2: Return to Lean Strategies/Approaches Sept. 2014. Adapted from Davis GA, Purcell LK. The evaluation and management of acute concussion differs in young children. Fr J Sports Med. Published online First 23 April 2013 doi: 10. 1136/bjsports-2012-092132;		
2. Classroom-Concussion-Assessment-Form.pdf from nationwidechildrens.org 2013; An Educators Guide to Concussion in the		

Classroom – Classroom Concussion Assessment Form.

Cognitive Difficulties (thinking, problem solving and learning):

Description	How it affects me at school	Response				
		1 never	2	3	4	5 always
Feeling mentally foggy	I cannot think clearly and/or follow what is going on	1 never	2	3	4	5 always
Difficulty concentrating on schoolwork	I can only focus on my schoolwork in a limited way or for a short time	1 never	2	3	4	5 always
Difficulty paying attention to teacher	I have difficulty tuning out other noises or keeping track of what the teacher is saying, note taking is hard for me	1 never	2	3	4	5 always
Difficulty processing information quickly	I have difficulty following instructions; I can't manage deadlines or complete tasks on time; I feel slowed down	1 never	2	3	4	5 always
Difficulty remembering	I can't retain new information or instructions, I cannot recall/access information already learned	1 never	2	3	4	5 always
Difficulty staying organized	I am missing pieces of instruction, I forget to bring things/lose things, I have a hard time finishing assignments	1 never	2	3	4	5 always

Emotional Difficulties

Description	How it affects me at school	Response				
		1 never	2	3	4	5 always
Irritability/Frustration	I give up easily, I have a "short fuse"; I get upset quickly when I encounter difficulties, I act on impulse; I am irritable	1 never	2	3	4	5 always
Anxiety/Nervousness	I am fearful about tests and assignments, I cannot focus, I work to overtiredness	1 never	2	3	4	5 always
Feelings of sadness/withdrawal	I am sad, I don't like to talk, I keep to myself	1 never	2	3	4	5 always

What tasks in school are most difficult for you? Please write specific examples:

Physical Difficulties (continued):

Symptoms	√	Accommodations and Strategies
Sensitivity to noise		Remove from loud environments
		Avoid noisy/crowded environments such as assemblies and hallways during high traffic times
		Provide alternative workspace
		Reduce classroom noise; Avoid headphones and loud music
		Allow noise cancelling headphones
	Arrange for strategic seating (e.g., move student away from talkative peers,	

		proximity to teacher)
Cognitive Difficulties (thinking, problem solving and learning):		
Symptoms	√	Accommodations and Strategies
Feeling mentally foggy		Provide breaks between tasks
		Simplify tasks
		Shorten task duration
Difficulty concentrating on schoolwork		Give breaks between tasks
		Consider shortening school day
		Consider limiting test to one per day and provide extra time and/or quiet environment
Difficulty paying attention to teacher		Provide frequent check-ins
		Front of the room seating in proximity of the teacher
		Work/test in quiet room
Difficulty processing information quickly		Provide access to assistive technology
		Provide extra time or a quiet environment
		Provide class notes
		Provide scribe
		Check understanding of content, repeat instructions
Difficulty remembering		Provide visual cues/aids and/or advance organizers (visual cueing, non-verbal sign)
		Use alternative testing methods (such as multiple-choice, oral testing) for the student to demonstrate mastery
		Provide a copy of class notes
		Provide memory aids
Difficulty staying organized		Check comprehension of instructions
		Use to-do lists and checklists
		Encourage student to use/set electronic alerts
		Manage overall workload and pace of work demands
		Use agenda/planner for schedule and due dates
		Divide larger assignments/assessments into smaller tasks
		Extend deadlines for submitting assignments

Emotional Difficulties		
Symptoms	√	Accommodations and Strategies
Irritability/Frustration		Prepare the student for change and transitions
		Set reasonable expectations
		Anticipate and remove the student from a problem situation (without characterizing it as punishment)
		Encourage teachers to use consistent strategies and approaches
		Acknowledge and empathize with the student's frustration, anger and emotional outburst if and as they occur
		Reinforce positive behaviour
		Provide consistency and structure daily

Emotional Difficulties (continued...):		
Symptoms	√	Accommodations and Strategies
Anxiety/Nervousness		Where feelings are affecting social interactions/schoolwork inform parent/ guardian
		Provide access to Child and Youth counsellor or other support personnel
		Build in more frequent breaks during the school day
		Provide the student with preparation time to respond to questions
		Inform the student of any changes in the daily timetable/schedule
		Adjust the student's timetable/schedule as needed to avoid fatigue (e.g. 1-2 hours/periods, half-days, full days)
Feelings of Sadness/ Withdrawal		Where feelings are affecting social interactions/schoolwork, inform parent/guardian
		Provide access to Child and Youth counsellor or other support personnel
		Open lines of communication with parent/guardian and student sharing observations of child at home and school
		Provide opportunities and personnel for student to share his/her thoughts/feelings class/school
		Build time into class/school for socialization with peers
		Partner student with a "buddy" for assignments and activities
		Implement, immediately, correct Board procedures when a student expresses suicidal feelings, thoughts. Parent/guardian must be informed.

Other Accommodations and strategies (provide examples):

Date for next review of accommodation plan: _____

Please file in the Ontario Student Record – Documentation File

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Concussion Tracking Form

Student Name : _____ Date of Incident: _____

Documents Supplied to Parent/Guardian after the incident

Given *** ONLY IF DIAGNOSED AS CONCUSSION by Doctor/Nurse Practitioner***

FORM P: School Concussion Management - Return to School (RTS) and Return to Physical Activity (RTPA) Plan (Stages 3-6)

FORM H: Tools to Identify Concussion	FORM I: Documentation of Monitoring/ Medical Assessment Form	FORM K: Concussion Management - Home Preparation for RTS and RTPA Plan (Stages 1-2)	
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Record the date that FORM H was provided to the parent/ guardian:	Record the Date that FORM I was provided to the parent/ guardian and the date the signed appendix was returned	Minimum 24 hours between each stage. Record the date that FORM K was provided to the parent/ guardian and the date the signed appendix was returned.	<p>Minimum 24 hours between each stage. Before progressing to RTPA Stage 5, the student must:</p> <ul style="list-style-type: none"> • Have completed RTS Stage 4a and 4b (full day at school without adaptation of learning strategies and/ or approaches); • Have completed RTPA stage 4 and be symptom free; and • Obtained a signed Medical Clearance from a medical doctor or nurse practitioner. <p>Record the date that FORM P was given to the parent/ guardian and the date the signed appendix was returned.</p>
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Date Provided:	Date Provided:	Date returned File in to the OSR:	Student completed RTS/ RTPA initial rest, RTS/ RTPA Stage 1, RTS Stage 2 AND RTS Stage 2a and 2b		RTS Stage 3a		RTS Stage 3b		RTPA Stage 3		RTS Stage 4a		RTS Stage 4b		RTPA Stage 4		Medical Clearance - FORM J		RTPA Stage 5		RTPA Stage 6	
			Date Provided	Date Returned	Date Provided	Date Returned	Date Provided	Date Returned	Date Provided	Date Returned	Date Provided	Date Returned	Date Provided	Date Returned	Date Provided	Date Returned	Date Provided	Date Returned	Date Provided	Date Returned	Date Provided	Date Returned

Notes:



SCHOOL CONCUSSION MANAGEMENT

RETURN TO SCHOOL (RTS) AND RETURN TO PHYSICAL ACTIVITY (RTPA) PLAN (Stages 3-6)

This form is to be used by parents/guardians and the school Collaborative Team to communicate and track a student's progress through the stages of the Return to School and Return to Physical Activity Plan following completion of Home Preparation for Return to School and Return to Physical Activity. The RTS and RTPA Plan is to be used with the BHNCD SB Student Concussion Management Forms (FORMS L to N)

- **Each stage must take a minimum of 24 hours.**
- **All steps must be followed.**

General procedures for School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan

The Plan does not replace medical advice.

1. The school part of the plan begins with a parent/guardian and principal or designate communicating information on:
 - The school part of the RTS and RTPA Plan; and
 - The Collaborative Team members and their role.
2. A student conference will be established to determine the individualized RTS and RTPA Plan to identify:
 - The RTS learning strategies and/or approaches required by the student based on the post-concussion symptoms; and
 - The best way to provide opportunities for the permissible activities.
3. The need to report any return of symptoms to supervising staff/volunteer should be emphasized to the student and parent/guardian.
4. The stages of the General Procedures for School Concussion Management plan occur at school where appropriate and the RTPA part of the plan may occur during school activities or outside activities.
5. For the student who is participating in activities outside of the school, communication is essential between the parent/guardian/student, activities supervisor and the collaborative team members.
6. Stages within the plan:
 - Stages are not days – each stage must take a **minimum of 24 hours**
 - The length of time needed to complete each stage will vary based on the student and the severity of the concussion
 - A student who has no symptoms when they return to school must progress through all of the RTS stages and RTPA stages and remain symptom free for a minimum of 24 hours in each stage prior to moving to the next stage
 - Completion of the plan may take 1-4 weeks
7. The Collaborative Team will closely monitor the student for the return of any concussion symptoms and/or deterioration of work habits and performance.
8. A student moves forward to the next stage when activities at the current stage are tolerated and the student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms.
9. A student's progression through the stages of RTS is **independent** from their progression through the RTPA's stages.
10. Medical clearance by a doctor/nurse practitioner is required **prior** to beginning Stage 5 of RTPA (Documentation for Medical Clearance (FORM J))
11. Until a student has successfully completed all stages in the RTS plan they must not participate in the following physical activities where the risk of re-injury is possible:
 - Full participation in the physical education curricular program;
 - Intramural activities;
 - Full participation in non-contact interschool activities; or/and
 - Participation in practice for a contact sport.
12. Upon completion of the RTS and RTPA plan, this form is returned to the principal or designate for filing in the student OSR.

Return of Symptoms

- The student and the parent/guardian will report any return of symptoms to supervising staff/volunteers
- During all stages of RTS in Stages 1-4 of RTPA:
 - If symptoms return or new symptoms appear, the student returns to previous stage for a minimum of 24 hours and only participates in activities that can be tolerated.
- After Medical Clearance, during Stages 5 and 6 of RTPA:
 - If symptoms return or new symptoms appear, the student **must return to medical doctor/nurse practitioner** to have Medical Clearance re-assessed.
- During all stages of RTS and RTPA, if symptoms worsen over time, follow the school's collaborative team procedures for contacting parents/guardians to inform them that the student needs a follow-up medical assessment.

Student requires a medical assessment for return/worsening symptoms

- When there is a return/worsening of symptoms the principal or designate contacts the parent/guardian (or emergency contact) to inform of returned/worsened symptoms and the possible need for medical assessment on the same day.
- The collaborative team is to be informed and to follow the medical doctor/nurse practitioner's treatment recommendations.

Instructions: At each stage, this form will be exchanged between the school and home.

- Review the activities (permitted and not permitted) at each stage prior to the beginning of the Plan.
- School provides appropriate activities and documents student's progress by checking (√), dating, initialing completion of each stage and communicating information (form) to parent/guardian.
- Within each stage, parent/guardian completes, checks (√), dates, and signs the student's tolerance to those activities giving permission for the student to progress to the next stage and returns the completed form to school.
- Principal or designate will inform all school staff when the student:
 - Is able to advance to the next stage
 - Must return to the previous stage
 - Must be medically assessed
 - Has completed the plan

SCHOOL CONCUSSION MANAGEMENT – RETURN TO SCHOOL (RTS) AND RETURN TO PHYSICAL ACTIVITY (RTPA) PLAN

Return to School (RTS) Stages	Return to Physical Activity (RTPA) Stages
Stage 3	
<p><u>RTS – Stage 3a</u> Student begins with an initial length of time at school of 2 hours. The individual RTS Plan is developed by the Collaborative Team following the student conference and assessment of the student’s individual needs determining possible strategies and/or approaches for student learning (refer to FORM M: Classroom Concussion Accommodations Form). <u>Activities permitted if tolerated by student:</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage ✓ School work for up to 2 hours per day in smaller chunks (completed at school) working up to a ½ day of cognitive activity ✓ Adaptation of learning strategies and/or approaches <p><u>Activities that are not permitted at this stage:</u></p> <ul style="list-style-type: none"> ✗ Tests/exams ✗ Homework ✗ Music class ✗ Assemblies ✗ Field trips 	<p><u>RTS – Stage 3</u> Simple locomotor activities/sport-specific exercise to add movement. <u>Activities permitted if tolerated by student:</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage (20-30 minutes walking/stationary cycling/elliptical/recreational dancing at a moderate pace) ✓ 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 ✓ Restricted recess activities (e.g., walking) <p><u>Activities that are not permitted at this stage:</u></p> <ul style="list-style-type: none"> ✗ Full participation in physical education or DPA ✗ Participation in intramurals ✗ Full participation in interschool practices ✗ Interschool competitions ✗ Resistance or weight training ✗ Body contact or head impact activities (e.g., heading a soccer ball) ✗ Jarring motions (e.g., high speed stops, hitting a baseball with a bat)
<p>School</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has demonstrated they can tolerate up to a half day of cognitive activity. <input type="checkbox"/> Form P sent home to parent/guardian. <p>School Initials (e.g., collaborative team lead/designate):</p> <p>Date:</p>	<p>School</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has demonstrated they can tolerate simple individual drills/sport-specific drills as listed in permitted activities. <input type="checkbox"/> Form P sent home to parent/guardian. <p>School Initials (e.g., collaborative team lead/designate):</p> <p>Date:</p>
<p>Home</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms. <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. <input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to a medical doctor or nurse practitioner. <input type="checkbox"/> Form P sent back to school. <p>Parent/Guardian: Signature: Date: Comments:</p>	<p>Home</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms. <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. <input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to a medical doctor or nurse practitioner. <input type="checkbox"/> Form P sent back to school. <p>Parent/Guardian: Signature: Date: Comments:</p>

<p><u>RTS – Stage 3b</u></p> <p>Student continues attending school half time with gradual increase in school attendance.</p> <p>Gradual increase in schoolwork and a decrease in the adaptation of learning strategies and/or approaches.</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage ✓ School work for 4 to 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 <p><u>Activities that are not permitted at this stage:</u></p> <ul style="list-style-type: none"> ✗ Standardized tests/exams 	
<p>School</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has demonstrated they can tolerate up to 4 to 5 hours of the cognitive activities listed above. <input type="checkbox"/> Form P sent home to parent/guardian. <p>School Initials (e.g., collaborative team lead/designate):</p> <p>Date:</p>	
<p>Home</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms. <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. <input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to a medical doctor or nurse practitioner. <input type="checkbox"/> Form P sent back to school. <p>Parent/Guardian: Signature: Date: Comments:</p>	

Stage 4

<p><u>RTS – Stage 4a</u> Full day school, minimal adaptation of learning strategies and/or approaches. Nearly normal workload. <u>Activities permitted if tolerated by student:</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage ✓ Nearly normal cognitive activities ✓ Routine schoolwork as tolerated ✓ Minimal adaptation of learning strategies and/or approaches <ul style="list-style-type: none"> • Start to eliminate adaptation of learning strategies and/or approaches • Increase homework to 60 minutes per day • Limit routine testing to one test per day with accommodations (e.g., supports – such as more time) <p><u>Activities that are not permitted at this stage:</u></p> <ul style="list-style-type: none"> ✗ Standardized tests/exams 	<p><u>RTS – Stage 4</u> Progressively increase physical activity. Non-contact training drills to add coordination and increase thinking. <u>Activities permitted if tolerated by student:</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage ✓ More complex training drills (e.g., passing drills in soccer and hockey) ✓ Physical activity with no body contact (e.g., dance and badminton) ✓ Participation in practices for non-contact interschool sports (no contact) ✓ Progressive resistance training may be started ✓ Recess – physical activity running/games with no body contact ✓ DPA (elementary) <p><u>Activities that are not permitted at this stage:</u></p> <ul style="list-style-type: none"> ✗ Full participation in physical education ✗ Participation in intramurals ✗ Body contact or head impact activities (e.g., heading a soccer ball) ✗ Participation in interschool contact sport practices, or interschool games/competitions (non-contact and contact)
<p>School</p> <ul style="list-style-type: none"> <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. <input type="checkbox"/> Form P sent home to parent/guardian. <p>School Initials (e.g., collaborative team lead/designate):</p> <p>Date:</p>	<p>School</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has completed the activities in RTPA Stage 4 as applicable. <input type="checkbox"/> Form P sent home to parent/guardian. <input type="checkbox"/> Documentation for Medical Clearance (FORM J) sent home to parent/guardian. <p>School Initials (e.g., collaborative team lead/designate):</p> <p>Date:</p>
<p>Home</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms. <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. <input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to a medical doctor or nurse practitioner. <input type="checkbox"/> Form P sent back to school. <p>Parent/Guardian: Signature: Date: Comments:</p>	<p>Home</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms. <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. <input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to a medical doctor or nurse practitioner. <input type="checkbox"/> Form P sent back to school. <p>Parent/Guardian: Signature: Date: Comments:</p>

<p><u>RTS – Stage 4b</u> At school, full day, without adaptation of learning strategies and/or approaches. <u>Activities permitted if tolerated by student:</u></p> <ul style="list-style-type: none"> ✓ Normal cognitive activities ✓ Routine schoolwork ✓ Full curriculum workload (attends all classes, all homework, tests) ✓ Standardized tests/exams ✓ Full extracurricular involvement (non-sport/non-physical activity (e.g., debating club, drama club, chess club)) 	<p><u>Before progressing to Stage 5, the student must:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Have completed RTS Stage 4a and 4b (full day at school without adaptation of learning strategies and/or approaches). <input type="checkbox"/> Have completed RTPA Stage 4 and be symptom free, and <input type="checkbox"/> Obtain a signed Medical Clearance form from a medical doctor or nurse practitioner. <p>Please note: Premature return to contact sports (full practice and game play) may cause a significant setback in recovery.</p>
<p>School</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has demonstrated they can tolerate a full day of school without adaptation of learning strategies and/or approaches. <input type="checkbox"/> Form P sent home to parent/guardian. <p>School Initials (e.g., collaborative team lead/designate):</p> <p>Date:</p>	
<p>Home</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms. <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. <input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to a medical doctor or nurse practitioner. <input type="checkbox"/> Form P sent back to school. <p>Parent/Guardian: Signature: Date: Comments:</p>	
Stage 5	
	<p><u>RTPA-Stage 5</u> Following medical clearance, full participation in all non-contact physical activities (e.g., 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"> ✓ Physical Education ✓ Intramural programs ✓ Full contact training/practice in contact interschool sports <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> * Competition (e.g., games, meets, events) that involve body contact

	<p>School</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has successfully completed the applicable physical activities in RTPA Stage 5. <input type="checkbox"/> Form P sent home to parent/guardian. <p>School Initials (e.g., collaborative team lead/designate):</p> <p>Date:</p>
	<p>Home</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has not exhibited or reported a return of symptoms or new symptoms. <input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms, and must return to a medical doctor or nurse practitioner. <input type="checkbox"/> Form P sent back to school. <p>Parent/Guardian: Signature: Date: Comments:</p>
<p>Stage 6</p>	
	<p><u>RTPA-Stage 6</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Unrestricted return to contact sports. Full participation in contact sports, games/competitions.
	<p>School</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has completed full participation in contact sports. <input type="checkbox"/> Form P sent home to parent/guardian <p>School Initials (e.g., collaborative team lead/designate):</p> <p>Date:</p>
	<p>Home</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has not exhibited or reported a return of symptoms or new symptoms and has completed the RTPA Plan. <input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms, and must return to a medical doctor or nurse practitioner for Medical Clearance reassessment. <input type="checkbox"/> Form P sent back to school for documentation purposes. <p>Parent/Guardian: Signature: Date: Comments:</p>

Information Collection Authorization

Notice of Collection: The personal information you have provided on this form and any other correspondence relating to your involvement in our programs is collected by the Brant Haldimand Norfolk Catholic District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 58.5, 265 and 266 as amended and in accordance with Section 29(2) of the Municipal Freedom of Information and Protection of Privacy Act, (R.S.O. 1990 c.M.56) The information will be used to register and place the student in a school, or for a consistent purpose such as the allocation of staff and resources and to give information to employees to carry out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. If you have any questions, please contact the school principal and/or the Freedom of Information Officer, Brant Haldimand Norfolk Catholic District School Board, 322 Fairview Drive, Brantford, ON, N3T 5M8 (Telephone 519-756-6505, Ext. 234)

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STUDENT CONCUSSION DIAGNOSIS REPORT

School: _____

Principal: _____

Student(s) Name(s)		Date of Birth	Return to Learn/Return to Physical Activity Plan in Place	Return to Learn/Return to Physical Activity Plan Completed (Y) Ongoing (N)
Surname:	Given Name:	YYYY/Month/Day		
1.			<input type="checkbox"/> YES	<input type="checkbox"/> YES <input type="checkbox"/> NO
Date/Location of incident:		Circumstances causing concussion:		
2.			<input type="checkbox"/> YES	<input type="checkbox"/> YES <input type="checkbox"/> NO
Date/Location of incident:		Circumstances causing concussion:		
3.			<input type="checkbox"/> YES	<input type="checkbox"/> YES <input type="checkbox"/> NO
Date/Location of incident:		Circumstances causing concussion:		
4.			<input type="checkbox"/> YES	<input type="checkbox"/> YES <input type="checkbox"/> NO
Date/Location of incident:		Circumstances causing concussion:		
5.			<input type="checkbox"/> YES	<input type="checkbox"/> YES <input type="checkbox"/> NO
Date/Location of incident:		Circumstances causing concussion:		
6.			<input type="checkbox"/> YES	<input type="checkbox"/> YES <input type="checkbox"/> NO
Date/Location of incident:		Circumstances causing concussion:		

BRANT HALDIMAND NORFOLK CATHOLIC DISTRICT SCHOOL BOARD **Student Concussion Diagnosis Report**

January 30 June 28

Submit completed form promptly to your Superintendent of Education



SCHOOL RETURN TO LEARN

OPTIONAL RETURN TO SCHOOL AND RETURN TO PHYSICAL ACTIVITY PLAN TRACKING FORM

A. Rest at Home

Initial Rest

- Rest and relax at home for 24 – 48 hours or as recommended by the physician
- Limited use of electronics
- Symptoms have shown improvement – Initial Rest Completed*

Stage 1: Symptom-limiting Cognitive Activities – (build to 30 min of cognitive activity)

- Student can tolerate 30 minutes of cognitive activity*

Stage 2: School-type work activity

- Student can tolerate 60 minutes of cognitive activity, 2 – 3 times per day*

Parent/Guardian Signature: _____ Date: _____

B. Return to Learning/School (- call the school to arrange a return to school meeting)

Stage 1: Gradual Return to Instructional Day with Accommodations

- Alternate Timetable (ex. ½ Days) _____

- Individualized Classroom Strategies _____

Stage 2: Full Time Academic Student

- Student can tolerate full-time academic workload without accommodations.
(With the exception of Physical Education.)
- Student is **symptom free** and can proceed with **Return to Physical Activity** (Form ??)

Parent/Guardian Signature: _____ Date: _____



RETURN TO PHYSICAL ACTIVITY

OPTIONAL RETURN TO SCHOOL AND RETURN TO PHYSICAL ACTIVITY PLAN TRACKING FORM

Return to Physical Activity

Note - A minimum of 24 hrs. is required between stages.

A. Activity at Home (No sport specific activities or activities Involving contact)

Stage 1: Symptom-Limiting Activity (ex. 10 min walk)

Student can tolerate minimal and light physical activity at home without symptoms.

Stage 2: Light Aerobic Activity – (ex. 20 min walk / stationary bike ride)

Student has engaged in Light Aerobic Activities for a minimum of 48 hours with no symptoms.

Parent/Guardian Signature: _____

Date: _____

B. Activity at Home and School (Physical Education / Athletics)

Stage 3: Individual Sport-Specific Activity with NO Contact

Student can tolerate individual sport-specific exercises with no contact for 20 to 30 minutes at a time with no symptoms.

Stage 4: Begin Training Drills with NO Contact

Student may begin non-contact sport-specific drills, non-contact practice and light resistance/weight training.

Student can successfully complete game/team drills without the return of symptoms.

Medical Examination: (see Medical Clearance Form)

Student has submitted a medical doctor/nurse practitioner note confirming that he/she continues to be symptom free and:

*can return to regular physical education class/intermural activities/interschool activities in **non-contact sports**.*

*can return to full training/practices for **contact sports**.*

Principal Signature: _____

Date: _____

Stage 5: Full Contact Practice (following clearance by a doctor)

Student can tolerate full-contact drills and practice without a return of symptoms.

Stage 6: Full Return to All Activities/Sports

*Student has successfully completed the Return to School and Return to Physical Activity Plan.
(If symptoms return, follow up with a doctor or nurse practitioner).*

Parent/Guardian Signature: _____

Date: _____