



ADMINISTRATIVE PROCEDURE STUDENTS, PARENTS AND COMMUNITY	
Effective:	June 15, 2015
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**CONCUSSIONS**

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**1. PURPOSE**

Rainbow District School Board has developed this administrative procedure to support safe learning and working conditions for all students and staff members, and to ensure that consideration is given to the health and safety of the staff and students in all board activities.

The Board recognizes that children and adolescents are among those at risk for concussions and that while there is potential for a concussion any time there is body trauma, the *risk* is greatest during activities where collisions can occur, such as during physical education classes, playground time, or school-based sports activities.

Educators, school staff, coaches and supervisors play a crucial role in the identification of a suspected concussion as well as the ongoing monitoring and management of a student with concussion. Awareness of the signs and symptoms of concussion and knowledge of how to properly manage a diagnosed concussion is critical in a student’s recovery and is essential in helping to prevent the student from returning to learning or physical activities too soon and risking further complications. Ultimately, this awareness and knowledge could help contribute to the student’s long term health and academic success.

This policy is aligned with and supports the Ministry’s Policy/Program Memorandum, No. 158.

**2. DEFINITIONS**

**Concussion** refers to a traumatic brain injury that causes changes in how the brain functions, leading to symptoms that emerge immediately or in the hours or days after the injury. It is possible for symptoms to take up to 7 days to appear. Concussion signs and symptoms can be physical (for example, headache, dizziness), cognitive (for example, difficulty concentrating or remembering), emotional/behavioural (for example, depression, irritability) and or related to sleep (for example, drowsiness, difficulty falling asleep). A concussion can be caused by a jarring impact to the head, face, neck or body, with an impulsive force transmitted to the head, that causes the brain to move rapidly within the skull. A concussion can occur with or without a loss of consciousness.

**Return to School Plan** is a personalized strategy to support a student’s Return to Learning and Return to Physical Activity after suffering a concussion.

**Return to Learn** refers to the student’s return to doing schoolwork, including activities that include reading and writing. It does not include physical activities.

**Return to Physical Activity** refers to the student’s return to participation in any physical activity that increases the student’s heart rate. It includes a student’s return to activities such as sports or physical education class.

### 3. APPLICATION

This administrative procedure applies to all staff members of Rainbow District School Board, with additional responsibilities for system administrators, principals, and supervisors. Parents/guardians have responsibilities to communicate to the school the results of the medical concussion assessment and to cooperate with the school to support the student in all phases of the Return to School Plan.

### PROCEDURES

#### 4. Concussion Awareness

Every school year students and their parents/guardians (for students under the age of 18), coaches, team trainers, and officials must confirm that an approved Concussion Awareness Resource was reviewed prior to participation in board-sponsored interschool sports. An approved Concussion Awareness Resource is one made available on the Ontario government's website. These e-booklets are included as links below.

**Government of Ontario Concussion Awareness Resource e-booklet (Ages 10 and Under)**  
<https://files.ontario.ca/mtcs-rowans-law-booklet-ages-10-and-under-en-2019-05.pdf>

**Government of Ontario Concussion Awareness Resource e-booklet (Ages 11-14)**  
<https://files.ontario.ca/mtcs-rowans-law-booklet-ages-11-to-14-en-2019-05.pdf>

**Government of Ontario Concussion Awareness Resource e-booklet (Ages 15 to Adult)**  
<https://files.ontario.ca/mtcs-rowans-law-booklet-ages-15-and-up-en-2019-05.pdf>

- 4.1 All students are taught about the risks of brain injuries through the specific expectations of the Ontario Health and Physical Education Curriculum.
- 4.2 For intramural activities, information outlining the risks of activities specific to brain injury will be shared using an established and appropriate communication channel, e.g., school newsletter or website.
- 4.3 This concussion Administrative Procedure will be posted to the Board website and will be communicated to parents, staff, community partners, child care providers and community use groups each fall.
- 4.4 Each fall, PA day training will include concussion awareness, prevention, and management and tracking for staff.

#### 5. Concussion Prevention:

Every school year prior to participation in board-sponsored interschool sports, students and their parents/ guardians (for students under 18 years of age), coaches, and team trainers must confirm that a relevant Concussion Code of Conduct was reviewed. The following is a list of RDSB Concussion Codes of Conduct:

[Sample Concussion Code of Conduct for Interschool Sports \(Students\)](#) - RDSB Version Coming Soon  
[Sample Concussion Code of Conduct for Interschool Sports \(Parent/Guardian\)](#) - RDSB Version Coming Soon  
[Sample Concussion Code of Conduct for Interschool Sports \(Coach/Team Trainer\)](#) - RDSB Version Coming soon

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

## 6. Training

- 6.1 The Board shall make available information and resources regarding concussion prevention, identification and management to:
- a) all staff;
  - b) students;
  - c) parents;
  - d) volunteers;
  - e) community partners; and
  - f) childcare providers.
- 6.2 Training shall be made available to all staff and extra-curricular leaders to promote awareness and understanding of concussion management practices.

## 7. Concussion Incident Management

Stakeholders identified by the school board/school (for example, school administrators, teachers, coaches, school first aiders) who have been specifically trained to identify signs and symptoms of a suspected concussion are responsible for the identification and reporting of students who demonstrate observable signs of a head injury or who report concussion symptoms. Consult the Sample Tool to Identify a Suspected Concussion.

In some instances, the stakeholder may not observe any signs, or have any symptoms reported, but because of the nature of the impact, will suspect a concussion. This suspected concussion/concussion event must be reported for 24-hour monitoring.

- 7.1 The Concussion Identification component includes the following:
- a) Initial Response for safe removal of an injured student with a suspected concussion from the activity;
  - b) Initial Identification of a Suspected Concussion;
  - c) Following the Initial Identification of a Suspected Concussion; and
  - d) A Possible Concussion Event is Recognized but No Signs and/or Symptoms are Identified.
  - e) Initial Response (Teachers, Coaches, Trainers, Officials, Students)

Following a significant impact to the head, face, neck, or body, that is either observed or reported, and where the individual (for example, teacher/coach) responsible for that student suspects a concussion the following immediate actions must be taken:

Student stops participation and is prohibited from physical activity;

Initiate the school board's/school's Emergency First Aid Response (for example, basic principles of first aid).

## 7.2 Initial Identification of a Suspected Concussion

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

If any Red Flag sign(s) and or symptom(s) are present, follow the Red Flag Procedure.

If there are no Red Flag sign(s) and or Red Flag symptom(s), and the student can be safely moved, remove the student from the activity or game. Observe and question the student to determine if other concussion sign(s) and/ or other concussion symptom(s) are present.

If any one or more sign(s) and/or symptom(s) are present, a concussion should be suspected and a full check should be completed (including the Quick Memory Function Check) to provide comprehensive information to parents/guardians and medical doctors/nurse practitioners.

If any sign(s) and/or symptom(s) worsen, or red flags emerge, call 911 and follow Red Flag Procedure.

Consult the Sample Tool to Identify a Suspected Concussion for an example of checklist that school staff may use to identify a suspected concussion, respond to and communicate the results to parents/guardians.

Please Note:

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

## 7.3 Following the Initial Identification of a Suspected Concussion

The instructions and responsibilities identified within this section must be followed if **other concussion sign(s)** and/or **other concussion symptom(s)** are observed, reported, and/or the student does not answer all the **Quick Memory Function Check** questions correctly.

Teacher/Coach Response

- a) Do not allow the student to return to physical activity/practice/competition that day even if the student states that they are feeling better.
- b) Do not leave the student alone until a parent/guardian arrives.

- c) Contact the student's parents/guardians (or emergency contact) to inform them:
- d) of the incident;
- e) of the reported concussion sign(s) and symptom(s) and the results of the Quick Memory Function Check (consult the **Sample Tool to Identify a Suspected Concussion**);
- f) that the student must be accompanied home by a responsible adult; and
- g) that the student needs an urgent medical assessment as soon as possible that same day by a medical doctor or nurse practitioner. Provide parents with a **medical concussion assessment form**.
- h) Monitor and document any changes in the student. If any signs or symptoms worsen, call 911.
- i) Consult the board's injury report form for documentation procedures.
- j) Do not administer medication unless the student requires medication for other conditions (for example, insulin for a student with diabetes, inhaler for asthma).
- k) The student must not operate a motor vehicle.

#### Information for Parents/Guardians

##### **A tool to identify a suspected concussion**

- a) The student needs an urgent medical assessment as soon as possible that same day by a medical doctor or nurse practitioner (consult the **Sample Medical Concussion Assessment Form**).
- b) The student must be accompanied home by a responsible adult;
- c) The student must not be left alone;

Parents/guardians must communicate the results of the medical assessment (that is, the student has a diagnosed concussion, the student does not have a diagnosed concussion) to the school principal/designate prior to the student returning to school. Consult the Sample Medical Concussion Assessment Form. Assessments are done by a medical doctor or nurse practitioner.

#### Responsibilities of the School Principal/Designate

The school principal/designate must inform all school staff (for example, classroom teachers, physical education teachers, intramural supervisors, coaches) and volunteers (prior to communicating with volunteers consult the school board protocol for sharing of student information) who work with the student that the student must not participate in any learning or physical activities until the parents/guardians communicates the results of the medical assessment to the school principal/designate (consult the **Sample Medical Concussion Assessment Form**).

### **8. Return to School**

**The board will use a multi-step Return to School strategy as established by Opeha and outlined below. Return to School includes both a Return to Learn (RTL) and Return to Physical Activity (RTPA).**

Return to Physical Activity (RTPA) Plans have been developed in partnership with Parachute and are based on the most recent research and recommendations of the expert scientific community

on concussion, that is the Canadian Guidelines on Concussion in Sport, July 2017 and the Berlin Consensus Statement on Concussion in Sport, October 2016.

The RTL and RTPA plans are inter-related however, they are not interdependent. A student's progress through the stages of RTL is independent from their progression through the RTPA stages. Different students will progress at different rates.

Before using the School Concussion Management Form (Return to School Plan), consult the General Procedures and the Instructions for the School Concussion Management Form (Return to School Plan).

The School Concussion Management Form (Return to School Plan) derives from stages 3a to 4b of the Concussion Return to School Plan for Return to Learning and the stages of 3 to 6 of the Concussion Return to School Plan for Return to Physical Activity.

## 8.1 Return to Learning (RTL)

### a) Stage 1

Light cognitive (thinking/memory/ knowledge) activities

Gradually increase cognitive activity up to 30 minutes. Take frequent breaks.

- Activities permitted if tolerated by student:
  - Activities from previous stage
  - Easy reading (for example, books, magazines, newspaper)
  - Limited TV
  - Limited cellphone conversations
  - Drawing/building blocks/puzzles
  - Some contact with friends
- Activities that are not permitted at this stage:
  - Technology use (for example, computer, laptop, tablet, cell phone (for example, texting/games/photography))
  - Attendance at school or school-type work

The student moves to Stage 2 when:

- the student tolerates 30 minutes of light cognitive activity (for example a student should be able to complete 3-4 of the permitted activities in Stage 1) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- The student has completed a minimum of 24 hours at Stage 1.

However:

- The student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms.
- The student must return to a medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.

### b) Stage 2

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

- Activities permitted if tolerated by student:
  - Activities from previous stage

- School-type work in 30-minute increments
- Crosswords, word puzzles, Sudoku, word search
- Limited technology use (for example, computer, laptop, tablet, cell phone (for example, texting/games/photography)) starting with shorter periods and building up as tolerated.
- Activities that are not permitted at this stage:
  - School attendance

The student moves to Stage 3a when:

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

However:

- The student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms.
- The student must return to a medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.

### c) **Stage 3a**

The student begins with an initial time at school of 2 hours.

The individual RTL plan is developed by Collaborative Team following the student conference and assessment of the student's individual needs determining **possible strategies and/or approaches for student learning**.

- Activities permitted if tolerated by student:
  - Activities from previous stage (consult the **Concussion Return to School Plan for Return to Learning** and the **Concussion Return to School Plan for Return to Physical Activity**.)
  - School work for up to 2 hours per day in smaller chunks (completed at school)
  - working up to a 1/2 day of cognitive activity
  - Adaptation of learning strategies and/or approaches
- Activities that are not permitted at this stage:
  - Tests/exams
  - Homework
  - Music class
  - Assemblies
  - Field trips

### **School Responsibility**

The student has demonstrated they can tolerate up to a half day of cognitive activity.

The School Concussion Management Form (Return to School Plan) is sent home to parents/guardians.

**Home Responsibility**

The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.

The 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.

The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.

The School Concussion Management Form (Return to School Plan) is sent back to school.

**d) Stage 3b**

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

- Activities permitted if tolerated by student:
  - Activities from previous stage
  - School work for 4-5 hours per day, in smaller chunks (for example, 2-4 days of school/week)
  - Homework – up to 30 minutes per day
  - Decrease adaptation of learning strategies and/or approaches
  - Classroom testing with accommodations.
- Activities that are not permitted at this stage:
  - Standardized tests/exams

**School Responsibility**

The student has demonstrated they can tolerate up to 4-5 hours of the cognitive activities listed.

The School Concussion Management Form (Return to School Plan) is sent home to parents/guardians.

**Home Responsibility**

The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.

The 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.

The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.

The School Concussion Management Form (Return to School Plan) is sent back to school.

**e) Stage 4a**

- Full day school, minimal adaptation of learning strategies and/or approaches nearly normal workload.
- Activities permitted if tolerated by student:
  - Activities from previous stage
  - Nearly normal cognitive activities
  - Homework – up to 30 minutes per day
  - Minimal adaptation of learning strategies and/or approaches
  - 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 (for example, supports - such as more time)
- Activities that are not permitted at this stage:
  - Standardized tests/exams

**School Responsibility**

The 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.

The School Concussion Management Form (Return to School Plan) is sent home to parents/guardians.

**Home Responsibility**

The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.

The 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.

The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.

The School Concussion Management Form (Return to School Plan) is sent back to school.

**f) Stage 4b**

- At school: full day, without adaptation of learning strategies and/or approaches
- Activities permitted if tolerated by student:
  - Normal cognitive activities
  - Routine school work
  - Full curriculum load (attend all classes, all homework, tests)
  - Standardized tests/exams
  - Full extracurricular involvement (non-sport/non-physical activity, for example, debating club, drama club, chess club)

**School Responsibility**

The student has demonstrated they can tolerate a full day of school without adaptation of learning strategies and/or approaches

The School Concussion Management Form (Return to School Plan) is sent home to parents/guardians.

**Home Responsibility**

The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.

The 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.

The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.

The School Concussion Management Form (Return to School Plan) is sent back to school.

## 8.2 Return to Physical Activity (RTPA)

### a) Stage 3

Simple locomotor activities/sport-specific exercise to add movement.

- Activities permitted if tolerated by student:
  - Activities from previous stage (20-30 minutes walking/stationary cycling/elliptical/recreational dancing at a moderate pace)
  - Simple individual drills (for example, 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 (for example, walking)
  
- Activities that are not permitted at this stage:
  - Full participation in physical education or Daily Physical Activity
  - Participation in intramurals
  - Full participation in interschool practices
  - Interschool competitions
  - Resistance or weight training
  - Body contact or head impact activities (for example, heading a soccer ball)
  - Jarring motions (for example, high speed stops, hitting a baseball with a bat)

#### **School Responsibility**

The student has demonstrated they can tolerate simple individual drills/sport-specific drills as listed in permitted activities

The School Concussion Management Form (Return to School Plan) is sent home to parents/guardians.

#### **Home Responsibility**

The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.

The 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.

The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.

The School Concussion Management Form (Return to School Plan) is sent back to school.

### b) Stage 4

Progressively increase physical activity. Non-contact training drills to add coordination and increased thinking.

- Activities permitted if tolerated by student:
  - Activities from previous stage
  - More complex training drills (for example, passing drills in soccer and hockey)
  - Physical activity with no body contact (for example, dance, 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
  - Daily Physical Activity

- Activities that are not permitted at this stage:
  - Full participation in physical education
  - Participation in intramurals
  - Body contact or head impact activities (for example, heading a soccer ball)
  - Participation in interschool contact sport practices, or interschool games/competitions (non-contact and contact)

### **School Responsibility**

The student has completed the activities in Stage 4 as applicable.

The School Concussion Management Form (Return to School Plan) is sent home to parents/guardians.

A Concussion Medical Clearance Form is sent home to parent/guardian.

### **Home Responsibility**

The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.

The 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.

The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.

The School Concussion Management Form (Return to School Plan) is sent back to school.

Before progressing to Stage 5, the student must:

- have completed Stage 4a and 4b of RTL (full day at school without adaptation of learning strategies and/or approaches);
- have completed Stage 4 of RTPA and be symptom-free; and
- obtain a signed medical clearance from a medical doctor or nurse practitioner.

Please Note: Premature return to contact sports (full practice and game play) may cause a significant setback in recovery.

### **c) Stage 5**

Following medical clearance, full participation in all non-contact physical activities (that is, non-intentional body contact) and full contact training/practice in contact sports.

- Activities permitted if tolerated by student:
  - Physical Education
  - Intramural programs
  - Full contact training/practice in contact interschool sports
- Activities that are not permitted at this stage:
  - Competition (for example, games, meets, events) that involves body contact

### **School Responsibility**

The student has successfully completed the applicable physical activities in Stage 5.

The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.

A Concussion Medical Clearance Form is sent home to parent/guardian.

**Home Responsibility**

The student has not exhibited or reported a return of symptoms or new symptoms.  
The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.  
The School Concussion Management Form (Return to School Plan) is sent back to school.

**d) Stage 6**

Unrestricted return to contact sports. Full participation in contact sports games/competitions

**School Responsibility**

The student has successfully completed full participation in contact sports.  
The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.

**Home Responsibility**

The student has not exhibited or reported a return of symptoms or new symptoms.  
The student has exhibited or reported a return of symptoms or new symptoms and must return to medical doctor or nurse practitioner for a Medical Clearance reassessment.  
The School Concussion Management Form (Return to School Plan) is sent back to school documentation purposes.

**REFERENCE DOCUMENTS**

Education Act, R.S.O. 1990, c. E.2. Ministry of Education, Memorandum 158, School Board Policies on Concussion

OPHEA Safety Guidelines Elementary & Secondary Parachute Canada – Preventing Injuries, Saving Lives

**Board:**

Board Policy No. GOV-12 Learning and Working Environment: Safe Schools

**APPENDICES**

Appendix C: Tool to Identify a Suspected Concussion

<https://safety.ophea.net/tools-resources/quick-memory-function-check>

<https://safety.ophea.net/tools-resources/sample-tool-identify-a-suspected-concussion>

Appendix D: Documentation of Medical Examination

<https://safety.ophea.net/tools-resources/sample-medical-concussion-assessment-form>

Appendix E: Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan

<https://safety.ophea.net/tools-resources/concussion-return-school-plan-return-learning>

<https://safety.ophea.net/tools-resources/concussion-return-school-plan-return-physical-activity>

Appendix F: Possible Accommodations for Return to School

<https://safety.ophea.net/tools-resources/sample-school-concussion-management-form-return-school-plan>

**Links**

[Sample Concussion Code of Conduct for Interschool Sports \(Students\)](#) - RDSB Version  
Coming Soon

[Sample Concussion Code of Conduct for Interschool Sports \(Parent/Guardian\)](#) - RDSB  
Version Coming Soon

[Sample Concussion Code of Conduct for Interschool Sports \(Coach/Team Trainer\)](#) - RDSB  
Version Coming Soon