

CATHOLIC DISTRICT SCHOOL
BOARD OF EASTERN ONTARIO

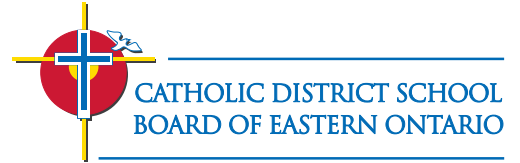
Concussion Handbook

CONCUSSION AWARENESS, PREVENTION, AND MANAGEMENT



SEPTEMBER 2020

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An Introductory Letter to School Staff

Dear CDSBEO Staff Member,

CDSBEO is committed to working together to promote the awareness, prevention, intervention and management of concussions. The health and safety of our students and staff is paramount and it takes the efforts of a community to work together to minimize risks and ensure that our students are safe each day in our schools.

Concussion awareness has risen significantly in recent years. This handbook has been developed to provide CDSBEO staff with clear information about, and directions on, concussions and concussion protocol. It outlines the definition of a concussion, concussion prevention, concussion symptoms and appropriate administrative procedures to follow in the event of a suspected or diagnosed concussion.

This handbook also provides information, forms, and response procedures that school staff can use as they navigate the concussion protocol. School staff will find the Return to Learn (RTL) and Return to Physical Activity (RTPA) plan helpful in outlining the steps to follow when supporting a student who is returning to school with a concussion.

We thank you for your ongoing co-operation as we work together to ensure that our schools are safe and caring spaces. We appreciate your support with the ongoing implementation of our concussion protocol.

Yours in Catholic education,

The Curriculum Department



A Guide for Using the CDSBEO Concussion Handbook

The CDSBEO Concussion Handbook incorporates a great deal of relevant information regarding concussion awareness, prevention, and management. The goal of this resource is to support schools in navigating the path to take when a student has had a jarring impact to the head, face, neck or body.

Due to the extensive process involved and documentation required, this resource will assist school staff as they move through this protocol in partnership with the student's parents and medical support team.

Easy-to-use flow-charts and forms have been included as well, which concisely outlines the documents that must be provided to parents or guardians, teachers, and medical professionals when a student has sustained a suspected or diagnosed concussion.

This resource will be a useful reference guide for school staff and administration when responding to situations involving concussions or suspected concussions.



Home



School



Components of the Concussion Protocol

There are three main components of the Concussion Protocol which includes: Prevention, Identification, and Management.

PREVENTION

1

Includes the steps that can be taken to prevent concussions and other injuries from occurring at schools and at off-site events. This includes making individuals aware of the definition and seriousness of a concussion, possible mechanisms of injury, and second impact syndrome.

IDENTIFICATION

2

Includes common signs and symptoms, and safe removal of an injured student from the activity. Stakeholders identified by the school, who have been specifically trained to identify signs and symptoms of a concussion, are responsible for the identification and reporting of students who demonstrate observable signs of a head injury or who report concussion symptoms.

MANAGEMENT

3

This is required for a student with a diagnosed concussion which includes the Return to Learn, Return to Physical Activity Plan, and Return to Physical Activity Medical Clearance requirements.



Information on Concussions

What is a concussion?

A concussion is a brain injury that causes changes in how the brain functions. It cannot be seen on X-rays, standard CT scans or MRIs.

What causes a concussion?

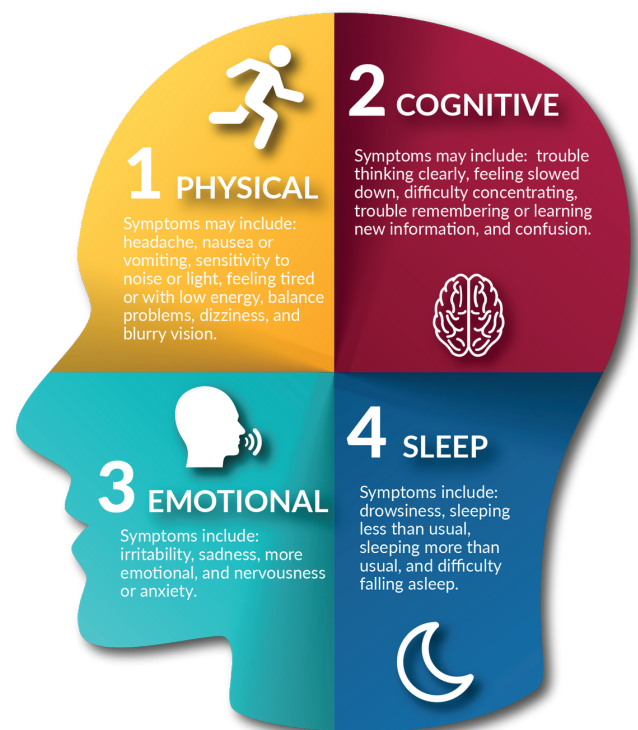
A concussion may be caused by an impact to the head, face, neck or body, with a force transmitted to the head, that causes the brain to move rapidly and hit the walls of the skull. A concussion can occur even if there has been no loss of consciousness.

Who can diagnose a concussion?

A concussion may only be diagnosed by a medical doctor or a nurse practitioner. It is critical that a student with a suspected concussion be examined by one of these two health professionals.

What are the signs and symptoms of a concussion?

There are many signs and symptoms of a concussion. They can be categorized into four main areas: Physical, Cognitive, Emotional, and Sleep. Signs and symptoms of a concussion may be apparent immediately after an event or even hours or days later. Most concussions occur without loss of consciousness.





A Guide to Identifying 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 (e.g. teacher/coach) responsible for that student suspects a concussion, there are a number of actions that must be taken immediately as outlined below.



CHECK FOR RED FLAGS



CHECK FOR OTHER SIGNS AND SYMPTOMS



OBSERVABLE SIGNS AND SYMPTOMS OR STUDENT FAILS QUICK MEMORY FUNCTION TEST



NO SIGNS AND SYMPTOMS BUT POSSIBLE CONCUSSION EVENT SUSPECTED



COMMUNICATION TO PARENTS





The School Concussion Management Team

After a student has been medically diagnosed with a concussion, it is imperative that the school community work collectively with the parents and the medical professionals to support his or her recovery. Each school community must have a School Concussion Management Team.

What is the School Concussion Management Team?

The School Concussion Management Team is made up of a small group of school staff members, which includes the student's classroom teachers, who will liaise, support, and monitor the student's Return-to-Learn and Return to Physical Activity Plan. The principal or vice-principal must be part of this team, however other members such as the Student Success Teacher, the Athletic Program Lead, the Student Support Worker or the Administrative Assistant would also be appropriate members.

What is the School Concussion Management Team Lead?

One member of the team must serve as the main point of contact for the student, the parents or the guardians, other school staff, volunteers who work with the student, and the medical professionals. The lead will monitor the student's progress through the Return-to-Learn and Return to Physical Activity Plan. Ongoing communication with the parents or guardians and the school is essential throughout the process. The lead should also collect all required documentation and ensure that it is provided to the parents or guardians and returned to the school at the appropriate times.



The School Concussion Management Team

What is the role of the health care professionals?

Only a medical doctor or a nurse practitioner may provide a diagnosis of a concussion and can make recommendations for school-based accommodations. Knowledge of how to properly manage a diagnosed concussion is critical in a student's recovery. The management of a student's concussion is a shared responsibility, requiring regular communication between the home, school, and outside sports teams (where appropriate), with consultation from the student's medical doctor or nurse practitioner.



What about "other" licensed health care providers?

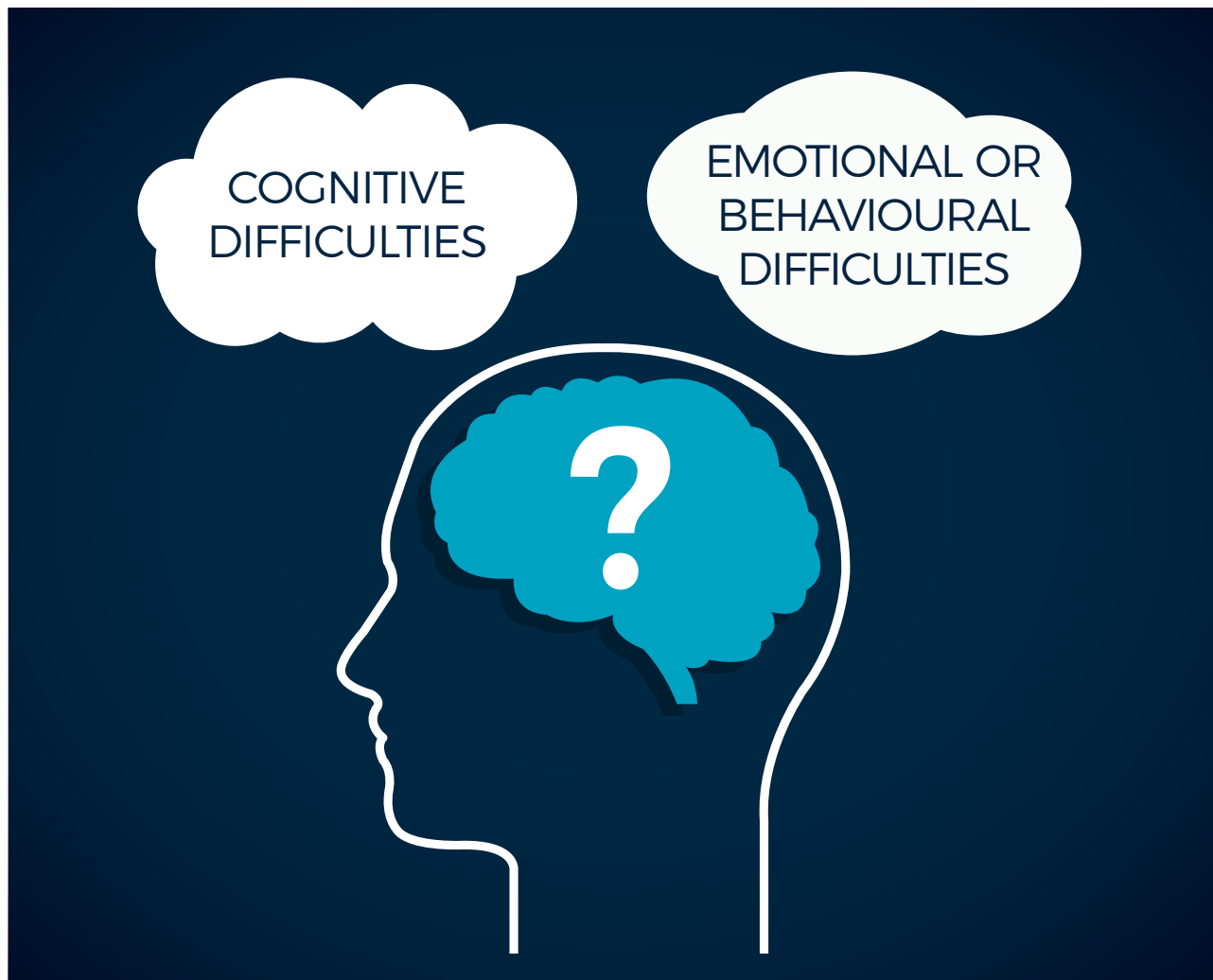
Other licensed healthcare providers (a healthcare provider who is licensed by a national professional regulatory body to provide concussion-related healthcare services that fall within their licensed scope of practice) may play a role in the management of a diagnosed concussion. Examples include nurses, physiotherapists, chiropractors, and athletic therapists.



Supporting a Student's Return to School

Supporting a student's return to school is a collaborative effort. It is important to follow the recommendations outlined by the student's team of medical professionals and ensure that the appropriate accommodations are put in place for during the recovery period.

School staff and volunteers who work with the student need to be aware of the possible difficulties (that is, cognitive, emotional/behavioural) a student may encounter when returning to learning activities following a concussion. These difficulties may be subtle and temporary but may significantly impact a student's performance.



The Home Preparation for Return to Learn (RTL) and Return to Physical Activity (RTPA) Plan

An Individualized Approach:

A student with a diagnosed concussion needs to follow an individualized and gradual Return to Learn and Return to Physical Activity Plan. In developing the Plan, the RTL process is individualized to meet the particular needs of the student, as there is not a pre-set plan of strategies and/approaches to assist a student return to their learning activities.

A Shared Responsibility:

The Return to Physical Activity Plan follows an internationally recognized graduated approach. The management of a student concussion is a shared responsibility, requiring regular communication, between the home, school, and outside sports teams (where appropriate) with consultation from the student's medical doctor or nurse practitioner and/or other licensed healthcare providers.

A Two-Step Process:

There are two parts to a student's RTL and RTPA Plan. This first part occurs at home and prepares the student for the second part which occurs at school. The Home Preparation for RTL and RTPA Plan focuses on a student's progression through the home stages of the RTL and RTPA Plan. It has been designed to provide direction for, and documentation of the stages of the RTL and RTPA Plan.



General Procedures for Home Preparation for Return to Learn (RTL) and Return to Physical Activity (RTPA) Plan

Guidance of Medical Professionals

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.

Progress Through Stages Carefully

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.

If Symptoms Return...

If symptoms return, or new symptoms appear at any stage in the Home Preparation for RTL and RTPA Plan, the student returns to previous stage for a minimum of 24 hours and only participates in activities that can be tolerated.

If Symptoms Worsen...

If at any time symptoms worsen, the student/parent/guardian contacts medical doctor/nurse practitioner or seeks medical help immediately.

Inter-Related Plans

While the RTL and RTPA stages are inter-related they are not interdependent. Students do not have to go through the same stages of RTL and RTPA at the same time. However, before a student can return to school they must have completed RTL Stage 2 and RTPA Stage 2b.

Taking it One Step at a Time

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 RTL Plan. However early introduction of some low intensity physical activity in controlled and predictable environments with no risk of re-injury is appropriate.

An Overview of the Home Preparation for Return to Learn (RTL) and Return to Physical Activity (RTPA) Plan

Should a student be diagnosed with a concussion, the student will be expected to follow a Return to Learn (RTL) and Return to Physical Activity (RTPA) Plan. There are two parts to a student's RTL and RTPA Plan. The first begins at home with the Home Preparation for RTL and RTPA Plan.

Home Preparation for Return to Learn (RTL) Stages



Home Preparation for Return to Physical Activity (RTPA)

Initial Rest
24-48 hours of relative cognitive rest

.....

1

Light cognitive (thinking/memory/knowledge) activities.

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

.....

2

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

Initial Rest



Stage 1



Stage 2

Initial Rest
24-48 hours of relative cognitive rest.

.....

1

Light physical activities 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).

.....

2A

Daily activities that do not provoke the symptoms. Add additional movements that do not increase breathing and/or heart rate or break a sweat.

2B

Light aerobic activity (activities at a pace that cause some increase in breathing/heart rate, but not enough to prevent a student from carrying on a conversation comfortably).

NOTE: The RTL and RTPA Plan has been developed in partnership with Parachute Canada and is based on current research by 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.

An Overview of the School Procedures for Return to Learn (RTL) and Return to Physical Activity (RTPA) Plan

Return to Learn (RTL) Stages



Return to Physical Activity (RTPA) Stages

3A

Initial Return to School Student begins with an initial time at school of 2 hours progressing to half-days.

3B

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

.....

4A

Full day school, minimal adaptation of learning strategies and/or approaches. Nearly normal workload.

4B

Full day attendance at school, without adaptation of learning strategies and/or approaches.

Stage 3



Stage 4



Stage 5



Stage 6

3

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

.....

4

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

***Obtain medical clearance from an MD or NP.**

.....

5

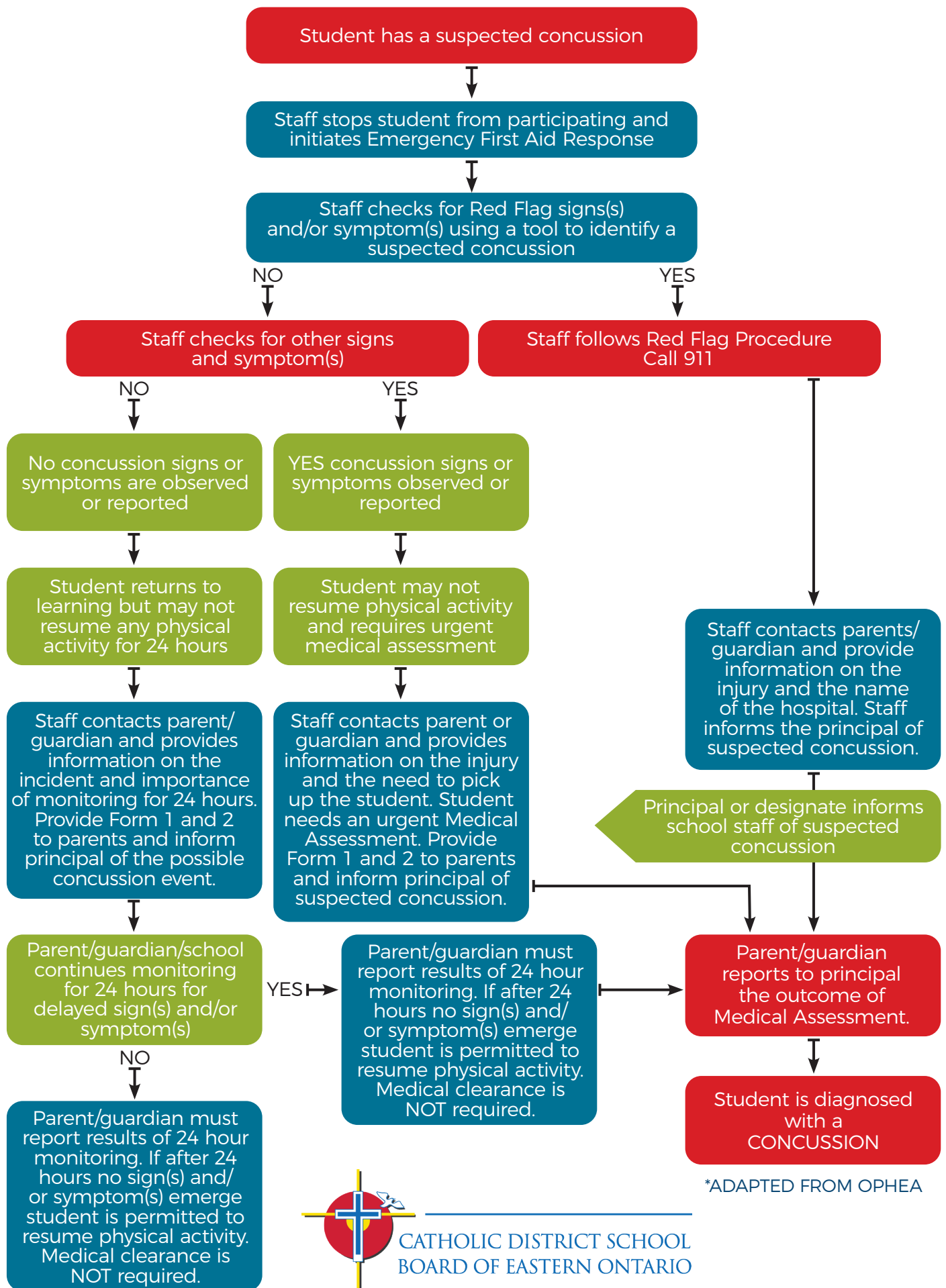
Full participation in all non-contact physical activities (i.e. non-intentional body contact) and fullcontact training/practice in contact sports.

.....

6

Unrestricted return to contact sports.

Identifying a Suspected Concussion



*ADAPTED FROM OPHEA



CATHOLIC DISTRICT SCHOOL BOARD OF EASTERN ONTARIO

Stages After a Diagnosed Concussion



Student has a diagnosed concussion

Parents/guardians return Form 2 - Documentation of Medical Assessment. Principal informs appropriate school staff of the diagnosis and meets with the parent or guardian to provide and explain the Home Preparation for Return to Learn (RTL) and Return to Physical Activity (RTPA) Plan

Parent or guardian reports to the principal that student has completed Stage 2 RTL and Stage 2b RTPA. They return Form 3- Home preparation - Concussion Management Form.

The School Concussion Management Team meets with the parent or guardian to provide and explain the purpose of the team, the collaborative approach, and their role on the team. The team develops a RTL and RTPA Plan for the student.

Student returns to school and the RTL and RTPA Plan developed during the parent/guardian meeting is put in place

NO

YES

Return to Learn Stage 3a

Student attends school (2 hours) with adaptations of learning strategies and/or approaches

Return to Physical Activity Stage 3

Student engages in simple locomotor activities/sport-specific exercise to add movement

Return to Learn Stage 3b

Student attends school (half time) with moderate workload

Return to Physical Activity Stage 4

Student increases physical activity, non-contact training drills to add co-ordination and increase thinking

Return to Learn Stage 4a

Student attends school for full days with adaptations of learning strategies and/or approaches

Report to parent or guardian completion of Stage 4b RTL and Stage 4 RTPA and provide Documentation for Medical Clearance Form 6

Parent or guardian provides principal with signed Documentation of Medical Clearance - Form 6

Return to Learn Stage 4b

Student attends school for full days without adaptations of learning strategies and/or approaches - **RTL complete**

Return to Physical Activity Stage 5

Student is fully participating in physical activities and full contact training and practice in contact sports

During RTPA Stages 5 and 6, if student exhibits a return of symptoms or new symptoms the student must obtain Medical Clearance reassessment

Return to Physical Activity Stage 6
Student is able to return to contact sports with no restrictions - **RTPA Complete**

At the completion of each stage, student progress is documented and the results are shared between school and home.

Parent or guardian must confirm completion of each stage by returning Form 5 with a signature. At each stage the student is monitored for return of symptoms, or new or worsening symptoms.

During RTL Stages 1 to 4b and RTPA Stages 1 to 4, if the student exhibits or reports the return of symptoms or new symptoms, the student must return to the previous stage for a minimum of 24 hours. If during any stage the student exhibits or reports worsening symptoms, student must return to medical doctor or nurse practitioner.





CDSBEO Concussion Protocol Checklist

This form is designed to assist in the tracking of the documentation and the student's, who has been diagnosed with a concussion, progress as he or she moves through the steps involved in the recovery process.

Student Name: _____

School Name: _____ Date of Incident: _____

Principal Name: _____ Team Lead: _____

STEP	CONCUSSION PROTOCOL REQUIREMENTS	DATE COMPLETED	DATE FILED
One	Tool to Identify a Suspected Concussion		
Two	Documentation of Medical Assessment		
Three	Home Preparation - Concussion Management Form		
Four	Concussion Management Team Documentation Form		
Five	School Concussion Management Form Return to School Plan		
Six	Documentation of Medical Clearance		

Date Complete: _____

Principal Signature: _____

1

Tool to Identify a Suspected Concussion

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

Concussion Incident Information

Student Name: _____

School Name: _____ Date of Incident: _____

Location of Incident: _____

Description of Incident: _____

STEP A: Check for Red Flags

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

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

1

Tool to Identify a Suspected Concussion

STEP B: Check for Other Signs and Symptoms

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

STEP B1: Check for Other Concussion Signs

Check the boxes of the visual cues/signs that you see:

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

STEP B2: Other Concussion Symptoms

Check what the student is saying:

- | | | |
|---|--|---|
| <input type="checkbox"/> Headache | <input type="checkbox"/> Sensitivity to noise | <input type="checkbox"/> "Dont feel right" |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Sadness | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> More emotional | <input type="checkbox"/> Nausea | <input type="checkbox"/> Balance problems |
| <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> Feeling blurred slow down | <input type="checkbox"/> More irritable |
| <input type="checkbox"/> "Pressure in head" | <input type="checkbox"/> Fatigue or low energy | <input type="checkbox"/> Difficulty remembering |
| <input type="checkbox"/> Sensitivity to light | <input type="checkbox"/> Nervous or anxious | <input type="checkbox"/> Drowsiness |
| <input type="checkbox"/> Feeling like "in a fog" | | |

STEP B3: Conduct a Quick Memory Function

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

- | | |
|--|--|
| <input type="checkbox"/> What room are we in right now? | <input type="checkbox"/> Is it before or after lunch? |
| <input type="checkbox"/> What activity are we playing now? | <input type="checkbox"/> What is the name of your teacher/coach? |
| <input type="checkbox"/> What field are we playing on today? | <input type="checkbox"/> What school do you go to? |

1

Tool to Identify a Suspected Concussion

STEP C: Sign(s) observed and/or symptom(s) are reported, and/or if the student fails to answer any of the Quick Memory Function questions correctly.

Actions required if a concussion is suspected:

- the student must stop participation immediately and must not be allowed to return to play that day even if the student states that they are feeling better; and
 - the student must not:
 - leave the premises without parent/guardian (or emergency contact) supervision;
 - drive a motor vehicle until cleared to do so by a medical doctor/nurse practitioner;
 - take medications except for life threatening medical conditions (ie; diabetes, asthma).
- * Staff member informs parent/guardian that the student needs urgent Medical Assessment (as soon as possible that day) by a medical doctor or nurse practitioner.
- * Staff member informs principal of incident.
- * Parent/guardian must be provided with a completed copy of this tool (Form 1) and a copy of Form 2 - Documentation of Medical Assessment.

STEP D: No signs observed, nor symptoms reported & student answers all questions in Quick Memory Function Check correctly but a possible concussion event was recognized

Actions Required:

- The student must stop participation immediately and must not be allowed to return to play that day even if the student states that they are feeling better. The principal must be informed of the incident.
- Staff member must inform parent/guardian and principal of the incident and that the student requires continued monitoring for 24 hours as sign(s) and/or symptom(s) can appear hours or days after the incident:
 - If any red flags emerge call 911 immediately.
- If any other sign(s) and/or symptom(s) emerge, the student needs urgent medical assessment (as soon as possible that day) by a medical doctor or nurse practitioner.
- Parent/guardian is to communicate results of the medical assessment to the school personnel using Form 2 - Documentation of Medical Assessment.
- If after 24 hours of monitoring no sign(s) and/or symptom(s) have emerged the parent/guardian is to communicate the results to the appropriate school official using the school's process and/or form. Student is permitted to resume physical activities. Medical clearance is not required.

1

Tool to Identify a Suspected Concussion

STEP E: Communication to Parent/Guardian

Summary of Suspected Concussion Check - Indicate the appropriate results and follow-up requirements using a check mark:

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

Staff Member Supervisor name: _____

Please Note: Original copy to be retained and filed in the school Concussion Binder and a copy of the form must be provided to the parent/guardian.

Other Forms Provided to Parent/Guardian:

- Parent/Guardian must communicate to principal/designate results of 24-hour monitoring (using school process/form).
- Results of Medical Assessment - Form 2 - Documentation of Medical Assessment
- No concussion sign(s) and/symptom(s) observed or reported after 24 hours monitoring.

2

Documentation of Medical Assessment

This form is to be provided to a student that demonstrates or reports concussion sign(s) and/or symptom(s). The student must be assessed as soon as possible by a medical doctor or nurse practitioner. In Canada, only medical doctors and nurse practitioners are qualified to provide a concussion diagnosis. Prior to returning to school, the parent/guardian must inform the school principal of the results of the medical assessment by completing and returning this form.

Student Name: _____

Date: _____

Medical Doctor Name: _____

Nurse Practitioner Name: _____

Phone Number: _____

RESULTS OF MEDICAL ASSESSMENT

Please indicate below which statement applies to the results of your child's medical assessment. Please return this form to the Principal of your child's school. A copy of the doctor's note can be provided to the school and accompany this form.

- My child/ward has been assessed and a concussion has not been diagnosed and therefore may resume full participation in learning/physical activity without restriction.
- My child/ward has been assessed and a concussion has not been diagnosed but the assessment led to the following diagnosis and recommendations:

- My child/ward has been assessed and a concussion has been diagnosed and therefore must begin a medically supervised, individualized, and gradual Return to Learn (RTL) and Return to Physical Activity (RTPA) Plan. Refer to the information on the Home Preparation for Return to Learn (RTL) and Return to Physical Activity (RTPA) Plan.

Comments: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

3

Home Preparation Concussion Management Form

Student Name: _____ Date: _____

This is a summary form. Please see the following link for a detailed overview:
<https://safety.ophea.net/print/pdf/824>.

Instructions

- Review the activities permitted and not permitted at each stage prior to beginning the plan.
- Record the date of completion for each stage of progress. Please note that a student may progress through the RTL stages at a faster or slower rate than the RTPA stages.
- When a student has successfully completed all stages of the Home Preparation for RTL and RTPA Plan, parents/guardians must sign and date this form, return it to the school, and communicate to the school principal/designate that the student is ready to begin the school portion of the RTL and RTPA Plan.

	STAGE	DESCRIPTION OF STAGE	DATE ACHIEVED
HOME	INITIAL REST Cognitive & Physical Rest	[] Tool to Identify a Suspected Concussion	Initial: _____ Date: _____
	① LIGHT COGNITIVE ACTIVITY	[] Documentation of Medical Assessment	Initial: _____ Date: _____
	② SCHOOL-TYPE WORK & LIGHT PHYSICAL ACTIVITY	[] Home Preparation - Concussion Management Form	Initial: _____ Date: _____

Each stage is at least 24 hours. Move to the next stage only when activities are tolerated without new or worsening symptoms.

If symptoms re-appear, return to the previous stage for at least 24 hours

If symptoms don't improve but continue to get worse, contact your doctor or get medical help immediately.

[] My child/ward has successfully completed all stages of the Home Preparation for Return to Learn (RTL) and Return to Physical Activity (RTPA) and may return to school.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____



1. Each stage is at least 24 hours. Move to the next stage only when activities are tolerated without new or worsening symptoms.
2. If symptoms re-appear, return to the previous stage for at least 24 hours.
3. If symptoms don't improve, but continue to get worse, contact your doctor or get medical help immediately.

AT HOME

Cognitive & physical rest
(24-48 hours)



- OK if tolerated**
- ✓ Short board games
 - ✓ Short phone calls
 - ✓ Camera photography
 - ✓ Crafts
- Not OK**
- ✗ School
 - ✗ Physical exertion/ stair climbing
 - ✗ Organized sports

If tolerated, limited amounts of

- TV
- Computer/cell phone use
- Reading

Symptoms start to improve OR
after resting for 48 hours max.

Stage 1
Light cognitive activity



- OK if tolerated**
- ✓ Easy reading
 - ✓ Limited TV
 - ✓ Drawing/LEGO/board games
 - ✓ Some peer contact
- Not OK**
- ✗ School
 - ✗ Work
 - ✗ Physical exertion/ stair climbing
 - ✗ Organized sports

If tolerated, limited amounts of

- Computer/cell phone use

Tolerate 30 mins. of cognitive activity at home

Stage 2
School-type work/
Light physical activity



- OK if tolerated**
- ✓ School-type work in 30 min. chunks
 - ✓ Light physical activity
 - ✓ Some peer contact
- Not OK**
- ✗ School attendance
 - ✗ Work
 - ✗ Physical exertion/ stair climbing
 - ✗ Organized sports

Tolerate up to 60 mins. of cognitive activity in 2-3 chunks

AT SCHOOL

Stage 3a
Part-time school
Light load



- OK if tolerated**
- ✓ Up to 120 mins. of cognitive activity in chunks
 - ✓ Half-days at school, 1-2 times a week
 - ✓ Some light physical activity
- Not OK**
- ✗ Music/Phys. Ed class
 - ✗ Tests/exams
 - ✗ Homework
 - ✗ Heavy physical loads (e.g. backpack)
 - ✗ Organized sports

Tolerate school work up to 120 mins. a day for 1-2 days/week

Stage 3b
Part-time school
Moderate load



- OK if tolerated**
- ✓ Limited testing
 - ✓ School work for 4-5 hours/day in chunks
 - ✓ Homework up to 30 mins./day
 - ✓ 3-5 days of school/week
 - ✓ Decrease learning accommodations
- Not OK**
- ✗ Phys. Ed class/ physical exertion
 - ✗ Standardized tests/exams
 - ✗ Organized sports

Tolerate school work 4-5 hours/ day in chunks for 2-4 days/week

Stage 4a
Nearly normal workload



- OK if tolerated**
- ✓ Nearly normal cognitive activities
 - ✓ Routine school work as tolerated
 - ✓ Homework up to 60 mins./day
 - ✓ Minimal learning accommodations
- Not OK**
- ✗ Phys. Ed class
 - ✗ Standardized tests/exams
 - ✗ Full participation in organized sports

Tolerate full-time academic load without worsening symptoms

Stage 4b
Full time



- OK if tolerated**
- ✓ Normal cognitive activities
 - ✓ Routine school work
 - ✓ Full curriculum load
 - ✓ No learning accommodations
- Not OK**
- ✗ Full participation in sports until medically cleared. (See Return-to-Sport Strategy)

Stages 5-6 of the Return-to-Sport Strategy

4

Concussion Management Team Documentation Form

This form is to be used to record strategies to support a student as they Return-to-Learn, return to the learning environment, and return to the activities taking place within the school community.

Student Name: _____ Grade: _____

Reported Incident Date: _____ Meeting Date: _____

Members of School Concussion Management Team:

Administrator: _____ Staff Lead: _____

Post Concussion Symptoms:

Memory Issues	Fatigue	Headache	Processing Speed
Concentration Issues	Anxiety	Irritability	Frustration
Light/Noise Sensitivity	Depression	Withdrawal	Other

Recommended Accommodations:

Other Considerations to Note:

Have all documents been distributed and collected? Yes No

Who will continue to communicate with school staff and home? _____

Student: _____

Parent Guardian: _____

Principal/Designate: _____

Staff Lead: _____

5

School Concussion Management Form - Return to Learn (RTPA)

This form is to be used by parents/guardians and the School Concussion Management Team to communicate and track a student's progress throughout the stages of the Return to Learn (RTL) and Return to Physical Activity Plan (RTPA). Please review the important information below regarding this process.

GENERAL PROCEDURES FOR SCHOOL CONCUSSION MANAGEMENT

-  The stages of the Plan occur at school and where appropriate may occur at sport practices (for example where a student is not enrolled in physical education).
 -  Each stage of the plan must take a minimum of 24 hours and the length of time needed to complete each stage will vary based on the severity of the concussion and the student.
 -  Completion of the RTL and RTPA Plan may take 1 to 4 weeks. A student is tolerating an activity if their symptoms are not exacerbated (aggravated, intensified, made worse).
 -  Until a student has successfully completed all stages in the RTL plan they must not participate in: the full P.E. program, intramural activities, non-contact activities, nor practice for a contact sport.
 -  During all stages of RTL and in Stages 1 to 4 of RTPA if symptoms return or new symptoms appear, the student returns to the previous stage for a minimum of 24 hours and only participates in activities that can be tolerated.
 -  During all stages of RTL and RTPA if symptoms worsen over time, the student must be seen for a follow-up medical assessment. The school must contact the parents/guardians if the symptoms present themselves during the school day.
 -  For the student who is a member of an outside sporting team, communication is essential between the parent/guardian/student, outside coach and the school.
 -  A student moves forward to the next stage when activities are tolerated and the student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
 -  While the RTL and RTPA stages are inter-related they are not interdependent from their progression through the RTPA stages.
 -  A student that has no symptoms when they return to school, must progress through all of the RTL & RTPA stages and remain symptom free for a minimum of 24 hours in each stage prior to moving to the next stage.
 -  During stages 5 and 6 of RTPA if symptoms return or new symptoms appear, the student must return to the medical doctor/nurse practitioner to have the Medical Clearance re-assessed.
 -  Progression through the Plan is individual, timelines and activities may vary. Upon completion of the RTL and RTPA Plan, the form is returned to the principal/designate for filing as per school board policies.
- At each stage, this form will go back and forth between the school and home.
 - Review activities permitted and not permitted, at each stage prior to beginning the Plan.
 - The school will provide the appropriate activities and document a student's progress by checking, dating, initialing completion of each stage and communicating the information to the 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.

5

School Concussion Management Form - Return to Learn (RTL)

Student Name: _____ Date: _____

This form is to be used by parents/guardians and the School Concussion Management Team to communicate and track a student's progress through the stages of the Return to Learn and Return to Physical Activity Plan. This is a summary form. Please see the following link for a detailed overview: <https://safety.ophea.net/print/pdf/825>

STAGE	DESCRIPTION OF STAGE	DATE ACHIEVED
COLLABORATIVE TEAM MEETING	The school part of the RTL and RTPA Plan begins with a meeting (in-person, phone conference, video conference, email) with parents/guardians, the student, and the School Collaborative Team to discuss the school part of the RTL and RTPA Plan, the role of the Collaborative Team, the learning strategies or approaches required, and the best way to provide opportunities for the permissible activities.	Initial: Date:
3 A. PART-TIME SCHOOL & LIGHT LOAD	SCHOOL RESPONSIBILITY <input type="checkbox"/> The student has demonstrated they can tolerate up to a half day of cognitive activity. HOME RESPONSIBILITY <input type="checkbox"/> The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms. <input type="checkbox"/> 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. <input type="checkbox"/> The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.	Initial: Date:
3 B. PART-TIME SCHOOL & MODERATE LOAD	SCHOOL RESPONSIBILITY <input type="checkbox"/> Home Preparation - Concussion Management Form HOME RESPONSIBILITY <input type="checkbox"/> The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms. <input type="checkbox"/> 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. <input type="checkbox"/> The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.	Initial: Date:

SCHOOL

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School Concussion Management Form - Return to Learn (RTL)

Student Name: _____ Date: _____

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 Learn and Return to Physical Activity Plan. This is a summary form. Please see the following link for a detailed overview: <https://safety.ophea.net/print/pdf/825>

STAGE	DESCRIPTION OF STAGE	DATE ACHIEVED
<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; font-size: 1.2em;">SCHOOL</div> <div style="text-align: center;"> <p>4</p> <p>A. NEARLY NORMAL WORKLOAD</p> </div>	<p>SCHOOL RESPONSIBILITY</p> <p>[] 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.</p> <p>HOME RESPONSIBILITY</p> <p>[] The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.</p> <p>[] 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.</p> <p>[] The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</p>	<p>Initial:</p> <p>Date:</p>
<div style="text-align: center;"> <p>4</p> <p>B. FULL-TIME</p> </div>	<p>SCHOOL RESPONSIBILITY</p> <p>[] The student has demonstrated they can tolerate a full day of school without adaptation of learning strategies and/or .</p> <p>HOME RESPONSIBILITY</p> <p>[] The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.</p> <p>[] 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.</p> <p>[] The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</p>	<p>Initial:</p> <p>Date:</p>

5

School Concussion Management Form - Return to Learn (RTPA)

Student Name: _____ Date: _____

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 Learn and Return to Physical Activity Plan. This is a summary form. Please see the following link for a detailed overview: <https://safety.ophea.net/print/pdf/825>

	STAGE	DESCRIPTION OF STAGE	DATE ACHIEVED
SCHOOL	<p style="text-align: center;">3</p> <p style="text-align: center;">SIMPLE LOCOMOTOR ACTIVITIES/ SPORT SPECIFIC EXERCISE</p>	<p>SCHOOL RESPONSIBILITY</p> <p>[] The student has demonstrated they can tolerate simple individual drills/sport-specific drills as listed in permitted activities.</p> <p>HOME RESPONSIBILITY</p> <p>[] The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.</p> <p>[] 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.</p> <p>[] The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</p>	<p>Initial:</p> <p>Date:</p>
	<p style="text-align: center;">4</p> <p style="text-align: center;">PROGRESSIVELY INCREASE PHYSICAL ACTIVITY, NON-CONTACT TRAINING DRILLS</p>	<p>SCHOOL RESPONSIBILITY</p> <p>[] The student has completed the activities in Stage 4 as applicable.</p> <p>[] Documentation of Medical Clearance is sent home to parents/guardians.</p> <p>HOME RESPONSIBILITY</p> <p>[] The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.</p> <p>[] 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.</p> <p>[] The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</p>	<p>Initial:</p> <p>Date:</p>

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School Concussion Management Form - Return to Learn (RTPA)

Student Name: _____ Date: _____

This form is to be used by parents/guardians and the School Concussion Management Team to communicate and track a student's progress through the stages of the Return to Learn and Return to Physical Activity Plan. This is a summary form. Please see the following link for a detailed overview: <https://safety.ophea.net/print/pdf/825>

Before progressing to Stage 5, the student must:

- have completed Stage 4a and 4b of RTS (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 - Form 6

STAGE	DESCRIPTION OF STAGE	DATE ACHIEVED
MEDICAL CLEARANCE DOCUMENTATION	HOME RESPONSIBILITY <input type="checkbox"/> The parent/guardian has submitted the completed Medical Clearance Form to the principal/designate	Initial: Date:
5 FULL PARTICIPATION IN ALL NON-CONTACT PHYSICAL ACTIVITIES	SCHOOL RESPONSIBILITY <input type="checkbox"/> The student has successfully completed the applicable physical activities in Stage 5. HOME RESPONSIBILITY <input type="checkbox"/> The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms. <input type="checkbox"/> 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. <input type="checkbox"/> The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.	Initial: Date:
	6 UNRESTRICTED RETURN TO CONTACT SPORTS	SCHOOL RESPONSIBILITY <input type="checkbox"/> The student has successfully completed full participation in contact sports. HOME RESPONSIBILITY <input type="checkbox"/> The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms. <input type="checkbox"/> 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. <input type="checkbox"/> The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.

SCHOOL

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Documentation of Medical Clearance

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

Student Name: _____

STATEMENT OF MEDICAL CLEARANCE

Please return this completed form to the Principal of your child's school.

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

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

Comments: _____

Student Name: _____

Date: _____

Medical Doctor (MD) or Nurse Practitioner (NP) Name: _____

MD or NP Signature (optional): _____

Phone Number: _____

PLEASE NOTE: The RTL and RTPA plan has been developed in partnership with Parachute Canada and is based on the most recent research and recommendations of the expert scientific community on concussion i.e., the Canadian Guidelines on Concussion in Sport, July 2017 and the Berlin Consensus Statement on Concussion in Sport, October 2016.



Student/Athlete Code of Conduct - Elementary

CDSBEO believes in good sportsmanship and fair play in a Catholic atmosphere. All school community members (Catholic teacher-coaches, supervisors, athletes, parents and spectators) must recognize that participation in sports and extracurricular activities are an “extension of the classroom.” The actions of student-athletes are a reflection of themselves, their team, their school, and their community. Student-athletes must remember that their participation in school sports is a privilege, not a right; they must be accountable for their actions and behaviours in any school context. For this reason, student-athletes should conduct themselves in an acceptable manner that is in keeping with the Catholic vision. Any behaviour that is not keeping with this vision and disrupts the preparation or participation of a student-athlete during athletic activities will not be tolerated.

As an athlete representing their school I will:

- Always maintain a safe playing/learning environment
- Learn the skills and strategies of the physical activity as taught by my coach
- Learn and apply the rules of the sport/activity
- Demonstrate fair play and respect for all
- Accept all decisions by the officials/coaches for prohibited play that is considered high-risk for concussions
- Demonstrate concern for an injured player, regardless of their team
- Take part in discussions with my coach about symptoms and effects of concussions
- Recognize and report concussions
- Tell the coach if I have received a hit which caused my head move quickly back and forth
- Tell the coach, parent or other responsible person if I am not feeling well (e.g., headache, feeling nauseous, feeling dizzy, etc.)
- Be respectful of my coach’s decision to sit me out when I am not feeling well because he or she is looking out for my best interest
- If diagnosed with a concussion, follow the steps of a Return to Learn Plan
- Prioritize the Return to Learn as part of the Return to School Plan.

[] I have read and understood the above statements and agree to conduct myself in a manner that demonstrates the standards of the CDSBEO and follow proper concussion protocol when a concussion is suspected.

[] In addition to the above, parents/guardians will notify the school of any suspected or diagnosed concussion for their child which occurred at school or out of school.

Student Name: _____ Student Signature: _____

Parent Signature: _____ Date: _____



Student/Athlete Code of Conduct - Secondary

CDSBEO believes in good sportsmanship and fair play in a Catholic atmosphere. All school community members (Catholic teacher-coaches, supervisors, athletes, parents and spectators) must recognize that participation in sports and extracurricular activities are an “extension of the classroom”. The actions of student-athletes are a reflection of themselves, their team, their school, and their community. Student-athletes must remember that their participation in school sports is a privilege, not a right; they must be accountable for their actions and behaviours in any school context. For this reason, student-athletes should conduct themselves in a reasonable manner that is in keeping with the Catholic vision. Any behaviour that is not keeping with this vision and disrupts the preparation or participation of a student-athlete during athletic activities will not be tolerated.

Student athletes shall:

1. Treat Everyone with Respect and Play Fair
 - treat teammates, coaches, opponents, event organizers, and spectators with respect
 - respect and accept the decisions of officials for prohibited play considered high-risk for concussions
 - be generous in winning and graceful in losing and play within the rules of the game
2. Exercise Self-Control At All Times
 - remember that there is no place in sport for drugs or alcohol
 - refrain from the use of foul or profane language
 - refrain from the use of physical force outside the rules of the game
3. Respect Themselves
 - wear the proper equipment and wear it correctly
 - maintain a safe playing/learning environment
 - learn and apply the rules of the sport/activity
 - develop skills, in proper progression, so that they can play the game to the best of their ability
 - understand that it is important to have discussions on the potential issues related to concussions
 - understand that a concussion is a serious brain injury that has both short and long-term effects
 - understand the importance of communication between students, parents, school staff and any other organization in reporting injuries (i.e. concussions)



Student/Athlete Code of Conduct - Secondary

- understand that any blow to the head, face, or neck, or the body which causes a sudden jerk of the head may cause a concussion
- understand that if they suspect they might have a concussion will stop playing the sport immediately
- understand that continuing to play with a suspected concussion increases the risk of more severe, longer lasting concussion symptoms, as well as increases the risk of other injury

4. Understand Proper Concussion Protocol

- tell the coach, trainer, parent, or other responsible person if he or she has had a concussion and/or experience any signs and symptoms of concussion following a collision
- not be able to return to play following a collision where he or she experience signs and symptoms of concussion
- have to be cleared by a physician or a nurse practitioner, prior to returning to play
- follow the Return to School Plan after sustaining a concussion
- prioritize the Return to Learn as part of the Return to School Plan

[] I have read and understood the above statements and agree to conduct myself in a manner that demonstrates the standards of the CDSBEO and follow proper concussion protocol when a concussion is suspected.

[] In addition to the above, parents/guardians will notify the school of any suspected or diagnosed concussion for their child which occurred at school or out of school.

Student Name: _____

Student Signature: _____

Name of Sports Team: _____

Parent Signature: _____ Date: _____



CDSBEO Coaches Code of Conduct

The primary function of a coach is to facilitate the youth sports environment and educate athletes through participation and competition. All coaches shall be aware that they have a tremendous influence on the well-being of athletes, and thus shall never place the value of winning above the value of safety and character.

All CDSBEO Coaches shall:

1. Set an example of the highest ethical and moral conduct in all interactions with athletes, sports officials, parents/guardians, spectators and the public.
2. Demonstrate respect and fair play for all.
3. Review OPASSE Playing Guidelines for the specified sport, prior to the start of the season and/or tryouts.
4. Maintain a safe playing/learning environment at all times
5. Master the rules, skills and strategies of the game and teach them to their team members in the proper progression.
6. Use acceptable and appropriate language at all times and in all situations.
7. Encourage players to take responsibility for their own behavior and performance.
8. Respect and support the decision of the officials in regards to prohibited play that is considered high-risk for concussions.
9. Provide opportunities to have discussions with players on issues related to concussions.
10. Recognize and report all concussions
11. Acknowledge the importance of communication between players, parent, school staff and other sport organizations in reporting injuries i.e. concussions.
12. Support the implementation of a Return to Learn plan for students who have a concussion diagnosis.
13. Prioritize a student's Return to Learn as part of the Return to School Plan.
14. Exhibit supportive behavior and positive attitude on and off the field.
15. Adhere to all rules, policies and guidelines.
16. Properly care for all equipment, uniforms, facilities and playing fields.
17. Review the CDSBEO Concussion Policy B1:9, as well as other CDSBEO Concussion resources. He or she must distribute the required material to parents for each player on the team and ensure that each athlete completes the Athlete Code of Conduct.

[] I have read and understood the above statements and agree to conduct myself in a manner that demonstrates the standards of the CDSBEO.

Names of Sports Teams: _____

Name of Coach: _____

Signature: _____ Date: _____



CDSBEO Parent/Guardian Code of Conduct

CDSBEO believes in good sportsmanship and fair play in a Catholic atmosphere. All school community members (Catholic teacher-coaches, supervisors, athletes, parents/guardians and spectators) must recognize that participation in sports and extracurricular activities are an “extension of the classroom.” The actions of parent/guardian are a reflection of themselves, their child, the school team, the school and the community. Parents/Guardians must remember that their attendance at school sporting events is a privilege, not a right; they must be accountable for their actions and behaviors at any school event. For this reason, parents/guardians should conduct themselves in a reasonable and acceptable manner that is in keeping with the Catholic vision. Any behavior that is not keeping with this vision will not be tolerated.

As a parent/guardian of a student within the Catholic District School Board of Eastern Ontario, I am committed to:

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 board’s fair play policy 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 of which they are unsure.



CDSBEO Parent/Guardian Code of Conduct

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.



CDSBEO Parent/Guardian Code of Conduct

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 Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____