

## **OCDSB 970 School Concussion Management Form**

This form 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.

Name:
Date:
Return to Learning (RTL)
<ul> <li>Stage 3a</li> <li>The student begins with an initial time at school of 2 hours.</li> <li>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.</li> <li>Activities permitted if tolerated by student: <ul> <li>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.)</li> <li>School work for up to 2 hours per day in smaller chunks (completed at school) working up to a 1/2 day of cognitive activity</li> <li>Adaptation of learning strategies and/or approaches</li> </ul> </li> <li>Activities that are not permitted at this stage: <ul> <li>Tests/exams</li> <li>Homework</li> <li>Music class</li> <li>Assemblies</li> <li>Field trips</li> </ul> </li> </ul>
<ul> <li>School Responsibility</li> <li>□ The student has demonstrated they can tolerate up to a half day of cognitive activity</li> <li>□ The School Concussion Management Form (Return to School Plan) is sent home to parents/guardians</li> </ul>
School Initial:
Date:

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
Parent/Guardian Signature:
Date:
Comments:
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Stage 3b
<ul> <li>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</li> </ul>
strategies and/or approaches.
<ul> <li>Activities permitted if tolerated by student:</li> </ul>
Activities from previous stage
<ul> <li>School work for 4-5 hours per day, in smaller chunks (for example, 2-4 days</li> </ul>
of school/week)
,
Homework – up to 30 minutes per day  Decrease adaptation of learning strategies and/or approaches
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 parent/guardian
School Initial:
Date:
Home Responsibility
•
☐ The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
or worsening symptoms

٥	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
Parer	nt/Guardian Signature:
Date:	
Comr	nents:
Stage	e 4a
	ıll day school, minimal adaptation of learning strategies and/or approaches
	early normal workload.
O	Activities permitted if tolerated by student:  • Activities from previous stage
	Nearly normal cognitive activities
	Routine school work as tolerated
	<ul> <li>Minimal adaptation of learning strategies and/or approaches</li> </ul>
	<ul> <li>Start to eliminate adaptation of learning strategies and/or approaches</li> </ul>
	Increase homework to 60 minutes per day
	Limit routine testing to one test per day with accommodations (for example, supports, such as more time).
0	example, supports - such as more time)  Activities that are not permitted at this stage are standardized tests/exams
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	I 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 parent/guardian
	to paroni guardian
Scho	ol Initial:
Date:	
	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
Parent/Guardian Signature:
Date:
Comments:
Stage 4b
<ul> <li>At school: full day, without adaptation of learning strategies and/or approaches</li> <li>Activities permitted if tolerated by Student: <ul> <li>Normal cognitive activities</li> <li>Routine school work</li> <li>Full curriculum load (attend all classes, all homework, tests)</li> <li>Standardized tests/exams</li> <li>Full extracurricular involvement (non-sport/non-physical activity, for example, debating club, drama club, chess club)</li> </ul> </li> </ul>
<ul> <li>School Responsibility</li> <li>The student has demonstrated they can tolerate a full day of school without adaptation of learning strategies and/or approaches</li> <li>The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian</li> </ul>
School Initial:
Date:
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
Parent/Guardian Signature:
Date:
Comments:

## Return to Physical Activity (RTPA)

## 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 inter-school practices

Signature:

- Inter-school 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 parent/guardian	
Schoo	ol Initial:	
Date:_		
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	
Paren	t/Guardian	

Date:
Comments:
<ul> <li>Progressively increase physical activity. Non-contact training drills to add coordination and increased thinking.</li> <li>Activities permitted if tolerated by student: <ul> <li>Activities from previous stage</li> <li>More complex training drills (for example, passing drills in soccer and hockey)</li> <li>Physical activity with no body contact (for example, dance, badminton)</li> <li>Participation in practices for non-contact interschool sports (no contact)</li> <li>Progressive resistance training may be started</li> <li>Recess – physical activity running/games with no body contact</li> <li>Daily Physical Activity</li> </ul> </li> <li>Activities that are not permitted at this stage: <ul> <li>Full participation in physical education</li> <li>Participation in intramurals</li> <li>Body contact or head impact activities (for example, heading a soccer ball)</li> <li>Participation in inter-school contact sport practices, or inter-school games/competitions (non-contact and contact)</li> </ul> </li> </ul>
<ul> <li>School Responsibility</li> <li>The student has completed the activities in Stage 4 as applicable</li> <li>The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian</li> <li>A Concussion Medical Clearance Form is sent home to parent/guardian</li> </ul>
School Initial:
Date:
<ul> <li>Home Responsibility</li> <li>The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms</li> <li>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</li> <li>The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner</li> <li>The School Concussion Management Form (Return to School Plan) is sent back to school</li> </ul>
Parent/Guardian Signature:
Date:

Comments:		
<ul> <li>Before progressing to Stage 5, the student must:         <ul> <li>have completed Stage 4a and 4b of RTL (full day at school without adaptation of learning strategies and/or approaches);</li> <li>have completed Stage 4 of RTPA and be symptom-free; and</li> <li>obtain a signed medical clearance from a medical doctor or nurse practitioner.</li> </ul> </li> <li>Please Note: Premature return to contact sports (full practice and game play) may cause a significant setback in recovery</li> </ul>		
Stage 5		
<ul> <li>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</li> </ul>		
<ul> <li>Activities permitted if tolerated by student:</li> <li>Physical Education</li> </ul>		
Intramural programs     Full contact training/practice in contact interceback sports		
<ul> <li>Full contact training/practice in contact interschool sports</li> <li>Activities that are not permitted at this stage are any competition (for example, games, meets, events) that involves body contact</li> </ul>		
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		
School Initial:		
Date:		
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		
Parent/Guardian Signature:		

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

Comments:
Stage 6
<ul> <li>Unrestricted return to contact sports. Full participation in contact sports games/competitions</li> </ul>
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
School Initial:
Date:
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 for documentation purposes
Parent/Guardian Signature:
Date:
Comments:

The personal information on this form is collected under the authority of the Education Act (R.S.O. 1990 c.E2), and in accordance with the Municipal Freedom of Information and Protection of Privacy Act (RSO. 1990 c.M56), as amended. It will be used for the management of student learning and wellbeing, and for education related purposes such as administration, communication, and data reporting. In addition, the information may be used or disclosed to comply with legislation, for compelling circumstances affecting health and safety, or discipline related to law enforcement matters. Questions or concerns should be directed to the school principal or the District's Freedom of Information Coordinator, Ottawa-Carleton District School Board, 133 Greenbank Road, Ottawa, Ontario K2H 6L3, Telephone 613-596-8211. CONFIDENTIAL WHEN COMPLETED.