



Hamilton-Wentworth  
Catholic District School Board

*Believing, Achieving, Serving*

SUPPORT  
DOCUMENT  
FOR CONCUSSION RELATED  
BRAIN INJURIES

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## CONCUSSIONS: WHAT YOU NEED TO KNOW

### A Note for Teachers, Administrators, School Staff, Coaches, Parents/Guardians

Recognizing and Understanding Concussions, Procedures for Diagnosed Concussions and Awareness of the Serious Consequences of Brain Injuries.

The Hamilton-Wentworth Catholic District School Board takes every reasonable precaution to protect a student from a head injury and possible concussion. Whether incurred at play or by incidental contact, all head injuries are treated as serious and will be reported to parents/guardians.

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

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).

Concussions may be caused by a jarring impact to the head, face, neck or body, with an impulsive force transmitted to the head, that causes the brain to move rapidly within the skull (for a visual description of how a concussion occurs, consult [cdn.hockeycanada.ca/hockey-canada/Hockey-Programs/Safety/Concussion/Infographic/english.html](http://cdn.hockeycanada.ca/hockey-canada/Hockey-Programs/Safety/Concussion/Infographic/english.html)).

Concussions can occur even if there has been no loss of consciousness, (in fact, most concussions occur without a loss of consciousness).

Concussions normally cannot be seen on X-rays, standard CT scans or MRIs.

A concussion is typically expected to result in symptoms lasting 1-4 weeks in children and youth (18 years or under), but in some cases symptoms may be prolonged.

The terms “**return to learn**” and “**return to physical activity**” are used in the concussion awareness and treatment documents to underline the fact that head injuries not only have a detrimental effect on a person’s physical wellbeing, but can severely impede the cognitive processes of concentration, memory and reasoning.

Return to learn “time out” period is a practice where the concussed student must reduce all cognitive and physical activities for at least 24 hours, as it takes at least this amount of time to recognize the severity of the injury. This period may last 24 hours, several days or even weeks. The rationale is that learning and memory difficulties may make it very difficult for the student to concentrate and recall learning during this period.

Return to physical activity “time out” period is a practice that removes the student from the possibility of re-injury during the healing process. This process has several steps that may seem lengthy to a parent/guardian. However, recent international studies of concussion recovery indicate that in some cases even a small amount of physical activity may lead to a re-injury that can have serious and life-time permanent effects of brain injury.

The Hamilton-Wentworth Catholic District School Board strongly suggests that all students with a suspected concussion seek medical attention and treatment from a medical doctor or nurse practitioner. In cases of head or body trauma where the student was for any time unconscious, unresponsive or dazed, the parent/guardian should seek medical treatment for their child.

The information sheet “**Medically Diagnosed Concussion Injury**” guides the teacher, administrator and parent/guardian through the process of return to learn and return to physical activity.

## RESPONSIBILITIES

### **The Hamilton-Wentworth Catholic District School Board will:**

1. establish a protocol to address head injuries and concussions;
2. distribute awareness information about the prevention of head injuries, the identification of symptoms of concussions and the management of concussions to principals;
3. ensure all relevant staff, students and volunteers are trained as to this protocol;
4. provide exclusion from athletics and physical education after a student is suspected of having sustained a concussion;
5. meet the educational needs of the student while the student is recovering from a head injury or concussion through an individualized learning plan; and,
6. share information contained in this protocol to all Community Use users', parents/guardians, coaches, volunteers and necessary external agencies. (e.g. CYO, childcare) through the Community Use staff.

### **The school principal will:**

1. ensure that all staff/coaches/supervisors of school activities are aware of their responsibilities in promoting awareness about head injury prevention, managing head injuries, and their role in any Return to Learn/Physical Activity Plan as outlined in this procedure;
2. ensure all relevant staff receive necessary training on Concussion Awareness and Prevention;
3. Provide all necessary documentation regarding concussions and the Concussion protocol to students and their parents/guardians;
4. collaborate with the School Education Resource Teacher and classroom teachers on any temporary Individual Education Plans (IEP) that are developed due to a diagnosed concussion;
5. ensure OSBIE and/or Critical Injury Incident forms are properly submitted, if necessary;
6. ensure all Return to Learn/Physical Activity Plans are filed in the Ontario Student Record (OSR); and,
7. provide clerical personnel with needed paperwork for filing and/or submission (paper and/or electronically).

### **School staff (includes administration, teaching staff, support staff, volunteers, etc.) will:**

1. review the Concussion Policy and Support Document, and where appropriate, the Ontario Physical and Health Education Association (OPHEA) guidelines for sport;
2. implement any educational accommodations (as deemed appropriate by the principal/designate as a student suffering from a concussion returns to school;
3. discuss safe play and rules of play with students prior to engaging in physical activity and have players sign the Player Code of Conduct before participating in sport activities;
4. complete necessary training as it relates to concussion awareness and prevention; and,
5. enter date from required forms and tracking sheets will be submitted and filed (electronically and/or paper copy, and placed in the OSR, if necessary).

### **The coach/supervisor (includes teacher if he/she is the activity supervisor) will:**

1. review the Concussion Policy and Support Document and the OPHEA guidelines for sport;
2. complete and submit the Teacher/Coach/Supervisor Concussion Code of Conduct;
3. ensure that parents are made aware of the potential concussion risks inherent in sport by providing them with the Parent Concussion Code of Conduct "Inform Consent for Student Participation and Acknowledgement of Risks Form" and obtain a signed copy;
4. create a practice schedule that takes into consideration the safety and well-being of the athletes;
8. discuss the rules of play, safe play, concussion prevention and concussion management with all students;
9. have a copy of this procedure and the "Tool to Identify a Suspected Concussion" with them during all practices and games;
10. ask all team members to identify all injuries or concerns that may affect play before each practice and game; and
11. when a head injury is suspected, follow the Concussion Support Document procedure.

**The student will:**

1. become familiar, in an age appropriate manner, with the signs and symptoms of concussion;
2. notify his or her teachers, coaches or the principal of suspected or diagnosed concussions which occur at school or out of school;
3. take an increasing and age appropriate responsibility for his or her own safety and the safety of others;
4. complete and submit the Student Concussion Code of Conduct and Concussion awareness training;
5. encourage teammates who display signs/symptoms of a concussion to speak to a Coach/Adult; and,
6. inform coach/adult if they suspect a teammate may be displaying signs/symptoms of a concussion.

**The parent will:**

1. complete the parental consent and Parent/Guardian Concussion Code of Conduct forms for extra-curricular activities prior to allowing his or her child to participate or in a timely way;
2. notify the school of any suspected or diagnosed concussions which occur at school or out of school;
3. work in partnership with the school in support of a Return to Learn/ Physical Activity strategy; and,
4. be responsible for all required documentation related to the Return to Learn & Return to Physical Activity protocol.

## Medically Diagnosed Concussion Injury

### Information for Parent(s)/Guardian(s) and Medical Doctors/Nurse Practitioners

When a student is diagnosed by a medical doctor/nurse practitioner with a concussion, a number of documented stages must be completed before the student is permitted to return to full participation in all physical activities and contact sports. There are six phases to the return to learn and return to play process. The student must remain at each step in the process for a minimum of 24/48 hours before proceeding to the next step in the concussion recovery process.

The following information describes each step in the return to learn and return to play process.

**Please note that if symptoms return, the student is required to return to a previous step(s)**

#### **AT HOME**

##### **Step 1 (Return to Learn)**

Completed at home. Includes cognitive rest that limits activities requiring concentration and attention. For example, reading, texting, watching TV/video/electronic monitors/screens, texting and playing video games should be avoided. Physical recreational activities and all physical contact activities should also be avoided.

##### **Step 2A (Return to Learn)**

Student returns to school. Contact with the school is required at this step. Student may require individualized classroom strategies/approaches to learning that will assist the student to gradually increase cognitive skills and tasks requiring concentration. Physical recreational activities and all physical contact activities should be avoided.

##### **Step 2B (Return to Learn)**

Student returns to regular learning activities at the school. Physical recreational activities and all physical contact activities should be avoided.

**\*\*\* Return to Learn (Steps 1&2) MUST be completed prior to Return to Physical Activity (Step 3).**

**If the student has returned to full physical activity (ie. games), the learning accommodations will cease.**

#### **AT SCHOOL (Return to Physical Activity)**

##### **Step 3 (Return to light/aerobic activity)**

Student can participate in non-contact physical activities, e.g. aerobic exercise. A signed *Diagnosed Concussion Injury Form 1 - Completion of Step 2A: Clearance for Return to Learn Step 2B/Return to Physical Activity Step 3* by parent/guardian is required before the student can proceed to this step. (see Appendices).

##### **Step 4 (Return to light/moderate physical activity)**

Student may begin individual sport-specific activities. No activities permitted where there is physical contact. Contact with the school is required at this step. Student may participate in physical activities, non-contact sports and non-contact sport training drills.

##### **Step 5 (Return to full contact physical activities)**

Student may resume regular physical activity, physical education/intramural activities and league games for non-contact sports and training for contact sport. A signed *Diagnosed Concussion Injury Form 2 - Completion of Step 4: Clearance for Return to Physical Activity (Step 5)* by parent/guardian, which includes signed medical permission, is required before the student can proceed to this step. (see Appendices)

##### **Step 6 (Return to full contact activities)**

Student may resume full participation in all physical activities including contact sports games.

## **Concussion Awareness and Education**

The Hamilton-Wentworth Catholic District School Board requires all staff and coaches complete the OPHEA Concussion Awareness and Prevention e-modules and/or e-booklets.

Completed training information is tracked for each participant and must be completed prior to the start of the sport season.

**1. Government of Ontario Rowan's Law: Concussion Awareness Resources**

<https://www.ontario.ca/page/rowans-law-concussion-awareness-resources>

**2. Government of Ontario Concussion Awareness Resource E-Booklets (by Age)**

a) <https://www.ontario.ca/page/ontario-government-concussion-awareness-resource-e-booklet-ages-10-and-under>

b) <https://www.ontario.ca/page/ontario-government-concussion-awareness-resource-e-booklet-ages-11-14>

c) <https://www.ontario.ca/page/ontario-government-concussion-awareness-resource-e-booklet-ages-15-and-up>

**3. Ontario Physical and Health Education Association (OPHEA) Concussion E-Module**

<https://www.ophea.net/node/6944>

Moreover, each year the Hamilton Wentworth Catholic District School Board will facilitate concussion awareness and prevention strategies on Rowan's Law Day (the last Wednesday of September, annually).



## **Concussion Prevention Planning**

The Hamilton-Wentworth Catholic District School Board Concussion Prevention Plan includes the following:

1. Review OPHEA Guidelines for each sport to determine that the equipment used and training provided to coaches and students includes concussion awareness.
2. Review and inspect equipment worn and/or used by students participating in intramural/competitive sports to ensure proper head protection equipment is being used, the equipment is not damaged or unsafe to use and students are aware that they must wear the head protection equipment at all times when in play.
3. Ensure students and parents are provided with informed consent letters that include the sports the student has requested to participate in and only permit participation by a student who has returned the parental approval consent letter to the teacher/coach.
4. Ensure all relevant staff & coaches have completed documented awareness training for concussions.
5. All relevant students, staff, and coaches will complete and submit required Concussion Codes of Conduct prior to participation in school sponsored activities.
6. A Concussion Steering Committee will meet periodically to review the elements included in the Concussion Policy and Support Document for Concussion Related Injuries and establish training and awareness educational initiatives.

# APPENDICES

# HAMILTON-WENTWORTH CATHOLIC ATHLETIC ASSOCIATION

## STUDENT ATHLETE INFORMATION AND PERMISSION FORM

INTERSCHOOL TEAM: \_\_\_\_\_ DATE (M/D/Y) \_\_\_\_\_

**(MUST BE COMPLETED AND RETURNED TO COACH/STAFF SUPERVISOR BEFORE PARTICIPATING)**

### A) PARENT/GUARDIAN INFORMATION

Your child/ward has indicated interest in participating on the school's the interschool team listed above. The information below is intended to assist you in making an informed decision as to whether or not you give consent for your child/ward to participate on the school's interschool team listed above. If after reading the information, you give consent, please complete the Acknowledgement of Risks, Concussion Code of Conduct, Consent to Participate and the Emergency Contact - Medical Information sections and return the forms to the staff supervisor/coach **PRIOR TO THE FIRST TRYOUT.**

### B) ELEMENT OF RISK

The participation in ALL SPORTS organized by the H.W.C.A.A. involve risk of injury, minor or serious, including permanent disability. These types of injury may result from the students' own actions, the actions or inactions of others, or a combination of both. The rules and regulations are designed for the safety and protection of participants and it is required that all participants abide by these rules and regulations. All interschool activities offered by the HWCDSB require a minimum level of fitness for safe protection. Therefore, it is recommended that all participants have a **MEDICAL EXAMINATION PRIOR TO PARTICIPATING.**

### C) CONCUSSION INFORMATION AND CODE OF CONDUCT

The **HWCDSB Concussion Management Protocol** will be followed if a student sustains a hit or blow to the head or body and shows signs or symptoms of concussion.

The HWCDSB Concussion Management Protocol and other Concussion information/resources for the parent/guardian and the student are available on the HWCDSB website ([www.hwcdsb.ca](http://www.hwcdsb.ca))

This will include information pertaining to the steps towards Return to Learn and Return to Physical Activity of the student. Following these steps is key to supporting the student during recovery from a concussion.

Please read this information carefully as both you and the student will be asked to initial under the section of Acknowledgment of Risks that you have reviewed and understand the HWCDSB Concussion Management Protocol and Code of Conduct.

Please be advised that your child/ward will be asked to seek medical attention if signs and symptoms of concussion arise. You are required, along with your child/ward, to read and review the HWCDSB Support Document for Concussion Related Brain Injuries, which includes information about the definition and seriousness of a concussion, the signs and symptoms of a suspected concussion, the importance of reporting a suspected concussion, and concussion management including Return to Learn and Return to Physical Activity.

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

#### **D) INFORMATION FOR NON-CONCUSSION RELATED INJURIES**

When an athlete misses a practice/game due to an injury requiring professional medical attention (e.g. medical doctor, chiropractor, physiotherapist), the parent/guardian must inform the coach/staff supervisor who will then provide the following form - *Permission Return After Injury*.

A parent/guardian will complete the form and return it to the coach/staff supervisor giving their child/ward permission to return to practice and/or competition.

#### **E) STUDENT ACCIDENT INSURANCE**

The Hamilton-Wentworth Catholic District School Board (HWCDSB) strongly recommends the purchase of student accident insurance.

Per s.176, par.4 of the Education Act, the HWCDSB does not and cannot provide insurance coverage for accidents to students occurring on school premises or during school activities. Some injuries incur medical, dental or other expenses that are not covered by provincial health care or employer group plans. As a parent or guardian, you become responsible for these expenses. However, we do make available the **insuremykids® Protection Plan** exclusively through **Reliable Life Insurance Company**. Coverage may be purchased by the parent(s)/guardian(s) or an adult student, through the Reliable Life Insurance Company.

The insurance agreement is between you as parent/guardian and **Reliable Life Insurance Company**; the Board assumes no responsibility for the cost of the plan, applications, premium payments or claims. To subscribe, apply 24/7 directly online at: [www.insuremykids.com](http://www.insuremykids.com) or request an insurance brochure from your school if you have not already received one. You can also contact Reliable Life directly at the toll-free telephone number listed below.

If you have any questions, please visit the "Frequently Asked Questions" page at the above website of contact **Reliable Life Insurance Company** toll free at: 1-800-463-KIDS (5437)

## STUDENT MEDICAL INFORMATION – EMERGENCY CONTACTS

STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SCHOOL TEAM: \_\_\_\_\_

### EMERGENCY CONTACT(S) List in order to call

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### STUDENT MEDICAL INFORMATION

A) Does the student wear or carry a medic alert? (please check)

☐ bracelet      ☐ neck chain      ☐ card

Please specify what is written on it \_\_\_\_\_

\_\_\_\_\_

B) Does the student have a medical condition or physical limitations that may affect their participation in activities?

Please specify \_\_\_\_\_

\_\_\_\_\_

C) What medications (non-prescription and prescription) should the student have with them daily that may affect their participation in activities?

Please specify \_\_\_\_\_

\_\_\_\_\_

**IT IS RECOMMENDED THAT ALL PARTICIPANTS HAVE A MEDICAL EXAMINATION PRIOR TO PARTICIPATING.** Under the Municipal Freedom of Information and Protection of Privacy Act, 1989, information in these forms and documents pertaining to a student registered/enrolled within The Hamilton-Wentworth Catholic District School Board is collected under the legal authority of Education Act and its Regulations, and the Ontario Student Record (O.S.R.) Guideline, 1989. This information is being collected to ensure that the educational program which is provided meets your child's needs.

**ACKNOWLEDGEMENT OF RISK – CONCUSSION PROTOCOL – CODE OF CONDUCT  
ATHLETICS PERMISSION TO PARTICIPATE - CONSENT FORM**

STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ TEAM: \_\_\_\_\_

 **THE FOLLOWING SECTIONS MUST BE SIGNED OR INITIALED FOR ATHLETICS PARTICIPATION**

**CONSENT TO PARTICIPATE**

I give consent for my child/ward to participate in the above listed interschool athletic team.



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



Signature of Student (if over 18) : \_\_\_\_\_

**ACKNOWLEDGMENT OF RISKS**

I hereby acknowledge and accept the risks in the above listed activity and assume responsibility for my child/ward's personal health, medical, dental and accident insurance.



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

**CONCUSSION INFORMATION AND CODE OF CONDUCT**

I hereby acknowledge that I have read and understand my responsibilities as outlined in the HWCDSB Concussion Protocol and Code of Conduct for Parents AND that I have watched the Dr. Evans video ([https://www.youtube.com/watch?v=\\_55YmbIG9YM](https://www.youtube.com/watch?v=_55YmbIG9YM)) outlining concussion identification, signs and symptoms.



Initials of Parent/Guardian: \_\_\_\_\_

I hereby acknowledge that I have read and understand my responsibilities as outlined in the HWCDSB Concussion Protocol and Code of Conduct for Student Athletes AND that I have reviewed the material outlining concussion identification, signs and symptoms found on the HWCDSB website.



Initials of Student Athlete: \_\_\_\_\_

**STUDENT ACCIDENT INSURANCE**

I hereby acknowledge that I understand that the HWCDSB does not and cannot provide insurance coverage for accidents to students occurring on school premises or during interschool athletic activities. I also acknowledge that the HWCDSB strongly recommends the purchase of student accident insurance and that the HWCDSB has provided sufficient information and opportunity to purchase third party insurance through **Reliable Life Insurance Company**.



Initials of Parent/Guardian: \_\_\_\_\_

## CHART 1: Steps and Responsibilities for Suspected Concussions

For all suspected concussions/head injuries complete and submit **OSBIE Incident Report** to office. All Critical Injuries must be reported immediately to the Health & Safety Manager at 905 525-2930 ext 2175

### Student:

Receives a blow to the head, face, neck or body that transmits a force to the head



### Teacher/Staff/Coach/Supervisor

Stop all activity – check for Red Flags and initiate emergency first aid response  
Refer to Concussion Signs and Symptoms Form



### Student

**No Symptoms observed or present**  
Student may return to learn and/or play



### Student

Concussion **SUSPECTED** 1 or more symptoms present  
Student removed from play



### Teacher/Staff/Coach/Supervisor

Contact parent/guardian  
Provide copy of **Concussion Signs and Symptoms Form**  
Recommend monitoring for 24 hours



### Teacher/Staff/Coach/Supervisor

Notify Parent/Guardian of injury and to pick up student  
Provide copy of **Concussion Signs and Symptoms Form**  
Provide parent with **Suspected Concussion Injury Form**  
Inform principal of suspected concussion



**Parent/Guardian**  
Monitors student for 24 hours  
No symptoms present

**Parent/Guardian**  
Observes symptoms develop within 24 hours

**Parent/Guardian**  
Informed that student is to be examined by medical professional  
Obtain, sign and return **Suspected Concussion Injury Form** to principal



### Student

Can return to full participation including contact games

**Principal/VP/designate**  
Inform appropriate staff of Suspected concussion



### Student

Medically Diagnosed Concussion  
**SEE CHART 2**  
Medically Diagnosed Concussion

	Teacher /Coach/Supervisor
	Student
	Principal/VP/designate
	Parent/Guardian

**Chart 2: Steps and Responsibilities for Medically Diagnosed Concussions**

For all concussions/suspected head injuries complete and submit OSBIE Incident Report to office, and follow Critical Injury protocol if necessary.

**PARENT:** Return Suspected Concussion Injury Form to Principal/Vice Principal

### SIGNS/SYMPTOMS PRESENT

**STEP 1** – Complete Cognitive & Physical Rest at home.  
No screen time or physical activity



Student can return to school

#### Principal/Designate:

- informs appropriate staff of concussion.
- gives parent **Return to Learn/Return to Physical Activity Plan** and **Medically Diagnosed Concussion Injury Forms 1 and 2.**

#### Parent/Guardian

Informs principal/designate of completion of Step 1 of Return to Learn/Return to Physical Activity Plan

### SYMPTOMS ARE IMPROVING

**Step 2A Return to Learn - Some Symptoms Present**  
Student returns to learn with an Individualized Learning Plan

Note: No Physical Activity until student is symptom free

### SYMPTOM FREE

**PARENT:** Returns signed **Diagnosed Concussion Injury Form 1** to Principal/Designate

CAUTION: If at any time symptoms return, all activities must immediately stop and the student's parent/guardian is requested to have student re-examined by a medical doctor/nurse practitioner to determine what step the student must return to.

**Step 2B Return to Learn- No Symptoms**  
Student returns to regular learning activities



**Step 3 Return to light/aerobic activity – no symptoms**  
(ex. Walking, non-contact games, limited running, lifting, strenuous activities)



**PARENT:** Informs the principal/designate of completion of Step 2B Return to Learn/Physical Activity form

**Step 4 Return to light/moderate physical activity**  
(ex. skating, exercise programs, non-contact drills, play structures)



**NOTE:** a student NOT involved in any physical activities (Phys. Ed. and/or sports) at school may end the plan after 2B

**Step 5 Return to non-competitive full contact physical activities**  
(ex. team practices, fitness games, etc.)



**PARENT:** Returns signed Diagnosed Concussion Injury Form 2 INCLUDING written documentation of a medical examination

**Step 6 Return to full contact activities (competitive sports)**  
(ex. soccer, football, hockey, etc.)

**Responsibilities:**

	Principal/VP/Designate
	Parent/Guardian
	Teacher/Supervisor/Coach
	Student



## Tool to Identify a Suspected Concussion/ Concussion Signs and Symptoms Form

*This tool was adapted from Davis GA, et al. Br J Sports Med 2017;0:1. doi:10.1136/bjsports-2017-097508CRT5*

This sample tool, completed by school staff (for example, teachers/coaches/intramural supervisors), is used to identify the signs and/or symptoms of a suspected concussion, to respond appropriately and to communicate this information and follow-up requirements to parents/guardians. This tool may also be used for continued monitoring of the student. Complete the appropriate steps.

Student name:	Teacher/Coach:
Date:	Time of Incident:

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

### Step A: Red Flags Signs and Symptoms

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.

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

### Step B: Other Signs and Symptoms

If Red Flag(s) are not identified continue and complete the steps (as applicable) and Step E: Communication to Parents/Guardians

<b>Check visual cues (what you see).</b> <ul style="list-style-type: none"><li>○ Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements</li><li>○ Blank or vacant look</li><li>○ Disorientation or confusion, or an inability to respond appropriately to questions</li><li>○ Facial injury after head trauma</li><li>○ Lying motionless on the playing surface (no loss of consciousness)</li><li>○ Slow to get up after a direct or indirect hit to the head</li></ul>	<b>Check what students report feeling.</b> <ul style="list-style-type: none"><li>○ Balance problems</li><li>○ Blurred vision</li><li>○ Difficulty concentrating</li><li>○ Difficulty remembering</li><li>○ Dizziness</li><li>○ "Don't feel right"</li><li>○ Drowsiness</li><li>○ Fatigue or low energy</li><li>○ Feeling like "in a fog"</li><li>○ Feeling slowed down</li><li>○ Headache</li><li>○ More emotional</li><li>○ More irritable</li><li>○ Nausea</li><li>○ Nervous or anxious</li><li>○ "Pressure in head"</li><li>○ Sadness</li><li>○ Sensitivity to light</li><li>○ Sensitivity to noise</li></ul>
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### Quick Memory Function Check:

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

What is your teacher/coach's name?  
What activity/sport/game are we playing?

What field are we playing at today?  
What room are we in now?

What school do you go to?  
Is it before or after lunch?

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

Actions required:

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

The teacher/coach informs the parent/guardian that the student needs an urgent medical assessment (as soon as possible that day) by a medical doctor or nurse practitioner. Medical doctors and nurse practitioners are the only healthcare professionals in Canada with licensed training and expertise to diagnose a concussion; therefore, all students with a suspected concussion must undergo evaluation by one of these professionals

The parents/guardians must be provided with a completed copy of this tool and a copy of a [Medical Assessment Form](#). The teacher/coach informs the principal of incident.

**Step D: If there are no signs observed, no symptoms reported, and the student answers all questions in the Quick Memory Function Check correctly but a possible concussion event was recognized by teacher/coach.**

Actions required:

- The student must stop participation immediately and must not be allowed to return to play that day even if the student states that they are feeling better. Principals must be informed of the incident.
- The teacher/coach informs the parent/guardian of the incident and that the student attends school and requires continued monitoring for 24 hours as signs and or symptoms 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 an urgent medical assessment (as soon as possible that day) by a medical doctor or nurse practitioner.
- The parent/guardian communicate the results of the medical assessment to the appropriate school personnel using a [Medical Assessment Form](#).
- If after 24 hours of monitoring no sign(s) and or symptom(s) have emerged, the parent/guardian communicate the results to the appropriate school official using the school's process and/or form. The student is permitted to resume physical activities. Medical clearance is not required.

**Step E: Communication to Parents/Guardians**

Summary of Suspected Concussion Check – Indicate appropriate results and follow-up requirements.

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

- Red Flag sign(s) were observed and/or symptom(s) reported and emergency medical services (EMS) called.
- Other concussion sign(s) were observed and/or symptom(s) reported and/or the student failed to correctly answer all the Quick Memory Function questions.
- No sign(s) or symptom(s) were reported, and the student correctly answered all of the questions in the Quick Memory Function Check but a possible concussion event was recognized. Student attends school, no physical activity, with continued monitoring at school and home for 24 hours. Continued monitoring is required (consult Step D).

**This completed form must be copied, with the original filed as per board policy and the copy provided to parent/guardian.**

## Actions to be taken

### No signs or symptoms observed/reported:

1. A concussion is not suspected.
2. The student may return to physical activity.
3. Contact parent/guardian and inform them of the incident.
4. Provide the following information to the parent/guardian:
  - a) signs and symptoms may not appear immediately and may take hours or days to emerge
  - b) the student should be monitored for 24-48 hours following the incident
  - c) if any signs or symptoms emerge, the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day
5. Send copy of **Concussion Signs and Symptoms Present Form** home with student for parents' reference.

### One or more signs or symptoms observed/reported:

1. A concussion should be suspected.
2. Remove student from play for rest of day even if the student states that he/she is feeling better.
3. Contact parent/guardian and inform them of the incident.
4. The student must not leave the premises without parent/guardian (or emergency contact) supervision.
5. Give parent copy of **Concussion Signs and Symptoms Present Form** and inform parent/guardian that the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.
6. Give parent copy of **Suspected Concussion Injury Form** and inform parent/guardian that they need to communicate to the school principal the results of the medical examination.
7. Inform principal/designate of the incident.
8. Complete and submit OSBIE Incident Report to office.

## Parent/Guardian: Concussion Signs/Symptoms Present Form

This form is to be completed by the parent/guardian of the student named in this document and returned to the school Principal/Vice Principal (school staff should contact school administration when they give this to a parent)

Name of Student:	Grade:
Name of School:	Date of Injury:

As a result of my child's head injury (signs/symptoms of concussion observed and reported by school personnel), I have consulted with a medical doctor/nurse practitioner to assess the head injury and determine if a concussion was sustained.

<b>Name of Medical Doctor/Nurse Practitioner:</b>	
<b>Address of treatment centre:</b>	
<b>Phone Number of treatment centre:</b>	<b>Date of appointment:</b>
<b>Results of the medical appointment:</b> <input type="checkbox"/> No concussion was diagnosed and my child/ward may resume full participation in physical and classroom activities. <input type="checkbox"/> A concussion was diagnosed (See below)	
<b>Medical Recommendations For Return to School</b> (consider classroom learning, recess, physical education class, extracurricular sports and activities)	
<b>Note: A signed doctor's note will be required before the child can return to activities that involve physical contact</b>	

### Immediate actions when a concussion has been diagnosed

<input type="checkbox"/> The child should remain at home for at least 24 hours until symptoms have shown signs of improvement. <input type="checkbox"/> The parent/guardian should contact the school to set up a return to learn/return to play plan with the principal/vice principal.
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☐ I am aware that my child sustained a head injury and that signs/symptoms of a concussion were observed/reported. I have observed my child and have **chosen not to seek medical advice**. My child is returning to regular school activities (classroom, recess, physical education class and **activities that do not involve physical contact**)

\_\_\_\_\_  
Parent/Guardian name (printed)

\_\_\_\_\_  
Parent/Guardian (signature)

\_\_\_\_\_  
(Date)

Please attach additional information if it is available.

Please refer to the HWCDSB website for the full concussion protocol: <https://www.hwcdsb.ca/concussionprotocol/>

## Return to Learn/Return to Physical Activity Plan Tracking Sheet

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Principal/Designate Initial (upon completion) \_\_\_\_\_

**There must be a minimum of 24 hours symptom free between each step.  
If at any point symptoms return, the student MUST return to Step 1 and begin again.**

**Step 1** – Complete Cognitive and Physical Rest at home  
No screen time or physical activity

**Step 2A Return to Learn** – SOME SYMPTOMS PRESENT  
Student returns to learn with Individualized learning plan

**Step 2B Return to Learn** – NO SYMPTOMS  
Student returns to regular learning activities

**Note: A student not involved in any physical activities (Phys. Ed. and/or sports) may end the plan after 2B.**

**Step 3 Return to light/aerobic activity – no symptoms**  
(ex. Walking, non-contact games, limited running, lifting, strenuous activities)

**Step 4 Return to light/moderate physical activity**  
(ex. skating, exercise programs, non-contact drills, play structures)

**Step 5 Return to non-competitive full contact physical activities**  
(ex. team practices, fitness games, etc.)

**Step 6 Return to full contact activities (competitive sports)**  
(ex. soccer, football, hockey, etc)

Steps & Required Forms	Date Completed	Parent/Guardian Initial
Informed school of completion of Step 1		
Completion of Step 2A <b>Diagnosed Concussion Form 1 returned</b>		
Informed school of completion of Step 2B		
Informed school of completion of Step 3		
Informed school of completion of Step 4 <b>Diagnosed Concussion Form 2 returned</b> <b>Medical clearance received</b>		
Informed school of completion of Step 5		
Informed school of completion of Step 6		

\*Once completed, school staff to file this tracking sheet

## Diagnosed Concussion Injury Form 1

### Return to Learn Step 2B

### Return to Physical Activity Step 3

This form is to be completed by the parent/guardian of the student named in this document before the student is permitted to proceed to Step 2B/Step 3 and returned to the school Principal/designate.

Name of Student \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Please indicate your acknowledgement and agreement by checking all boxes confirming the following:

#### Parental Consent

Step	Date	Parent/Guardian Signature
<input type="checkbox"/> My child/ward has completed <b>Step 1</b> (at least 24 hours of rest at home). His/her symptoms have improved. I have communicated this information to the school. I agree that my child can proceed to <b>Step 2A: Return to Learn.</b>		
<input type="checkbox"/> My child/ward has <b>now</b> completed Step 2A and no symptoms are present. I agree that he/she can proceed to <b>Step 2B: Return To Learn.</b> I agree that my child/ward can proceed to <b>Step 3: Return to Light Aerobic Activity.</b>		

If my child/ward experiences a return of concussion-like symptoms, I agree to remove my child/ward from the school for at least 24 hours and to seek the advice of my child's/ward's medical doctor/nurse practitioner for their recommendation to return to the appropriate step in the return to learn/return to play process and to advise the Principal of this medical decision.

Parent/Guardian Name (printed) \_\_\_\_\_

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

Please attach additional information if available.

## Diagnosed Concussion Injury Form 2

### Return to Physical Activity: Completion of Steps 3-5

This form is to be completed by the parent/guardian of the student named in this document before the student is permitted to proceed to Step 5 and returned to the school Principal/designate.

Name of Student \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

**Please indicate your acknowledgement and agreement by checking all boxes confirming the following:**

☐ My child/ward has completed **Steps 3, 4 and 5** for at least 24 hours for each step, is symptom free and may proceed to **Step 6 (Return to contact for training/practices and full participation in non-contact competitive sports)**

☐ I have consulted with my child's/ward's medical doctor/nurse practitioner and agree with the medical recommendation made on the Medical Assessment for Return to Learn/Play Readiness Form.

Parent/Guardian Name (printed) \_\_\_\_\_

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

## Medical Assessment for Return to Learn/Play Readiness

**To be given to the parent/guardian of the student named in this document for completion by a medical doctor or a nurse practitioner before the student is permitted to return to physical activity.**

Name of Student	Grade:
School:	Date of Injury:

As a result of my child's head injury (signs/symptoms of concussion observed and reported by school personnel), I have consulted with a medical doctor/nurse practitioner to assess the head injury to determine the readiness of my child to return to learning and play activities.

[illegible]

☐ I have observed and monitored my child and have determined that there are no concussion-like signs or symptoms. I have chosen not to consult with a medical doctor or a nurse practitioner and am permitting my child to return to light physical activity (Step 3).

☐ I have observed and monitored my child and have determined that there are no concussion-like symptoms. I **have chosen not to consult with a medical doctor or a nurse practitioner. I am permitting my child to return to full learning and play activities (Step 4).**

**\*\*\*NOTE – without a medical note – student participation in full contact activities/competitive sports will not be possible.**

(Parent/Guardian name printed)

(Parent/Guardian signature)

(Date)



## **Concussion Code of Conduct for Coach/Team Trainer/Manager/Staff**

### **Maintaining a safe learning environment**

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

### **Fair play and respect for all**

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

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

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

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

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

### **Providing opportunities to discuss potential issues related to concussions**

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

### **Concussion recognition and reporting**

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

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

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

### **Supporting the implementation of a Return to School Plan for students with a concussion diagnosis and Prioritizing a student's return to learning as part of the Return to School Plan**

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

## **Concussion Code of Conduct for Students (Athletes)**

### **Maintaining a safe learning environment and Fair play and respect for all**

- I will bring any potential issues related to the safety of equipment and facilities to the attention of the coach.
- I will wear the protective equipment for my sport and wear it properly.
- I will show respect for my teammates, opponents, officials, spectators, and practice fair play.
- I will not pressure injured teammates to participate in practices or games/competitions.

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

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

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

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

### **Providing opportunities to discuss potential issues related to concussions**

- I will talk to my coach/adult if I have questions about a concussion or about safety in general.

### **Concussion recognition and reporting**

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

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

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

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

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

## **Concussion Code of Conduct for Parents/Guardians (of students under the age of 18)**

### **Maintaining a safe learning environment**

- I will encourage my child to bring potential issues related to the safety of equipment/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 I will encourage my child to ask questions and seek clarity regarding skills and strategies of which they are unsure.

### **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 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/adult if they have signs or symptoms of a suspected concussion.
- I will encourage my child to inform the coach/adult when they suspect a teammate may have sustained a concussion.

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

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

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

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

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

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

## Educational Supports for Students in the HWCDSB Concussion Protocol: Return to Learn

Post-Concussion Symptoms	Impact on Student's Learning	Potential Strategies and/or Approaches
Headache and fatigue	Difficulty concentrating, paying attention, or multitasking	<ul style="list-style-type: none"> <li>• Ensure instructions are clear (for example, simplify directions, have the student repeat directions back to the teacher)</li> <li>• Allow the student to have frequent breaks or return to school gradually (ex. 1-2 hours, half-days, late starts)</li> <li>• Keep distractions to a minimum (ex. move the student away from bright lights or noisy areas)</li> <li>• Limit materials on the student's desk or in their work area to avoid distractions</li> <li>• Provide alternative assessment opportunities (ex. give tests orally, allow the student to dictate responses to tests or assignments, provide access to technology)</li> <li>• Quiet room</li> <li>• No/minimal screen time</li> </ul>
Difficulty remembering or processing speed	Difficulty retaining new information, remembering instructions, and accessing learned information	<ul style="list-style-type: none"> <li>• Provide a daily organizer and prioritize tasks</li> <li>• Provide visual aids/cues and/or advance organizers (ex. visual cueing, non-verbal signs)</li> <li>• Divide larger assignments/assessments into smaller tasks</li> <li>• Provide the student with a copy of class notes</li> <li>• Provide access to technology</li> <li>• Repeat instructions</li> <li>• Provide alternative methods for the student to demonstrate mastery</li> <li>• Prompting</li> <li>• Extra time</li> </ul>
Difficulty paying attention/concentrating	Limited/short-term focus on schoolwork and difficulty maintaining a regular academic workload or keeping pace with work demands	<ul style="list-style-type: none"> <li>• Coordinate assignments and projects among all teachers</li> <li>• Use a planner/organizer to manage and record daily/weekly homework and assignments</li> <li>• Reduce and/or prioritize homework, assignments, and projects</li> <li>• Extend deadlines or break down tasks</li> <li>• Facilitate the use of a peer note taker</li> <li>• Provide alternate assignments and/or tests</li> <li>• Check frequently for comprehension</li> <li>• Consider limiting tests to one per day and student may need extra time or a quiet environment</li> <li>• Chunking of material</li> </ul>

## Educational Supports for Students in the HWCDSB Concussion Protocol: Return to Learn (cont'd)

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

**\*\*Adapted from Davis GA, Purcell LK. The evaluation and management of acute concussion differs in young children. Br J Sports Med. Published Online First 23 April 2013 doi:10.1136/bjsports-2012-092132. **Please Note:** Compared to older students, elementary school children are more likely to complain of physical problems or misbehave in response to cognitive overload, fatigue, and other concussion symptoms.**