

Concussion Return to School Plan for Return to Learning

The Concussion Return to School Plan was developed in partnership with Parachute and is based on the most recent research and recommendations of the expert scientific community on concussion, that is, The Canadian Guidelines on Concussion in Sport, July 2017 and the Berlin Consensus Statement on Concussion in Sport, October 2016.

Should a student be diagnosed with a concussion, the student will be required to follow a Return to School Plan which includes a *Return to Learning (RTL) plan* and *Return to Physical Activity (RTPA) plan*. There are two parts to a student's RTL plan. The first part, Initial Rest to Stage 2, occurs at home and the second part, Stage 3a to 4b, occurs at school.

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

Each stage must last a minimum of 24 hours.

Initial Rest

- 24 48 hours of relative cognitive rest:
 - Activities permitted if tolerated by student:
 - Short board/card games
 - Short phone calls
 - Photography (with camera)
 - Crafts
 - Activities that are not permitted at this stage:
 - TV
 - Technology use (for example, computer, laptop, tablet, iPad)/cell phone (for example, texting/games/photography)
 - Video games
 - Reading

- attendance at school or school-type work
- The student moves to Stage 1 when symptoms start to improve or after resting 2 days maximum (whichever occurs first).

Stage 1

- Light cognitive (thinking/memory/ knowledge) activities
- Gradually increase cognitive activity up to 30 minutes. Take frequent breaks.
 - Activities permitted if tolerated by student:
 - Activities from previous stage
 - Easy reading (for example, books, magazines, newspaper)
 - Limited TV
 - Limited cellphone conversations
 - Drawing/building blocks/puzzles
 - Some contact with friends
 - Activities that are not permitted at this stage:
 - Technology use (for example, computer, laptop, tablet, cell phone (for example, texting/games/photography))
 - Attendance at school or school-type work
- The student moves to Stage 2 when:
 - the student tolerates 30 minutes of light cognitive activity (for example a student should be able to complete 3-4 of the permitted activities in Stage 1) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
 - The student has completed a minimum of 24 hours at Stage 1.

However:

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

Stage 2

- Gradually add cognitive activity (as per activities permitted). When light cognitive activity is tolerated, introduce schoolwork (at home and facilitated by the school).
 - Activities permitted if tolerated by student:
 - Activities from previous stage
 - School-type work in 30-minute increments
 - Crosswords, word puzzles, Sudoku, word search
 - Limited technology use (for example, computer, laptop, tablet, cell phone (for example, texting/games/photography)) starting with shorter periods and building up as tolerated.
 - Activities that are not permitted at this stage:
 - School attendance
- The student moves to Stage 3a when:
 - The student tolerates the additional cognitive activity (for example a student should be able to complete 3-4 of the activities permitted in Stage 2) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
 - The student has completed a minimum of 24 hours at Stage 2.
- However:
 - The student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms.
 - The student must return to a medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.

Stage 3a

- The student begins with an initial time at school of 2 hours.
- The individual RTL plan is developed by Collaborative Team following the student conference and assessment of the student's individual needs determining possible <u>strategies and/or approaches for student learning</u>.

- Activities permitted if tolerated by student:
 - Activities from previous stage
 - School work for up to 2 hours per day in smaller chunks (completed at school)
 working up to a 1/2 day of cognitive activity
 - Adaptation of learning strategies and/or approaches
- Activities that are not permitted at this stage:
 - Tests/exams
 - Homework
 - Music class
 - Assemblies
 - Field trips
- School Responsibility:
 - o The student has demonstrated they can tolerate up to a half day of cognitive activity.
 - A <u>School Concussion Management Form (Return to School Plan)</u> is sent home to parent/guardian.
- Home Responsibility:
 - The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
 - The student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.
 - The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
 - o The School Concussion Management Form (Return to School Plan) is sent back to school.

Stage 3b

- The student continues attending school half time with gradual increase in school attendance time, increased schoolwork and a decrease in the adaptation of learning strategies and/or approaches.
 - O Activities permitted if tolerated by student:

- Activities from previous stage
- School work for 4-5 hours per day, in smaller chunks (for example, 2-4 days of school/week)
- Homework up to 30 minutes per day
- Decrease adaptation of learning strategies and/or approaches
- Classroom testing with accommodations.
- Activities that are not permitted at this stage:
 - Standardized tests/exams
- School Responsibility:
 - The student has demonstrated they can tolerate up to 4-5 hours of the cognitive activities listed in Stage 3b.
 - The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.
- Home Responsibility:
 - The student has not exhibited or reported a return of symptoms, 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.

Stage 4a

- Full day school, minimal adaptation of learning strategies and/or approaches
- Nearly normal workload.
 - o Activities permitted if tolerated by student:
 - Activities from previous stage
 - Nearly normal cognitive activities

- Routine schoolwork as tolerated
- Minimal adaptation of learning strategies and/or approaches
 - Start to eliminate adaptation of learning strategies and/or approaches
 - Increase homework to 60 minutes per day
 - Limit routine testing to one test per day with accommodations (for example, supports - such as more time)
- O Activities that are not permitted at this stage:
 - Standardized tests/exams
- School Responsibility:
 - The student has demonstrated they can tolerate a full day of school and a nearly normal workload with minimal adaptation of learning strategies and/or approaches.
 - The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.
- Home Responsibility:
 - The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
 - The student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.
 - The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
 - The School Concussion Management Form (Return to School Plan) is sent back to school.

Stage 4b

- At school: full day, without adaptation of learning strategies and/or approaches
 - Activities permitted if tolerated by Student:
 - Normal cognitive activities
 - Routine schoolwork
 - Full curriculum load (attend all classes, all homework, tests)

- Standardized tests/exams
- Full extracurricular involvement (non-sport/non-physical activity, for example, debating club, drama club, chess club)

• School Responsibility:

- The student has demonstrated they can tolerate a full day of school without adaptation of learning strategies and/or approaches
- The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.

• Home Responsibility:

- The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- The student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.
- The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.



Appendix G to 8074 Student Concussion Management Procedures

Return to Learn Concussion/Brain Injury

Student Name:				OEN:	
Date:					
Date of Injury:			Date of Doctor's Visit:		
Date of Next Doct	or's Visit:		Review by:		
in place for the stu	_	s indicated below. 7	The student will be mo	. The following accommodations onitored on an ongoing basis by	
Accomi	modations				
Instructional Accommodations		Environmental Accommodations		Assessment Accommodations	
 □ Buddy/peer tutoring □ Note taking assistance □ Duplicated notes □ Organization coaching □ Time management aids □ More frequent breaks □ Visual cueing □ Reduced/uncluttered format □ Repetition of information □ Rewording/rephrasing □ Extra time for processing □ Taped texts □ Computer options 		☐ Alternative workspace ☐ Strategic seating ☐ Proximity to instructor ☐ Reduction of audio/visual stimuli ☐ Study carrel ☐ Minimizing background noise ☐ Quiet setting ☐ Use of headphones ☐ Special lighting (low intensity is usually preferred)		 □ Extended time limits □ Verbatim scribing □ Oral responses, including audio tapes □ More frequent breaks □ Prompts to return student's attention to task □ Reduced uncluttered format □ Extra time for processing □ Reduction in the number of tasks used to assess a concept or skill □ Computer options 	
Intervention Supports ☐ Providing class assistance ☐ Providing extra help ☐ Involving parent/guardian ☐ Counseling in school ☐ Withdrawal support			☐ Social Worker ☐ Daily tracking sheet ☐ Referral to school support team ☐ Student Success		
Canada.		ication Plan (IEP) A Resourc	e Guide 2004 and in consultation	on with Dr. Charles Tator founder of Think Firs	t
Copied Vice Principal Teacher(s) Student Services Special Education Teacher Social Worker Other		☐ Student Success ☐ Itinerant Teacher(s) ☐ Health and Physical Education Department (Chair Arts) ☐ SSSAA Representative ☐ Parent/Guardian/Caregiver ☐ OSR			

	Appendix G to 8074 Student Conc	ussion Management Proce
Principal's Signature:		
Reference: Onhea 2020 Ontari	o Physical Activity Safety Standards in Educ	
Reference. Ophea 2020 Ohtari	of hysical Activity Safety Standards III Edde	uon