

STUDENT TRACKING FOR CONCUSSION MANAGEMENT PROTOCOL



If a student is suspected of having a concussion, this form must be provided to the parent/ guardian and signed by a physician prior to his/ her return to school.

PART ONE:

REQUEST TO RETURN TO LEARN & PHYSICAL ACTIVITY FOLLOWING A CONCUSSION-RELATED INJURY	
STUDENT NAME:	DATE:
<i>By checking below and providing a signature, a medical doctor or nurse practitioner verifies that he/she has conducted an examination and has determined that this student is not currently experiencing concussion symptoms.</i>	
NO CONCUSSION SUSPECTED: _____	SIGNATURE OF MD/NP:
<i>By checking below and providing a signature, a medical doctor or nurse practitioner verifies that he/she has conducted an examination and has determined that this student is currently experiencing concussion symptoms.</i>	
CONCUSSION DIAGNOSED : _____	SIGNATURE OF MD/NP:
NAME OF MD/NP:	PHONE:
COMMENTS/ RECOMMENDATIONS FROM MD/NP:	
<i>My child has been examined and a concussion has been diagnosed, therefore, he/she must begin a medically supervised concussion management protocol.</i>	
<i>I understand that my child must return to a physician to receive final clearance to return to school and physical activity in accordance with the YRDSB Concussion Management Protocol.</i>	
SIGNATURE OF PARENT/GUARDIAN: _____	

IMPORTANT: PART ONE of this form must be submitted to the school immediately following a concussion diagnosis. At that time, a copy of the partially completed form is made and returned to the student so that further medical examinations for clearance (**PART TWO** and **THREE**) can be completed when appropriate.

Personal information is collected pursuant to the Education Act, as amended, and will be used to manage the needs of a student who has, or may have suffered a concussion. Contact the school principal for more information.

The York Region District School Board is committed to ensuring that students experiencing possible concussion related injuries receive appropriate guidance and attention.

PART TWO:

YRDSB RETURN-TO-LEARN PROTOCOL

It is important to recognize that the **Return-to-Learn Protocol** is a priority during concussion recovery and should be completed **BEFORE** the **Return to Physical Activity Protocol**.

AT HOME	STAGE 1	<i>A student must remain in this stage for 24-48 hours before proceeding to stage two recommendations. Reduced levels of light and noise are encouraged and activities that involve visual/auditory distraction and cognitive exertion.</i>
	STAGE 2	<i>A gradual re-introduction to regular levels of light and other tasks that don't cause discomfort or involve cognitive exertion can begin to take place. Exposure to screens and the use of personal electric devices should continue to be avoided along with activities that demand increased mental effort.</i>
	STAGE 3	<i>A monitored re-introduction to mild cognitive stress and limited exposure to visual distractions such as screens and personal electronics can begin at this stage. Students and parents should be made aware of procedures for self-monitoring symptoms and, if earlier symptoms return, the student should return to stage 2 recommendations/guidelines.</i>

AT SCHOOL	STAGE 4	<i>A student may initiate a return to school with a monitoring process in place. Gradual increased exposure to visual and auditory distractions can continue if concussion symptoms are not returning or worsening. Environmental accommodations and limitations are likely still necessary at this stage. Activities during physical education classes and recesses should remain limited to minimal physical and cognitive stress.</i>
	STAGE 5	<i>Duration of exposure to regular learning environments may still need to be limited based on levels of distraction and stimulation. Continued self-monitoring for symptoms is important. When a student is symptom free they should return to a physician to be assessed. Any physical activity should remain limited to light aerobic exercises (e.g. walking).</i>

CLEARANCE FOR RETURN-TO-LEARN FROM MEDICAL DOCTOR / NURSE PRACTITIONER

By checking below and providing a signature, a medical doctor or nurse practitioner verifies that he/she has conducted a follow-up examination and has determined that this student is no-longer experiencing concussion symptoms and can return to a regular academic schedule.

NO CONCUSSION SYMPTOMS : SIGNATURE OF MD/NP: _____

STAGE 6	<i>A student should be symptom free while being able to return to a regular volume of academic activity. At this point, students can progress through a parent supervised return to physical activity process using the recommendations provided on page 3 of this form which are adopted from international consensus on Return-to-Play procedures following concussion-related injury.</i>
----------------	--

CLEARANCE FOR RETURN-TO-LEARN FROM PARENT/ GUARDIAN

My child has been re-examined following his/ her original concussion diagnosis and has been **cleared for a full return to academic study**. I am aware that my child is now able to **begin the Return to Physical Activity Protocol** on page 3 of this form in order to initiate his/her return to physical activity and am aware of the risks and dangers associated with a return to activity before achieving a full and healthy recovery. I am also aware of the methods for post-concussion monitoring and if there is a return of symptoms, my child must discontinue activity and re-visit the initial stages of the Return-to-Learn process.

SIGNATURE OF PARENT/GUARDIAN: _____

PART THREE:

**RETURN TO PHYSICAL ACTIVITY PROTOCOL
AND FINAL CLEARANCE FOLLOWING A CONCUSSION**

If a student is using the Return to Physical Activity Protocol provided below, he/ she has completed the YRDSB Return to Learn Protocol and received clearance from a physician and his/her parent/guardian, indicated in PART TWO.

YRDSB RETURN TO PHYSICAL ACTIVITY PROTOCOL

Note: The stages below have been adopted from the international consensus for the Return-to-Play Protocol in concussion management. To learn more, visit: <http://www.parachutecanada.org>

STAGE	FOCUS	INSTRUCTION
STAGE 1	No physical activity.	Refrain from physical activity until symptoms are gone. Once symptom-free, consultation with a physician is required. During this stage, students should be focused on the Return-to-Learn process.
STAGE 2	Light aerobic exercise only.	Supervised activities that involve mild to moderate increases in stress to the aerobic system can take place here. These activities should not involve resistance or weight training. Duration and intensity of exercise should be monitored and increased gradually. During physical education class or recess, students should only be engaging in low-volume/ low-intensity aerobic activity (e.g. jogging, walking, etc.) with no risk of contact .
STAGE 3	Sport-specific activities/ skills.	Activities such as skating, jogging, throwing, or performing other non-contact sport-specific movements can begin here. These tasks should not involve higher speeds of movement, sudden changes in direction, jumping, or bodily contact. During physical education class or recess, students can engage in sport-specific activities (e.g. shooting and passing) at low-to-moderate intensity.
STAGE 4	Sport-specific drills without contact.	Students can begin sport-specific drills at full speed without bodily contact. It is important to realize that the time required to progress from non-contact drills to the next stage of recovery can vary significantly dependent on the individual and the severity of the concussion. During physical education class or recess, students can engage in moderate-to-high intensity drills and exercises providing there is still no risk of contact .

CLEARANCE FOR RETURN-TO-PLAY FROM PARENT/ GUARDIAN

By checking below and providing a signature, a parent/guardian declares that a follow-up examination with their child's medical doctor or nurse practitioner has been conducted and that their child has been **cleared for a return to training and competition without restriction**.

My child has been re-examined following his/ her concussion diagnosis and has been cleared for a full return to physical activity. I am aware that my child is now going to be participating in regular physical education activities, practices, and/or competitions without restriction.

NO CONCUSSION SYMPTOMS: _____

SIGNATURE OF PARENT/ GUARDIAN: _____

STAGE 5	Drills with contact.	Athletes may begin drills at full speed with bodily contact in a training environment with supervision. During physical education class or recess, students can perform drills and exercises at moderate-to-high volumes that may involve risk of contact .
STAGE 6	Full return to game play.	An athlete can return to regular competition/game play at this point with regular frequency/intensity. During physical education class or recess, students should be able to participate with full volume and intensity without restrictions/modifications.



SUMMARY OF IN-SCHOOL ACCOMMODATIONS FOR STUDENTS RECOVERING FROM CONCUSSION

STUDENT PROFILE & DETAILS OF CONCUSSION RECOVERY	
STUDENT NAME:	GRADE:
DATE OF CONCUSSION:	
CURRENT STAGE OF RETURN-TO-LEARN RECOVERY (Refer to YRDSB Student Tracking Form) —	1 2 3 4 5
PREPARED BY:	DATE PREPARED:

SUMMARY OF CLASSROOM SUPPORTS		
ENVIRONMENT	INSTRUCTION	ASSESSMENT & EVALUATION
<input type="checkbox"/> Alternate work space <input type="checkbox"/> Reduce of audio / visual stimuli <input type="checkbox"/> Minimize background noise <input type="checkbox"/> May wear aides to reduce light <input type="checkbox"/> Ear-plugs or headphones <input type="checkbox"/> Work with a partner <input type="checkbox"/> Option to rest in a health room <input type="checkbox"/> Excused from assemblies <div style="background-color: #e0e0e0; text-align: center; padding: 2px;">PHYSICAL ACTIVITY</div> <input type="checkbox"/> No physical activity <input type="checkbox"/> Sitting and observation only <input type="checkbox"/> Mild aerobic activity <input type="checkbox"/> No high intensity activity	<input type="checkbox"/> Alternatives for screen-based instruction <input type="checkbox"/> Conference for clarity of instruction <input type="checkbox"/> Conference regarding time management <input type="checkbox"/> Provide print-outs instead of note-taking <input type="checkbox"/> Breaks (based on student needs) <input type="checkbox"/> Copies of notes missed (from peers) <input type="checkbox"/> Chunking and breaking down tasks <input type="checkbox"/> Monitor participation in group work <input type="checkbox"/> Meet for extra help / time <input type="checkbox"/> Students repeat instruction for clarity <input type="checkbox"/> Limit materials on desks <input type="checkbox"/> Ensure wait-time for responses <input type="checkbox"/> Support with task initiation	<input type="checkbox"/> No testing or evaluation <input type="checkbox"/> Extension of deadlines for assignments <input type="checkbox"/> Oral responses rather than written/typed <input type="checkbox"/> Reduced number of assessment tasks <input type="checkbox"/> May request extra time on tests/quizzes <input type="checkbox"/> Alternative assessment <input type="checkbox"/> Alternative locations for assessment <input type="checkbox"/> Alternative weighting of assessment <input type="checkbox"/> Prioritization of tasks <input type="checkbox"/> Use of a planner for organization <input type="checkbox"/> Record daily homework assignments

Additional comments / supports required:



GUIDELINES FOR STUDENTS DURING THE CONCUSSION MANAGEMENT PROTOCOL OF CONCUSSION RECOVERY

STAGE	INFORMATION AND CONSIDERATIONS FOR STUDENTS...			FOR PARENTS...	FOR TEACHERS...	
	ENVIRONMENT	ACTIVITY	RESTRICTIONS			
AT-HOME RECOVERY STAGES	1	A quiet and dimly-lit room is the best atmosphere for full physical rest. It should be comfortable for sleep and extended periods of sitting. Students should follow additional instructions that were provided by their physician at the time of concussion diagnosis / examination.	No activity should take place during this time period. This includes physical activity along with any activities that are visually distracting or requiring of mental effort (cognitive exertion).	Bright lights, exposure to screens (including computer screens and personal electronic devices such as cell phones) should be avoided. Reading, excessive noise, and other visual or auditory distractions should be completely avoided.	Maintain a system of checking in with your child during his or her initial recovery process. This is extremely important as symptoms may continue to present themselves during this time period. After a diagnosis, contact your child's school to report the concussion formally.	During these stages of our CMP - a student is not at school. However, the role of a teacher during these stages involves communication with parents and members of guidance, administration, and student success as necessary. Many students may already be starting to worry about missed material and evaluations, it is important to communicate to parents the importance of relaxation and minimal stress. Reiterate the importance of an effective recovery process before returning to the classroom. Inform them that: 1) A gradual return-to-learn plan will take place; 2) Notes, homework, missed assignments, and assessment/evaluations will be provided gradually- not all at once; 3) Supports and accommodations can be made in the classroom.
	2	A gradual and progressive re-introduction to natural light may be tolerable at this point. A quiet setting with no visual or auditory distractions is still very important to an individual recovering from a concussion related injury.	Tasks that do not cause discomfort or a return of symptoms may be permitted in moderation. However, an individual recovering from concussion should be carefully self-monitoring for symptoms related to his/her injury and should be mindful to avoid any strenuous physical or mental tasks.	Continue to avoid places and activities that involve excessive noise and bright light. Exposure to screens and use of personal electronics. Avoidance of cognitive exertion is still recommended at this point. Most individuals do not proceed beyond this stage of recovery until 3 days post-injury.	Maintain frequent monitoring of your child. He or she may be showing opposition, insisting that they are feeling fine. Emphasize the importance of continued avoidance of technology and cognitive exertion during this stage. Provide any new information or update to the school if necessary.	
	3	An increase in exposure to light and moderate noise levels may continue. A return to a "regular" setting in moderation is desired in this stage to ensure that moderate amounts of noise and light are tolerable before returning to school.	A re-introduction to mild cognitive exertion through controlled tasks that are not administered in a formal setting may take place in this stage. These can include pleasure reading, card games, puzzles, etc. Individuals may also enjoy increased mobility (e.g. walking) at this stage.	Limit exposure to mild, non-strenuous cognitive tasks to shorter durations (e.g. 15 minute sessions) with frequent breaks. Durations can increase with a reduction or improvement of concussion symptoms.	Encourage activities that will re-introduce your child to non-strenuous physical activity and mobility (e.g. walking) and social tasks (e.g. visiting with friends / family). These should be limited to things that do not require an effort to remain focused for prolonged periods of time.	
RETURN TO SCHOOL STAGES	4	A classroom environment may be altered or visual aides may be worn to simulate reduced levels of lighting. Exposure to large screens, bright lights and other visual distractions should be limited. Alternative location arrangements can be made if necessary.	Limitations and restrictions on levels of activity in the classroom should be followed. In many cases, a "sit and listen" approach is the best way to initiate a return to the classroom. In all cases, a student should not expect to participate in any difficult tasks that require cognitive exertion (e.g. tests, quizzes) at this point.	Avoid tasks that require a prolonged, narrow attentional focus such as lengthy periods of reading, writing, gaming, problem solving, etc. Students should also avoid lengthy exposure to technology and "screen-time" should remain limited to prevent re-aggravation of symptoms.	Although a return to school has started, continue to encourage the importance of limiting exposure to personal electronics and screen-time. Remind your child that the key focus at this point is a successful return to the classroom environment and that they should not be stressed about evaluation or missed material.	E E I A
	5	Depending on the type of classroom, environments may still need to be modified or arrangements for support may still need to be made. For example, music, drama, and physical education classes that typically involve higher levels of noise and distraction may still involve limited exposure.	A re-introduction to exposure to screen time and other visual distractions that require subsequent cognitive stress should take place in this stage. Students should be able to tolerate moderate volume of exposure to these resources while making a mental effort.	A monitored, re-introduction to regular volumes of screen-time and other technology use can occur here but should remain limited if symptoms re-arise. Students should understand that a return of symptoms should be treated with a return to the recommended steps in stage 4.	Continue to monitor the use and effects of exposure to technology and screens at home during this stage. Encourage other cognitive activities as well if when technology may be off-limits. If your child is still uncomfortable with these activities (e.g. reading), he/she should not be using a computer or texting either.	E E I A
	6	A normal daily routine in any classroom should be tolerable at this point. Normal levels of noise, light, and other distractions should not bother a student who has achieved a full recovery.	No modifications to regular activity should be required. Students should still expect to experience some degree of frustration as a result of absence from school and missed exposure to material, but should acknowledge that this is unrelated to concussion symptoms. Students may be introduced to individual sport-specific, non-contact exercises for 20-30 minutes.	No restrictions regarding cognitive stress, technology use, or visual distractions are necessary. Students may need to be supported for tests and assignments that require experience or knowledge of material that was missed due to absence during earlier stages of recovery. No resistance or weight training.	Help your child build and maintain the confidence they will require to return to a regular academic load. Continue to monitor their return by asking them about their experiences with respect to returning to a regular learning environment.	No modifications to environment, instruction, or assessment are necessary in this stage. However, teachers should remain mindful of missed materials during earlier stages of recovery and whether or not sufficient time and resources have been provided for a student to learn what he/she has missed.