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OF THE TOWN OF PENETANGUISHENE**  
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## **APPENDIX E1**

### **Home Concussion Management Form (Return to School Plan)**

This form is to be used by families to communicate their students' progress through the plan **and is to be used with "Board Policy D-26 Concussion Protocol: Prevention, Identification and Management Procedures"**

#### **Stage 1: Activities of daily living and relative rest at home (first one or two days)**

In stage 1, resting completely for more than two days is not suggested and a complete absence from the school environment for more than one week is not recommended.

Light cognitive (thinking/memory/knowledge) activities, gradually increase cognitive activity up to 30 minutes. Take frequent breaks.

- Activities permitted if tolerated by the student:
  - Limited TV
  - Limited cell phone conversations
  - Drawing/building blocks/puzzles
  - Some contact with friends
  - Moving around the home and light walking
  - Minimize screen time
  - Activities that are not permitted at this stage:
    - Avoid sports
    - Attendance at school or school-type work
- After **Stage 1** a student should **Return to School** as soon as they can tolerate the school environment even if they are not symptom-free. (This can be as early as **Stage 2** and should not be later than **Stage 3**.)
- The student moves to stage 2 if:
  - They have been diagnosed with a concussion by a medical doctor or nurse practitioner; and
  - It has been a maximum of one to two days after the initial injury.

#### **Stage 2 School activities (as tolerated) (Completed as partial days in-school or at home)**

Gradually add cognitive activity (as per activities permitted) and school environments (as appropriate).

- Activities permitted if tolerated by student:
  - Gradual reintroduction of light cognitive activities (e.g., reading, short periods of schoolwork/activities with frequent breaks) as tolerated.
  - Accommodations (e.g., access to breaks, additional time to complete work, dim lighting) may be required for cognitive activities and/or to help the student to tolerate the school environment.

- Continue to prioritize social interactions (e.g., with peers and family); this is preferably done at school
  - Start with shorter periods of screen time (e.g., phone, TV, computer/tablet) and build up as tolerated.
  - Avoid any activity that puts the student at risk of falling or experiencing another impact to the head, neck, or body until they are fully recovered and have been medically cleared.
- The student moves to Stage 3 when:
    - The student tolerates the additional cognitive activities
    - It is ok for a student's symptoms to worsen mildly and briefly at this stage.

**Stage 3: Part-time or full-time at school with accommodations (as needed)**

Increase tolerance for cognitive activities and exposure to school environment. Gradual increase of time spent on activities and of the types of activities in which students can participate. Gradual reduction of concussion-related accommodations.

Examples of activities at this stage:

- Continued progression of cognitive activities (e.g., schoolwork) and exposure to the school environment (interacting with family and friends, exposure to noise/lighting) as tolerated.
- Continued increased use of screened devices (as tolerated).
- Avoid any activity that puts the student at risk of falling or experiencing another impact to the head, neck, or body until they are fully recovered and have been medically cleared.

The student can move to Stage 4 if they can tolerate full days of cognitive activities and the school environment without accommodations for concussion.

**Stage 4: Return to school full-time without accommodations related to concussion**

Note: A student should not return to physical activities with a risk of contact until they are medically cleared by a medical doctor or nurse practitioner and they have completely returned to school without concussion-related accommodations (i.e., completed Stage 4 of Return to Learn).

**Return to Physical Activity (RTPA)**

During stages 1, 2 or 3 (prior to medical clearance) it is common and Ok for a student's symptoms to return or worsen mildly and briefly as long as these symptoms do not last for more than an hour.

If a student's concussion related symptoms worsen for longer than an hour or they cannot tolerate their symptoms the student should stop the activity and try again the next day at the same stage.

**Stage 1: Activities of daily living and relative rest at home (first 2-2 days)**

Light physical activities (as per activities permitted) that do not provoke symptoms. Movements that can be done with little effort (do not increase breathing and/or heart rate or break a sweat). Avoid sports.

- Activities permitted if tolerated by student:
  - Moving around the home and light walking
  - Short games/activities (e.g., puzzles, board games, drawing, crafts)
  - Social interaction (e.g., with family, friends)
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- The student moves to Stage 2 if:
  - They have been diagnosed with a concussion by a medical doctor or nurse practitioner; and
  - It has been a maximum of 1-2 days after the initial injury.

**Stage 2: Light to moderate effort aerobic activity/exercise (completed at home or at school)**

- Increase the heart rate and gradually increase the intensity of aerobic activities and exercise that can be done individually in a predictable and controlled environment with a low risk of inadvertent head impacts.

Activities permitted if tolerated by student:

- Gradual reintroduction of light aerobic activity/exercise (as tolerated) (e.g., low impact aerobic circuits, slow to medium pace movement)
  - Gradually increase the intensity of aerobic activity/exercise to moderate effort (e.g., fitness activities, walking/rolling/swimming at a pace that causes some increase in breathing/heart rate but not enough to prevent a student from carrying on a conversation comfortably).
  - May begin light resistance training (e.g., resistance bands, light weights in a controlled environment).
  - Activities should be supervised/monitored by parents/guardians, teacher/supervisor/coach.
  - Avoid any activity that puts the student at risk of falling or experiencing another impact to the head, neck, or body until they are fully recovered and have been medically cleared.
- The student moves to Stage 3 if the students:
    - Has been at stage 2 for one day or more, and
    - Can tolerate moderate intensity aerobic activity

**Stage 3: Individual movement skills/sport-specific activities with low risk of inadvertent head impact**

Continue to increase the intensity of aerobic activities/exercise and introduce activity/sport-specific movements and changing directions.

Examples of activities at this stage:

- Add individual movement skills/sport-specific activities (e.g., passing to a wall/partner, throwing/catching drills, individual sequence activities).
- Activities should be supervised/monitored by parents/guardians or teacher/supervisor/coach.
- Avoid any activity that puts the student at risk of falling or experiencing another impact to the head, neck, or body until they are fully recovered and have been medically cleared.

A student continues to progress at Stage 3 until they:

- are symptom-free from concussion-related symptoms at rest and at full physical exertion, and
- have completed the Return to Learn Stages.

Note: A student should not return to activities with risk of contact (Stage 4) until they have obtained written medical clearance from a medical doctor or nurse practitioner.

1. The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.
2. A Concussion Medical Clearance Form is sent home to parent/guardian.

During Stages 4, 5, or 6 (after medical clearance) a student's concussion-related symptoms should not return. If they do, the student should return to Return to Physical Activity - Stage 3 (i.e., avoid any activity that puts the student at risk of falling or experiencing another impact to the head, neck, or body) and be reassessed by a medical doctor or nurse practitioner.

#### **Stage 4: Skill progression/training drills and activities with low risk of body contact**

Adjust to usual intensity activity/exercise and add in more challenging skill progressions and multi-student activities/drills.

Examples of activities at this stage:

- All activities from Stage 3
- Participation in components of physical activities in physical education class or intramural programs (including partner/group activities) with low risk of body contact (e.g., multi-student passing activities/drills).
- Avoid scrimmages, gameplay, and any activity that involves body contact (e.g., checking/tackling).

The student can progress to Stage 5 if:

- they have been at Stage 4 for one day or more; and
- Stage 4 activities do not result in the return of concussion-related symptoms.

#### **Stage 5: Return to non-competitive activities and full-contact practices**

Restore game-play confidence and physical and mental conditioning.

Examples of activities at this stage:

- Return to full participation in physical education class, non-competitive intramural activities, and interschool practices (including contact drills, scrimmages).
- Avoid competitions.

The student can progress to Stage 6 if:

- They have been at Stage 5 for one day or more and;
- Stage 5 activities do not result in the return of concussion-related symptoms.

#### **Stage 6: Return to all competition without restrictions**

Unrestricted return to contact sports. Full participation in contact sports games/competitions