



## **APPENDIX E1**

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

This form is to be used by parents/guardians to communicate their child's/ward's progress through the plan and is to be used with **"Board Policy D-26 Concussion Protocol: Prevention, Identification and Management Procedures"**

The Return to Learn/Return to Physical Activity Plan is a combined approach. Initial Rest to Stage 2 of the Concussion Management Plan for Return to School and the stages of Initial Rest to Stage 2b of the Concussion Management Plan for Return to Physical Activity must be successfully completed prior to returning to school.

#### **Return to Learn/Return to Physical Activity**

- Completed at home.
- Initial Rest – 24-48 hours of relative cognitive rest - could include limiting short board/card games, short phone calls, crafts, etc. Activities not permitted at this stage are tv, technology use, video games, reading, etc.
- 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 the student:
  - Activities from previous stage
  - Easy reading
  - Limited TV
  - Limited cell phone conversations
  - Drawing/building blocks/puzzles
  - Some contact with friends
  -

Activities that are not permitted at this stage:

- Technology use
  - 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 listed above 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 school work (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) 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.**

## **Return to Physical Activity (RTPA) Each stage must last a minimum of 24 hours**

Initial Rest 24 – 48 hours of relative physical rest

- Sample activities permitted if tolerated by student:
  - Limited movement that does not increase heart rate or break a sweat
  - Moving to various locations in the home
  - Daily hygiene activities
- Activities that are not permitted at this stage:
  - Physical exertion (increases breathing and heart rate and sweating)
  - Stair climbing other than to move locations throughout the home
  - Sports/sporting activity
- The student moves to Stage 1 when:
  - Symptoms start to improve or after resting 2 days maximum (whichever occurs first).

## **Stage 1**

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).

- Activities permitted if tolerated by student:
  - Daily household tasks (for example, bed-making, dishes, feeding pets, meal preparation)
  - Slow walking for short time
- Activities that are not permitted at this stage:
  - Physical exertion (increases breathing and heart rate and sweating)
  - Sports/sporting activity

- Stair climbing, other than to move locations throughout the home
- The student moves to Stage 2a when:
  - The student tolerates light physical activities (completes both activities permitted from 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 2a**

Daily activities that do not provoke symptoms.

Add additional movements that do not increase breathing and/or heart rate or break a sweat.

- Activities permitted if tolerated by student:
  - Activities from previous stage
  - Light physical activity (for example, use of stairs)
  - 10-15 minutes slow walking 1-2x per day inside and outside (weather permitting)
  -
- Activities that are not permitted at this stage:
  - Physical exertion (increases breathing and/or heart rate and sweating)
  - Sports
  - Sporting activities
- The student moves to Stage 2b when:
  - The student tolerates daily physical activities (completes activities permitted in Stage 2a) 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 2a

**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 2b**

Light aerobic activity

- Activities permitted if tolerated by student:
  - Activities from previous stage
  - 20-30 minutes walking/stationary cycling/recreational (that is, at a pace that causes some increase in breathing/heart rate but not enough to prevent a student from carrying on a conversation comfortably)
- Activities that are not permitted at this stage:
  - Resistance or weight training
  - Physical activities with others
  - Physical activities using equipment

- The student moves to Stage 3 when:
  - The student tolerates light aerobic activities (completes activities permitted in Stage 2b) 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 2b.
  -

**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.**

Physical Rest – includes restricting recreational/leisure and competitive physical activities.

My child/ward has successfully completed the stages of Initial Rest to Stage 2 of the Concussion Management Plan for Return to School and the stages of Initial Rest to Stage 2b of the Concussion Management Plan for Return to Physical Activity and is ready to return to school.

Appendix C-4 will be returned to the teacher to record progress through Stages 3 and 4.

Parent/Guardian signature: \_\_\_\_\_

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

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## APPENDIX E2

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

The Return to Learning (RTL) and Return to Physical Activity (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. Different students will progress at different rates.

#### Return to Learning (RTL)

##### 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 strategies and/or approaches for student learning.

- Activities permitted if tolerated by student:
  - Activities from previous stage (consult the Concussion Return to School Plan for Return to Learning and the Concussion Return to School Plan for Return to Physical Activity.)
  - 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
  - The student has demonstrated they can tolerate up to a half day of cognitive activity.

The School Concussion Management Form (Return to School Plan) is sent home to parents/guardians.

School Initial (for example, collaborative team lead/designate): \_\_\_\_\_

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

#### Home Responsibility

1. The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
2. 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.
3. The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
4. The School Concussion Management Form (Return to School Plan) is sent back to school.

Parent/Guardian signature: \_\_\_\_\_

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

Comments: \_\_\_\_\_  
\_\_\_\_\_

### **Stage 3b**

The student continues attending school half time with gradual increase in school attendance time, increased school work and a decrease in the adaptation of learning strategies and/or approaches.

- 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.
  - The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.

School Initial (for example, collaborative team lead/designate): \_\_\_\_\_

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

### **Home Responsibility**

1. The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
2. 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.
3. The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.

The School Concussion Management Form (Return to School Plan) is sent back to school.

Parent/Guardian signature: \_\_\_\_\_

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

Comments: \_\_\_\_\_  
\_\_\_\_\_

### **Stage 4a**

Full day school, minimal adaptation of learning strategies and/or approaches  
Nearly normal workload.

- Activities permitted if tolerated by student:
  - Activities from previous stage
  - Nearly normal cognitive activities
  - Routine school work 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)
- 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.

School Initial (for example, collaborative team lead/designate): \_\_\_\_\_

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

**Home Responsibility**

1. The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
2. 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.
3. The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.

The School Concussion Management Form (Return to School Plan) is sent back to school.

Parent/Guardian signature: \_\_\_\_\_

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

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**Stage 4b**

At school: full day, without adaptation of learning strategies and/or approaches

- Activities permitted if tolerated by Student:
  - Normal cognitive activities
  - Routine school work
  - 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**

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

School Initial (for example, collaborative team lead/designate): \_\_\_\_\_

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

### **Home Responsibility**

1. The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
2. 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.
3. 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 for documentation purposes.

Parent/Guardian signature: \_\_\_\_\_

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

Comments: \_\_\_\_\_  
\_\_\_\_\_

### **Return to Physical Activity (RTPA)**

#### **Stage 3**

Simple locomotor activities/sport-specific exercise to add movement.

- Activities permitted if tolerated by student:
  - Activities from previous stage (20-30 minutes walking/stationary cycling/elliptical/recreational dancing at a moderate pace)
  - Simple individual drills (for example, running/throwing drills, skating drills in hockey, shooting drills in basketball) in predictable and controlled environments with no risk of re-injury
  - Restricted recess activities (for example, walking)
- Activities that are not permitted at this stage:
  - Full participation in physical education or Daily Physical Activity
  - Participation in intramurals
  - Full participation in interschool practices
  - Interschool competitions
  - Resistance or weight training
  - Body contact or head impact activities (for example, heading a soccer ball)
  - Jarring motions (for example, high speed stops, hitting a baseball with a bat)

### **School Responsibility**

1. The student has demonstrated they can tolerate simple individual drills/sport-specific drills as listed in permitted activities.
2. The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.

School Initial (for example, collaborative team lead/designate): \_\_\_\_\_

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



## **Home Responsibility**

1. The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
2. 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.
3. 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 4**

Progressively increase physical activity. Non-contact training drills to add coordination and increased thinking.

- Activities permitted if tolerated by student:
  - Activities from previous stage
  - More complex training drills (for example, passing drills in soccer and hockey)
  - Physical activity with no body contact (for example, dance, badminton)
  - Participation in practices for non-contact interschool sports (no contact)
  - Progressive resistance training may be started
  - Recess – physical activity running/games with no body contact
  - Daily Physical Activity
- Activities that are not permitted at this stage:
  - Full participation in physical education
  - Participation in intramurals
  - Body contact or head impact activities (for example, heading a soccer ball)
  - Participation in interschool contact sport practices, or interschool games/competitions (non-contact and contact)

## **School Responsibility**

1. The student has completed the activities in Stage 4 as applicable.
2. The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.
3. A Concussion Medical Clearance Form is sent home to parent/guardian.

Appendix C-4 will be returned to parent/guardian to obtain medical doctor/nurse practitioner diagnosis and signature.

School Initial (for example, collaborative team lead/designate): \_\_\_\_\_

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

## **Home Responsibility**

1. The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
2. 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.
3. The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.

The School Concussion Management Form (Return to School Plan) is sent back to school.

Parent/Guardian signature: \_\_\_\_\_

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

Comments: \_\_\_\_\_  
\_\_\_\_\_

- Before progressing to Stage 5, the student must:
  - have completed Stage 4a and 4b of RTL (full day at school without adaptation of learning strategies and/or approaches);
  - have completed Stage 4 of RTPA and be symptom-free; and
  - obtain a signed medical clearance from a medical doctor or nurse practitioner.

Appendix C-4 will be returned by parent/guardian after they have obtained medical doctor/nurse practitioner diagnosis and signature.

***Please Note: Premature return to contact sports (full practice and game play) may cause a significant setback in recovery.***

### **Stage 5**

Following medical clearance, full participation in all non-contact physical activities (that is, non-intentional body contact) and full contact training/practice in contact sports.

- Activities permitted if tolerated by student:
  - Physical Education
  - Intramural programs
  - Full contact training/practice in contact interschool sports
- Activities that are not permitted at this stage:
  - Competition (for example, games, meets, events) that involves body contact

### **School Responsibility**

1. The student has successfully completed the applicable physical activities in Stage 5.
2. The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.

School Initial (for example, collaborative team lead/designate): \_\_\_\_\_

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

### **Home Responsibility**

1. The student has not exhibited or reported a return of symptoms or new symptoms.
2. The student has exhibited or reported a return of symptoms or new symptoms and must return to medical doctor or nurse practitioner for a Medical Clearance reassessment.
3. The School Concussion Management Form (Return to School Plan) is sent back to school.

**Medical Examination**

I, \_\_\_\_\_ (medical doctor/nurse practitioner name) have examined \_\_\_\_\_ (student name) and confirm he/she continues to be symptom free and is able to return to regular physical education class/intramural activities/interschool activities in non-contact sports and full training/practices for contact sports.

Medical Doctor/Nurse Practitioner Signature: \_\_\_\_\_

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

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

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

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Stage 6**

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

**School Responsibility**

1. The student has successfully completed full participation in contact sports.
2. The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.

School Initial (for example, collaborative team lead/designate): \_\_\_\_\_

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

**Home Responsibility**

1. The student has not exhibited or reported a return of symptoms or new symptoms.
2. The student has exhibited or reported a return of symptoms or new symptoms and must return to medical doctor or nurse practitioner for a Medical Clearance reassessment.
3. The School Concussion Management Form (Return to School Plan) is sent back to school for documentation purposes.

Parent/Guardian signature: \_\_\_\_\_

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

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_